



*mi*Ottawa Department of
Public Health

Performance Management and Quality Improvement Plan

2017

1. Introduction

1.1 Performance Management Framework

Performance management is the practice of actively using performance data to achieve organizational goals. The best way to achieve outcomes is by measuring the performance of processes, and then using that data to make improvements. Performance management is a system that allows the organization to answer the questions:

- Are we achieving our goals and objectives?
- Are we improving?
- How do we know?

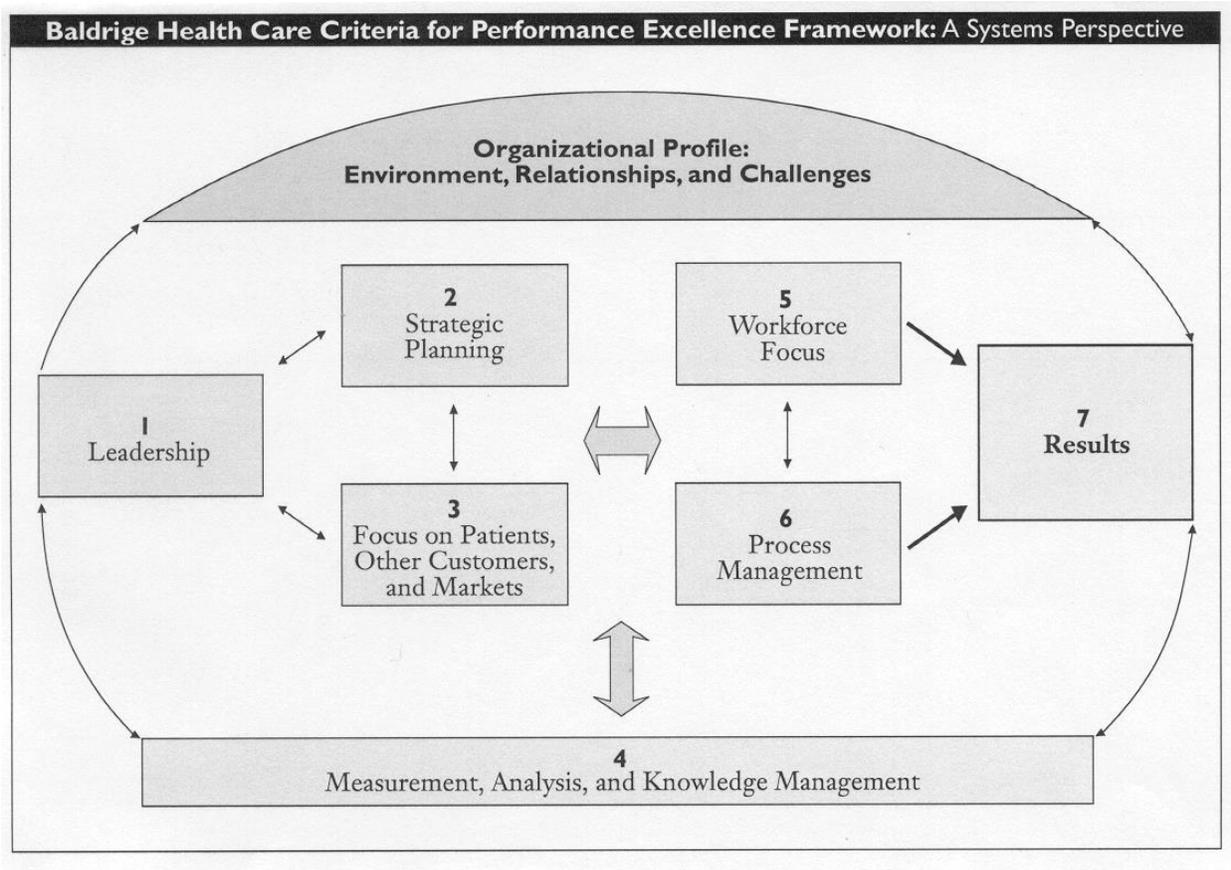
The Ottawa County Department of Public Health's performance management (PM) system is integrated into the health department's daily practices, including: 1) setting organizational goals and objectives across all levels of programs, 2) identifying indicators to measure progress toward achieving goals and objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas for more focused quality improvement processes. The PM system creates alignment between the Community Health Improvement Plan (CHIP), the OCDPH strategic plan, program goals, and individual employee performance.

