Quality Improvement & Performance Management Plan

NAME OF YOUR AGENCY HERE – INSERT LOGO/AGENCY IDENTIFIER ON THIS PAGE. INDICATE THE SPAN OF DATES YOUR PLAN WILL COVER. IF DESIRED, INCLUDE DATES THE PLAN WAS ADOPTED, REVISED, AND/OR WILL BE EFFECTIVE.

Table of Contents

Introduction3

Mission, Vision & Values3

Performance Management3

Description of Quality3

Current and Desired Future State of Quality3

Quality Improvement Process4

Key Terms4

Links to Other Agency Plans4

**Plan Management & Engagement 4**

Oversight Roles & Responsibilities4

Engagement of All Staff6

**Communication 6**

Quality Sharing6

**Training 7**

**Quality Improvement Projects 8**

Project Selection8

Projects9

**Quality Goals, Objectives & Implementation 11**

**Monitoring & Evaluation 13**

QI Plan13

Projects & Teams13

**References & Resources 14**

**Record of Revisions 15**

**Signature Page 16**

**Appendix 17**

Introduction

*Name of Agency* is committed to the ongoing improvement of the quality of services provided to the residents of City/County/State. This plan serves as a foundation to describe performance management and quality improvement goals, responsibilities, and activities of our agency*.* Introduce this plan as part of your agency’s commitment to protecting and improving the health, safety, and well-being of the residents of your jurisdiction. *If this plan also serves as documentation for your performance management system, state that intent here.* Succinctly summarize the contents of your plan, the desired future state of quality in the organization and performance/QI culture; summarize what you have committed to doing to achieve that culture. Write this summary after the rest of the plan is complete.

## Mission, Vision & Values

List the vision, mission, and values of your organization. This should be consistent with what appears in other agency documents, including your strategic plan.

Performance Management

Performance management is the practice of establishing performance standards, collecting data to evaluate results, and using data for decision-making. Quality improvement is an essential component of this broader performance system *at Name of Agency*. Reference the agency’s performance management system and process and describe how it is used to inform QI initiatives; refer to where the performance management system information for your organization can be found - such as in a separate document, plan, policy, spreadsheet, shared electronic file, or software system. While not required, consider inserting a diagram that reflects the alignment between your performance management system and quality improvement efforts. Several potential alignment frameworks/diagrams are included in the *User & Resource Guide*. *If this document is a combined PM/QI Plan, be sure that all elements of your performance management system description (see* [*PHAB Standards 9.1.2 and 9.1.3*](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf) *for requirements) are incorporated throughout this document and/or as an appendix.*

Description of Quality

This section provides a description of performance management and quality efforts in *Name of Agency*, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents.

## Current and Desired Future State of Quality

Briefly describe the current “culture of quality” within your organization - state your agency’s “as is” condition. Mention any assessments of quality efforts that you have completed. You may wish to reference your position on the spectrum of quality culture within the [*Roadmap to a Culture of Quality Improvement*](http://qiroadmap.org/), (NACCHO, 2012). Then, describe generally where your agency would like to be relative to QI – this is your agency’s “desired” state. Culture of quality and desired future state are **required** components of the QI Plan. Your desired state may be either short term (the duration of this plan) or longer term. *If this is a combined PM/QI Plan, discuss your performance management self-assessment results, how they are reflected within your culture, and the impact on your performance and/or QI goals. Include “as is” and “desired” statements about PM in your agency.*

## Quality Improvement Process

Name and briefly describe the quality improvement process and/or methods (i.e. PDSA, Lean, Kaizen, Institute for Healthcare Improvement, etc.) used within your agency. If your agency is in the earlier stages of developing a Culture of Quality (defined by NACCHO’s QI Roadmap as having little to no understanding of QI), consider using Plan-Do-Study-Act (PDSA, also known as “Plan-Do-Check-Act” [PDCA]), as it provides a simple step-based approach. As your agency becomes more advanced in QI, you may incorporate concepts from or adopt other methods/models. Training efforts described later in this document and other references to quality improvement models within the plan should align with the process you identify here. Refer to a list/description of common QI tools used, if desired.

