



PUERTO RICO DEPARTMENT OF HEALTH

PERFORMANCE MANAGEMENT SYSTEM & QUALITY IMPROVEMENT PLAN

2019 – 2021

PMS & QI Plan/Population Health
SUBJECT: 2019-2021
SCOPE: PR Department of Health, All Staff

REVIEW FREQUENCY: ANNUALLY

ORIGINAL DATE ADOPTED: 6/6/2019

LASTEST EFFECTIVE DATE: PENDING

REVIEW/REVISION DATE(S): 7/13/2020

DEVELOPED BY

THE AUXILIARY SECRETARIAT OF PLANNING AND DEVELOPMENT

Subsidized with funds from the Centers for Disease Control and Prevention for the Preventive Health and Health Services Block Grant #NB01OT009292-01-00.



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Suggested Citation: Puerto Rico Department of Health. (2020). *Performance Management System and Quality Improvement Plan*. San Juan, PR: Strategic Planning Division.

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1. INTRODUCTION

The **Performance Management System (PMS)** of the Puerto Rico Department of Health (PRDOH) reflects a spectrum of best practices using performance data to achieve organizational goals. The aim of the PMS is two-fold. First, it seeks to achieve desired outcomes by systematically measuring and monitoring the performance of programs, processes, and services. Secondly, it integrates quality processes and data to the PRDOH’s daily practices and promotes agency-wide improvements.

The PMS guiding questions are:

- To what extent are we achieving our organizational goals and objectives?
- Are we improving and using indicators to measure progress?
- Who is responsible for monitoring processes and reporting findings?
- Which areas need quality improvement processes?

Management and Quality Improvement must go in tandem to achieve optimal performance and positively impact public health. For this reason, the PRDOH seeks to integrate and leverage both. The Department adopted the **Turning Point Performance Management System Framework** based on the **Plan-Do-Check-Act Quality Improvement Cycle** to guide a systematic and organized approach for elevating the performance of programs, operations, and services, so they can contribute to improving individuals’ and communities’ health in Puerto Rico.

This **PMS & QI Plan** presents the main steps to implement, manage, evaluate, and improve the performance of the PRDOH to deliver public health services, supported by a culture of continuous quality improvement across the Agency. To align performance management and quality improvement efforts with the Department’s strategic goals, the PMS & QI Plan integrates input from five (5) major planning documents (**Figure 1**).

Major Planning Documents Relevant to the PMS

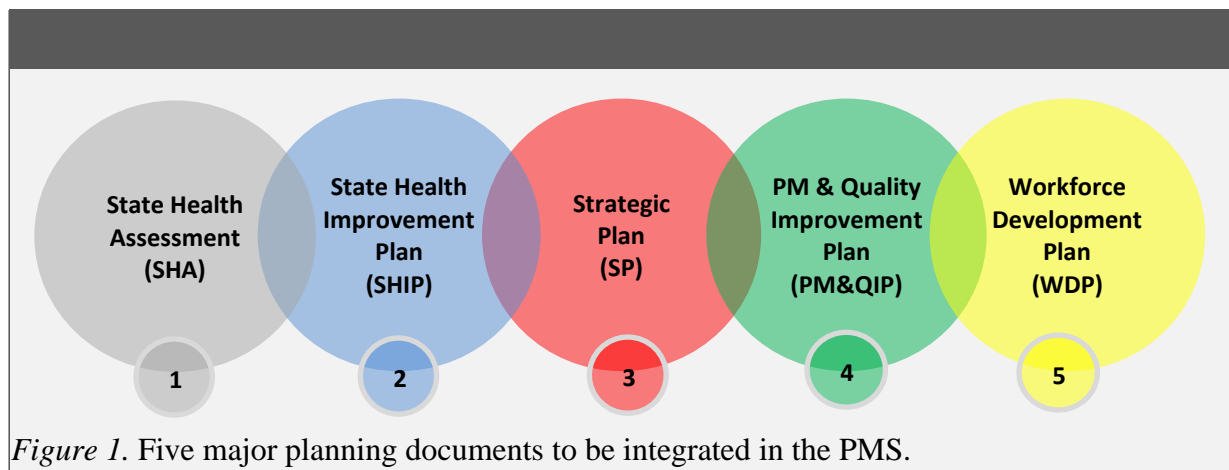


Figure 1. Five major planning documents to be integrated in the PMS.

These documents are instrumental in achieving the best outcomes for our population (**Figure 2**):

- The **SHA** assesses the population’s public health status, which in turn, helps stakeholders assess and apply agreed upon criteria to prioritize health outcomes and strategies.

- The **SHIP** connects external public health policy guidelines with internal processes and helps prioritize emerging public health needs by implementing strategies identified in the SHA.
- The **SP** establishes the PRDOH mission; guides its systems and processes; and links the other plans together.
- Incorporating the **QIP** to the **PMS** and aligning it to the other documents provides a comprehensive framework to improve processes, programs, and public health interventions based on best practices and relevant data. **This in turn will help the PRDOH achieve important and sustainable outcomes, while creating an environment that fosters continuous improvement in our daily operations.**
- The **WDP** adds value to the PMS by identifying challenges staff encounter and properly addressing them to improve the competency of our workforce.

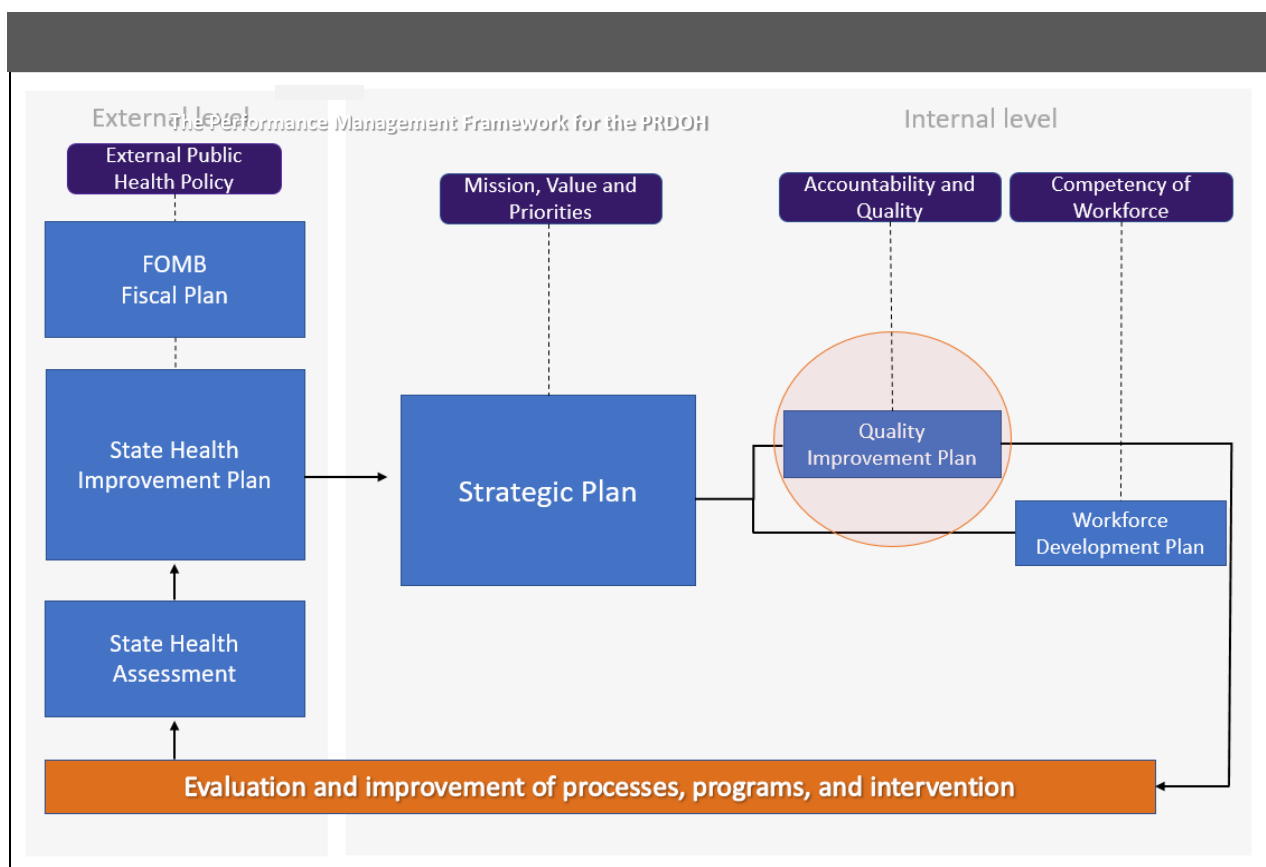


Figure 2. Performance Management Framework Description.

Creating alignment for optimal performance and continuous improvement

The PRDOH Strategic Plan 2020-2025 delineates the agency’s direction and operationalize strategic steps to achieve desired outcomes and public health results. Our vision, mission, values, and guiding principles are presented in **Figure 3**.

Similarly, the strategic priorities defined by the PRDOH provide a template to focus, evaluate, and improve all individual, unit, and organizational level efforts in the PRDOH.

The PRDOH priorities for 2020-2025 are, as follows:

1. Health Equity and Social Determinants
2. Public Health Governance
3. Organizational Development, Strengthening, and Sustainability
4. Public Health Quality and Results
5. Emergency Preparedness and Response

Continuous improvement and evidence-based action (among other elements) must underpin all efforts within the PRDOH to achieve a healthier Puerto Rico. Thus, each organizational unit (administrative and operational) and program should be able to clearly delineate how their specific goals and tasks align and contribute to the Department’s direction as well as public health priorities. A robust PMS and QI approach is crucial for building capability to positively impact the functioning of the PRDOH at the program, system, administrative, and policy level.



Figure 3. PRDOH’s Vision, Mission, Values, & Guiding Principles.

A culture of continuous improvement can support the Department’s strategic priorities, by ensuring not only that results are achieved but also that they are reached in the best possible manner for all parties involved. Based on NACCHO’s Roadmap to a Culture of Quality Improvement, the PRDOH’s QI maturity can be characterized by:

- QI efforts are practiced in isolated instances (about 20% of PRDOH units/programs have an official QI, Evaluation or Monitoring infrastructure)

- Data is used, but not consistently across programs, and data is not used routinely for decision making
- Staff view QI as extra work
- There is a general lack of knowledge of QI across the organization, and,
- There might be more QI activity and capacity building occurring, but it is inconsistent or not reported.

Preliminary findings from assessment efforts to develop the PRDOH's Strategic Plan lend credence to the need for the implementation of an integrated PMS and QI Plan. A general finding in a survey¹ of 110 entities of the public health system reflects the need to improve the PRDOH's performance and quality of services. Similarly, a recent training needs assessment¹ among employees of a newly established project demonstrates a need to increase awareness among a significant portion of their workforce (48-62%) about performance management and continuous improvement as key capabilities to be developed at the individual and group level for optimal project operation.

It is evident from this preliminary assessment that the PRDOH needs to take agency-wide action towards fostering and sustaining a quality improvement culture. This Plan is a first step in creating awareness, as well as setting the basic infrastructure and processes needed to achieve this goal.

¹ An Executive Summary of is available upon request.

2. KEY TERMS AND DEFINITIONS

Accreditation: The measurement of health department performance against a set of nationally recognized, practice-focused, and evidence-based standards; issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity; and continual development, revision, and distribution of public health standards. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments. (Public Health Accreditation Board website, <http://www.phaboard.org>)

Baseline: An initial set of observations or data used for comparison. The basis against which change is measured. (Merriam-Webster dictionary; Tews et al., 2012)

Benchmarking: Identifying best practices from top performing agencies in terms of performance standards, processes and experiences, and guidelines used to achieve exceptional quality improvement outcomes.

