# Regional Accreditation Initiative

A collaboration between Clackamas, Multnomah & Washington Counties

<table>
<thead>
<tr>
<th>NACCHO Accreditation Grant (MCHD Sponsor)</th>
<th>Regional Accreditation/CQI Workgroup</th>
</tr>
</thead>
</table>
| **Purpose:** The focus of this grant is to develop a common shared understanding of performance management and quality improvement (QI) across the region. Specific elements include:  
  - Trainings on performance management and QI by outside consultant (Marni Mason)  
  - Address mutual expectations for performance management, QI and public health accreditation  
  - Each county will receive individualized technical assistance from outside consultant (Marni Mason) on their specific performance management/QI plans | **Purpose:** This workgroup expands on the NACCHO Accreditation Grant and is a regional subgroup of the state’s Accreditation Work Group. It’s focus is to:  
  - Provide a forum for discussion amongst Accreditation Coordinators in the region  
  - Share documentation ideas, challenges and identify opportunities for collaboration  
  - Lead the development of a regional approach to address Domain 7: Access to Healthcare (includes researching and reporting CCO development) |
| **Timeline:** January 2013 – July 2013 | **Timeline:** December 2012 – ongoing |

<table>
<thead>
<tr>
<th>Participants:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Public Health Leadership Group (RPHLG)</td>
<td></td>
</tr>
<tr>
<td>- Kristin Tehrani, Tri-County Health Office Program (workgroup facilitator): <a href="mailto:kristin.tehrani@multco.us">kristin.tehrani@multco.us</a>; 503-988-3663x26178</td>
<td></td>
</tr>
</tbody>
</table>
|   - Accreditation Interns/AmeriCorps VISTA Volunteers  
     - Cally Kamiya, Multnomah County: cally.kamiya@multco.us; 503-988-3663x22013  
     - Jenn Lund, Washington County: Jennifer_Lund@co.washington.or.us; 503-846-4533 |  |
|   - Accreditation Coordinators and Support Staff  
     - Claire Smith, Multnomah County: claire.smith@multco.us; 503-988-3674x28185  
     - Marisa McLaughlin, Multnomah County: marisa.a.mclaughlin@multco.us; 503-988-3663x28080  
     - Philip Mason, Clackamas County: PMason@clackamas.us; 503-742-5956  
     - Kelly Jurman, Washington County: Kelly_Jurman@co.washington.or.us; 503-846-4965 |  |
|   - Marni Mason (consultant): marni@marmason.com |  |

<table>
<thead>
<tr>
<th>Next Steps:</th>
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<tbody>
<tr>
<td>Each county Accreditation Coordinator will discuss this proposal with their Administrator and Health Officer in advance of January 25th 2013</td>
<td></td>
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<tr>
<td>Workgroup will meet on a monthly basis (Friday mornings)</td>
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<tr>
<td>Accreditation Coordinators will meet with Marni Mason in February to discuss training needs</td>
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<tr>
<td>Workgroup will develop a grant implementation proposal and project calendar for RPHLG meeting on January 25th 2013</td>
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<tr>
<td>Leadership performance management/QI trainings for RPHLG will begin in February 2013</td>
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**Project Calendar**

**Jan 25:** Regional PM/QI Coordination Group presentation of proposal at RPHLG meeting (30 min)
9:30-11am, Multnomah Building on Hawthorne

**Feb 22:** Marni Mason in-person PM/QI training to RPHLG (1 hour)
9-11am, Multnomah Building on Hawthorne

- Purpose: Share understanding of the expectations of Public Health Accreditation

**March:** Marni Mason provides individual technical assistance training in-person with Washington and Clackamas Counties

**April 26:** Marni Mason in-person training to RPHLG (1 hour)
9-11am, Multnomah Building on Hawthorne

- Purpose: Sharing progress to date and Action Planning for each county

**June 28:** Wrap- Up and review with RPHLG (45-60 minutes)
9-11am, Multnomah Building on Hawthorne

- Purpose: (1) Determine the frequency of QI and Accreditation in future RPHLG meeting, (2) Identify what leadership needs to continue moving PM/QI forward, (3) Report out on grant goals and accomplishments, and (4) Provide opportunity for feedback and evaluation

**Project Outcome**
By December 31, 2013, each county will have a Performance Management Policy and Quality Improvement Plan. This plan will be in final form with leadership sign-off.

