



Demystifying Performance Management & Quality Improvement: *Start Simple, Build Smart*

BY PHIG PARTNERS

SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Presenters



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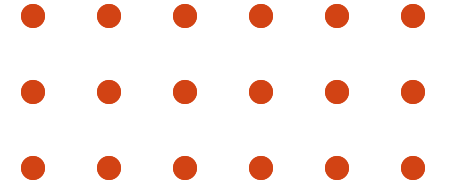
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Learning Objectives

- Describe, in plain language, what the PHAB standards and measures require as it pertains to a performance management (PM) system, quality improvement (QI) plan, and QI project implementation.
- Describe the general approach to building a PM system.
- List tips and resources that can be leveraged to help develop a new or enhance an existing PM system and QI plan.

Topics

- Setting the Stage: Definitions & Models
- PHAB Requirements and Common Challenges
- General Steps to Building a PM System
- Applied Exercise: Integrating PM & QI into Daily Work
- Final Q&A and Wrap Up



Getting to Know You

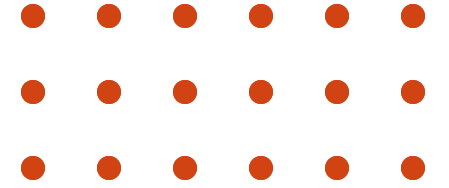


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Setting the Stage:

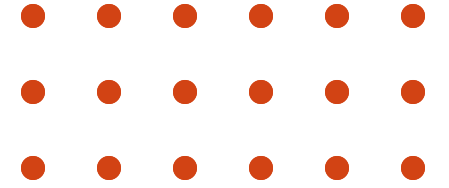
Definitions and Models



What is Performance Management?

...actively using data to improve performance, including the strategic use of performance standards and measures, progress reports, and ongoing quality improvement efforts to ensure and agency achieves desired results.

- Performance management is an ongoing, systematic process that involves:
- Setting organizational objectives and targets
- Identifying meaningful performance measures
- Regularly collecting and analyzing data
- Using results to drive improvement decisions



What is Quality Improvement?

...use of a deliberate and defined improvement process, such as PDSA, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability outcomes and other indicators of quality in services of processes which achieve equity and improve the health of the community.

Source: PHAB Acronyms and Glossary of Terms, v2022



In Simple Terms...

Where do we want to be? (Performance Standards)

How will we know if we are there or not? (Measurement)

How well are we doing? (Monitoring/Communicating)

How will we improve? (Quality Improvement)





Why is it important?

Staff

- Engages staff in measuring what matters and informing improvements
- Strengthens line of site from program to department to community

Management

- Serves as vehicle to communicate program work to leadership
- Hold programs and staff accountable to standards

Leadership

- Maintains a pulse on the health of the department and community
- Serves as communication tool to board, funders, community
- Supports strategic decision making and resource allocation

Department & Community

- Creates a culture of continuous improvement and learning
- Results in improved processes and outcomes
- Fosters transparency and trust within and beyond the department

PHAB Requirements & Common Challenges

	Initial Accreditation	Reaccreditation	Pathways
PM System	9.1.1A RD1	9.1.1A RD1	9.1.1 RD1
PM System Implementation	9.1.2A RD1	9.1.1A RD2	N/A
QI Plan	9.1.4A RD1	9.1.2A RD1	N/A
Implementation of QI Projects	9.1.5A RD1	9.1.3A RD1	9.1.5 RD1

Performance Management System

What PHAB Requires

A department-wide PM system that includes goals, objectives, and measurable targets, a written process for how the system operates, how the data are being used to make decisions/inform improvements, and how it is connected to the strategic plan.

In Plain Language

Your agency needs a system for tracking progress towards established goals.

What Reviewers Look For

- **A PM system where goals, objectives, and measures are tracked**
- **A process that describes how the PM system is used across the department**
- **Evidence that this system aligns with and supports the strategic plan**

Performance Management System Implementation

What PHAB Requires

Evidence of the implementation and use of the established PM system in leveraging customer feedback.

In Plain Language

You need to show that your PM system isn't just written down, you're actively using it and incorporating what customers or community members say into your improvement efforts.

