Performance Management System & Quality Improvement Plan

|  |  |
| --- | --- |
| ADD AGENCY LOGO | Agency NAmeMo/Day/Year Plan ADopted or Revised |

|  |
| --- |
| *This work is supported by funds made available from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS), National Center for STLT Public Health Infrastructure and Workforce, through oe22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. government. (NOTE: You may delete this when using.)* *V2022* |

# Table of Contents

*The template uses Heading Styles to auto populate the Table of Contents. Double check this table after edits are made to ensure accurate.*

[Table of Contents 2](#_Toc180160743)

[Record of Revisions 3](#_Toc180160744)

[Introduction 3](#_Toc180160745)

[Performance Management 3](#_Toc180160746)

[Performance Management System Framework 4](#_Toc180160747)

[Performance Management Process 4](#_Toc180160748)

[Performance Management Goals and Objectives 4](#_Toc180160749)

[Description of Quality 6](#_Toc180160750)

[Current and Desired Future State of Quality 6](#_Toc180160751)

[Key Terms 7](#_Toc180160752)

[Quality Improvement Process 7](#_Toc180160753)

[Links to Other Agency Plans 8](#_Toc180160754)

[Plan Management & Engagement 8](#_Toc180160755)

[Oversight Roles & Responsibilities 8](#_Toc180160756)

[Engagement of All Staff 10](#_Toc180160757)

[Training 11](#_Toc180160758)

[Quality Improvement Projects 12](#_Toc180160759)

[Project Identification, Prioritization, and Initiation 12](#_Toc180160760)

[Current and Past Projects 14](#_Toc180160761)

[Performance and Quality Goals, Objectives & Implementation 15](#_Toc180160762)

[Communication 18](#_Toc180160763)

[Monitoring & Evaluation 19](#_Toc180160764)

[Performance Management and QI Plan 19](#_Toc180160765)

[QI Projects and Project Teams 19](#_Toc180160766)

[References & Resources 20](#_Toc180160767)

[Signature Page 21](#_Toc180160768)

[Appendices 22](#_Toc180160769)

# Record of Revisions

Name of Agency maintains a record of changes to this plan. The date of the revision, section/pages revised, and a brief revision description are provided below. If your agency has an established standard process or template for updating plans, follow that guidance/structure here.

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

#

# Introduction

Name of Agency is committed to the ongoing improvement of the quality of services provided to the residents of City/County/State/Tribal Nation/Territory/Freely Associated State. This plan serves as a foundation to describe performance management (PM) and quality improvement (QI) 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*.* Succinctly summarize the contents of your plan, the desired future state of quality in the agency and PM/QI culture; summarize what you have committed to doing to achieve that culture. Write this summary after the rest of the plan is complete.

# Performance Management

Performance management (PM) is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (PHAB Glossary of Terms). If the template is being used as a QI plan only, this intro may be sufficient for simply noting and recognizing the connection between PM and QI with the remainder of the plan focused on QI only. If your PM system information is located somewhere else (ex. a separate plan, policy, other document, etc.) you can note that location here. If utilizing this template as a joint PM/QI plan, consider the additional PM-related sub sections below. Additional information about the PM system may also be integrated into other sections of the plan as noted in the instructions and examples throughout this template.

Accreditation Note: *Refer to v2022 of the Standards and Measures for Initial Accreditation and Reaccreditation for required PM System elements (Measure 9.1.1A RD1a-1c) including: a) performance management goals and objectives with time-framed and measurable targets; b) a description of how the PM system operates (how staff i. enter data into the PM system; ii. monitor data on performance; iii. communicate results on a regular reporting cycle; iv. use data to guide decision-making; iv. use data to facilitate CQI); and c) linkages between the PM system and strategic plan. These requirements may be described in this section, in an appendix, in another document or policy, and/or integrated throughout the remainder of this plan. Refer to the standards and measures for more information and additional guidance.*

## Performance Management System Framework

Provide an overview of your PM system framework here. Consider including an image, if available. Two common performance management frameworks often used by public health agencies include the [Turning Point Model](https://www.phf.org/resourcestools/pages/turning_point_project_publications.aspx) (Public Health Foundation) and [Results Based Accountability](https://raguide.org/what-is-results-based-accountability/) or RBA (M Friedman). Additional information about these frameworks and others are located in the User and Resource Guide.

