

North Dakota Department of Health
Performance Management Plan
2014-2015



NORTH DAKOTA
DEPARTMENT *of* HEALTH

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PURPOSE

To establish policies and procedures for improving the quality and performance of the **North Dakota Department of Health** (NDDoH or Department) and support a process for linking strategic priorities and ensuring that improvement efforts are appropriately focused and successfully implemented and communicated.

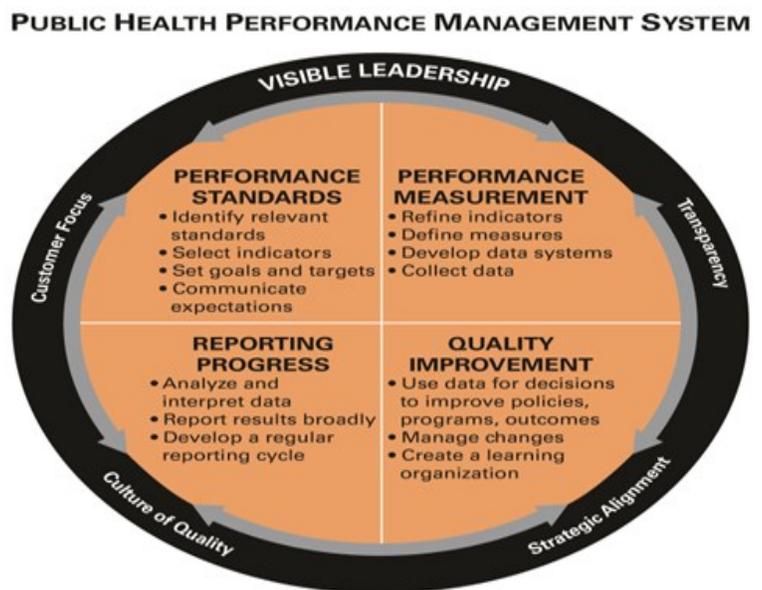
(Methodology definition and other performance management definitions can be found in **Appendix E**.)

POLICY STATEMENT

The NDDoH supports a system of performance management and continuous quality improvement (QI) to systematically monitor and improve the quality of programs, processes, and services in order to achieve high levels of efficiency, effectiveness, and both internal and external customer satisfaction. The performance management system is comprised of agency performance measurements, strategic planning, quality improvement and accreditation activities. The strategic planning priorities will inform the Department’s budgeting process and the state health improvement plan. NDDoH is committed to adopting quality improvement principles and using tools of quality improvement as an integral aspect of all of the Department’s work. QI efforts will be targeted at the Department level, as well as the program or project level. The public health accreditation standards define the expectations for all public health departments that seek to become accredited and provide a means to identify performance improvement opportunities. Once the Department becomes accredited, we commit to abide by the current and future rules and standards of PHAB and maintain accreditation status.

NDDoH performance management activities are based on the concepts of the Turning Point Performance Management Framework. NDDoH activities align to this model as follows; accreditation process provides relevant standards; NDDoH’s strategic planning process defines performance measures; and through monitoring, analyzing and reporting of performance data, areas for quality improvement are identified and strategies for change are implemented. The Turning Point concepts are described in the image to the right.

(Image source: [Public Health Foundation](#))



ORGANIZATIONAL STRUCTURE

The NDDoH has implemented a performance management structure to assure that QI efforts and activities are carried out, PHAB accreditation standards are met, and organizational performance is monitored and evaluated. NDDoH's performance management system is designed to be completely integrated into daily practices at all levels of the Department and includes:

Performance Management Executive Committee (PM Executive Committee)

An oversight committee responsible for the overall management and decision-making for the performance management system (accreditation, strategic planning and QI). The PM Executive Committee will report decisions and actions taken to the PM Steering Committee. Chaired by the State Health Officer.

Performance Management Steering Committee (PM Steering Committee)

The PM Steering Committee is an advisory committee responsible for the management of QI operations, processes and procedures that affect the Department. The PM Steering Committee is also responsible for the overall management of the accreditation process and will appoint Domain Team members. The PM Steering Committee provides guidance on key issues and provides recommendations to the PM Executive Committee. Chaired by the State Health Officer.

