Performance Management: Measuring What Matters in Public Health
Learning Objectives

• Preview the contents of NACCHO’s new performance management guide
• Discover various frameworks for implementing performance management in your health department
• Learn about the main components of a public health performance management system
• Gain clarity in how to get started with managing internal performance
• Understand how performance management is linked to other aspects of performance improvement
Speakers

Pooja Verma
NACCHO

Christina Hayes
Lake County Health Department

Robert Hines
Houston Health Department
Overview of Performance Management
The Public Health Dilemma

Photo Credit: https://public-health.oregon.gov/ProviderPartnerResources/HealthSystemTransformation/Pages/index.aspx
Performance Management

Source: Turning Point Performance Management Refresh
(http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx)
The Performance Improvement Framework

Assessing
- Community Health Assessment
- Workforce
- Culture of Quality
- Performance measures

Planning
- CHIP
- Strategic plan
- Workforce development plan
- QI plan
- Operational plan

Improving
- Address gaps
- QI projects
- Increase efficiency/efficacy
- Improve outcomes

Performance measures
Standards & Targets
Identify Improvements

Performance Management System
The Performance Improvement Framework: A Family of Measures

- **Performance Planning**
  - Community health improvement plan
  - Agency Strategic Plan
  - Program Operational Plans
  - Employee Performance Plans/Workforce Development

- **Performance Measurement**
  - Population Indicators/Long term outcomes
  - Long/intermediate term outcomes
  - Short term outcomes/Process measures
  - Process metrics/Inputs

- **Quality Improvement**
  - CQI
  - “Big QI”
  - CQI
  - “Little QI”
  - CQI
EXAMPLE OF COLLECTIVE ACTION FOR MEASURABLE IMPACT:

Actions We Take

<table>
<thead>
<tr>
<th>Approach</th>
<th>Program or Effort</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services Group – County Library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Lounge Online Service</td>
<td>Teens seek online help in difficult subjects</td>
<td>Teens succeed in school</td>
</tr>
<tr>
<td>Health &amp; Human Services Agency Library</td>
<td>Coordinate at risk youth/teens with mentors</td>
<td>Kids benefit from intervention &amp; social skills development</td>
</tr>
<tr>
<td>Community/ Faith Based Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Improvement Partners (CHIP)</td>
<td>Health Literacy San Diego Training</td>
<td>Improve services to patients w/low health literacy</td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with business parks for community access</td>
<td>Bookmobile conducts site day visits</td>
<td>Awareness &amp; access to alternative reading resources</td>
</tr>
<tr>
<td>Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts become San Diego County Library Partners</td>
<td>Target parents of school age kids</td>
<td>Quality early literacy &amp; parent education</td>
</tr>
<tr>
<td>Other local jurisdictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with Adult &amp; Continuing Education District</td>
<td>GED and Parenting Teen Programs</td>
<td>Increase teens &amp; adult attaining HS diploma/GEDs</td>
</tr>
</tbody>
</table>

Results We Seek

Population Outcomes

**Short Term:** w/in 3 years
**Mid-Term:** w/in 7 years
**Long Term:** w/in 10 years

- Increase awareness benefits of assistance with education
- People stay in school or seek alternative
- Increase % population with HS Diploma or GED

Source: Live Well San Diego (https://www.sandiegocounty.gov/content/sdc/live_well_san_diego/indicators.html#)
## Steps to Performance Management

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 1    | Align programmatic purpose with agency **strategy** | • What impact on its customers does the program seek to achieve?  
• How does the program’s purpose align with agency mission and strategy? |
| 2    | Identify **outcomes** and **objectives** | • What outcomes does the program have influence over?  
• How will the program influence these outcomes? |
| 3    | Link activities to outcomes and objectives | • What work will we do to achieve our objectives?  
• How does our work align with our outcomes? |
| 4    | Identify **performance measures** | • How will we know if we are achieving our outcomes?  
• How will we know if outcomes are impacted by our program? |
| 5    | Set **targets and standards for the measures** | • What level of performance are we seeking to achieve? |
| 6    | Develop **data collection and reporting protocols** | • How will we use data to make informed decisions?  
• How will keep our stakeholders informed of our work?  
• How will we continuously improve to better meet our community’s needs? |
| 7    | Prioritize and implement **improvements** | |
NACCHO Guide to Performance Management

- Step-by-step guidance
- Facilitation questions and processes
- Worksheets and templates
- Stories from the field
- Coming in July!

### Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources to implement activities and produce outputs</td>
<td>Activities implemented to produce outputs</td>
<td>Products and services delivered</td>
<td>Immediate results achieved following delivery of output</td>
<td>Results expected to lead to outcomes</td>
<td>Ultimate desired change at completion of project</td>
<td>Ultimate change desired outcomes of your full control</td>
</tr>
</tbody>
</table>

Assumptions, Factors, and Barriers Impacting Product/Service Delivery

Assumptions, Factors, and Barriers Impact achievement of outcomes
Quality Management System

NACCHO Webinar
June 26th, 2018
Christina Hayes, MPH, ASQ-CQIA
Quality Improvement Analyst
Lake County, Illinois

703,000 residents
  • 64% White, non Hispanic
  • 7% Black, non Hispanic
  • 6% Asian/Pacific Islander
  • 20% Hispanic

Great Lakes Naval Base

Large corporate presence
  • Abbott Laboratories
  • Discover Card
  • Walgreens
Lake County Health Department and Community Health Center

- Board of Health Governance
- Approximately 1000 employees (650 FTEs)
- Largest provider of human services in county
- Over 50 distinct programs

01 Traditional Public Health Programming
- Environmental and community health, Health Equity

02 FQHC
- Primary care and dental

03 Behavioral Health
- Counseling, drug treatment and prevention, and residential group homes

04 Administrative Services
- HR, MIS, Finance
PHAB Accredited

March 11, 2016
Milestones

2013
• Created first PM System
• New Executive Director

2014
• Created measures for ~ 50 programs
• Launched QI Council

2016
• Revise program-level KPIs
• Disband QI Council
• Centralize QI Program
• Received PHAB Accreditation

2017
• Launch new Quality Management System
• New Executive Director

2018
• Adopt new QMS Guide
• Launch Quality Academy
Quality Management System

QI COMMITTEE
Oversee quality initiatives across the agency

QMS GUIDE
Provides a context and framework for quality improvement

KEY PERFORMANCE INDICATORS
Quality
Financial
Operational

AGENCY WIDE TRAINING
Agency training focused on improving quality across LCHD

QUALITY ACADEMY
In-depth, hands-on training on and quality improvement tools and theory
System Alignment

- CHIP
- STRATEGIC PLAN
- QUALITY MANAGEMENT SYSTEM
- EMPLOYEE GOALS
KEY PERFORMANCE INDICATORS

- Tracked KPIs to show we are meeting our organizational goals

PROGRAMMATIC STRATEGIC INITIATIVES

- Program projects and action plans that secure results

PROGRAMMATIC OBJECTIVES

- Addresses specific programmatic goals

PROGRAMMATIC GOALS

- Goals for the program derived from the LCHD strategic plan

LCHD STRATEGIC INITIATIVES

- LCHD projects and action plans that secure results

LCHD STRATEGIC OBJECTIVES

- Addresses specific LCHD strategic plan goals

LCHD STRATEGIC GOALS

- Overarching goals for LCHD as a public health organization derived from the LCHD strategic plan

LCHD MISSION & VISION

- Universally adopted inside LCHD

CHIP STRATEGIC INITIATIVE

- Community wide strategic initiatives that LCHD adopts as its own

CHIP

- Community Health Improvement Plan (CHIP) is used, in collaboration with community partners, to set priorities and coordinate and target resources
Welcome to the Quality Toolbox site!

Click on the links below to access dashboards and resources, and to view or share completed quality improvement initiatives.

- **Quality Key Performance Indicator Dashboards**
  Access your Quality KPI Dashboards and reports.