The OCDPH uses the Baldrige Performance Excellence Program as a framework for a PM system. The components of the performance management system are:

1. Leadership
2. Strategic Planning
3. Customer Focus
4. Measurement, Analysis, and Knowledge Management
5. Workforce Focus
6. Operational Focus
7. Organizational Performance Results

Each component of the performance management system influences the other (see below), creating the system in which the department operates. Seeking to understand the interactions of this system allows the organization to better create and assess changes and performance. Selected measures are meaningful to the organization and address the needs of the community/patients served. Analyzing data over time from internal and external sources allows the organization to identify patterns and trends to monitor its performance. As an example, the OCDPH Executive Leadership Team collects staff opinion data bi-annually via a survey designed around the seven categories noted above. Based on the data collected, organizational improvements are

made. Over time, the impacts of these improvements are tracked via addition surveying.



1.2 OCDPH Mission Statement

Ottawa County Department of Public Health: Working together to assure conditions that promote and protect health.

1.3 OCDPH Vision

Healthy People.

1.4 OCDPH Values

Equality: All people will be valued equally and treated fairly with dignity and respect.

Integrity: We will uphold the highest level of ethical standards.

Excellence: We will provide the highest quality product, service and customer experience.

1.5 Performance Management System Scope

To assure the agency's mission, vision, and values are met, the performance management system includes the following activities:

- Setting performance measures that align with Ottawa County's strategic plan, the agency's strategic plan, the community health improvement plan, Michigan Public Health Accreditation standards, and local, State and Federal statute and guidelines;
- Systematic review and monitoring of performance measures;
- An organized approach to quality improvement;
- Using data to evaluate program processes and outcomes; and
- Reporting of results.

1.6 Definitions

Performance Management System

A collection of activities and methods that help an organization meet its goals.

Quality Assurance (QA)

The systematic measurement of actual outcomes compared to an established standard. Essentially asking "did we do what we said we would do?"

Quality Improvement (QI)

Systematic actions that lead to measurable improvement. A common tool is the Plan-Do-Check- Act cycle. Essentially asking "how can we do what we do better?"

Human Centered Design (Design Thinking)

Purposefully building organizational systems around the customer or client's needs or expectations.

2. System Description

2.1 Leadership

The OCDPH Executive Leadership Team is ultimately responsible for assuring high quality services are provided to our customers, clients, and community. In addition, they are responsible in assuring the mission, vision, and values of the agency are achieved and are accountable for the safety and quality of care, treatment, and services provided. However, a fundamental aspect of the OCDPH culture is acknowledging the importance of, and fostering leadership at all levels of the organization. This is critical to building a learning organization and continuous quality improvement.

2.2 Strategic Planning

The strategic planning process describes the organization's priorities and actions that the OCDPH adopts to meet the public health needs of our community.

The Department’s internal strategic planning process is conducted on a 3-year cycle. On the 3-year cycle, the OCDPH confirms or establishes the vision, mission and values, and long-term priorities. Annually, the Department sets, or confirms short-term priorities and program specific objectives, and finally, links these objectives to individual performance metrics (see chart below).

The overall process creates a framework from which the department continues to build public health partnerships with a wide range of organizations such as health care providers, hospitals, community-based organizations, businesses, schools, local governments, and individuals that contribute to the health and well-being of the community.

Ottawa County Department of Public Health		
Performance Management		
Elements	Review Schedule	Tool
Vision	3 year cycle	Strategic Planning Process
Mission	3 year cycle	Strategic Planning Process
Values	3 year cycle	Strategic Planning Process
Long- Term Priorities	3 year cycle	Strategic Planning Process
Short- Term Priorities	Annually	Strategic Planning Process
Program Performance Measures	Annually at minimum	Performance Forms
Leadership Performance	Quarterly	Professional Growth Plan
Individual Performance	Annually at minimum	Annual Appraisals

2.3 Customer and Client Focus

The questions a customer focused organization needs to be able to answer are:

- Who are the customers? The customer segments?
- Which customers are most in need?
- What are the needs and the dislikes of each segment?
- Which needs are most important to each customer segment?
- Can you measure how well the important needs are being met? How?

