

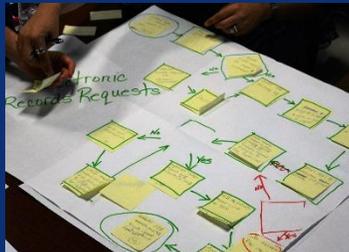
THINK BIG

start small

and GROW

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PLAN



JUNE 2017

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Introduction

The San Bernardino County Department of Public Health (DPH) is committed to being a performance-based organization. Leaders and staff at all levels strive to create a culture in which quality is a shared value, and performance management (PM) and quality improvement (QI) activities are actively pursued and supported.

This DPH Performance Management and Quality Improvement Plan provides an overview of the department-wide PM system and outlines how DPH ensures that QI activities are strategically aligned to support goals and objectives associated with guiding plans such as the [Countywide Vision](#), the [Community Transformation Plan 2015 - 2020](#) and [DPH Strategic Plan 2015 – 2020](#). The plan also describes DPH’s approach for building and sustaining a culture of QI throughout the organization. Key terminologies used in this document are defined in Appendix A – Glossary.

Figure 1 shows the hierarchical alignment of the PM and QI Plan with Department, community and countywide priorities and goals.

Figure 1 – Alignment of Plans



Culture of Quality

DPH is building and sustaining a culture of quality by instituting PM and QI principles and practices that permeate throughout the department. DPH hired a consultant in March 2016 for a 12-month contract to assess the Department's culture of quality and to facilitate building a structured PM system. In May 2016, the consultant conducted a needs assessment to:

- 1) Review past and current PM and QI activities;
- 2) Evaluate individual and departmental capacity for QI; and
- 3) Solicit priorities for performance indicators and QI projects.

The assessment involved informant interviews, staff meetings and a survey. Additionally the [Public Health Performance Management Self-Assessment Tool](#) was implemented in June 2016. The results of the needs assessment were shared with the Performance and Quality Management Committee and DPH leadership.

Summary of Needs Assessment Findings (baseline)

Current performance measurement activities

- Several performance indicators are in place but focus more on processes and outputs, rather than outcomes.
- Indicators are often required by external stakeholders to meet standards and funding expectations.
- Indicators are routinely measured by some programs, but not necessarily for the purpose of improving services.
- Few programs conduct routine client or staff satisfaction surveys.
- There is a need for a core set of outcome-driven performance indicators across key DPH functions.

Current QI activities

- Only a few programs have structured QI activities in place.
- At times, improvement activities are reactive and quality assurance-based.
- Staff conduct improvement activities but do not label them as QI efforts.

Current staff knowledge, experience, and expertise around QI

- Staff knowledge, experience, and expertise around QI vary widely across DPH.
- 60% of individuals rated their understanding and experience as “none” or “beginner.”

Desired Future State

To promote and achieve a culture of quality, a sound infrastructure is needed. This involves the following:

- Visible leadership that emphasizes customer-focused PM and transparent measurement and reporting
- Aligning PM practices with the DPH mission and strategic priorities
- Annually reviewing and updating the PM and QI Plan
- Providing QI training
- Maintaining a committee that is charged with overseeing implementation and maintenance of a PM system and providing oversight and guidance for PM and QI activities
- Evaluating and monitoring strategic priorities, goals, objectives, and performance indicators
- Establishing cross-disciplinary teams for departmental QI projects
- Encouraging all levels of staff to routinely participate in QI activities
- Actively communicating QI progress and achievements

During 2016 and 2017, DPH made great progress in creating a culture of quality. A Performance and Quality Management Committee was formed. Data-driven performance indicators were defined based on strategic objectives. The slogan “Think Big, Start Small and Grow” was adopted as a guiding principle and is promoted to remind staff that QI is based on small scale tests of change. Over 350 staff completed QI training. Three departmental QI projects and 35 Plan-Do-Study-Act cycles were completed.

Performance Management System

Performance management is a systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization’s mission and strategic goals. DPH’s PM system uses the Public Health Performance Management System Framework developed by the Turning Point Performance Management National Excellence Collaborative, which was further updated by the Public Health Foundation.

