

Performance Management and Quality Improvement Training Agenda

Friday, April 5, 2013, 10:00 a.m. – 12:00 p.m.
Fresno County Department of Public Health, Room 120

NACCHO Accreditation Support Initiative for Fresno County
Department of Public Health

- 1) Pre-Training Survey
- 2) Project Overview
- 3) Quality Improvement Overview
- 4) Public Health Accreditation Board (PHAB)
- 5) Project Requirements
- 6) Performance Management System
- 7) Performance Measure Development
- 8) Review/Renewal of Department Strategic Aims
- 9) Assign Homework

Contact Information

- Dr. John Capitman
 - jcapitman@csufresno.edu; (559) 228-2157
- Donna DeRoo
 - dderoo@csufresno.edu; (559) 228-2160
- Ashley Hart
 - ahart@csufresno.edu; (559) 228-2140
- Allison Hensleit
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Performance Measurement and Quality Improvement Pre-Survey

1. Which of the following is NOT a component of a performance management system?

- Performance Standards
- Performance Measurement
- Performance Targets
- Reporting of Progress
- Quality Improvement Process

2. In performance management, an indicator is the same as a goal.

- True
- False

3. What Public Health Accreditation Board (PHAB) domain relates to quality improvement?

- Domain 2
- Domain 5
- Domain 7
- Domain 9

4. Performance measurement helps managers identify the causes of poor performance.

- True
- False

5. S.M.A.R.T. is an acronym for which of the following?

- Standard, Measure, Aims, Reporting Out, Tracking Progress
- Specific, Measureable, Availability, Reliability, Time Bound
- Setting Aims, Measuring Progress, Assigning Accountability, Reporting Out, Tracking Progress
- Specific, Measurable, Aggressive/Attainable, Results-Oriented, Time Bound

6. What type of goal is the following statement? "Increase the number of trained epidemiologists available to investigate outbreaks to 2 per 100,000 population".

- Process
- Outcome
- Capacity
- Availability

7. Which of the following statements defines reliability of an indicator?

- Captures the essence of what it professes to measure
- A high likelihood of yielding the same results in repeated trials, so there are low levels of random error in measurement
- Unlikely to be used against that which is, or those who are, measured
- Easily understood by all, with minimum explanation

8. Goals are not required for every aim.

- True
- False

9. Which of the following is an example of an aim statement?

- By the end of the event, 90% of participants will be able to identify at least three techniques that can lead to successful smoking cessation
- By 2020, the rate of smoking in the seven-county metro area will decrease by 25%
- Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs
- By the third year of the grant period, program staff will have trained 80% of school nurses on the selected train-the-trainer curriculum

10. Which of the following is an example of a goal?

- Over the next 6 years, increase the percentage of the nation's children and adults who have health insurance coverage
- To enhance the well-being of Americans by providing for effective health and human services
- All residents in Fresno County have access to a healthier lifestyle
- Fresno County is prepared to respond to emergencies that impact public health and safety

Performance Management and Quality Improvement

NACCHO Accreditation Support Initiative for
Fresno County Department of Public Health

Central Valley Health Policy Institute
Dr. John Capitman, Donna DeRoo, Ashley Hart
Consultant, Allison Hensleit
Friday, April 5, 2013

Introductions

- Facilitators
- Please introduce yourself answering the following questions
 - Name
 - Position/Role
 - Prior experience with performance management
 - Name a feeling you have when you hear “performance management”

Outline of Presentation

- Project Overview
- Quality Improvement Overview
- Public Health Accreditation Board (PHAB)
- Project Requirements
- Performance Management System
- Performance Measure Development
- Review/Renewal of Department Strategic Aims

Project Overview

- Grant Funding from the National Association of County and City Health Officials (NACCHO) to create and implement an electronic performance management system and provide performance management training to staff and connector sites, Madera and Merced Departments of Public Health.