- **Quality Improvement Resources**
  View quality improvement tools and templates

- **Quality Management System Materials**
  Learn about our Quality Management System

- **Quality Improvement Efforts**
## Prevention Dashboard

### KPI Targets Met
- **Met:** 62%
- **Not Met:** 38%

### Trending KPIs
- **Worse:** 4%
- **Improved:** 0%
- **Same:** 0%
- **No Trend:** 95%

### KPIs Current
- **On Time:** 100%
- **Late:** 0%

### Table: KPIs

<table>
<thead>
<tr>
<th>#</th>
<th>KPI Type</th>
<th>Metric</th>
<th>Owner</th>
<th>Last Updated</th>
<th>QI Effort</th>
<th>Strategic Plan</th>
<th>Target</th>
<th>Time</th>
<th>Current</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quality</td>
<td>Reduce tobacco use among Lake County adults to 12.0%</td>
<td>Lea</td>
<td>2016</td>
<td>No</td>
<td>Hypertension/Diabetes/Obesity</td>
<td>12%</td>
<td>Not Late</td>
<td>14%</td>
<td>No Trend</td>
</tr>
<tr>
<td>2</td>
<td>Quality</td>
<td>Increase the number of smoke-free housing units in Lake County from baseline (1123)</td>
<td>Lea</td>
<td>Q1</td>
<td>No</td>
<td>Hypertension/Diabetes/Obesity</td>
<td>2611</td>
<td>Not Late</td>
<td>3504</td>
<td>No Trend</td>
</tr>
<tr>
<td>3</td>
<td>Quality</td>
<td>Increase the number of communities in Lake County amending their Smoke-Free Illinois ordinances to include electronic smoking devices (2016 Baseline = 4)</td>
<td>Danielle</td>
<td>Q1</td>
<td>No</td>
<td>Hypertension/Diabetes/Obesity</td>
<td>3</td>
<td>Not Late</td>
<td>4</td>
<td>No Trend</td>
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<tr>
<td>4</td>
<td>Quality</td>
<td>Increase the number of communities in Lake County raising the Minimum Legal Sales Age (MLSA) to 21 to purchase tobacco products. (Baseline = 0)</td>
<td>Danielle</td>
<td>Q1</td>
<td>No</td>
<td>Hypertension/Diabetes/Obesity</td>
<td>5</td>
<td>Not Late</td>
<td>9</td>
<td>No Trend</td>
</tr>
</tbody>
</table>
KPI Dashboards

Key Performance Indicator Dashboard
Food Safety

Purpose 1: Reduce the incidence of infectious diseases through environmental exposure to pathogens.

Purpose 2: Demonstrate a high level of customer satisfaction.

Strategic Plan

Infectious Disease

Metric Data Source Owner Notes

Quality
Decrease the percent of facilities with foodborne illness factors to below 21%

DHD Pam Smith

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>2016</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17%</td>
<td>21%</td>
<td>24%</td>
<td>27%</td>
<td>27%</td>
<td>19%</td>
<td>24%</td>
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<td></td>
<td>Numer</td>
<td>99</td>
<td>122</td>
<td>174</td>
<td>169</td>
<td>97</td>
<td>113</td>
<td>123</td>
<td>216</td>
<td>12%</td>
<td>99</td>
<td>132</td>
<td>92</td>
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<tr>
<td></td>
<td>Denom</td>
<td>596</td>
<td>584</td>
<td>732</td>
<td>627</td>
<td>564</td>
<td>592</td>
<td>509</td>
<td>811</td>
<td>684</td>
<td>682</td>
<td>751</td>
<td>654</td>
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<tr>
<td>2017</td>
<td>21%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>16%</td>
<td>20%</td>
<td>19%</td>
<td>20%</td>
<td>22%</td>
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<td>16%</td>
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<tr>
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<td>Numer</td>
<td>180</td>
<td>129</td>
<td>183</td>
<td>116</td>
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<td>117</td>
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<td>114</td>
<td>152</td>
<td>183</td>
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<tr>
<td></td>
<td>Denom</td>
<td>789</td>
<td>644</td>
<td>699</td>
<td>593</td>
<td>525</td>
<td>598</td>
<td>534</td>
<td>750</td>
<td>657</td>
<td>699</td>
<td>874</td>
<td>729</td>
</tr>
<tr>
<td>2018</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17%</td>
<td>18%</td>
<td>18%</td>
<td>22%</td>
<td>20%</td>
<td>m/N/A</td>
<td>m/N/A</td>
<td>m/N/A</td>
<td>m/N/A</td>
<td>m/N/A</td>
<td>m/N/A</td>
<td>m/N/A</td>
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<td>Numer</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Denom</td>
<td>702</td>
<td>638</td>
<td>717</td>
<td>665</td>
<td>648</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Identify Improvement Opportunities