QI Council

The QI Council is an advisory committee responsible for coordination of QI projects in the Department. The QI Council will receive suggested QI projects from section chiefs and will recommend to the PM Executive Committee which QI projects should be pursued. The QI Council will also provide technical assistance and guidance to QI project teams. Members will be identified by the PM Steering Committee (staff who have formal QI training) and appointed by the PM Executive Committee. Chaired by the Accreditation Coordinator.

Strategic Planning Committee

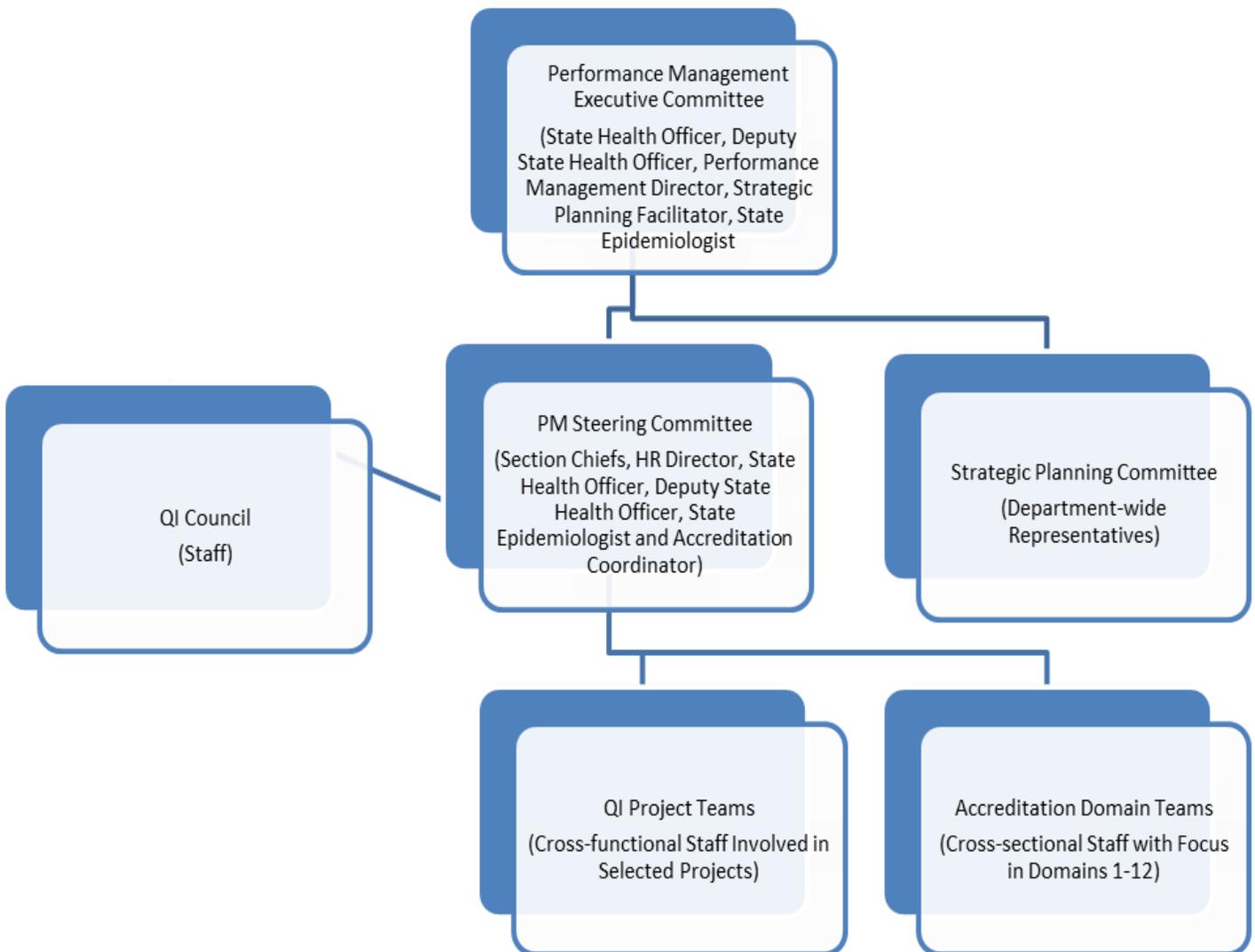
The Strategic Planning Committee is an advisory committee comprised of State Health Officer, Deputy State Health Officer, Accreditation Coordinator, section chiefs, one additional Environmental Health Section representative, Local Public Health Liaison, Public Information Officer, Data Processing Coordinator, a local public health director, a member of the State Health Council, Healthy North Dakota Director, Human Resource Director, State Epidemiologist and Accounting Director. The Strategic Planning Committee is responsible for soliciting and sharing ideas and comments during the strategic planning development and implementation process in order to encourage support at all levels of the Department. The committee is also responsible for identifying annual strategic priority initiatives and assisting with the annual review and subsequent validation or revision of the strategic plan. Chaired by the Deputy State Health Officer.