Quality Improvement

- Quality improvement is an *integrative* process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.
- Working to do the right things right.
- Quality improvement processes ask “given our resources and authority, are we improving the health of the public in the most efficient way possible? And if not, how can we do it better?”
- Journey of continuous improvement, allowing organizations to maximize their impact and outcomes.

Foundations for Quality Improvement in Public Health

- National Public Health Performance Standards Program (NPHPSP), launched in 1998, guides work towards improving *public health systems*.
 - Version 2 released in 2007
- Public Health Accreditation Board (PHAB), started accepting applications for their voluntary accreditation program in 2011, standards for *public health agencies*.

Public Health Accreditation Board

- There are 12 Domains, each including two to four standards, all require documentation.
- Domain 9: Quality Improvement: Evaluation and Continuously Improve Processes, Programs and Interventions.
 - Standard 9.1
Use a Performance Management System to Monitor Achievement of Organizational Objectives
 - Standard 9.2
Develop and Implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions

PHAB Project Requirements

- To most effectively and efficiently improve the health of the population, it is important to monitor the quality of performance of public health processes, programs, interventions and other activities.

To achieve this goal, we need...

- A performance management system that is completely integrated into health department daily practice at all levels including:
 - Setting organizational objectives across all levels of the department.
 - Identifying indicators to measure progress toward achieving objectives on a regular basis.
 - Identifying responsibility for monitoring progress and reporting
 - Identifying areas where achieving objectives requires focused quality improvement processes.

Performance Management System



- A performance management system is the continuous use of all the practices so that they are integrated into an agency's core operations.
- A successful system is driven by state and local needs and designed to closely align with a public health agency's mission and strategic plans.

Terms to Know

Performance Term	Definition	Example
Performance Standard	<ul style="list-style-type: none"> Objective standards or guidelines that are used to assess an organization's performance. 	<ul style="list-style-type: none"> One epidemiologist on staff per 100,000 population served. 80 percent of all clients who rate health department services as "good" or "excellent."
Performance Measure	<ul style="list-style-type: none"> Quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator. 	<ul style="list-style-type: none"> Number of trained epidemiologists available to investigate Percentage of clients who rate health department services as "good" or "excellent."
Performance Indicator	<ul style="list-style-type: none"> Summarize focus of performance goals and measures, often used for communication purposes and preceding the development of specific measures. 	<ul style="list-style-type: none"> Workforce capacity Customer service
Performance Targets	<ul style="list-style-type: none"> Specific and measurable goals related to agency or system performance. 	<ul style="list-style-type: none"> Targets may be the same as, exceed, or be an intermediate step toward the standard.

How You Can Use Performance Management

- Identify aspects of the work that have and have not resulted in satisfactory results.
- Identify trends.
- Further investigate the nature of particular problems.
- Set targets for future periods.
- Motivate managers and staff to improve performance; increase their interest in better serving clients.
- Hold managers and staff accountable.
- Develop and improve programs and policies.
- Help design policies and budgets to explain these to stakeholders.

Key Attributes of a Performance Measure

- **Validity:** captures the essence of what it professes to measure.
- **Reliability:** a high likelihood of yielding the same results in repeated trials, so there are low levels of random error in measurement.
- **Functionality:** directly related to aims and goals.
- **Responsiveness:** should be able to detect change.
- **Credibility:** supported by stakeholders.
- **Understandability:** easily understood by all, with minimum explanation.
- **Availability:** readily available through the means on hand.
- **Abuse-proof:** unlikely to be used against that which is, or those who are, measured.

Sample Performance Measures

- The number of trained epidemiologists available to investigate outbreaks (capacity measure).
- The percentage of notifiable disease reports submitted within the required time lines (process measure).
- Percentage of clients who rate health department services as “good” or “excellent” (outcome measure).

Why do Performance Measurement?

1. Setting Aims, Developing Goals
2. Assigning Accountability
3. Improving Work Quality
4. Tracking Progress
5. Reporting Out

I. Setting Aims, Developing Goals

- Compels you to reassess your overall aims and specific goals.
 - Aims: describe where you want to go and how it looks when you get there.
 - Goals: define specific results that will show movement towards your goals.

