



**Florida Department of Health in Indian River County
Performance Management and Quality Improvement Plan
Version 2.0
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SECTION 1

INTRODUCTION

I. Purpose

This Performance Management and Quality Improvement (PMQI) Plan summarizes the Florida Department of Health in Indian River County's comprehensive approach to improving outcomes through evidence-based decision-making, continuous organizational learning and performance improvement. The Plan describes how the County integrates quality improvement and performance management into its staff training, leadership structure, planning and review processes, and administrative and programmatic services. The Plan also describes how the County shares best practices and evaluates its success in achieving established priorities and public health objectives.

The goals of the DOH-Indian River PMQI Plan are to ensure ongoing organizational improvement and to attain and sustain a culture of quality that follows the key indicators identified in the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.

II. Policy Statement

The Florida Department of Health in Indian River County is committed to systematically evaluating and improving the quality of its programs, processes and services. This intentional focus on quality enables the Department to achieve high levels of efficiency, effectiveness, and customer satisfaction.

The PMQI Plan covers a three-year period and is reviewed quarterly and evaluated and updated annually by September 30th. The PMQI program described in the Plan supports the Department's culture of quality by identifying opportunities for improvement, implementing data-supported improvement initiatives, sharing best practices, and evaluating measurable impacts on strategic priorities. Leadership will ensure that practices are implemented that create a workforce culture of action, continuous improvement, and performance excellence.

The Department's focus on quality begins with its mission "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts." Its values embody a culture of quality:

Innovation:	We search for creative solutions and manage resources wisely
Collaboration:	We use teamwork to achieve common goals & solve problems
Accountability:	We perform with integrity & respect
Responsiveness:	We achieve our mission by serving our customers & engaging our partners
Excellence:	We promote quality outcomes through learning & continuous performance improvement

III. Quality Terms

Please see Appendix 1, Quality Improvement Plan Key Terms, for a summary of common terms and definitions used throughout this document.

SECTION 2

CULTURE OF QUALITY

PHAB 1.5 Measure 9.2.1 The Health Department must address the current culture of quality and the desired future state of quality in the organization.

I. Current and Future State of Quality

The NACCHO Roadmap to a Culture of Quality Improvement defines organizational culture as:

“The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished, it matures over several years, during which norms are passed on from one “generation” of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time.”

In April of 2017, the DOH-Indian River Performance Management Council (PM Council) engaged in a formal department-wide culture of quality self-assessment utilizing the NACCHO Roadmap Self-Assessment Tool (SAT). Council members reached a consensus assessment of the current culture of quality in Indian River as a 4.7 - Formal QI in Specific Areas of the Organization. Results of the assessment are available for staff to review via our local SharePoint site. These results were shared with the State Health Office and used to develop the Agency PMQI Plan. The self-assessment also enabled DOH Indian River to identify opportunities for improvement and to use the results to:

- Create the foundation for an effective quality monitoring system,
- Help select quality improvement projects,
- Identify PMQI training needs in collaboration with staff and the PMQI Champion,
- Incorporate self-assessment results into the County Health Department (CHD) PMQI Plan, and
- Adopt the NACCHO Roadmap’s transition strategies to strengthen and standardize PMQI activities.

To support continued process improvement and development, DOH-Indian River intends to conduct a formal culture of quality self-assessment every three years. The next assessment will be conducted by 12/31/2020 to monitor improvement and assess progress toward adoption of our culture of quality. The assessment will be made available for all staff to complete instead of PM Council members only in an effort to better gauge our CHD’s overall culture of quality progress.

To further develop the culture of quality within DOH-Indian River, a performance expectation related to quality improvement is included on all employee performance expectations. Staff who seek additional QI learning opportunities (i.e. additional training, serving on improvement committees, participating on a QI project, etc.) have the opportunity to increase their performance rating. Additionally, responsibilities relating to QI will be added into all staff position descriptions. Responsibilities vary based on the type of position (i.e. management, supervisor, non-supervisor).

SECTION 3

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT STRUCTURE

Reaccreditation Measure: 9.2.2.a: The structure for the implementation of quality improvement: organization, roles and responsibilities, membership and rotation, staffing and administrative support, budget and resource allocation.

I. Structure

The Florida Department of Health is an executive branch agency, established in section 20.43, Florida Statutes. The agency is led by the State Surgeon General and State Health Officer, who is appointed by the Governor and confirmed by the Senate. The Department's Executive Management Team includes the General Counsel, Chief of Staff and four Deputy Secretaries who oversee business and programmatic operations. The State Health Office provides leadership to DOH-Indian River through the Office of the Deputy Secretary for County Health Systems. The DOH-Indian River Health Officer reports to the Deputy Secretary for County Health Systems, who sets expectations and monitors performance.

As an integrated public health department, the Department operates through a State Health Office which provides policy, direction and support to 67 local County Health Departments distributed throughout Florida. The County Health Departments implement health programs and deliver services to the public.

The DOH-Indian River infrastructure for supporting a culture of quality and implementation of improvement initiatives throughout the Department includes:

- A. The DOH-Indian River management team is comprised of management leaders and is accountable for building and sustaining a culture of quality in the Department by:
 - 1) Removing barriers associated with completing strategic goals as outlined in either the Strategic Plan, PMQI Plan, or Community Health Improvement Plan (within this document all three plans are referred to as Plans) and continuous performance improvement.
 - 2) Engaging various stakeholder groups to promote involvement and obtain support for department strategic goals.
- B. The PMQI Champion (formerly QI Liaison) is appointed by leadership and possesses the core competencies identified by the State Health Office. The champion is responsible for the following:
 - 1) Serving as the point of contact between the Performance Management Council and Central Region PMQI Consortium team and providing regular updates of PMQI initiatives and pertinent information from Central Office.
 - 2) Leading the development of the PMQI Plan and self-assessment.
 - 3) Establishing the dates and preparing for the PM Council meetings, as well as completing and uploading meeting summaries to Florida Health Performs website within 10 business days from the PM Council summary approval.
 - 4) Coordinating training identified in PMQI Plan.

- 5) Serving as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned, and practices that result in improved performance.
 - 6) Serving as quality steward, maintaining responsibility for promoting PMQI in CHD.
 - 7) Serving as the Chair to the DOH-Indian River QI Committee
- C. The Performance Management Council (PM Council) is chaired by the health officer and comprised of the DOH-Indian River management team, PMQI Champion, Accreditation Liaison and Plan owners. It will meet at least 10 times annually and operate in accordance with the PM Council Charter (see Appendix 4) and is responsible for the following:
- 1) Selection of priority strategies for PMQI projects.
 - 2) Assessment of progress towards a sustainable culture of quality within the CHD using the NACCHO Organizational Culture of Quality Self-Assessment Tool.
 - 3) Developing and implementing a three-year Quality Improvement Plan and performing an in-depth annual review of the plan, including updating goals and objectives, projects and training, annually by September 30th.
 - 4) Developing, approving, monitoring, and evaluating Plans, and PMQI projects.
 - 5) Conducting at least quarterly reviews of progress toward completion of PMQI Plan, including PMQI projects.
 - 6) Completing PMQI Annual Progress Report by September 30th annually and uploading it to Florida Health Performs website.
- D. DOH-Indian River Quality Improvement Committee (QIC) is comprised mostly of front line staff, including some supervisory staff, and is responsible for assisting in the provision of DOH-Indian River quality improvement initiatives, projects and programs. The PM Council has oversight of the QIC. QIC members shall be appointed for no less than a one (1) year term with rotated membership annually per department represented, as needed. Departments represented include Administration, Business Office, Clinical Operations, Clinic Clerical Operations, Environmental Health, Outreach, Safety/Preparedness, School Health, WIC.
- 1) QIC is provided the PMQI Plan annually for review and feedback.
- E. DOH-Indian River Expanded Management Team (EMT) is comprised of all management and supervisors, as well as the Accreditation Liaison, Safety Officer/PIO/Preparedness Coordinator and Personnel Liaison, and is assists with reviewing and advising on QI activities.
- F. DOH-Indian River staff is comprised of all Department staff and is responsible for the following:
- 1) Participating in PMQI projects as appropriate.
 - 2) Developing an understanding of basic PMQI processes and tools and applying PMQI into daily work.