**Role of the Regional PM/QI Coordination Group**
1. To facilitate the provision of training to Public Health Leadership in the 3-county metro region.
2. To share materials and provide coordination and peer support.
WCDHHS Performance Management Workshop  
Thursday, April 25, 2013 – 2:00 – 5:00 pm  
Washington Street Conference Center Room 103

**Learning Objectives:**
During this workshop the participants will be able to:
- Review Performance Management concepts and the alignment of the agency Strategic Plan, QI Plan and Health Improvement Plan
- Discuss establishing a performance measurement system, including using Line of Sight concept
- Review strategies for promoting and sustaining the QI Culture

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 2:15pm</td>
<td>Welcome, Introductions &amp; Review of agenda</td>
<td>Kelly Jurman</td>
</tr>
<tr>
<td>2:15 – 3:30pm</td>
<td>Establishing Performance Management Systems and Alignment of Agency Plans</td>
<td>Marni Mason</td>
</tr>
<tr>
<td>3:30 – 3:45pm</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3:45 – 4:45pm</td>
<td>Development of Effective Performance Measures</td>
<td>All</td>
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<tr>
<td></td>
<td>Line of Sight Exercise</td>
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</tr>
<tr>
<td>4:45 – 5:00 pm</td>
<td>Q &amp; A and Next Steps</td>
<td>Kelly Jurman</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>Adjourn</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Pam</td>
<td>OH Admin</td>
<td>5360</td>
</tr>
<tr>
<td>Liz</td>
<td>PT Field Team</td>
<td>5385</td>
</tr>
<tr>
<td>Sunny</td>
<td>PT Admin</td>
<td>3740</td>
</tr>
<tr>
<td>Tanya</td>
<td>Em Prep</td>
<td>8256</td>
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<tr>
<td>Julie</td>
<td>PT Admin</td>
<td>8360</td>
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<td>Dana</td>
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<td>Heidi</td>
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<td>Marie</td>
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<tr>
<td>Linette</td>
<td>PH Fiscal</td>
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<td>Shini</td>
<td>PH Business Mgr</td>
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<td>Concetta</td>
<td>BH Field Team</td>
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<tr>
<td>Scott</td>
<td>BH Field Team</td>
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<td>Tamie</td>
<td>Health Promo</td>
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<td>Kirsten</td>
<td>Heal</td>
<td>5954</td>
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<tr>
<td>Susan</td>
<td>Dental Health</td>
<td>5984</td>
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<tr>
<td>Jan</td>
<td>EF</td>
<td>5380</td>
</tr>
<tr>
<td>Joel</td>
<td>WIC</td>
<td>J367</td>
</tr>
<tr>
<td>Julee</td>
<td>WIC</td>
<td>J367</td>
</tr>
</tbody>
</table>
Implementing CCPHD Performance Management System and Enhancing Your Quality Improvement Culture

CLACKAMAS COUNTY PUBLIC HEALTH DIVISION
APRIL 25, 2013

MARNI MASON
MARMASON CONSULTING
Marlene (Marni) Mason

- More than 30 years in private healthcare and public health as clinician, manager and national consultant
  - Consultant in general healthcare performance measurement and quality improvement (20+ years)
  - Consultant PH performance standards and improvement since 2000 and for all 3 Multistate Learning Collaboratives (2005-2011), including more than 50 QI teams from > 6 states
  - National trainer and presenter for QI and Accreditation in more than 20 states and for ASTHO, NACCHO, NIHB, NNPHI, and RWJF
  - Consultant for PHAB Standards Development and training of site reviewers (2008-2010)
  - Surveyor for National Committee for Quality Assurance-NCQA (14 years) and Senior Examiner for WA state for national Baldrige Performance Criteria
  - Owner and Managing Consultant of MarMason Consulting, LLC based in Seattle, WA
Today’s Learning Objectives