S.M.A.R.T. Goals

- Specific
 - Action oriented; providing clear direction; easily understood
- Measureable
 - Quantifiable and/or verifiable
- Aggressive, but Attainable
 - Challenging and realistic
- Results-Oriented
 - Focused on outcomes; not methods
- Time Bound
 - Having a reasonable, yet aggressive, time frame

Sample Aims and Goals

- Strategic Aim 3:
Improve community access to smoking cessation programs in order to decrease the rate of smoking.
- Goals
 - 3.1 By the third year of the grant period, program staff will have trained 80% of school nurses on the selected train-the-trainer curriculum.
 - 3.2 By the end of the event, 90% of participants will be able to identify at least three techniques that can lead to successful smoking cessation.
 - 3.3 By 2020, the rate of smoking in the seven-county metro area will decrease by 25%.

2. Assigning Accountability

- A performance management system allows all public health department leaders and staff be clear about what goals are being sought and which staff are responsible.
- A performance management system also makes it clear what the public health department believes it can influence and what is beyond its influence

3. Improving Work Quality

- Opportunity to assess the quality or effectiveness of your work right now.
- Opportunity to identify those areas where you want to improve and have ready access to the tools you need to make it happen.
- Opportunity to track changes in quality and effectiveness in these areas over time.

4. Tracking Progress

- Opportunity to assess and improve on practices, processes, activities, and systems.
- Track your progress towards achieving your aims and meeting your goals.
- Help identify problem areas, but not tell you *why* these aren't working as effectively, only *where* the problems might be.
- Reveal *where* you are having success.

5. Reporting Out

- A key goal of performance measurement is to report progress back to those in your organization responsible for carrying out the work.
- You cannot improve what you don't know needs improving.
- Positive, constructive feedback from this process leads to success for everyone.

Performance Measure Development

- Fresno County Department of Public Health
- Mission Statement
- Strategic Plan
- Division: Aims and Goals
- Units: Goals
- Identify indicators and measures
- Pilot test use of measures

Strategic Aims

- Break into triads
- Review assigned aims
 - Is this still appropriate?
 - What else would you add or delete?
 - Is a different aim needed?
- Report out and consensus

Review/Renewal of Department Strategic Aims

Department Strategic Actions 2-21-07

- All residents in Fresno County have access to a healthier lifestyle.
 - “Healthy”
 - Improve access to a healthy lifestyle for the residents of Fresno County
 - Health in all policies: Fresno County creates conditions that support healthy lifestyles (healthy school, work, hospital, restaurant environment), dept focused not resident focused, partners in community
 - Access, want to ensure

- Fresno County prepared to respond to emergencies that impact public health and safety.
 - Leave as is
 - Maintain, sustain current levels, maintains capacity to respond
 - Prepared is a more flexible word
 - County add is

- Department of Public Health is recognized as the leader in public health.
 - Leave as is
 - Remove
 - Goals can come out of this aim;
 - Keep recognized; educate people to recognize the dept
 - Who recognize us
 - Not define a level, board, community, state didn't know breadth of what the PHD does
 - Public support for the whole dept not one program
 - Marketing, doing the work but not recognized as the leader
 - Community leaders and voice of the community related to public health, credibility
 - ACA: changes to the PHD, involved in changes

- Effective and efficient organization.
 - Delete last two, one aim
 - Dept PH workforce is responsive to the ever-changing community and health care climate
 - Flexible, forward thinking, innovative, community focused
 - Need workforce to evolve with changing times
 - Effective and efficient administration of public health resources
 - External vs Internal: 4 and 5
 - Last two, how PHD is a leader in public health
 - Assess internal capacity of the PHD, improve internal flow of operations
 - Give employees resources they need to do work
 - Effective and efficient stewardship of public health assets
 - Less collaborative

- Workforce excellence.

Developing Division and Unit Aims

- Identify overall department aims and how they relate to the division or unit.
- Articulate how the division or unit contributes to accomplishing department aims.
- Develop specific aims for the division or unit.
- Review and adjust aims to reflect accurate assessment of unit or division resources and scope of authority.