QI Project Teams

The team members are part of a working committee that has relevant involvement and expertise in the QI project or process selected. Members will be selected and appointed by the PM Steering Committee. A lead person will be identified for the team. Chaired by the Accreditation Coordinator.

Accreditation Domain Teams

The team members form working cross-sectional committees responsible for identifying and uploading documentation that best demonstrates conformity to standards and measures for each Domain. The Domain Teams are temporary and have the sole purpose of submitting accreditation document. Members for each team will be appointed by the PM Steering Committee. Chaired by the Accreditation Coordinator.



QI IMPLEMENTATION

Description of QI Project Selection and Implementation:

NDDoH's Core Principles of Quality Improvement:

- Develops a strong customer focus
- Involves a team or includes team knowledge
 - * Ideas and changes come from all staff involved and implemented by all staff involved
- Ensures a process for improvement
 - * There is an intended goal to improve or change
- Includes ongoing measurement and data driven decision making

QI projects will be conducted to assess and improve the quality of NDDoH's processes, programs, activities and services. QI efforts will target the Department-level ("Big QI") as well as the program or project level ("Small QI").

"Big QI" projects include those that are aligned with the Department strategic plan and/or have a Department-wide or system focus. They can only be chosen as a project if they are submitted through the QI project selection process, which begins with the completion of the QI project proposal form (**Appendix A**).

"Small QI" projects are at the program, division or section level and have specific project focus. Not all "Small QI" projects need to be submitted through the QI project selection process.

Small QI projects should be submitted if assistance or facilitation is needed from the QI Council, and if resources of the NDDoH may be needed to accomplish the project.

The QI Project Selection and Implementation procedures (**Appendix B**) describe the process for selection and implementation of all QI projects. The process ensures objectivity, project management, and improved communication and coordination while eliminating redundancy.

A QI project summary form (**Appendix C**) is required for all Big and Small QI projects that are selected through the project proposal process. Completing a project summary form is also encouraged for Small QI projects that were implemented without submitting a QI project proposal form in order that the project can be recognized and communicated throughout the Department.

QI Methodology

The Department will adopt the nationally-recognized **Plan-Do-Check-Act** methodology for quality improvement:

1. **Plan:** Investigate the current situation, fully understand the problem to be solved, identify potential solutions that will be tested, and develop an action plan to implement selected solutions
2. **Do:** Implement the action plan
3. **Check:** Analyze the effect of the activities implemented; compare the new data to the previous data; determine if improvements were achieved; note what was learned
4. **Act:** Document results (intended and unintended) and lessons learned; determine if the solution will be adopted, needs to be adapted, or will be abandoned (a storyboard about the project should be completed and shared with staff at all levels of the organization)

The selection of this process does not preclude the organization from using a different established QI methodology to achieve the intended results. Other QI methodologies that can be used include [Institute for Healthcare Improvement Model for Improvement](#), [Six Sigma](#), DMAIC (Define, Measure, Analyze, Improve, Control), [Lean](#), Business Process Re-Engineering, Rapid Process Improvement, etc.

QI Implementation Plan

The NDDoH's QI Implementation Plan is a key component of the organizational performance management system. The QI Council will determine plan goals and specific objectives to be accomplished each year. The goals will be aligned with the agency strategic plan and based on organization cultural survey results, customer satisfaction survey results and PHAB standards. This plan will be maintained and reviewed by the QI Council and approved by the PM Executive Committee.