Goal: A broad statement describing a desired future condition or achievement without being specific about how much or/and when. Often intangible or non-quantitative. (Moran & Duffy, 2012)

Impact: Organizational, community, or system level changes that result, in part, from program activities. Examples may include improved living conditions, improve community indicators, and/or policy change. (National Association of County and City Health Officials, 2018)

Indicator: A value, characteristic, or metric used to track the performance of a program, service, or organization, or to gauge a condition. Synonymous with the term “measure”. (National Performance Management Advisory Commission, 2010)

Objective: A specific statement of a desired short-term condition or achievement; includes measurable end results to be accomplished within time limits. Objectives are narrow, focused, precise, and tangible. (Moran & Duffy, 2012)

Outcome: Specific changes in knowledge, attitudes, behaviors, skills, status, or level of functioning expected to result from specific program activities. Outcomes are expressed as different levels of results a program seeks to achieve. (National Association of County and City Health Officials, 2018)

Output: Direct result of program activities, usually described in terms of the size and/or scope of the services and products delivered or produced by the program. Outputs are important to measure as they indicate whether a program was delivered to the intended audiences at the intended “dose.” (National Association of County and City Health Officials, 2018)

Performance Management and Quality Improvement (PM & QI) Committee: A cross-sectional group of agency leaders and staff responsible for overseeing the implementation of performance management and quality improvement efforts (see **Appendix 1**).

Performance Management System (PMS): Continuous use of performance standards and measures, quality improvement processes, and reporting practices so that they are integrated into an organization's operations and programs. Performance management can be carried out at multiple levels such as programmatic, organizational, community, and state (Public Health Foundation –PHF, 2013).

Performance Standards: Objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as “good” or “excellent”). Standards may be set based on national, state, or scientific guidelines by benchmarking against similar organizations; based on the public's or leaders' expectations (e.g., 100% access, zero disparities); or other methods (Public Health Foundation –PHF, 2013).

Performance Measurement: Quantitative measures (performance measures) of capacities, processes or outcomes relevant to the assessment of a performance indicator, e.g., the number of trained epidemiologists available to investigate (Public Health Foundation –PHF, 2013).

PHAB: Public Health Accreditation Board. A national accrediting organization for public health departments.

Qualitative: Data or information that is difficult to measure, count, or express in numerical terms; composed of words. (PHAB, 2013a; Tews et al, 2012)

Quality Improvement: Establishment of defining processes to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports (Public Health Foundation –PHF, 2013).

Quantitative: Data or information that can be expressed in numerical terms, counted, or compared on a scale. (PHAB, 2013a)

Strategic Plan: Results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (PHAB, 2013a)

Target: Desired number or level related to a performance measure. Targets are the performance objectives an organization is striving to reach. (National Performance Management Advisory Commission, 2010)

3. PRDOH PERFORMANCE MANAGEMENT SYSTEM (PMS)

PMS Purpose, Vision & Guiding Principles

To open the discussion needed to elaborate the PMS' guidelines, we considered the following questions:

- How can the status of the PRDOH performance measurement be described?
- How will the performance measures be used to help the PRDOH manage itself more effectively?
- With whom will data be shared?
- Who should be involved in regular reviews of performance data?
- How should information be shared and discussed with decision makers?
- How should performance data be expected to inform decision-making?
- To strengthen performance, what kinds of incentives can be used explicitly or implicitly to encourage and promote a competent and engaged workforce?
- Why should the PRDOH implement performance measurement and quality improvement efforts?

We present the PMS purpose, vision, and guiding principles, as follows:

Purpose

The purpose of the PMS is to delineate a clear process to improve the effectiveness of programs and services, empower employees, and streamline decision-making across the Puerto Rico Department of Health (PRDOH), through the development of standards and the collection and analysis of quality data.

Vision

The PRDOH is committed to improve the quality of health and wellbeing of the public, as well as the performance of processes, programs, and interventions throughout our organization. The PMS is an aid in creating, implementing, and maintaining sustainable improvement efforts that are aligned with the Strategic Plan, State Health Improvement Plan, Quality Improvement, and Workforce Development Plan.

Guiding Principles

- Continuous Improvement: Improvement is a continuous process to achieve desired results using standards, measures, and ongoing quality improvement activities.
- Data-Informed Practice: Organizational successes involve using data and established standards to inform practice, measure performance, and improve outcomes.
- Partnership and Teamwork: Improvement is most effective when people collaborate and solve problems together.
- Systematic: Success is achieved through the integration of improved practices of core operations, including the programmatic, organizational, or systematic level.

Performance Management Model for Continuous Improvement

The Public Health Performance Management System Framework outlines the core components of a successful performance management system. We will use the **Turning Point Performance Management System Framework** to provide a roadmap and set of tools to help guide the PRDOH's units and programs along the path towards improved performance.

The components of this system include: Visible Leadership, Performance Standards, Performance Measurement, Quality Improvement, and Reporting Progress (**Figure 4**). Crucial organizational-level tenets support successful implementation of the framework, such as: Transparency, Strategic Alignment, Culture of Quality, and Customer Focus. Each feature will be explained next.

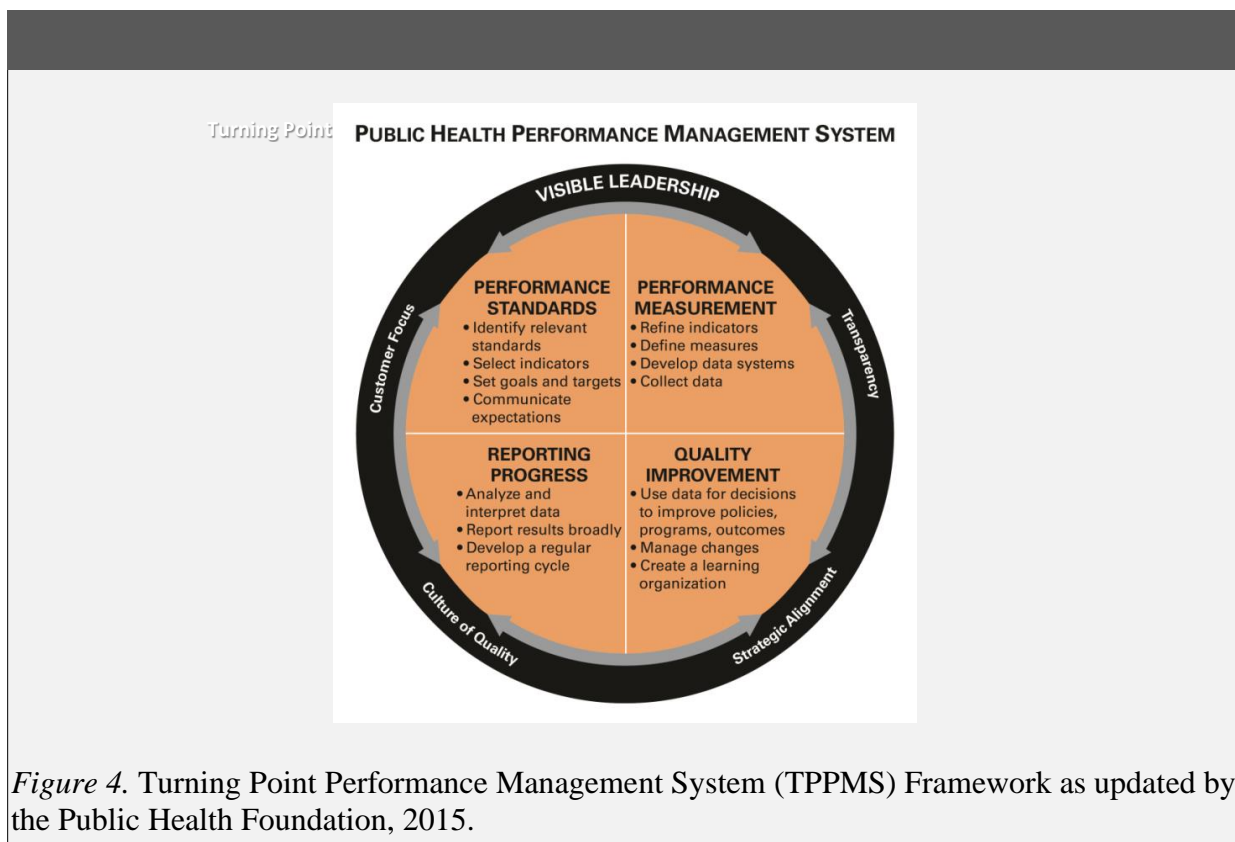


Figure 4. Turning Point Performance Management System (TPPMS) Framework as updated by the Public Health Foundation, 2015.

- **Visible Leadership** is the engagement and commitment of senior management in order to create a culture of quality improvement that aligns performance management practices with PRDOH's mission to improve public health for all communities in Puerto Rico. This includes top-down communication and transparency about performance between leadership and staff.
- **Performance Measurement** is the process of establishing, applying, and using performance measures to evaluate the achievement of performance standards. It is fundamental for the PRDOH to select the correct performance measures. The PRDOH

needs to identify methods that suited to the context of the organization. To aid in the development of procedures used to measure performance, the PRDOH may consult national data sources and tools (e.g., Healthy People 2020).

- **Transparency** is achieved through setting clear organizational norms and behaviors that ensure all levels of staff, from leadership down, understand the expected outcomes of the PMS and how to address obstacles to optimal performance.
- **Quality Improvement (QI)** is the development and maintenance of a process or program to manage change and achieve quality improvement. This is a continuous and ongoing effort to achieve measurable improvements in indicators of quality (efficiency, efficacy, accountability, outcomes). As performance measures change, QI processes should be re-evaluated to ensure they properly support the efforts used to meet performance standards. This can be achieved by focusing on related performance measures and data from progress reports.
- **Strategic Alignment** guarantees the critical linkage between major plans (SHA, SHIP, SP, QIP, & WFDP) and how they each play a role in the PMS.
- **Reporting Progress** is the documentation and reporting of how targets and standards are met. In turn, sharing the progress in a way that is easily understandable and interpretable with the proper feedback channels assures successful analysis and sustained quality.
- Developing a **Culture of Quality** reinforces an environment of enthusiasm and accountability for all staff engaged in the PMS. This document is a first step in building a PM and QI infrastructure for administrative and programmatic units, while supporting a learning culture among its members.
- **Performance Standards** is the establishment of organizational standards, targets, and goals to improve public health practices. Consulting national standards, state-specific standards, and benchmarks from other agencies can help in the selection of relevant performance standards. Healthy People 2020 is an example of a guide for developing standards and indicators.
- Our **Community Focus** goal aims to improve how resources are used for the betterment of all groups of the Puerto Rican public. This project seeks to increase the PRDOH's efficiency in managing its resources and activities, taking into consideration feedback from the community at large. It emphasizes work being done, how it is tracked, measured, and evaluated. Thus, enabling the public to assess and communicate to the PRDOH the extent to which this work adds value and promotes their wellbeing. We believe that by doing so we can create a greater quality-of-service and increase the promotion of healthy lifestyles among the Puerto Rican community.

Macro Level Performance Management and Quality Improvement Integration

To translate the Turning Point Performance Management System (TPPMS) Framework into an actionable approach, we follow Moran, Epstein, & Beitsch (2013) conceptualization of the TPPMS framework as a continuous improvement cycle, based on the PDCA quality improvement model (**Figure 5**). The PDCA cycle is explained in Section 4 of this document.

