

Accreditation Learning Community

April 25, 2018
1:00-2:00pm

Dial-In Number: 1 877 916 8051
Access Code: 539-9866



Agenda

April 25, 2018 | 1:00pm-2:00pm

Dial-In Number: 1-877-916-8051

Access Code: 539-9866

1:00 – 1:15 **Lessons Learned at the Spring 2018 Open Forum (CHA/CHIP Analysis)**

1:15 – 1:35 **Adopting a Performance Management System**

1:35 – 2:00 **Open Discussion**





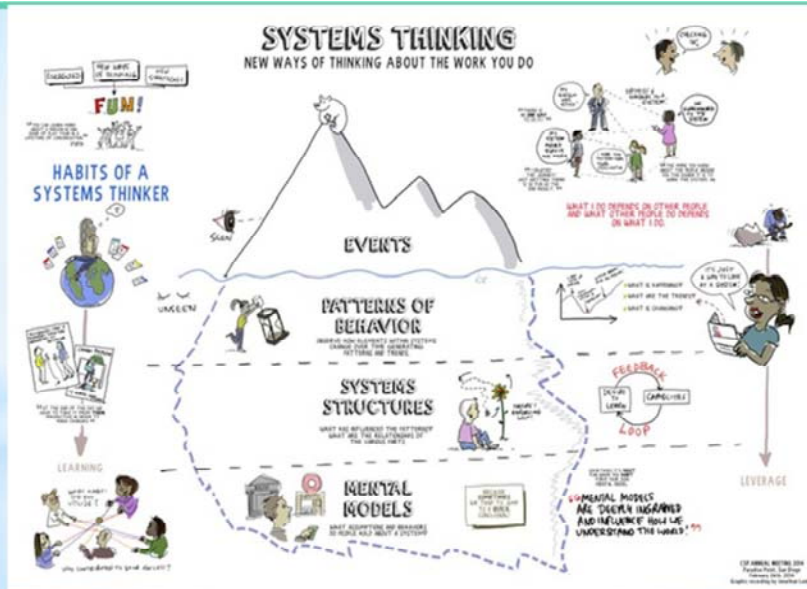
Systems Thinking Workshop



The New England Public Health Training Center and DPH are offering a workshop on June 5th from 8:30am to 4pm at the Lyceum in Hartford

- Send a team of 3 to 7 people to this event
- Teams need to come with a problem they want to solve
- There will be an optional (possibly limited) opportunity for three 90-minute phone coaching sessions after the workshop to support your accomplishment of the objectives you develop in the workshop

Registration will be made available on CT TRAIN





Systems Thinking Workshop



Program Learning Objectives:

- Develop skills for analyzing problems and identifying high-leverage interventions
- Enhance your capacity to consider unintended consequences of actions
- Learn to use system archetypes as a way to understand system performance and communicate about complex issues
- See yourself as part of the system and how you may be implicated in the very challenges you face
- Discover how thoughts, assumptions and beliefs (mental models) play a significant role in what you see and hear and how this affects the organizational systems you are a part of



Workshop Instructor



Julia Ross has been:

- working in the field of systems thinking for over 25 years
- Working with municipal government organizations in New England building the capacity of teams and multi-stakeholder groups in using a systems thinking approach in dealing with complex issues and creating sustainable results
- Striving to make systems thinking easy to understand, accessible and directly applicable to organizational life



Documentation for PHAB Accreditation



- Measure 8.2.3 A 3. Participation of department leaders and managers in training provided by others, outside of the health department
- Measure 9.1.5 A 1. Staff development in performance management
- Measure 9.2.2 A 1. Quality improvement activities based on QI plan
 - How staff problem solved and planned the improvement

de Beaumont Foundation report, *Building Skills for a More Strategic Public Health Workforce: A Call to Action* list systems thinking skills as its top priority for the “government public health workforce.”

2018 Open Forum for Quality and Innovation in
Public Health

CHA/CHIP Analysis

(source: Public Health Accreditation Board)

- Based on 158 health departments accredited between 2013 and 2016
- CHA Challenges
 - Representation of populations at risk
 - Existence and extent of health inequities
 - Ongoing monitoring, refreshing and adding data and analysis
- CHIP Challenges
 - Include consideration of state health, health inequities and poorer health outcomes when identifying priorities
 - Policy and system changes to alleviate causes of health inequities (e.g, housing, transportation, safety, zoning)
 - Implementation of the CHIP
 - Monitoring and revision of the CHIP - most common measure on an action plan



What do other CHIPs cover (source: Public Health Accreditation Board)