II. Budget and Resource Allocation

Funding and additional resource allocation will be supported by the DOH-Indian River management team to promote PMQI training and the development of a culture of quality. DOH-Indian River promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding.

The role of the PMQI Champion is held by the Administrative Assistant II position which is fully funded by DOH-Indian River. DOH-Indian River promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding. The availability of funding for advanced training for the PMQI Champion and Accreditation Lead will be reviewed end of first quarter.

SECTION 4

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT TRAINING

Reaccreditation Measure: 9.2.2b: The types of quality improvement training available and conducted (for example, new employee orientation, introductory online course for all staff, advanced training for lead QI staff, continuing staff training on QI, and other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.).

I. Training Plan

The Department recognizes that ongoing training in PMQI methods and tools is critical for creating a sustainable performance management and quality improvement program. These training opportunities are available through providers including Department personnel, TRAIN Florida, the Public Health Learning Network, the American Society for Quality and local vendors. The Department's PMQI Training Plan requires that, at a minimum,

- A. Division and CHD PM Council are recommended to complete the Department's problem-solving methodology training series in TRAIN Florida at least once, and
- B. PMQI project team members are recommended to complete the Department's problem-solving methodology training series in TRAIN Florida at least once and complete the PMQI projects identified in this plan.

The following table contains additional DOH-Indian River training requirements, which will be confirmed in TRAIN, with printed or electronic certificates of completion/attendance, or by signed training sign-in sheet if a certificate is not available. PMQI Champion, with assistance from the Personnel Liaison, will track all QI trainings required of staff. Employees are responsible for providing their supervisors proof of completion of any training above the minimum training requirements within this Plan.

2019-2020 PMQI Training Plan				
Staff	Training	Due By	Time	Avg Cost per Participant
All new hire DOH-Indian River staff as part of new hire orientation	Introduction to QI in Public Health TRAIN Course ID #1059243	Within 30 days of hire start date	30 min	\$0
All DOH-Indian River staff, including new hires	Quality Improvement 101 TRAIN Course ID #1067632	April 17, 2020	1 hour	\$0
	Quality Improvement 102 TRAIN Course ID #1073517	April 17, 2020	1 hour	\$0
	Cultural Awareness: Intro to Cultural Competency and Humility TRAIN Course ID #1062987	April 17, 2020	30 min	\$0
	Addressing Health Equity: A Public Health Essential TRAIN Course ID #1041931	April 17, 2020	1.5 hours	\$0
DOH-Indian River PM Council and Expanded Management Team	Creating a Context for Change: Leading Through Organizational Development TRAIN Course ID #1041048	December 31, 2019	4 hours	\$0
DOH-Indian River PM Council, QI Committee and Project Members Listed in Team Charter	FDOH Problem Solving Methodology Training Series TRAIN Course ID #1058483	Within 60 days of membership or project start date	3 hours	\$0
All PM Council Members	Training on how to conduct the Organizational Culture of Quality Self-Assessment Tool (TBD - in preparation for the 2020 assessment)	Training will be completed prior to administering new assessment in 2020.		\$0
DOH-Indian River PM Council	TBD: diversity training (not yet identified)			
PM/QI Champion	TBD: advanced training (not yet identified pending budget availability)			
Various (not required)	Position specific as determined by staff	As determined per voluntary IDPs		

SECTION 5

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PROJECTS

Reaccreditation Measure: 9.2.2.c. A description of how the performance management system is used to identify and prioritize quality improvement projects (for example, alignment with the strategic plan priorities and/or community health improvement plan priorities, potential impact on health status, potential impact on an intervention's or program's effectiveness, potential impact on efficiency, etc.)

I. Project Identification, Alignment, and Initiation Processes

Based on the results of the NACCHO Roadmap to a Culture of Quality Self-Assessment, the DOH-Indian River PM Council identified opportunities for improvement and incorporated these findings into the development of the Performance Management and Quality Improvement Plan's goals, strategies and objectives. With the intent to increase the unit's overall cultural score, the PM Council selected the following Roadmap foundational elements/sub-elements to work towards improving as plan goals, which were among the lowest rated areas needing most improvement within the assessment.

- Goal 1: (2017):** Foundational Element 1: Employee Empowerment
Sub-Element 1.2: Knowledge, Skills and Abilities
Assessment Statement for Improvement: The organization has identified a core set of QI related knowledge, skills and abilities (KSAs) in which each employee will become competent.
- Goal 2 (2018):** Foundational Element 2: Teamwork and Collaboration
Sub-Element 2.2: Learning Communities
Assessment Statement for Improvement: A variety of methods for sharing and collaboration (e.g. QI project storyboards, visual displays of work processes, topical "lunch and learn" sessions) are used among employees.
- Goal 3 (2019):** Foundational Element 6: Continual Process Improvement
Sub-Element 6.5: Sharing of Best Practices
Assessment Statement for Improvement: Best practices are documented effectively, including where they are applicable and under what conditions, the expected results, and how they are accomplished.

The corresponding strategies to accomplish these goals will be adapted from the suggested transition strategies available in the Roadmap and local resources to advance the cultural score for that specific element.

The DOH-Indian River PM Council reviews key performance data to identify potential quality improvement projects. These potential PMQI projects will be selected and prioritized based on their alignment with the PMQI Plan's goals and strategies, as well as the local Strategic plan, the County Health Improvement Plan (CHIP), Workforce Development Plan, or other emerging/priority areas. PMQI projects may also be prioritized based on their alignment with

state plans. Additionally, some projects may be determined based on immediate need for improvement.

DOH-Indian River must complete and submit at least one formal PMQI project annually to Florida Health Performs. Projects undertaken collaboratively between CHDs (i.e. regionally) apply towards this requirement. Projects may be:

- *Administrative* – projects that improve organizational processes, including activities that impact multiple sections/programs (i.e. contract management, vital records, human resources, staff professional development, workforce development, financial management)
- *Population-based* – projects that feature interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks (i.e. tobacco, drug and alcohol use, diet and sedentary lifestyles, and environmental factors)
- *Programmatic* – projects that have a direct impact within one specific program (even if administrative in nature), includes the functions, services, and/or activities carried out through the daily work of public health department programs

Project teams will be established by the PM Council and team charters will be developed to determine the PMQI tools and methodology that will be utilized to structure the project. Action plans will be developed by project teams to establish accountability for project monitoring and evaluation expectations. Projects will align with PMQI plan goals, strategies, as supporting objectives contributing to the accomplishment of the plan. A project storyboard will be completed for each project utilizing the storyboard template and uploaded to Florida Health Performs by September 30th annually. Each storyboard will include a description of the existing effort or gap for which improvement is needed, an aim statement, the quality improvement tools and implementation methods used, the outcome or progress of the project. These projects will be captured in the PMQI Plan Annual Progress Report and progress on these projects will be noted in the DOH-Indian River PM Council meeting minutes, which are posted on Florida Health Performs as well as our internal SharePoint site.