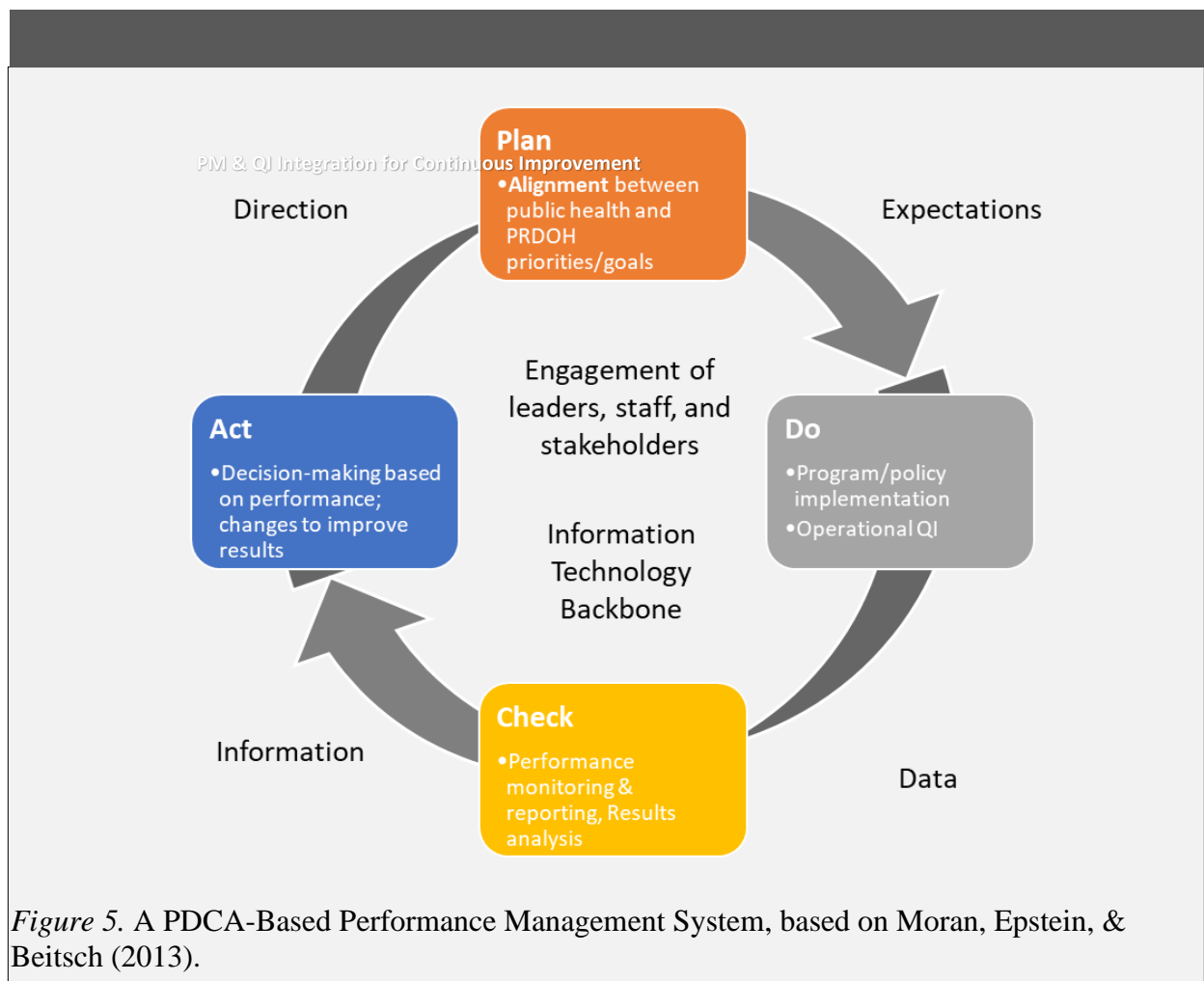


Figure 5. A PDCA-Based Performance Management System, based on Moran, Epstein, & Beitsch (2013).

At a macro level, a continuous improvement approach to performance management in the PRDOH implies continuous attention is placed on:

1. Aligning PRDOH priorities, resources and efforts with public health needs (e.g., as defined in the SHA and SHIP). This, in turn, sets clear expectations as to what everyone in the PRDOH should be striving to achieve.
2. Implementing programs and public health policy that reflects public health priorities, assessing the quality and effectiveness of said implementation. These steps generate relevant data to establish whether there is forward movement towards addressing the population needs and, thus, enhancing public health.

3. Monitoring performance and creating effective feedback loops within the PRDOH and with the population and other stakeholders to share relevant public health information.
4. Making decisions informed by sound evidence and considering multiple perspectives, which help the PRDOH set and sustain a clear direction

Such an approach at the PRDOH relies on the engagement and commitment of its personnel at all levels, as well as collaborators and stakeholders, to adopt performance management and continuous improvement as the way we work. In addition, we require to develop and maintain the technological and administrative infrastructure to support this approach.

PMS Operationalized

As a means of standardizing our PMS framework and streamlining its implementation throughout the PRDOH, we have defined the core five steps that each unit/program will need to conduct and demonstrate for effective PMS implementation (Figure 6). Each step is explained in the following section.

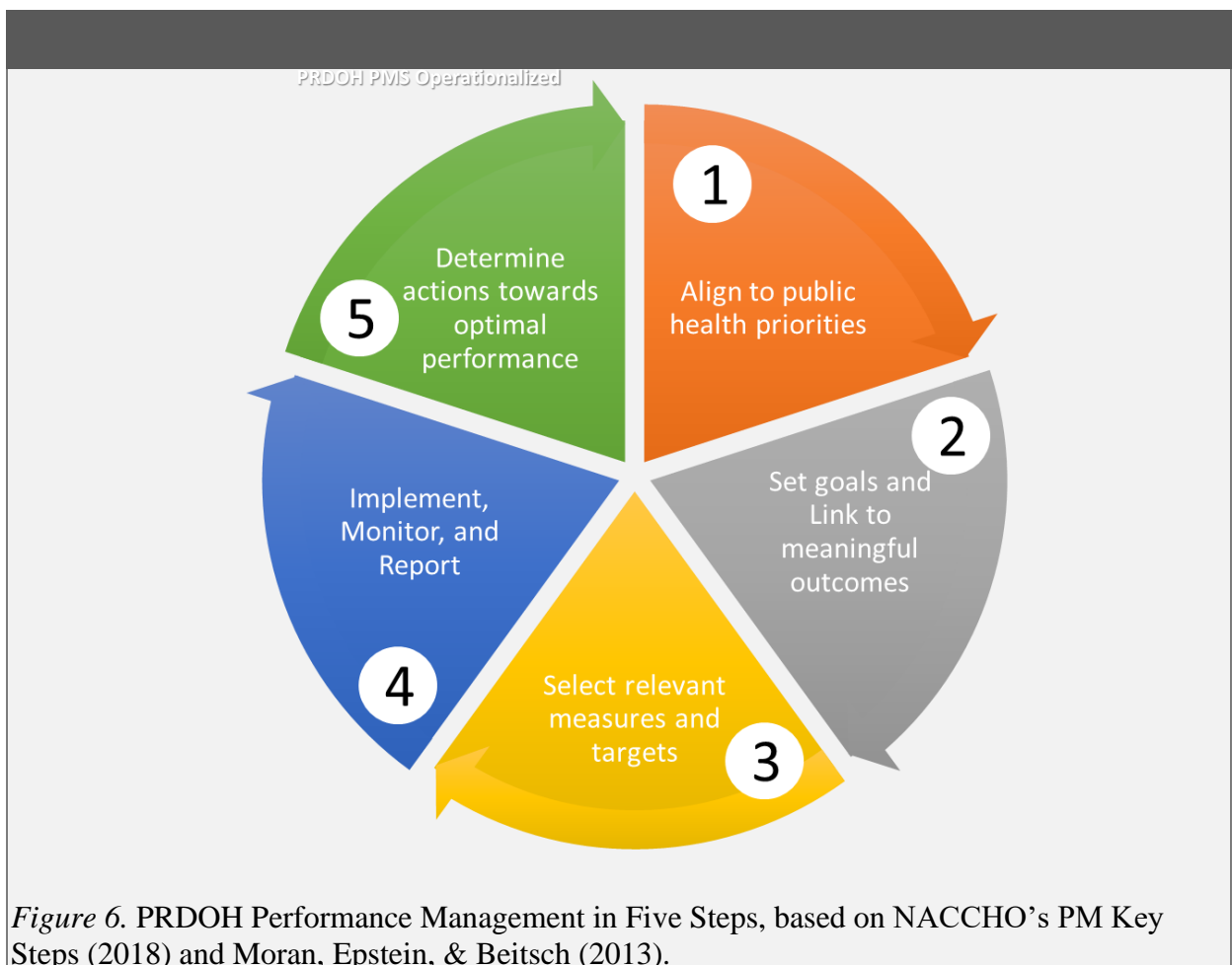


Figure 6. PRDOH Performance Management in Five Steps, based on NACCHO’s PM Key Steps (2018) and Moran, Epstein, & Beitsch (2013).

Step 1: Align to public health priorities

Each organizational unit/program will need to translate core public health priorities (e.g., stated in SHA, SHIP), PRDOH strategic priorities (i.e., stated in SP), any quality improvement priorities (e.g., unit/program’s QIP) and HR priorities (e.g., stated in WFDP) to their annual workplan.

To align the unit/program’s goals and activities to overarching public health priorities, a self-assessment can assist them in examining relevant elements for an effective PMS & QI integration. Some guiding questions include:

- *Who are we as a unit/program? What makes us unique?*
- *What do we do? For whom, why, and where?*
- *What impact do we expect from our work?*
- *How do we want to be recognized for our work? What should be the public’s first impression of the unit/program?*
- *What kind of support should be expected from managers, coordinators, or directors?*
- *Do we have the infrastructure needed to carry out this goal?*
- *What resources do we need to build a culture of quality improvement and performance management?*

Each unit/program will need to identify all priorities/goals from the core planning documents detailed in this document (see Figure 1) that are relevant to their work and services. A template for evaluating these elements is presented in **Table 1**. An example of integration for a unit/program’s work plan is also presented.

Table 1
Unit/Program integration through Performance Management System & Quality Improvement

	Questions	Example
SHIP Priority	<ul style="list-style-type: none"> • <i>Which priority, goal and/or objective directly relate to the unit/program?</i> • <i>How can the unit/program contribute to achieving the SHIP’s priority, goal, or objective?</i> • <i>What kind of impact does the unit/program want to have on its target audience/population related to this priority area?</i> 	Promotion, Prevention, and Protection
PRDOH Strategic Priority/Goal	<ul style="list-style-type: none"> • <i>Which strategic priority and/or goal directly apply/relate to the unit/program’s work or services?</i> • <i>In what way does the unit/program contribute to achieving the PRDOH’s strategic goal?</i> • <i>How does the unit/program’s purpose align to PRDOH’s mission?</i> 	Reduce the incidence of infectious diseases

Unit/Program Goal	<ul style="list-style-type: none"> How can the unit/program most effectively articulate how it will address the overarching priority/goal? 	Increase awareness about STI prevention among different age groups
- Intended Impact and Outcomes(s) for the Goal	<ul style="list-style-type: none"> What organizational, community, or system level changes does the unit/program expect, in part, from program activities? What specific changes in knowledge, attitudes, behaviors, skills, status, or level of functioning does the unit/program expect from specific program activities? 	Community knowledgeable about own health Reduced STI transmission Reduced STI prevalence
- Unit/Program Objective(s) for the Goal	<ul style="list-style-type: none"> What specific, measurable, achievable, relevant, and time-bound actions can the unit/program implement to achieve the goal? 	Increase understanding of STIs among adolescents through training and health clinics Increase access to STI testing among adults, through media campaign and health clinics
- Performance Measure(s)	<ul style="list-style-type: none"> How can the unit/program most effectively demonstrate progress toward/achievement of the goal? 	Decrease by 5% the rate of adolescents and adults who have a reportable STI by December 2021
QI Goal	<ul style="list-style-type: none"> What improvement areas are identified as needed to achieve the unit/program's goal(s)? How will improvements be addressed? 	Staff will identify and complete ≥ 1 QI project to increase efficiency in the STI programs by December 2020
Workforce Development / Employee Goal	<ul style="list-style-type: none"> How will workforce/employee competencies/capacity be built to support the unit'/program's goal(s)? 	Develop staff's competencies regarding STI prevention strategies according to life span.

