



Section I - QIS: Powers and Duties - Quality Improvement Supplement

MPR I

Use a performance management system to monitor achievement of organizational objectives.

Reference: PHAB Standard 9.1

Indicator I.1

Staff at all organizational levels are engaged in establishing and/or updating a performance management system.

This indicator may be met by:

- Agency leadership and management are supportive of and engaged in establishing and/or updating a performance management system.
- Agency staff at all other levels are engaged in establishing and/or updating a performance management system.

Documentation Required:

- Documentation that the agency leadership is engaged in setting a policy for and/or establishing a performance management system for the department, for example: strategic and operational plans; training agendas; meeting agendas, packets, materials, and minutes; draft policies or items discussed with the governing entity, and/or presentations to the governing entity.
- Meeting agendas, materials, minutes, orientation materials, and/or plans that show staff at all levels are engaged in determining the nature of a performance management system for the department and implementing the system.

Evaluation Questions:

- How have leadership and staff been engaged in developing your agency's performance management system?
- How have leadership and staff been engaged in using and updating your agency's performance management system?
- How has the agency engaged their local governing entity regarding the establishment of the performance management system?

Indicator I.2

The agency has adopted a department-wide performance management system.¹

This indicator may be met by:

- The agency has adopted a performance management system.

Documentation Required:

- A written description of the department's adopted performance management system that includes:
 - a. Performance standards, including goals, targets, and indicators, and the communication of expectations.
 - b. Performance measurement, including data systems and collection.
 - c. Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle.

¹ Or is in the process of adopting a department-wide performance management system.



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- d. A process to use data analysis and manage change for quality improvement (QI) toward creating a learning organization.

Evaluation Questions:

- How does the adopted performance management system use objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets?
- How does the agency use the performance management system to ensure that goals are being met consistently in an effective and efficient manner?
- How does the agency use the performance management system to identify needed improvements?

Indicator 1.3

The agency has implemented a performance management system.²

This indicator may be met by:

- The agency has a functioning performance management committee or team that is responsible for implementing the performance management system.
- The agency has established goals and objectives with identified time frames for measurement across programs and functions.
- The agency has implemented a process for monitoring the performance toward set goals and objectives.
- The agency analyzes progress toward achieving goals and objectives and identifies areas in need of focused improvement processes.
- Through analysis of collected data, the agency identifies results and identifies next steps.
- The agency has completed a performance management self-assessment.

Documentation Required:

- Agendas, minutes, reports, or protocols from the performance management committee or team.
- Documentation identifying goals and objectives included in the performance management system, with identified time frames for measurement.
- Documentation showing how the agency actively monitors performance toward stated goals and objectives.
- Documentation of how the agency identifies areas for improvement through analysis of performance management data.
- Documentation of next steps taken when areas for improvement were identified.
- A completed performance management self-assessment that reflects the extent to which performance management practices are being used.³

Evaluation Questions:

- What process did the agency use to identify and set goals for performance?
- What is the ongoing process the agency uses to measure progress toward goals for performance?
- What is the process for reporting progress toward goals for performance?
- How does the agency use data to identify and address opportunities for improvement?

² Or has plans for implementing a performance management system that incorporates the stated requirements.

³ For example, the [Public Health Foundation's Public Health Performance Management Self-Assessment](#) or the self-assessment tools available through the [Baldrige Performance Excellence Program](#).



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Indicator I.4

The agency provides opportunities for staff involvement in the department's performance management.

This indicator may be met by:

- The agency has provided staff development opportunities related to performance management.

Documentation Required:

- Documentation of agency staff participation in performance management training.

Evaluation Questions:

- How does the agency ensure staff competence in the appropriate use of tools and techniques for monitoring and analyzing objectives and indicators as part of the performance management system?



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MPR 2

Develop and implement quality improvement activities in processes, interventions, and/or services.

Reference: PHAB Standards 9.1 and 9.2

Purpose:

The purpose of this measure is to assess the health department's culture of quality, including how quality improvement principles are being addressed across the health department.

Indicator 2.1

The agency has established a QI program based on organizational policies and direction.

This indicator may be met by:

- Establishment and implementation of an agency QI Plan.
- The QI plan is aligned with the agency's identified priorities and incorporated into its performance management system.
- The QI plan has been shared with agency staff.

