



# 2020 Performance Improvement Plan

Quality Improvement + Performance Management



Quality Improvement Council

Approved by Executive Team December 18, 2019

**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans



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## Protecting and Improving the Health of Iowans

**Prepare for,  
Respond  
to, and  
Recover from  
Emergencies**

**Protect Against  
Environmental  
Hazards**

**Promote  
Healthy Living**

**Prevent  
Epidemics and  
the Spread of  
Disease**

**Prevent  
Injuries and  
Violence**

**Improve  
and Support  
Public Health  
Performance**

**Assure Access  
to Quality  
Health  
Services**

## Purpose and Introduction

### Overview

The Iowa Department of Public Health (IDPH) performance improvement (PI) plan formalizes and standardizes the practice of PI across the department and defines resources dedicated to quality improvement (QI) and performance management (PM) at the department. The plan is intended to be regularly updated to incorporate lessons learned along the way.

### Key Quality Terms

Key terms have been identified for use in IDPH plans including the performance improvement plan, strategic plan, and health improvement plan. Key terms are available in Appendix A.

### Mission, Visions, and Guiding Principles of the Iowa Department of Public Health

The Iowa Department of Public Health has adopted the following mission, visions, and guiding principles:

#### **Vision for Iowa**

Healthy Iowans in Healthy Communities

#### **Mission**

Protecting and Improving the Health of Iowans

#### **Vision for IDPH**

Iowa's Leader for Population Health

## Guiding Principles

|   |  |
|---|--|
| <p><b>ACCOUNTABILITY</b><br/>We act with integrity and strive for fairness in all we do.</p> <p><b>COLLABORATION/TEAMWORK</b><br/>We value internal and external partnerships, and remain flexible to new and diverse ideas.</p> <p><b>COMMUNICATION</b><br/>We use timely, effective, and open dialogue to increase collaboration and participation in protecting and improving health.</p> <p><b>HEALTH EQUITY</b><br/>We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work, and play.</p> | <p><b>QUALITY</b><br/>We are dedicated to efficiency, effectiveness, and the continuous improvement of our processes and services.</p> <p><b>RESULTS ORIENTED</b><br/>We strive for excellence through decision-making that is priority-focused, data-driven, and evidence-based.</p> <p><b>WORKFORCE DEVELOPMENT</b><br/>We continually work to develop the skills and competencies of our workforce.</p> |
|---|--|

The mission, visions, and guiding principles are shared with new employees through the department's formal orientation process. Performance plans encourage the discussion between supervisor and employee about how job duties link to the department's mission.

## Strategic Plan 2017-2021

The department's current strategic plan lays out three areas of emphasis for the department:

- GOAL 1:** Strengthen the department's role as Iowa's chief health strategist.
- GOAL 2:** Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (QI).
- GOAL 3:** Implement a collaborative, department-wide approach to addressing Iowa's top health issues.

Goal 2 of the strategic plan links directly to implementation of a QI plan and growing a culture of quality at IDPH. The following objectives were used for Goal 2:

1. Increase the percentage of IDPH staff with exposure to QI in the last year.

| Percentage of Staff Exposed to QI During Year |       |      |      |      |         |      |
|---|-------|------|------|------|---------|------|
|   | 2013  | 2014 | 2015 | 2016 | 2017    | 2018 |
| % of staff exposed to QI                      | 42.7% | 31%  | 29%  | 32%  | 22.67%* |      |

2. Increase the percentage of IDPH staff with QI responsibilities in performance plans.

| Percentage of Employees with QI in Individual Performance Plan for the Year |       |      |      |       |       |        |       |
|---|-------|------|------|-------|-------|--------|-------|
|   | 2013  | 2014 | 2015 | 2016  | 2017  | 2018   | 2019  |
| % of employees with QI in individual performance plan                       | 12.5% | 24%  | 23%  | 33.6% | 33.1% | 50.24% | 57.1% |

3. Employee survey indicates IDPH staff agree/strongly agree: "We have good processes for doing our work."
4. Employee survey indicated IDPH staff agree/strongly agree: "I have influence in defining/improving my work processes."

| Employee Survey Questions** |   |   |   |
|-----------------------------|---|---|---|
| Employee Survey Year        | % of IDPH staff that answer agree/strongly agree to employee survey question "We have good processes for doing our work." | % of IDPH staff that answer agree/strongly agree to employee survey question "I have influence in defining/improving my work processes.***" | % of IDPH staff that answer agree/strongly agree to employee survey question "I have influence in improving my work processes." |
| 2013                        | 51  | 58  | N/A   |
| 2015                        | 58  | 73  | N/A   |
| 2016                        | 61  | 68  | N/A   |
| 2017                        | 71  | 74**  | 78**  |
| 2018                        | 63  | 76**  | 78**  |
| 2019                        | 68  | 77**  | 81**  |

5. Increase the department's quality culture score.

\*In 2017, the data was calculated by formal participation in the QI council, QI adventure, or QI training. Prior to 2017, the data was self-reported by supervisors responding on behalf of their staff.