Step 2: Define goals/objectives and link to meaningful outcomes

Each organizational unit/program will identify and refine the goals, objectives, and outcomes for their activities and services, considering overarching public health priorities and goals, as well as the intended impact the unit/program.

Emphasis is placed on **outcomes** rather than outputs in this step, given the need to think in terms of broader results and **impact** on the public's health.

While **goals** broadly define the direction of the unit/program longer-term, given the intended outcomes, **objectives** specify the short-term actions needed to achieve the goal. As such, they need to be: SMART (NACCHO, 2018):

- **Specific** – Does it concretely state what will be accomplished and for whom?
- **Measurable** – Does it quantify the expected change to determine success?
- **Achievable** – Is it feasible within the context or circumstances?
- **Relevant** – Does it contribute to the overarching goal/priority?
- **Time-bound** – Does it state a specific timeframe for completion/success?

Each unit/program will then directly connect their activities to outcomes, explicitly addressing how the unit/program's work and services will impact public health (see example in **Table 1**).

A logic model (see **Appendix 5**) is a useful tool for these purposes, as it provides a visual representation of the relationships among the unit/program components and activities, outcomes, and impact. This tool can help units/programs figure out key linkages and prioritize efforts accordingly. In addition, the logic model contributes to knowledge sharing and communication to all relevant parties.

Step 3: Select relevant measures and targets

Each organizational unit/program will identify and develop relevant measures and targets to assess unit/program's goals, objectives, and outcomes.

General elements to consider when establishing and collecting performance measurement data include:

- Are benchmarks clearly established to measure quantitative success?
- How are data collected and how often?
- Will quarterly reports be shared with the members of the PM & QI Committee?

Each organizational unit and program will develop a set of well-defined goals and objectives and then determine appropriate performance measures for monitoring achievement of objectives. The units' goals and objectives will be:

- Based on and aligned with Healthy People 2020, state, unit, or grant standards or requirements,
- Aligned with PRDOH Strategic Plan (SP) and the State Health Improvement Plan (SHIP), and
- Meaningful to program activities and staff.

Performance measure selection is guided by the following criteria:

- Data should be **quantifiable** and **readily available**,
- Measure should clearly **tie to the macro and program objective** that is intended to monitor, and
- Measure should provide **actionable useful feedback** to improve processes and interventions.

Measures to be monitored by the PM & QI Committee:

1. **Must align with units/programs' strategic priorities and Healthy People 2020 objectives,**
2. **Are in most need of improvement, or**
3. **Are most fundamentally relevant to the program.**

Units/programs should review their goals, objectives, and measures at least annually and revise them as needed. Measures monitored by the PM & QI Committee may be changed by submitting a new Performance Measure Proposal for approval.

Step 4: Implement, Monitor, and Report

Each organizational unit/program will conduct the defined activities and services, ensuring goals, objectives, and outcomes are communicated to all relevant parties.

Feedback gathering and data collection are crucial in this step, not only about unit/program performance but also about community/public level results. Each unit/program can benefit from having in place feedback processes (e.g., customer satisfaction surveys, formative evaluation activities, consultation to stakeholders) as well as tracking performance and population indicators. They will also monitor, report, and analyze operational performance data and population data generated and collected throughout the intended evaluation period (e.g., year).

For maximum effectiveness, progress should be reported at regular intervals and should reflect trends over time. Some key questions to consider when reporting progress include:

- How will the PRDOH document progress related to meeting performance standards and targets?
- How, with whom, and when are reports about progress shared?
- Who is accountable for collecting data about how well performance measures are met and then reporting about these data?

Live Performance Improvement Sessions: In-person reporting of progress should be conducted on a routine basis. Live Sessions focused on broader public health priorities will be conducted annually. These Live Sessions should be open to the public and all PRDOH staff, as well as recorded for those unable to attend. Please refer to **Figure 7** to see an example layout of a Live Session.

Internal, management-focused meetings will also be conducted twice a year, in which PRDOH units/programs will be able to gather feedback from key organizational stakeholders and present their PM & QI progress. These quarterly sessions will not be open to the public but to all PRDOH staff. And will serve as preparation for the Sessions open to the public.

A feedback report from these Live Sessions – both public and PRDOH management-focused, will be produced and shared with the presenting unit/program for their consideration and action.

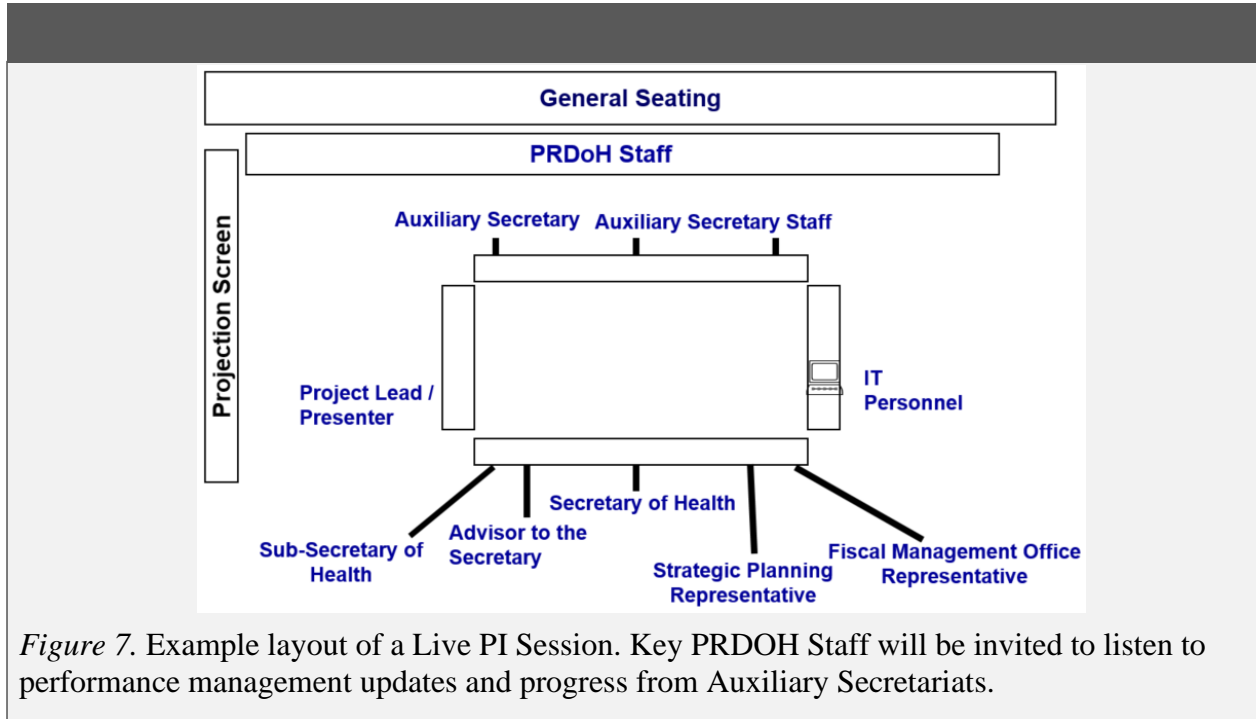


Figure 7. Example layout of a Live PI Session. Key PRDOH Staff will be invited to listen to performance management updates and progress from Auxiliary Secretariats.

Step 5: Determine actions toward optimal performance

From all feedback gathering and data evaluation efforts put in place, the organizational unit/program will then make decisions based on information/evidence available to: a) formalize processes, or b) develop and implement improvement projects for optimal performance.

This step shows a strong link between the PMS and QI efforts. QI projects can be identified and implemented as a result of assessing performance. This step can strengthen a culture of continuous quality improvement within each unit/program. To further build such culture at the Department's level, the PM & QI Committee will assist units/programs to:

- Establish protocols and procedures for a formal unit-wide performance management system.
- Help develop units' first performance management and quality improvement plan.
- Select at least 3 program-level performance measures.
- Initiate quarterly progress reporting on performance measures and strategic action plan progress.
- Create a supportive, learning environment within the PM & QI Committee.

4. QUALITY IMPROVEMENT IN THE PRDOH

The PMS framework enables the PRDOH to take another step towards a culture of quality. This includes the creation and use of data sources such as customer satisfaction surveys and performance assessments. The PRDOH will use self-assessment tools to gain a solid understanding of the barriers, drivers, and nuances along the journey to a QI culture. This section discusses QI philosophy and the process used to identify and implement best practices around building a culture of QI. Concepts in this plan are based primarily on the following evidence-based sources:

- Roadmap to a Culture of Quality Improvement - NACCHO Roadmap, and
- PHAB Standards and Measures.

QI Plan Purpose

The purpose of this document is to formalize QI as a Department-wide priority and provide general guidelines to build, integrate and align QI efforts throughout the PRDOH. These integrated efforts will help create and sustain a continuous improvement culture.

We are cognizant that there are different levels of experience and expertise with QI within the PRDOH. Some organizational units/programs have well-developed processes in place as well as dedicated personnel to carry out QI efforts. Building the PRDOH capability in this area towards a more generalized application of performance and quality improvement is essential for achieving greater results in public health. It also elevates the PRDOH's operational and administrative performance, preparing it to seek accreditation.

Accreditation in Public Health: The PRDOH aspires to achieve accreditation in Public Health to drive support for quality improvement. The main goal of the PM & QI Plan is to promote recurrent implementation of QI activities across the PRDOH over time to sustain a culture of continuous improvement. An accredited health department benefits from having performance management and quality improvement principles fully engrained in its norms, processes, and in the mindsets of its workforce.

QI Philosophy

Quality Improvement Defined: QI in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community (PHAB, 2013).

Culture of Quality Defined: The PRDOH with a culture of quality will embody these characteristics (Gorenflo, 2010):

- a. The customer is front and center.
- b. Management expects staff to solve problems.

- c. Problems themselves are not only freely aired but also embraced as opportunities for improvement.
- d. QI is integrated with the strategic plan.
- e. Improvement is continuous.

