Performance Management and Quality Improvement Plan

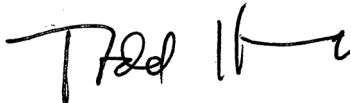## Public Health and Safety Division

2024–2029

Prepared by the Public Health System Improvement Office –Marilyn Trevino.406.417.9509~November 2023

"Without continual growth and progress, such words as improvement, achievement and success have no meaning?"

-Benjamin Franklin

APPROVED BY: TODD HARWELL, ADMINISTRATOR
PUBLIC HEALTH AND SAFETY DIVISION

_____   November 20, 2023

SIGNATURE   **DATE**

Contents

Overview

The Public Health and Safety Division (PHSD) Performance Management and Quality Improvement (PM/QI) Plan is a document intended to provide context and framework for performance management and quality improvement activities for the Montana Department of Public Health and Human Services public health programs. This plan is a living document and needs to be reviewed and revised regularly to reflect accomplishments, lessons learned, and changing organizational priorities. This document will consistently describe the current and future state of quality in the Division.

Developing a PM/QI Plan is an opportunity to integrate all plans and systems across the Division into one integrated quality system. These plans and systems include a strategic plan, state health improvement plan, integrated performance management system, and individual, data modernization initiative, and workforce development plans. This plan serves as the link and feedback loop for all performance improvement efforts.

Purpose

The Performance Management and Quality Improvement Plan has been developed to provide guidance on how the PHSD will assure, monitor, and improve performance and quality throughout the Division as a part of the Integrated Performance Management System.
Excellence in organizational performance requires a commitment to quality in every aspect of our work. The unrelenting pursuit of delivering excellent services that produce meaningful and effective results must be embedded in our organization's culture.

Policy Statement

The PHSD is committed to systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction – leading to the improved health of Montanans. Our programs are designed to meet constituent needs with excellent customer service by addressing public health issues with evidence-based policies, services, and interventions. PHSD continually improves our services and their effectiveness through utilizing data (data analysis) for informed decision making (change management), focusing on results (performance improvement), and managing the organization as an aligned and integrated system.

The PHSD Performance Management and Quality Improvement Plan will be reviewed and updated annually and revised every five years. This plan is maintained by the Public Health System Improvement Office, reviewed by the Quality Work Group and the PHSD Management Team (QI Council), and approved by the PHSD Administrator.
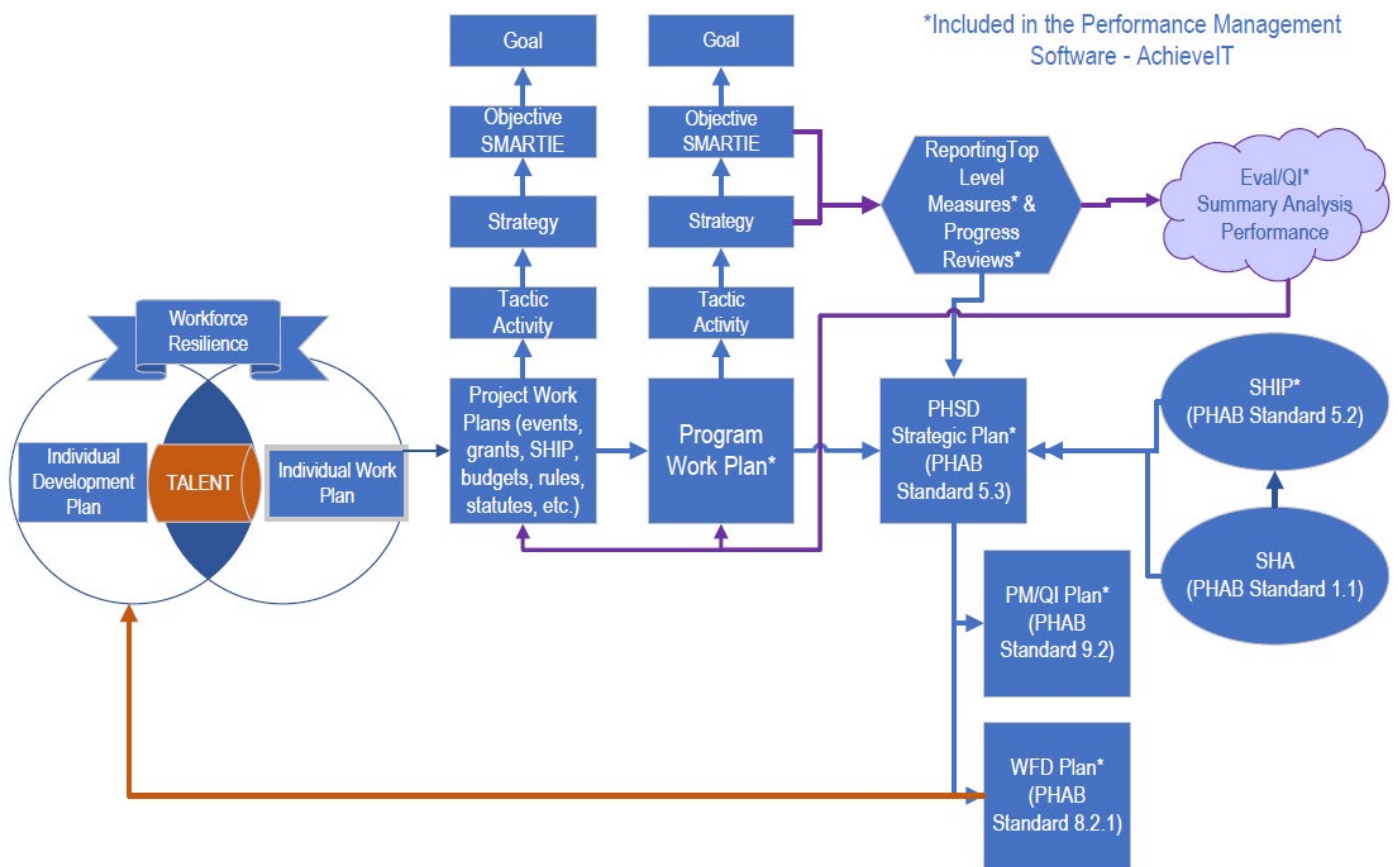
Integrated Performance Management System