The following table is a listing of the 2019-20 QI Projects at DOH-Indian River. Appendix 2 contains a table displaying the alignment between the Community Health Improvement Plan, State Health Improvement Plan, CHD Strategic Plan, Agency Strategic Plan, CHD Workforce Development Plan and Agency Workforce Development Plan.

II. Continual Quality Improvement

To ensure the long-term success of improvement projects and foster continual quality improvement, updated data pertaining to completed projects will be periodically reviewed as data is made available (i.e. Quarterly Snapshots, etc.) by the project lead and PM Council to ensure previously successful actions implemented are still achieving the desired goals. When available, dashboards will be utilized to assist with consistent and comprehensive plan monitoring.

2019-20 DOH Indian River QI Project Summary		
Project Focus	Goal	Aim Statement
Administrative (Clinic): Create Process for New Patient Portal in an Effort to Meet Meaningful Use	Improve access to health care for the uninsured and underinsured	There exists an opportunity to create an internal process to offer patients the Florida Health Connect new patient portal enabling patients to have better access to their health information. Success will be determined by >80% of prioritized patients seen having the portal offered "activated" to them to meet meaningful use by 12/31/2019.
Administrative: Improve our Internet Website ADA Compliance	Improve access to health care for uninsured and underinsured	There exists an opportunity to improve ADA compliance on our external website to improve access to health information for those with disabilities. Success will be determined by attaining 80% compliance per the SiteImprove compliance dashboard by 9/1/2020.
Administrative: Create Internal Policy Updates Process	Develop, sustain and improve a competent workforce	There exists an opportunity to create an internal policy to ensure internal policies are reviewed and updated consistently at least every 2 years or sooner. Success will be determined by the creation of an Internal Policy Review and Update policy by 12/31/2019.
Programmatic: Public Health Preparedness Create Gifford Emergency Preparedness Plan	A community prepared for all hazards	There exists an opportunity to address under resourced populations who are vulnerable to disasters by creating a neighborhood emergency preparedness plan by April 1, 2020.
Programmatic: Epidemiology Increase Hepatitis A Vaccination	Prevent disease and injury	There is an opportunity to increase Hepatitis A vaccination to high-risk populations in Indian River County to help prevent the spread of disease. Success will be measured by vaccinating 80% of high risk individuals, to be completed by 9/15/2020.
Administrative: Improve Employee Morale in Relation to Working at DOH-IR	Develop, sustain and improve a competent workforce	There exists an opportunity to survey staff to learn how to increase employee morale and identify opportunities to increase awareness of existing benefits by 9/1/2020.
Programmatic: Epidemiology Identify Local Healthcare Stakeholders and Providers	Improve public health outcomes through effective collaboration with community partners	There is an opportunity to improve regular maintenance of our current blast notification system for stakeholders and providers information to achieve a current comprehensive list of local providers. Success will be determined completion of one in-depth review and update by 9/1/2020.
Administrative: Customer Satisfaction Improve Phone Customer Service	Promote a culture of excellent customer service	There is an opportunity to improve customer telephone service to public health clinic clients post primary care discontinuation and workforce reduction in August 2019. Success will be determined by consistently attaining greater than 80% of calls answered, by 9/1/2020.
Programmatic: - Population Based: Snap Ed – Improve Childhood Obesity	Decrease percentage of youth and adults in IRC who are overweight or obese	There exists an opportunity to increase healthier lifestyle behaviors by 20% in under resourced communities by increasing healthy eating and physical activity by 5/1/2020.
Administrative: Sharing of Best Practices	Strengthen public health infrastructure	There exists an opportunity to share best practices for continual quality improvement. Success will be determined by identifying, documenting and sharing two local best practices by 9/1/2020.

SECTION 6

SYSTEMATIC APPROACH FOR CUSTOMER FEEDBACK

Reaccreditation Measure: 9.2.2.d: A systematic process for the regular consideration of customer feedback on programs and interventions for improvement of population-based health promotion, protection, or improvement efforts. Describe how customer feedback is gathered and analyzed. Describe how results are considered for quality improvement of policies, programs, and/or interventions.

The NACCHO Roadmap to a Culture of Quality Improvement describes Customer Service as: *“Customer service is a core tenet of quality. Services offered should be customer driven, and continuous assessment of internal and external customer needs should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction.”*

The Department is dedicated to meeting key customer requirements and protecting, promoting, and improving the health of all people in Florida through integrated state, county, and community efforts. The Department is accountable for ensuring that it uses effective methods to engage its key public health customers. Furthermore, the Department seeks to be fully responsive to changing and emerging customer requirements and it pays close attention and responds to customer feedback.

Florida Statutes requires each state department under the executive branch to comply with the Florida Customer Standards Act (s. 23.30, Florida Statutes). This act requires agencies to establish a process which can measure, monitor and address issues related to customer satisfaction and complaints.

The Department has developed and implemented a Customer Focus Policy, DOHP 180-30-15, to establish expectations and provide guidance regarding collecting, monitoring, and addressing customer feedback. Employees are expected to always meet and often exceed customer expectations for quality, timeliness and effective personal interaction when providing health products, services and information to the public. The Department uses customer satisfaction data to identify unmet needs and continuously improve the quality of services it offers. All employees are required to complete an online Customer Focus training each year.

The Department gathers, analyzes, and reports customer feedback data in several ways, including conducting customer satisfaction surveys. County health departments annually report data on their customer satisfaction processes, results, and timeframes for acknowledging complaints in the CHD Snapshot.

DOH-Indian River uses customer feedback data to improve policies, programs and/or interventions by identifying opportunities for improvement through our local DOH-Indian River feedback email, customer satisfaction surveys, outreach evaluations, and customer comment forms. This information is also included in the annual PMQI Plan progress reports. Customer satisfaction data may indicate opportunities for improvement; opportunities and projected implementation plans are discussed with the DOH-Indian River management team.

SECTION 7

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT MONITORING

I. Goals, Strategies & Objectives – Measures and Performance Monitoring

DOH-Indian River PM Council are responsible for measuring, monitoring and reporting the progress achieved on the goals, strategies, and objectives of the CHIP, Strategic Plan, Workforce Development Plan, and PMQI Plan. Plan Reviews are a standing agenda item on the PM Council meeting agenda and a plan review tracking sheet is part of the meeting summary template that is utilized to track review dates.

To ensure the PMQI plan is routinely monitored, the Indian River PM Council meets at least 10 times annually to track progress of components within the plan. Annually, the PM Council performs an in-depth review of the DOH-Indian River QI Plan to identify strengths, opportunities for improvement, and lessons learned, with additional review by QI Committee, comprised of front line and supervisory staff. The status of the PMQI Plan is reported in the meeting minutes and submitted to the Division of Public Health Statistics and Performance Management (PHSPM) via upload to Florida Health Performs, within ten business days, after the minutes are approved. Based on these reviews, the PM Council updates their plan objectives as needed.

Annually, Indian River submits an Annual PMQI Plan Progress Report assessing progress toward reaching goals, strategies, objectives, and achievements for the year. From these annual reports, the Bureau of Performance Assessment and Improvement (BPAI) provides an annual statewide progress report to the Agency Performance Management Council. The Agency and CHD PM Council oversee the development of all PMQI Plans, annual progress reports, and revision of these plans.