\*\*Employee survey was not conducted in 2014

\*\*\*In 2017, the survey question "I have influence in defining/improving my work processes" was split into two separate questions: "I have influence in defining my work processes" and "I have influence in improving my work processes."

Source: 2019 IDPH Employee Survey Summary

## Improve and Support Public Health Performance

### Performance Improvement Culture Within IDPH

#### Overview

IDPH has been practicing quality improvement (QI) and performance management (PM) for a number of years; however, those efforts were not formalized until 2016. In reviewing the Public Health Accreditation Board's (PHAB) standards and measures, Department staff identified QI and PM as opportunities for improvement. In fall 2016, IDPH hired two new staff to support the Department with QI and PM efforts as the journey toward national accreditation was taking off, a QI coordinator and a PM coordinator. In January 2017, a QI Council was established and a QI plan to formalize and standardize QI efforts across the Department was implemented. A performance management structure was finalized and approved by IDPH's executive team in August 2017.

Since the implementation of both programs, QI and PM activities have focused on introducing the methodologies to staff and building the infrastructure to sustain a PI culture. QI training for IDPH employees has been available for the past four years. At the end of 2018, the QI training was revamped as described in the QI training section of this plan. Forty-six formal QI efforts occurred between June 2017 and December 2019, including five of those stemming from performance management discussions. In addition, IDPH consistently holds performance scorecard meetings quarterly to review division-level performance measures.

In 2018, the QI coordinator, QI council, and PM coordinator began focusing their efforts on developing the PI culture and messaging "performance improvement" at IDPH with the goal of connecting QI and PM activities with each other when appropriate.

Finally, the quality culture and performance improvement culture within IDPH has been assessed twice since 2016 through targeted employee surveys. The first survey was done in 2016 and focused on the foundations of a quality culture. In 2018 a combined QI and PM culture assessment was conducted. Please see the next two sections for more details about the assessments.

#### 2018 Culture Assessment

In September 2018, a selection of IDPH staff were invited to complete the first ever combined performance improvement (PI) culture assessment for QI and performance management (PM). The survey was designed to assess seven aspects of PI:

- Employee Empowerment
- Leadership Engagement
- Customer Focus
- QI Implementation
- Performance Standards and Measures
- Capability



- Performance Improvement Institutionalization

Questions were taken from the [Public Health Foundation Performance Management self-assessment](#), the [Roadmap to a Culture of Quality Improvement tool](#) from the National Association of County and City Health Officials (NACCHO) and the [Baldrige Performance Excellence Program](#), as well as previous QI and PM assessments that have been used at the department.

A list of respondents was developed based on IDPH staff who had participated in either QI, PM, or both between January 2017 and June 2018. Participation in QI was defined as anyone who has participated in a QI adventure, attended IDPH QI training, or is a QI Council member (past or present). Participation in PM was defined as anyone who has prepared data for a performance measure, participated in a scorecard meeting, or responded to follow-up questions on the PM measures. Please note that the persons asked to respond to the survey are not inclusive of the entire department; therefore, responses may not be representative of the entire department.

The survey was sent to 169 individuals, of whom 134 responded (79%). The respondents were asked to select their role in the department as either support or professional staff or leadership. Additionally, respondents were asked to select how they have been involved in PI in the past 18 months (QI, PM, or both).

The overall results of the assessment point to well implemented QI (QI Implementation), employees feeling empowered to do the work of PI (Employee Empowerment), and the skills to implement PI are being taught (Capability). There is room for improvement in establishing a culture of PI (PI Institutionalization), knowing and including our customers in PI (Customer Focus), and having visible leadership involvement in PI (Leadership).

For more detailed results, see the 2018 Culture Assessment Report in the appendices.

### 2016 Culture Assessment

In September 2016, 106 employees representing a broad spectrum of job classifications were selected. Employees who attended an IDPH QI training in past years were asked to complete the survey. The assessment was adapted from a survey provided by the Public Health Foundation. Of the 106 employees who were invited, 65 responded (61%). Respondents were asked to rate the following qualities of the organization:

1. Commitment
2. Capability
3. Understanding of Customer Expectations
4. Empowerment
5. Process Focus
6. Institutionalization

Overall, the results indicated the department was getting started and heading in the right direction.



Commitment: No employee identified an absence of commitment towards having a culture of quality. Half of the respondents selected “we have had some movement in the right direction.”

Capability: The majority of respondents (54 percent) identified that “we have had some movement in the right direction.”

Understanding of Customer Expectations: Responses were more evenly distributed for this question than others. Twenty-eight percent identified, “we are just getting started,” 26 percent responded, “we have had some movement in the right direction,” and 22 percent responded, “in the last year we’ve made some gains in this area.”