The QI implementation plan which outlines key goal(s) and annual objectives, measures and timeframe can be found in **Appendix D**.

QI Training

Members of the PM Steering Committee and QI Council are expected to possess a higher level of knowledge regarding QI. Additionally, QI Council members will be required to obtain QI facilitation skills and will be provided additional training opportunities on QI tools and methodologies. The QI training requirements and opportunities for all staff will be included in the Department's workforce development plan. The types of training that will be considered are:

- Advanced training for PM Steering Committee, QI Council members and QI champions
- New staff orientation
- Continuing staff training
- Online courses
- Just-in-time training for QI project teams

QI Communication

Regular and effective communication of the QI plan and improvement efforts is necessary to engage and encourage employees to use QI tools and techniques and to create an organizational culture of improvement. The following methods will be used to ensure ongoing internal communication regarding NDDoH QI:

- a. Monthly staff meetings
- b. QI bulletin board displays
- c. Learning sessions
- d. Regular emails
- e. Recognition and award events

PERFORMANCE MEASUREMENT

Performance management – the use of strategic planning, quality improvement and accreditation – is not complete without a means to measure and evaluate whether planned performance is achieved. The NDDoH will evaluate a variety of indicators or measures to determine if it is meeting its performance standards and making a difference in the health of North Dakotans.

NDDoH has developed health status indicators and performance measures for each key objective in the Department’s strategic plan. Health status indicators utilize data to depict the health status of North Dakotans. The Department will monitor this data to guide priorities and strategies. However, many different factors affect the indicators, and the Department may not be able to have an impact on them in the short term.

Performance measures are those measures over which the Department has direct control and impact. In the absence of data on health status indicators, intermediate outcomes and process measures will be utilized as performance measures.

Section chiefs will develop and submit health status indicators, performance measures and strategies for their section to the State Health Officer. The State Health Officer, Deputy State Health Officer and State Epidemiologist will review these proposals and determine the final set of health status indicators, performance measures and strategies. Health status indicators and performance measures will be reviewed by this group every two years to determine if they are still valid, reliable and appropriate. Changes and updates will be reported to the PM Steering Committee and the QI Council.

Performance data will be reviewed and assessed by the following methods:

1. The State Epidemiologist will review the performance data annually and will provide an annual status report to the PM Steering Committee and to the department’s Internal Auditor. Data will be submitted to the State Epidemiologist by January 31. State Epidemiologist will analyze the data and report performance to the PM Steering and Strategic Planning Committees by April 15 in order to complete the annual strategic planning process by May 31. The performance data will inform the development of the department strategic and business plans and annual strategy work plan. Short term strategies, those that can be accomplished within one year, will be developed for each fiscal year ending June 30. The PM Steering Committee will identify areas for improvement from the report and determine a need for department-wide QI project implementation.
2. The state health officer and deputy state health officer will meet with the section chiefs on a quarterly basis to review and assess progress towards meeting Department performance measures and proposals for QI projects.

Additionally, the Department's internal audit function, which reports directly to the State Health Council, may be asked by the PM Steering Committee or may choose to conduct an independent audit of any health status indicator or performance measure to determine validity of the data or whether performance was acceptable.

All health status indicators and performance measures will be included on the Department's dashboard, which can be found online at www.ndhealth.gov/strategicplanning/. The dashboard will display the baseline, target and current performance data for each indicator or measure and will include a description, a definition of the data source, a summary of the findings and interpretive information for each.

North Dakota Department of Health Project Selection and Implementation Procedures

Purpose: To provide a systematic process for selecting and implementing quality improvement projects throughout NDDoH and foster better coordination and communication regarding chosen projects.

Project selection is divided into two levels; Big QI and Small QI. For Big QI, NDDoH leadership addresses the quality of the department-wide system at a macro level. For Small QI, managers and staff address issues in their programs, divisions and/or sections by improving specific processes.

Department-Wide QI Projects- Big QI (Performance Management Executive Committee and Steering Committee Only)

Determine if the proposed project is a Big QI project:

- Does the issue/project involve more than one section?
- Does the issue/project address or aligned with a strategic plan goal?
- Does the issue/project have a department-wide or system focus?