## Key Terms

A common vocabulary is used agency-wide when communicating about organizational performance and quality improvement. Key terms are listed alphabetically in this section/Appendix X. Inclusion of key terms is a **required** component of the QI Plan. There are many terms from which to choose. Refer to the [PHAB glossary](http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf), or other resources for additional terms and definitions that are relevant to your agency*. If this is a PM/QI Plan, include terminology associated with performance management.* You may wish to include terms & definitions here, or as part of the Appendix. If included as an appendix, refer to it here.

## Links to Other Agency Plans

Describe how this plan ties in to other agency plans, such as the Community Health Improvement Plan, Strategic Plan and/or Workforce Development Plan. Address how your performance/quality initiatives support the goals and objectives in your CHIP and strategic plan. Linkage of QI projects to your strategic plan, mission, and vision are **required** components of the QI Plan; you may choose to mention that connection here and/or elsewhere within this plan.

Plan Management & Engagement

This section describes how the plan will be managed and includes key information such as who is responsible for oversight, implementation, and monitoring.

## Oversight Roles & Responsibilities

Describe how the quality program will be structured and managed; structure is a **required** component of the QI Plan. Consider whether you will have a new formalized group to manage and prioritize the quality activities, or whether you will use an existing structure, group, or committee. Describe things such as:

* Organization and membership,
* Responsibilities of this oversight entity as a whole, and for each person/role,
* Membership rotation,
* Types of support quality efforts receive (clerical functions, training, information technology, data collection, management and analysis, and/or technical assistance),
* Outside resources and how they are used (specialists, consultants or trainers),
* Frequency of meetings,
* Budget and resource allocation, and
* Role of leadership, as well as front line staff, in PM/QI activities outside of this formalized group.

The oversight structure should be comprised so that it best fits the organizational structure of the agency; the inclusion of management and front line staff is recommended. If your oversight committee/group has a charter outlining roles and responsibilities, consider referencing it here and including it as an appendix. *If this is a PM/ QI Plan, be sure to address responsibility/accountability for implementation (management/oversight) of your performance management system and the functions within.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QI EXAMPLE****Quality Council**The Quality Improvement Council (Quality Council or Council) provides ongoing leadership and oversight of continuous quality improvement activities. The Council convenes every other month, and more frequently if needed. The Quality Council consists of the agency director (1) and cross-departmental representation including: division management (2), administration (1), QI Coordinator (1), line staff (3 representing different divisions), and human resources (HR), information technology (IT) or epidemiology (Epi) (1 on a rotating basis). The QI Coordinator serves as Council chair; other members serve a two year term, with no more than half of the team rotating off each year. Consecutive terms are allowable. Individual responsibilities are described below.

|  |  |
| --- | --- |
| **Council Member** | **Responsibility** |
| QI Coordinator(Council chair) | Serves as chair and convenes Quality Council meetings; works jointly with agency director to provide vision & direction; revises QI Plan annually based on Council review; leads evaluation efforts and writes report; and requests resources for activities. |
| Agency director | Provides vision & direction for QI initiatives; allocates resources for activities; and reports to Board twice a year. |
| Division managers | Identifies appropriate staff for QI teams; oversees QI efforts within division; facilitates QI teams as needed; provides administrative support to Council on rotating basis; assures QI-related performance and/or professional development goal for all division staff; and encourages staff to incorporate QI efforts into daily work. |
| All  | Champions QI efforts throughout agency, evaluates agency-wide QI efforts (annually); makes recommendations for revision of the QI Plan (annually) and for improvement based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data; monitors QI projects; supports implementation of quality improvements system-wide; and assures adequate resources are devoted to QI initiatives. |

The Council strives for consensus on all decisions and agrees to abide by vote in absence of consensus. Administrative support (distribution of meeting agendas, summaries, and arrangements for meeting needs) is provided by Council members on a rotating basis. QI teams are accountable to the Council.  |

## Engagement of All Staff

Describe how all staff in the organization will be involved in performance management/QI initiatives. *If this is a PM/QI Plan, address any unique involvement pertaining to performance management as applicable.*

|  |
| --- |
| **QI EXAMPLE**In order to foster a culture of quality, all staff participate in QI projects as requested, identify/nominate QI projects to his/her supervisor or directly to the Council, participate in QI training, and incorporate QI concepts into daily work.  |

Communication

In order to support shared understanding of performance management and quality improvement as a usual-way-of-business, related news and information are communicated to staff, Board of Health, and the general public on a regular basis using a variety of methods. This section describes how performance and quality initiatives are shared.

