

H O R I Z O N P U B L I C H E A L T H

PMQI PLAN

PERFORMANCE MANAGEMENT &
QUALITY IMPROVEMENT PLAN

2023 - 2027



Public Health
Prevent. Promote. Protect.



Serving:

Douglas, Grant,
Pope, Stevens, and
Traverse Counties

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HORIZON



Public Health
Prevent. Promote. Protect.



Plan Title:	2023-2027 Performance Management & Quality Improvement Plan				
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Purpose and Background

In order for Horizon Public Health (HPH) to make a meaningful impact on the health and well-being of our community members, we need a clear plan to keep track of how well we're doing and find ways to do even better. This is where our Performance Management & Quality Improvement Plan comes in.

Imagine our health department as a well-oiled machine. Just like any machine needs regular checks to ensure it's working smoothly, we too need a way to regularly check how effective our processes, programs, and activities are. This is what we mean by "performance management."

Here's what a complete performance management system looks like:

Setting Goals: We'll clearly define what we want to achieve at every level of our health department.

Tracking Progress: We'll identify specific signs that show us whether we're moving in the right direction. These signs are like road markers that help us stay on track.

Monitoring and Reporting: Each of us will have a role in monitoring our progress and reporting back. It's a team effort!

Getting Better: If we see that something's not working as well as it should, we'll come up with ways to improve. This is the "quality improvement" part.

Leading the Way: Our leaders will show us how important it is to keep an eye on our performance. Their involvement sets the tone for the whole process.

Learning and Growing: We'll create a culture where learning and getting better is encouraged. Every bit of knowledge we gain helps us improve.

Our Performance Management & Quality Improvement Plan is like a roadmap to success. It helps us set goals, measure how well we're doing, and make sure we're always getting better.

We want to provide the best programs and services possible. By having a strong performance management system and a clear plan for quality improvement, we can make sure that the services we offer really make a positive difference in people's lives.

This plan isn't just something we talk about – it's something we put into action. We're committed to making sure our department operates at its best and achieves the best results for our community. And by doing so, we're not just taking care of business, we're taking care of people's health and well-being.

This Performance Management & Quality Improvement Plan is the foundation of a Culture of Quality within Horizon Public Health. It's a promise from all of us – from our leaders to every single employee – to always strive for excellence and to do everything we can to improve the health of the people we serve.

Please note: 'Horizon Public Health' is used interchangeably with 'HPH' throughout this document.

Guiding Statements

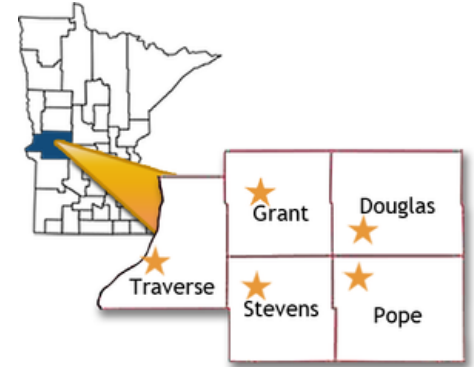
Just as our Strategic Plan defines our direction, this Performance Management & Quality Improvement Plan defines our commitment to excellence. It's a pledge to always seek better ways, to learn from our actions, and to continually enhance the health and well-being of our community. Horizon Public Health doesn't just adapt; we lead, we innovate, and we empower - all through a dedication to performance and quality that runs deep in everything we do.

Vision

To have healthy and resilient communities in Douglas, Grant, Pope, Stevens, and Traverse Counties.

Mission

To promote, protect, and improve the health and well-being of all people in our communities.



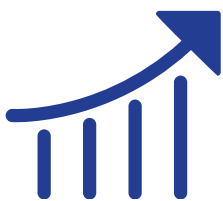
Horizon Public Health offers a wide variety of programs and services designed to enhance the health and well-being of individuals, families and communities in our five-county service area.

Guiding Principles

- Collaboration:**
Building and nurturing individual and community partnerships.
- Inclusion:**
Cultivating and supporting a sense of belonging for all people.
- Integrity:**
Serving our communities with dignity, compassion, and quality.
- Innovation:**
Improving the public's health using science, best practices, and community wisdom.

2023-2027 PMQI Plan Priorities

1



Driving Performance

Enhancing community health and accountability.

2



Engagement & Connectedness

Fostering engagement from within.

3



PMQI Infrastructure

Empowering excellence together.

Key Quality Terms & Adopted Definitions*

To ensure a shared understanding and seamless communication across our organization, we've compiled a list of key quality terms and their simple, easy-to-understand definitions. This common vocabulary serves as a foundation for discussing our Performance Management & Quality Improvement (PMQI) efforts agency-wide.

- **Action Plan:** A list of steps to take to make things better.
- **Clear Impact:** A tool/approach we use to make sure we're making a positive difference in our organization and community.
- **Continuous Quality Improvement (CQI):** A structured way of making things work better and more efficiently across the department.
- **Culture of Quality:** Everyone from leaders to staff working together to make sure things are always getting better and that we're doing our best for the community.
- **Goal:** A statement of what we want to achieve in the future, even if we can't count it.
- **Individuals/Communities Served:** People or groups who benefit from our programs or services.
- **Indicators:** Clear signs that show us if we're moving in the right direction and achieving what we want.
- **Objective:** A clear, measurable target we want to reach as we work toward our goals.
- **Performance Management (PM):** Using information about how well we're doing to make things even better for the public's health.
- **Performance Management System:** A way for the whole department to keep track of how we're doing in specific areas to reach our goals.
- **Performance Measure:** A way to measure how well our programs, services, or efforts are working.
- **Plan-Do-Study-Act (PDSA):** A smart way to test out new ideas before making big changes.
- **Programs:** The activities and services we offer to improve people's health and well-being.
- **Public Health:** The work we do to keep the community healthy and prevent health issues.
- **Public Health Accreditation Board (PHAB):** A national program that helps public health departments do their best work to protect and improve public health.

*Key quality terms and adopted definitions were developed by our PMQI Committee using the PHAB Acronyms and Glossary of Terms document as a guide and resource.