The process the department will use **for selecting department-wide QI projects** is as follows:

1. The Performance Management (PM) Executive Committee will identify department-wide QI projects annually using performance data from the following sources:
 - Department strategic plan performance measures
 - Organizational cultural survey
 - Customer satisfaction surveys
 - Audit reports
 - Section Chief proposals identified in monthly meetings with state health officer and deputy health officer
2. Either the Section Chief responsible for the identified project or the PM Steering Committee will complete the project proposal form and submit to the Executive Committee
3. A list of department-wide QI projects will be created and presented to the PM Steering Committee and Quality Improvement (QI) Council for discussion and prioritization
4. The PM Executive Committee will approve projects for implementation

The process NDDoH will use **for implementing department-wide QI projects** is as follows:

1. Approved project proposals are submitted to QI Council, which will select team leaders for the department-wide projects and assist the team leaders in selecting team members; team members should include staff knowledgeable about the problem, staff who will implement the process, and customers of the process, product, or service when possible
2. The QI Project Team will create an implementation plan and submit it to the QI Council; the QI Council will provide technical assistance as needed
3. The QI Project Team will utilize the Plan-Do-Check-Act or other established methodology to implement the plan
4. The Team Leader will document progress, addressing any barriers for resolution, and submit a report monthly to QI Council and PM Steering Committee
5. The QI Project Team will complete the QI project by:
 - a. Submitting the final QI project results form to the QI Council and PM Steering Committee
 - b. Documenting the project, key steps, and results (including lessons learned and unanticipated consequences) using the Storyboard Template

Section/Division/Program Level QI Projects- Small QI- (All Staff)

Sections, divisions and programs are encouraged to initiate their own quality improvement projects. Not all projects need to be submitted through the QI selection process. Determine whether the project requires the submittal process by asking:

Does the team need assistance or facilitation from the QI Council?

Will the project require a large amount of additional resources, such as staff time, data collection, funding, etc.?

Does the project impact other programs, divisions and/or sections? (Ex. Contracting, conference calling, grant management, etc.)

If the answer to any of the above questions is ‘yes,’ the Small QI should proceed through the submittal process.

The process the department will use for selecting Small QI projects is as follows:

1. The individual responsible for the proposed QI project will complete the QI proposal form and submit it to their section chief
2. The section chief will review the form and submit it to the PM Executive Committee with a recommendation to approve, deny or with no recommendation as to whether the project should be implemented,
3. The proposed projects will be presented to the PM Steering Committee and Quality Improvement (QI) Council for discussion and prioritization
4. The PM Executive Committee will approve projects for implementation, ensuring the QI project is in alignment with the Department mission, not duplicative of current QI projects, and meets the criteria for a QI project

The process the Department will use for implementing Small QI projects is as follows:

1. Approved project proposals will be submitted to the QI Council, which will work with whomever submitted the project to select team leaders and assist the team leaders in selecting team members. Team members should include staff knowledgeable about the problem, staff who will implement the process, and customers of the process, product, or service when possible.
2. The QI Project Team will create an implementation plan and present it to the QI Council, which will provide technical assistance as needed
3. The QI Project Team will utilize the Plan-Do-Check-Act or other established methodology
4. The Team Leader will document progress, addressing any barriers for resolution, and submit a report monthly to QI Council and PM Steering Committee
5. The QI Project Team will close the QI project by:
 - a. Submitting the final QI project results form to the QI Council and PM Steering Committee
 - b. Documenting the project, key steps, and results (including lessons learned and unanticipated consequences) using the Storyboard Template

***All projects, whether Big or Small, formally or informally selected, should result in the completion of final project results form. This form will help communicate and recognize the efforts of the team and the results of the process to the entire Department.**



North Dakota Department of Health Quality Improvement Results

(Please send completed form to Performance Management Director, Kelly Nagel)

Date:	
Process Owner:	
Location:	
Phone Number:	

Project Title:	
Description of Problem:	
Description of Improvement:	

Effect or Results Achieved: <i>(List up to 5 results the team achieved)</i>	
1.	
2.	
3.	
4.	
5.	