The PHSD is committed to systematically evaluating and improving the quality of

programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. As a result of this commitment, the PHSD has maintained an Integrated Performance Management System (IPMS) since 2014.

The IPMS model (see Diagram 1) is linear, providing relevant connections from each employee to the Public Health Departments Strategic Plans. The model begins with workforce resilience where employee Individual Work Plan and Individual Development Plan are monitored frequently through the DOA Talent platform. Each work plan within the performance management platform contains key sections: Goal, Objective (SMARTIE), Strategy, Tactic/Activity within Plans leading to meaningful measures that possess the opportunity for quality improvement. Work plans are maintained within identified best practice platforms determined by each program. The IPMS model displays an "*" asterisk when areas are reported within the PHSD IPMS software and are not a duplication of funding prescriptive work plans rather a level reflective of those plans.

The Progress Review Guide (see Appendix B) provides three "tiers" of reporting using data discussion and evaluation analysis that provide an opportunity for quality improvement for all work performed within the Division regardless of reporting software.

- Tier I Program Progress Review: Program and activity staff modify work plans to reflect changes in direction. External work plans may be referenced in the 'files' section for supplemental detail.
- Tier II Bureau Progress Review: Bureau and program management engage in problem solving by identifying successes, challenges, and opportunities for improvement, including the potential for a formal quality improvement project.
- Tier III Semi-annual Division Progress Review: Management Team
- The Progress Review is a forum where the quality, efficiency, and effectiveness of a program's operational planning, implementation, and progress tracking, are examined through structured dialogue. The purpose of the Progress Review is to use performance metrics to discuss what is working, to recognize successes, and discuss what is not working to collectively problem solve and remove barriers to productivity.
- All programs within the PHSD are expected to use IPMS tools to document, monitor, and improve desired outcomes specific to their goals, objectives, and mission. This system is illustrated in the graphic below.
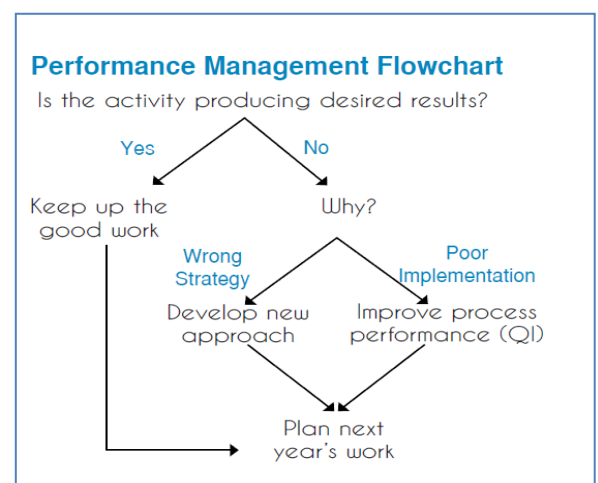
Goal

Goal

*Included in the Performance Management Software - AchieveIT

Objective SMARTIE

Objective SMARTIE

ReportingTop Level Measures* & Progress Reviews*

Eval/QI* Summary Analysis Performance

Strategy

Strategy

Tactic Activity

Tactic Activity

Workforce Resilience

Project Work Plans (events, grants, SHIP, budgets, rules, statutes, etc.)

Program Work Plan*

PHSD Strategic Plan* (PHAB Standard 5.3)

SHIP* (PHAB Standard 5.2)

Individual Development Plan

TALENT

Individual Work Plan

PM/QI Plan* (PHAB Standard 9.2)

SHA (PHAB Standard 1.1)

WFD Plan* (PHAB Standard 8.2.1)

Diagram 1.

The components of the IPMS work together in a continuous cycle, moving toward our vision: *Healthy people in healthy communities.*

By adopting the performance management system, the Division aspires to:

- Measure and maintain high level of customer satisfaction.
- Improve health.
- Increase efficiencies.
- Increase transparency and accountability of all funding.
- Reduce duplication of services
- Emphasize quality of services
- Improve reporting and communication of performance objectives.
- Identify opportunities for collaboration.
- Improve monitoring shared goals and objectives in our division-wide plans (such as: Strategic Plan, Strategic Health Improvement Plan, Workforce Development plan)
- Strengthen Public Health infrastructure using improved quality performance throughout the Data Modernization Initiative

Performance Management Flowchart

Is the activity producing desired results?

Yes — Keep up the good work

No — Why?

