Performance Management & Quality Improvement Plan Template User & Resource Guide

This document provides guidance for using the governmental public health department Performance Management & Quality Improvement Plan template developed by the Center for Public Health Practice at the Ohio State University College of Public Health (CPHP). The template is based on the requirements of the Public Health Accreditation Board (PHAB) Standards & Measures, v 1.5, Measure 9.2.1 A.

This template is intended as guidance only. **Users are expected to adapt the template so that it follows** agency branding guidelines and otherwise meets their needs in content.

The Quality Improvement Plan template was originally created in 2013 through a collaborative process with local and state governmental public health representatives in Ohio. It was then revised in 2014 to reflect version 1.5 of the PHAB guidance for Measure 9.2.1 A. Revisions to this most current version (2018), referred to as v 1.5b, are primarily to format, order of contents, expanded resources, and – perhaps most significantly – the addition of options for strengthening connections between an organization's overall performance management (PM) and quality improvement (QI) efforts.

Using the Template

Guidance for using this template follows:

- The template uses a basic Microsoft Word format. Under the 'Home' tab, use the 'Styles' ribbon to change the default heading or text style, and use the 'Design' tab to change the color scheme.
- The sections and appendices within the template are intended to be edited to further customize the document (for instance, you may wish to call the Training section Workforce Development). You may also wish to add sections or appendices.
- Basic text within the template is in three colors:
 - Black and Blue: Standard headings and language that can be left as is or modified.
 Regardless of your choice, be sure that the document reflects your agency's preferences and "voice".
 - Red: Instructions for completing each section, and in some instances, example text. All
 red text should be deleted or edited. After writing is complete, change the red text to
 reflect the selected color scheme.



Examples are provided in blue textboxes. They are suggestive only and <u>not</u> all-inclusive. Agencies are encouraged to use the examples for reference, but adapt each section with information and materials that are applicable to their agency. Examples address quality improvement plan requirements, not performance management requirements.

- Guidance specific to the connections of this plan to overall agency performance management appears in *italics* within each section, if applicable.
- Examples of some supportive documentation (such as team charters, PDSA worksheet, storyboard, etc.) are available as separate, editable documents. Users should refer to the <u>CPHP</u> website for available tools.
- The Table of Contents is created using an automatically generated format, however headings and page numbers must still be manually added. To add an automatically populated table or to remove this feature all together, use the 'References' tab, 'Table of Contents' ribbon.
- There are page breaks set at the end of some sections of the template. These may be deleted or changed as desired using the 'Layout' tab, 'Page Setup' ribbon.

Disclaimer

This template has been designed to address the documentation requirement for (version 1.5) Public Health Accreditation Board Measure 9.2.1 A: *Established quality improvement program based on organizational policies and direction,* and to support Measure 9.2.2 A: *Implemented quality improvement activities*. The addition of performance management language also supports Measures 9.1.2, 9.1.3, and 9.1.5, but will *not* fully address these requirements. Users should become thoroughly familiar with current standards, associated measures, and required documentation. Use of this template does not imply or guarantee acceptance of the final product as meeting PHAB requirements.

Plan and Template Considerations

Before use, it is recommended that users familiarize themselves with this *User & Resource Guide* and the template itself. Other considerations before beginning to write follow:

- The template was created with several purposes in mind. The purpose of supporting agencies in their quest for accreditation has already been stated. Additionally, this plan template was designed to assist agencies in educating their employees, Boards, and especially new PM/QI committee/council members about their roles, expectations, and the agency's aspirations relative to quality. Because of this dual purpose, agencies may find it to be more descriptive than they desire. If this is the case, simply edit the document accordingly.
- Persons responsible for writing this plan should have at least a basic understanding of quality improvement and performance management. Resources for training can be found at the end of this guide.
- The support of leadership cannot be overestimated be sure to keep leadership abreast of plan development, communicate regularly, and help them to communicate about performance/quality