Key Quality Terms & Adopted Definitions

CONTINUED

- **Quality Improvement (QI):** Finding ways to do things better, faster, and more effectively.
- **Quality Standards:** Clear guidelines for how well things should be done to make sure they're high quality.
- **Results:** The actual changes and improvements we see happening/or hope to happen because of our efforts.
- **Results-Based Accountability (RBA):** An approach that includes processes and frameworks to enhance equity and measure goal achievement. RBA guides us in prioritizing vital areas by analyzing data, reviews our performance system, and shapes our plans with a structured focus on outcomes and equity.
- **SMARTIE Goal:** A goal that is Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable. SEE BELOW
- **Stakeholders:** People or groups who care about and are affected by what we do.
- **Storyboard:** A visual representation that tells the story of a quality improvement effort, making it easier to understand and share.
- **Targets:** Specific numbers we aim to hit to show we're making progress.
- **Training and Development:** Learning new skills and improving our knowledge to be even better at what we do.
- **Transparency:** Being open and clear about what we're doing and how we're doing it.
- **Well-being:** The overall health and happiness of individuals and communities.

S M A R T I E

GOAL

Strategic: Represents a crucial aspect of our health department's aims, whether program-related or community-driven.

Measurable: Progress is evaluated using data tracked consistently over time.

Ambitious: Sets a challenging target that signifies significant advancement - a goal that stretches our health department's capabilities.

Realistic: Feasible to track and warrants the investment of time and effort.

Time-bound: Specifies clear start and end dates for accomplishing the defined tasks.

Inclusive: Involves vulnerable population groups, particularly those most affected, in processes, activities, and decision-making.

Equitable: Incorporates an element of fairness and balance that addresses existing disparities.



Additional details and a SMARTIE goal activity can be found in Appendix A.

Linkage of Plans

The cohesion of plans is crucial for an agency as it ensures a unified and coordinated approach toward achieving organizational goals and desired outcomes. At HPH, all teams and individuals are actively involved in agency plans, incorporating them into their program work plans and individual goals and performance objectives. The interconnectedness of our agency plans is illustrated in the following map, demonstrating how they inform and support each other in the pursuit of improved health outcomes and organizational excellence.



Linking HPH Plans

Connecting the Dots

MOUNTAIN PEAK



PMQI Plan Statement

Horizon Public Health is dedicated to enhancing how we serve individuals and communities across our service area. Through performance management and continuous quality improvement, we're actively refining our programs, processes, and services to boost health and well-being for all. Our approach includes performance measures, quality improvement, strategic planning, community health improvement, and accreditation efforts. Having achieved accreditation, we're committed to upholding the standards set by the Public Health Accreditation Board (PHAB) to sustain our accredited status.

Culture of Quality

Imagine our organization as a place where positive change isn't just a goal, but a way of life. We're on a journey to shape a Culture of Quality improvement, a path that blends the power of processes and people to bring about lasting change. This journey is like a roadmap, guiding us through six phases. Let's explore how this translates into our everyday work:

Staff Empowerment

This phase is about recognizing that each of us holds the key to driving positive change. By empowering you, we're setting the state for collective growth, ensuring that your voice and ideas play a pivotal role in our pursuit to excellence.

Teamwork & Collaboration

With staff empowerment as our foundation, envision our teams as engines of innovation. We have clear goals and meet regularly to brainstorm, tackle challenges, and put quality improvement efforts into action. We are focused on sharing our experiences and learning together.

Leadership Commitment

Empowerment starts at the top. Our leaders help guide us. They set the tone, ensure resources are available, and keep us informed along the way. Their visible and inspiring support strengthens our pursuit to a Culture of Quality.



Emphasizing staff empowerment, teamwork, and collaboration, we encourage teams to use the Performance Measure Data Collection Tool, which is detailed in Appendix B, for brainstorming performance measures to facilitate learning and improvement.

Culture of Quality CONTINUED

Customer Focus

Our compass for change is rooted in the voices of those who matter most – our program participants, stakeholders, and community members. We are committed to amplifying these voices, actively seeking feedback, and harnessing insights to drive our transformation journey.

PMQI Infrastructure

We are not just embarking on a journey, we are constructing a framework that sustains our commitment to quality improvement. This infrastructure, aligned with our mission, vision, and guiding principles, serves as a beacon of direction, providing us with guidance and support in the work we do. The infrastructure is supported by this PMQI Plan - which sets our course for improvement.

Continuous Quality Improvement

Think of our journey like a never-ending story. We're committed to making things better every day. This isn't just a plan; it's a living, evolving process that thrives on feedback and learning.

In essence, our goal is to make every day count. Each step we take, no matter how small, adds up to something great. As we embrace this journey, we're shaping a place where quality improvement is more than a task – it's a part of who we are.