Let's Work an Example Together



Introduction to Homework

- We are going to give you two worksheets to be completed for each division and unit
 - Aims Worksheet
 - Goals Worksheet
- The OPPC and PHN will be the first divisions to meet
On April 29, 2013 please come with your first, approximate, working draft of a completed aims statement for the division and each unit you supervise and some initial thoughts on specific goals, measures and indicators
 - We will work in teams with each division to develop more final drafts of the aims and goals
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Aim Statement Worksheet

We aim to: (What are we trying to accomplish? Use words like improve, reduce, and increase to identify the overall goal. Make it specific, measurable, aggressive, and results-oriented, and time-bound.)

Because: (Why is it important? Answer the “so what” question and describe the rational and reasons to work on this improvement project. How does this goal relate to the overall mission and goals of the Department?)

To what extent: Is achieving this aim dependent on the actions of others, how will our specific actions take this into account?

For: (Who is your specific target population/customer?)

By when: (specific time frame, i.e. month/year in which you intend to complete the improvement)

We will achieve this by: (How will you carry out the work and reach your overall aim? Think of the resources at your disposal.)

Our goals include: (What are our measurable goals? Think of the key changes you need to make. State them as numeric goals that are specific, measurable, aggressive, and results-oriented, and time-bound.)

Relating Performance Measures to Aims and Goals

Use one worksheet for each goal

Aim				
Goal				
Performance Measures				
Indicators				

Performance Management and Quality Improvement Training Agenda

Wednesday, April 17, 2013, 10:00 a.m. – 12:00 p.m.
Fresno County Department of Public Health

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Performance Management and Quality Improvement

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Fresno County Department of Public Health

Central Valley Health Policy Institute
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Project Overview

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What is Quality Improvement?

- An *integrative* process linking ..



...throughout an organization.

- Allows us to ask, “given our resources and authority, are we improving the health of the public in the most efficient way possible?”
 - And if not, how can we do it better?”
- Ultimately, it is a journey of *continuous improvement*, allowing organizations to maximize their impact and outcomes.
 - “Working to do the right things right...”

5

Who are the leaders for Quality Improvement in Public Health?

- CDC’s, National Public Health Performance Standards Program (NPHPSP).
 - Launched in 1998 to guide work towards improving *public health systems*.
- Public Health Accreditation Board (PHAB).
 - Now accepting applications for their voluntary Accreditation Program in 2011.
 - Provides standards for *Public Health Agencies*.
 - Only Public Health Accreditation program out there.

6

What is the Public Health Accreditation Program?

- PHAB program has 12 Domains.



- Domains included 2 to 4 standards
 - All require documentation.

7

Domain 9: Quality Improvement

Focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

Standard 9.1	Use a Performance Management System to Monitor Achievement of Organizational Objectives
Standard 9.2	Develop and Implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions

To achieve this goal, we need...

- A performance management system that is completely integrated into the health department daily practice at all levels including:
 - Setting organizational objectives across all levels of the department.
 - Identifying indicators to measure progress toward achieving objectives on a regular basis.
 - Identifying responsibility for monitoring progress and reporting.
 - Identifying areas where achieving objectives requires focused quality improvement processes.

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What is a Performance Management System?



- The continuous use of all the practices so that they are integrated into an agency's core operations.
- A successful system is driven by state and local needs and designed to closely align with a public health agency's mission and strategic plans.

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Terms to Know

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How You Can Use Performance Management

- Identify aspects of the work that have and have not resulted in satisfactory results.
- Identify trends.
- Further investigate the nature of particular problems.
- Set targets for future periods.
- Motivate managers and staff to improve performance; increase their interest in better serving clients.
- Hold managers and staff accountable.
- Develop and improve programs and policies.
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Key Attributes of a Performance Measure

Attribute	Importance	Attribute	Importance
Validity	Captures the essence of what it professes to measure.	Credibility	Supported by stakeholders.
Reliability	High likelihood of yielding the same results in repeated trials, with low levels of random error in measurement.	Understand-ability	Easily understood by all, with minimum explanation.
Functionality	Directly related to aims and goals.	Availability	Readily available through the means on hand.
Responsive-ness	Should be able to detect change.	Abuse-proof	Unlikely to be used against that which is, or those who are, measured.