Health Indicator	% CHIPs w/at least 1 objective
Nutrition, Physical Activity, and Obesity	89.9%
Access to Health Services	76.6%
Substance Abuse	46.2%
Tobacco	44.3%
Clinical Preventive Services	41.1%
Mental Health	38.6%
Maternal Infant and Child Health	37.3%
Environmental Quality	34.2%
Injury and Violence	31.6%
Social Determinants	27.2%
Reproductive and Sexual Health	22.2%
Oral Health	5.7%

Most Common Topics in CHIPs

(source: Public Health Accreditation Board)

Broad Area	Topic	% of CHIPs
Preventive Health Care	Access to Mental Health Providers	36.7%
	Access to other health services	32.9%
	Access to health insurance	28.5%
	Access to primary care/usual source of care	25.9%
	Access to screenings	25.3%
Individual Behavior	Tobacco use	43.7%
	Physical activity/inactivity levels	43.0%
	Healthy Eating patterns	38.0%
Health-related Quality of Life	Obesity	55.1%
Physical Environment	Access to healthy food	50.0%
	Access to exercise opportunities/public transportation and community walkability	42.4%

Adopting a Performance Management System (Standard 9.1)



What is a Performance Management System?

A Performance Management System is the continuous use of performance standards, performance measures, reporting of progress and quality improvement so that they are integrated into an agency's core operations.



This is the definition of a performance management system. Performance management is closely linked with quality improvement (QI), as it provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement.

9.1.1: Engaging Leadership/Staff in establishing or updating a performance management system

- Performance management is a critical piece of accreditation and a high-functioning health department
- Performance management ensures that the whole workforce is focused on the overall organizational goals and helps operationalize an agency's strategic plan
- Performance Management Self-Assessment and Quality Culture Assessment should include participation of all staff if possible

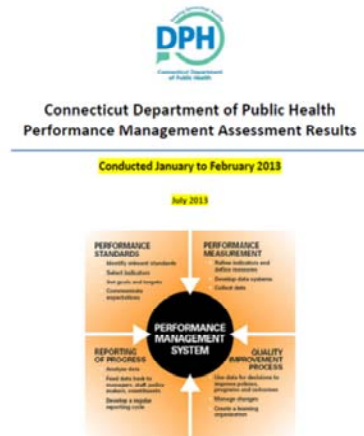


Performance management is a core component of accreditation and requires the engagement and participation of all staff levels to really be effective. Engaging staff from the start through surveys and self-assessments will help in cultivating a culture of performance management and senior management must provide visible leadership and support in order to establish a sustainable performance management system at your agency.

You could reuse the same documentation for each required component of Measure 9.1.1, but if you have different examples to use, it's good to show PHAB some variety. Let's look at how DPH met this measure.

9.1.1: Engaging Leadership/Staff in establishing or updating a performance management system

- In 2013, DPH conducted a performance management assessment to obtain a baseline of performance management practices throughout the organizations
- The survey was adapted from the Performance Management Self-Assessment Tool developed by the Turning Point Performance Management National Excellence Collaborative
- Leadership, managers, supervisors then participated in a session to assess DPH's culture of quality



In 2013 , we conducted three assessments to determine to where we were in terms of being a performance based organization.

First we conducted a performance management assessment

Secondly – we assessed where we were on the NACCHO QI highway.

Lastly we rated our culture of quality.

For the performance management assessment we adapted the Performance Management Self-Assessment Tool – which is available on the Public Health Foundation website. It has undergone a revision since we used it. It has questions about each component of the PM model depicted here. This model is from the Turning Point Public Health Performance Management Model which is likely familiar to most of you.

We sent it the survey to all staff and then sat with managers in each branch or section to obtain answers to the questions from a leadership perspective.

We analyzed the responses separately and together with comparisons of the two groups. .

9.1.1: Engaging Leadership/Staff in establishing or updating a performance management system

- Documentation for required documentation 1:
 - Quality Cultural Assessment Talking Points and Presentation (Commissioner Talking Points for Kickoff)
 - CT DPH Strategic Map Update 2015-2018 (demonstrates participation of the Commissioners to update the strategic plan)
- Documentation for required documentation 2:
 - Performance Management IT System Training and Attendance
 - Performance Management Assessment Report



Our first for required documentation 1 demonstrate DPH Commissioner Mullen’s support and participation in establishing and improvement our performance management system. We provided an email exchange providing Cmr Mullen with talking points to kick off DPH’s “Culture of Quality Assessment”, an attendance sheet to show attendance of leadership, managers, and supervisors, and the powerpoint from the presentation given that day to prepare and educate participants on the assessment.