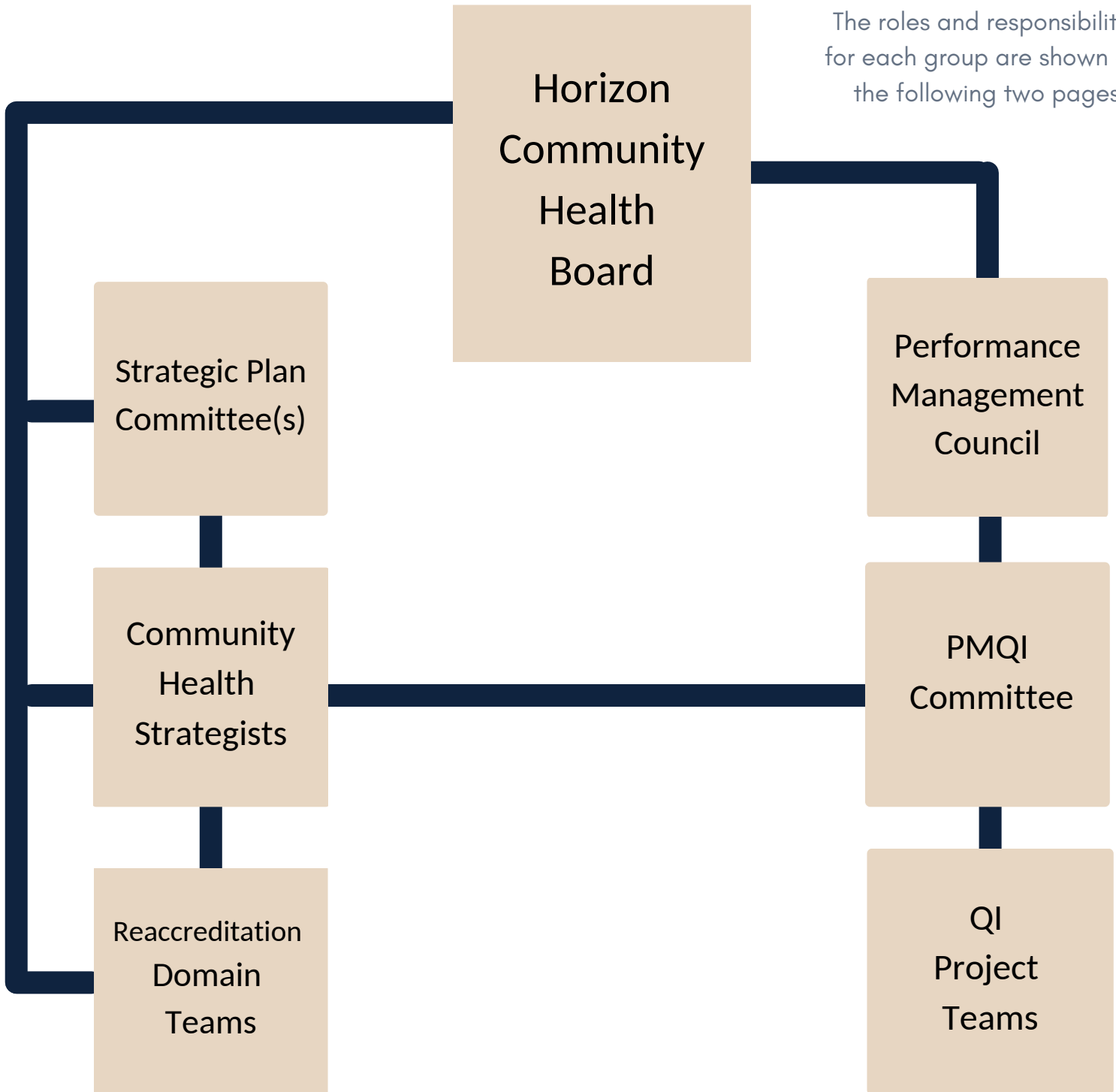


PMQI Infrastructure

At Horizon Public Health, our performance management system and quality improvement processes are supported by a structured framework. We've implemented a system that ensures our efforts align with our goals. This comprehensive approach involves seven distinct groups, each assigned specific responsibilities. From strategic planning to hands-on project implementation, we've developed an organized structure that guarantees our actions are in line with our objectives and adhere to PHAB standards. This performance management system and quality improvement structure serve as the foundation of our organizational commitment to excellence. You can find this comprehensive organizational structure on the following page.

PMQI Infrastructure

ORGANIZATIONAL CHART



PMQI Infrastructure

ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
<p>Horizon Community Health Board <i>A 13-member governing board comprised of 11 elected officials and two community members</i></p>	<p>Purpose: To provide high-level oversight, governance, and accountability for performance management and quality improvement efforts.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Approves the Performance Management & Quality Improvement Plan. • Allocates financial resources to support performance management and quality improvement. • Stays informed about final outcomes of performance measures and improvement projects.
<p>Performance Management Council <i>A five-member subcommittee of the Horizon Community Health Board comprised of three elected officials and two community representatives along with the Public Health Administrator, Assistant Administrator, and Community Health Strategist/Accreditation Coordinator</i></p>	<p>Purpose: To provide external community perspective and feedback for the performance management system and quality improvement efforts.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Guides us on our path toward a culture of quality within the health department. • Offers input on ongoing projects. • Reviews project outcomes and provides valuable recommendations for change and improvement. • Plays a role in monitoring customer feedback.
<p>Performance Management/Quality Improvement (PMQI) Committee <i>A team of 10-15 that represents both leadership and staff from varying programs and office locations</i></p>	<p>Purpose: To manage the health department's performance management system and quality improvement efforts.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Reviews the performance management dashboard quarterly. • Fosters discussions on ideas for quality improvement projects. • Ensures the execution of action steps outlined in this PMQI Plan to drive positive change. • Oversees Domain 9 for PHAB Reaccreditation, ensuring alignment with standards. • Champions the cause of PMQI throughout the health department.

PMQI Infrastructure

ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
<p>Quality Improvement (QI) Project Teams <i>A small team of staff members that align with the project's scope and impact</i></p>	<p>Purpose: To implement quality improvement projects - to drive targeted improvements to areas that directly relate to their roles and expertise.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Uses the Plan-Do-Study-Act process for improvement. • Completes project documentation, collects data, and reports progress. • Encourages staff participation and feedback.
<p>Strategic Planning Committee(s) <i>A team that represents both leadership and staff from varying programs and office locations; this team frequently forms subcommittees to address specific areas of focus</i></p>	<p>Purpose: To develop and implement the health department's mission, vision, guiding principles, and strategic priorities - to ensure alignment between strategic objectives and continuous quality improvement.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Works collaboratively to implement action steps within the Strategic Plan. • Reviews and assesses the strategic priorities; adapting them as necessary to mirror the evolving landscape of public health. • Ensures alignment between Strategic Plan goals and PMQI Plan efforts.
<p>Community Health Strategists Accreditation Coordinators <i>A team of two staff members serving as a bridge between leadership and staff</i></p>	<p>Purpose: To ensure the health department's actions are rooted in data-driven insights, and to align the community's needs to the agency's plans and objectives.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Organizes, monitors, and facilitates community health improvement efforts. • Prioritizes population health needs and vulnerable groups.
<p>Reaccreditation Domain Teams <i>10 teams of staff intricately aligned with the standards and measures of each of the ten PHAB domains</i></p>	<p>Purpose: To drive the PHAB standards and measures into impactful work.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Leveraging insights gained from PHAB implementation to drive performance improvement efforts. • Sustaining organizational excellence.

Performance Management Framework

Guiding our Journey

In this 2023-2027 Performance Management and Quality Improvement Plan, we're building on a framework we've used before, from the 2018-2020 Plan. Our staff, leaders, and the governing board at Horizon Public Health already support this approach. This framework is also aligned with how the Minnesota Department of Health does performance management.

Navigating with Purpose

Results & Standards: Where We're Heading

Our Performance Management & Quality Improvement Plan fits right in with our department's Strategic Plan and other key agency plans (as shown on page 9). We're all moving toward similar goals, setting a high bar for our quality improvements. We pick indicators that match these goals and show us how we're doing. This helps us communicate what we expect from our efforts.