Wrong Strategy — Develop new approach

Poor Implementation — Improve process performance (QI)

Plan next year's work

Strategic and Operational Planning

The vision for the Public Health and Safety Division is for employees to use quality improvement tools and methods to continuously strengthen programs, services, and operations. As an accredited Health Department, the PHAB Reaccreditation V. 2022 clearly identifies goals and strategies to evaluate and improve the effectiveness of programs, as illustrated below.

The main PM/QI objectives are:
- a focus on customer satisfaction assessments as part of routine performance management
- to move the Division from Phase 4 "Formal QI in Specific Agency Areas" to Phase 5 "Formal Agency-Wide QI" based on NACCHO's Roadmap to a Culture of Quality Improvement by 2025

PHAB Reaccreditation Version 2022
(PM/QI related goals and strategies)

9.1: Build and foster a culture of quality.

9.1.1 A: Implement the performance management system.

Example: 1 performance management system dated within 5 years.
- Use data to guide decision-making processes.
- Use data to facilitate continuous improvement.
- Communicate through the Progress Review + other methods.
- Monitor data.

Example 2: Narrative dated within 5 years: Customer satisfaction

9.1.3 A: Implement quality improvement projects.
- QI projects: examples (2) dated within 5 years.
  - QI Tools.
  - Training.

9.2 Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision making.

9.2.1 A: Base programs and interventions on the best available evidence.
- Process narrative template or checklist of the current process.
  - Narrative dated within 5 years.
- Evaluation of program, process, or intervention.

Organizational Structure

The PHSD is dedicated to building quality improvement capacity. As part of the public health accreditation process, the PHSD evaluated and received feedback on our QI program. The Division identified the need to formalize and evolve our QI program and to standardize the process throughout the Division. Established in January of 2016, the PHSD Management Team relies on the Quality Work Group to support the efforts to develop a culture of continuous quality improvement throughout the organization. The responsibilities and scope of this group are as follows *(See APPENDIX A – Quality Work Group Charter)*.

The Quality Work Group will support the PHSD Management Team (QI Council) by:

- Reviewing and revising the PHSD QI Plan prior to approval.
- Advising on staff and program QI training needs.
- Encouraging the use of QI tools and methods to improve performance.
- Acting as a resource within the PHSD for improving processes.
- Developing operational procedures to support QI efforts.
- Providing QI technical assistance to programs and staff.
- Supporting the implementation of the Division's performance management system; and
- Review and improve the process for assessing and improving customer satisfaction.

Dedicated Resources

The Public Health System Improvement Office (PHSIO) provides administrative and technical support to the Quality Improvement Program and the Quality Work Group. Administrative support includes but is not limited to maintaining meeting records, securing meeting rooms, distributing materials, and delivering communication, as needed. Technical support includes drafting annual QI Plan updates, managing the QI Program work plan, monitoring QI Plan objectives, and providing QI consultation, training, and facilitation to the Division, as needed.

The Quality Work Group consists of identified "champions" who are committed to the ideal and process of continuous improvement. This team uses bi-directional communication to effectively deliver the activities within the QI Work Group charter to the organization. The QI Work Group meets monthly to review activities using a variety of QI approaches and tools set forth within this plan and charter. The team brings improvement work across multiple disciplines within the PHSD. Using PDSA (Plan Do Study Act), Just-Did-It, and evaluation methods, the team facilitates ongoing improvement and best practices with an eye on collaboration and efficient improvement efforts.

The Public Health and Safety Division has dedicated a budget line item for Performance Management and Quality Improvement training annually. The PHSD has also included an annual budget for the maintenance and hosting fees for the AchieveIT platform. Additional

trainings will occur in collaboration with quality improvement and performance management consultants as resources allow.

Quality Improvement Activities

The Public Health and Safety Division identifies opportunities to improve services and performance through routine planning and performance monitoring. Quality Improvement tools and techniques can be applied in a variety of group and team settings to enable data collection, problem analysis, and employee involvement. These are all key to improving performance.

The well-known "Plan – Do – Study – Act" (PDSA) cycle is the adopted QI Model for the PHSD. This model, also known as the Plan-Do-Check-Act (PDCA), is outlined in "The ABCs of PDCA" by G. Gorenflo and J. Moran, which can be found on the Public Health Foundation Website in the Resources & Tools Tab http://www.phf.org/resourcestools/Documents/ABCs_of_PDCA.pdf.

Many quality improvements occur, not as a formal QI, but as a "Just-Did-It". See the PHSD OURS website for these forms and more.

Selecting Quality Improvement Projects

Quality Improvement projects may be longer term, large-scale strategic efforts or they may be short-term, small-scale efforts conducted by employees on their own work processes. Regardless of the scale, these projects are approached similarly. Each involves evaluation, planning, data collection and analysis, testing and measuring performance, then review and continued improvement over time.

Sources for identifying Quality Improvement activities:
- The #1 source for QI Projects come directly from program staff working through developed program plans.
- PHSD Progress Reviews: During monthly (tier 1), quarterly (tier 2), or biannual (tier 3) progress reviews, if one or more performance metrics indicate that performance is critically below target, or perhaps a serious quality problem has arisen, it may be appropriate to identify the problem as a candidate for a Quality Improvement project.
- PHSD Strategic Planning Review Sessions: At annual review sessions, the PHSD Management Team will review the Strategic Plan to identify areas where performance is substantially below expectations.
- Accreditation Annual Reviews: This will be done to continue work on fully meeting the PHAB Standards and Measures. Results of the annual review process may identify the need for a QI project.
- Customer feedback: PHSD programs interacting with constituents and stakeholders will use feedback to identify areas for improvement. (See Customer Satisfaction

Procedure).