Name of Team: <i>(if applicable)</i>		
Team Members: <i>(full names & mailing addresses)</i>	Name	Mailing Address
Facilitator Name: <i>(if applicable)</i>		
Contact Name: <i>(for more information)</i>		
Contact Phone #: <i>(with area code)</i>	() -	

Goal 1: Create a department culture of QI

Objective 1: By January 31, 2014, the Performance Management Steering Committee will conduct an organization cultural assessment to include baseline QI culture questions.

Activity 1: Identify and select 30 core QI questions

Activity 2: Integrate core questions into organization cultural assessment

Activity 3: Review results from organization culture assessment

Activity 4: Identify strategies to improve QI culture

Objective 2: By May 31, 2015, the QI Council will promote the value of QI by developing and implementing a QI communication plan.

Activity 1: Develop a communication plan which includes:

- Value of QI

- Definition of successful QI projects and methods to recognize successes

- Methods to recognize employee efforts

Activity 2: Implement the plan

Objective 3: By June 30, 2015, the QI Council will develop and implement a QI training plan to effectively train staff at all levels on QI

Activity 1: Use organization cultural assessment results to determine training needs

Activity 2: Develop a training plan to include:

- Training requirements for each staff level

- Resources for training

- Methods for training

Activity 3: Integrate the training plan into the workforce development plan

Objective 4: By December 31, 2015, the QI Council will evaluate the progress towards creating a department culture of QI

Activity 1: Develop an evaluation plan for objectives 1, 2, and 3, including evaluation of implemented QI projects

Activity 2: Implement evaluation plan

Activity 3: Analyze results

Activity 4: Prepare report and disseminate results

Appendix E: Strategic Performance Management Definition Key

Big QI

A term used to contrast the difference between managing for quality in all business processes and services (Big QI) and managing for quality in only some processes and services, such as the program level (Small QI)

Customer

External- A person or organization that receives a product, service or information but is not part of the organization supplying it (ASQ Quality Glossary)

Internal-The recipient (person or department) within an organization of another person's or department's output (product, service or information) (ASQ Quality Glossary).

DMAIC

A data driven quality strategy for improving processes and an integral part of a Six Sigma quality initiative. DMAIC is an abbreviation for “define, measure, analyze, improve, and control.” (ASQ Quality Glossary)

Implementation Plan

A management tool that identifies activities, responsible party(ies), timeframes and status, and serves as a guide for carrying out the QI plan

Lean

Producing the maximum sellable products or services at the lowest operational cost while optimizing inventory levels (ASQ Quality Glossary)

Plan-Do-Check-Act Methodology

A four-step process for quality improvement: In the first step (plan), a way to effect improvement is developed. In the second step (do), the plan is carried out, preferably on a small scale. In the third step (check), a study is done to contrast and compare what was predicted and what was observed in the previous step. In the last step (act), action is taken on the causal system to effect the desired change.

Performance Measure

The criteria, metric, or means by which a comparison is made with output (ASQ Quality Glossary)

Performance Management

Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In public health, performance management means actively using performance data to improve the public's health, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. (Turning Point. From Silos to Systems: Using Performance Management to Improve the Public's Health, 2003)

Performance Management System

A system for measuring performance which is integrated into the health department's daily practice at all levels. The system involves:

- Setting organizational objectives across all levels of the department
- Identifying indicators to measure progress towards achieving objectives on a regular basis
- Identifying responsibility for monitoring progress and reporting
- Identifying areas where achieving objectives requires focused quality improvement processes

Quality Improvement

The use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to customer needs and expectations. QI 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 that support the mission of the organization.

Quality Improvement Techniques

Ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, quality, outcomes, or performance of services or processes (i.e., Plan-Do-Check-Act cycle)

Quality Improvement Tools

QI Tools help identify causes, understand processes, collect and analyze data, generate ideas, keep projects on track, and make informed decisions for continuous improvement activities (i.e., Gantt chart, affinity diagram, flowchart).

Six Sigma

A method that provides organizations tools to improve the capability of business processes. This increase in performance and decrease in process variation leads to defect reduction and improvement in profits, employee morale, and quality of products or services. Six Sigma quality is a term generally used to indicate a process is well controlled ($\pm 6\sigma$ from the centerline in a control chart). (ASQ Quality Glossary)

Small QI

Refer to the definition of Big QI