What Reviewers Look For

- **Real examples of how the PM system is being used in practice**
- **Documentation showing customer or community feedback is collected**
- **Evidence that feedback influences decisions or drives improvement**

QI Plan

What PHAB Requires

A written QI plan that includes an overview of the QI structure, QI process, training opportunities, goals and objectives, plan monitoring, and QI communication.

In Plain Language

Your agency needs a written QI plan that explains how QI is organized, how staff are trained, what your improvement goals are, and how projects, progress, and communication are managed.

What Reviewers Look For

- **A current, dated QI plan that covers structure, process, and responsibilities**
- **Description of how staff learn about and participate in QI**
- **Clear goals and objectives tied to QI efforts**
- **Information on how the plan is monitored and how updates or results are communicated**

Implementation of QI Projects

What PHAB Requires

Evidence of completed QI projects that follow your process for project identification and use established QI methods and tools; projects include measurable objectives and final outcomes.

In Plain Language

You need to show that your agency has completed a QI projects that followed your process, used QI tools, and identified next steps.

What Reviewers Look For

- **At least two documented QI projects that follow the agency's QI process**
- **Use of a standard process (ex. PDSA) and QI tools**
- **Clear objectives, baseline data, and measurable outcomes**

Common Challenges

- A performance management system (department) is different than a performance appraisal system (individual).
- The performance management system is a process that you need to be able to describe.
- A PM system is not the platform or the Excel file that you are using to store your measures. It is one component of your system (monitoring/communicating).

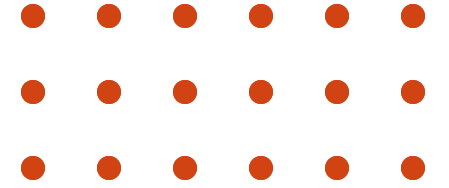
Common Challenges

- The intent is that the PM system is department-wide, not just focused on one or two programs.
- Implementation of PM system needs to include customer service. This refers to customer service scores for a program, not what customers think of your PM system.
- We often see QI project examples that don't utilize a PDSA process or QI tools.

Common Challenges

- Overcomplicating the system by creating elaborate frameworks that are too complex to maintain or use effectively.
- Tracking so many metrics that staff become overwhelmed and lose focus on what matters.
- Missing the “so what” of the work by collecting data without clear processes for using it to drive meaningful action.
- Failing to involve staff at all levels, resulting in limited buy-in and sustainability.

Steps to Building a PM System



Consider a PM/QI Assessment

WHY

- Reveals starting point or current state
- Builds shared understanding
- Informs right sized planning

WHAT

- Core PM components
- QI infrastructure
- Staff engagement

TOOLS

- NACCHO Roadmap /QI self assessment
- Public Health Foundation/Turning Point self assessment
- Homegrown assessment

1. Establish Performance Standards

Where do we want to be?



Crawl

- Identify 3-5 standards that reflect your departments core functions.



Walk

- Expand and enhance by including standards from specific programs.



Run

- Develop standards that align all levels (program, division) with the department's strategic priorities.

Tip: If you are just starting, choose standards related to your strategic plan or SHIP/CHIP. At program level, consider those with good existing data and/or strong leadership support.

2. Identify Measures

How will we know when we are there?



Crawl

- Identify a couple of measures/targets for each selected standard, starting with data you may already be collecting.



Walk

- Add measures for standards associated with select programs; revise/expand measures to ensure meaningful



Run

- Establish cascading measures that align individual, team, and departmental performance

Tip: If you are just starting, look for existing measures that you may already be collecting.

3. Monitor/Communicate

How are we doing - are we making progress?



Crawl

- Monitor and communicate results through existing departmental meetings (ex. all staff, board of health)



Walk

- Have centralize departmental dashboard that all staff can access



Run

- All programs are monitoring and communicating program level measures as part of daily operations

Tip: You don't need fancy dashboards to start. Informal updates or Excel spreadsheets can help build habits around monitoring and communicating performance.

4. Implement QI

How will we improve?



