THINK BIG
start small
and GROW

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

PERFORMANCE MANAGEMENT AND
QUALITY IMPROVEMENT PLAN

SAN BERNARDINO COUNTY
Public Health

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

**Countywide Vision**
- Describes the desired state for a vibrant, physically, and economically healthy county in the next 20 years
- Developed in partnership with all cities and towns, and with community participation across multiple sectors throughout the county
- Establishes priorities for 10 elements: Education, Environment, Housing, Image, Infrastructure, Jobs/Economy, Quality of Life, Public Safety, Water and Wellness

**Community Transformation Plan**
- Developed to drive implementation of the Countywide vision’s Wellness Element
- Establishes community health improvement priorities based on data and input from community members gathered during the 2013 Community Health Assessment
- Uses Healthy People 2020 as a guide for health standards
- Serves as the DPH Community Health Improvement Plan

**DPH Strategic Plan**
- Defines DPH’s priorities and sets goals and objectives to measure progress through 2020
- Aligns with the Countywide Vision and the Community Transformation Plan
- Drives achievement of DPH’s Vision and Mission

**DPH Performance Management and Quality Improvement Plan**
- Defines roles, responsibilities and resources for DPH’s performance management system
- Establishes a model for improving quality in all levels of the department
- Adds structure to the process of achieving and monitoring DPH’s goals and objectives
- Aligns with the DPH Strategic Plan, Community Transformation Plan and Countywide Vision
**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 also 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
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.

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Executive Team</td>
<td>• Provides direction for the PM system and implementation of the PM and QI Plan</td>
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<tr>
<td></td>
<td>• Allocates resources for PM and QI</td>
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<tr>
<td></td>
<td>• Approves departmental performance indicators and QI projects</td>
</tr>
<tr>
<td></td>
<td>• Monitors department performance on a monthly basis</td>
</tr>
<tr>
<td>Program Leadership</td>
<td>• Guides and participates in PM and QI activities</td>
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<tr>
<td></td>
<td>• Maintains PM and QI as a priority and integrates QI into program objectives and operations</td>
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<td></td>
<td>• Encourages staff to participate in cross-disciplinary QI projects, recommend opportunities for QI, and conduct PDSA cycles</td>
</tr>
<tr>
<td>PQMC</td>
<td>• Oversees implementation of the PM system</td>
</tr>
<tr>
<td></td>
<td>• Routinely reviews performance measurement data</td>
</tr>
<tr>
<td></td>
<td>• Makes recommendations to the executive team</td>
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<td></td>
<td>• Coordinates QI training</td>
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</table>
**Performance Management and Quality Improvement Plan**

**San Bernardino County Department of Public Health**

June 2017

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<table>
<thead>
<tr>
<th>PQMC, continued</th>
<th>All Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reviews QI project progress and provides feedback to project teams</td>
<td>• Attends training</td>
</tr>
<tr>
<td>• Ensures alignment with the following: Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and the Public Health Accreditation Board Standards and Measures</td>
<td>• Incorporates QI into work</td>
</tr>
<tr>
<td>• Annually reviews the PM and QI Plan and revises as needed</td>
<td>• Participates in QI activities</td>
</tr>
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**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 PDSDA 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.

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**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 PDSDA 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, PDSDA 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:

<table>
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<tr>
<th>Training Audience</th>
<th>Training Content and Frequency</th>
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<tr>
<td>QI Trainers (TOT)</td>
<td>One or two annual one-day sessions on adult learning theories and how to train others on basic QI principles and PDSA cycles.</td>
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</table>
| QI Project Teams and Strategic Plan Workgroups | • 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                           | • Brief introduction to QI at monthly New Employee Orientation.                                 |
|                                         | • 15 – 20 minute online tutorials on PM and QI topics.                                         |
| All Staff                               | • 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           | • 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. |
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

Contact

For questions about this plan, please contact:

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Revision History

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