##

## Performance Management Process

Provide high level overview of the process for how your PM system operates. You can describe here and/or note where the information can be found in other areas of the plan (ex. there is a separate section on links to other agency plans). Describe how:

* How PM goals and objectives are established
* Where the performance measures are “stored” (ex. Excel, software system)
* How the system operates including how
	+ staff enter data in the PM system,
	+ data is monitored,
	+ results are communicated, and
	+ data are used to guide decision making.

## Performance Management Goals and Objectives

While the actual performance measures do not need to be included in the plan itself, location of where performance measures are stored, tracked, and monitored should be shared here (ex. Excel file, online PM platform, etc).

Accreditation Note: *v2022 of the Standards and Measures for initial accreditation and reaccreditation require performance management goals* ***and*** *associated objectives with time framed* ***and*** *measurable targets (Measure 9.1.1A 1a). While the agency’s performance measures would not be included in the body of this plan, a separate document or screen shot should be provided to PHAB to show compliance. Also, v2022 of the Standards and Measures for Initial Accreditation requires that agencies provide two examples of implementation of the PM system (Measure 9.1.2A RD1). Agencies pursuing reaccreditation must provide one example of implementation of the PM system that includes customer feedback (Measure 9.1.1A RD2). While the examples would not be included in this PM/QI plan, noting here for awareness.*

# Description of Quality

This section provides a description of quality efforts in Name of Agency, including culture, key terms, processes, roles and responsibilities, and linkages of quality efforts in 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, as applicable. You may wish to reference your position on the spectrum of quality culture used by the [*Roadmap to a Culture of Quality Improvement*](http://qiroadmap.org/), (NACCHO) or describe your current state based on results from the [*Performance Management Self-Assessment Tool*](https://www.phf.org/resourcestools/Documents/Performance_Management_Self_Assessment_Tool_May_2012.pdf) (PHF, 2024), [*Baldrige Performance Excellence Program*](https://www.nist.gov/baldrige/self-assessing/baldrige-sector/nonprofitgovernment), or other available PM/QI assessment tool. If you have completed a PM system assessment and the results are located somewhere else (ex. separate plan, document, etc.) note that here. Then, describe generally where your agency would like to be relative to PM*/*QI – the “desired” state. Your desired state may be either short term (the duration of this plan) or longer term. While this description is not a required element of your QI plan, a narrative description is a requirement and often agencies will include in their QI plan. If your description or assessment results are located in another document or location, you could simply note that here.

Accreditation Note*: Findings from a performance management or quality improvement self-assessment is a requirement in the v2022 Standards and Measures for Initial Accreditation (Measure 9.1.6A RD1).*

## Key Terms

A common vocabulary is used agency-wide when communicating about PM and QI. Key terms are listed alphabetically list location here. You might use PM and/or QI related terms included [PHAB’s Acronyms and Glossary of Terms](https://phaboard.org/wp-content/uploads/2019/01/Acronyms-and-Glossary-of-Terms.pdf) or another resource as a guide. You may wish to include terms & definitions here, or as part of the appendix. If included as an appendix, refer to it here.

Accreditation Note: *A list and description of key quality terms is a requirement in the v2022 Standards and Measures for Initial Accreditation (Measure 9.1.4 A 1a) and Reaccreditation (Measure 9.1.2A 1a).*

## Quality Improvement Process

Name and briefly describe the QI 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 QI, consider using Plan-Do-Study-Act (PDSA, also known as “Plan-Do-Check-Act” [PDCA]), as it provides a simple step-based approach. Training efforts described later in this document and other references to QI models within the plan should align with the process you identify here. Refer to common QI tools used during the QI process (PDSA or other). Location of more detailed information about the QI process/QI tools utilized by the agency may be placed in an appendix or location linked here.

*Accreditation Note: Agencies are required to provide two examples of the implementation of QI projects per v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.5A RD1a-1e) and Reaccreditation (Measure 9.1.3A RD1a-d). This includes the use of a QI method and tools. While the description of QI project implementation would not be included in the body of this plan, implementation should follow the QI method/process (c) and QI tools (d) described in this plan so including here for awareness.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE: QUALITY IMPROVEMENT PROCESS**Name of Agency utilizes PDSA as its QI process for testing a change within the agency. It involves four steps: Plan, Do, Study, and Act. This method guides the thinking process and breaks down implementing a solution (change) into steps and then evaluating the outcome. Evaluation results may result in adopting the solution, adapting the solution and retesting, or abandoning the solution for a new solution to test. More information about PDSA can be found on the agency intranet under the QI Resources tab.A variety of QI tools can be used throughout the PDSA process. The table below shows a sampling of common tools used by Name of Agency. More information about PDSA and common QI tools can be found on the agency intranet under the QI Resources tab.