Figure 2 – Public Health Performance Management System



Performance Standards

The DPH Strategic Plan establishes performance standards in the form of goals and data-driven objectives. These standards were identified by aligning with the Community Transformation Plan’s priorities areas, which were developed through data analysis, community input, Healthy People 2020 targets, and comparisons to state and national performance.

Performance Measurement

Workgroups comprised of all levels of staff define numerators and denominators for performance indicators that support the Strategic Plan’s objectives. Each indicator includes a data collection plan that identifies data sources, reporting frequency, and assigned responsibilities.

Quality Improvement

Strategic goals and objectives drive priorities for PM and the data that is collected during performance measurement is used to identify opportunities to improve policies, programs, processes and outcomes. DPH's Quality Improvement Model is described in the next section.

Reporting Progress

DPH uses the web-based Smartsheet software to update data, track trends and progress, evaluate performance information and align efforts according to guiding plans and standards. The software also will track quarterly indicators that are reported to the County Administrative Office. This provides a centralized and uniform tool that simplifies the alignment and evaluation of goals, objectives, indicators, strategies and projects.

An online dashboard called *HealthStat* will be launched in 2017 to facilitate PM reporting to DPH leadership, the San Bernardino County Board of Supervisors and County Administrative Office, and external stakeholders.

Quality Improvement Model

DPH adopted the Model for Improvement framework, developed by [Associates in Process Improvement](#), which is based on the sequential building of knowledge and is centered on three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

The model uses the Plan-Do-Study-Act (PDSA) cycle to determine if a change is an improvement. The PDSA cycle is a “systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.”¹ It is a trial-and-learning method that facilitates the implementation of small tests of change prior to large-scale implementation. Four steps are included in the cycle:

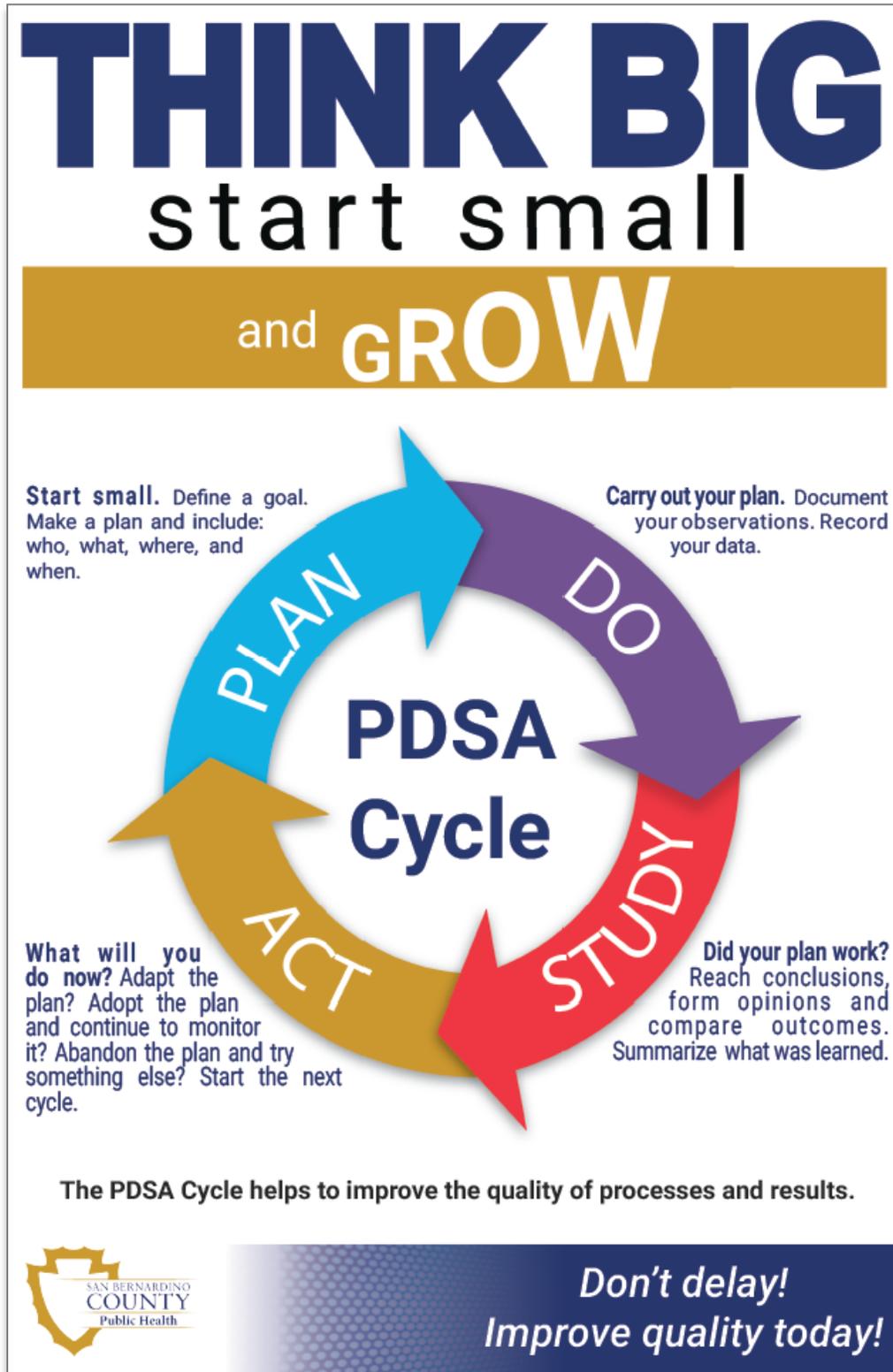
- **Plan** (define a change) – Identifies a goal or purpose and a theory or idea. It asks the first question, “What are we trying to accomplish?” The plan focuses on a small-scale change and defines success metrics.
- **Do** (try it out) – Implements the components of the Plan step and tests the proposed change.
- **Study** (observe the results) – Analyzes results of the Do step to identify signs of progress, success or problems and asks the second question, “How will we know that a change is an improvement?” It examines what worked and what did not.
- **Act** (refine the change as necessary) – Applies what was learned during the entire cycle and asks the third question, “What changes can we make that will result in improvement?” It determines if the Plan requires adjustments or if the original theory should be discarded altogether.