Upon completion participants should be able to

- Apply Performance Management concepts to implement performance management activities and enhance the alignment of the agency Strategic Plan, QI Plan and Health Improvement Plan
- Discuss establishing a performance measurement system, including using Line of Sight concept
- Review strategies for promoting and sustaining the QI Culture
Performance Management (PM) Definition

- *Performance management* is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”

  *Guidebook for Performance Measurement*,
  *Turning Point Project*
Why Is Managing Systematically Important?

- All work, including management, consists of linked processes forming a system, even if the system was not designed and is not understood.

- Every system is perfectly aligned to achieve the results it creates. **Process determines performance.**

- The results of an aligned system far exceed a system that fights against itself.

- Integrated management systems ensure that performance excellence happens by design, not by chance.
“Refreshed” Turning Point Framework

2003 Turning Point Framework

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators and define measures
- Develop data systems
- Collect data

REPORTING OF PROGRESS
- Analyze data
- Feed data back to managers, staff, policy makers, constituents
- Develop a regular reporting cycle

QUALITY IMPROVEMENT PROCESS
- Use data for decisions to improve policies, programs and outcomes
- Manage changes
- Create a learning organization

2012 Refreshed Framework

PUBLIC HEALTH
PERFORMANCE MANAGEMENT SYSTEM

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASURES
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING OF PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- Create a learning organization

Leadership & Culture
7 Performance Management Principles*

- **Results focus** permeates strategies, processes, organizational culture, and decisions
- Information, measures, goals, priorities, and activities are **relevant** to health improvement and strategic initiatives
- Information is **transparent** – easy to access, use, and understand
- Goals, programs, activities, and resources are **aligned with priorities** and desired results.
- Decisions and processes are driven by timely, accurate, and **meaningful data**
- Practices are **sustainable** over time and organizational changes
- Performance management is **transformative** to the agency, its management, and the policy-making process

*Based on A Performance Management Framework from the National Performance Management Advisory Commission 2010*
Steps to Implement Performance Management

- Present case for Performance Management to decision makers
- Identify key purposes and objectives to initiate PM
- Define PM process
- Communicate plan to gain support from stakeholders
- Build agency capacity through training, hiring and/or in-house expertise; providing tools, and building a common terminology
- Monitor implementation process and adjust as necessary

* A Performance Management Framework from the National PM Advisory Commission 2010
Processes Needed to Implement PM*

- Planning process to define mission and set agency priorities that will drive performance
- Community engagement process to identify needs
- Budget process to allocate resources based on priorities
- Measurement process to support entire PM system
- Accountability mechanisms
- Mechanism for collecting, organizing and storing data
- Process for analyzing and reporting performance data
- Processes for selecting and taking action on performance results

*Adapted from A Performance Management Framework from the National Performance Management Advisory Commission 2010
Establishing and implementing performance management systems helps state agencies:

- Align agency plans to reduce duplication and increase efficiency and effectiveness
- Prioritize planning and improvement efforts
- Address accreditation requirements
- Demonstrate the results of PH programs and services through performance measurement and reporting
Adapted from KCHD Strategic Management System

FIVE-YEAR STRATEGIC PLAN

QUALITY IMPROVEMENT PLAN

STRATEGIC IMPLEMENTATION PLAN

PROGRAM WORK PLANS

INDIVIDUAL PERFORMANCE PLANS

KITSAP COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

KITSAP COUNTY COMMUNITY HEALTH ASSESSMENT

30,000 FT

20,000 FT

10,000 FT

SEA LEVEL
Let’s Discuss

What specific aspects of performance management do you need to emphasize or expand for your agency?