Transforming Culture: Transforming culture to embrace Quality Improvement requires a strong commitment for change over time. This include:

- a. Leadership Commitment
- b. QI Infrastructure
 - PMS & QI Committee
 - Employee Empowerment and Commitment
 - Teamwork and Collaboration
- c. Continuous Process Improvement
- d. Costumer focus

In order to transform the PRDOH culture to one of continuous improvement, a broad set of **quality criteria** needs to be drawn in order to open communication channels around it and to start building a shared, common language. At the PRDOH, general quality criteria include:

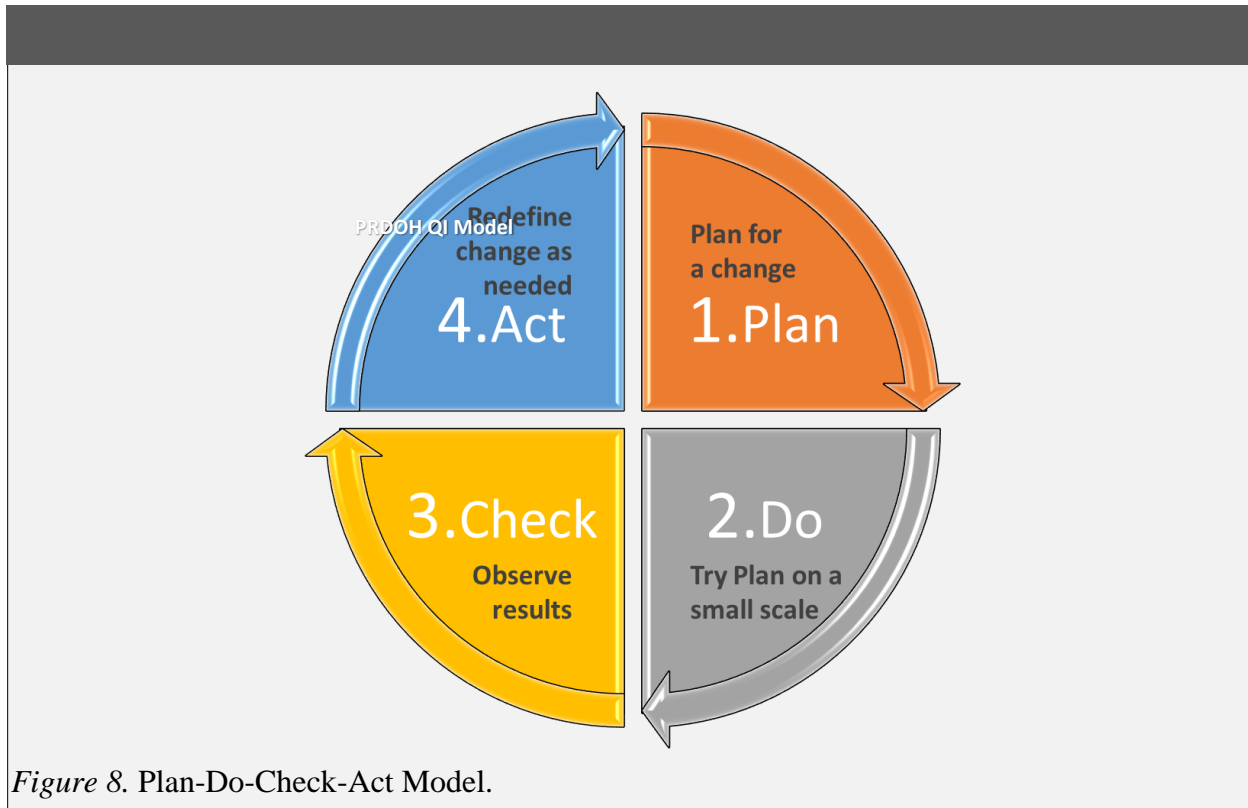
- Effectiveness (of services, processes, and program functioning)
- Efficiency (in terms of budget use and cost reduction)
- Satisfaction/engagement (from the population and the PRDOH workforce)
- Utilization (of programs, services, and information generated by the PRDOH)

A performance and quality culture also rest on seeking, offering, and using constructive **feedback** at all levels of the organization, in order to build formative evaluation capacity and thus, identify performance gaps and opportunities for positive change (i.e., improvement). Hence, quality at the PRDOH relies on integrating feedback loops at multiple instances in all programs, processes, and interventions. For example, QI efforts will not only have to happen at the organization level (agency-wide projects) but will need to occur at each level, namely: incorporated in units/programs' workplans, as well as in employee performance feedback/evaluation processes.

Lastly, a culture of quality improvement and feedback hinges on having clear and open **communication** across the organization. All staff and organizational members need at least a basic understanding of QI principles and tools and comprehend why it is important to think about work in terms of desired outcomes and performance improvement. Moreover, a shift in perspective is needed, where “errors” or “weaknesses” are redefined collectively and used as starting points for positive change.

QI Methodology

The QI model used by the PRDOH is the Plan-Do-Check-Act Cycle (PDCA). The PDCA is a problem-solving methodology based on applying the scientific method to everyday decisions (Institute for Healthcare Improvement, 2020). Please refer to **Figure 8** for the PDCA model.



PDCA seeks to answer the following questions:

1. What are we trying to achieve?
2. How will we know that a change is an improvement?
3. What changes can we make to achieve an improvement?

The PDCA Model is based on the scientific method, and it entails an iterative process of “developing, testing, and analyzing hypotheses” (Gorenflo & Moran, n.d., p. 1). This model provides a simple yet robust foundation for incorporating QI efforts across the PRDOH (see **Appendix 4**) and build our capacity for continuous improvement in a systematic and standardized manner. As this capacity evolves, more complex approaches and tools will be incorporated.

Based on the definitions provided by Gorenflo and Moran (n.d.), each step of the PDCA process is explained next.

PLAN

Investigate the current situation to understand the nature of the problem and potential solutions.

During this phase, the unit/program needs to:

- Identify and **prioritize** QI opportunities, considering the following elements:
 - Alignment with PRDOH mission and strategic priorities,

- Number of people to be impacted,
- Financial impact, and
- Unit/program's capacity to implement.
- Articulate a problem statement, including **what** will be accomplished, the **target audience**, specific **measures** to achieve and a **measurable improvement objective**.
- Describe/map the current process to better understand the situation and to identify improvement areas.
- Collect **baseline** data on the current process, aligned with the selected measures.
- Identify possible causes and determine the **underlying cause**.
- Identify potential improvements to test, considering **unintended consequences**
- Develop an **improvement theory** or expected effect of the improvement/change on the current process.
- Develop an **action plan** which includes activities, person/unit responsible, deadline, type of data to be collected, collection process, timeline, and analysis.

DO

Implement the action plan.

During this phase, the unit/program will:

- Implement the change/improvement.
- Collect and document data, including feedback from customers/stakeholders.
- Document problems, obstacles, lessons learned, among others, that arise during the process.

CHECK

Analyze the effect or impact of the change, by comparing data collected to baseline.

During this phase, the unit/program will:

- Reflect on the analysis and compare results against the objective.
- Document lessons learned and new knowledge that emerge from the process.

ACT

Act upon what has been learned during the previous step.

During this phase, the unit/program will decide to:

- **Adopt** or standardize the change/improvement.
- **Adapt** or revise the improvement.
- **Abandon** or move to identify new potential causes and improvements (Plan)

Being a popular approach for public health improvement, the PDCA model also provides a template to understand performance management (Moran, Epstein, & Beitsch, 2013) – as a series of PDCA cycles in which units/program continually Plan (informed by public health and PRDOH's priorities) – Do (implement their activities and services) – Check (monitor

performance/results measures against overarching standards and – Act (take actions to improve/sustain optimal performance).

QI Tools & Activities

The aim is to shift the organizational culture towards continuous improvement throughout PRDOH units/programs by incorporating QI tools in their day-to-day activities. By using dashboards, participant satisfaction surveys, standards and guides, important data will be available to identify improvement opportunities and to share regularly and transparently with all parties involved.

QI Tools – There is a wide array of QI tools and templates to choose from, and we encourage the PRDOH units/programs to incorporate all relevant tools for their QI efforts. However, this document highlights basic tools to support units/programs in addressing key areas, namely:

- Designing, planning, and organizing work/activities (e.g., visualization/mapping tools, checklists/tracking charts)
- Gathering feedback from various sources (e.g., systematic exercises/tools to collect and categorize ideas)
- Evaluating a situation (process or program component) and decision making (e.g., diagrams and charts)
- Addressing problems/errors (e.g., matrixes)

QI tools can apply in more than one category but for presentation purposes, we have grouped them as follows, along with a brief description of each tool (see **Appendix 5** for links to templates and additional resources):

- **Strategic planning and project management**
 - *Brainstorming* - technique designed to generate several ideas during a short period of time. (Public Health Quality Improvement Encyclopedia, 2012)
 - *Gantt chart* – bar chart to outline the plan for and show the progress of a project. It depicts subdivided phases or tasks that must be completed, as well as the project timeline. (Agency for Healthcare Research and Quality, 2020) (See **Figure 9**.)
 - *Logic Model (AKA program model, theory of change, theory of action)* – graphic illustration of how a program is expected to produce desired outcomes. It shows the relationships among inputs, available resources, activities offered, and expected results. (Agency for Healthcare Research and Quality, 2013)

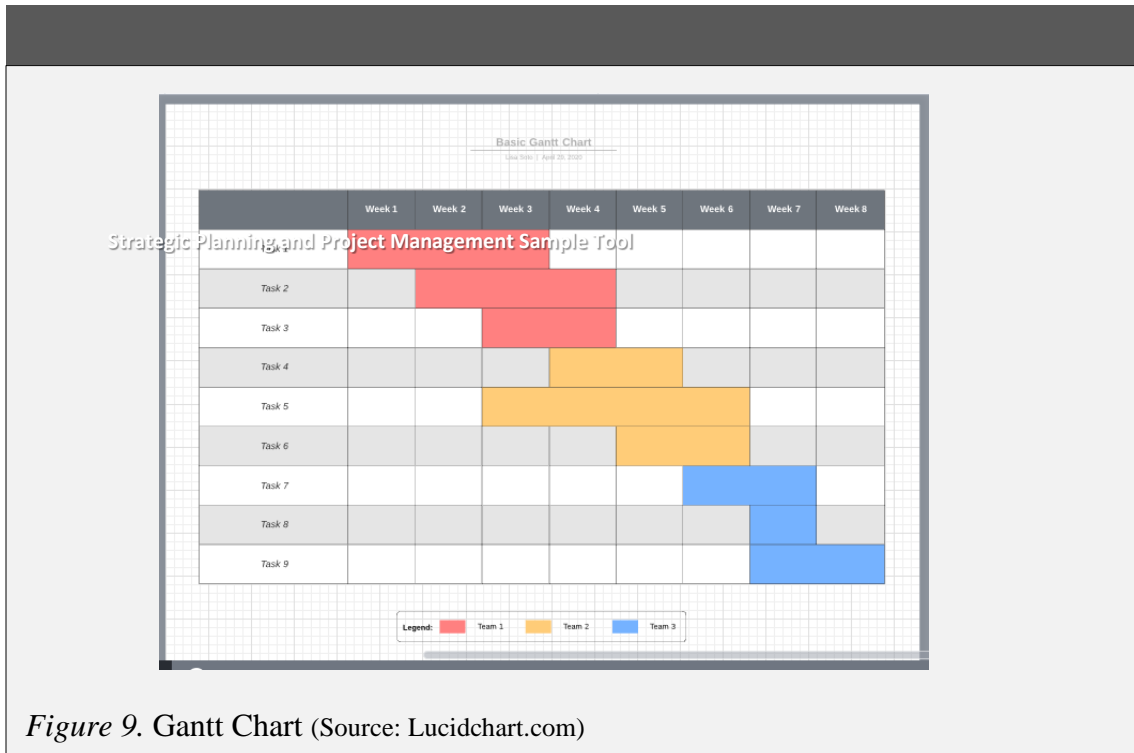


Figure 9. Gantt Chart (Source: Lucidchart.com)

- **Data/feedback gathering**

- *After Action Review/Report (AARs)* – exercise to be conducted after project milestones and at a project or event’s end to identify formally and collectively what worked, what went wrong, and define improvement action steps. The purpose of the report is to improve preparedness capacity (Meador, Moran, & Lamers, 2019)
- *Affinity diagram* – to group large amounts of ideas, issues, items, or observations into categories for further analysis. (Public Health Quality Improvement Encyclopedia, 2012) (See **Figure 10.**)
- *Storyboard* – to display thoughts and ideas of a group in some logical grouping or sequence, or to communicate activities of a team as it progresses toward an improvement. (Public Health Quality Improvement Encyclopedia, 2012)