- efforts and the plan. If your leadership (including a Board or governance) does not yet fully understand or support this work, consider how this might be addressed early in the process.
- Quality efforts are part of an agency's overall performance management system and should also align with the agency's strategic plan and workforce development plan. Make sure these documents and efforts support one another; use cross references among plans as applicable.
- An agency's plan should be unique and written to meet its needs. An agency should not use this template solely for the purpose of "checking a box" that is required by PHAB a PM/QI Plan should be a fundamental guide for moving toward a culture of quality. (The plan should state how a department does QI, not what you think an accreditor wants to hear.)
- Some organizations create a single document that includes the overall performance management
 policy/system description (See <u>PHAB Standard 9.1.2 A and 9.1.3 A</u>) and the QI Plan. Whether the
 performance management system description and QI Plan are separate or co-existing is up to
 individual departments. Text that is not applicable should be removed.
- Examples that appear throughout the template are offered to illustrate QI activities that might apply to organizations of different sizes who are in beginner or intermediate phases of QI maturity. As agencies gain experience and efforts increase in sophistication, so should their plans. In all cases, users should consider what is logical, practical, and applicable to their organization.
- Examples are *not* intended to reflect broader organizational performance goals, objectives, targets, etc., that are part of a performance management system. Users can expect that separate performance management documentation (spreadsheet, software tool, report, etc.) will be needed to demonstrate PHAB requirements.

And some final words of wisdom and tips:

- If your organization has a particular format or nomenclature for plans, policies or official documents, adapt the template to be consistent.
- The quality of a QI plan is not necessarily associated with its length. Template users should be descriptive, yet succinct.
- Consider placing sections of the plan that will be updated frequently in the appendix rather than within the body of the plan itself. This will make regular updates easier.
- Before considering the written plan final, check the content against the PHAB Standards & Measures to assure that you have adequately addressed all of the necessary components.
- Proofread your plan to assure that: it says what you intend it to, it is appropriately branded, formatting is consistent, and red font is deleted or changed.

Contact and Feedback

For additional information or to offer feedback, please contact the Center for Public Health Practice at 614-292-2291, or cph-practice@osu.edu.

Quality Improvement Resources

There are a growing number of resources to support quality improvement in public health. The following table lists some of those resources, both state and national. The list is in no way exhaustive. Resources are listed in alphabetical order. In addition to those included here, consider local and regional resources, such as community colleges, hospitals (who have a history of implementing quality improvement initiatives), and academic institutions near your jurisdiction. Other resources, such as templates and PDSA tools are available as separate, and editable documents. Check the CPHP website for these resources.

Resource	Location & Description
American Society for Quality	http://asq.org
(ASQ)	A membership organization whose mission is: to increase the use and impact of quality in response to the diverse
	needs of the world. Training, resources, certifications, and learning communities.
Association of State and	http://www.astho.org
Territorial Health Officials	Membership organization for state health officials. Resources, links to QI and performance management tools.
(ASTHO)	http://www.astho.org/Accreditation-and-Performance/Quality-Improvement/QI-Plan-
	<u>Toolkit/Home/?terms=quality+toolkit</u>
	QI Plan toolkit.
Center for Public Health Practice,	http://cph.osu.edu/practice
The Ohio State University College	Live and online competency-based training and other organizational development resources, including QI Plan,
of Public Health (CPHP)	Workforce Development Plan, and Competency-based Job Description templates. Consultation services.
	https://osupublichealth.catalog.instructure.com/
	Learning management system; searchable catalog of training opportunities, including online CQI modules.
	https://www.publichealthlearning.com/login/index.php
	No cost, introductory, online performance management learning modules (developed collaboratively).
	https://u.osu.edu/cphpaccreditationproject/public-health-accreditation/
	Ohio Local Public Health Accreditation Support Project resources, including QI & performance management
	tools/resources.
	https://u.osu.edu/pmtoolkit/
	Performance Management in Public Health toolkit: training & worksheets, tips & examples, notes from
	practitioners.
Centers for Disease Control and	http://www.cdc.gov/stltpublichealth/performance/
Prevention (CDC)	Concepts, resources, and links about quality improvement and performance management.
Institute for Healthcare	http://www.ihi.org/Pages/default.aspx
Improvement (IHI)	Quality tools and training on QI in healthcare with applicability to public health. Utilizes PDSA.
Journal of Public Health	https://jphmpdirect.com/
Management and Practice Direct	"An online community for advances in public health." Publications, tools, infographics, cases, etc.; some features
(JPHMP Direct)	include quality improvement, accreditation, performance management, and public health infrastructure topics.