|  |  |
| --- | --- |
| **Purpose/Need** | **Common QI Tools** |
| Identifying Processes | * Flowchart
* Process Mapping
 | * Spaghetti Diagram
 |
| Root Cause Analysis | * Affinity Diagram
* Brainstorm
* Check Sheets
 | * Fishbone Diagram
* 5 Why’s
* Control Charts
 |
| Prioritization | * Balance Sheet
* Criteria Rating Form
 | * Multi Voting
* Decision Matrix
 |

 |

##

## Links to Other Agency Plans

Describe how this plan ties into other agency plans, such as the Community Health Improvement Plan, Strategic Plan, and/or Workforce Development Plan. Address how your quality initiatives support the goals and objectives in your CHIP and strategic plan.

Accreditation Note: *If this is a joint PM/QI plan, the plan must, at minimum, include linkages between the PM system and strategic plan per v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.1A RD1c) and Reaccreditation (Measure 9.1.1A RD1c). Additionally, for agencies pursuing reaccreditation, agencies must be able to describe how performance management, quality improvement, the community health improvement plan, and the strategic plan are integrated (Measure 9.1.4A RD1c). You may choose to describe that here or in a separate document, however noting here for awareness.*

|  |
| --- |
| **EXAMPLE: LINKS TO OTHER AGENCY PLANS**This section describes how PM, QI, the community health improvement plan, agency strategic plan, and agency workforce development plan are aligned and integrated.* CHIP: Community health measures associated with CHIP goals and objectives are stored, monitored, and tracked as part of the agency’s PM system and are also displayed on the agency’s website for access by community partners.
* Strategic Plan: Strengthening the culture of quality is a strategic priority for the agency. In addition, performance measures associated with the strategic plan are stored, tracked, and monitored within the agency’s PM system.
* PM/QI: Performance measures stored in the agency’s PM system are regularly tracked and reviewed to identify gaps that may be addressed through formal QI projects.
* Workforce Plan: PM and QI training is incorporated into the agency’s workforce training plan.
 |

# Plan Management and 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 and Responsibilities

Describe how the quality program will be structured and managed. 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 the oversight entity (ex. QI Council, Performance Improvement Office) 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 suits 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 joint PM/QI Plan, be sure to address responsibility/accountability for implementation (management/oversight) of your PM system and the functions within.

Accreditation Note: *Key elements of the QI structure, which must minimally include a description of the roles and responsibilities of those responsible for the QI plan’s implementation, are a requirement in v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.4A RD1b) and Reaccreditation (Measure 9.1.2A RD1b). If a joint PM/QI plan, v2022 of the Standards and Measures for Initial Accreditation requires a functioning team or council responsible for: a) implementing the department’s PM system and b) facilitating QI (Measure 9.1.6A RD2). In many agencies both PM and QI are overseen by a single committee or council – the example provided below illustrates this approach.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE: QUALITY COUNCIL ROLES AND RESPONSIBILITIES**The Quality Council (Council) provides ongoing leadership and oversight of performance management andquality improvement activities and is responsible for implementation of the PM system and QI initiatives. The Council convenes every other month, or more frequently if needed. The Council consists of the health director (1) or designee and cross-departmental representation including: division management (2), administration (1), Performance Manager (1), line staff (3 representing different divisions), human resources (1), and information technology (1). The agency’s Performance Manager serves as Council Chair; other members serve a two-year term, with no more than half of the Council rotating off each year. Consider noting where a list of current members is located (ex. appendix, employee intranet, shared drive, etc.).Consecutive terms are allowable. Individual responsibilities are described below.

|  |  |
| --- | --- |
| **Council Member** | **Responsibility** |
| Performance Manager | Serves as Council Chair and convenes and facilitates Council meetings, works jointly with the agency director to provide vision & direction, revises the Plan annually based on Council review, leads evaluation efforts and writes report, and requests resources for activities. The Chair may delegate some of these responsibilities, and when doing so, should provide guidance and ensure completion of assigned activities.  |
| Health Director | Provides vision & direction for PM and QI initiatives; allocates resources for activities; and reports to Board twice a year. |
| Division Managers | Ensures performance measures are established and data are collected per established PM system processes, identifies appropriate staff for QI teams; oversees PM/QI efforts within division; facilitates QI teams as needed; provides administrative support to Council on rotating basis; assures PM/QI-related performance and/or professional development goals for all division staff; and encourages staff to incorporate QI efforts into daily work. |
| All Members | Champions QI efforts throughout agency, evaluates agency-wide QI efforts (annually); makes recommendations for revision of the 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 PM system*/*QI initiatives. If this is a joint PM/QI Plan, address any unique involvement of staff pertaining to your broader PM system operations.