Measurement: Tracking our Progress

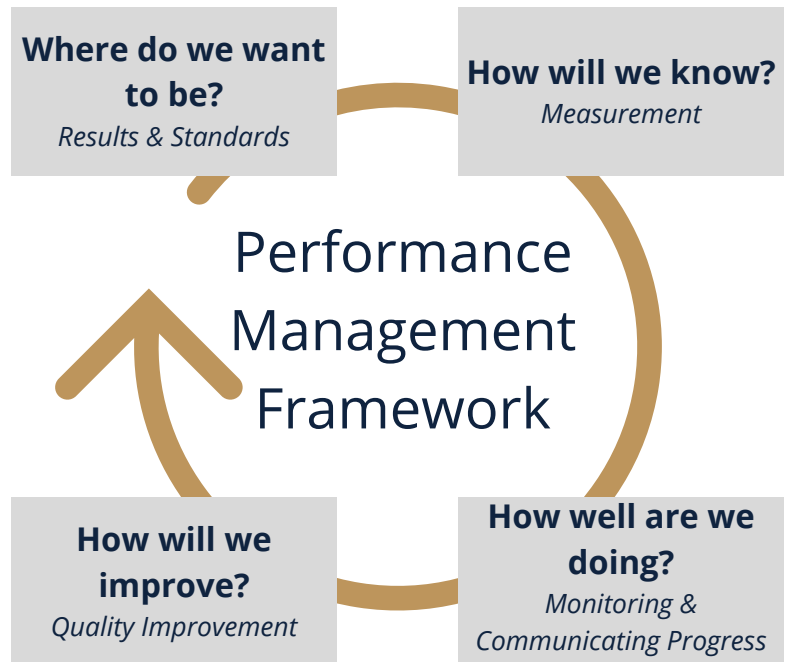
We use Clear Impact to gather and show our performance data on a dashboard. This data is like the backbone of our quality improvements. It helps us see where we're doing well and where we need to do better. We fine-tune our indicators, measure things accurately, and gather data to understand what's going on.

Monitoring & Communicating Progress: Letting Everyone Know

We've set up a solid structure to support our performance management and quality improvement system (as shown on page 12). This helps make sure that our efforts are on track and the involved groups know what's happening. The performance management dashboard (i.e., Clear Impact) is updated and reviewed at least quarterly. Specifically, every quarter both the PMQI Committee and the PMC gather to look at how we're doing, and to review PMQI-related efforts. Additionally, the CHB is updated on these efforts at least annually, and as needed.

Quality Improvement: Cultivating Continuous Improvement

We leverage the data on Clear Impact to derive meaningful insights and foster informed decisions. We identify trends, patterns, and areas for growth, steering our actions toward impactful change. The PMQI Infrastructure is set up to facilitate meaningful team discussions around improvement, and we offer a suggestion space (i.e., Horizon Lightbulb) to encourage improvement ideas from all staff across the health department.



Quality Improvement Process

Plan-Do-Study-Act

At Horizon Public Health, we use a method called the Plan-Do-Study-Act (PDSA) cycle to make things better and share our successes. This process guides us step by step, making improvements manageable and effective.

Plan: First, we look closely at what needs improving. Using a helpful tool called a Fishbone Diagram, we dig deep to find the root cause of the problem. It's like being a detective and figuring out why things aren't going smoothly. Once we discover the main issue, we create a clear problem statement that sums up the challenge.

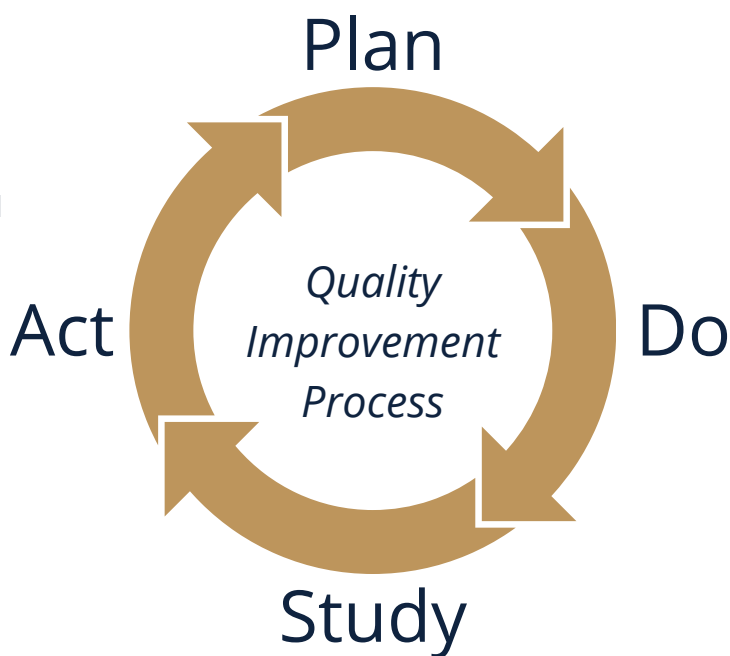
Then, we make a plan, known as an AIM statement, to outline exactly what we want to achieve and how we're going to do it. This is like planning a roadmap before a journey. Everyone involved comes together to brainstorm ideas and decide on the best approach. This is where we create an "if/then" statement, which is like a theory of improvement. It's a game plan that guides us during the test run and helps us stay focused on our goals.

Do: With a measurable AIM statement and plan in hand, we take action! It is advised to conduct a trial of the proposed improvement over three consecutive quarters.

Study: After trying out our theory of improvement, we take a breather and look at the results. This is a bit like pausing to review the game tape after a match. We gather data and information to see if our changes are making things better. It's during this phase that we can compare what we expected (our "if/then" theory) with what actually happened. This helps us learn what worked, what didn't, and if any unexpected surprises popped up.

Act: We use the insights gained during the "Study" phase to make informed decisions about how we want to move forward. This phase involves adapting the proposed changes based on the observed outcomes. Adjustments and refinements are implemented to prepare for broader implementation leading to continuous quality improvement for the health department.

This Plan-Do-Study-Act cycle guides us through a quality improvement project step by step, making improvement initiatives more manageable and effective. It turns big improvement into smaller, achievable steps and lets us share our journey with others through storyboards. It's all about working together to learn, grow, and create positive change for Horizon Public Health.



Quality Improvement Projects

Identifying, Prioritizing, Initiating, and Monitoring Quality Improvement Projects

Quality Improvement projects are born out of a commitment to enhance processes, objectives, and/or performance measures. These projects often align with HPH's plans, goals, stakeholder input, and the performance management system. QI projects can emerge through various avenues including (but not limited to):

- Staff suggestions (e.g., using the Horizon Lightbulb) or needs spotted through internal assessments.
- Identifying needs while implementing HPH's Community Health Improvement Plan, Strategic Plan, Workforce Development Plan, and/or this PMQI Plan.
- Recognizing process improvement needs based on quarterly reviews of Clear Impact data and trends.
- Incorporating insights from stakeholder and customer feedback.