Our second example includes the agenda for a strategic planning session, along with meeting minutes and a report demonstrating that participants affirmed the DPH priority to Foster a Culture of Performance Management and Quality Improvement. This documentation demonstrates that the commissioners and managers participated in the update

For the second required documentation, DPH provided documentation of a training that was offered to all staff through a webinar and several lunch and learn opportunities. The presentation details DPH’s system of performance management and introduces staff to the Performance Dashboard. Documentation included the presentation and attendance list with job titles.

The second documentation provided was the final Performance Management

Assessment Report based on the survey that was send to all staff in the agency and summarizing the results. We highlighted the methodology section to demonstrate that staff at all levels participated.

9.1.2: Adopting a Performance Management System



http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx

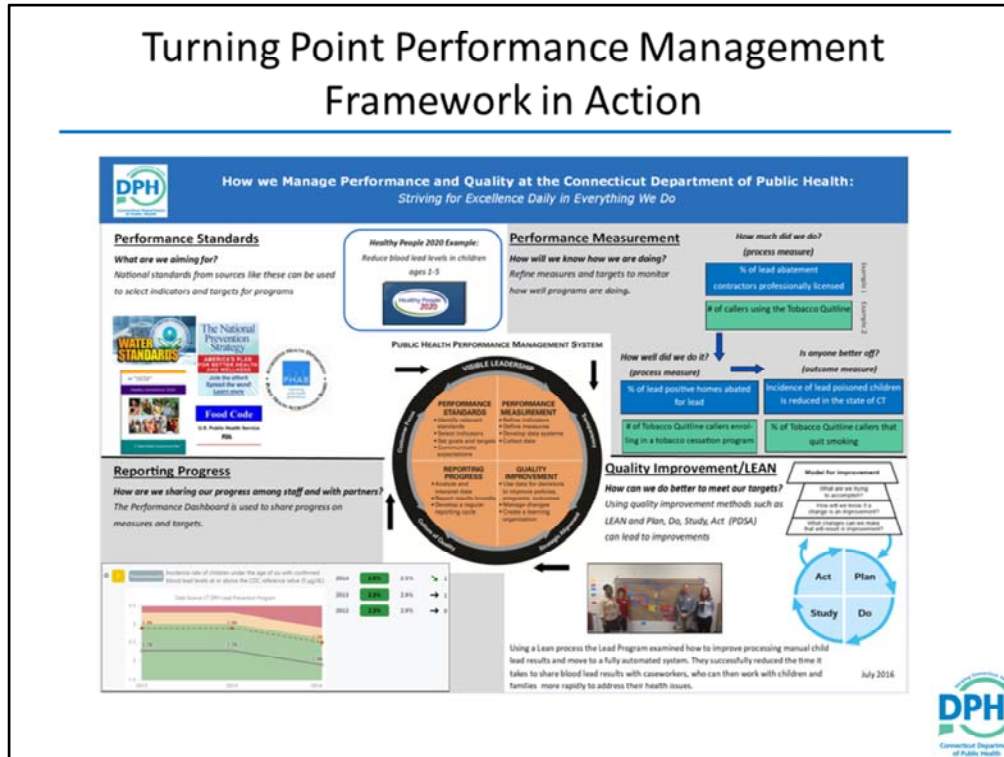


This model was developed for public health and is used by many local health departments. It conceptualizes performance management as the continuous use of four components:

- 1) Performance Standards
- 2) Performance Measurement
- 3) Quality Improvement
- 4) Reporting Progress

What this means is that in public health practice, we use relevant *standards* such as Public Health Accreditation, EPA or clinical standards to drive our work. We *measure* our performance relative to these standards with program performance measures. These can be seen in our Health CT 2020 Dashboard where we *report our progress*. If we are not meeting our targets then it is time to do some *quality improvement*.

Turning Point Performance Management Framework in Action



Performance Standard-

EPA has set the arsenic standard for drinking water at .010 parts per million (10 parts per billion)

Do we use this same standard?

Use a performance management system to monitor achievement of organizational objectives

Performance Measure – is how we measure this

The number of parts per million of arsenic in drinking water

Implement a systematic process for assessing customer satisfaction

Reporting of progress –

We or a town may do an annual report on the safety of its drinking water and include report on arsenic, lead, etc in the report

Annual report of customer satisfaction for DPH customers

QI Process –

If we don't meet the standard – then we need to know why and find ways to improve

DPH Documentation for 9.1.2A

- Multiple documents provided to demonstrate conformity to each item in required documentation 1
- QI Plan provided description of adopted Performance Management System
- DPH's Performance Dashboard demonstrates the data system used to collect/analyze performance measure and indicator data related to the SHIP and non-SHIP programs (www.ct.gov/dph/dashboard)



Multiple documents provided to demonstrate conformity to each item in required documentation 1 and we guided site visitors through the documentation with a cover page.