The completion of each PDSA cycle leads directly into the start of another as part of a continuous cycle of QI. More opportunities for learning emerge with each cycle conducted. PDSA cycles are used in DPH either as small-scale standalone improvement activities or to support larger, structured QI projects. The process for identifying QI projects is outlined in Appendix D – Performance Measurement and Quality Improvement Projects Flowchart.

¹ <https://www.deming.org/theman/theories/pdsacycle>

The poster in *Figure 3* was distributed throughout DPH and is posted in staff areas to help promote participation in QI activities.

Figure 3 – Think Big PDSA Poster



Organizational Structure

Leadership

PM and QI are supported by DPH leadership. This includes the executive team, comprised of the: Director, Assistant Director, Health Officer, Chief Financial Officer, Division Chiefs, Quality and Compliance Officer, and Human Resource Officers; and program leadership, comprised of Program Managers, Program Coordinators and Supervisors.

Performance and Quality Management Committee (PQMC)

A cross-disciplinary committee was established in May 2016 that provides oversight and guidance for PM and QI activities. This committee plays a key role in implementing the PM and QI Plan and fostering a department-wide culture of quality. Membership is representative of all divisions and staff levels, including executive, management, supervisory and line staff. Information regarding the PQMC is detailed in Appendix B – Performance and Quality Management Committee Charter.

Figure 4 – PQMC Members and QI Trainees



The following roles and responsibilities have been defined to support PM and QI:

Role	Responsibilities
Executive Team	<ul style="list-style-type: none"> • Provides direction for the PM system and implementation of the PM and QI Plan • Allocates resources for PM and QI • Approves departmental performance indicators and QI projects • Monitors department performance on a monthly basis
Program Leadership	<ul style="list-style-type: none"> • Guides and participates in PM and QI activities • Maintains PM and QI as a priority and integrates QI into program objectives and operations • Encourages staff to participate in cross-disciplinary QI projects, recommend opportunities for QI, and conduct PDSA cycles
PQMC	<ul style="list-style-type: none"> • Oversees implementation of the PM system • Routinely reviews performance measurement data • Makes recommendations to the executive team • Coordinates QI training