Empowerment: Thirty-eight percent responded, “we are just getting started.” Twenty-nine percent responded, “we have had some movement in the right direction.”

Process Focus: The largest group of respondents (37 percent) reported “we have had some movement in the right direction.” The second largest group (26 percent) answered, “we are just getting started.”

Institutionalization: The majority of respondents (42 percent) identified, “we are just getting started.” Twenty-six percent felt, “we have had some movement in the right direction.”

For more detailed results, see the 2016 Culture Assessment Report in the appendices.

## Future State

The IDPH director, QI coordinator, PM coordinator, and QI council will strive to create and foster a performance improvement culture at IDPH that will include:

1. Reviewing the PI plan on an annual basis.
2. An engaged QI Council that will continue to meet at least once every other month.
3. Continuing to develop a systematic process for documenting QI adventures and outcomes.
4. Regularly sharing outcomes of performance scorecards and QI adventures with employees, partners, the State Board of Health, and customers.
5. Continuing to identify QI adventures through strategic planning, the performance management system, and employee suggestions.
6. Promoting the use of and assisting with the development of meaningful performance measures that are used for programmatic decision making.
7. Developing a group of at least 20 staff trained to facilitate QI adventures.

8. Applying a health equity lens to QI adventures and performance scorecard measures when appropriate.
9. Continuing to use a purposeful approach to ensure the customer's voice is included in QI discussions.
10. Improving the overall average scores in PI culture assessment.
11. Improving the overall average scores in the "Operations and Quality Improvement" focus area of the IDPH employee survey.

## Performance Improvement Structure

### Quality Improvement

#### Quality Improvement Council Overview

In 2017, a Quality Improvement (QI) Council was established to lead the implementation of the quality improvement plan. The membership of the QI Council includes the following:

- Deputy Director

Serves as liaison to Executive Team (E-team), champion for QI, assists QI Council in overcoming barriers, and helps identify department level QI needs.

- One Bureau Chief

Serves as liaison to all bureau chiefs, reports at bureau chief meetings, aids in overcoming barriers, and mentors other bureau chiefs in QI. Serves as facilitator for QI projects.

- Eight staff members from any classification in the department who are considered or want to become “experts” in QI

Acts as a liaison/facilitator to help QI teams. Encourages QI, both formal and informal, within divisions. Attends trainings. Helps identify QI efforts. Serves as “face of QI” in IDPH communications with IDPH employees, IDPH management team, partners, customers, and the State Board of Health.

- QI Coordinator

Serves as facilitator of QI council. Sets meetings, agendas, and trainings. Serves as a facilitator for QI projects. Assures communication of QI activities internally, with partners, customers, and the State Board of Health. Must be a full time employee dedicated to QI at IDPH.

- PM Coordinator

Attends QI council meetings. Provides technical assistance for creating measurements for QI efforts. Listens for QI opportunities during performance scorecard meetings. Attends QI trainings.

Staffing and administrative support, including note-taking, minutes, and meeting set up, will be provided by the Bureau of Public Health Performance.

### Membership

The deputy director, QI coordinator, and PM coordinator are permanent appointments to the council. The bureau chief and staff members will serve two-year terms on the QI council. Terms are staggered.

Vacancies on the council are filled by appointment by the deputy director.

IDPH staff may self-nominate or be nominated by a bureau chief or division director to serve on the council through an application process. Membership criteria include a willingness to learn and become a QI “expert,” have the ability to participate, and a desire to serve in a leadership capacity within the department. The deputy director will have final say on naming members of the QI Council. When possible, representation from each division will be considered when selecting members.

New council members will begin their QI council orientation and training in July before their term begins.

#### *Council Activities*

Council members facilitate QI efforts for the department. They also work toward building a culture of performance improvement at IDPH.

Annually, the council reviews the PI plan for revisions and identifies their goals for the calendar year.

#### *Funding for QI Activities*

Provided funds are available, the Public Health Modernization fund may be used for QI supplies and training. Depending on available resources, programs participating in the QI process may be asked to provide necessary supplies for their QI teams. The QI Council will review and determine whether to approve or deny requests for funds from QI teams.

#### *Project Identification*

Formal QI adventures facilitated by QI council members will be identified in one of three ways:

1. The director, executive team, or the strategic planning committee identifies a QI effort to address a goal in the department’s strategic plan.
2. A management team member, through the process of performance management and review of performance scorecards identifies a quality improvement effort.
3. Individual employees submit an idea for a QI effort.

Regardless of how quality improvement opportunities are identified, each formal QI adventure should follow the submission process and be presented to the QI Council for approval if prioritization is needed. See the appendices for a flowchart of the submission process.

Formal QI adventures may need to be prioritized by the QI Council. See the appendices for the prioritization scoring sheet.