Additionally, PM Council members complete an annual assessment of our local PM Council, administered by the Division of Public Health Statistics and Performance Management Central to measure progress from the previous assessment administered and identify current opportunities for improvement.

Appendix 4, PMQI Plan Goals, Strategies, and Objectives, contains a list of the Fiscal Year 2019-2020 DOH-Indian River PMQI Plan goals, strategies, and objectives.

SECTION 8

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT COMMUNICATION

Reaccreditation Measure: 9.2.2.e: A description of how the results of quality improvement activities are communicated to staff, the governing entity, and others, as appropriate.

I. Communication

Ongoing communication is critical to the continuous PMQI process and the institutionalization of the Department's quality improvement culture. The success of the Department's PMQI process and its ongoing progress towards becoming a learning organization is promoted by systematic information-sharing, networking, and collecting and reporting on knowledge gained.

The DOH-Indian River PM Council, chaired by the Health Officer, will meet at least 10 times annually. Meetings are documented using an agenda and meeting minutes. PM Councils leverage the advantage of Florida's integrated local public health system by sharing resources and information with peers. PMQI project sponsors are responsible for sharing county/division/office specific project results on a regular basis to keep staff up-to-date on PMQI project progress. PMQI Champion serves as the point of contact for sharing progress updates and results of improvement initiatives, lessons learned and practices that result in improved performance using the following avenues:

- 1) PM Council meetings (standing item on each meeting agenda)
- 2) PMQI Consortia Team Meetings
- 3) Sharing/submitting information with Division of PHSPM, County Health Systems and other appropriate state office programs
- 4) Statewide/community meetings or events
- 5) Appropriate internal and external award nominations
- 6) Storyboards
- 7) Florida Health Performs website
- 8) DOH-Indian River PMQI newsletter
- 9) DOH-Indian River staff meetings
- 10) Email
- 11) CHD SharePoint site
- 12) Sharing/Collaboration boards

SECTION 9

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT EVALUATION

Reaccreditation Measure: 9.2.2.f.: A process to assess the effectiveness of the quality improvement plan and activities. (This may include the review of the process and the progress toward achieving goals and objectives, efficiencies and effectiveness obtained, and lessons learned, customer/stakeholder satisfaction with programs, and description of how reports on progress were used to revise and update the quality improvement plan.)

I. Evaluate and Update the PMQI Plan

Annually, the DOH-Indian River PM Council reviews the PMQI Plan to identify strengths, opportunities for improvement, and lessons learned. This information is reported to the Division of Public Health Statistics and Performance Management through an Annual Progress Report by September 30 annually. During this revision process, the county also reviews PMQI training and resources for relevance and usefulness to staff and makes revisions as necessary. The focus of this review includes examining the:

- Culture of Quality Self-Assessment
- Progress towards designated performance measures
- Progress on PMQI projects
- Training plan
- Training content
- PMQI project process
- Roles and responsibilities
- Budget and staffing
- Linkages with departmental priorities

This evaluation process informs the planning for each subsequent year and supports a culture of continuous improvement and excellence.

APPENDIX 1

PMQI KEY PLAN TERMS

TERM	DEFINITION
Accountability	Establishing a systematic method to assure stakeholders (policy-makers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements that are applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals, and consequences and sanctions. (Source: American Society for Quality)
Administrative Project	A quality improvement project that improves organizational processes. Administrative areas are activities that relate to management of a company, school, or other organization. For PHAB purposes, administrative areas are distinguished from program areas which provide public health programs or interventions. Examples of administrative areas include contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance), vital records (e.g., processing birth and death certificates or evaluating their accuracy), human resources functions (e.g., the performance appraisal system), staff professional development (e.g., effectiveness of the professional development process), workforce development (e.g., appropriateness of employee wellness program), or financial management system (e.g., the financial data development, analysis, and communication process).
Alignment	Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Baldrige National Quality Program, 2005).
Analyze	To study or determine the nature and relationship of the parts of by analysis. (Source: Merriam-Webster Online Dictionary)
Barriers	Existing or potential challenges that hinder the achievement of one or more objectives. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.)
Benchmarking	Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Also referred to as “best practices” in a field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (Source: Norris T, Atkinson A, et al. <i>The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities</i> . San Francisco, CA: Redefining Progress; 1997)
Best Practice(s)	The current best-known way to do something. Best practices are: a) recognized as consistently producing results superior to those achieved with other means; b) can be standardized and adopted/replicated by others; and c) will produce consistent and measurable results. Best practices can be replicated in different processes, work units, or organizations such that the results of the original application can be reliably reproduced. Best practices will evolve to become better as improvements are discovered. (NACCHO QI SAT v2.0)
Change Management	A structured approach to transitioning an organization from a current state to a future desired state. (NACCHO Roadmap to a Culture of QI)
Continuous Improvement	Includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes to provide added benefits to the customer and organization. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)

TERM	DEFINITION
Core Competencies	Core public health competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). (Council on Linkages between Academia and Public Health Practice. <i>Core Competencies for Public Health Professionals [online]. 2010 [cited 2012 Nov 6].</i> http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)
Culture of Quality Improvement	Culture of quality improvement exists when QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. Staff do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (<i>Roadmap to a Culture of Quality Improvement</i> , Phase 6, NACCHO)
Customer Focus	How an organization listens to the voice of its customers, builds customer relationships, determines their satisfaction, and uses customer information to identify opportunities for improvement. (NACCHO QI SAT v2.0)
Customer/Client Satisfaction	Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. (www.businessdictionary.com/definition/customer-satisfaction.html)
Data	Quantitative or qualitative facts presented in descriptive, numeric or graphic form. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Evaluate	To systematically investigate the merit, worth or significance of an object, hence assigning “value” to a program’s efforts means addressing those three inter-related domains: Merit (or quality); Worth (or value, i.e., cost-effectiveness); and Significance (or importance). (Source: CDC – <i>A Framework for Program Evaluation</i>)
Evidence-based Practice	Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Source: Brownson, Fielding and Maylahn. <i>Evidence-based Public Health: A Fundamental Concept for Public Health Practice</i> . Annual Review of Public Health)
Governing Entity	A governing entity if the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district or reservation as established by state, territorial, or tribal constitution or statute, or by local charter, bylaw, or ordinance as authorized by state, territorial, tribal, constitution or statute. (National Public Health Performance Standards Program, <i>Acronyms, Glossary, and Reference Terms</i> , CDC, 2007. www.cdc.gov/nphps/PDF/Glossary.pdf).
Implement	To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures (Source: Adapted from Merriam-Webster.com)
Key Processes	Processes that focus on what the organization does as a business and how it goes about doing it. A business has functional processes (generating output within a single department) and cross-functional processes (generating output across several functions or departments.) (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)