Crawl

- Staff use basic QI tools or conduct small tests of change without formal documentation



Walk

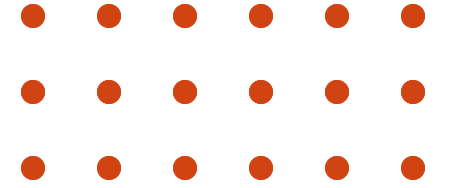
- Teams document QI efforts and apply a consistent process for identifying and addressing issues



Run

- Department implements multiple, fully documented QI projects using structured methods, links projects to performance data, and shares results agency-wide

Tip: You don't need to launch a full-scale project to practice QI. Starting with a small test of change or using one simple tool can lay the foundation for deeper improvement work.



Integration is Key to Success

- **Connect to Existing Processes:** Integrate PM/QI into staff meetings, budget cycles, and strategic planning.
 - **Make it Visible:** Use dashboards, regular email updates, and leadership talking points.
 - **Build it into Routines:** Establish consistent rhythms for data review and improvement activities.
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Applied Exercise: Integrating PM & QI into Daily Work

Instructions

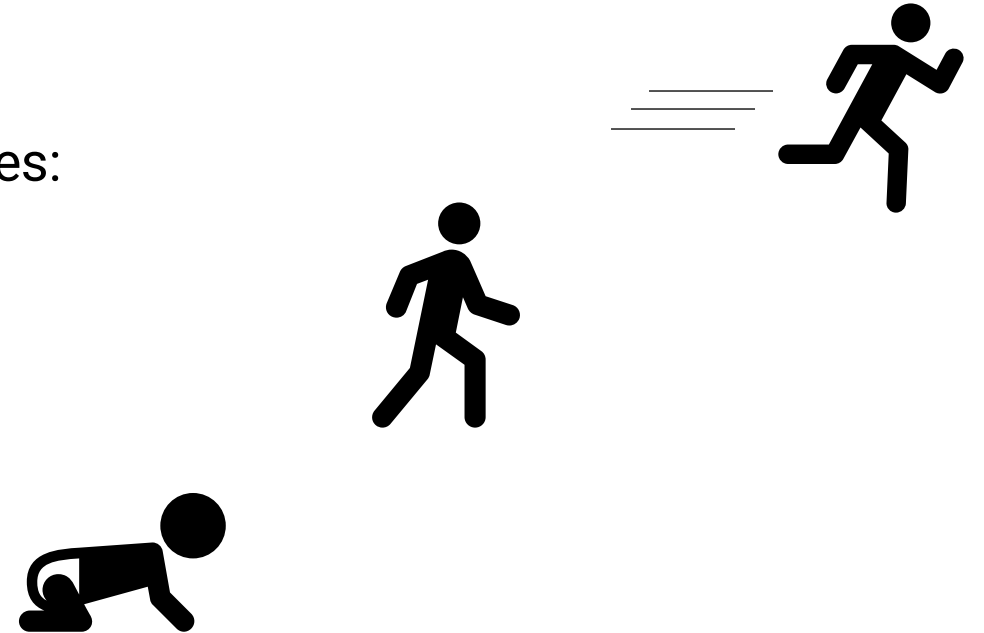
- Review the prompts on the worksheet and jot down your ideas. Be specific - name the meetings, channels, examples (5 min)
- Share your responses with a neighbor – “pair and share” (5 min)
- Debrief (2 min)

Q&A

Wrapping Up

Final Reminders!

- Your PM system is a process
- There is no “right way”
- When identifying performance standards and measures:
 - Start with what you have
 - More is not necessarily better
 - Make it meaningful so it “sticks”
- Start simple and build – crawl, walk, run
- Don’t let perfection be the enemy of good



Helpful Resources & Support

- [ASTHO PM and QI Resources](#)
- [ASTHO QI Plan Toolkit](#)
- [NACCHO Roadmap to a Culture of Quality Improvement](#)
- [Minnesota Department of Health Center for Public Health Practice](#)
- PHAB [PM/QI Plan Template](#) and [User Guide](#)
- [PHAB PM/QI Services and Solutions](#)
- [PHIG PM and QI Resources](#)
- [Public Health Foundation PM Toolkit](#)

Thank You!

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