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Sample Performance Measures

Capacity Measure

- The number of trained epidemiologists available to investigate outbreaks.

Process Measure

- The percentage of notifiable disease reports submitted within the required time lines.

Outcome Measure

- Percentage of clients who rate health department services as “good” or “excellent.”

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Why do Performance Measurement?

“In order to improve something you have to be able to change it. In order to change it you have to be able to understand it. In order to understand it you have to be able to measure it.”

1. Setting Aims & Developing Goals
2. Assigning Accountability
3. Improving Work Quality
4. Tracking Progress
5. Reporting Out

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I. Setting Aims & Developing Goals

- Compels you to reassess your overall aims and specific goals.
 - Aims
Describe where you want to go and how it looks when you get there.
 - Goals
Define specific results that will show movement towards your goals.

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Develop S.M.A.R.T. Goals

- Specific
 - Action oriented; providing clear direction; easily understood
- Measureable
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- Aggressive, but Attainable
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Sample Aims and Goals

Strategic Aim 3	Goal
Improve community access to smoking cessation programs in order to decrease the rate of smoking.	3.1 By the third year of the grant period, program staff will have trained 80% of school nurses on the selected train-the-trainer curriculum.
	3.2 By the end of the event, 90% of participants will be able to identify at least three techniques that can lead to successful smoking cessation.
	3.3 By 2020, the rate of smoking in the seven-county metro area will decrease by 25%.

2. Assigning Accountability

- Allows all public health department leaders and staff be clear about what goals are being sought and which staff are responsible.
- Clarifies what the public health department believes it can influence and what is beyond its influence

3. Improving Work Quality

- Opportunity to assess the quality or effectiveness of your work *right now*.

After establishing your baseline, there are two more performance management opportunities.

- Opportunity to identify those areas where you want to improve.
- Opportunity to track changes in quality and effectiveness in these areas over time.

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4. Tracking Progress

Provides the opportunity to assess and improve on practices, processes, activities, and systems.

- Track your progress towards achieving your aims and meeting your goals.
- Reveal *where* you are having success.
- Help identify problem areas.
 - Will not tell you *why* these aren't working as effectively, only *where* the problems might be.

20

5. Reporting Out

- A key goal of performance measurement is to report progress back to those in your organization responsible for carrying out the work.
 - You cannot improve what you don't know needs improving.
 - Positive, constructive feedback from this process leads to success for everyone.

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Performance Measure Development

- Fresno County Department of Public Health
- Mission Statement
- Strategic Plan
- Division: Aims and Goals
- Units: Goals
- Identify indicators and measures
- Pilot test use of measures

22

Developing Division and Unit Aims

- Identify overall department aims and how they relate to the division or unit.
- Articulate how the division or unit contributes to accomplishing department aims.
- Develop specific aims for the division or unit.
- Review and adjust aims to reflect accurate assessment of unit or division resources and scope of authority.

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Let's Work an Example Together



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Performance Management and Quality Improvement Work Group Agenda

Monday, April 29, 2013, 9:00 a.m. – 12:00 p.m.
Fresno County Department of Public Health
Office of Policy, Planning and Communication

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

9:00 - 9:30	Introductions, Guidelines and Exercise
9:30 - 10:00	Review Department Strategic Aims
10:00 - 10:30	Relate Division Aims to Department Aims
10:30 - 10:45	Break
10:45 - 11:30	Review Division Aims in Depth
11:30 - 12:00	Example of S.M.A.R.T. Goals for One Aim

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Guidelines for Public Conversation¹