TERM	DEFINITION
Key Customer Requirements	Performance standards associated with specific and measurable customer needs; the “it” in “do it right the first time.” (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors)
Objective	Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period of time. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.) Objectives need to be Specific, Measurable, Achievable, Relevant and include a Timeframe (SMART) .
Opportunity for Improvement	Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect its chances of success or failure. (Source: Adapted from BusinessDictionary.com)
Outcomes	Long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.
Performance Excellence	An integrated approach to organizational performance management that results in 1) delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability; 2) improvement of overall organization effectiveness and capabilities; and 3) organizational and personal learning. (Source: <i>2013 Sterling Criteria for Organizational Performance Excellence</i>)
Performance Gap	The gap between an organization's existing state and its desired state (as expressed by its long-term plans).
Performance Improvement	An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.
Performance Indicators	Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) (Source: <i>2013 Sterling Criteria for Performance Excellence</i>)
Performance Management	A continuous cycle of inquiry that encompasses the collection and processing of data, the analysis of the data, and the utilization of the analysis to adjust actions and behaviors. The analysis of data is carried out through the act of rendering comparisons over time, across units, and against internal targets and external benchmarks. The analysis of data should lead to decisions regarding strategy, program delivery, service delivery, day-to-day operations, resource allocation, goals and objectives, and performance targets, standards, and indicators. Processes needed to link data evaluation, decision-making, and action as centering on the role of formal and informal “interactive dialogue” about performance data. (Source: <i>Public Performance & Management Review</i> , Vol. 34, No. 4, June 2011, pp. 520-548)
Performance Management Council (PM Council)	A cross-sectional group of leaders and key staff responsible for overseeing the implementation of the performance management system and QI efforts. (NACCHO Roadmap to a Culture of Quality)
Performance Management System	A fully integrated system for managing performance at all levels of an organization which includes: 1) setting organizational objectives across all levels of the department; 2) identifying indicators and metrics to measure progress toward achieving objectives on a regular basis; 3) identifying responsibility for monitoring progress and reporting; and 4) identifying areas where achieving objectives requires focused QI processes. (NACCHO QI SAT v2.0)
Performance Measures or Metrics	A quantitative expression of how much, how well, and at what level programs and services are provided to customers within a given time-period. They quantify the processes and outcomes of a work unit providing insight into whether goals are being achieved; where improvements are necessary; and if customers are satisfied. (NACCHO QI SAT v2.0)

TERM	DEFINITION
Performance Report	Documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments, and recommendations. (Source: <i>Turning Point Performance Management</i> , National Excellence Collaborative, 2004)
Plan-Do-Check-Act (PDCA)	Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle. The Plan–Do–Check–Act cycle is a four–step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated and again for continuous improvement. (Source: ASQ.org)
PMQI Chairs	A PMQI Chair supports the PMQI Team by working with the Division of Public Health Statistics and Performance Management to plan, organize, and communicate PMQI Team activities and efforts. This position is nominated by PMQI Champions, confirmed by Health Officers, and rotates annually. The chair will assist the Division of PHSPM to: <ul style="list-style-type: none"> • Identify significant gaps and strengths and participate in planning and improvement activities. • Support and assist development and guidance of professional development, training resources and expertise in quality improvement and performance management practices. • Support and assist guidance and leadership while acting as point of contact for members of the consortium. • Participate in meeting preparation and agenda planning and facilitate material at quarterly team meetings. • Maintain and update the SharePoint site for the consortium A co-chair may also be named, at the desire of consortium. This individual will perform support functions to assist the chair.
PMQI Champion	Staff that possess enthusiasm for and expertise in QI, serve as QI mentors to staff, and regularly advocate for the use of QI in the agency. (NACCHO Roadmap to a Culture of Quality)
PMQI Consortia	A region-based grouping of CHDs that collaborates on PMQI topics specific to their area (see charter, overview series for leaders slide (September 2018) and CHS)
Policy	Policy is the general principles by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air or school physical education guidelines) as well as internal policies affecting staff (e.g., family leave or hiring practices). (Adapted from: Garner, B.A. editor. <i>Black's Law Dictionary</i> . 8th ed. West Group; 2004)
Population-based Health	Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors. (Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Programmatic Project	A quality improvement project that has a direct impact within a specific program. If the project applies to only one program, it is considered programmatic even if the improvement is administrative in nature. For example, issuing permits in EH may involve administrative work, however, this is a program example because it is specific to the operation of a specific program, EH. Programs, processes, and interventions are the terms used to describe functions, services, or activities carried out through the daily work of public health departments.
Promising Practice	A way to do something that shows some evidence or potential for developing into a best practice. (NACCHO QI SAT v2.0)
Public Health	Public health is the mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized

TERM	DEFINITION
	<p>community efforts to prevent, identify and counter threats to the health of the public. Public health is:</p> <ul style="list-style-type: none"> • the science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; • the control of community infections; the education of the individual in principles of personal hygiene; • the organization of medical and nursing service for the early diagnosis and treatment of disease; and • the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health. <p>PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management/administration, and governance. While some public health departments provide mental health, substance abuse, primary care, human, and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB's scope of accreditation authority does not extend to these areas.</p> <p>(Turnock. <i>Public Health: What It Is and How It Works (4th Ed)</i>. Jones and Bartlett. MA. 2009; Winslow. <i>Man and Epidemics</i>. Princeton Press. NJ. 1952. Institute of Medicine. <i>The Future of Public Health</i>. National Academies Press. Washington, DC. 1988; Public Health Accreditation Board. <i>Standards and Measures Version 1.5</i>. Alexandria, VA, May 2011)</p>
Quality Improvement	<p>Quality improvement in public health is the use of a deliberate and defined improvement 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 in services or processes which achieve equity and improve the health of the community.</p> <p>(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". <i>Journal of Public Health Management and Practice</i>. January/February 2010)</p>
Performance Management and Quality Improvement (PMQI) Plan	<p>A PMQI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The PMQI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The PMQI plan provides written credibility to the entire QI process and is a visible sign of management support and commitment to quality throughout the health department.</p> <p>(Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." <i>American Journal of Public Health</i>. 2014. 104(1): e98-104)</p> <p>The Public Health Accreditation Board requires a PMQI plan as documentation for measure 9.2.1 A of the Standards and Measures Version 1.5.</p>
Resources	<p>Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.</p>
Storyboard	<p>A display created and maintained by a project or process improvement team that tells the story of a project or initiative. The storyboard should be permanently displayed from the inception to the completion of the project in a location where it's likely to be seen by a large number of associates and stakeholders impacted by the project. (ASQ)</p>

TERM	DEFINITION
Sustainability	Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated, how outputs and outcomes of the process are measured and monitored, whether ongoing training of those process and standards for implementation is provided, and whether the standards for the process are reviewed periodically as a part of continuous quality improvement.
System	A network of connecting processes and people that together perform a common mission. (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)
Targets	Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance or define aspirations for improvement over a specified time frame.
Technical Assistance	Technical assistance is tailored guidance to meet the specific needs of a site or sites through collaborative communication with a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, email, mail, internet, or in-person. (http://www.cdc.gov/dash/program_mgt/docs/pdfs/dash_definitions.pdf)
Training	Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties. (Institute of Medicine. <i>Who Will Keep the Public Healthy?</i> National Academies Press. Washington, DC, 2003).
Validate	To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. (Source: Florida Sterling <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)
Vital Statistics	Vital statistics means the aggregated data derived from the records and reports of live birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and supporting documentation and related reports. (Department of Health and Human Services <i>Model State Vital Statistics Act 7 and 9, Model State Vital Statistics Regulations, 2011 Revision</i> . Hyattsville, Maryland. 2011)

