



Accreditation Support Initiative for Public Health Departments

Linn County Case Study

I. Background

The Public Health Accreditation Board (PHAB) standards have pushed work on performance management in public health into the forefront. Performance management utilizes performance measures to compare data describing actual performance and data describing ideal performance. It emphasizes that data should be collected, analyzed and reported on regularly. Finally, when the data identifies a gap or situation that needs to be resolved quality improvement is used to address the gap or situation.

This project aims to assess the performance management capabilities of three county health departments in Iowa through interviews and submitted evidence. The participating departments received feedback on how to improve performance management capabilities to better meet the PHAB standards. Linn County, with a population of 211,226 was the largest county selected to be a part of this project.

II. Analysis of Local Public Health’s Use of Performance Management

In order to analyze Linn County’s performance management capability the department was asked to complete three activities.

1. Complete and submit a performance management readiness assessment.
2. Submit documentation demonstrating how their department meets Domain 9 of the PHAB standards.
3. Participate in two site visits with Iowa Department of Public Health staff to discuss the outcomes of activities one and two.

Performance Management Readiness Assessment

Overall the readiness assessment showed that Linn County has several strengths and that much work around performance management has begun. For example,

- The department’s leadership is forming a standardized performance management system that is part of the department’s strategic plan. The strategic plan is updated on a monthly basis by program managers, and the managers

prepare and submit monthly reports to the department head. The monthly reports are shared with the other program managers at monthly meetings.

- Each departmental branch has specific input, output, outcomes, and efficiency measures that are set by branch managers and approved by the department's leadership team. The department is currently developing a process to ensure that actual useful performance measures and data are utilized and gathered. Program managers are responsible for communicating the strategic plan, measures, and standards to their program staff.
- The quality improvement system is very structured and based on Michigan's QI system. This 14 step system is driven by each branch manager and the QI results are reported to the managers and supervisor. These results will be incorporated into program assessment and planning every three years.

The department had the following challenges:

- Data collection varies throughout the agency, and the agency uses several different data bases. When the data collection isn't driven by grant requirements it is difficult for the agency to devote the necessary time and resources to data collection and analysis.
- Linn County documents their progress in annual and quarterly reports, and their online strategic plan requires a monthly progress update. Although the strategic plan is updated monthly, it is only analyzed and evaluated annually. These evaluations are led by the branch managers and directors. The results are communicated with the leadership team and staff members. When asked if there is a specific mechanism for improvement, the director said there was no specific mechanism but there is an incident command system. Once the progress reports are written, the managers review the reports together and the managers are responsible for altering the programs as necessary.

Use of data for making program management decisions

Linn County has an abundance of data. Agency staff members interviewed expressed an interest in collecting more customer satisfaction data, but are unsure about how to go about doing this. They have considered consulting with other county departments to see how they collect customer satisfaction data. Data is used to make performance management decisions particularly in the areas of financial systems, programs, and service delivery.

Use of quality improvement

Linn County reports that both managers and staff have the authority to make changes to improve performance. They report that they have an agency-wide approach to quality improvement, make quality improvement training available at all levels of the agency, and have personnel and financial resources allocated to improvement activities.

Evidence for complying with PHAB standards related to performance management

The department submitted documentation for five of the six Domain 9 measures. The department often included documentation that they weren't quite sure fit the intent of the measure just in case it would help their documentation.

Strengths:

- Engaging staff at all organizational levels in performance management.
- Written goals and objectives which include time frames for measurement.
- Quality improvement policy.

Gaps:

- Demonstration of process for monitoring of performance goals and objectives.
- Demonstration of analysis of progress toward achieving goals and objectives, and identify areas in need of focused improvement processes.
- Description of process to collect and analyze feedback from customers.

Conclusions and Recommendations

Local public health's readiness for the use of performance management

Based on Linn County's readiness assessment, interviews, and submitted evidence it is clear that the department has a basic understanding of what performance management is. This department has a formal system in place for progress documentation, and utilizes the system often. The department does not have a formal system in place to routinely analyze and make necessary changes to programs. While program managers do make minor adjustments to their programs based on progress reports, there is no documentation system for these changes.

Improvements for evidence collection to comply with PHAB standards

As previously mentioned, the department does not currently meet all of the PHAB Domain 9 standards. The evidence submitted could be improved upon by prioritizing and consolidating documentation. Linn County was encouraged to include brief explanations of documentation as well. IDPH recommended that the department should use relevant meeting minutes, and documentation of the department's formal processes as documentation for future PHAB evidence.

Identification of best practices for performance management

There are several best practices of performance management that Linn County could incorporate. The department could expand upon their strengths by establishing formal program across the department. The department could strengthen their documentation through taking minutes at staff meetings. Results of quality improvement projects could be captured in writing as well.

Recommendations for development of training curriculum

First, Linn County would like uniform performance management definitions. Next they requested that performance management literature and examples that are specific to county health departments be provided. Additionally, any training curriculum should offer step by step instructions and suggestions on how to design and implement a performance management system. Flexibility to tailor curriculum to a department's current performance management status and size should be considered. Finally, curriculum should also include a website where public health practitioners can access public health related performance management templates and examples.