Internally, each step in a process involves a provider and a customer. It is important for the organization with a customer focus to ensure that internal customer/provider relationships are executed systematically, while keeping sight of the needs, likes, and dislikes of the final end-user customer. Understanding customer needs and developing knowledge of our clients and customers can be achieved through a variety of techniques such as surveys, interviews, simulation of the customer experience, direct observation, and employee feedback.

2.4 Measurement, Analysis and Knowledge Management

Defining Programs

Within Michigan, local public health, including the OCDPH is required by state mandate to perform a variety of specific services. Provision of these services is reviewed through a state accreditation process. In addition to, and ideally within the mandated services, OCDPH builds programs and services around community and customer/client needs. These needs are defined through community research. OCDPH uses a variety of collected information to guide program development. This includes the Behavioral Risk Factor Survey, Youth Assessment Survey, Community Health Needs Assessment, and the ongoing collection of epidemiological surveillance data and information.

Performance Management Training

Training is provided to introduce staff to performance management, organizational alignment, and selection of appropriate and realistic performance measures. The training standardizes language used and familiarizes staff with the methodology for selecting appropriate performance measures.

Setting Performance Measures

OCDPH Administration works with program based teams to develop performance measures that align with the agency's strategic plan. This approach helps to identify appropriate and realistic outputs and outcomes.

Assurance and Improvement

The OCDPH Administration Team reviews program performance via measurement and reporting (quality assurance). The Administrative Team may also assist programs with improving areas where goals are not met (quality improvement) if additional assistance or resources are needed.

Accountability and Reporting

At minimum, program measures are reviewed annually by the OCDPH Executive Leadership Team. In some cases, data is reviewed more regularly. Many program measures are reported to the Ottawa County Department of Planning and Performance as part of the annual budget review process. Often, program measures are incorporated into the department's annual report to highlight program achievements. In addition, programs often report ongoing work to the Ottawa County Health and Human Services Committee.

The State of Michigan completes a 3-year accreditation review process to assure all mandated services are being completed in compliance with the minimum program requirements.

2.5 Workforce Focus

OCDPH is committed to fostering sustainable performance through an equipped and engaged workforce. The Agency measures and develops workforce performance and engagement through three primary means: an annual performance appraisal (individual), biannual Staff Assessment Survey, based on Baldrige National Standards, and a biannual Ottawa County employee satisfaction survey.

The annual performance appraisal allows for review of competency gaps related to our values and mission as well as job-specific objectives. When competency gaps are identified for current roles or as a means of developing high performers for future roles, trainings are offered through Ottawa County Human Resources, or through OCDPH. These trainings include, but are not limited to: Leadership Development and Emerging Leadership, Communication, Change Management, Computer Skills, Internal Processes, Coaching, Time Management, Project Management, Professionalism, etc. In addition to internal trainings, continuing education is also encouraged through the County's tuition reimbursement program.

The biannual Staff Assessment Survey provides an opportunity for staff feedback related to the seven Baldrige focus areas. This feedback is used to make organizational improvements and improve employee engagement. Over time this process has led to significant improvements in organization communication, to simple changes to workspaces and tools.

2.6 Process Management

Performance Improvement

Rather than assemble a specific performance improvement team, OCDPH empowers each manager and program team to implement quality improvement or process improvement techniques that best match the program needs. Programs are encouraged to use Toyota Kata methodology, and Design Thinking tools.

Quality Improvement

Quality management methods can be thought of as a systematic, data-driven approach to understanding work processes, solving process problems, and improving the results of our work. The Plan, Do, Study, Act (PDSA) cycle developed by Shewhart and referred to by Deming is a very common methodology. The objective of process improvement is to reduce variation in the results of our work and to focus on system improvements, as opposed to individual behavioral change, as the means to achieving significant gains. Systems thinking, process improvement, and data-driven evaluation and change are the principles that are the basis for OCDPH quality improvement activities. All process improvement initiatives are designed to promote quality, enhance cost effectiveness of services, and provide a high level of client/customer service.

Quality improvement efforts are chosen by the program managers and supervisors in coordination with their staff. By assessing the progress of performance measures on a routine basis, programs will be able to use a data driven approach to determine which areas need improving. Team members for each effort will be selected so that the range of perspectives within the team of the problem/project is represented.