PQMC, <i>continued</i>	<ul style="list-style-type: none"> Reviews QI project progress and provides feedback to project teams Ensures alignment with the following: Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and the Public Health Accreditation Board Standards and Measures Annually reviews the PM and QI Plan and revises as needed
All Staff	<ul style="list-style-type: none"> Attends training Incorporates QI into work Participates in QI activities

Resource Allocation

DPH allocates resources for PM and QI by allowing staff time for the PQMC, training, projects and activities. The Department also purchased Smartsheet user licenses for online PM tracking, described on page 6. In 2016, DPH hired a consultant for one year to assess current PM and QI activities, conduct training, and support the development of a PM system. The consultant will be retained through late 2017 to provide additional training and support.

Performance Management System Organization

The DPH performance management system is managed as follows:

- The PQMC monitors the alignment of PM and QI activities with the Strategic Plan’s goals and objectives. It also evaluates performance indicator data. Committee members discuss QI ideas and options with their respective divisions and programs, then report back to the PQMC. The committee develops descriptions of viable QI topics, prioritizes them and submits recommendations to the DPH executive team.
- The executive team approves QI projects on an annual basis.
- The PQMC organizes QI project teams comprised of subject matter experts and cross-disciplinary representatives from different divisions, then coordinates training to prepare teams for projects.
- Projects typically last four to six months and report progress on a monthly basis to the PQMC.

The flow chart in Appendix D is a high-level illustration of how:

1. The DPH Strategic Plan drives PM and informs decision making;
2. QI projects are identified; and
3. Performance is continuously measured.

Additionally, DPH divisions apply QI principles to improve processes and service quality. Staff are encouraged to conduct PDSA cycles and use QI tools to improve individual, team and program performance, and to consider ideas for QI projects that are tied to DPH’s strategic goals and objectives.

Training

Effective and ongoing training is a prerequisite for a sustainable QI program. The PQMC coordinates the following training activities:

- Training-of-Trainers (TOT) to develop QI knowledge and review information to train coworkers.
- TOT graduates conduct interactive trainings throughout the Department to provide an overview of the PM system and introduce staff to QI fundamentals and the PDSA cycle.
- Workshops to develop detailed performance indicators that support DPH’s objectives.
- Brief online tutorials will be created in 2017 for the following topics: QI Principles, PDSA Cycle, Performance Measurement, QI Project Teams, and QI Tools. These videos will introduce new employees to PM and QI and help staff at all levels refresh knowledge and prepare for QI projects.
- Advanced QI training will begin in 2017 to further strengthen DPH’s QI expertise and infrastructure.

Figure 5 – Training-of-Trainers and Performance Indicator Workshops



DPH encourages and supports a culture of quality through the following training opportunities:

Training Audience	Training Content and Frequency
QI Trainers (TOT)	One or two annual one-day sessions on adult learning theories and how to train others on basic QI principles and PDSA cycles.
QI Project Teams and Strategic Plan Workgroups	<ul style="list-style-type: none"> • One-day training regarding QI projects (writing an aim statement) and QI tools (e.g. root-cause analysis and flow charts). Occurs prior to the launch of each QI project. • Half-day to one-day (depending on number of topics and participants) as needed to develop or revise performance indicators.
New Employees	<ul style="list-style-type: none"> • Brief introduction to QI at monthly New Employee Orientation. • 15 – 20 minute online tutorials on PM and QI topics.
All Staff	<ul style="list-style-type: none"> • 90 minute introduction to PM, QI principles and PDSA cycles. • 15 – 20 minute online tutorials on PM and QI topics as needed or assigned from DPH leadership.
Executive Team and Management	<ul style="list-style-type: none"> • 90 minute introduction to PM, QI principles and PDSA cycles. • 15 – 20 minute online tutorials on PM and QI topics. • Two-hour training on leadership's role in promoting and supporting QI.
Volunteer or Designated QI Leaders	Annual one-day advanced QI training to develop QI leadership and expertise. Completion of TOT is a pre-requisite. QI leaders are equipped to provide guidance to QI project teams and help divisions and programs conduct QI activities.