### Communication

IDPH will communicate about QI activities through two main venues. For employees, QI documentation will appear on the Improvement Station on the IDPH intranet. For external partners and customers, IDPH will include periodic updates on QI efforts through the monthly IDPH Director's Quick Reads. Additionally, the PM coordinator and QI coordinator report on PI activities to the State Board of Health at least once each year.

## Performance Management

### Overview

As an agency, IDPH wants to measure progress of major initiatives and monitor impact of IDPH activities on those initiatives. In August 2017, a new structure for performance management was formally implemented. IDPH based its Performance Management System around the principles identified by the Turning Point Performance Management National Excellence Collaborative first developed in 2002. These principles were last updated in 2012. IDPH's performance management system is a three-tiered system structured around scorecards and performance measures:

1. Department level
2. Division level, and
3. Program level measures.

Department scorecards focus on population-health outcomes and the organizational effectiveness of the department. Department scorecards are reviewed by the executive team and are made available to the public. Division scorecards include measures that demonstrate the work IDPH does to affect the related outcome. These scorecards are reviewed on a quarterly basis with the department director, deputy director and the pertinent division director. Program measures illustrate the processes programs put into place to measure their work. The data in these measures can be reviewed by program staff and supervisors as needed.

### Performance Management Team

The purpose of the Performance Management Team is primarily to provide visible leadership for implementing the Performance Management System. The team is expected to:

- Connect results of the Performance Management System to department priorities
- Provide feedback on improving the Performance Management System
- Be a bridge to QI efforts throughout the department
- Communicate outcomes at all levels of the department.

The core Performance Management Team includes the department's deputy director, Public Health Performance bureau chief, the PM coordinator, the QI coordinator and the planning and performance manager. However, all levels of staffing and leadership will participate in developing, using and updating the performance management system. The department's PM coordinator, seated in the Bureau of Public Health Performance, will coordinate the Performance Management System for the department.

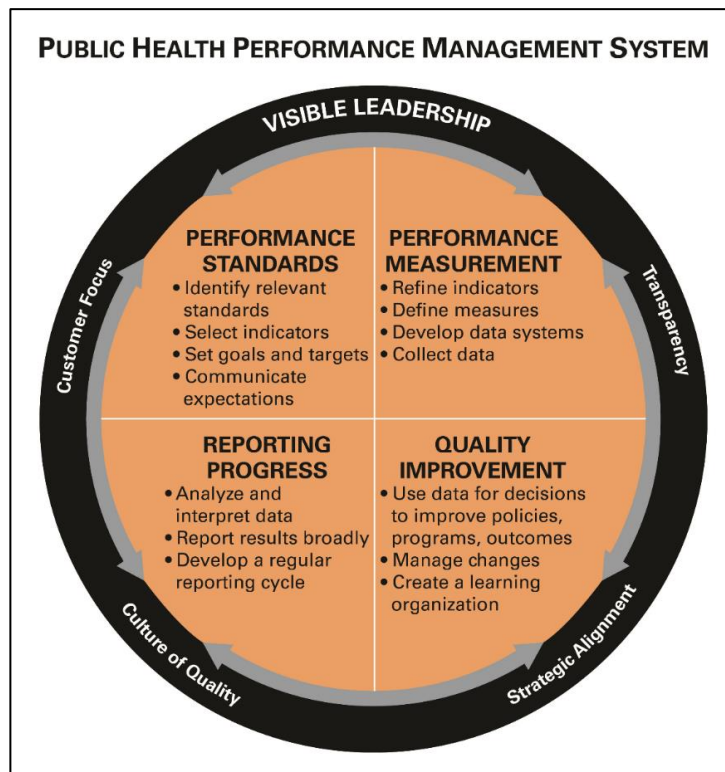
The Performance Management Team will attend at minimum the quarterly Division scorecard review meetings. They will also convene at least twice per year to review and modify as needed the Performance Management System processes.

## Principles of the Performance Management System

### Performance Standards

Performance standards refers to selecting performance measures, and setting goals and targets for the measures. Division directors, along with bureau chiefs and program staff, will identify areas key to describing the department's operational health and what we are doing to protect and improve the health of Iowans. The department director, deputy director and division directors will provide leadership in communicating expectations for reaching broad goals and measurement targets.

Standards can come from national, state or scientific guidelines (e.g. Healthy People 2020, Healthy Iowans), program requirements or another source that provides a sense of how well something is progressing.



### Criteria for Measure Inclusion

IDPH's Performance Management System uses established criteria for measurement inclusion, which differentiate between measures for the Department and Division level scorecards and Program measures. All types of measures should have relevance to health outcomes, population health, operational efficiency and/or customer service. Program level measures follow the same criteria as Division level scorecards but are focused on the process or activities implemented to measures in the Department and Division level scorecards.