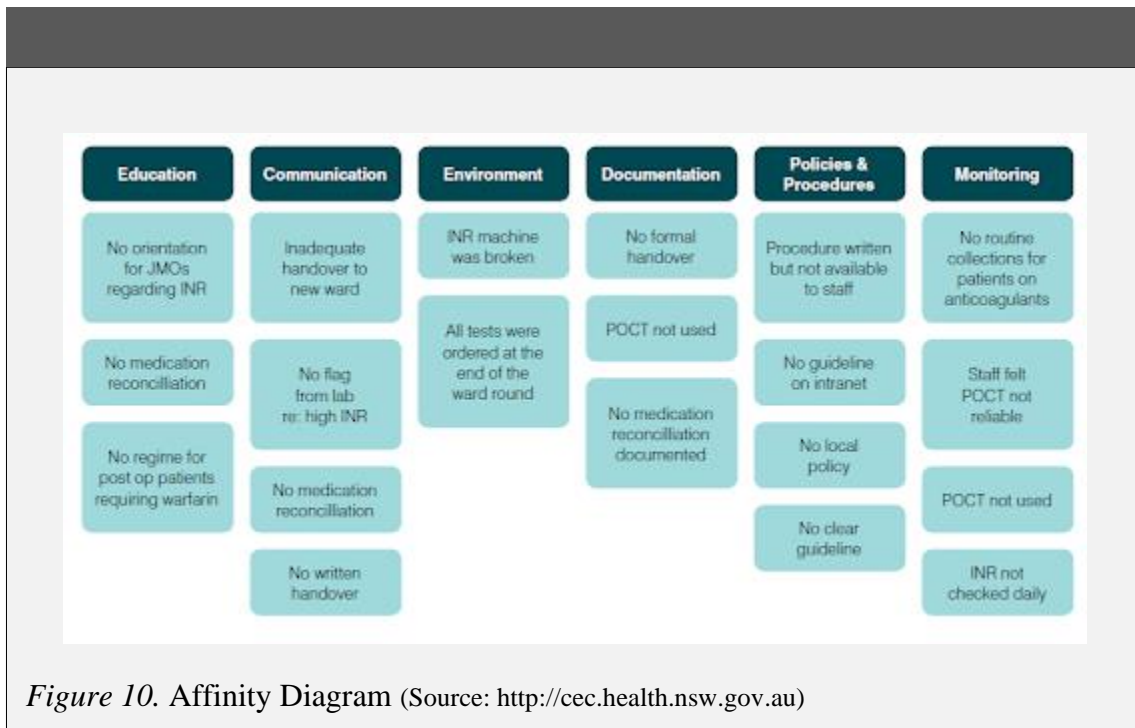


Figure 10. Affinity Diagram (Source: <http://cec.health.nsw.gov.au>)

- **Evaluation and Decision Making**

- *Cause-and-effect/Fishbone diagram* – displays multiple potential causes for a problem, allowing users to immediately categorize ideas into themes for analysis or further data gathering. (Public Health Quality Improvement Encyclopedia, 2012) (See **Figure 11.**)
- *Flowchart* – depicts steps in a process from start to finish; each step is represented by a shape. (Public Health Quality Improvement Encyclopedia, 2012)
- *Process Value Analysis* – enables a team to analyze each step in a process to determine value, developing a ratio of function to cost (Public Health Quality Improvement Encyclopedia, 2012)
- *Pareto chart* – bar chart in which the various factors that contribute to an overall effect are arranged in order according to the magnitude of their effect, identifying the ones that require most attention. (Institute for Healthcare Improvement, 2020)

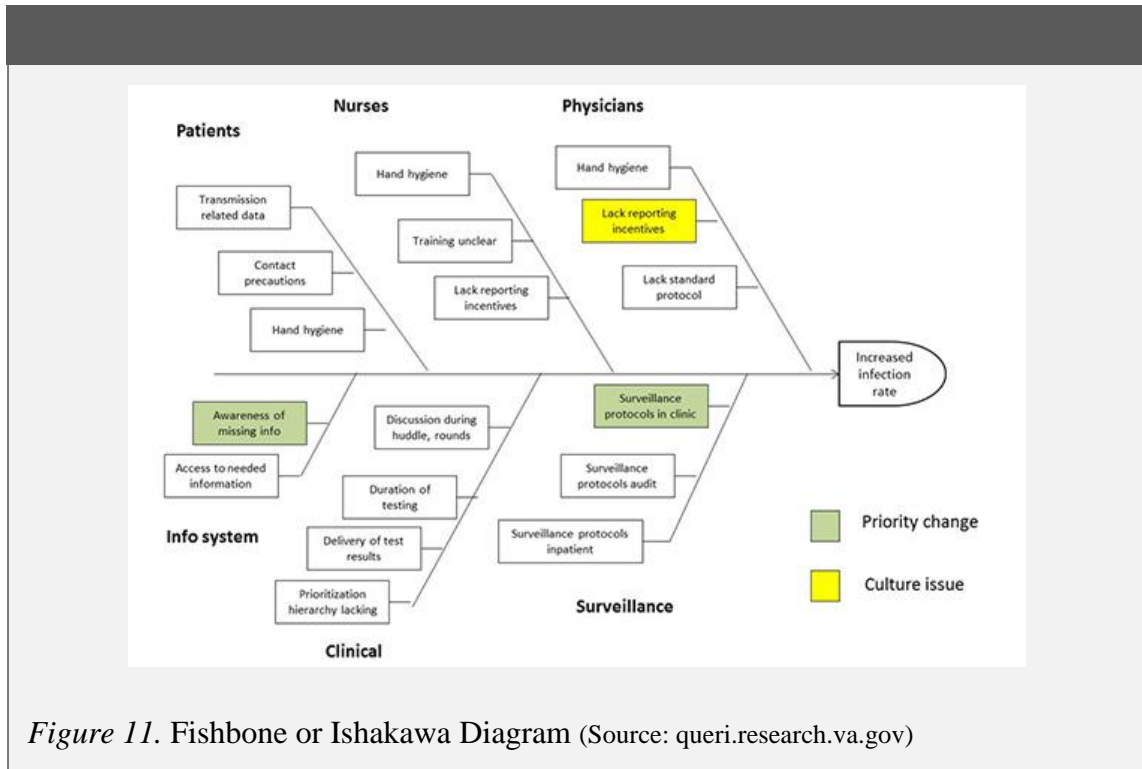


Figure 11. Fishbone or Ishakawa Diagram (Source: queri.research.va.gov)

- **Problem Solving**

- *5 Whys* – to determine underlying causes of a problem. By repeatedly asking the question “why?”, a logical progression from the effect back to the original cause can be identified. Asking the question five times is only a guideline; sometimes it requires more repetitions and sometimes it requires fewer. (Public Health Quality Improvement Encyclopedia, 2012)
- *A3 Problem Solving Report* – enables a concise template (11’x 17’ paper size) to documenting an area of improvement and problem solving (Beitsch, Moran, & Vosel, 2016) (See **Figure 12.**)
- *Issue Log* – to document problems, gaps, inconsistencies, or conflicts that affect the project throughout its lifecycle, to track and to define action steps to solve them. (Mind Tools, 2018)

A3 Problem Solving

Title		Start Date	Estimated Completion Date
Problem Description		Problem Category	
		Quality	Waste and efficiency
		Cost	Health and safety
		Delivery	Customer satisfaction
Goal	Expected Benefits		
Cause and Effect and 5 Whys		Cause Analysis Summary (Priorities in order of importance)	
Corrective Actions and Quick Wins		Team members	
Priority		Name	Role
Implementation Plan			
Activity	Who?	Start Date	Due To
			States
Result Summary (Including benefits obtained)		Follow-up Actions	
		What?	Who? When? States

Figure 12. A3 Problem Solving Template (Source: citoolkit.com)

QI Activities – The PM & QI Committee will conduct several QI activities throughout the year to build and strengthen PRDOH culture of continuous improvement. These activities include:

- QI Basics Boot camp** – QI activities will be guided mainly, but not exclusively, by NACCHO’s **Culture Roadmap to a Culture of Quality Improvement** (2017) and the transition strategies to advance from phase to phase of the self-assessment. The PRDOH is currently at phase 2 – “Not involved with QI activities”, and in order to move to phase 3 – “Informal or ad-hoc QI”, initial activities will focus on building knowledge and experience around QI practices, tools and templates for the workforce.
- QI Open Contest** – all units/programs will be invited to participate in a contest to develop a QI project/initiative to improve their processes, services, among others. The PM & QI Committee will provide technical assistance/support as needed. A pilot will be implemented to foster integration of PM & QI efforts within all units/programs. The PM & QI Committee will evaluate effectiveness of the pilot to determine future implementations.
- Ongoing QI Coaching/Support** – regular meetings (e.g., monthly) to answer questions and provide support with ongoing QI projects. In the long-term, the aim is to develop a QI Community of Practice within the PRDOH to further sustain a quality improvement focus, not only from the top-down but among peers and across units. Representatives from

PRDOH units/programs with a developed QI infrastructure will be invited to join as Subject Matter Experts (SMEs).

- **Annual QI Culture Survey / Consultation to Stakeholders** – administration of a quality culture survey to all administrative and operational components of the PRDOH. Other efforts in this area could include satisfaction surveys for internal (workforce) and external (population/groups) customers.

5. PM & QI ORGANIZATIONAL STRUCTURE & GOVERNANCE

Performance Management & Quality Improvement Committee

The Division of Strategic Planning within the Auxiliary Secretariat of Planning and Development has been charged with assisting the PM & QI Committee with implementing and overseeing performance management and improvement efforts within the PRDOH.

Membership

The PM & QI Committee consists of representation from a cross-section of organizational units and programs, including managers and frontline staff. To ensure representation from across the PRDOH, it is comprised of the following roles (roles and responsibilities are detailed in **Appendix 1**):

- Leadership Team
- PM & QI Coordinators
- Performance Measurement Official
- PHAB Documentation and Compliance Official
- Program Managers
- Subject Matter Experts (SMEs)
- At least one but no more than two representatives from:
 - Office of the Secretary of Health
 - Office of the Auxiliary Secretariat of Planning and Development (SAPD)
 - Auxiliary Secretariat of Family Health and Integrated Services (SASFISI)
 - Auxiliary Secretariat of Health Promotion (SAPS)
 - Demographic Registry (RD)
 - Medicaid Program
 - Office of Technology Information (OIAT)
 - Fiscal Manager Office
 - Office of Public Health Emergency Preparedness and Response Coordination
- Volunteer Collaborators / QI Mentors
 - Ryan White Part B/ADAP Program

Members serve for a minimum two-year period. Replacement can occur after two years. If a member is unable to fulfill a two-year term, a replacement will be approved by the SAPD and PM & QI Leadership Team.

Leadership

Although leadership of the PM & QI Committee is a shared responsibility among members, the PM & QI Leadership Team has two key roles, namely: The Secretary of Health and the Auxiliary Secretary of Planning and Development. Lead by the PM & QI Coordinator, the Leadership Team makes decisions regarding the overall direction of the Committee and guide the development of the PRDOH quality culture. The members of the PM & QI Committee are appointed by the SAPD in consultation with the PM & QI Coordinator. All members will show strong interest in PM &

QI, have a deep commitment to developing and promoting a culture of quality throughout the PRDOH, and be available to participate in additional meetings and trainings.

Team Operations

Decision-making: PM & QI Committee members will attempt to reach a consensus. If consensus cannot be reached, majority vote prevails.

Meetings: Regular PM & QI Meetings will be held every two months for 1 ½-2 hours. Additional meetings may be held as necessary for committee business. Records and minutes are maintained for all meetings.

Time Commitment: The time commitment for regular PM & QI Committee members will be notified two weeks before the meeting.

6. STRATEGIES FOR IMPLEMENTATION & SUSTAINABILITY

Training Strategy

The PRDOH Training strategy regarding PM & QI considers the different levels of experience and expertise of the PRDOH's organizational units and programs. It is based on the premise that most of our units/programs are 'novices' – while several are 'advanced' – in fully incorporating these concepts in their day-to-day work. For this reason, the goal of this plan is to build the capacity within the PRDOH to eventually facilitate ongoing training and development opportunities at the three levels of experience, namely: 'novice', 'intermediate', and 'advanced'.

- 'Novice' activities focus on creating awareness about PM & QI approaches, as well as learning the basic concepts and tools to be able to start the conversation in the unit/program about PM & QI.
- 'Intermediate' activities seek to expand knowledge and experience around different PM & QI tools and techniques for application to better address units/programs' circumstances.
- 'Advanced' activities focus on strengthening the PRDOH capacity to sustain a PM & QI culture by developing personnel/units in new, more robust approaches (e.g., Lean, Six Sigma, among others).