Prioritizing QI Projects: When multiple QI projects are proposed within a quarter, the PMQI Committee has the option to use the Prioritization Matrix (displayed on the right) to gauge feasibility and importance. Projects demonstrating an impact on enhancing health equity are given precedence. The HPH Prioritization Matrix Activity Form can be found in Appendix C.

Initiating QI Projects: Once a QI project is chosen and approved, a QI project team is formed. The Community Health Strategist often serves as a facilitator for the team.

Support Tools: HPH offers a QI storyboard activity/template, found in Appendix D, that is designed to guide teams through the Plan-Do-Study-Act phases. Teams are encouraged to track their progress using the HPH QI Project Documentation Form found in Appendix E.

Monitoring Progress & QI Implementation: Once a QI project is initiated, it is essential to closely monitor its progress to ensure that the intended improvements are being achieved. This phase involves systematic tracking, evaluation, and refinement of the project's activities. The key steps to monitoring progress and QI implementation are:

- Regular data collection and analysis
- Adherence to the Plan-Do-Study-Act Cycle
- Documentation
- Regular team meetings
- Stakeholder engagement and communication
- Quality reporting and continuous improvement

HPH Prioritization Matrix



Communicating QI Activities

Sharing QI Project Updates: To establish a culture of transparency, shared learning, and accountability, we will ensure that new, ongoing, and recently completed quality improvement projects, along with their accompanying storyboards, are regularly shared with both the PMQI committee and PMC on a quarterly basis. QI storyboards serve as an informative, visual representation of project outcomes and impacts. Our HPH QI storyboard template/activity is found in Appendix D.

Sharing QI Successes: To celebrate and disseminate the results of our quality improvement projects, we will share completed QI storyboards with all of our staff virtually through the HPH Happenings publication, at least annually or as they are completed.

Utilizing Clear Impact: In a commitment to data-driven decision-making and performance monitoring, we will leverage our Clear Impact software. By regularly reviewing Clear Impact measures, we can ensure that our approach to QI remains agile and responsive, aligning to the ever-evolving needs of our organization and the communities that we serve. The software allows us to make informed decisions, ultimately enhancing the impact of our improvement efforts. Clear Impact is discussed in more detail on the following page.

QI Learning Opportunities

At HPH, we understand the importance of fostering a culture of continuous learning and improvement. To ensure that staff are well-informed about the PMQI Plan and related processes, we offer a range of learning opportunities:

Selected Trainings: We have carefully selected a variety of training opportunities to equip our staff with the knowledge and skills necessary to engage effectively with QI efforts. These trainings are listed on Appendix F.

Onboarding and New Employee Orientation: For all new staff members, we have integrated PMQI training as a component of their onboarding and new employee orientation process. Led by our Accreditation Coordinator, this training equips new team members with an understanding of our PMQI Plan and accreditation efforts.

QI Project Team Training: When a QI Team is formed, each team member is asked to watch a brief QI training during or prior to their first meeting. This targeted training equips teams with the specific knowledge and tools they need to contribute effectively to their project's success.

Clear Impact Scorecard

The Clear Impact Scorecard software plays a role in our performance management system. It serves as a powerful tool to track, analyze, and visualize data, enabling us to gain valuable insights into our organization's performance. With this software, we can:

Track Data: The software allows us to systematically collect and maintain performance data across various aspects of our organization, including key performance measures and objectives.

Understand Progress: By using Clear Impact Scorecard, we gain a clear understanding of our progress toward performance goals. It provides a visual representation of our performance measures, helping us identify areas of success and areas that require improvement.

Identify Opportunities for Improvement: The software empowers us to identify opportunities for improvement by highlighting trends and patterns within our data. This allows us to make informed decisions and take targeted actions to enhance our performance.

Data Entry and Communication: Our data management and communication processes are designed to ensure that information flows seamlessly throughout the organization.

Data Entry: The responsibility for entering data into Clear Impact Scorecard software falls upon our Community Health Strategists. The Community Health Strategists collaborate with performance management leaders (both internally and externally) to collect the most up-to-date measures, as well as the narratives that provide context to the data and any necessary action plans.

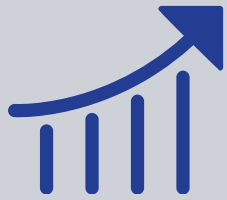
Quarterly Reporting: To maintain transparency and accountability, both the Performance Management and Quality Improvement (PMQI) Committee and the Performance Management Committee (PMC) have quarterly meetings. During these meetings, they review the performance management system data and trends.

Data-Driven Decision-Making: At our organization, data-driven decision-making is a fundamental practice across all levels and departments. This data-driven approach not only helps us to monitor performance but also drive continuous quality improvement across our organization.

This comprehensive system enables us to make informed decisions, communicate results effectively, and foster a culture of excellence throughout our organization.

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PMQI Priority #1: Driving Performance



Goal: Horizon Public Health uses results-based accountability to enhance performance, drive positive change, and achieve optimal health outcomes for our communities.

Enhancing community health and accountability.

Outcome Objective: By December 2024, establish a set of 10 key population health indicators to enhance the performance management system and prioritize community health outcomes internally and externally.

Baseline Data/Source: CHA/CHIP Indicators

Action Steps:

By When: Lead Person Responsible:

Clear Impact Scorecard Development: Continue to build upon the Clear Impact Scorecard to monitor, evaluate, and report on at least 10 selected indicators. This will allow us to maintain a clear and accessible overview of our progress and impact on community health.

Fall 2023 and
Ongoing

Community Health
Strategists

Stakeholder Engagement: Engage with internal and external stakeholders, including community members, to gather input on key population health indicators that are meaningful. This step ensures that our performance metrics align with the actual needs and expectations of the community, driving relevance and buy-in.

Fall 2023 and
Ongoing

Community Health
Strategists/SHIP Staff

Capacity Building for Staff: Continue to deliver training workshops for staff to enhance their understanding of the results-based accountability model. Encourage active participation of staff in improvement efforts by involving teams in the development of performance measures and accountability strategies.

Fall 2023 and
Ongoing

Health Equity Action
Team

Customer Focus and Evaluation: Utilize program feedback to identify meaningful performance measures that resonate with the needs and experiences of the community. Additionally, promote and utilize other evaluation tools (e.g., the Return on Time Invested survey) to drive continuous improvement efforts. This step ensures that our metrics are customer-focused.