Criteria for Department level scorecard measures are as follows:

- Related to a health outcome, population health, operational efficiency or customer service,
- Includes a target or a benchmark, and
- Has an existing, reliable data source with frequent access/updates.

Measures that monitor change (e.g., new policies, grant funds, changes to the Affordable Care Act) are also advisable but may not always be possible.



Criteria for division level scorecard measures and program measures:

- Includes a target or a benchmark,
- Has a reliable data source with frequent access/updates,
- Willingness to undertake quality improvement initiatives if need is identified,
- Willingness to share lessons learned and best practices, and
- Changes made based on the measure will be impactful.

Measures that monitor change (e.g., change in program implementation, new data collection tool, media campaign) are also advisable but may not always be possible.

### Performance Measurement

Once measures are developed in consultation with division directors, bureau chiefs, program staff and the department's PM coordinator, Google sheets documents for the measures will be shared with each bureau chief by the PM coordinator. Supervisors are responsible for ensuring data updates are completed by staff. The Google sheets documents are the primary communication tool for the PM coordinator and staff responsible for updating measures. This includes updates to not only the data but also context for changes in the data (analysis) and what the program intends to do over the next reporting period based on the data (next steps).

Quarterly data update requests will be sent at the end of each quarter by the PM coordinator for the Department and Division level scorecards. Program level measure data will be updated on at least a semi-annual basis.

The PM coordinator is responsible for updating the measure documentation and developing the scorecards, meeting agenda and meeting minutes for the Department and Division level scorecards. The scorecards will include a status indicator, to help prioritize areas needing greater focus during the quarterly reviews. Responsibility for tracking program level measures lies with bureau chiefs and program staff, with technical assistance provided by the PM coordinator.

### Reporting Progress

The Department level scorecard is reviewed on a quarterly basis at the standing Executive Team meeting. The Division level scorecards will be reviewed between the department director, the deputy director, each division director and members of the Performance Management Team at scheduled quarterly meetings. Bureau chiefs may attend as measures related to their bureaus are discussed. Division directors are expected to work with their bureau chiefs to prioritize measures for review at scorecard meetings. Those priorities are to be shared with the PM coordinator to set quarterly scorecard meeting agendas.

Data updates include a short analysis or explanation of the data, as well as any environmental factors that may have influenced the numbers. These analyses are documented in ClearPoint, along with next

steps. Next steps are what actions will be taken to improve the outcomes and move the measure towards its performance standard (target or benchmark).

Over time, the status indicator for measures will indicate the trend of the measure. For example, a green arrow will indicate that performance is trending in the right direction, while red and yellow arrows indicate trends in the wrong direction and no movement, respectively. The status indicators will allow staff to prioritize which measures should be the focus during scorecard reviews.

The Department level scorecard will be limited to no more than 10 measures. The measures presented for review with the Executive Team will rotate according to emerging issues, department needs and data availability. The measures will be reviewed annually as to whether or not they should continue to be included on the Department level scorecard.

For the Division level scorecard, the number of measures will not be limited and will be reviewed at a minimum of quarterly for continued inclusion in the scorecard. Similarly, the number of Program level measures will not be limited. The PM coordinator will work with bureau chiefs and division directors to schedule reviews of Program level measures at a minimum of semi-annually, or more frequently if needed.

#### *Communicating Results*

Department and Division level scorecards will be posted on the IDPH intranet and the IDPH website by the PM coordinator after quarterly reviews. Program level measure updates will be made available to bureau chiefs and program staff to share with stakeholders but will not be published for the general public by the PM coordinator. Updated scorecards can be created by the PM coordinator more frequently than quarterly if requested. If a measure has a QI effort underway, the analysis and next steps sections of the scorecard will include this information.

Additionally, the PM coordinator and QI coordinator report on PI activities to the State Board of Health at least once each year.

#### *Revising Measures*

Performance measures may be revised or removed from the performance scorecards. If a measure needs revision (e.g. revise target/benchmark, revise the graph to improve the visualization), the PM coordinator will work with the bureau chief and program staff. Proposed changes will be approved by bureau chiefs and presented to the division director for feedback.

If it is determined to no longer be needed (e.g. target achieved, measure no longer relevant), a measure may be removed from a scorecard. The historical measure will continue to be documented in Clearpoint, but new data will not be tracked.

## Performance Scorecards

### *Department Level Scorecard*

*Purpose:* The Department level scorecard aims to provide a picture of how and what IDPH is doing to protect and improve the health of Iowans, as well as the health of the department from an operational perspective. The Department level scorecard is used to determine progress on department goals, assess the need for adjustments or changes in policy or program direction, prioritize and allocate resources, and improve the quality of public health practice.