Resource	Location & Description
LeanOhio	https://www.youtube.com/LeanOhio
	LeanOhio YouTube page with instructional videos.
Michigan Public Health Institute	https://www.mphiaccredandqi.org/embracing-quality-in-public-health/qi-guidebook/
(MPHI)	Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook (2012).
	https://www.mphiaccredandqi.org/embracing-quality-in-public-health/pmqi-primer/
	Embracing Quality in Public Health: A Practitioner's Performance Management Primer (online training).
Minnesota Department of Health	http://www.health.state.mn.us/qualityimprovement/
	Many tools and resources geared toward public health.
National Association of County	http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm
and City Health Officials	QI resources, training, templates.
(NACCHO)	http://www.naccho.org/topics/infrastructure/accreditation/qi-culture.cfm
	Roadmap to a Culture of Quality Improvement and Organizational Culture of Quality Self-Assessment Tool.
National Network of Public Health	https://nnphi.org/
Institutes (NNPHI)	Tools, resources, conferences, and practice communities with focus on accreditation and performance
	improvement, including: Public Health Improvement Training (PHIT), Open Forum for Quality Improvement and
	Innovation, and Public Health Performance Improvement Network (phPIN).
NIATx	https://niatx.net/Home/Home.aspx
	Simple process for improvement geared to behavioral health but applicable more broadly. Training & tools.
Public Health Performance	https://nnphi.org/relatedarticle/public-health-performance-improvement-network-phpin/
Improvement Network (phPIN)	Peer exchange & learning community for performance management practitioners.
Public Health Quality	https://www.phqix.org/
Improvement Exchange (PHQIX)	Online community for learning and sharing about quality in public health. Searchable; forum for online dialogue and
	sharing (uploading) example documents (including example QI Plans).
Public Health Accreditation Board	http://www.phaboard.org/
(PHAB)	Non-profit organization that oversees public health agency accreditation. Accreditation standards, measures, and
	requirements; training, resources, accreditation.
Public Health Foundation (PHF)	http://www.phf.org/focusareas/pmqi/pages/default.aspx
	Performance management and quality improvement tools.
	http://www.phf.org/resourcestools/Pages/PIMs_competencies.aspx
	Core Competencies for Performance Improvement Managers.
TRAIN/Ohio TRAIN	www.train.org; www.ohiotrain.org
	Searchable public health-related continuing education opportunities offered by affiliates from across the country.
University of Minnesota	https://webapps-prd.oit.umn.edu/pcas/viewCatalogProgram.do?programID=7580&strm=1153&campus=UMNTC
	Public Health Certificate in Performance Improvement.

Resource	Location & Description
Performance Management Frameworks	 Balanced Scorecard. Structure for performance management across four perspectives: Customer, Internal Process, Financial and Employee Learning & Growth. (Kaplan & Norton, 1992) Baldrige Performance Excellence Program. Framework focusing on Leadership; Strategy; Customers; Measurement, Analysis and Knowledge Management; Workforce; Operations; and Results. Includes self-assessment. (https://www.nist.gov/baldrige) Five Pillars of Excellence. Framework of performance based on People, Quality, Service, Growth, and Finance. (Studer, 2007) Management Systems International. 6-step framework: Define Results, Identify Performance Indicators, Develop a Performance Monitoring Plan, Measure, Use, and Improve. (See
	 https://u.osu.edu/cphpaccreditationproject/public-health-accreditation/) Public Health Foundation Turning Point. Performance management system framework and tools; includes self-assessment tool. (http://www.phf.org/resourcestools/Pages/Turning Point Project Publications.aspx)

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