



North Dakota Department of Health
Performance Management Plan
2016-2018



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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 D**.)

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](#))

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



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

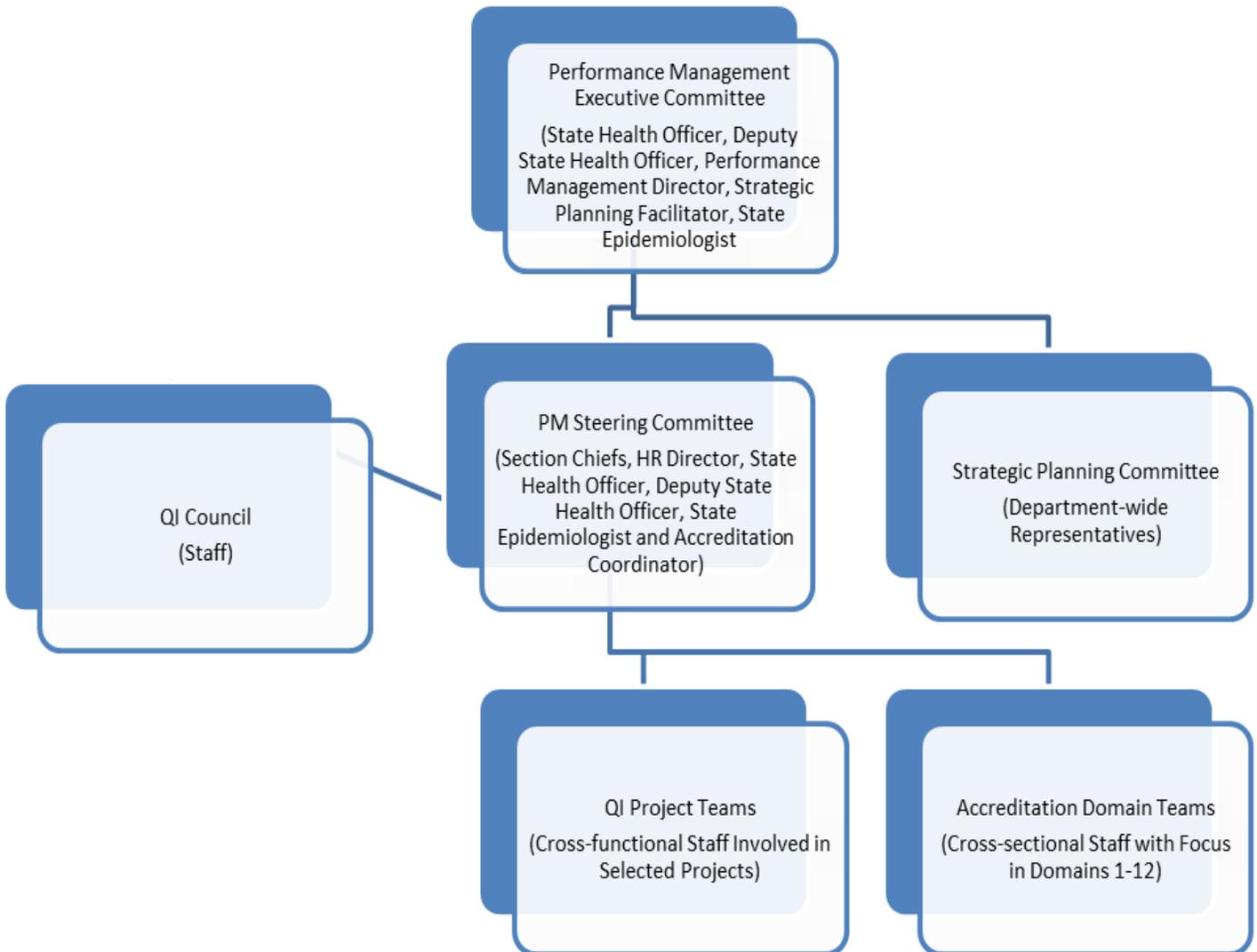
The Strategic Planning Committee is an advisory committee comprised of State Health Officer, Deputy State Health Officer, Accreditation Coordinator, section chiefs, one additional Environmental Health Section representative, Local Public Health Liaison, Public Information Officer, Data Processing Coordinator, 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
- Completes a formal process for improvement
 - * There is an intended goal to improve or change
 - * Process includes planning to develop an aim statement, identify root causes and potential solutions; and testing solutions and measuring to determine improvements.