When selecting from among several identified project ideas, programs consider:

- Alignment with the Agency's strategic plan
- Alignment with the community health improvement plan
- Number of people affected
- Financial consequences
- Timeliness
- Capacity

The recommended tool to conduct standardized quality improvement efforts within the agency is the Toyota Kata, and the integrated Plan-Do-Study-Act Cycle; however, any standardized and accepted quality improvement tool may be used.

Forming the Team

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition, and often extend beyond traditional program boundaries.

Setting Targets

Improvement requires setting targets. The target should be time-specific and measurable; it should also define the specific population of client/customers or other systems that will be affected.

Establishing Measures

Teams ideally use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes

Ideas for change should come from the insights of those who work in the system, from change concepts or other creative techniques, or by borrowing from the experience of others who have successfully improved.

Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

Implementing Changes

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team may implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.

Spreading Changes

After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

2.7 Organizational Results

Goals and measurable outputs and outcomes have been adopted by all types of programming. Each program area is responsible for monitoring and reporting their performance metrics. Performance measures will be tracked to ensure that achievements are transparent as well as closely monitored. Each program is responsible for achieving progress on their adopted goals or for developing remedial actions to improve performance.

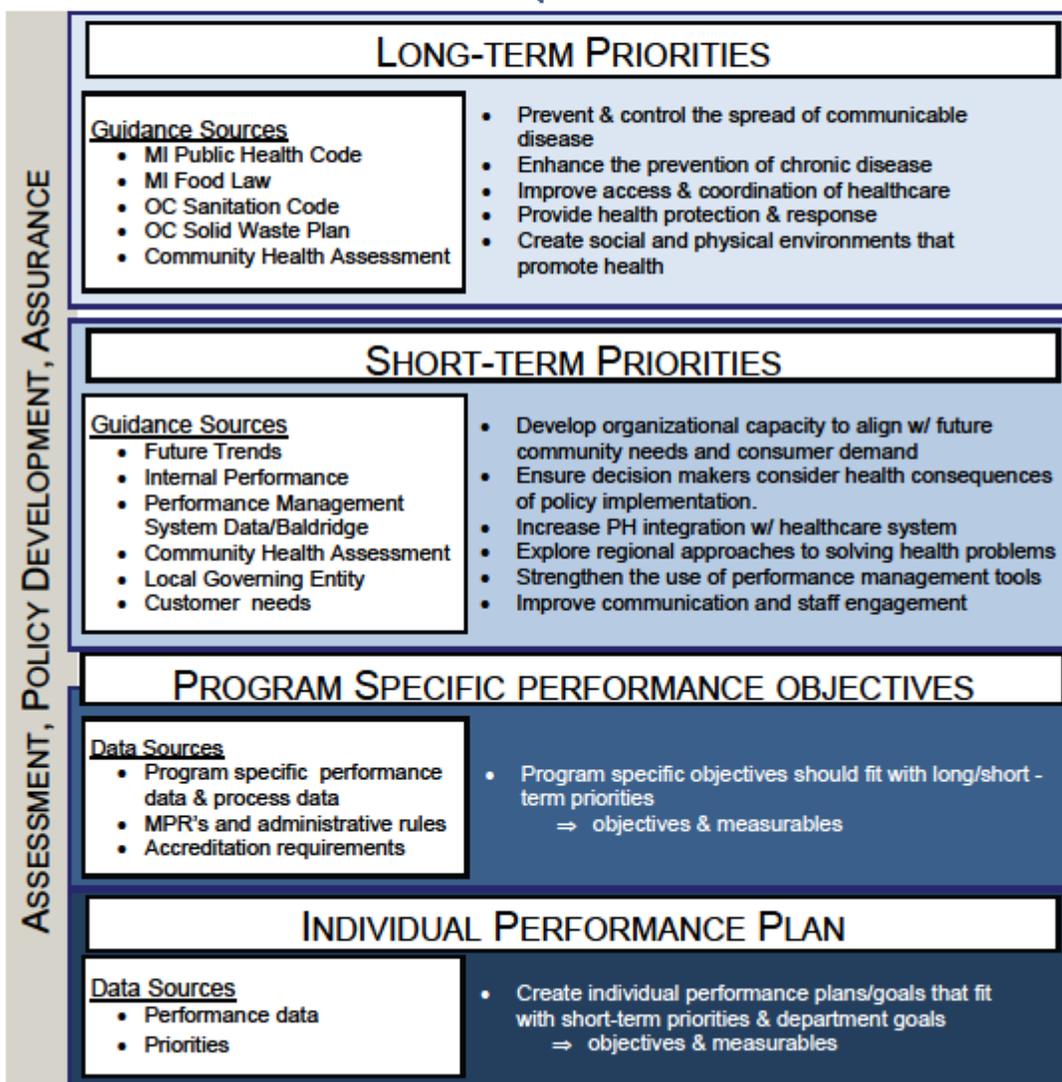
**The OCDPH utilizes a variety of sources to collect data about patients, clients, residents, natural resources, and process performance. Birth, death, and morbidity data, mandatory reporting, medical record data, program data, summary data from State of Michigan reporting systems, documentation audits, and surveys provide information on the prevalence and incidence of disease, comparative health status, surveillance, program volume and trends, environmental data, and client learning and satisfaction. The information is collected and analyzed by programs to identify important aspects of public health and services are selected based on their relevance to clients, patients and residents. Variations in practice or gaps between performance and a goal or benchmark of performance are analyzed to identify and prioritize those aspects of care and service that should be the focus of continuous quality improvement initiatives.*