Conclusion

Monitoring, Evaluation and Communication

Regular feedback regarding improvement activities is critical to assessing the effectiveness of PM and QI efforts. QI project status updates are provided by a representative from each project team at PQMC meetings, including results and lessons learned. Committee members evaluate the QI project team's progress and provide feedback.

An annual review and update of the PM and QI Plan will consider the following:

- Progress toward achieving goals and objectives.
- Lessons learned during the previous year.
- Effectiveness of the PM system, PM and QI Plan and activities.
- Alignment with other related plans.
- Client/stakeholder satisfaction with programs and services.
- Summary of revisions, updates and any necessary action items.

This plan is available on SharePoint for all DPH staff. QI updates and summaries are communicated via the departmental newsletter and at Program Manager and staff meetings.

Approval

Approved by:



Trudy Raymundo
Director

06/21/17
Date

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Revision History

06/21/2017 - This is the first publication of the DPH Performance and Quality Improvement Plan.



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Performance Management and Quality Improvement Plan Appendix A: Glossary

Introduction The following definitions have been adopted by the Department of Public Health to establish common performance management and quality improvement terminology.

Definitions **Aim Statement** – A concise, written statement that defines what a QI project team intends to accomplish. It documents the team members, a problem statement, and two to three project objectives.

Goal – A general statement expressing an organization’s aspirations or intended effect on one or more health problems, often stated without time limits.¹

Objective – A target for achieving all or a portion of a goal through specific interventions.² Objectives should always be assessed for the following “SMART” criteria: Specific, Measurable, Achievable, Relevant, Time-bound.

Performance Management (PM) System – Sets organizational objectives across all levels of the department; identifies indicators to measure progress toward achieving objectives on a regular basis; identifies responsibility for monitoring progress and reporting; identifies areas where achieving objectives requires focused quality improvement processes; and includes visible leadership for ongoing performance management.³

Performance Measurement – The process of data collection, analysis, and monitoring change over time to assess progress on specific objectives.

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¹ Adapted from Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.

² Ibid.

³ Adapted from the Public Health Accreditation Board’s Standards and Measures, Version 1.5, December 2013.

Definitions,
Continued

Performance Indicator – A defined, specific criterion or metric that is tied to an objective. An indicator is usually categorized as either a measure of an outcome or a process and should be meaningful to staff involved in collecting and analyzing data.

Outcome indicators focus on the product (or outcome) of a process or system of care or services, which can identify different or more complex underlying causes. Process indicators assess the steps, activities or outputs involved in an operational function or delivery of care or services.⁴

Indicators are typically described as a fraction. The denominator represents the total pool of persons or events to include – this is the bottom number of the fraction. The numerator represents when a person or event within the denominator will be counted as having met the desired result – this is the top number of the fraction. Indicators are often synonymously referred to as measures.⁵

Quality – The degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: 1.) inputs, 2.) service delivery, and 3.) outcomes, in order to continuously improve systems of care and services for individuals and populations.⁶

Quality Improvement (QI) – The use of a deliberate and defined improvement process that 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 or processes which achieve equity and improve the health of the community.⁷

Quality Improvement Tools – A combination of templates, documents and resources that are designed to assist with solving a defined problem. They help a team better understand a problem or process in order to develop plans, problem statements, objectives and strategies. Examples include: brainstorming, fishbone (cause-and-effect) diagram, root cause analysis and process maps.

Subject Matter Expert (SME) – An individual who can contribute significant knowledge about a program, process or topic. SME input and participation are important to the success of QI projects.

⁴ Adapted from the Centers for Medicare & Medicaid Services Nursing Home Quality Assurance & Performance Improvement Measure/Indicator Development Worksheet.

⁵ Ibid.

⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Quality Management Technical Assistance Manual, 2003.

⁷ Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*. January/February 2010.