QI projects will be conducted to assess and improve the quality of NDDoH's processes, programs, activities and services. Prior to initiating a QI project, they should be submitted through the QI project selection process, which begins with the completion of the QI project proposal form (**Appendix A**).

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 projects that are selected through the project proposal process. Completing a project summary form allows the project to be recognized and communicated throughout the Department.

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 outlines key goal(s) and annual objectives, measures and timeframe.

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. Internet and intranet websites
- 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 measure performance on two levels. First, through the strategic planning process the department identifies broad goals and objectives linked to each of these goals. For each objective, a health outcome measure, that reflects the outcome we want to achieve, is identified. Second, for each objective, strategies to accomplish that objective and performance measures for each strategy are identified.

Health Outcome Measures are those measures over which the Department has direct control and impact. In the absence of reliable data, 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 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 eHealth Officer. The State Health Officer, Deputy State Health Officer and State Epidemiologist will review very 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.

Strategy Performance Measures are strategies aligned to each objective. They are developed by section chiefs and approved by the State Health Officer and Deputy State Health Officer. Performance measures for each strategy are developed by section chiefs and approved by the State Health Officer, Deputy State Health Officer, and the State Epidemiologist. The section chiefs will report progress towards accomplishing strategy performance indicators to the State Health Officer and Deputy State Health Officer on a quarterly basis. Annually strategies and strategy performance measures will be reviewed annually to determine status and develop new strategies and performance measures, if current strategies are complete or new strategies are warranted.

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 provide suggestions for department-wide QI projects.

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 department programs and functions including whether health outcome measure or strategy performance measure reports are valid and whether performance was acceptable.

All health outcome measures 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 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.

Sections, divisions and programs are encouraged to initiate their own quality improvement projects. QI project implementation consists of the following:

- A team or team knowledge
- A formal process for improvement
 - Developing an Aim Statement
 - Planning to identify root cause and potential solutions
 - Implementing strategies and testing solutions
 - Measuring improvement

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

The individual responsible for the proposed QI project will complete the QI proposal form and submit it to their section chief for review and copy the section QI Council representative;

The Section chief will review the proposal and provide recommendation to approve, deny or with no recommendation as to whether the project should be implemented and submit to the QI Council Coordinator to enter into the approval process;

The proposed projects will then be presented to the Performance Management (PM) Steering Committee and Quality Improvement (QI) Council for discussion and prioritization;

All suggestions and recommendations will be provided to the PM Executive Committee for final approval or denial of project, 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 to implement QI projects is as follows:

Approved project proposals will be submitted to the QI Council, which will work with whoever 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 implementing the process, and customers of the process, product, or service when appropriate.

The QI Project Team will create an implementation plan and present it to the QI Council, which will provide technical assistance as needed.

The QI Project Team will utilize the Plan-Do-Check-Act or other established methodology.

The Team Leader will document progress, addressing any barriers for resolution, and submit a report monthly to QI Council and PM Steering Committee.

The QI Project Team will close the QI project by:

- Submitting the final QI project results form to the QI Council and PM Steering Committee.
- Documenting the project, key steps, and results (including lessons learned and unanticipated consequences) using the Storyboard Template.
- (QI Council will assist teams in completing forms as needed.)



**NORTH DAKOTA
DEPARTMENT of HEALTH**
North Dakota Department of Health
QI Project Proposal

Program/Project:		Submitted by:	
Explain the gap in service, efficiency or process targeted for improvement (what is the problem?):			
Key project objective(s):			
Project aligns with (check all that apply):			
<input type="checkbox"/> Accreditation		<input type="checkbox"/> Health Improvement Plan(s)	
<input type="checkbox"/> Cultural Competency		<input type="checkbox"/> Program Planning or Evaluation	
<input type="checkbox"/> Department Strategic Plan		<input type="checkbox"/> After Action Reports	
		<input type="checkbox"/> Other :	
Explain why this project is a priority:			
Has baseline data been identified to measure change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Resources needed (financial and other):			
List the stakeholders you plan to involve:			
Who should lead this team?		Who should be on this QI team?	
Anticipated start date:		Anticipated project duration:	
		<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 1 yr <input type="checkbox"/> >1yr	
Section Chief or Performance Management Steering Committee to Complete:			
Date submitted: Click here to enter a date. Review Date: Click here to enter a date. Reviewed by:			
Proposal: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting more information or modifications <input type="checkbox"/> Denied			
Comments:			



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>	() -	

Appendix D: Strategic Performance Management Definition

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)