- Colorectal Cancer Screening QI Effort
- Staff implemented a patient agreement form
- Resulted in an increase in return rate of FOBT kits
# ABOUT HOUSTON

<table>
<thead>
<tr>
<th><strong>POPULATION</strong>&lt;sup&gt;1&lt;/sup&gt;</th>
<th>2,099,451</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAND AREA</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Approx. 600 sq. mi.</td>
</tr>
<tr>
<td><strong>HARRIS COUNTY POP</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>4,092,459</td>
</tr>
<tr>
<td><strong>POPULATION SERVED</strong></td>
<td>2.2 million</td>
</tr>
<tr>
<td><strong>TOTAL EMPLOYEES</strong></td>
<td>1,200 +</td>
</tr>
<tr>
<td><strong>PHAB ACCREDITED</strong></td>
<td>December 12, 2014</td>
</tr>
</tbody>
</table>

<sup>1</sup> DATA SOURCE: U.S. CENSUS BUREAU, 2010 CENSUS SUMMARY FILE
## Performance Management

### Evolution

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No formal structure, some programmatic methods of PM tracking (e.g. funding requirements)</td>
<td>1. Formalized structure encouraging employees to facilitate their own performance management and growth</td>
</tr>
<tr>
<td>2. Very little awareness of PM Generally, perceived connection was employee evaluation</td>
<td>2. Department as a whole to be aware and excited about PM</td>
</tr>
</tbody>
</table>
ADDRESSING EMPLOYEE PERCEPTION

TURNING POINT ASSESSMENT

• Determine a baseline
• Gain an understanding of employee knowledge, experience, and awareness
• Identify best approach for engaging

TRAINING

• Addressing employee perception
  – more often than not, it is perceived negatively
Self Assessment

Do you have a process(es) to improve quality or performance?

Is there a regular timetable for your QI process?

Does staff have the authority to make certain changes to improve performance?
Is there a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets?

Is QI training available to managers and staff?

Are personnel and financial resources allocated to your QI process?
INITIAL REACTIONS TO QI

FEAR AND LOATHING
- Common reaction
- Fear: threat to job stability
- Fear: more work
- Fear: it will (or won’t) change the status quo

CONFUSION
- Poor understanding of accreditation and QI
- Lack of awareness of the need or purpose for accreditation or QI

DISINTEREST
- Lack of understanding of relationship between accreditation and work
- Expectation (real or perceived) that there isn’t enough high level support
ADDRESSING REACTIONS TO QI

FEAR AND LOATHING
- Stress value of grass-roots ownership
- Do not portray QI as a mandatory initiative

CONFUSION
- Addressed by Education (Training on what QI is and its value)
- Provide examples of successful project

DISINTEREST
- Addressed by Education (Training on what QI is and its value, 10 Essential PH services)
- Stress Leadership role
- Provide examples of successful projects
HIGHLIGHTS
RESOURCES THAT WORK

KLIPFOLIO
INTERNAL, CENTRAL TRACKING TOOL

HEALTHY COMMUNITIES INSTITUTE (HCI)
COLLABORATIVE, EXTERNAL TRACKING TOOL

POWER BI
INTERNAL, CENTRAL TRACKING TOOL
KLIPFOLIO

“An online dashboard platform for building powerful real-time business dashboards for team or clients”

- Started with counts and measures
- Became more sophisticated with developing measures and actual performance targets
- Added STRAT and CHIP objectives later
KLIPFOLIO