*Potential measurement sources or topics:*

- IDPH Strategic Plan
- Healthy Iowans
- population health priorities
- emerging health issues
- financial health
- human resources
- operations
- customer expectations

### *Division Level Scorecard*

*Purpose:* Division level scorecards include measures to show what is being done (the work) to affect the desired outcomes on the Department level scorecard. Divisions may choose to include measures that go beyond what is reported out to the Executive Team. Measures should be reflective of work conducted directly by IDPH staff or through IDPH-managed contracts, thus within our scope to implement change if needed. Results suggestive of a need for change will be reviewed for potential quality improvement projects. Measures from the Division level may be included on the Department level scorecard.

*Examples of measurement:*

- percent of IDPH staff participating in in-house trainings
- percent of performance evaluations completed by end of pay period in which rating period ends
- percent of Title X clients using a most or moderately effective contraceptive method
- percent of WIC clients breastfeeding at 3 months, 6 months and 12 months
- percent of school-age children participating in *Pick a Better Snack* programming

### *Program Level Measures*

*Purpose:* Program level measures are for use by bureau chiefs and program staff to track performance on a specific project or grant. These measures may be more granular in nature or used to pinpoint parts of a process that may benefit from quality improvement. The Performance Management system will focus on those measures that are directly related to measures on the Division level scorecard and link to measures on the Department level scorecard.

*Examples of measurement:*

- number of students provided a dental sealant service
- percent of birthing hospitals trained in Baby-Friendly Hospital practices
- number of in-house trainings offered
- number of contacts for information/resources for substance use disorders

## IDPH Performance Management Activities by Tier

| Activity                       |                     | Program level measures   | Division Level Scorecard             | Department Level Scorecard   |
|--------------------------------|---------------------|--------------------------|--------------------------------------|------------------------------|
| <b>Measures</b>                | # of Measures       | Unlimited                | Unlimited                            | 10                           |
|                                | Person Responsible* | BC, Program Staff, PA    | DD, BC, Program Staff, PA            | ETeam                        |
| <b>Data Updates</b>            | Person Responsible* | BC, Program Staff        | PM, BC, Program Staff                | DD, PM                       |
|                                | Frequency           | Semi-annual              | Quarterly                            | Quarterly                    |
| <b>Review meetings</b>         | Person Responsible* | BC, Program Staff        | Director/Deputy Director, DD, PM, QI | ETeam, PM                    |
|                                | Frequency           | As determined by program | Quarterly                            | Quarterly                    |
| <b>Communicating Results**</b> | Person Responsible* | BC, Program Staff        | PM, DD                               | ETeam, PM                    |
|                                | Frequency           | As determined by program | Quarterly                            | Quarterly                    |
|                                | Reporting outlet    | As determined by program | IDPH Internet, IDPH intranet         | IDPH Internet, IDPH intranet |
| <b>Next Steps</b>              | Person Responsible* | BC, Program Staff        | DD, BC, PM, QI, PPM                  | ETeam, PM, PPM               |
|                                | Frequency           | As needed                | As needed                            | As needed                    |

\* ETeam = Executive Team, DD = Division Director, BC = Bureau Chief, PM = PM Coordinator, PPM = Planning and Performance Manager, QI = QI Coordinator

\*\* Potential communication methods: posting to program-specific websites, annual program reports, program newsletters; using with advisory councils or commissions

## **Performance Improvement Monitoring and Evaluation**

### **Overview**

Goals of the PI plan are outlined in the next section. The goals are monitored through the performance management system, the strategic plan status report, the PI culture assessment, and the employee survey. The PM coordinator and QI coordinator track data on the PI plan goals and reports on progress of the goals through the Director's Office performance scorecard and strategic plan report. The PM coordinator and QI coordinator also share results of the PI culture assessment and employee survey with the QI council.

Progress toward the goals is discussed at QI council's meetings. Opportunities for improvement identified may be incorporated immediately through a revision of the plan with deputy director approval or may be identified for inclusion in the annual review of the plan.

Goals of the QI teams are monitored by the QI council members assigned to facilitate the QI adventure. QI adventure teams evaluate progress towards meeting the measures established on their adventure charters. Reports on progress are shared back with the QI council through the council members who facilitated the adventures.

## Performance Improvement Goals

### 2019 Goals

IDPH will continue to build a culture of quality and performance improvement in the department. To do so, it will focus on the goals and activities listed below for 2019.