Accreditation Note: *A description of how leadership and frontline/non-management staff are engaged in implementation of PM or QI is a requirement in v2022 of the Standards and Measures for Reaccreditation (Measure 9.1.4A RD1d and 1e), and how staff at all levels including leadership/management are engaged in developing or implementation the PM system or QI, including staff who are not in the committee/team/council is a requirement in v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.6A RD3).*

|  |
| --- |
| **EXAMPLE: STAFF ENGAGEMENT**To foster a culture of quality, all staff are responsible for *contributing to the identification of performance measures pertaining to their program/work, monitoring progress towards performance targets,* identifying/nominating QI projects to their supervisor or directly to the Council, participating in QI projects as requested, participating in QI training, and incorporating QI concepts into daily work.  |

# Training

Name of Agency provides introductory and advanced PM and QI training to all staff. Describe what your agency has done and/or will do to train employees about PM/QI, including general staff, project team members, facilitators, and/or Quality 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 this plan is a joint PM/QI Plan, address PM training here as well. If this training is included in your workforce training plan, you can reference and/or link to that plan here (versus repeating).Examples include:

* Orientation to agency PM/QI initiatives, policies, and projects;
* Mandatory completion of online PM/QI learning modules for all new employees as part of onboarding;
* 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 Performance Manager and Quality Council members;
* Training on date collection, visualization, and analysis; and
* Other PM 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 Public Health Improvement Training.

See the *Template User and Resource Guide* for potential sources of training.

Accreditation Note: *A description of QI learning opportunities offered to all levels of department staff is a requirement within v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.4A 1c) and Reaccreditation (Measure 9.1.2A 1c). Additionally, v2022 of the Standards and Measures for Initial Accreditation requires that staff professional development be completed in the area of performance management or quality improvement (Measure 9.1.6A RD4). While you would not note examples of completion of professional development in this plan, noting here for awareness.*

# Quality Improvement Projects

This section describes the process for QI project identification, prioritization, and initiation. 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.

Accreditation Note: *v2022 of the Standards and Measures for Initial Accreditation and Reaccreditation requires that the QI plan includes a description of the process for identifying, prioritizing, and initiating QI projects (Initial: Measure 9.1.4A 1d, Reaccreditation: Measure 9.1.2A 1d).*

## Project Identification, Prioritization, and Initiation

Describe the process for how QI projects are identified, prioritized, and initiated. The description should be specific enough that someone unfamiliar with the work could implement the process.

To **identify** potential projects, consider:

* Your agency’s performance measures,
* Performance reflected by state quality indicators,
* After-action reports,
* Customer satisfaction surveys (see Accreditation Note below),
* Staff survey results/suggestions,
* Program evaluations,
* Needs related to (re) accreditation readiness assessment,
* Identified inequities in service delivery or health outcomes among sub-sets of the population (ex. elderly, low socioeconomic status etc.),
* Community health assessment or systems performance assessment findings,
* Community health improvement plan priorities, and/or
* Audit or compliance issues.

Accreditation Note: *Examples of feedback from external customers assessing customer satisfaction with health department services (Measure 9.1.3A 1) and actions taken based on findings from the customer feedback (Measure 9.1.3A 2) are requirements in v2022 Standards and Measures for Initial Accreditation. Additionally, the Standards and Measures for Reaccreditation must also include an example of implementation of the PM system that must include customer feedback (Measure 9.1.2A 1). While these examples would be documented outside of this plan, agencies interested in (re) accreditation should consider how customer satisfaction data are integrated into their PM system and how findings are used to inform QI projects.*

Describe how project ideas are selected. When **prioritizing** from among several project ideas, you may consider criteria such as:

* Alignment with your agency’s strategic plan and mission,
* Number of people affected,
* Financial consequence,
* Timeliness/urgency,
* Capacity,
* Inequities,
* 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

Describe how project ideas are **initiated**, including any necessary agency approvals required before proceeding and how team members will be identified. This may include, but is not limited to a description of:

* Leadership approval process
* QI team member identification, and
* Team charter/AIM statement development.