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Performance Management and Quality Improvement Plan Appendix B: Performance and Quality Management Committee Charter

Purpose	<p>An advisory committee is vital to coordinating and guiding the Department of Public Health's (DPH) performance management (PM) and quality improvement (QI) activities.</p> <p>The DPH Performance and Quality Management Committee (PQMC) works closely with DPH's leadership and staff to implement the DPH PM system.</p>
Functions	<p>The PQMC performs the following functions:</p> <ul style="list-style-type: none">• Guides the integration of PM and QI into DPH daily operations.• Advises DPH executive and program leadership.• Ensures PM and QI is aligned with other guiding plans and standards, i.e.: the Countywide Vision; Community Transformation Plan; DPH Strategic Plan and Workforce Development Plan; and the Public Health Accreditation Board's (PHAB) Standards and Measures.• Ensures ongoing PM and QI training is conducted.• Ensures PM is sustained.• Recommends and supports department-wide or cross-divisional QI projects.• Evaluates PM using a standardized assessment tool.• Reviews and updates the PM and QI Plan.
Structure	<p>The PQMC is comprised of no more than 25 staff that reflect DPH's diverse workforce and disciplines. Committee members nominate and elect two Co-chairs in June of each year to lead the committee and facilitate meetings. Co-chairs represent the committee and meet frequently with the DPH Quality and Compliance Officer to discuss PQMC issues with executive leadership.</p> <p>The PQMC meets at least 10 times annually. Meetings are scheduled for 90 minutes. Minutes are approved at the subsequent meeting. Supporting materials are posted online and are available to all DPH staff. Staff time for PQMC activities is tracked with activity code 0995.</p> <p>Sub-committees may be formed as necessary. A PQMC member must chair a sub-committee.</p>

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Appendix B: Performance and Quality Management Committee Charter, Continued

Membership

Membership is evaluated each May by the committee to ensure division representation, regular attendance, and ability to fulfill the members' roles and responsibilities. If the committee does not appropriately represent all divisions or defined roles are not filled, the Co-chairs will discuss with the Quality and Compliance Officer to initiate recruitment efforts through the executive team.

The committee submits a recommended membership roster for the following fiscal year for executive approval each June. Additional review of membership may occur as necessary. Members commit to serve for at least one year. There are no term limits.

Members are selected based on the following criteria:

- Approval from DPH program and executive leadership.
- Capacity to regularly attend meetings and fulfill defined roles and responsibilities.
- Formal or informal leadership ability.
- Commitment to QI throughout the department.
- Willingness and ability to complete training and become a QI leader.
- Positive interpersonal and analytical skills necessary to provide constructive feedback and support to others in their QI efforts.

General membership responsibilities include:

- Attending and actively participating in PQMC meetings and activities.
- Providing input and feedback on the implementation of PM and QI.
- Serving as a liaison with their respective divisions and programs.
- Becoming PM and QI subject matter experts.
- Facilitating collaboration and training.
- Mentoring and supporting others in their PM and QI efforts.

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Appendix B: Performance and Quality Management Committee Charter, Continued

Membership Roles

The PQMC selects members to fill specific roles to ensure the committee is functioning efficiently. All others are general members. The DPH executive team approves selections for these roles and may directly appoint individuals to fill roles.

Roles	Responsibilities
Accreditation Coordinator	Ensures PM and QI Plan aligns with PHAB's Standards and Measures
Co-chairs	<ul style="list-style-type: none"> Plan and facilitate monthly meetings Meet with the Quality and Compliance Officer, PM Coordinator and QI Coordinator to oversee the PM System. Keep alignment with the DPH Strategic Plan in the forefront
Communication Coordinator	<ul style="list-style-type: none"> Ensures the PQMC stays informed of all updates Develops PM and QI messaging to distribute throughout the department Coordinates showcasing QI projects, teams, PDSA cycles, trainings, etc. Prepares newsletter updates
Data Specialist	<ul style="list-style-type: none"> Serves as a subject matter expert on data integrity, relevance, reliability, measurability, etc. Oversees development and adoption of accepted data collection, analysis and reporting practices
Facilities Coordinator	Ensures technology resources are prepared and functioning and rooms are appropriately setup for meetings and trainings
PM Coordinator	<ul style="list-style-type: none"> Oversees PM activities Coordinates data collection and reporting Provides technical assistance and support for PM Conducts and assists with PM training Identifies resources and best practices related to PM Keeps executive leadership informed about PM progress
Plan Coordinator	<ul style="list-style-type: none"> Organizes reviews of the PM and QI Plan to other related DPH and County documents, including the Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and DPH Workforce Development Plan Presents items for the PQMC's consideration relative to alignment of plans Coordinates workgroups or sub-committees as necessary to prepare annual PM and QI Plan reviews and updates