Fall 2023 and
Ongoing

Program Supervisors/
Staff/Community Health
Strategists

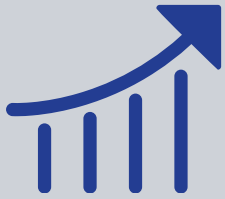
Community Outreach and Education: Develop and build upon outreach and education programs based on the established indicators to raise community awareness and encourage healthier behaviors. Ensure that the community is informed about health services and resources available.

Spring 2024
and Ongoing

Health Educators/
Community Health
Strategists

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PMQI Priority #1: Driving Performance - Continued



Goal: Horizon Public Health uses results-based accountability to enhance performance, drive positive change, and achieve optimal health outcomes for our communities.

Enhancing community health and accountability.

Outcome Objective: By December 2024, establish a set of 10 key population health indicators to enhance the performance management system and prioritize community health outcomes internally and externally.

Baseline Data/Source: CHA/CHIP Indicators

Action Steps:	By When:	Lead Person Responsible:
<p>Collaboration with Partners: Engage with partners to align efforts in addressing health disparities and achieve common goals related to community health.</p>	Ongoing	Health Educators/ Community Health Strategists
<p>Feedback Loop Integration: Establish a continuous feedback loop with stakeholders, including our Community Partner Leadership Team (CLT), and community members to gather ongoing input. Add a dedicated space on CLT meeting agendas to collect feedback and adapt performance metrics as needed. This process will ensure that our strategies remain responsive to the evolving needs of the community.</p>	Summer 2024 and Ongoing	Community Health Strategists/SHIP Staff
<p>Health Outcomes and Reporting: Update and monitor population health measures and input them into the Clear Impact Scorecard software to maintain real-time visibility into health outcomes. Regularly provide narrative to explain what is working, what is not working, and the "story behind the curve." Hold quarterly Community Partner Leadership Team (CLT), Performance Management & Quality Improvement (PMQI) Committee and Performance Management Council (PMC) meetings to report progress, share insights, and promote transparency.</p>	Summer 2024 and Ongoing	Community Health Strategists

PMQI Priority #2: Engagement and Connectedness



Goal: Horizon Public Health employees are satisfied and engaged.

Fostering engagement from within.

Outcome Objective: By December 2026, improve one key employee satisfaction/engagement indicator by 15%.

Baseline Data/Source:
Employee survey

Action Steps:

By When: **Lead Person Responsible:**

Baseline Date Collection: Assess employees to gauge the current state of engagement and well-being in tandem with the employee engagement survey (refer to the 2023-2025 Strategic Plan). This step sets the foundation for understanding the baseline of employee engagement and well-being.

Early 2024

Committee and
Human Resources

Identify, Plan, and Implement Strategies: Based on survey findings and an ongoing commitment to improvement, identify, plan and implement strategies to improve key satisfaction/engagement indicators. Consider innovative ways to connect staff across programs and office locations.

Summer 2024

Committee

Feedback Mechanism: Continue to promote and utilize the HPH Lightbulb to address employee concerns and ideas. This feedback mechanism allows employees to have a voice in shaping their work environment, promoting engagement and well-being.

Ongoing

Administration

Share Employee Highlights: Regularly communicate staff achievements and recognition through internal and external channels. These stories highlight staff's impact on the workplace and the community.

Early 2024

Communications Team
Happenings Committee
Program Supervisors

Evaluation and Continuous Improvement: Reassess employees to measure internal progress on key employee satisfaction/engagement indicators. Use the feedback to adjust and improve ongoing initiatives.

December 2025

Committee and
Human Resources

PMQI Priority #3: Quality Improvement Infrastructure



Goal: Horizon Public Health utilizes the culture of quality framework to establish a robust quality improvement infrastructure.

Empowering excellence together.

Outcome Objective: By December 2026, improve the measure 'staff collaborate on projects or ideas to improve quality and performance through formal QI projects or other improvement methods by 15%.'

Baseline Date/Source: 2022 Culture of Quality Self-Assessment

Action Steps:	By When:	Lead Person Responsible:
Leadership Engagement & Staff Empowerment: Regularly engage leaders in discussions and workshops about the organization's quality improvement goals and strategies. Encourage leaders to set clear expectations and foster a culture where staff are empowered to take an active role in quality improvement projects.	2024 and Ongoing	Administration /Program Supervisors/Community Health Strategists
Training and Capacity Building: Provide capacity-building opportunities to staff members on quality improvement methods and tools. This step ensures that all employees have the knowledge and skills to actively engage in quality improvement projects and support a culture of excellence.	2024 and Ongoing	Community Health Strategists/PMQI Committee
Continuous Quality Improvement: Regularly meet with programs and teams to challenge current systems and processes to identify areas for improvement. Annually initiate at least one quality improvement project that involves and impacts all staff.	2024 and Ongoing	PMQI Subcommittee
Documentation and Sharing: Establish a system for documenting and sharing best practices and lessons learned from quality improvement efforts across the organization. Foster collaboration with all teams conducting their own quality improvement initiatives to share insights, processes, lessons, and efforts.	Fall 2024	PMQI Subcommittee/Community Health Strategists
Clear Impact: Ensure all programs utilize the Clear Impact software to input improvement metrics to enhance transparency, encourage collaboration with the performance management system, and show commitment to a culture of continuous quality improvement.	2025 and Ongoing	PMQI Subcommittee/Community Health Strategists
Employee Recognition: Implement an employee recognition program that acknowledges staff for their contributions to quality improvement projects.	2025 and Ongoing	PMQI Subcommittee/Community Health Strategists
Ongoing Evaluation: Reassess staff and leaders through the Culture of Quality Self-Assessment in 2024 and 2026 on the identified metric to measure the progress of staff involvement/collaboration in improvement efforts.	Fall 2024 & Fall 2026	PMQI Committee/Performance Management Council/Community Health Strategists

PMQI Plan Implementation & Monitoring

For the successful implementation and monitoring of our 2023-2027 Performance Management & Quality Improvement (PMQI) Plan, we have established a set of implementation and monitoring guidelines:

Regular Progress Updates: A quarterly progress update on the implementation of our plan's goals and objectives will be provided at all PMQI Committee and Performance Management Council (PMC) meetings. This ensures that key leadership and staff remain informed about the ongoing efforts and achievements related to our performance management and quality improvement initiatives.