|  |
| --- |
| **EXAMPLE: PROCESS FOR IDENTIFYING, PRIORITIZING, and** **INITIATING QI PROJECTS**Any employee may recommend a project to their supervisor at any time. If presented to and approved by the supervisor, the Council Chair is notified via email and the project idea is added to the list of proposed projects for consideration. Projects may also be proposed directly to the Council Chair or identified by the Council. Project ideas are based on, but are not limited to, data obtained from internal and external customer feedback, performance indicators, program evaluations, and/or after-action reviews. The Quality Council is responsible for reviewing project ideas at each meeting. When multiple project ideas are being considered, they will be prioritized using a criteria rating process that includes the following: alignment with agency strategic plan and mission, financial consequence, timeliness/urgency, impact on inequities, availability of data to measure improvement, and availability of resources to support project implementation.Prioritized projects will be submitted by the Council Chair to agency leadership for approval to proceed, particularly in instances where additional resources (human or financial) may be needed. Once approval is received, the Council Chair will notify the employee who recommended the project. The Council will work with the employee to identify team members. QI project teams will consist of five to seven members that represent affected departments, disciplines, clients, and/or outside parties not directly affected by the project as needed. The team will work with the Council to establish a project charter to ensure clarity of the project’s purpose and desired AIM (outcome).  |

##

## Current and Past 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.

Accreditation Note: *Version 2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.5A 1) and Reaccreditation (Measure 9.1.3A 1) both require two examples of the implementation of quality improvement projects that have gone through at least one full project (ex. PDSA) cycle. The examples would not be documented in this plan but are noted here as a reminder and should include a) how the opportunity was identified; b) the measurable and time framed objective for how the project aims to address the opportunity for improvement; c) use of a QI method (ex. PDSA); and d) use of QI tools.*

# Performance Management and Quality Goals, Objectives, and Implementation

This section presents goals and an implementation plan for advancing a culture of quality across Name of Agency. You might reference high level goals and objectives here and place the actual workplan (activities, measures, timeframes, responsible parties) in an appendix for ease of updating. Consider agency-wide quality goals including culture, training, QI project support, and resources. Use results from your QI culture and/or PM self-assessment, if available, to guide your goal selection. They may be capacity, process, or outcome related. If this is a joint PM/QI plan, consider any PM system related goals/objectives you may want to include. Note that the example below 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.

Accreditation Note: *Goals and objectives with measurable and time-framed targets related to the department’s QI plan implementation are a requirement within v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.4A 1e) and Reaccreditation (Measure 9.1.2A 1e).*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE: GOALS AND OBJECTIVES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Objectives** | **Activities** | **Measure(s)** | **Timeframe** | **Responsible** |
| **Goal:** Agency utilizes performance management system to foster CQI | Annually, integrate two new program areas’ goals and objectives into the agency’s new PM dashboard. | 1. ID 3 new program areas annually
2. Train staff on PM systems and processes
3. Programs enter PM into the platform
4. Provide ongoing support for ongoing tracking and reporting
 | # of new program areas performance measures integrated into the new PM platform annually; 100% of programs using PM platform | xx/xx/xxxx – xx/xx/xxxx | Council/Selected Program Leadership |
| By MONTH, YEAR establish calendar for PM presentations by leadership and/or programs at Council meetings | 1. Gain buy in from leadership/program leadership
2. Establish schedule
3. Provide support to leadership/program areas as needed
 | # of program areas presenting agency or program dashboard at Council meetings | xx/xx/xxxx – xx/xx/xxxx | Council |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal:** Agency is a learning organization | 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
 | 100% of existing staff trained  | xx/xx/xxxx – xx/xx/xxxx | HR Director |
| All Council Members will receive their Six Sigma Yellow Belt (minimum) within 6 months of being appointed to the Council. | 1. Establish training schedule that aligns with Council member rotation
2. Identify provider
3. Secure funding
4. Attend training
 | 100% of Council Members achieve yellow belt status | xx/xx/xxxx – xx/xx/xxxx | Council Chair/HR Director  |
| **Goal:** Human resources infrastructure and processes reflect quality expectations | By MONTH, YEAR, all position descriptions will include QI expectations | 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 | HR Director |
| 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 | HR Director/All Agency Managers |
| **Goal:** All staff actively participate in QI activities | Annually, implement a minimum of 3 QI projects | 1. Identify potential projects per PM/QI plan
2. Prioritize potential projects per PM/QI plan.
3. Initiate and implement project per PM/QI plan.
4. Share project/save in repository
 | # of QI projects completed; % of unique staff engaged in QI project implementation | xx/xx/xxxx – xx/xx/xxxx | Council, Agency Leadership, Managers, Staff |