- Other sources for identifying QI projects include grant requirements and through program evaluations.

Performance Management and Quality Improvement Program – Performance Measures

The Performance Management and Quality Improvement Work Plan is currently monitored in AchieveIT. The work plan includes desired outcomes and performance measures as follows:

Desired Outcomes
- PHSD employees/programs are continually and actively engaged in quality improvement activities.
- All employees have the tools and guidance necessary to improve performance.
- Standardized policies, procedures and approaches are established, communicated, and used to assure high quality, accurate results.
- Move PHSD from Phase 4 to Phase 5 in the NACCHO Roadmap to a Culture of QI (Strategic Plan 2019-2023)
- The PHSD works to continuously improve to maintain PHAB national accreditation status.

Performance Measures
- Percent of PHSD employees who agree or strongly agree with NACCHO based quality self-assessment Emphasis survey questions.
- Percent of PHSD supervisors who agree or strongly agree with NACCHO based quality self-assessment Emphasis survey questions.
- Number of documented PHSD Quality Improvement Projects (Formal and 'Just Did It')
- Percent of PHSD programs that use the IMPS AchieveIt system for program management and performance measurement.
- Percent of PHSD programs that conduct quarterly progress reviews.

Monitoring and Oversight

Monitoring and oversight activities take place at several levels throughout the Division. QI activities are discussed at regular reviews in accordance with the PHSD Progress Review Procedure Tier system. (See Appendix B)

To improve tracking of QI activities, the use of the AchieveIt software is used. This tool is used to track all programmatic QI work and is used to report QI during regular reviews.

PHSD employees are encouraged to conduct ongoing Quality Improvement analysis as a part of their overall job responsibilities. This is outlined in many job descriptions as

well as certain cooperative agreements. This involves the use of Work Plans to continually evaluate processes and outcomes for improvement. Work Plans are then used to track the progress of improvement using meaningful data gathering and evaluation.

The PHSD Management Team provide leadership and direction for QI activities and is responsible for ensuring QI initiatives are carried out as identified in the PHSD Progress Review Procedure and this Integrated PM/QI Plan.

Training Plan

The PHSD Workforce Development Plan, Strategic Plan, State Health Improvement Plan, and overall public health system improvement work all involves performance improvement training. The Public Health System Improvement Office supports the following training plan specific to performance management and quality improvement based on identified needs. These needs were prioritized from the PHSD Workforce Assessment and from the Division's annual survey.

Type	Audience	Frequency / Date scheduled
'@The PHSD' Intro to Performance Management & Quality Improvement	New employees and refresher for existing employees	Scheduled Semi-Annually: March 1, 2024 September 12, 2024
'Microlearning' Topic or tool related recorded virtual sessions that address an immediate need.	All PHSD Staff	Available any time on the internal Division OURS site
Advanced Performance Management /QI Training	QI Champions and Cohort teams	Scheduled Annually: Early Spring - February 22, 2024
'Other' Performance Management / QI Training	Position- Specific	As needed

Quality Improvement Goals

To begin to move the PHSD towards Phase 5 of NACCHO's Roadmap to a Culture of QI, the Quality Work Group members have identified the following goals and transition strategies. The strategies were also developed based of annual report feedback from PHAB.

1) **Leadership Commitment**
   Leaders continuously assess the culture of the Division including staff commitment and engagement, and sustainability of progress made through improvement efforts.

   Transition strategies:
   a. Identify opportunities to increase QI culture, including but not limited to: encourage cross sector collaboration, recommend QI projects, celebrate staff's QI successes, review outcome data for future improvements at team, 1 on 1, and annual reviews, and encourage and support staff participation on QI activities.
   b. Identify areas/programs within the Division that are not engaged in QI activities and make special effort to support and encourage QI activities moving forward.
   c. Leadership recommended QI opportunities identified during Progress Review Presentations.

2) **Improve training and education.**
   Continue to educate PHSD employees on the Division's adopted QI model (PDSA), performance improvement policies and procedures, the PM/QI plan, and PM/QI tools.

   Transition strategies:
   a. Implement the training plan as outlined in the PM/QI plan.
   b. Create or update performance improvement policies and procedures and use Knowledge – ServiceNow.
   c. QI champions continue to advocate for QI, mentor staff, and recruit additional champions throughout the agency.

3) **Improve communication and visualization.**
   Improve communication and visualization of QI activities throughout the Division.

   Transition strategies:
   a. Continue to highlight QI projects at Division and supervisor meetings.
   b. Established in 2017, continue to deliver an internal PHSD systems improvement newsletter to showcase QI projects.
   c. Print large scale QI storyboards and display in prominent location throughout the buildings.
   d. Encourage PHSD staff to submit abstracts to national PM/QI conferences to share their work and learn from others.

4) **Improve the process.**
   As a part of continuous improvement, procedures must be reviewed and updated.

   Transition strategies:
   a. Continue to improve the Division's performance management

      process and begin to identify QI projects based on Division trends and data.

    b. Improve the process to identify Bureau and Division-level QI projects.

    c. Include involvement in QI activities as a requirement in employee performance appraisals.

    d. Review and improve the PHSD customer satisfaction procedure.