APPENDIX 2

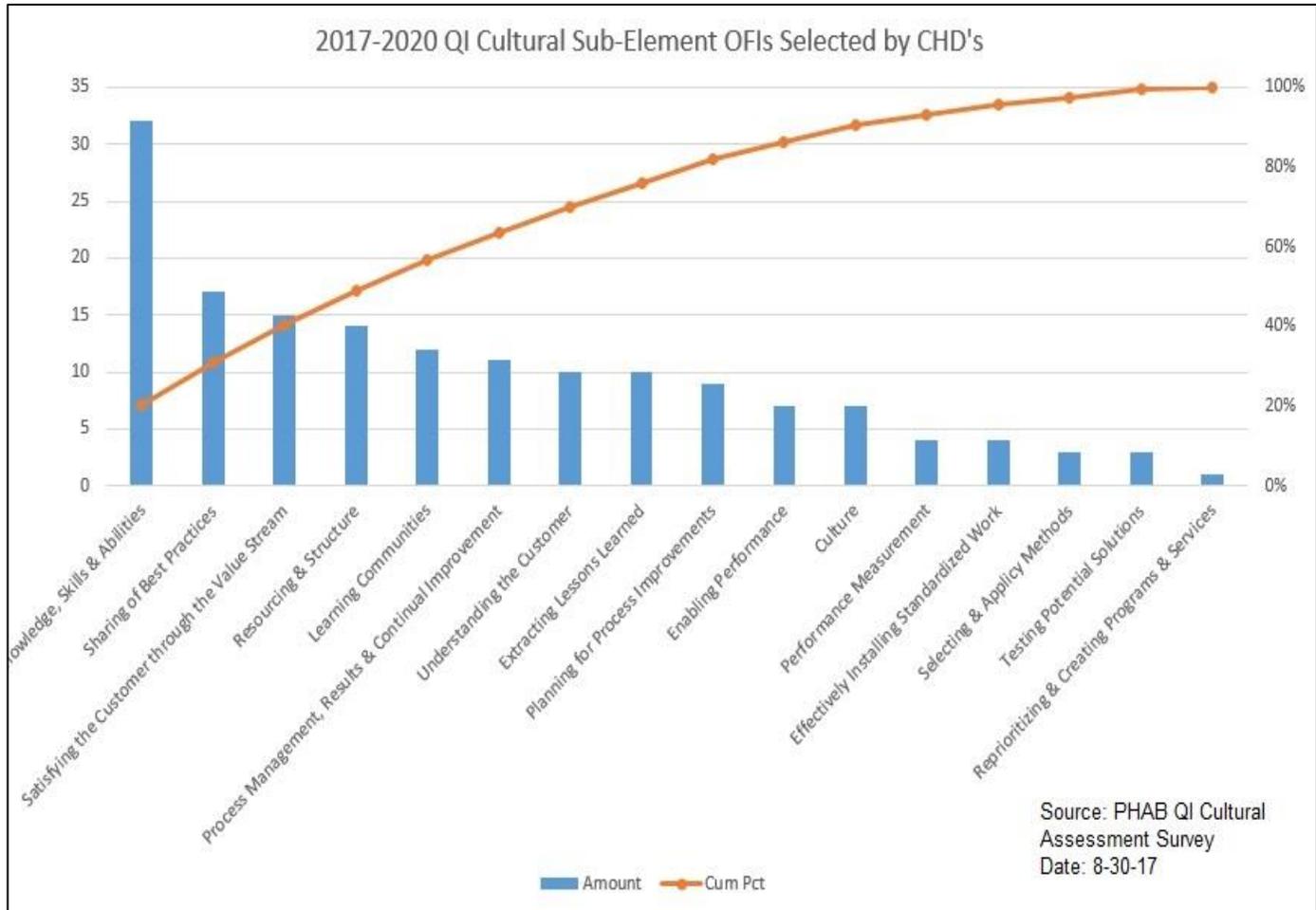
PMQI PLAN AND PROJECT ALIGNMENT TO CHIP, CHD

Project	Plan Alignment	Priority Area
Local Administrative (Clinic): Create Process for New Patient Portal in an Effort to Meet Meaningful Use	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<ul style="list-style-type: none"> • Priority: Access to Public Health Services • Goal: Improve access to health care for uninsured and underinsured
Local Administrative: Improve our Internet Website ADA Compliance	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	FDOH Agency Strategic Plan <ul style="list-style-type: none"> • Strategic Priority Areas and Goals: Health Equity DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Access to Public Health Services • Goal: Improve access to health care for uninsured and underinsured
Local Administrative: Create Internal Policy Updates Process	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<ul style="list-style-type: none"> • Priority: Organizational Excellence: Effective, Efficient, Sustainable • Goal: Develop, sustain and improve a competent workforce
Programmatic: Public Health Preparedness Create Gifford Emergency Preparedness Plan	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<ul style="list-style-type: none"> • Priority: Protect Health and Prevent Disease • Goal: A community prepared for all hazards
Employee Satisfaction: Improve Employee Morale in Relation to Working at DOH-IR	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input checked="" type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Organizational Excellence: Effective, Efficient, Sustainable • Goal: Develop, sustain and improve a competent workforce DOH-Indian River Workforce Development Plan <ul style="list-style-type: none"> • Recruit, retain and train public health current and future public health workforce

Project	Plan Alignment	Priority Area
Programmatic: Epidemiology: Increase Hepatitis A Vaccination	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	FDOH Agency Strategic Plan <ul style="list-style-type: none"> • Areas and Goals: Readiness for Emerging Health Threats: Demonstrate readiness for emerging health threats DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Protect Health and Prevent Disease • Goal: Prevent disease and injury
Programmatic: Epidemiology Identify Local Healthcare Stakeholders and Providers	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<ul style="list-style-type: none"> • Priority: Community Health Planning • Goal: Improve public health outcomes through effective collaboration with community partners
Customer Satisfaction: Improve Phone Customer Service	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Organizational Excellence: Effective, Efficient, Sustainable • Goal: Promote a culture of excellent customer service
Programmatic - Population Based: Snap Ed – Improve Childhood Obesity	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Community Health Planning • Goal: Decrease percentage of youth and adults in IRC who are overweight or obese
Administrative: Sharing of Best Practices	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	DOH-Indian River Strategic Plan <ul style="list-style-type: none"> • Priority: Organizational Excellence: Effective, Efficient, Sustainable • Goal: Strengthen public health infrastructure

APPENDIX 3

PMQI PROJECT PLANNING PROCESS



APPENDIX 4

PMQI PLAN GOALS, STRATEGIES, AND OBJECTIVES

Goal 1: A Community Prepared for All Hazards					
Strategy: Engage community members to develop local plan	Objective: Address under resourced populations who are vulnerable to disasters	Lead Patrick Nelson, Accreditation Liaison	Baseline No plan	Target One plan	Status On Track
Goal 2: Improve Access to Health Care for Uninsured and Underinsured					
Strategy 1: Engage patients to sign up for patient portal to have better access to their health information	Objective: Create internal process to offer patients the Florida Health Connect new patient portal	Lead Carrie Manera and Stacy Haas, Patient Portal Champions	Baseline 0% 9/2019	Target ≥80% 12/2019	Status On Track
Strategy 2: Improve ADA compliance for external website	Objective: Improve access to health information for those with disabilities	Lead Stacy Haas, Web Manager	Baseline 62.3% 9/2019	Target 80% 9/2020	Status On Track
Goal 3: Develop, Sustain and Improve a Competent Workforce					
Strategy 1: Create internal policy	Objective: Create an internal policy to ensure internal policies are reviewed and updated consistently at least every 2 years or sooner	Lead Stacy Haas, PMQI Champion	Baseline No policy exists	Target 1 policy 12/2019	Status Not Started
Strategy 2: Engage employees to improve employee satisfaction	Objective: Survey staff to learn how to increase employee morale and identify opportunities to increase awareness of existing benefits	Lead Stacy Haas, QI Committee Chair	Baseline PH WINS 44% No- Good Place to Work	Target Initial survey will determine target	Status On Track
Goal 4: Prevent Disease and Injury					
Strategy: Provide outreach vaccination clinics to engage high risk population	Objective: Increase hepatitis A vaccination to high risk populations in Indian River County to help prevent the spread of disease	Lead Miranda Hawker, Health Officer	Baseline 0	Target 3344	Status On Track
Goal 5: Improve Public Health Outcomes Through Effective Collaboration with Community Partners					
Strategy: Engage stakeholders and providers to provide current contact information	Objective: Improve regular maintenance of our current blast notification system for stakeholders and providers information	Lead Dr. Barbara Progulske, Epidemiology	Baseline Outdated contact list	Target Updated contact list	Status Not Started
Goal 6: Promote a Culture of Excellent Customer Service					
Strategy: Utilize report data and customer feedback to improve phone service	Objective: Improve clinic phone service	Lead Vonnie Lindsey, Administrative Assistant	Baseline <70%	Target >80%	Status Not Started