We will focus first on **'novice'-level activities** to set an agency-wide foundation from which to build upon. Additional activities will be implemented subsequently. Concurrently, the PM & QI Committee, in collaboration with the Auxiliary Secretariat of Human Resources and Labor Relations (SARHRL), will define **PM & QI competencies for the workforce** according to the relevance of PM & QI to their work, namely: general employees, employees with PM & QI relevant work, and leaders. Based on these competencies, a **needs assessment** will be conducted to determine specific training needs as part of the Workforce Development Plan.

A list of initial training and development activities that will be offered to complement the implementation of this document are presented below:

- **PMS & QI Basics** – Orientation/Training for current employees which covers basic concepts (e.g., PDCA model, QI tools) and project expectations. Will also be offered to all new employees/contractors.
- **Intermediate/advanced QI training** for relevant employees (e.g., Evaluators, Committee members, Program QI personnel, etc.) – through the Lean Six Sigma Academy of the Polytechnic University of Puerto Rico.

In subsequent years, a **yearly course catalog for ongoing training** will be developed to include educational/training opportunities (to be developed in-house or contracted). For example:

- Basics refresher course
- Workshop about defining indicators
- Workshops about specific QI tools
- Workshop about implementing QI projects
- New PM & QI strategies
- Data-driven decision making
- Defining what is quality evidence
- Online Training – through the PHF’s TRAIN Learning Network

Communication Strategy

The PM & QI Committee will implement a multi-prong strategy to disseminate this document and create awareness within all units/programs to implement the PMS and QI efforts. Each strategy component is explained next:

1. **Official announcement from Secretary of Health / *Salud Informa*** – During Year 1 of implementation, a letter from the Secretary of Health will be disseminated through the official PRDOH internal communication medium (*Salud Informa* mailing), in which the PMS & QI Plan will be formally presented to all employees.
2. **Kickoff Meeting and Presentation / Ongoing Support** – During Year 1 of implementation, to complement the official announcement of the PMS & QI Plan. Open to all units/programs. The Plan will be formally presented and explained, as well as next steps for implementation. In addition, one-on-one meetings will be scheduled to assist units/programs with implementation of the PMS & QI Plan.
3. **Annual QI Open Contest announcement** – To be implemented during Year 2 and subsequently annually. General rules and guidelines for participation, selection, and awards will be disseminated through *Salud Informa* and an in-person orientation.

4. **QI Quarterly Newsletter/website** – To be implemented during Year 2 and ongoing, to share progress, QI tips, new tools/techniques, among others. Will be developed in collaboration with the Office of Communication and Public Affairs.

Monitoring and Evaluation Strategy

Several monitoring and evaluation efforts will be implemented, starting Year 2 and ongoing. These are explained below:

- **Ongoing monitoring** – ongoing efforts include:
 - Discussion of PM & QI projects progress will be a fixed part of the PM & QI Committee meeting agendas (every two months).
 - PM & QI Committee will document measures and objectives in a worksheet to include in the annual QI Plan.
 - Status of PMS & QI projects will be shared periodically with leadership (quarterly).
- **Quarterly Progress Reports** – The PM & QI Committee will request them to units/programs for:
 - QI Plan/efforts updates
 - Customer satisfaction data (comparison per unit/program)
 - Dashboard data
 - Incident report data
 - Standards and guides updates
 - Workforce development updates
 - Unit/program and employee knowledge increase date (to measure culture implementation)
- **Annual Evaluation Report** – The PM & QI Committee will evaluate the PMS and QI Plan annually and disseminate an annual PMS & QI Report, which will include:
 - QI goals and objectives delineated by the PM & QI Committee for the year
 - QI activities conducted throughout the year
 - Comparison of customer satisfaction data
 - Performance indicators measured
 - Evaluation process followed
 - Key Findings
 - Action steps

Opportunities for improvement will be identified and developed as QI projects. Updates and changes to the PMS will be developed and incorporated to this document as needed.

7. PMS & QI WORK PLAN

Ongoing Work Plan

Step/Activity	Frequency	Timeframe	Responsible
Training Offerings	Ongoing	Month 1-12	PM & QI Committee
QI Open Contest	Ongoing	Month 4-12	PM & QI Committee
Training Needs Assessment	Annually	Qrt. 1	PM & QI Committee / SARHAL
Committee Meeting	Bimonthly	Month 1, 3, 5, 7, 9, 11	PM & QI Committee
PM & QI Newsletter	Quarterly	Qrt. 1, 2, 3, 4	PM & QI Committee / OIAT
PM & QI Progress Reports	Quarterly	Qrt. 1, 2, 3, 4	PRDOH units / programs
Performance and Improvement Live Session (PRDOH)	Semiannually	Qrt. 2, 4	PM & QI Committee / PRDOH unit/program
Performance and Improvement Live Session (Public)	Annually	Qrt. 3	PM & QI Committee / PRDOH unit/program
QI Culture Survey	Biennially	YR3 (Qrt. 3) & ongoing	PM & QI Committee / SARHAL
Stakeholders Consult	Biennially	YR4 (Qrt. 3) & ongoing	PM & QI Committee
PM & QI Evaluation Report	Annually	Qrt. 4	PM & QI Committee

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Appendix 1. Performance Management System Team Charter – Pilot

1. Team Name: Performance Management and Quality Improvement Committee	2. Charter Date: Authorizing Charter Date: _____ Charter Revision Date: _____ Charter Revision Date: _____	3. Subject: PM & QI Committee
4. Timeline: This is a standing/ongoing committee. The Charter will be reviewed and confirmed at least annually by the members.		
5. Meeting Frequency: The committee will meet for 120 minutes quarterly. Ad hoc work groups will meet as needed.		
6. Opportunity Statement: The PM & QI Committee is created for the PRDOH to implement a pilot performance management system framework to improve the health of Puerto Ricans by ensuring the efficacy and informed-based evidence of services delivered across the Island. Performance management establishes systems at the PRDOH to identify and regularly report on population objectives and performance measures, perform quality improvement activities, and assess and emphasize the need to fund and implement informed practices to achieve and change population outcomes. The performance management system will use tools proposed by the Division of Strategic Planning to facilitate the data-driven decision making, and Public Health Accreditation readiness activities. The PRDOH, as the lead State Health Improvement Plan agency, will utilize its performance management framework to monitor and control progress of interventions associated with the plan, and realign efforts of the department and partners as indicated by data. The PM & QI Committee will have oversight of the activities outlined in this Team Charter.		
7. Strategic Alignment: <ul style="list-style-type: none"> • PHAB Standards and Measures, Version 1.5, Domain 9 • PRDOH SHA • PRDOH SHIP • PRDOH Strategic Plan • PRDOH QIP • PRDOH WFDP 	8. Team Leaders: <ul style="list-style-type: none"> • Catherine de la Cruz-Durán; • Eduardo Zavala-Mendoza 	
9. Team Sponsor: SAPDAF and all Public Health Sections	10. Team Facilitator: Division of Strategic Planning	
11. Initial PM & QI Committee		
<i>Proposed Members</i>	<i>Area of Expertise</i>	<i>Roles</i>
Office of the Secretary of Health	Governance/Public Health Policies	PM & QI Leadership Team

SAPDAF/Auxiliary Secretary	Public Health Policies and Federal Affairs	PM & QI Leadership Team
SAPDAF/Director of Planning and Development	Planning and Evaluation	PM & QI Leadership Team; PM & QI Coordinator
SAPDAF/QI Coordinator	Performance management, QI and Evaluation	PM & QI Coordinator
SAPDAF/Performance and Innovation Manager	Performance management	Performance Measurement Official
SAPDAF/Strategic Planning representative and Accreditation Coordinator	Performance, Administrative, and Compliance Analyst	PHAB documentation and compliance official
SAPS	Evaluation of Public Health System	Development and tracking of performance measures official
SAPS	Chronic Disease (Health Promotion)	SME
SASFSI	Epidemiology/Public Health Manager	Development and tracking of performance measures official
RD	RD Director/Public Health Manager	SME

12. Purpose:

To develop a fully functioning performance management system for the PRDOH that meets all PHAB requirements and is completely integrated into daily practice at all levels, including:

1. Setting organizational objectives across all levels of the PRDOH in alignment with the State Health Assessment and State Health Improvement Plan;
2. Identifying indicators to measure progress toward achieving objectives on a regular basis in alignment with the State Health Assessment and State Health Improvement Plan;
3. Identifying responsibility for monitoring progress and reporting;
4. Identifying areas where achieving objectives requires focused quality improvement processes;
5. Developing and implementing a quality improvement plan and improvement processes;
6. Providing visible leadership for ongoing performance management; and
7. Applying an **equity** lens in all quality improvement efforts to help all programmatic units of the PRDOH ensure that interventions are focused on improving health equity in PR.

13. Expected Limitations:

- Shortage of Human Resources and Information Technology
- Changes in Public Health Policies
- Changes in Leadership
- Budgets cuts
- Resistance to newly implemented procedures

<p>14. Stakeholders:</p> <ul style="list-style-type: none"> - Office of Secretary of Health - SAPDAF - SASFSI - RD - Office of Technology and Information (OIAT) 	<p>Stakeholder Short-term Needs (As part of a first phase):</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; vertical-align: top;"><i>Staff groups</i></td> <td style="text-align: center; vertical-align: top;"><i>Training topics</i></td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • PM & QI Leadership Team • PM & QI Committee members • All staff </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Performance management • Principles of quality improvement • Plan-Do-Study-Act cycle • PMS & QI tools • Orientation regarding the PM & QI plan </td> </tr> </table>	<i>Staff groups</i>	<i>Training topics</i>	<ul style="list-style-type: none"> • PM & QI Leadership Team • PM & QI Committee members • All staff 	<ul style="list-style-type: none"> • Performance management • Principles of quality improvement • Plan-Do-Study-Act cycle • PMS & QI tools • Orientation regarding the PM & QI plan
<i>Staff groups</i>	<i>Training topics</i>				
<ul style="list-style-type: none"> • PM & QI Leadership Team • PM & QI Committee members • All staff 	<ul style="list-style-type: none"> • Performance management • Principles of quality improvement • Plan-Do-Study-Act cycle • PMS & QI tools • Orientation regarding the PM & QI plan 				

15. Definition of Objectives

Unit/program-level goals, objectives, and measures are developed by management and staff in each area. Units/programs are expected to first develop a set of well-defined goals and objectives and then determine appropriate performance measures for monitoring achievement of objectives. Each unit/program will prepare and submit a logic model or theory of change to the PM & QI Committee, to map out goals, objectives, outcomes and intended impact.

Unit-level goals and objectives must be aligned with the PRDOH Strategic Plan, the Health and Human Services Strategic Plan, and the State Health Improvement Plan (SHIP). The PM & QI Committee will develop performance measures for strategic objectives.

Program goals and objectives should also be:

- Based on and aligned with national, state, unit, or grant standards or requirements
- Meaningful to program activities and staff

Performance measure selection should be guided by the following criteria:

- Data should be **quantifiable** and **readily available**
- Measure should clearly **tie to the program objective intended to be monitored**, reflecting how well the program is working towards its priorities or achieving its intentions
- Measure should provide **actionable, useful feedback** to improve processes and interventions. The data should not be collected for the sole purpose of storing.

Each unit/program will submit at least 2 but no more than 4 performance measures to the PM & QI Committee for monitoring using the Performance Measure Proposal form (Appendix 2). All proposals will first be reviewed by the epidemiologist and/or evaluator to ensure that data can be consistently collected and that measures are methodologically sound. Following approval by the epidemiologist and/or evaluator, the PM & QI Committee will review all proposed measures to ensure that the measure,

- (1) can be easily monitored,
- (2) is clearly and logically tied to a goal and objective, and
- (3) has a strong rationale.