Communication

Continue communication related to the Division's performance and quality culture. Activities take several forms.

- Training opportunities are published on the Division calendar maintained by the Public Health System Improvement Office and announced via email and Division Newsletter to the Division.
- Cross posting to the AMPHO Connected Community where targeted attendees are both Division, Agency and Local & Tribal Health Department jurisdictions.
- Time is allotted at semi-annual progress reviews to report on performance and QI project activities.
- Successful QI projects will be highlighted at quarterly Division meetings and monthly supervisor meetings.
- QI storyboards will be displayed in prominent places throughout the Division.
- Continue to develop and improve tools, templates, and other resources. Communicate using delivery methods such as: GovDelivery, listservs, social media, and our website.

Evaluation

Evaluation of the Performance Management and Quality Improvement Plan will be conducted on an ongoing basis in accordance with the PHSD Progress Review Procedure. Monthly and quarterly reviews of the PM/QI Workplan and budget will be done in the PHSIO and informed by the QI Workgroup and Public Health Accreditation Coordinator. Quarterly - biannual reviews are done with the Management Team during Management Team meetings. The PHSIO will be primarily responsible for evaluating progress towards meeting the goals of the PM/QI Plan. Several data sources will be used to evaluate progress on the plan, including, but not limited to:

- Annual PHSD Employee Performance Management survey.
- Training and meeting registration and sign-in sheets.
- Training evaluations.
- QI activity tracking in AchieveIT; and
- QI project storyboard documentation.

Quality Improvement Procedure

1. **PURPOSE**

   The Public Health & Safety Division (PHSD) is committed to systematically planning, evaluating, and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness and customer satisfaction resulting in a culture of continuous improvement.

   This procedure describes how the Public Health and Safety Division (PHSD) will initiate, manage, and review quality improvement projects within the division.

2. **SCOPE**

   Quality Improvement (QI) projects span from division-wide to program or project level. This procedure applies to all employees of the PHSD, and all QI work conducted within the Division, Bureaus, or Programs.

3. **RESPONSIBILITY**

   All PHSD Employees:
   a. Identify programmatic areas that could benefit from a quality improvement intervention.
   b. Participate in quality improvement teams, trainings, and activities.
   c. Ensure quality improvement activities are conducted and documented in accordance with this procedure.

   Supervisors:
   a. Identify the need and ensure the completion of quality improvement projects based on program monitoring (**I**ntegrated **P**erformance **M**anagement **S**ystem (IPMS) Progress Reviews Guide) and evaluation.
   b. Inform the Management Team of potential, underway, or completed quality improvement projects/activities during semiannual IPMS Progress Reviews.
   c. Ensure quality improvement projects follow the **P**lan, **D**o, **S**tudy/**C**heck, **A**ct methodology as defined in this procedure.
   d. Document program quality improvement projects in accordance with this procedure and the Progress Reviews Guide & AchieveIT User/Governance Guide.
   e. Ensure direct reports have a QI statement placed in their performance evaluations (Talent) and job descriptions where applicable.

   Management Team:
   a. Assist supervisors with identifying the need for formal quality improvement projects based on information shared during Progress Reviews and day to day operations.
   b. Approve and resource division-wide quality improvement projects.
   c. Review progress and provide guidance on all formal quality improvement projects during Progress Reviews.

d. Ensure Bureau and Office representation on the Division's Quality Workgroup.

Quality Work Group:
　　　a. Monitor the Division's **P**erformance **M**anagement & **Q**uality **I**mprovement Plan, adherence to the QI Procedure and provide improvement recommendations to the Management Team.
　　　b. Review proposals for Division-wide quality improvement projects and provide recommendations to the Management Team.
　　　c. Provide QI technical assistance to Division staff working on QI activities.

Public Health System Improvement Office:
　　　a. Manage the Division's Performance Management and Quality Improvement Plan and guide the activities of the Quality Improvement Workgroup as directed by the Workgroup's Charter.
　　　b. Coordinate the PHSD's **PM/QI Plan**, including monitoring metrics and goals for the Division.
　　　c. Provide technical assistance to QI project teams or identify subject matter experts that can assist QI teams with completing a QI project.

4. **DEFINITIONS**

AIM Statement: An aim statement is an explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way. It answers the question: What are we trying to accomplish? What is our Why!?

Continuous Quality Improvement (CQI): A continuous, ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community. At the PHSD, CQI is managed and tracked in the IPMS platform (AchieveIT).

Formal Quality Improvement Project: The use of a deliberate and defined process, such as PDSA, which is focused on activities that are responsive to community needs and improving population health. At PHSD, Formal QI Projects include the following elements:
- An established team to work on the project.
- An AIM statement that clearly describes the intended outcome of the project.
- The use of one or more QI tools to analyze the problem and/or to create a solution that is designed to improve a process or outcome.
- The use of data to evaluate the results/impact of the changes designed to meet the AIM.
- An established time period for completion of the improvement cycle.

"Just Did It" Quality Improvement: Not every problem ties to a program's metrics or requires a full-blown/formal QI project to improve it. If a problem arises and you came up with a solution... you just, did it! Document using the "Just Did It"

template.
Includes the following information:

- What was the problem?
- Who was involved in making the change?
- What did you do to improve it?
- How is it going now?
- What would you do differently next time? Is there room for further improvement?

Performance Management: The practice of using data for decision-making, by setting objectives, measuring, and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

PDSA (Plan-Do-Study-Act) Model: is an iterative, four-stage problem-solving model used for improving a process or carrying out change.