What questions do you have about alignment of your agency policies and practices?
Establishing a Performance Measurement System
Establish an Agency Measurement System

- The most important monitoring action you can take is the development of program-level reports that are made available to every staff person in the organization on a regular basis.
- Supervisor and program manager reports that work with the same data elements.
- These reports should be used on a regular basis to understand whether the program activities are performing as expected (cost, utilization, outcomes, etc.).
Two Primary Uses

Two of the primary uses for the results of performance measurement are for:

- *Making comparisons* of performance levels—By identifying the highest level of performance or outcome (the benchmark), an organization can duplicate those work processes to achieve higher performance overall. And comparison to targets and goals provides information on progress toward desired outcomes.

- *Improving the quality* of the processes and outcomes of the organization—Internal monitoring of performance and local accountability are most suitable for supporting the improvement of the organization rather than for comparability among organizations.
Why We Measure Performance?

- Help guide management and decision-making processes
- Help to align with the department’s mission, vision, and strategic directions
- Provide employees with feedback on the work they are performing
- Predict future performance
- Facilitate learning and improvement
Decrease the percent of Best Health County youth who are overweight or obese to 25% by 2016.
Decrease the percent of Best Health County youth who are obese to 25% by 2016.
Decrease the percent of Best Health County youth who are obese to 25% by 2016.
Decrease the percent of Best Health County youth who are obese from the baseline of 32% to 25% by 2016.
Decrease the percent of Best Health County youth who are obese from the baseline of 32% to 25% by December 31, 2016.
Data Description & Collection Form

<table>
<thead>
<tr>
<th>Performance measure:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population:</td>
<td></td>
</tr>
<tr>
<td>Numerator:</td>
<td></td>
</tr>
<tr>
<td>Denominator:</td>
<td></td>
</tr>
<tr>
<td>Which are you using—a target or benchmark?</td>
<td></td>
</tr>
<tr>
<td>What is the target/benchmark?</td>
<td></td>
</tr>
<tr>
<td>SMART objective:</td>
<td></td>
</tr>
<tr>
<td>Source of data:</td>
<td></td>
</tr>
<tr>
<td>Who will collect the information?</td>
<td></td>
</tr>
<tr>
<td>How often will the data be analyzed and reported?</td>
<td></td>
</tr>
<tr>
<td>Baseline measurement data and date(s):</td>
<td></td>
</tr>
<tr>
<td>Definitions and other comments:</td>
<td></td>
</tr>
</tbody>
</table>
## Data Description & Collection Form

<table>
<thead>
<tr>
<th><strong>Performance measure:</strong></th>
<th>The rate of <em>Chlamydia</em> (CT) positivity at provider clinic sites.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target population:</strong></td>
<td>People being tested for Chlamydia</td>
</tr>
<tr>
<td><strong>Numerator:</strong></td>
<td>Positive CT tests at clinic sites</td>
</tr>
<tr>
<td><strong>Denominator:</strong></td>
<td>All CT tests at clinic sites</td>
</tr>
<tr>
<td><strong>Which are you using—a target or benchmark?</strong></td>
<td>Target</td>
</tr>
<tr>
<td><strong>What is the target/benchmark?</strong></td>
<td>6.5% (goals based on past performance)</td>
</tr>
<tr>
<td><strong>SMART objective:</strong></td>
<td>Decrease the rate of CT positivity at clinic sites from 8.1% to 6.5% by the end of 2013.</td>
</tr>
<tr>
<td><strong>Source of data:</strong></td>
<td>DOH records</td>
</tr>
<tr>
<td><strong>Who will collect the information?</strong></td>
<td>Jim Smith</td>
</tr>
<tr>
<td><strong>How often will the data be analyzed and reported?</strong></td>
<td>quarterly</td>
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<tr>
<td><strong>Baseline measurement data and date(s):</strong></td>
<td>2005: 10.1%</td>
</tr>
<tr>
<td></td>
<td>2006: 9.3%</td>
</tr>
<tr>
<td></td>
<td>2007: 10.5%</td>
</tr>
<tr>
<td></td>
<td>2008: 8.6%</td>
</tr>
<tr>
<td></td>
<td>2009: 8.2%</td>
</tr>
<tr>
<td></td>
<td>2010: 8.1%</td>
</tr>
</tbody>
</table>