Quarterly Plan Evaluation: Our plan's outline will be subject to quarterly evaluation, with periodic updates made as needed to reflect the evolving landscape of our organization and the communities we serve. This process allows us to adapt and remain responsive to changing needs and priorities.

Annual Reporting to Community Health Board: On an annual basis, we will present our plan's progress, outcomes, and achievements to the Horizon Community Health Board. This annual presentation serves as an opportunity to share our successes and challenges, ensuring that our governing body is well-informed and actively engaged in our performance management and quality improvement efforts.

Making Things Simpler: Measuring Progress

In the past, HPH has used two tools to measure the progress of our performance management and quality improvement processes: the PMQI Self-Assessment and the Culture of Quality Self-Assessment.

The results of these surveys are stored in the Community Health Strategist folder on the X drive. These results have been instrumental in guiding us on our improvement journey.

Your Feedback Matters: Based on what you've told us, we're changing things up. From now on, we are going to use just one tool - the Culture of Quality Self-Assessment - to measure progress. We will continue to offer this survey every two years, as shown on page 23 of this document.

What's great about this tool is that it's not just for staff; it's for our leaders too. This tool helps us see where we are on our journey toward a Culture of Quality, which is referenced on page 10 of this plan.

This change is about making things simpler and clearer for all of us. It's our way of showing we're ready to listen and improve, as we work together to provide the best care and services.

Appendix A

SMARTIE Goal Activity

S

STRATEGIC

M

MEASURABLE

A

AMBITIOUS

R

REALISTIC

T

TIME-BOUND

I

INCLUSIVE

E

EQUITABLE

GOAL ACTIVITY

HORIZON



Public Health
Prevent. Promote. Protect.



Strategic
What is the topic of this goal?
What are the root causes?

Measurable
What will be measured to track progress?

Ambitious
What are the desired impacts? Is it a stretch for our health department?

Realistic
What are the activities? Strategies? Are they attainable?

Time-Bound
By when?

Inclusive
How is this topic inclusive of the voices and priorities of people with lived experience?

Equitable
How does this goal contribute to equitable outcomes?

Appendix B

Performance Measure Data Collection Tool



Horizon Public Health Results Based Accountability **Performance Measure Activity**

Result: A condition of well-being for children, adults, families, or communities. For example:

- Healthy Lifestyles & Behaviors
- Social Connectedness & Well-being
- Physical Health & Activities
- Prevention & Access to Services
- Health Equity

Program: A program, plan, partnership, or service responsible for helping achieve results.

- Health Department Program Area
- Health Department Plan
- Essential Public Health Service/Domain
- Community Group or Team

Indicator: A measure that helps quantify the achievement of a result.

- Population Health Outcomes
- Community Health Assessment Data or Trends

Performance Measure: A measure of how we are contributing to program goals or indicators, and ultimately improving results.

- How much did we do?
- How well did we do it?
- Is anyone better off?

Measure

Should be clear, easy to understand, and most likely stated in numeric terms.

Purpose

Why are we monitoring this?

Target

Do we have standards, goals, or a benchmark?

Data

What are you collecting in order to get the data for this measure?

Frequency

How often are you collecting this data? Weekly? Monthly? Quarterly? Bi-Annually? Annually?

Source

Where will the data be found?

Responsibility

Who collects, summarizes, and analyzes the data?
Who will input the measure into Clear Impact?

Notes

What else?

Appendix C

Prioritization Matrix Activity

HPH Prioritization Matrix

ACTIVITY



Low Value
Low Effort

High Value
Low Effort

LOW EFFORT

LOW VALUE

HIGH VALUE

Low Value
High Effort

High Value
High Effort

HIGH EFFORT

IMPACT ON EQUITY

IMPACT ON EQUITY

Do Later

Do Now

Don't Do

Do Next

Appendix D

QI Storyboard Activity/Template

Quality Improvement Storyboard: *TEMPLATE*

Team Members:

DO

TEST THE THEORY

What was the timeframe? Who was involved?
How was the theory tested?

STUDY

RESULTS

Provide narrative about the data/measure.
Discuss next steps. Do we move backward or forward toward continuous QI?

ACT

FUTURE CONTINUOUS QUALITY IMPROVEMENT

How will we institutionalize the improvement as a new established process?

PROBLEM STATEMENT

How was the opportunity identified? Is there baseline data?

ROOT CAUSE ANALYSIS / FISHBONE DIAGRAM

Complete the Fishbone Diagram Activity on Page 2.

MEASURABLE AIM STATEMENT

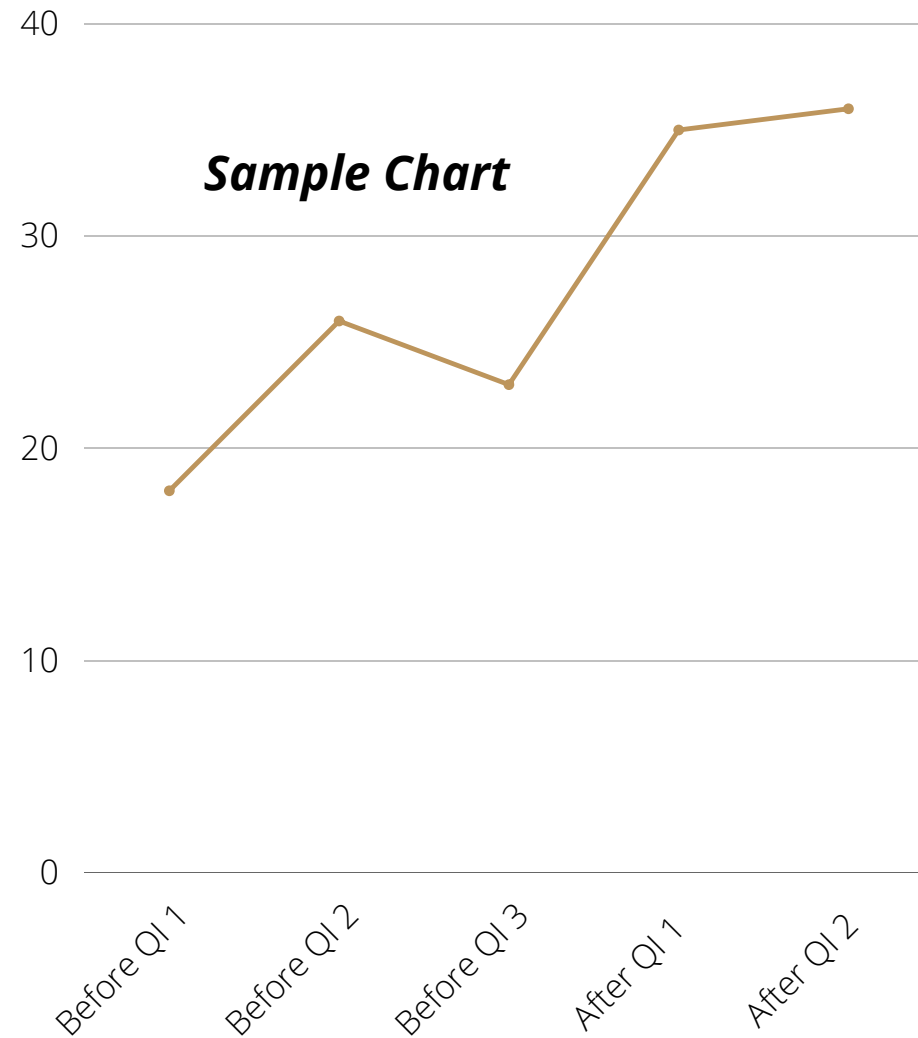
Use the SMARTIE Goal Framework/Activity found in the 2023-2027 PMQI Plan.