Program Evaluation: A systematic application of scientific methods to assess the conceptualization, design, implementation, and impact of public health interventions and programs.

Reference the Public Health Quality Improvement Encyclopedia from the Public Health Foundation for a complete glossary of terms and references.

5. **PROCEDURE**

Step 1 – Identification
Program staff or management identifies an opportunity for improvement based on system, program, project, or activity monitoring and analysis of data with subsequent evaluation. If improvement opportunity meets the definition of a Formal QI Project, continue to step 2. If opportunity meets the definition of "Just Did It" QI, fill out template and save in the completed document to the AchieveIT Platform.

Step 2 – Approval
Bureau/office or program level quality improvement projects are approved at the bureau/office level. Division-wide or system-focused quality improvement projects will be presented to the Quality Work Group by the Bureau Chiefs. The Quality Work Group will provide Division-wide QI project recommendations to the Management Team as directed. Management Team will prioritize and give final approval for Division-wide formal QI projects.

Step 3 – Project Charter
The QI project team leader completes the QI Team Project Charter. First time project leaders may wish to consult with the System Improvement Office's PM/QI Coordinator to begin this process.

Step 4 – Assemble the Team
QI Team is established. The QI Team reviews the QI Team Project Charter and develops an AIM statement.

Step 5 – Describe Current Process
Document the current process surrounding the improvement opportunity using a tool such as a flow chart, process map, or value stream map.

Step 6 – Collect Data
Collect data on the current process to establish baseline. This establishes the foundation for measuring improvement.

Step 7 – Identify All Possible Causes
Determine all possible causes of the problem and document the process used to decide on contributing factors and root causes. Some techniques that could be used include an Interrelationship Diagram, Five Whys, Root Cause Analysis, Brainstorming, Fishbone Diagrams, or Check Sheets.

Step 8 – Identify Potential Improvements
Identify potential actions/interventions to address the root cause and agree on which one to test. Consider any unintended consequences that may emerge and revisit AIM statement, if needed. Once the improvement intervention has been determined, develop an improvement theory – a statement that articulates the effect that you expect the improvement to have on the problem (if we do… then this… will occur).

Step 9 – Develop Action Plan
Develop an effective and workable action plan, including tasks, timeline, targets, and responsibilities. Tools that may help include Tree Diagrams, SMART Matrix, Gantt Chart, Matrix Diagram, etc. Determine necessary funding required to implement the project, keeping in mind timelines are affected based on current contract and acquisition approvals.

Step 10 – Implementation
Implement the action plan and test the theory for improvement. Consider implementing changes or new activities on a small scale first if appropriate. Document any problems, unexpected observations, lessons learned, and knowledge gained.

Step 11 – Study the Results
Review all actions taken to address the problem and analyze the effect of the intervention. Compare any new data to the baseline data to determine whether an improvement was achieved, and whether the measures in the AIM statement were met. Consider if the solution is having the intended effect and if there are any unintended consequences.

Step 12 – Act upon What Has Been Learned

- Adopt – Establish a mechanism to measure and monitor regularly (this should be accomplished using AchieveIT).
- Adapt – Repeat the test, gather different data, revise the intervention, or adjust the test methodology. Repeat steps 9 – 11.
- Abandon – If changes made to the process did not result in an improvement, consider lessons learned and return to step 1.

Step 13 – Documentation
Document your QI project. The QI project team leader is responsible for completing the PHSD Storyboard template or worksheet and uploading it to the IPMS system - AchieveIT Platform.

Step 14 – Communication
Share your QI Project results. QI Project work and results should be communicated during all 3 levels of Progress Reviews. Progress Reviews Tier III contain a requirement and allotted time to brief the QI project and results to the PHSD Management Team. Consider communicating lessons learned through posters, newsletter articles, or journal articles.

Related Documentation
    PHSD Formal QI Project Storyboard
    PHSD "Just Did It" Template/Form
    Quality Work Group Charter
    PHSD Organizational Excellence Work Plan and Budget
    PHSD Progress Reviews Guide
    AchieveIT User/Governance Guide
    Public Health Foundation's Public Health Quality Improvement Encyclopedia
        The Public Health Memory Jogger II

Related Federal or State Guidance (if applicable)
    MCA 17-7-111(3)
    Public Health Accreditation Board (PHAB)

Key Quality Terms

The following vocabulary has been adopted by the PHSD to establish clear and consistent communication of our quality efforts throughout the Division.

Action Plans: A sequence of steps that must be taken for an objective to be accomplished. An action plan consists of specific tasks (what will be done and by whom) and a time horizon (when will each task be done and in what sequence).

Activity: A low level process that consumes resources to provide services and produce products that meet similar customer needs or share a common purpose. An activity (process or project) is composed of a sequence of steps (tasks) carried out to achieve the activity's intended purpose**.**

Aligned and Integrated System: The harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide

goals. Alignment refers to consistency of these elements such that there is a common understanding of purposes and goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.

Balanced Scorecard: A framework of performance objectives, and performance measures and their metrics within four areas, 1) financial, 2) customer, 3) internal processes, and 4) innovation and learning. The term "balanced" refers to the organization being driven by a balance of financial and non-financial performance measures. The purpose of a balanced scorecard is to translate an organization's strategic objectives into a coherent set of performance measures.

