



*State of Florida*  
Department of Health

# AGENCY PERFORMANCE MANAGEMENT QUALITY IMPROVEMENT PLAN

January 2018 – December 2022



**Version 2.4**  
**Revised October 15, 2021**

**Ron DeSantis**  
Governor

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## REVISIONS TABLE

Date	#	Description of Change	Sections Affected	Reviewed or Changed By
5/9/19	2.0	New governor's name added (cover); Customer Focus (Section 6) was added; goals, strategies and objectives were revised (Appendix 6); key terms were revised (Appendix 1); description of the Performance Management System was expanded (Section 3).	Cover, Sections 3 and 6; Appendices 1 and 6	Agency Performance Management Council (Agency PM Council)  Division of Public Health Statistics and Performance Management (Division of PHSPM)
6/20/19	2.1	Objectives were revised and consolidated to reflect streamlined work efforts; objectives that were completed were removed; objectives that were consolidated were renumbered.	Appendix 6	Division of PHSPM
6/15/20	2.2	Added Performance Management system graphic and created infrastructure roles tables.	Section 3	Division of PHSPM
11/24/20	2.3	Listed statewide Culture of Quality projects (Section 2); reviewed and updated training recommendations (Section 4); added adopted statewide KPIs (Section 7); updated consortia map (Appendix 2); updated objectives for 2020 and implemented new objectives / alignment table (Appendix 6).  Combined alignment and objectives sections into Appendix 6.	Sections 2, 4 and 7; Appendices 2 and 6.  Combined Appendix 2 and 4 from v.2.2 into Appendix 6 v2.3	Division of PHSPM
10/15/21	2.4	Extended plan through 2022, update Governor's name on cover sheet. Added objectives and training for extension.	All sections, Coversheet	Division of PHSPM

# TABLE OF CONTENTS

Section 1: Introduction .....	1
Section 2: Culture of Quality.....	3
Section 3: Performance Management Quality Improvement (PMQI) Structure.....	5
Section 4: Quality Improvement Training.....	14
Section 5: PMQI Projects .....	16
Section 6: Systematic Approach for Customer Feedback.....	17
Section 7: Quality Improvement Monitoring.....	18
Section 8: Quality Improvement Communication.....	19
Section 9: Quality Improvement Evaluation.....	20

## **Appendices**

Appendix 1: Quality Improvement Key Plan Terms .....	21
Appendix 2: Performance Management System Infographic.....	30
Appendix 3: PMQI Consortium Charter Template .....	31
Appendix 4: PMQI Consortia Map.....	34
Appendix 5: Division PMQI Team Charter Template .....	35
Appendix 6: PMQI Plan Goals, Strategies and Objectives .....	37

## **SECTION 1** [\(Return to Table of Contents\)](#)

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### **INTRODUCTION**

#### Purpose

This Agency Performance Management Quality Improvement (PMQI) Plan summarizes the Florida Department of Health's (Agency) comprehensive approach to improving outcomes through evidence-based decision-making, continuous organizational learning and performance improvement. The plan describes how the Agency integrates quality improvement and performance management into its staff training, leadership structure, planning and review processes and administrative and programmatic services. The plan also describes how the Agency shares best practices and evaluates its success in achieving established priorities and public health objectives.

The goals for the Agency PMQI Plan are to ensure ongoing organizational improvement and to sustain a culture of quality that follows the key elements identified in the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.

#### I. Organizational Statement of Commitment to Quality

The Agency is committed to systematically evaluating and improving the quality of its programs, processes and services. This intentional focus on quality enables the Agency to achieve high levels of efficiency, effectiveness and customer satisfaction. The agencywide PMQI program described in the plan supports the Agency's culture of quality by identifying opportunities for improvement, implementing data-supported improvement initiatives, sharing best practices and evaluating measurable impacts on strategic priorities.

This Agency PMQI Plan covers a four-year period and is evaluated and updated annually. The plan is maintained by the Division of Public Health Statistics and Performance Management (Division of PHSPM).

The Agency's focus on quality begins with its mission: "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts."

Its values embody a culture of quality:

- Innovation:** We search for creative solutions and manage resources wisely.
- Collaboration:** We use teamwork to achieve common goals & solve problems.
- Accountability:** We perform with integrity & respect.
- Responsiveness:** We achieve our mission by serving our customers & engaging our partners.
- Excellence:** We promote quality outcomes through learning & continuous performance improvement.

### **III. Quality Terms**

Appendix 1 contains a summary of common terms and definitions used throughout this document and within the Performance Management System.