Units/programs are encouraged to maintain a complete set of internal performance measures to monitor all relevant goals, objectives, and funding requirements. Measures to be monitored by the PM & QI Committee should be those that align with the unit’s strategic priorities, those

most in need of improvement, or those that are most fundamentally relevant to the program. Programs should review their goals, objectives, and measures at least annually and revise them as needed. Measures monitored by the PM & QI Committee may be changed at any time through the submission of a new Performance Measure Proposal form.

16. Collection, Analysis, Monitoring, and Reporting Data:

Data will be collected and analyzed for each of the PRDOH Performance Measures by staff identified as responsible on the Performance Measure Proposal form. Assistance and support for this process can be provided by the epidemiologist or evaluator if needed. PM & QI Committee representatives will report to the committee at large on program-level performance measures for their respective programs on a quarterly basis using the Performance Measure Report form (**Appendix 3**). Annually, a summary report of performance measure data will be compiled and presented to the Secretary of Health during a Live PMS Session. Results will also be shared with PRDOH staff at an all-staff meeting and/or in a PRDOH intranet publication of the Communication and Public Relation Office (*Salud Informa*).

17. Goals, Objectives, & Measures for the Performance Management System:

The following are the goals and objectives for the development and implementation of PRDOH performance management system. The goals are based on the national accreditation standards set forth by PHAB in Domain 9 of *PHAB Standards and Measures version 1.5* and align with goals in the PRDOH Strategic Plan. Monitoring of progress toward these goals and objectives is the responsibility of the Division of Strategic Planning who will report to the PM & QI Committee on a quarterly basis.

Goal 1: Implement a performance management system to monitor achievement of organizational objectives.

Objective 1.1: By October 2020, each division program area will have at least 2 functional performance measures.

Measure: % PM & QI Committee program areas with at least 2 functional performance measures reported each quarter.

Objective 1.2: Through 2021, the PM & QI Committee will conduct quarterly reviews of progress against the Strategic Action Plan.

Measure: # of quarterly reviews against the Strategic Action Plan conducted per year.

Goal 2: Improve division capacity to engage in performance management and quality improvement efforts.

Objective 2.1: By October 2020, develop a detailed PM & QI training plan which identifies desired Key Performance measures and outlines specific training materials to develop them.

Measure: A written PM/QI training plan which meets the criteria specified in the objective.

Objective 2.2: By January 2021, 30% of PM & QI committee members will indicate that they would be comfortable facilitating a QI project

Measure: % of PM & QI Committee members indicating that they would be comfortable facilitating a QI project

Goal 3: Advance the culture of quality within PRDOH.

Objective 3.1: By July 2021, PRDOH will move from a “2” to a “3” in the foundational element of Employee Empowerment on NACCHO’s roadmap to a culture of quality

Measure: Employee Empowerment score on NACCHO’s roadmap to a culture of quality self-assessment

Objective 3.2: By July 2022, PRDOH will move from a “3” to a “4” in the foundational elements of Leadership and QI Infrastructure on NACCHO’s roadmap to a culture of quality

Measure: Leadership and QI Infrastructure scores on NACCHO’s roadmap to a culture of quality self-assessment.

18. PM & QI Committee roles and responsibilities:

PM & QI Leadership Team: Office of the Secretary of Health and Auxiliary Secretariat of Planning and Development

- Set vision and direction for performance PM & QI
- Provide consultation for PM & QI planning and activities
- Oversee development, implementation, and revision of the PM & QI Plan
- Actively learn about performance management, quality improvement, and change management including participation in external learning opportunities
- Promote a culture of quality within the PRDOH

PM & QI Coordinator: Director of Planning and Development; QI Coordinator

- Serve as a PM & QI liaison or support between the PHAB documentation and compliance
- Plan and implement appropriate strategies to develop and sustain a culture of QI
- Submit, monitor, and report on administrative performance measures within the PM & QI Committee
- Appoint PM & QI Committee and Leadership Team members
- Allocate resources for PM & QI, assuring that staff has access to resources needed to conduct performance measurement, QI projects, and training activities
- Report on PM and QI activities to the leadership of the PRDOH

PHAB documentation and compliance Official: Strategic Planning representative and Accreditation Coordinator

- Coordinate all divisional Performance and Quality operations
- Lead PM & QI Leadership Team meetings & activities

19. Available Resources:

Team member commitment and availability

- Consult on PM & QI Leadership Team appointment
- Coordinate monitoring and review of the Strategic Plan & PM/QI plan
- Coordinate performance management and quality improvement training for both the PM & QI committee and general staff
- Organize and maintain Performance and Quality folder on the common (Z:/) drive
- Record and distribute meeting minutes
- Document all performance management and quality improvement activities
- Ensure Strategic plan, PM/QI plan and all PM & QI committee documentation meet PHAB Accreditation requirements
- Schedule meeting rooms and equipment

*Development and tracking of performance measures official:
Epidemiology and Evaluator*

- Serves as a PM & QI Committee member
- Provide oversight for the development and tracking of performance measures
- Provide technical assistance in data collection for performance measures and quality improvement projects as needed

Subject Matter Experts: Chronic Disease and RD Director

- Attend regular meetings and complete assigned tasks
- Actively learn about PM and QI
- Prioritize and select QI projects
- Serve as QI project facilitators
- Advocate for QI and encourage a culture of learning and QI among staff
- Monitor and evaluate QI projects
- Submit, monitor, and regularly report on program-level performance measures
- Provide and/or source technical assistance for QI projects
- Be familiar with the PM/QI plan and Strategic Plan
- Participate in evaluation of the Strategic and PM/QI plans
- Recognize individuals and teams and celebrate milestones and successes
- Make recommendations for improvement projects based on PM results
- Serve as a liaison between the PM & QI Committee and staff

Program Managers: Principal Investigator and Project Officer

- Facilitate the implementation of PM and QI activities at the program level
- Oversee setting of program-level goals and objectives and selection of performance measures

<ul style="list-style-type: none"> • Approve all submitted program-level performance measures • Ensure regular monitoring of program performance measures • Support program staff in their work with PM and QI activities • Foster a culture of learning and QI within respective programs <p><i>All PRDOH Staff</i></p> <ul style="list-style-type: none"> • Develop an understanding of basic PM and QI principles and tools through participation in PM and QI training • Identify areas for improvement and suggest improvement actions • Report training needs to the PM & QI Committee • Contribute to the development, monitoring, and evaluation of the Performance Management System 	
<p>20. Key Milestone:</p>	<p>Date:</p>
<p>PM & QI Committee Pilot PMS Report</p>	
<p>State Health Assessment</p>	
<p>21. Communication (Who, How, and When):</p> <p><u>Guidelines</u> Communication will occur within the PM & QI Committee and between stakeholders through various means. Email and telephone will be the primary mode of communication outside of in-person meetings. Punctual responses (i.e., within 24 hours in most cases) to inquiries, doubts, or concerns are expected from the PM & QI Committee. Meeting Minutes will be taken during each meeting and sent out within 24 hours. These will detail any follow-up action that needs to take place. Please see the PRDOH’s Communications and Branding Plan for more specific standards and regulations the PM & QI must adhere to.</p> <p><u>Activities</u></p> <ul style="list-style-type: none"> • Each Auxiliary Secretariat will develop a report and share it with PM & QI Committee Leadership. The PM & QI Committee will then consolidate and compile a report six (6) weeks into the Pilot and share with all stakeholders. Expected Date: June 15th, 2020. • The Team Leader will provide updates and progress to the Sponsors during weekly staff meetings. • Live P&I Sessions will be held on a routine basis to share progress with all stakeholders involved. (See Page 13). 	

Appendix 2. Performance Measure Proposal

Measure Scope <input type="checkbox"/> Division-Wide <input type="checkbox"/> Program-Level Program:		Date:	
Goal/Objective to be measured Goal: Objective:			
Performance Measure			
Target	Baseline	Benchmark	
Best practice guidelines			
Rationale for Selection Aligns with: <input type="checkbox"/> Healthy People 2020 <input type="checkbox"/> National standards <input type="checkbox"/> State standards/priorities <input type="checkbox"/> PRDOH priorities <input type="checkbox"/> SHIP priorities <input type="checkbox"/> Division/Strategic priorities <input type="checkbox"/> Program or grant priorities/requirements <input type="checkbox"/> Other Specifically: Can this measure be quantified? Yes <input type="checkbox"/> No <input type="checkbox"/> Is data for this measure readily available? Yes <input type="checkbox"/> No <input type="checkbox"/> Will this measure give useful, actionable feedback? Yes <input type="checkbox"/> No <input type="checkbox"/> If answered “no” to any of the above questions, outline a proposed process for achieving “yes” in Notes/Comments section below			

Data Source		Frequency of collection & reporting
Staff Responsible		
Notes/Comments		
Manager Approval Name of Manager: _____ Review date: _____		
PM & QI Committee Review Review date: Proposal <input type="checkbox"/> Accepted <input type="checkbox"/> Advise modifications <input type="checkbox"/> Comments:		

Appendix 3. Performance Measure Report

Date:

Program:

Reporting Period:

Performance Measure		
Current Value	Target	Last Reported Value and date
Trend Summary	Recommended Action <input type="checkbox"/> Continue monitoring <input type="checkbox"/> QI project <input type="checkbox"/> Other	
Notes/Comments		

Appendix 4. QI Plan Worksheet Template

Date:

Program/Unit:

AIM STATEMENT:

(Define a SMART goal with a target date to address an identified area of improvement in the process, program, or unit.)

PLAN

(What improvement will be implemented? How will it be implemented? What results are expected?)

- What is the improvement to be implemented? Objective(s)?

- What is the target audience?

- How will the improvement be measured? (Measures, timeline, etc.)

- What is expected as a result of the improvement? (Improvement theory)

- What is the current situation? (Baseline data, underlying causes, etc.)

- What is the action plan?

DO

(What action steps will be set? How will the improvement be monitored?)

- How is the improvement implementation progressing? What data is being collected?

- To what extent are multiple stakeholders engaged throughout the process?

CHECK

(What changes are observable from analyzing the data? Are changes occurring as desired?)

- To what extent are objectives being met/exceeded?

- What problems, obstacles, and lessons are being identified and documented?

ACT

(Did the improvement work as expected? Is it worthwhile to keep it long-term?)

- Will this improvement be ADOPTED, ADAPTED, or ADANDONED? Explain/document the decision.

Appendix 5. Online Resources – PM & QI Tools

Additional resources about Performance Management and Quality Improvement tools are available in the following links:

- American Society for Quality (ASQ) / Quality Resources - <https://asq.org/quality-resources>
- Association of State and Territorial Health Officials (ASTHO) / Understanding Performance Management and Quality Improvement - <https://www.astho.org/Understanding-Performance-Management-and-Quality-Improvement/5-18-17/>
- Centers for Disease Control (CDC) / Performance Management and Quality Improvement - <https://www.cdc.gov/publichealthgateway/performance/resources.html>
- Institute for Healthcare Improvement - <http://www.ihl.org/>
- National Association of County and City Health Officials (NACCHO) / Performance Improvement - <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement>
- Public Health Foundation (PHF) / Resources and Tools - <http://www.phf.org/resourcestools/Pages/default.aspx>
- Public Health Performance Improvement Network - <https://nnphi.org/relatedarticle/public-health-performance-improvement-network-phin/>
- Purdue University / Lean Six Sigma in Healthcare - <https://www.purdue.edu/leansixsigmaonline/blog/healthcare-advancement-with-lean-six-sigma/>
- U. S. Department of Health and Human Services Health Resources and Services Administration / Quality Improvement - <https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf>

Building capacity for performance and quality improvement:

- Cost of Quality - <https://asq.org/quality-resources/cost-of-quality>
- The Promise of Lean in Healthcare – <https://www.mayoclinicproceedings.org/article/S0025-6196%2812%2900938-X/fulltext>