Baseline: Base level of previous or current performance that can be used to set improvement goals and providing a basis for assessing future progress.

Benchmarking: Measuring your performance against that of best-in-class organizations, determining how the best-in-class achieve those performance levels, and using the information as a basis for your own organization's targets, strategies, and implementation. It is the study of the performance levels of the best organizations and how they get it done, and then improving upon those methods to best meet your organization's needs.

Benchmarks: The term "benchmarks" refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization's level of government. Organizations engage in benchmarking as an approach to understand the current dimensions of world-class performance and to achieve discontinuous (non-incremental) or breakthrough improvement. Benchmarks are one form of comparative data. Other comparative data organizations might use include performance data collected by a third party (frequently similar agency averages) and comparisons with similar organizations in the same geographic area.

Customer/Constituent-Driven: Performance and quality are judged by an organization's customers and constituents. Thus, the customer/constituent-driven organization considers all service and product features and characteristics that contribute value to those who receive those services.

Desired Outcome: See "Outcome".

Evaluation: The systemic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about the future programs. Quality Improvement is the outcome or next step following an evaluation.

Evidence Based Practices: The use of quantitative research and scientific studies as a

basis for determining the best practices in a field. The basic premise of evidence-based practices is to provide transparency and to assure the public that the techniques and procedures employed will provide the best possible interventions or treatments.

Goals: The term "goals" refers to a future condition or performance level that one intends to attain. Goals are ending that guide actions. The term "stretch goals" refers to desired major, discontinuous (non-incremental) or breakthrough improvements, usually in areas most critical to your organization's future success. Goals serve the following functions:

- Clarify the Mission or Key Result Area
- Define the desired high-level result after 3-5 years
- Are high level and nonspecific?
- Set direction but don't specify how
- Foster teamwork by focusing on a common end
- Encouraging "out-of-the-box" thinking to achieve a stretch goal
- Providing a basis for measuring and accelerating progress

Measure and Metric: These two terms have two subtly different technical meanings when used in organizational performance evaluation. Measure is a basis or standard of comparison. For instance, wealth is not a measure of happiness, length and weight are measures of size. A metric is a standard of measurement, e.g. inches is a metric of length, ounces is a metric of weight. Length is the measure of size; the number of inches is the metric. A person should be able to calculate a numerical value from a well written metric description.

Outcome: The term "outcome" refers to the ultimate downstream result or impact that is facilitated by the immediate provision of products or services to a customer. An example is that the provision of a building permit is not for the purpose of giving a permit, but, in effect, provides the outcome of affording the community a safe building. An outcome answers the following questions:

- How will the program/service/activity benefit or impact the customer?
- What can the customer ultimately expect to find changed or accomplished because of the successful program/service/activity?
  (See also the definition of "results").

PDSA/PDCA: The Plan–Do–Study/Check–Act method is the most widely used, simple approach for Quality Improvement projects. The terminology of PDSA and PDCA may be used interchangeably. When described as the PDSA Cycle, the method is a continuous effort of repeated iterations of PDSA.

Performance: The term "performance" refers to output results and their outcomes

obtained from processes, products, and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in nonfinancial and financial terms.

Performance Excellence: An integrated approach to organizational performance management that results in (1) improvements in the health status of Montanans, (2) delivery of ever- improving value to constituents, customers, and stakeholders, (3) improvement of overall organizational effectiveness and capabilities, and (4) organizational and personal learning.

Performance Measures: A management tool that measures the work performed and the results achieved by a process or project.

Performance Management: The practice of actively using performance data to improve the public's health. This involves the strategic use of performance standards, measures, progress reports, and ongoing Quality Improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization, or system level.

Procedure:

1) A prescribed method for performing specific work. A procedure defines what is to be done, when, where, and by whom,

2) A written document that describes how a process functions, demonstrating the linkages and interactions between departments or work units, and used to define responsibilities and authorities.

Process:

1) A process is the set of ordered steps taken in producing a product or providing a service. Processes begin with inputs and change them, add to them, or combine them in order to create new products or services (outputs),

2) the term "process" refers to linked tasks or activities with the purpose of producing a product or service for a customer (user) within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, and materials in a defined series of steps or actions. In some situations, processes might require adherence to a specific sequence of steps, with documentation (sometimes formal) of procedures and requirements, including well-defined measurement and control steps,

3) in many service situations, particularly when customers are directly involved in the service, process is used in a more general way, i.e., to spell out what must be done,

possibly including a preferred or expected sequence. If a sequence is critical, the service needs to include information to help customers understand and follow the sequence. Service processes involving customers also require guidance to the providers of those services on handling contingencies related to customers' likely or possible actions or behaviors,

4) in knowledge work such as strategic planning, legal, counseling, criminal investigations, and analysis, process does not necessarily imply formal sequences of steps. Rather, process implies general understandings regarding competent performance such as timing, options to be included, evaluation, and reporting. Sequences might arise as part of these understandings.

Program Evaluation: Evaluation is critical to understanding how a program was implemented and the impact of the program. Evaluation documents the process for developing and implementing the program and identifies key successes, challenges, and lessons learned. Outcome evaluation compares the outcomes among the community receiving the program to those who didn't to determine the outcomes of the program. Data collected to monitor performance and to inform evaluation activities is essential for identifying areas for continuous quality improvement.

Quality: 1) meeting or exceeding customer expectations, 2) the totality of features and characteristics of a product or service that bears on its ability to satisfy customer needs.