## Quality Sharing

Describe how you will communicate about performance management/quality initiatives. This section includes **required** components of the QI Plan. Consider communication about leadership, training, projects, outcomes, policies, performance monitoring & progress, etc. Also identify who the communication is targeted toward, such as Board of Health, community, District Advisory Council, or staff.

|  |
| --- |
| **QI EXAMPLE**Quality initiatives will be communicated and shared with staff, Board of Health, and the public in a variety of ways: * Performance Management and QI materials will be maintained on the departmental shared drive for all employees to access, including:
	+ Quality Council meeting documents (agendas, summaries)
	+ QI team documents (agendas, charters, summaries, data tools, storyboards, etc.)
	+ Performance management dashboard
	+ Performance management tracking spreadsheet
	+ Quality Improvement project database (maintained by the QI Coordinator)
	+ Training materials and resources
	+ QI Plan
* A *Quality Report/Q-Tips* feature within the electronic newsletter (every other month) will provide regular updates on performance/quality initiatives, including Council membership, project outcomes, policy changes, and/or training opportunities. The *Quality Report/Q-Tips* section of the electronic newsletter will also feature one QI team or tool in each issue.
* A *Golden Q Award* will be introduced and given to recognize projects and efforts of QI teams. The awarded QI team will be selected by the Quality Council based on defined scoring criteria. Recipients of the award will be recognized during an all staff meeting, provided with a rotating plaque, and included in the employee newsletter.
* Project storyboards will be posted in the small conference room.
* Board of Health members will receive updates on performance and quality improvement activities at least twice a year.
* The agency’s annual report will include a performance/QI feature, which provides an overview of recent accomplishments and QI activities, projects and results. The annual report is publicly accessible on the agency’s website.

In addition to these regularly occurring communications, the Quality Council will seek avenues to share performance and quality initiatives with other community partners and other state and national audiences as appropriate. |

Training

Training is a **required** component of the QI Plan. If your agency’s Workforce Development Plan addresses QI and performance management training, briefly summarize training efforts and refer to that plan here.

Describe what your organization has done and/or will do to train employees about QI, including project team members, facilitators, and/or QI Council members. Consider who will be trained, what content they will receive, when the training will occur, how you will maintain and add to QI knowledge among employees over time, etc. Requirements may not be the same for all employees. *If your plan is a PM/QI Plan, address performance management training here.* Examples include:

* Orientation to agency performance management and QI initiatives, policies, and projects;
* Mandatory completion of online PM/QI learning modules for all new employees;
* Mandatory completion of online introductory performance management and QI learning modules for all current staff;
* Achievement of quality certification for QI Coordinator, Council member(s), or other staff;
* Review of QI concepts at all-staff meetings;
* Just-in-time training by Quality Council members for active QI teams;
* Intermediate or advanced QI training for all Quality Council members;
* Training on date collection, visualization, and analysis; and
* Other performance management or QI training events as they arise and are determined to be applicable, for example: National Network of Public Health Institutes (Open Forum for Quality Improvement and Innovation in Public Health, Public Health Improvement Training), National Association of County and City Health Officials (QI training), American Society for Quality, International Society for Performance Improvement, etc.

See template *User & Resource Guide* for potential sources of training.

Quality Improvement Projects

This section describes the process for QI project identification, prioritization, and selection of team members. Information about current and past projects may be obtained refer to the location of information about QI projects. For instance, on the agency shared drive, in the human resources office, from a QI Council member, etc.

## Project Selection

Describe how QI projects will be selected. Consider: Who will identify projects and how you will prioritize projects, identify team members, and address other specialized staffing that might be needed (such as support or data analysis). Note that documentation required for PHAB Measure 9.2.2 A must be from two quality improvement activities: one from a program area, and another from an administrative area. Clinical examples are *not* accepted. (See “[Accepted Program Areas for PHAB Documentation](http://www.phaboard.org/wp-content/uploads/Accepted-Program-Areas-for-PHAB-Documentation-December-2012.pdf)” or contact PHAB for details.) “Project identification, alignment with strategic plan and initiation process” are **required** components of the QI Plan (including identification and prioritization).