	Improve call answer rate for calls received in the public health clinic				
Goal 7: Decrease Percentage of Youth and Adults in IRC Who are Overweight or Obese					
Strategy: Increase access to fresh foods to those in need	Objective: Increase healthier lifestyle behaviors in under resourced communities by increasing healthy eating and physical activity	Lead Ariana Carter, Human Services Program Analyst	Baseline 0	Target 20% increase	Status On Track
Goal 8: Strengthen Public Health Infrastructure					
Strategy: Identify and document best practices	Objective: To promote continual quality improvement, identify, document and sharing local best practices	Lead Stacy Haas, WFD Liaison	Baseline No process in place	Target Create process	Status Not Started

APPENDIX 5

Performance Management Council Charter



Florida Department of Health in Indian River County
 County Health Department Quality Improvement Plan
 Performance Management Council (PM Council) Charter

Adopted: August 2017

<p>Purpose: Florida Department of Health in Indian River County (DOH-Indian River) will assemble the Performance Management Council (PM Council) charter as described in the Agency Quality Improvement Program and the County Health Department Quality Improvement Plan. This charter delineates the mission, functions, organization and procedures of the PM Council whose overall objective is to support a culture of quality and the implementation of improvement initiatives throughout the Department.</p>	
<p>Primary Functions:</p> <ol style="list-style-type: none"> 1) Select priority strategies for QI projects. 2) Assess progress towards a sustainable culture of quality within the County Health Department (CHD) using the NACCHO Organizational Culture of Quality Self-Assessment Tool. 3) Develop and implement a three-year Quality Improvement Plan. 4) Develop, approve, monitor, and evaluate Plans (Community Health Improvement Plan (CHIP), Strategic Plan, QI Plan, Workforce Development Plan) and QI projects. 5) Conduct at least quarterly reviews of progress toward completion of Plans, as well as QI projects. 	
<p>Scope of Work: The PM Council, chaired by the Health Officer, will meet at least 10 times annually, which will be documented using an agenda, meeting minutes, and progress reports. A quorum of two-thirds of members is required for meeting, and the following will be reviewed during the meetings:</p> <ol style="list-style-type: none"> 1) Progress toward completion of plans. 2) Status of QI projects. 3) Practices that result in improved performance. 4) Quality of community engagement. 	
<p>Interdependencies:</p> <ol style="list-style-type: none"> 1) FDOH Performance Management System 2) Regional Performance Management/Quality Improvement Consortium 3) Community Health Assessment, CHD Quality Improvement Plan, Community Health Improvement Plan, Strategic Plan, Workforce Development Plan 4) FDOH County Performance and Administrative Snapshots 5) PHAB Accreditation Standards and Measures 	
<p>Membership/Roles:</p> <ol style="list-style-type: none"> 1) PM Council is comprised of the Health Officer, management staff, accreditation liaison, and staff responsible for QI projects, QI Plan, CHIP, Strategic Plan and Workforce Development Plan implementation. The PM Council is accountable for building and sustaining a culture of quality in the department, and functions to: <ol style="list-style-type: none"> a) Set strategic direction and infrastructure for quality improvement. b) Authorize strategic plan and QI projects. c) Monitor completion of CHA, CHIP, Strategic Plan, QI Plan and projects, and Workforce Development Plan. d) Remove barriers to performance improvement. e) Ensure plans align with PHAB accreditation standards and measures. 2) Quality Improvement Liaison: <ol style="list-style-type: none"> a) Appointed by leadership and possesses the core competencies identified by the state health office. b) Serves as the point of contact between the PM Council and Bureau of Performance Assessment and Improvement (BPAI). c) Leads the development of the annual QI plan and triannual self-assessment. d) Coordinates training identified in QI Plan. e) Serves as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance. 	
<p>Meeting Schedule and Process:</p> <ol style="list-style-type: none"> 1) 10 meetings will be held to monitor implementation of CHIP, Strategic Plan, Workforce Development Plan and QI Plan/projects. 2) Perform annual evaluation to inform planning for subsequent year. 3) Activities outside PM Council meetings will include ongoing email and/or phone communication to review and monitor plan/project status. 	<p>Measures of Success:</p> <ol style="list-style-type: none"> 1) % objectives met (includes CHIP, Strategic Plan, & QI Plan and projects) 2) % objectives/projects that resulted in improved results 3) % objectives/projects sustainable in terms of structures, processes, and policies 4) % objectives/projects with favorable results that are adopted by peers
<p>Deliverables: PM Council will develop documents including 10 monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be posted via the dedicated SharePoint.</p>	

APPENDIX 6

PMQI Consortium Team Charter

Performance Management Quality Improvement Consortium Charter

Purpose:

The purpose of the Central Performance Management Quality Improvement Consortium (PMQI Team) is to support the performance management system while promoting and fostering a culture of quality. The PMQI Team serves as a component of the Department of Health's performance management system for capacity building, technical assistance, training, and communication statewide and to develop and maintain standards around performance management and quality improvement statewide. The PMQI consortium will share best and promising practices, resources, and tools related to performance management and quality improvement; county health departments (CHDs) in maintaining PHAB accreditation standards and measures; and provide a structure for CHDs to review and provide feedback on key resources and components of the Department's performance management system. This charter delineates the primary functions, expectations, and responsibilities for establishing and sustaining an agency-wide culture of quality.

Primary Functions:

- Develop and utilize systematic performance management and quality improvement planning approaches and tools that promote organizational alignment with strategic priorities, consistency and impact.
- Support and encourage continuous engagement regarding quality improvement, annual PHAB accreditation reporting requirements, and PHAB reaccreditation requirements.
- Share opportunities for improvement and address barriers to a culture of quality.
- Communicate with the Division of Public Health Statistics and Performance Management, performance management councils and other local representatives regarding performance management, quality improvement, and reaccreditation (including activities, practices, resources, tools and opportunities for improvement).

Interdependencies:

The Division of Public Health Statistics and Performance Management Team, County Health Systems and Health Officers, and the Agency Performance Management Council will all coordinate work.

Roles

Division of Public Health Statistics and Performance Management:

- Coordinate and/or provide one funded advanced QI training for Chairs as a team b December 31, 2019.
- Facilitate PMQI Chair calls, compose identified gaps and strengths and disseminate information to PMQI Champions and Health Officers/Administrates.
- Develop and guide professional development and training resources and expertise in quality improvement and performance management practices with support and assistance from PMQIO Chairs.
- Provide guidance and leadership while acting as a knowledge resource and point of contact for members of the consortium with support and assistance from the PMQI Chairs.