Quality Improvement (QI): In public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, 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 services or processes which achieve equity and improve the health of the community.

Results: The term "results" refers to outputs and outcomes achieved by an organization. Results are evaluated based on current performance; performance relative to appropriate comparisons; the rate, breadth, and importance of performance improvements; and the relationship of results measures to key organizational performance requirements. (See also the definition of "outcome").

Root Cause: The ultimate cause of a problem, which when changed, can result in a permanent solution. Root causes can be determined by 1) asking why 5 times, 2) utilizing starburst method, and 3) utilizing Ishikawa or fishbone diagrams.

System: 1) a regularly interacting or interdependent group of items forming a unified whole, 2) A system is a set of interacting and interdependent processes. The outputs of one

process, or subsystem, are needed as input to another. The defining characteristic of a system is the interaction and feedback between the parts. If one part of the system is removed, then the nature of the system is changed. A pile of sand is not a system. If a particle of sand is removed, it remains a pile of sand. However, a functioning car is a system. Remove the carburetor and it is no longer a functioning car.

Systematic: The term "systematic" refers to approaches that are repeatable and use data and information, so learning is possible. To be repeatable, approaches must be defined (usually documented) and consistently applied. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity.

Task: 1) a piece of work assigned to be carried out, 2) one step in the sequence of steps necessary to carry out a process or project.

Work Plan: A work plan is a framework for planning, budgeting, and managing work throughout execution of a project over a finite time-period. Initially, it serves as a proposal to evaluate whether the proposed actions will likely produce the desired results for an acceptable cost. Once approved, it is an agreement between project managers and funding sources about what work is to be conducted and results expected by a specified date in exchange for the funds received. The work plan also serves to guide the sequence of tasks and timing of those tasks carried out by workers, including materials and resources used. In this respect, the work plan is necessary to determine what materials, equipment, technology, and personnel are needed to complete the project before initiation. In summary, the work plan serves multiple purposes throughout a project's lifecycle from inception to completion and closure. Work Plans typically include the following:

- Goals and Objectives
- Deliverables
- Resources and Constraints
- Task Schedule, Sequence, and Workflow
- Budget

APPENDIX A
Montana Public Health and Safety Division
Quality Work Group Charter
Approved by Quality Work Group – April 20, 2016
Approved by PHSD Administrator – May 5, 2016
Updated – August 10, 2023

Purpose of the Quality Work Group

The Quality Work Group (QWG) is chartered to support division leadership (Management Team / Quality Improvement Council) in building a culture of continuous quality improvement throughout the Public Health and Safety Division (PHSD). The QWG will provide guidance and technical assistance to implement and maintain a division-wide quality improvement (QI) program at the PHSD.

Goals

- To support the development of a culture of quality, and quality improvement in alignment with the mission, vision, and values of the PHSD.
- To recognize, acknowledge and celebrate QI efforts across the PHSD.

Responsibilities and Scope

- The Quality Work Group will support the PHSD Management Team by:
- Reviewing and revising the PHSD QI Plan prior to approval.
- Advising on staff and program QI training needs.
- Encouraging the use of QI tools and methods to improve performance.
- Acting as a resource within the PHSD for improving processes.
- Developing operational procedures to support QI efforts.
- Providing QI technical assistance to programs and staff.
- Supporting the implementation of the division's performance management system.
- Assisting in the development of a systematic process for assessing and improving customer satisfaction.

Quality Work Group Structure

Membership

The Quality Work Group (QWG) will include representatives representing the Public Health & Safety Division, selected by the Management Team. The QI Work Group will champion quality assurance (QA), quality control (QC), and evaluation, performance & quality improvement, change management by through monitor of the PM/QI Plan. The bureaus Chronic Disease & Health Promotion, Communicable Disease & Prevention, Epidemiology & Scientific Support and Laboratory Services, Financial Support Services & the System Improvement Office leadership will serve as the Quality Improvement Council. The System Improvement Office will have one representative and serve as the facilitator. There will be a balance of supervisors and non-supervisors in the group.

Membership Terms

Membership will be based on recommendations from the PHSD Management Team and Family Community Health Bureau. Review of the membership occur annually. Recommended, less than half the QWG should rotate off the work group at any given

time to maintain continuity. The QWG will meet every month for 45 minutes per meeting, at a minimum. If a member cannot attend a meeting, they are asked to send a proxy.

Staffing

The Office of System Improvement will staff the QWG and provide both administrative and technical support. Administrative support includes but is not limited to drafting agendas, recording, securing meeting rooms, distributing materials and delivering communication, as needed. Technical support includes drafting an annual QI Plan update and work plan based on QWG input and providing consultation, training, and facilitation to the group, as needed.

Guiding Principles

- The Quality Work Group will operate using the following principles:
- It will ground its work on fostering a culture of continuous quality improvement (CQI) and promoting the use of QI methods and tools.
- Its decisions will be data-driven and evidence-based, but it will also use and respect people's knowledge and experience.
- It will make the customer perspective central to its decision-making and strive to consistently meet or exceed customer expectations.
- Its processes will be transparent, collaborative, and inclusive.
- It will foster engagement and accountability with all persons involved in the CQI effort.
- It will focus on learning and improvement rather than judgment and blame, and value prevention and problem solving over correction.

Appendix B – Progress Reviews Guide – PHSD OURS site