3. Performance Management System Approach

3.1 Public Health System Alignment

The performance management system aligns programmatic performance measures with goals from the strategic plan. This creates linkages between programs, the agency's goals, and the community's priorities. Within the performance management system, there is alignment through all levels of the agency and into the community.

OCDPH STRATEGIC PLAN 2017 SUMMARY



4. Sustainability

4.1 Performance Improvement Training

Training in performance improvement and quality improvement is conducted for all new staff. This training includes an introduction to the community health improvement plan, the agency strategic plan and the reasoning and methodology for the agency performance management system. Comprehensive training has been conducted for all current managers on the purpose of the performance management system and how its results lead to quality improvement efforts. This will help build a culture of quality.

4.2 Performance Appraisals

The amount to which performance measures are achieved on the programmatic level is reflected on individual employee performance appraisals. This ensures that the performance measures are attained, while engaging staff, and allowing individuals to evaluate the difference they make with their work.

The Executive Leadership Team and Department Supervisors will participate in a quarterly Professional Growth Plan, to assure progress on personal and program goals. These plans will include elements of quality improvement and performance management as detailed in this plan.

4.3 Plan Evaluation

The Performance Management Plan will be reviewed at least every three (3) years to reflect agency and program enhancements and revisions, or more frequently if necessary to reflect significant changes in structure, operations or community needs. The OCDPH Administration Team will conduct an annual evaluation of the performance management system and quality improvement efforts as part of the strategic planning process.

5. Document Example

A. Performance Summary Form

Project Performance Summary Sheet

PROJECT GOAL: Increase referrals to Gift of Life (GOL) for organs, tissues and eyes.

LONG TERM PRIORITY: Improve access & coordination of healthcare

SHORT TERM PRIORITY: Develop organizational capacity to align with future community needs and consumer demand

PROJECT DESCRIPTION: Using MDI.LOG, the new Medical Examiner Investigator's software, they will be able to notify Gift of Life automatically for organs, tissues and eye referrals.

PROJECT DATE: November 1, 2017 – December 31, 2018.

TEAM MEMBERS: Sundy Vargas, Dr. Heidel, Tony Benjamin

REQUIRED RESOURCES (TIME, STAFF, FUNDING, EQUIPMENT):

4 MEI Staff, Gift of Life Michigan, Dr. Heidel, Sundy, and Tony. Possible hardware 4G tablet/cell phone for MEI's to access cloud based software to notify Gift of Life in a timely manner.

MEASURES OF SUCCESS:

Outcome: Create more organ, tissue, and eye donations by increasing the number of referrals.

Indicator: Increase GOL MEI referrals for Ottawa County accepted full cases by 62% or more for 2018. The target is to achieve 70% referral rate for the year. We will use monthly and quarterly reports from MDI.LOG to measure results.