| Goals   | Key Activities   | Responsibility  | Result   |
|---|--|---|--|
| Achieve 35% of IDPH staff formally participating in QI activities (QI council membership, participate on QI adventure team, attend QI training led by QI Council) | <ol style="list-style-type: none"> <li>Promote QI activities throughout the department.</li> <li>Facilitate QI adventures.</li> <li>Facilitate QI trainings.</li> </ol>  | QI Council members, QI Coordinator, Deputy Director           | <p>Target met.</p> <p>37.91% of staff formally participated in QI activities.</p> <p>(data source: Director's Office performance scorecard)</p>  |
| 100% of QI projects completed through the QI Council will be documented in a standard format.   | <ol style="list-style-type: none"> <li>Train QI adventure team leaders on use.</li> <li>Track documentation completed.</li> </ol>  | QI Coordinator, Modernization Coordinator, QI Council members | <p>Progress being made.</p> <p>All adventures completed a charter. All adventures completed a storyboard; however, storyboards were not always completed by the 6 month check-in.</p> <p>(data source: QI coordinator)</p> |
| Increase by 2% the percentage of IDPH staff with QI responsibilities in performance plans in the last year.   | <ol style="list-style-type: none"> <li>Share information about QI with division directors and bureau chiefs.</li> <li>Include language regarding the facilitation of quality improvement efforts in current and past QI council members' performance plans.</li> </ol> | Deputy Director, QI coordinator                               | <p>Target met.</p> <p>56.2% of staff with QI included in their performance plan.</p> <p>(2018: 50.2%)</p> <p>(data source: survey of IDPH management)</p>  |

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| Achieve the 70% benchmark for the overall average response of staff responding agree/strongly agree to the Operations and Quality Improvement focus questions in the employee survey | <ol style="list-style-type: none"> <li>1. Promote QI activities throughout the department.</li> <li>2. Educate division directors, bureau chiefs, and department staff on what is a good process.</li> <li>3. Share information about the importance of QI with division directors and bureau chiefs.</li> </ol> | QI Council members, QI Coordinator, Deputy Director | <p>Target met – 70% overall average.</p> <p>(data source: 2019 employee survey)</p>   |
| Complete at least one QI adventure in each department division and in the Director's Office annually.  | <ol style="list-style-type: none"> <li>1. Meet with bureau chiefs, division director, and director to discuss identifying QI opportunities.</li> <li>2. Assist with identifying and planning QI adventures.</li> <li>4. Facilitate QI efforts.</li> </ol>  | QI Council members, QI Coordinator, Deputy Director | <p>Target not met. Division of Tobacco Use Prevention and Control did not completed a QI adventure in 2019.</p> <p>(data source: Director's Office performance scorecard)</p> |



## 2020 Goals

IDPH will continue to build a culture of quality and performance improvement in the department. To do so, it will focus on the goals and activities listed below for 2019.

| Goals   | Key Activities   | Responsibility                                      |
|---|--|---|
| Achieve 40% of IDPH staff formally participating in QI activities during 2020 (QI council membership, participate on QI adventure team, attend QI training led by QI Council)   | <ol style="list-style-type: none"> <li>1. Promote QI activities throughout the department.</li> <li>2. Facilitate QI adventures.</li> <li>3. Facilitate QI trainings.</li> </ol>   | QI Council members, QI Coordinator, Deputy Director |
| Achieve 65% of IDPH staff formally participating in QI activities since January 2017 (QI council membership, participate on QI adventure team, attend QI training led by QI Council)                                    | <ol style="list-style-type: none"> <li>1. Promote QI activities throughout the department.</li> <li>2. Facilitate QI adventures.</li> <li>3. Facilitate QI trainings.</li> </ol>   | QI Council members, QI Coordinator, Deputy Director |
| Achieve 20% of IDPH staff formally participating in PM activities during 2020 (attend performance scorecard meetings, prepared data for a performance measure, respond to follow-up questions for performance measures) | <ol style="list-style-type: none"> <li>1. Include staff in PM meetings.</li> <li>2. Communicate PM discussions to staff.</li> </ol>  | PM Coordinator, Division Directors, Bureau Chiefs   |
| 50% of QI adventures conducted in 2020 will develop AIM statements by December 31, 2020   | <ol style="list-style-type: none"> <li>1. Update QI adventure charter and storyboard to prompt for AIM statements.</li> <li>2. Incorporate AIM statements into new QI council member training.</li> <li>3. Identify QI adventures that are appropriate to include AIM statements.</li> <li>4. Train QI adventure teams on AIM statements.</li> </ol> | QI Coordinator, QI Council members                  |

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|---|--|---|
|   | 5. Assist QI adventure teams with developing AIM statements.   |   |
| 100% of QI adventure storyboards completed by 30 day check-in by December 31, 2020  | <ol style="list-style-type: none"> <li>1. Train QI adventure team leaders and sponsors on use.</li> <li>2. Inform QI adventure team leaders and sponsors of 30 day deadline.</li> <li>3. Track documentation completed.</li> </ol>   | QI Coordinator, QI Council members                  |
| Increase by 2% the percentage of IDPH staff with QI responsibilities in performance plans in the last year.   | <ol style="list-style-type: none"> <li>1. Share information about QI with division directors and bureau chiefs.</li> <li>2. Include language regarding the facilitation of quality improvement efforts in current and past QI council members' performance plans.</li> </ol>                                     | Deputy Director, QI coordinator                     |
| Achieve 20% of IDPH staff with PM responsibilities in performance plans in the last year.   | <ol style="list-style-type: none"> <li>1. Share information about PM with division directors and bureau chiefs.</li> <li>2. Include language regarding PM efforts in staff performance plans.</li> </ol>   | PM coordinator, Division Directors, Bureau Chiefs   |
| Achieve the 70% benchmark for the overall average response of staff responding agree/strongly agree to the Operations and Quality Improvement focus questions in the employee survey. | <ol style="list-style-type: none"> <li>1. Promote QI activities throughout the department.</li> <li>2. Educate division directors, bureau chiefs, and department staff on what is a good process.</li> <li>3. Share information about the importance of QI with division directors and bureau chiefs.</li> </ol> | QI Council members, QI Coordinator, Deputy Director |