The DPH QI Plan provides a description of our Performance Management system and adopted model. Also included in the QI Plan is a year one work plan of agency quality and performance related goals, with targets and indicators.

We also provided a screen shot of a scorecard from the Drinking Water Program from the Performance Dashboard. This demonstrates the data system being used by CT DPH to collect performance measure and indicator data for the SHIP and other DPH programs not related to the SHIP. There is a scorecard for every indicator in the State Health Improvement Plan and some programs not in the plan.

The dashboard includes the analysis of the data under the Story Behind the Curve section and explains what is happening with the data trend. We used this section to demonstrate progress reporting

Lastly we provided a guidance document target to DPH staff on how to review the performance data and identify strengths and areas in need of improvement. The guidance documentation also communicates expectations for regular reporting.

9.1.3: Implementing a performance management system

- A functioning performance management committee or team
 - DPH has the Public Health Strategic Team and a sub-committee called the QI Council.
 - DPH provided charters and meeting minutes of both committees to PHAB
- One example of an administrative area implementing the performance management system (i.e. fiscal, contracts, HR) and one example of a programmatic area implementing the system (i.e. accreditation, HIV prevention, immunization, food inspections)

By the time you reach measure 9.1.3, you've engaged your leadership and staff in establishing a performance management system and have adopted a model to drive the performance management work of your agency. Now you need to show how you've implemented the performance management system. Putting your performance management system into practice allows your program and agency to identify objectives and opportunities for improvement in a structured way. Monitoring progress towards goals, whether health outcome goals or internal operating goals, provides your program with the capacity to assess both gaps and strengths.

While all staff are responsible in implementing the performance management system, every agency should have a performance management committee or team that oversees the implementation of the system. This responsibility could be added to a committee already in place, such as a workforce development committee or strategic team. At DPH, we've established the Public Health Strategic Team, which is made up of both senior staff and lower level staff, and is charged with leading and assuring the alignment of all major planning and strategic initiatives, including the strategic plan, state health assessment, state health improvement plan, accreditation, and performance management. A sub-committee of the PHST is the QI Council, also made up of staff from all levels. The council takes direction from and collaborates with the Public Health Strategic Team to assure that quality improvement work aligns with the strategic initiatives mentioned before.

Programs and staff who are conducting quality improvement projects or implementing strategies related to goals and objectives on the agency strategic plan will present quarterly

or semi-annually to the QI Council as part of the transparency, accountability, and progress reporting requirements of a performance management system.

DPH used an example from contract management to demonstrate conformity to the administrative area requirement, and the performance dashboard program initiative for the programmatic area. Another programmatic area you could use documentation from is accreditation, since it is something you are already working on. So for example, in a workplan, perhaps your strategic plan implementation workplan or QI plan workplan, establish goals and objectives related to accreditation with established target dates.

9.1.3: Implementing a performance management system

- Programmatic Example: Accreditation
 - Goal: Collect 75% of documentation by August 2018 or complete three pre-requisite plans by December 2018.
 - Progress Monitoring: dashboard, progress thermometer, meeting minutes from quality/accreditation team
 - Analysis of performance: determining opportunities for improvement by using QI tools to identify challenges, such as staff engagement or quality of documentation
 - Identification of results and next steps: i.e. more staff training, better guidelines for staff to select documentation



DPH used an example from contract management to demonstrate conformity to the administrative area requirement, and the performance dashboard program initiative for the programmatic area. Another programmatic area you could use documentation from is accreditation, since it is something you are already working on. So for example, in a workplan, perhaps your strategic plan implementation workplan or QI plan workplan, establish goals and objectives related to accreditation with established target dates.

9.1.5: Staff development in performance management

- A Performance Management system should include a plan for the continuous development and training for staff
- DPH provides quarterly training on how to develop performance measures and upload data to the Performance Dashboard
- Leadership development training is also made available to staff
- CT TRAIN has performance management training offered to staff (and required for new staff)



Other Performance Management Frameworks

- Baldrige Performance Excellence – measures organizational health across 7 domains (leadership, strategy, customers, operations, workforce, results)
 - PHAB/Baldrige Crosswalk – A crosswalk between the PHAB standards and the Baldrige criteria which includes descriptions of how the standards align across each respective framework.
- Balanced Scorecard – measures organizational health across 4 domains (financial, customer/stakeholder, internal business process, and organizational capacity/workforce)
- Results-Based Accountability – An approach to measuring impact at the community or population level. This helps organizations think through their role in the broader community context so you can identify the metrics that focus on whether improvements are the result of your services. (DPH uses this approach)



<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/performance-management>

Performance Management

Questions?



Up Next...

Next Meeting:

May 30 | 1-2pm

Topic:

Developing and Implementing Operational and Health Equity Policies to Support Public Health