**Definitions and other comments:** Provider clinics, Planned parenthood sites and others.
Establish Targets or Benchmarks

- Use a reliable method to identify and establish thresholds for performance:
  - Industry benchmarks, e.g., Healthy People 2020 or County Health Rankings
  - Regulatory targets or requirements
  - Other health department’s data
  - Your own past performance
Line of Sight Framework

• How do our day to day job-related activities impact the longer-term health indicators or impact goals of our health department?

• Example: “My job is to process food stamp applications so that no child goes hungry in Clackamas County”
Line of Sight Concept

Line of sight

Develop tracking process to understand why eligible women do not receive services. (short-term outcome)

Revised tracking system developed (short-term outcome)

Increase % of referrals in their first trimester of pregnancy. (medium-term outcome)

% first trimester referrals (medium-term outcome)

Assess pregnant women in first trimester for risk factors: smoking, PN & dental care needs, substance abuse, and nutritional status. (medium-term outcome)

% first trimester home visits (medium-term outcome)

so that

so that

so that

so that

so that

Known risk factors for low birth weight decreased.
Pregnancy outcomes improve.

% low birth weight babies (long-term outcome)

TPCHD Low Birth Weight QI Project
LINE OF SIGHT:
Communication &
Increase access to and consumption of fresh fruits and vegetables

By 2016, 50% of Kane adults have seen a KCHD ad/message about eating more fruits & vegetables

2016 Goal
17.3% Adults,
30.6% Children
Eat 5/day

- % of planned press releases out each month
- % of planned FB posts/how many actual
- % of trained staff in FB post each month
- % of identified staff trained in FB/Twitter
- % of planned contests/incentives per month initiated
- % of planned respondents who respond

# hits on webpage
# articles in newspaper
# Twitter followers
# phone calls
# FB fans/likes
Actual time/planned time

So that
So that
So that
LINE OF SIGHT: Partnerships (Schools) & Increase access to and consumption of fresh fruits and vegetables

So that % of school districts that meet all 9 USDA nutrition standards

So that % of school-age children in free/reduced lunch program that are meeting standards

So that 2016 Goal 17.3% Adults, 30.6% Children Eat 5/day

Assess each school district’s lunch programs
Line of sight

short-term outcome

so that

medium-term outcome

so that

medium-term outcome

so that

long-term outcome

so that

(ultimate goal)

Degree of influence/control

(short-term outcome)
No child goes hungry in Clackamas County (ultimate goal)

Increase Clackamas County children’s access to food (long-term outcome)

Increase % of Clackamas County children served by food stamps that are in low-income households (medium-term outcome)

# of food stamp applications completed accurately (medium-term outcome)

Increase staff participation in food stamp database training (short-term outcome)

Line of sight

Degree of influence/control

EXAMPLE

(line so that)

so that

so that

so that

so that
Staff Feedback

- Each program’s staff member was asked to provide feedback prior to the meeting regarding the following questions:
  - What is the ultimate goal your program is trying to achieve?
  - What are ways that you/your team makes progress in achieving the goal described above?
  - Are there any current challenges that get in the way of achieving your program’s goals?
Leaders and staff continue to work on their Line-of-Sight graphs to ensure that quantifiable outcomes and/or important metrics are described for each level of the agency.
COMMUNICABLE DISEASE

Line of sight

% of Hepatitis C case investigations completed

(short-term outcome)

Mailing of patient education materials

(medium-term outcome)

Referrals to services

(medium-term outcome)

% of reported Hepatitis C cases with completed Hepatitis A & B vaccinations

(long-term outcome)

To prevent morbidity and mortality from Hepatitis C (source: death certificates)

(ultimate goal)