THEORY OF IMPROVEMENT

What are the strategies/possible solutions to test throughout the improvement effort?

Use the Prioritization Matrix Tool, found in the 2023-2027 PMQI Plan to select and prioritize strategies.

Create an if/then statement (example):
If we do _____, then _____ will improve.



PLAN

QI Project Title:

Date:

Equipment

Process

People

Problem

Materials

Environment

Management

Root Cause Analysis

Why?

Why?

Why?

Why?

Why?

Why?

Why?

Why?

Why?

Why?

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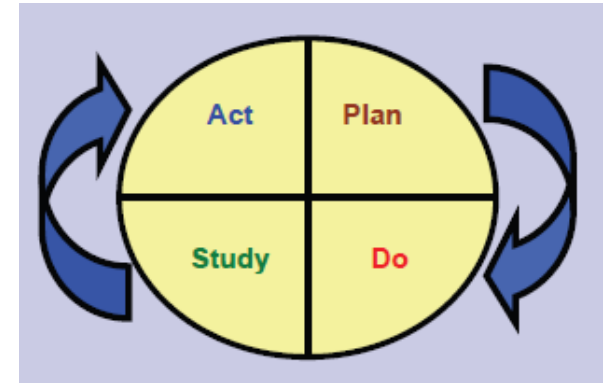


Appendix E

QI Project Documentation Form



Horizon Public Health Quality Improvement Project Documentation Plan-Do-Study-Act



QI Project Title:
AIM Statement:
Team Members:
QI Project Lead:



Plan - Step One: Getting Started	Date	Documentation/Discussion	Action Taken/Responsible Party
Identify area, problem, or opportunity for improvement			
Estimate and commit needed resources			
PM/QI committee review and recommendation(s)			
Plan - Step Two: Assemble the Team	Date	Documentation/Discussion	Action Taken/Responsible Party
Identify and assemble team members (including customers and/or stakeholders)			
Discuss problem and opportunity for improvement			
Identify team member roles & responsibilities			
Establish an initial timeline for improvement activity & schedule regular team meetings			
View Quality Improvement Trainings – selected by Community Health Strategist			
Develop SMARTIE AIM statement			
Plan - Step Three: Examine the Current Approach	Date	Documentation/Discussion	Action Taken/Responsible Party
Examine the current approach/process flow (Process Map tool)			

Obtain existing baseline data, or create and execute a data collection plan to understand the current approach			
Obtain input from customers and/or stakeholders			
Analyze and display baseline data			
Determine the root cause(s) of the problem (Fishbone tool)			
Revise the aim statement based on baseline data as needed			
Plan - Step Four: Identify Potential Solutions	Date	Documentation/Discussion	Action Taken/Responsible Party
Identify all potential solutions to the problem based on the root cause(s)			
Review model or best practices to identify potential improvements			
Pick the best solution (the one most likely to accomplish your aim statement)			
Plan - Step Five: Develop an Improvement Theory	Date	Documentation/Discussion	Action Taken/Responsible Party
Develop a theory for improvement – What are your predictions? “If..... then” approach			
Develop a strategy to test the theory – What will be tested? How? When? Who needs to know about the test? Use the HPH QI Project & Strategy Prioritization Matrix Activity as needed to prioritize solutions/strategies.			
Do - Step Six: Test the Theory	Date	Documentation/Discussion	Application of Process
Carry out the test on a small scale			
Collect, chart, and display data to determine the effectiveness of the test			
Document problems, unexpected observations, and unintended side effects			
Study - Step Seven: Study the Results	Date	Documentation/Discussion	Action Taken/Responsible Party

Determine if your test was successful: Compare results against baseline data and the measures of success stated in the aim statement			
Did the results match the theory/prediction?			
Did you have unintended side effects?			
Is there an improvement?			
Do you need to test the improvement under other conditions?			
Describe and report what you learned			
Act - Step Eight: Standardize the Improvement or Develop a New Theory	Date	Documentation of QI activities	Application of Process
If your improvement was successful on a small scale test it on a wider scale			
Continue testing until an acceptable level of improvement is achieved			
Make a plan to standardize the improvement			
If your change was not an improvement, develop a new theory and test it; often several cycles are needed to produce the desired improvement			
Act - Step Nine: Establish Future Plans	Date	Documentation of QI activities	Application of Process
Celebrate your success: Communicate your accomplishments to internal and external customers			
Take steps to preserve your gains and sustain your accomplishments			
Make long-term plans for additional improvements			
Conduct iterative PDSA cycles, when needed			

Revised 10/2023

Appendix F

PMQI Selected Trainings

PMQI Selected Trainings

Minnesota Department of Health



Public Health & QI Toolbox

<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/index.html>

National Institute for Children's Health Quality



Quality Improvement 101 Training

<https://www.nichq.org/resource/quality-improvement-101>

ASTHO'S Learning Center



Quality Improvement Learning Series

*Available in English and Spanish

https://learn.astho.org/products/quality-improvement-learning-series-serie-de-aprendizaje-de-mejora-de-la-calidad#tab-product tab_overview



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Horizon Public Health

Main Office:

809 Elm Street Suite 1200

Alexandria, MN 56308

horizonpublichealth.org

800.450.4177 | 320.763.6018

Fax 320.763.4127 | 888.229.2347