- ❖ “Try on”
- ❖ It’s okay to disagree; it is not okay to blame, shame, or attack, self or others
- ❖ Confidentiality
- ❖ Practice “self-focus”
- ❖ Practice “both/and” thinking
- ❖ Notice both process and content
- ❖ Be aware of intent and impact
- ❖ Informal approach---do what you need for comfort

¹VISIONS, Inc. 2002. (www.visions-inc.com)

Performance Management and Quality Improvement Work Group Agenda

Monday, April 29, 2013, 1:00 p.m. – 4:00 p.m.
Fresno County Department of Public Health
Public Health Nursing

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

1:00 - 1:30	Introductions, Guidelines and Exercise
1:30 - 2:00	Review Department Strategic Aims
2:00 - 2:30	Relate Division Aims to Department Aims
2:30 - 2:45	Break
2:45 - 3:30	Review Division Aims in Depth
3:30 - 4:00	Example of S.M.A.R.T. Goals for One Aim

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- ❖ It’s okay to disagree; it is not okay to blame, shame, or attack, self or others
- ❖ Confidentiality
- ❖ Practice “self-focus”
- ❖ Practice “both/and” thinking
- ❖ Notice both process and content
- ❖ Be aware of intent and impact
- ❖ Informal approach---do what you need for comfort

¹VISIONS, Inc. 2002. (www.visions-inc.com)

Performance Management and Quality Improvement Work Group Agenda

Tuesday, May 14, 2013, 1:00 p.m. – 4:00 p.m.
Fresno County Department of Public Health
Public Health Nursing

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

1:00 - 1:30	Introductions and Guidelines for Public Conversation
1:30 - 2:00	Review Department Strategic Aims
2:00 - 2:30	Review Division Aims in Depth: Is everything covered?
2:30 - 2:45	Review Division Aims in Depth: Choose top 5 aims
2:45 - 3:30	Finalize Division Aims: Choose 3 aims for year one
3:30 - 4:00	Create S.M.A.R.T. Goals for Division Aims

Contact Information

- Dr. John Capitman
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Performance Management and Quality Improvement Work Group Agenda

Thursday, May 16, 2013, 9:00 a.m. – 12:00 p.m.
Fresno County Department of Public Health
Office of Policy, Planning and Communication

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

9:00 - 9:30	Introductions and Guidelines for Public Conversation
9:30 - 10:00	Review Department Strategic Aims
10:00 - 10:30	Review Division Aims in Depth: Is everything covered?
10:30 - 10:45	Review Division Aims in Depth: Choose top 5 aims
10:45 - 11:30	Finalize Division Aims: Choose 3 aims for year one
11:30 - 12:00	Create S.M.A.R.T. Goals for Division Aims

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Performance Management and Quality Improvement Work Group Agenda

Thursday, May 30, 2013, 1:00 p.m. – 4:00 p.m.
Fresno County Department of Public Health; Room 120
Public Health Nursing

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

- | | |
|-------------|---|
| 1:00 - 3:30 | Finalize Division Aims, Goals, Actuals, Targets, and Data sources |
| 3:30 - 4:00 | Choose Aims and Goals to Pilot in the Performance Management System |

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Performance Management and Quality Improvement Work Group Agenda

Tuesday, June 25, 2013, 9:30 a.m. – 11:00 a.m.
Fresno County Department of Public Health; Room B03
Office of Policy, Planning and Communication

NACCHO Accreditation Support Initiative for Fresno County
Department of Public Health

- 9:30 - 10:00 Explain the Electronic Performance Management System, including the dashboard
- 10:00 - 11:00 Choose Red Zone Targets to Pilot in the Performance Management System

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Performance Management and Quality Improvement Work Group Agenda

Tuesday, June 25, 2013, 11:00 a.m. – 12:30 p.m.
Fresno County Department of Public Health; Room B03
Public Health Nursing

NACCHO Accreditation Support Initiative for Fresno County Department of Public Health

- 11:30 - 12:00 Explain the Electronic Performance Management System, including the dashboard
- 12:00 - 12:30 Choose Red Zone Targets to Pilot in the Performance Management System

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