Degree of influence/control

so that

so that

so that

so that
Complete inspections in a timely manner

so that

Track low performing inspected facilities

so that

Education campaign focused on employee hygiene

so that

Increase in low performing inspected facilities scores.

so that

To reduce the incidence of food- or water-borne illnesses and increase safety

Degree of influence/control

(short-term outcome)

(medium-term outcome)

(medium-term outcome)

(long-term outcome)

(ultimate goal)
All staff, managers & volunteers complete required Emergency Preparedness trainings

Staff, managers, & volunteers can practice responding to events

Increase capacity to respond to PH emergencies

Mitigate effects and speed recovery from all-hazards emergencies

(Line of sight)

Degree of influence/control

(long-term outcome)

(ultimate goal)

(short-term outcome)

(medium-term outcome)
HEALTH PROMOTION

Line of sight

Staff identify best practices focused on physical activity and propose projects

so that

Increase Community Engagement around physical activity (medium-term outcome)

so that

Increased opportunity and access to physical activity (medium-term outcome)

so that

Increasing the frequency and duration of physical activity (long-term outcome)

so that

To improve the health and well-being of residents in Clackamas County (Reduction of chronic disease amongst Clackamas County residents) (ultimate goal)

Degree of influence/control
PUBLIC HEALTH NURSING

Line of sight

Increase engagement with referred clients in a timely manner

(short-term outcome)

Increase the number of completed initial appointments

(medium-term outcome)

Shared understanding of families concerns, goals & expectations

(medium-term outcome)

To assist high risk families, through case management, with successful pregnancies, infant and child’s development by educating and linking to community resources (including provider coordination).

(long-term outcome)

Self-sufficient and healthy families in Clackamas County

(ultimate goal)

Degree of influence/control

Increase the number of completed initial appointments

So that

Shared understanding of families concerns, goals & expectations

So that

To assist high risk families, through case management, with successful pregnancies, infant and child’s development by educating and linking to community resources (including provider coordination).

So that

Self-sufficient and healthy families in Clackamas County

(ultimate goal)
Have all front-line staff trained as certified deputy registrars (short-term outcome)

Each staff member can certify and issue DCs & BCs (medium-term outcome)

Ensure information received is timely & accurately (long-term outcome)

To issue birth and death certificates out to the public in a timely and accurate manner (ultimate goal)

Vital statistical data is used to impact public health policy & decision-making

PROGRAM SUPPORT: FOR PUBLIC HEALTH PROFESSIONALS

Line of sight

Degree of influence/control
Have all front-line staff trained as certified deputy registrars (short-term outcome)

Each staff member can certify and issue DCs & BCs (medium-term outcome)

Ensure information received is timely & accurately (medium-term outcome)

To issue birth and death certificates out to the public in a timely and accurate manner (long-term outcome)

Legal obligations are able to be fulfilled for community residents (ultimate goal)

Degree of influence/control

Program Support: For General Public

Line of sight
Increase staff capacity to triage participant communication (short-term outcome)

Increase access to WIC services effectively (medium-term outcome)

Increase client satisfaction/participation rate (medium-term outcome)

Clients eating healthier foods and increase breastfeeding rates and duration (long-term outcome)

Healthier families and babies in Clackamas County (ultimate goal)

Line of sight

Degree of influence/control
Measurement Reporting and Taking Action Line of Sight

Program and Individual Level Performance Measures
- Detailed level review of data
- Weekly or monthly review
- Take Action Immediately

Division Level Performance Measures
- Exception or Summary level review of data
- Quarterly review
- Take Action on Prioritized Issues

Quality Council and Leadership Level Performance Measures
- High level review of data
- Annual/Biennial Review
- Take Action on “Vital Few”
Strategies to Enhance a QI Culture
Quality Management (QM) Definition

The act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning and assurance, as well as quality control and quality improvement. It is also referred to as total quality management (TQM).