 |

# Communication

To support shared understanding of PM and QI as a usual-way-of-business, related news and information are communicated to staff, Board of Health, partners, and the general public on a regular basis using a variety of methods. This section describes how PM and QI initiatives are shared. Describe how you will communicate aboutthe ongoing work. Consider what you will communicate (ex. QI project outcomes, status of PM/QI goals/objectives, training, etc.) as well as how (ex. employee intranet, community newsletter, Board of Health meetings, etc.) and the audience (ex. staff, Board of Health, community, partners, etc.).

Accreditation Note: *Communication strategies used to share with stakeholders about QI activities conducted by the health department are a requirement in v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.4A 1g) and Reaccreditation (Measure 9.1.2A 1g).*

|  |
| --- |
| **EXAMPLE: COMMUNICATION**Performance managementand quality improvement initiatives will be communicated and shared with staff, Board of Health, partners, 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
	+ Quality Improvement project database (maintained by the QI Coordinator)
	+ Training materials and resources
	+ QI Plan
* A Quality Report feature within the electronic all staff 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 Reportsection of the electronic newsletter will also feature one QI team or tool in each issue.
* A Golden Q Award will be awarded annually to recognize a QI project/team. The awarded QI team will be selected by the 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 and annual report.
* 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 at Board of Health Meetings.
* The agency’s annual report will include a PM/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 to partners and community members.
* 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.
 |

# Monitoring & Evaluation

This section describes the approach to monitoring and evaluating the plan and associated activities.

## Performance Management and QI Plan

Provide description here. Include the frequency with which these activities will take place. If this is a joint PM/QI plan, address how and when you will monitor and evaluate your PM system, including regular review/update of agency and programmatic performance measures.

*Accreditation Note: A description of how implementation of the QI plan is monitored is a requirement in v2022 of the Standards and Measures for Initial Accreditation (Measure 9.1.4A 1f) and Reaccreditation (Measure 9.1.2A 1f). The intent is to demonstrate how the department measures progress toward implementing the plan goals and objectives identified here: Performance and Quality Goals, Objectives & Implementation*

|  |
| --- |
| **EXAMPLE: PLAN MONTIORING AND EVALUATION**In January of each year, the Council conducts an evaluation of plan activities. This is completed through a survey of Council members and a subsequent discussion. The review addresses items such as:* Revision/addition of agency and program performance measures,
* Progress toward and/or achievement of goals as outlined in the Goals, Objectives and Implementation section,
* Effectiveness of meetings,
* Effectiveness of the plan in overseeing PM and QI initiatives and integration across the agency,
* Clarity of the plan and its associated documents and supporting materials,
* Lessons learned, and
* Review of QI Council and QI Project Team meeting evaluations (see below).

A brief report of this evaluation and subsequent actions is produced and used in conjunction with a review of the plan itself to inform any updates and revisions.  |

##

## QI Projects and Project Teams

The following describes how QI Teams will monitor and evaluate progress on QI project success and opportunities. Indicate how QI projects will be tracked and evaluated, and at what frequency.

|  |
| --- |
| **EXAMPLE: QI PROJECT MONITORING AND EVALUATION**QI Teams will provide project progress reports to the QI Council once per quarter or at another agreed-upon cadence. 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 ensure ongoing monitoring and maintenance of project outcomes/results, project-related metrics will be incorporated into the performance management system as appropriate.  |

# References and Resources

If desired, list resources relevant to your plan here. This information may also be included in an appendix or in another location (ex. shared drive, intranet). If references and resources are noted elsewhere, share the location here. Examples of helpful resources can be found in the *User & Resource Guide*.

For questions about this Plan, please reach out to:

Name and/or Department

Email

Phone

# 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 agency wide plans, policies, or obtaining authority signatures, follow that process/format for this plan. If this section is not needed, delete. (Note: Signatures are not a PHAB requirement.)

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

# Appendices

Include and reference appendices, as needed. Insert appendices as new pages and label with a new designation (e.g., Appendix A, Appendix B, etc.). Examples of common info included in an appendix may include (but are not limited to): List of key quality terms, PM/QI goals and objectives workplan, list of current QI Council members, QI Charter templates, QI tools, supplemental references and resources, etc.