To **identify** potential projects, consider:

* Your agency’s performance management metrics,
* Performance reflected by state quality indicators,
* After-action reports,
* Customer satisfaction surveys,
* Staff survey results/suggestions,
* Program evaluations,
* Needs related to accreditation preparation,
* Community health assessment or systems performance assessment findings,
* Community health improvement plan priorities, and/or
* Audit or compliance issues.

When **selecting or prioritizing** from among several identified project ideas, you may consider additional criteria:

* Alignment with your agency’s strategic plan and mission,
* Number of people affected,
* Financial consequence,
* Timeliness/Urgency,
* Capacity,
* Ease with which the project can be completed/likelihood of success (“easy win”),
* Availability of baseline data or present data collection efforts,
* Availability of resources to support implementation of solution/change, and/or
* Alignment with PHAB Domains or prior review feedback.

|  |
| --- |
| **QI EXAMPLE**Any staff member may recommend a project to their supervisor at any time. If presented to and approved by the supervisor, the Council is notified. Projects may also be proposed directly to the Council, or identified by the Council. Project selection is guided first and foremost by alignment with the agency’s mission, vision and strategic priorities. Project ideas are based on data obtained from internal and external customer feedback, our performance management goals and targets, program evaluations and/or after-action reviews. When multiple project ideas are being considered, they will be prioritized using a criteria rating process. Project team members will be selected so that the scope of the problem/project is represented; teams will consist of five to seven members and represent affected departments, disciplines, clients, and/or outside parties not directly affected by the project as needed. |

## Projects

If desired, include a brief list/description of past and/or current projects, or refer to a project list in an appendix, a separate document, or in shared electronic space; refer or link to templates for QI team charters and storyboards, if applicable. (Note that per the [PHAB Documentation Cover Page guidance](https://www.phaboard.org/accreditation-process/accreditation-materials/) for measure 9.2.2, examples of implemented QI activities “must not pre-date the QI plan provided in measure 9.2.1”.)

|  |
| --- |
| **QI EXAMPLE**An archive of past projects and inventory of all current projects is maintained on the agency’s shared drive [*hyperlink*]. Templates used for project meetings (such as agenda, charter, storyboard and project tools) may be found in the same location [*hyperlink*].  |

Quality Goals, Objectives & Implementation

This section presents the overall goals and implementation plan for QI. This section contains **required** components of the QI Plan. Consider addressing overall agency-wide quality goals including culture, training, QI project support, and resources. Use results from your QI culture and/or performance management self-assessment to guide your goal selection. Objectives should be SMART: ***S****pecific*, ***M****easurable*, *Actionable*, ***R****ealistic*, and ***T****ime-bound*. They may be capacity, process, or outcome related. Note that this template uses the terminology goal, objective, measure, timeframe and person responsible. If your organization uses different nomenclature – for instance within your strategic plan, use that language here for consistency. *If this is a PM/QI Plan, consider whether to include required components of your performance system description (see Measure 9.1.2) here, or simply reference the location where they can be found.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QI EXAMPLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Objectives** | **Activities** | **Measure** | **Timeframe** | **Responsible** |
| **Goal:** *Agency* is a learning organization | **EXAMPLE:** By MONTH, YEAR, all employees will receive QI Fundamentals training. | 1. Provide QI Fundamentals training to all existing staff
2. Design new employee orientation to include Fundamentals training
 | # of staff trained using OSU’s QI Fundamentals online modules | xx/xx/xxxx – xx/xx/xxxx | K Pulawskas, health educator |
| **EXAMPLE:** By MONTH, YEAR, the QI Coordinator will be LEAN-certified. | 1. Explore shared position/function with ABC agency
2. Identify provider
3. Secure funding
4. Attend training
 | QI coordinator trained | xx/xx/xxxx – xx/xx/xxxx | S Abequani, QI Coordinator |
| By MONTH, YEAR, *Agency* will establish a QI learner community for all county agencies participating in the County Shared Service Consortium. | 1. Convene leaders to establish support & commitment
2. Identify appropriate representatives from each agency
3. Create group charter
4. Convene at least twice
 | Charter; summaries from 2 meetings | xx/xx/xxxx – xx/xx/xxxx | S Abequani, QI Coordinator |
| **Goal:** Human resources infrastructure and processes reflect quality expectations | **EXAMPLE:** By MONTH, YEAR, all position descriptions will include expectations for QI competency and involvement in QI, including training and team participation. | 1. Select competency(ies)
2. Identify expectations for each position/level
3. Revise descriptions
4. Communicate with staff
 | Position descriptions with expectations | xx/xx/xxxx – xx/xx/xxxx | J Bauer, HR manager |
| **EXAMPLE:** By MONTH, YEAR, 50% of employees will have one performance goal directly related to QI. | 1. Create examples
2. Educate supervisors and staff
3. Pilot in EH division
4. Revise
5. Roll out department-wide
 | Performance goals are listed in Performance Plan documents | xx/xx/xxxx – xx/xx/xxxx | J Bauer, HR manager; all supervisors |
| **Goal:** All staff actively participate in QI activities | **EXAMPLE:** By MONTH, YEAR implement 2 quality improvement projects (1 program and 1 administrative) in different divisions. | 1. Review performance management dashboard for project ideas
2. Collect additional project ideas from staff
3. Prioritize potential projects
4. Identify QI team members; schedule meetings
5. Use PDSA checklist & storyboard template to document progress
 | # of QI projects completed (documented through team charters & storyboards) | xx/xx/xxxx – xx/xx/xxxx | S Abequani, QI Coordinator; Council; respective team members |