*Investopedia explains 'Quality Management'*
Quality Management Applications

Quality Planning (QP)

Quality Improvement (QI)

Quality Control (QC)

Juran on Leadership for Quality, Free Press, 1989
## They Are Not the Same

### Quality Assurance
- Reactive
- Works on problems after they occur
- Regulatory usually by State or Federal Law
- Led by management
- Periodic look-back
- Responds to a mandate or crisis or fixed schedule
- Meets a standard (Pass/Fail)

### Quality Management
- Proactive
- Works on processes
- Seeks to limit errors
- Seeks to improve (culture shift)
- Led by staff
- Continuous
- Proactively selects a process to improve
- Exceeds expectations
They Are Linked but Not the Same

<table>
<thead>
<tr>
<th>Program Evaluation</th>
<th>Quality Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Assess a program at a moment in time</td>
<td>✓ Understand the process that is in place</td>
</tr>
<tr>
<td>✓ Static</td>
<td>✓ Ongoing</td>
</tr>
<tr>
<td>✓ Does not include identification of the source of a problem or potential solutions</td>
<td>✓ Entails finding the root cause of a problem and interventions targeted to address it</td>
</tr>
<tr>
<td>✓ Does not measure improvements</td>
<td>✓ Focused on making measurable improvements</td>
</tr>
<tr>
<td>✓ Program-focused</td>
<td>✓ Customer-focused</td>
</tr>
<tr>
<td>✓ A step in the QI process</td>
<td>✓ Includes evaluation</td>
</tr>
</tbody>
</table>
Three Approaches to Quality

- **Quality Improvement** (process improvement):
  - Maximize performance of existing process
  - Determine causes of variation

- **Quality Control** (process control):
  - Maintain performance, and perhaps ...
  - Incrementally improve

- **Quality Planning** (process design):
  - Provide a whole new service/product, OR
  - (re)Align process performance to customer needs,
  - Obtain whole new level of performance
Promoting a QI Culture

- QI Culture is “not just a strategy. It is a new style of working, even a new style of thinking. It is a way of life.” Baldrige Quality program introduction

- “The focus of attention shifts to the effects of an organization’s values, attitudes and expectations reflecting its quality principles.”


http://webuser.bus.umich.edu/cameronk/PDFs/Organizational%20Culture/FrameworkOrgQualCulture.pdf
Key Dimensions of Advanced Quality Cultures

- Simultaneously emphasize organizational learning—including information gathering and analysis—and humanistic management of people, e.g., teamwork, cross-functional coordination, optimizing utilization of human potential.
- Are more likely to be learning organizations that promoted QI.
- Better information gathering, analysis, and use in decision making, and quality assurance processes and leaders who make quality a priority and focused on improving client and stakeholder satisfaction.
- Information management and HR play more central roles.
- Emphasize both organizational change AND stability and control.

A Framework for Quality Culture, Cameron and Sine, 1999
Leadership commitment and knowledge
QI infrastructure, governance and resources
QI Program and/or Plan
QI activities, including improvement teams
QI training, leadership and QI teams
Performance Measurement processes, including data collection, analysis and reporting
Recognition and actions to hold the gains
QI Infrastructure

- Governance (formal/informal)
  - Oversight and accountability through QI Council or Leadership Team
- QI Program Plan (infrastructure & capacity)
  - Who will do what when, with what processes for recommending or deciding QI activities
- Staff
  - Support for ongoing monitoring and analysis, for training and facilitating improvement activities
- Data system
  - Collect data and report in a user friendly way
Leadership Roles for PM/QM

- Ensure alignment - connect strategic plan, CHIP and QI plan, especially in implementation plans
- Know and use performance management and quality principles
- Implement a performance measurement system
- Assure adequate infrastructure for quality planning and improvement activities, including training and conducting projects
- Communication plan and reward progress and improvements
Let’s Discuss

What specific aspects of quality management do you currently conduct in your agency?

What questions do you have about promoting a culture of quality at CCPHD?
WHAT QUESTIONS DO YOU HAVE?