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Appendix B: Performance and Quality Management Committee Charter, Continued

Membership Roles, *continued*

Roles	Responsibilities
QI Coordinator	<ul style="list-style-type: none"> Oversees QI activities Provides technical assistance and support for QI Conducts and assists with QI training Reviews, develops and revises QI materials Identifies resources and best practices related to QI Informs executive leadership about QI activities and progress
QI Team Coordinator	<ul style="list-style-type: none"> Coordinates project teams for approved QI projects Ensures teams have an appropriate mix of subject matter experts and cross-disciplinary representation Provides technical assistance and support to QI teams Works with Training Coordinator to prepare QI team training
Secretary	<ul style="list-style-type: none"> Coordinates meeting schedules and logistics Takes meeting minutes Prepares sign-in sheets, agendas, minutes, and other meeting materials Ensures SharePoint is up to date with all PM and QI documents Orders supplies, provides support to team members (i.e. preparing packets for trainings, arranging logistics)
Training Coordinator	<ul style="list-style-type: none"> Works with PM and QI coordinators to identify training needs Coordinates training session planning Ensures training materials are standardized and updated Follows up after trainings to consolidate and post training materials Monitors and reports training progress

Revision History

May 2017 – Revised. *Performance and Quality Management Committee Charter*. Incorporated into Performance Management and Quality Improvement Plan.

June 2016 – *Quality Management Committee Charter*. First version.



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Performance Management and Quality Improvement Plan Appendix C: Quality Improvement Goals and Objectives

The following goals and objectives will help to build and sustain a culture of quality in the Department of Public Health (DPH). They are specifically intended to further develop the DPH Quality Improvement (QI) program infrastructure and will be updated as necessary during the annual Performance Management and Quality Improvement Plan review. QI activities associated with the DPH Strategic Plan's goals, objectives and performance indicators are selected, measured and reported as described the PM and QI Plan and the process is diagrammed in *Appendix D: Performance Management System Flowchart*.

GOAL 1: Expand the use of QI projects to achieve DPH goals and objectives		
	Responsible Party	Indicator
Objective 1.1		
Prioritize a minimum of five QI project topics each fiscal year	Performance and Quality Management Committee (PQMC) and executive leadership	Number of QI topics
Objective 1.2		
Establish cross-disciplinary project teams to complete at least three QI projects each fiscal year	PQMC and executive leadership	Number of completed QI projects
GOAL 2: Share lessons learned and make improvement teams and activities visible across the department		
Objective 2.1		
QI teams will present project summaries at Program Manager meetings within one month of project completion.	QI Project Team Leader	Number of project presentations
Objective 2.2		
Develop a process for recognizing QI teams and accomplishments by September 2017	PQMC and executive leadership	Documented QI recognition process.
GOAL 3: Strengthen the workforce capacity to support organizational excellence		
Objective 3.1		
75% of active DPH staff will attend fundamental QI training by June 30, 2018	Training of Trainers (TOT) graduates	Number of staff trained
Objective 3.2		
At least 20 staff representing all functional areas of the department, including at least two staff from each division will attend advanced QI training by December 31, 2017	QI Consultant	Number of staff trained

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GOAL 3: Strengthen the workforce capacity to support organizational excellence (continued)		
Objective 3.3		
100% of DPH executive and program management will receive QI leadership training by September 30, 2017	QI Consultant	Number of staff trained
GOAL 4: Align PM activities with DPH strategic goals		
Objective 4.1		
Starting July 1, 2017, each Strategic Plan goal will have at least one objective that includes a defined performance indicator	PQMC	Number of performance indicators per goal
Objective 4.2		
By July 1, 2018, data will be collected, analyzed and reported for 100% of defined Strategic Plan performance indicators.	PQMC	Number of indicators that are actively updated in the PM system



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Performance Management and Quality Improvement Plan Appendix D: Performance Measurement and QI Projects Flowchart