 |

Monitoring & Evaluation

This section describes the monitoring and evaluation for the Performance Management & QI Plan, associated goals, and projects. This section includes **required** components of the QI Plan.

## Performance Management System and QI Plan

Indicate how the plan will be tracked, reviewed, evaluated, and revised. Include the frequency with which these activities will take place. *If this is a PM/QI Plan, address how and when you will monitor and evaluate your system, goals and objectives; reference Standard 9.1 as needed to assure you have covered all necessary components applicable to your agency.*

|  |
| --- |
| **QI EXAMPLE**In January of each year, the Council will conduct an evaluation of the QI Plan and activities. This will be completed through a survey of Council members and a subsequent discussion. This review will address items such as:* Progress toward and/or achievement of goals as outlined in the Goals, Objectives and Implementation section,
* Effectiveness of meetings,
* Effectiveness of the QI Plan in overseeing quality projects and integration within the agency,
* Clarity of the QI Plan and its associated documents,
* Lessons learned, and
* Review of QI team evaluations (see below).

A brief report of this evaluation and subsequent actions will be produced and used in conjunction with a review of the QI Plan itself to revise the QI Plan.  |

## Projects & Teams

Indicate how QI projects will be tracked and evaluated, and at what frequency.

|  |
| --- |
| **QI EXAMPLE**QI Teams will provide project progress reports to the QI Council once per quarter. All teams will develop and submit project storyboards at the conclusion of the project. Within one month of a project’s finalization, all team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcomes, lessons learned, and to seek suggestions for overall agency QI efforts. To assure ongoing monitoring and maintenance of project outcomes/results, project-related metrics will be incorporated into the performance management system as appropriate.  |

References & Resources

If desired, list resources relevant to your plan here. Some of these may be found in the Performance Management & Quality Improvement Plan *User & Resource Guide.* Delete this section if not used.

Record of Revisions

*Name of Agency* maintains a record of changes to this plan for historical purposes. The date of the revision, section/pages revised, and a brief revision description, are provided below. If your organization has an established standard process or template for updating plans, follow that format for this QI Plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision Number** | **Section/Pages Revised & Description of Revisions Made** | **Date** | **Person Responsible** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature Page

This plan has been approved and adopted by the following individuals: Duplicate or delete spaces as needed (if signature lines are included, be sure that they contain signatures). If your organization has an established standard approval process for approving documents or obtaining authority signatures, follow that process/format for this plan.

|  |  |  |
| --- | --- | --- |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
|  |  |  |

For questions about this plan, contact:

Name and/or Department

Email

Phone

Appendix

Include and reference appendices, as needed. Insert appendices as new pages and label with a new designation (e.g., Appendix A, Appendix B, etc.).