Documentation Required:

- Agency QI Plan, including:
 - Key quality terms
 - Current and desired future state of quality in the organization
 - Key elements of the QI effort's structure (group or committee, membership, roles and responsibilities, etc.)
 - QI training available and conducted
 - Project identification, and how it is aligned with department's strategic direction and performance management plan
 - QI goals, objectives, and measures with time-framed targets
 - How the plan is monitored and evaluated
 - How QI efforts are communicated

Evaluation Questions:

- What was the process used to develop the QI Plan?
- How is the QI Plan aligned with the department's strategic direction and performance management system?
- How do staff learn about the department's QI Plan?
- How has the agency implemented the QI Plan?

Indicator 2.2

The agency has engaged the local governing entity in establishing organizational policies and direction for implementing QI.

This indicator may be met by:

Agency engagement with local governing entity to establish QI policies and direction for implementation.



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Documentation Required:

Local governing entity meeting agenda and minutes discussing establishment of QI policies and direction for implementation within agency.

Evaluation Questions:

- How does the agency engage the local governing entity regarding the establishment of organizational QI policies and direction?
- How does the agency keep QI visible and ongoing?

Indicator 2.3

Programs and administrative areas within the agency are using data, partner input, and team knowledge to drive decision-making and evaluate whether changes made have resulted in improvement.

This indicator may be met by:

There are three listed actions a health department may take to meet the indicator. A health department must provide evidence it is meeting **at least one** of the three actions **in three areas, including: one administrative example, one personal health example, and one environmental health example**. The health department can show examples of different actions for each of the program areas, or evidence of the same action in all three areas.

1. Using program data to identify opportunities for improvement or comparing baseline data to data collected after a change has been made; **and/or**
2. Implement a process to capture, analyze, and use input from a variety of partners to inform processes to improve services and outcomes. Partners include, but are not limited to, clients/customers, staff, local governing entity and other departments/agencies; **and/or**
3. Making decisions for moving forward based on the analysis of data, including whether to standardize changes or to implement quality improvement tools/methods to test another change.

Documentation Required:

Required documents may include, **but are not limited to:** evidence of QI implementation and activities, policies, plans, assessments, reports, agendas, meeting minutes, websites, data sets, briefs, media campaigns, customer satisfaction surveys and processes, staff satisfaction surveys and processes, analysis of survey results, other data analyses, etc.

	<u>This indicator may be met by:</u>	<u>Documentation Required:</u>	<u>Evaluation Questions</u>
1	Using program data to identify opportunities for improvement or comparing baseline data to data collected after a change has been made.	Examples of how the program has used data to identify opportunities for improvement	<ul style="list-style-type: none"> • How are staff using program data and measurement to identify and address areas for improvement?
2	Implement a process to capture, analyze, and use input from a variety of partners to inform processes to improve services and outcomes. Partners include, but are not limited to, clients/customers, staff, local governing entity and other departments/agencies	<p>Examples of how the program has collected and used data from a variety of partners</p> <p>Examples of how the program has utilized partner input to inform quality improvement activities</p>	<ul style="list-style-type: none"> • How are programs collecting and using customer data from different groups of customers (internal/external)? • Has the program made improvements based on customer data collected?



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	This indicator may be met by:	Documentation Required:	Evaluation Questions
3	Making decisions for moving forward based on the analysis of data, including whether to standardize changes or to implement quality improvement tools/methods to test another change.	Examples of how the program has evaluated whether changes have led to improvement and the actions taken accordingly.	Data and measures tell staff whether the changes made actually led to improvement. <ul style="list-style-type: none"> How are staff involved in quality improvement projects assessing whether changes made have resulted in improvement? What are staff doing with the results of that assessment? Are improvement efforts ongoing?

Indicator 2.4

Program staff are involved in quality improvement activities, including professional development related to quality improvement.

This indicator may be met by:

There are three listed actions a health department may take to meet this indicator. A health department must provide evidence it is meeting **all three actions**.

1. Program staff are using quality improvement tools and/or methods to address identified opportunities for improvement; and
2. Program staff at all levels are involved in quality improvement activities/projects; and
3. Program staff are participating in available training/technical assistance opportunities in quality improvement.

Documentation Required:

Required documents may include, **but are not limited to:** reports, meeting agendas, meeting minutes, participant lists, QI plans or policies, documentation of quality improvement projects, quality improvement team charter, quality improvement training policies, plans, or materials, etc.