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|---|---|--|
| <p>Achieve a 75% benchmark for the overall average response of staff responding agree/strongly agree to the Measurement, Analysis, and Knowledge Management focus questions in the employee survey.</p> | <ol style="list-style-type: none"> <li>1. Promote PM activities throughout the department.</li> <li>2. Educate division directors, bureau chiefs, and department staff on good performance measures.</li> <li>3. Share information about the importance of PM with division directors and bureau chiefs.</li> </ol> | <p>PM coordinator, Deputy Director, QI coordinator, QI council members</p> |
|---|---|--|

## 2020 Performance Measures

| Performance Measure  | Key Activities   | Responsibility   |
|--|--|--|
| At least one person formally participating in QI in each bureau/center/office/board.                                   | 1. Meet with bureau chiefs, division director, and director to discuss identifying QI participation opportunities.   | QI Council members, QI Coordinator, Bureau Chiefs, Division Directors, Deputy Director, Director                 |
| At least three QI adventures conducted based on performance measures tracked through the performance management system | <ol style="list-style-type: none"> <li>1. QI coordinator attends performance scorecard meetings.</li> <li>2. PM coordinator attends QI council meetings.</li> <li>3. Performance measures are identified through scorecard meetings and are reviewed by QI council members.</li> </ol> | QI Coordinator, PM Coordinator, QI Council Members, Bureau Chiefs, Division Directors, Deputy Director, Director |

## Performance Improvement Training

### Training for All Employees

In order to build a culture of PI, it is important to support the development of QI skills and competencies in the IDPH workforce, beginning with new employees. Upon hire, new employees will be introduced at new employee orientation to PI and IDPH's approach to PI.

Additionally, IDPH provides an opportunity for all employees to attend the following training annually.

| QI Class   | Occurrence   | Description   |
|--|--------------|---|
| PDCA...huh? The ABCs of the Plan-Do-Check-Act Cycle (PDCA) in QI   | Twice a Year | How can you be more deliberate in your approach to QI? Learn more about waste and the Plan-Do-Check-Act cycle with a hands-on activity involving our QI mascot Mr. Potato Head!                   |
| What's Causing Your Problem? And What Are You Going to Do About It? (QI Tools for Root Cause Analysis and Next Steps Identification) | Twice A Year | Are you not sure what's causing your problem? And how are you going to address? Check out these QI tools - cause and effect diagram and solution and effect diagram.                              |
| Find Your FLOW...chart (QI Tool for Documenting and Improving Processes)   | Twice a Year | Struggling with how to document or improve a process? Learn how flowcharting can help!  |
| Get Your Brainstorming On (QI Tools for Bringing Out the Ideas)  | Twice a Year | Affinity diagrams and mind maps are QI tools to use to make brainstorming sessions more successful. Discover how to use these tools for individual brainstorming or group brainstorming sessions. |
| Too Many Ideas? No Problem! (QI Tools for Identifying Priorities for Action with a Group)  | Annually     | Discover how QI tools for prioritization can transform all of those great ideas to come up with an action plan.   |

| QI Class  | Occurrence | Description  |
|---|------------|--|
| Who's Got That? (QI Tool for Making Sure Your Team Doesn't Drop the Ball) | Annually   | Does your team need help communicating who is doing what and who needs to know about it? The RASCI Chart, a QI tool, is a solution! Learn what it is and how to create one.  |
| Seeing the Big Picture (QI Tool for High Level Perspective on a Process)  | Annually   | Hear how a SIPOC, a QI tool, can view a process from a high level perspective and why that is important. A SIPOC will focus the conversation on the suppliers, inputs, outputs, customers, and steps of a process. |

In addition to the training provided within IDPH, IDPH staff members are encouraged to join the Iowa Lean Consortium and attend trainings provided by the Consortium. The department contributes annually to the membership cost for state employees to belong to the consortium.

### Training for QI Council Members

QI council members participate in QI training targeted specifically to them. QI council members will be trained in QI tools, basic facilitation skills, humble inquiry, and stages of team development. QI teams also receive just-in-time training from the facilitator assigned.

## References and Resources

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