**UTILITY**
- **User friendly**
  - Does not require much technical expertise

**COST**
- **Affordable**
  - ($20/user/month)
  - Doesn’t require much storage space

**ADMIN**
- **Flexible**
  - Easy to modify in-house
### Disease Surveillance Statistics

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Monthly Avg</th>
<th>Total YTD</th>
<th>Total PYTD</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surveillace</td>
<td>TBD</td>
<td>1,945</td>
<td>23,153</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>HIV Surveillance</td>
<td>TBD</td>
<td>159</td>
<td>1,011</td>
<td>n/a</td>
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</tr>
<tr>
<td>STD Surveillance</td>
<td>TBD</td>
<td>2,600</td>
<td>32,295</td>
<td>n/a</td>
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</tr>
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</table>

### Environmental Health

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Monthly Avg</th>
<th>Total YTD</th>
<th>Total PYTD</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Facility Inspections</td>
<td>36,737</td>
<td>2,701</td>
<td>32,459</td>
<td>43,057</td>
<td></td>
</tr>
<tr>
<td>Swimming Pools Inspections</td>
<td>6,643</td>
<td>476</td>
<td>6,641</td>
<td>5,621</td>
<td></td>
</tr>
<tr>
<td>Fat, Oils, and Grease Inspections</td>
<td>21,394</td>
<td>2,365</td>
<td>29,376</td>
<td>12,992</td>
<td></td>
</tr>
</tbody>
</table>

### # of Inspections past Due

- Food <= 30 Days
- Food 31-90 Days
- Food 91+ Days
- Swimming <= 30 Days
- Swimming 31-90 Days
- Swimming 91+ Days
- FOG <= 30 Days
- FOG 31-90 Days
- FOG 91+ Days
- General Fund Overtime

### Special Initiatives

<table>
<thead>
<tr>
<th>Unit</th>
<th>Baseline</th>
<th>Monthly Avg</th>
<th>Total YTD</th>
<th>Total PYTD</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids Vision for Life</td>
<td>16,550</td>
<td>1,465</td>
<td>8,084</td>
<td>6,276</td>
<td></td>
</tr>
<tr>
<td># of Clients</td>
<td>7,550</td>
<td>650</td>
<td>6,556</td>
<td>6,472</td>
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</tbody>
</table>
HEALTHY COMMUNITY INSTITUTE

HCI

“Web-based platform which enables local public health departments, hospitals and community coalitions to measure community health, share best practices, identify new funding sources and drive community health improvement.”

• Accessible to the community
• Updated on a quarterly basis and has the ability to export data reports for specific analysis and comparisons
• Includes data on population and health indicators
  – Educational factors, housing information, cancer data, transportation, housing info, health disparities, environmental health, etc.
• Will enhance community partnership
Community Dashboard

Be sure to select a location using the drop-down menus before searching for indicators. Please note that disparity data is only available at the county level.

<table>
<thead>
<tr>
<th>Location Type: County</th>
<th>Location: Harris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakout By: None</td>
<td>Order By: Topic</td>
</tr>
</tbody>
</table>

Search All Indicators  Search

Indicators for County: Harris

- **Access to Health Services**
  - Adults with Health Insurance
  - Children with Health Insurance
  - Non-Physician Primary Care Provider Rate
  - Primary Care Provider Rate

- **Cancer**
  - Age-Adjusted Death Rate due to Breast Cancer
  - Age-Adjusted Death Rate due to Cancer
  - Age-Adjusted Death Rate due to Colorectal Cancer

View the Legend
LESSONS LEARNED

Need a strategy; not just steps

Understand staff perception

Brand in a way that is appealing to your staff

Use tools that make tracking and reporting easy
QUESTIONS?
Robert A. Hines, Jr. MSPH
Performance Improvement Manager & Accreditation Coordinator
Houston Health Department (HHD)
Director’s Office
Phone: 832.393.4606
Robert.Hines@houstontx.gov
Panel Discussion
Resources

• NACCHO Guide to Performance Management (Coming in July)
• Organizational Culture of Quality Self-Assessment Tool Version 2.0 (Coming in September)
• Roadmap to a Culture of Quality (www.qiroadmap.org)
• NACCHO Strategic Planning Guide
• Mobilizing for Action through Planning and Partnerships
• P.I. Compass Newsletter (subscribe at www.naccho.org/pi)
• Performance improvement questions? E-mail us at accreditprep@naccho.org
Online Resources for Assessing Social Determinants of Health

Thank You!