PMQI Consortium Team Chair:

A PMQI Consortium Chair supports the PMQI Team by working with the Division of Public Health Statistics and Performance Management to plan, organize, and communicate PMQI Team activities and efforts. This position is nominated by PMQI Champions, confirmed by Health Officers, and rotates annually. The chair will assist the Division of Public Health Statistics and Performance Management to:

- Identify significant gaps and strengths and participate in planning and improvement activities.
- Support and assist development and guidance of professional development, training resources and expertise in quality improvement and performance management practices.
- Support and assist guidance and leadership while acting as a point of contact for members of the consortium.
- Participate in meeting preparation and agenda planning and facilitate material at quarterly team meetings.
- Maintain and update the SharePoint site for the consortium

A co-chair may also be named, at the desire of consortium. This individual will perform support functions to assist the chair.

PMQI Consortium Champions:

PMQI Champions from each CHD should participate in the PMQI Teams. Champions will act as quality stewards, maintaining responsibility for promoting performance management and quality improvement. Each Health Officer should name at least one primary champion to represent the health department; champions must maintain approval from their Health Officers to participate in the PMQI consortium. PMQI Chairs may also serve as the PMQI Champion for their CHD. PMQI activities that champions may take part in:

- Leading development of the CHD annual QI plan, participating in PHAB Reaccreditation readiness, and contributing to performance management activities
- Coordinating local trainings identified in the QI Plan
- Communicating and sharing best practices, issues, deliverables and other updates between the CHD Performance Management Council and/or Health Officer and the PMQI Team. This will be done during meetings and via email. All associated documentation should be posted to SharePoint
- Determining current organizational barriers to developing a culture of quality and contributing to action planning, piloting, and implementing solutions.

(Final for each consortium will include a table with members.)

Evaluation of Participation and Measures of Success:

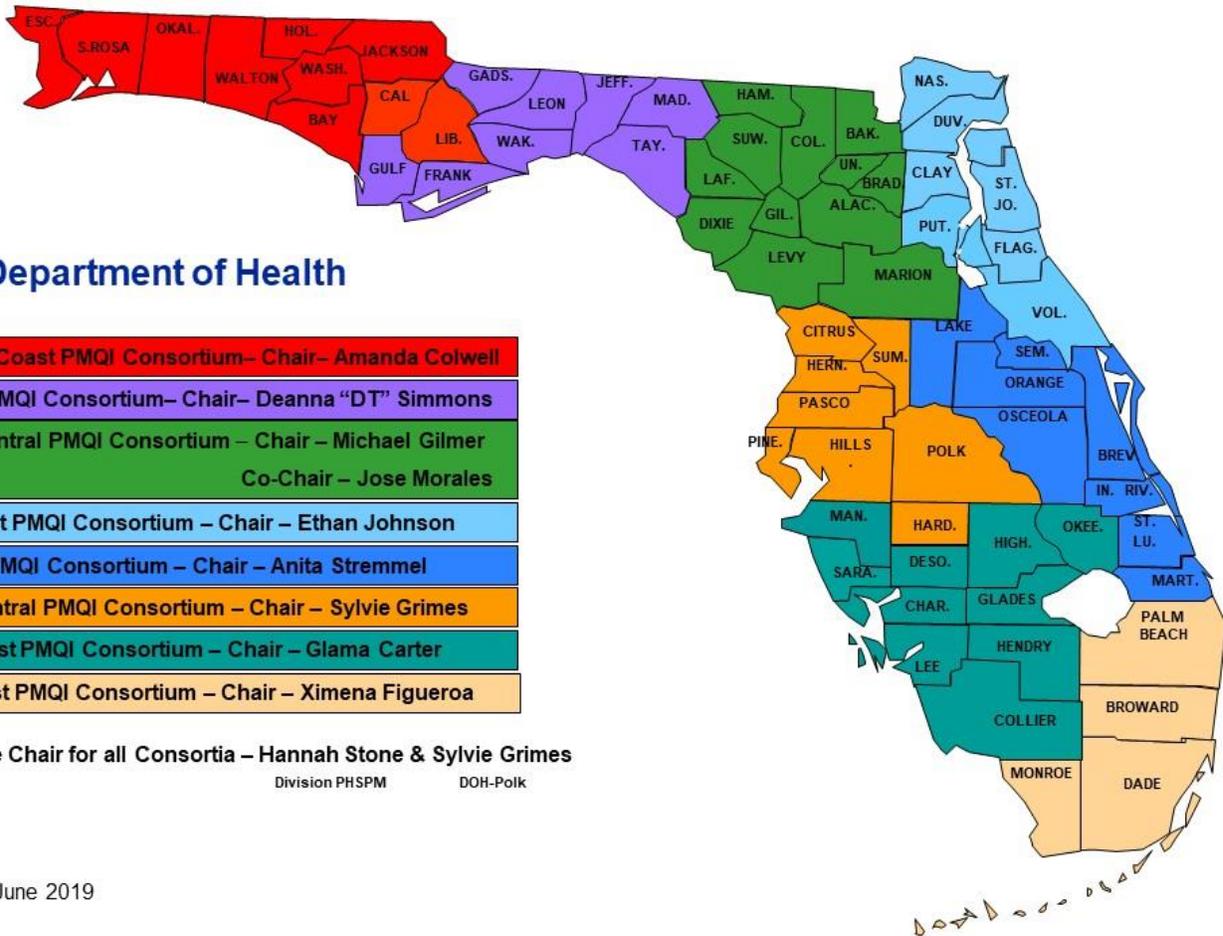
1. A minimum of three documented (agenda, sign-in, minutes) collaborative meetings occur between January 1, 2019 and December 31, 2019. Chairs and champions attend at least two meetings held by December 31, 2019.
2. A monthly call between the Division of Public Health Statistics and -PMQI Team Chairs and follow-up emails, sent within 10 calendar days of the call, summarizing key discussion points and action items. Emails prepared and sent by the Division. Twelve calls are completed by December 31, 2019 with emails sent from the Division.
3. Chairs complete at least one advanced QI training (TBD by the Division of Public Health Statistics and Performance Management) as a team by December 31, 2019.
4. Each CHD presents at least one local QI project storyboard and/or best or promising practice during a PMQI meeting before December 31, 2019. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint site.
5. The Central PMQI Consortium identifies and addresses at least one shared challenge related to PMQI or accreditation readiness. The challenge and corresponding action are documented in meeting minutes and posted on SharePoint.

Meeting Schedule and Team Review:

The Central PMQI consortium will attend face-to-face meetings and conference calls and webinars, as needed. Meeting summaries are distributed to PMQI Champion members and respective Health Officers within two weeks of meeting and are posted on the team SharePoint site. Required deliverables from meetings/calls are captured and include attendance, summary of key topics, decisions made, and action items. The team charter is reviewed annually. Updates and amendments are addressed as needed.

APPENDIX 7

PMQI Consortia Map



Department of Health

Emerald Coast PMQI Consortium- Chair- Amanda Colwell
Capital PMQI Consortium- Chair- Deanna "DT" Simmons
North Central PMQI Consortium - Chair - Michael Gilmer Co-Chair - Jose Morales
Northeast PMQI Consortium - Chair - Ethan Johnson
Central PMQI Consortium - Chair - Anita Stremmel
West Central PMQI Consortium - Chair - Sylvie Grimes
Southwest PMQI Consortium - Chair - Glama Carter
Southeast PMQI Consortium - Chair - Ximena Figueroa

Statewide Chair for all Consortia - Hannah Stone & Sylvie Grimes
 Division PHSPM DOH-Polk

Updated June 2019