	This indicator may be met by	Documentation Required	Evaluation Questions
1	Program staff are using quality improvement tools and/or methods to address identified opportunities for improvement.	Examples of quality improvement methods or tools used to address identified improvement needs	How are programs using quality improvement tools and/or methods to address identified opportunities for improvement?
2	Program staff at all levels are involved in quality improvement activities/projects.	Documentation of staff involved in improvement activities	Are staff at all levels in the program involved in quality improvement activities and/or projects? How are they involved?
3	Program staff are participating in available training/technical assistance opportunities in quality improvement.	Documentation of training or technical assistance offered Documentation of staff participation in training or technical assistance activities	Are staff provided with opportunities to participate in quality improvement training? Are staff participating in available trainings? Do staff have access to resources for technical assistance in implementing quality improvement projects?



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MPR 3

Build and support a diverse and skilled public health workforce.

Reference: PHAB Standards 8.1 and 8.2

Indicator 3.1

A local health department shall ensure a competent public health workforce through assessment of staff competencies and the provision of needs-based staff development opportunities.

This indicator may be met by:

There are seven actions identified which a local health department may use to meet this indicator, listed below. Of these seven, a local health department must show evidence of meeting **at least three**.

The local health department should provide evidence that it is meeting these indicators by providing associated documentation. Documentation and/or evidence may include the items listed in the documentation required section of the following table. Documentation may serve as evidence for more than one of the listed actions. Other documentation not included in the table may also be used as relevant to the local health department.

	This indicator may be met by	Documentation Required	Evaluation Questions
1	Completion of a competency assessment based on/ informed by a nationally adopted set of core competencies. (i.e.: The Council on Linkages Between Academia and Public Health Practice, Core Competencies for Public Health Professionals, etc).	Copies of completed core competency assessments Approved policies outlining timeframes for assessment completion	<ul style="list-style-type: none"> • What recognized core competencies for staff has the local health department adopted? • How has the local health department assessed staff competencies against the adopted set of competencies? • How frequently is the assessment completed?
2	Completion of a staff engagement survey targeting workplace environment, training needs, etc. that drives departmental training offerings, completed on a routine basis.	Copies of staff engagement or satisfaction surveys completed and associated findings	<ul style="list-style-type: none"> • How is staff engagement assessed at the health department? • How frequently is it assessed? • Is there an agency policy outlining the assessment process timeline?
3	Documentation that the local health department has developed at least one strategy to address competency gaps identified through a workforce needs assessment.	Copies of staff training needs assessment	<ul style="list-style-type: none"> • How does the health department annually assess staff training needs? • How has the health department planned to address identified training needs? • Did the health department develop written strategies to address identified needs?
4	Documentation that the local health department has implemented at least one strategy to address competency gaps identified through the workforce needs assessment.	Proposed strategies and implementation timelines	<ul style="list-style-type: none"> • What assessment-based strategies has the health department implemented? • Did implemented activities align with the developed strategy(ies)?



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	This indicator may be met by	Documentation Required	Evaluation Questions
5	Documentation of annually completed staff trainings, which may include: social determinants of health, cultural diversity, public health ethics, emerging public health issues, etc.	Staff training schedules and/or training roster of participants Training certificates List of staff trainings offered annually Documentation of mentoring programs	<ul style="list-style-type: none"> • What trainings does the health department require staff to complete annually? • Are staff completing annual trainings?
6	Documentation of Academic partnerships, i.e. Internships, working collaboratively provide or create identified needed training for local health department staff or students, participation in community-based participatory research, etc.	Documentation of relationships with academic institutions, etc. Copy of agency internship handbook	<ul style="list-style-type: none"> • How does the health department engage with academic institutions? • Describe the internship opportunities provided by the health department. • Is there a defined internship process for the department?
7	Evidence of a completed Workforce Development Plan. Local health departments are encouraged to seek approval of the plan by their local governing entity.	Copy of agency workforce development plan	<ul style="list-style-type: none"> • Does the health department have an approved Workforce Development Plan, which addresses the capability and capacity of the workforce, includes an environmental assessment, core competencies, annual staff trainings and content, and strategies to address gaps in staff capacity and capabilities? • How is this plan shared with the local governing entity and/or with staff?