## SECTION 2 [\(Return to Table of Contents\)](#)

### CULTURE OF QUALITY

#### I. Current and Future State of Quality

To measure progress in establishing a culture of quality, the Agency conducted a statewide survey during the summer of 2017 using the NACCHO's Organizational Culture of Quality Self-Assessment Tool (NACCHO SAT). This tool is based on NACCHO's Roadmap to a Culture of Quality, which classifies progress toward a culture of quality in six phases. The tool enabled the Agency to assess its status on 220 diagnostic elements and to rate its overall progress at **Phase 4 of the Roadmap – Formal Quality Improvement in Specific Areas of the Organization**. This overall progress rating means that PMQI has been successfully integrated into some, but not all organizational areas. The self-assessment also enabled the Agency to identify opportunities for improvement and use the results to do the following:

- Create the foundation of an effective quality monitoring system.
- Help prioritize and select quality improvement projects.
- Identify PMQI training needs in collaboration with staff PMQI champions.
- Incorporate self-assessment results into the Agency PMQI Plan and each local county health department (CHD) PMQI Plan.
- Adopt the NACCHO Roadmap's transition strategies to strengthen and standardize PMQI activities to move the Agency into Phase 5 – Formal Agencywide PMQI.

The Division of PHSPM will continue to foster a culture of PMQI development by providing ongoing technical support to all divisions and CHDs. In addition, over the next four years, the Division of PHSPM will actively lead the following two agencywide PMQI projects that promote organizational development in low-scoring quality improvement cultural assessment sub-categories:

**Project 1:** Increase the Agency PMQI cultural assessment score for sub-category 1.2 Knowledge, Skills and Abilities from 3.63 to 4.0, by December 31, 2021.

*2020 Update:* Division of PHSPM finalized an initial draft of performance management competencies, the Agency's PMQI Body of Knowledge (PMQI-BOK). In doing this, Division of PHSPM compiled and analyzed input received from Agency representatives at all levels, agencywide. The result was a comprehensive list of competencies addressing the need to standardize PMQI knowledge, skills and abilities (KSAs) for staff at all levels. To advance the Agency's competencies in PMQI, Division of PHSPM will develop an approach to provide technical assistance and training for prioritized PMQI related knowledge, skills and abilities based on core competencies/curricula in the PMQI-BOK. It will develop training resources by staffing roles: general staff, PMQI professionals and leadership.

**Project 2:** Increase the Agency PMQI cultural assessment score for sub-category 6.5 Sharing of Best Practices from 3.47 to 4.0, by December 31, 2021.

*2020 Update:* The Agency established a steering committee in 2018 to design and implement a statewide system for collecting, curating and vetting best practices. An operational team further defined the system processes. The system includes a compendium of internal and external examples and will be housed on the Division of PHSPM's internal website, Florida Health

Performs. Statewide system roll-out is projected to be in 2021 and will include marketing and communication.

The Agency intends to conduct a formal agencywide culture of quality self-assessment every three years. The 2020 survey administration was delayed but was completed in July 2021.

## SECTION 3 [\(Return to Table of Contents\)](#)

### PMQI STRUCTURE

#### I. Overview

This section describes the Agency's performance management structure and its approach for instilling a continuous quality improvement culture throughout the agency.

The Agency's performance management system lays the groundwork for PMQI by establishing goals, strategies and objectives to measure success in alignment with the agency's mission, vision and values. The Agency is accredited by the Public Health Accreditation Board (PHAB) as an integrated public health system and has developed a multi-pronged approach to instill PMQI into its culture.

#### II. Organizational Structure

The Florida Department of Health is an executive branch agency, established in section 20.43, Florida Statutes. The agency is led by the State Surgeon General and State Health Officer, who is appointed by Florida's Governor and confirmed by Florida's Senate. The Agency's Executive Management Team includes the Inspector General, the General Counsel, the Chief of Staff and four Deputy Secretaries who oversee business and programmatic operations.

The Agency is an integrated agency composed of:

- A State Health Office in Tallahassee
- Sixty-seven county health departments (CHDs)
- Eight Children's Medical Services regional offices
- Eleven Medical Quality Assurance regional offices
- Nine Division of Disability Determinations area offices
- Three public health laboratories

The CHDs operate as partners between the Agency and local county governments, providing public health services at over 200 sites. Florida is a highly diverse state, with 67 counties varying significantly in area and population size. The Agency's centralized, integrated infrastructure allows for standardization in health services across the state and enables counties to share resources and staff. This is particularly helpful to smaller and rural counties, which otherwise may lack access to necessary resources for providing critical health services to their residents.

### III. Performance Management System

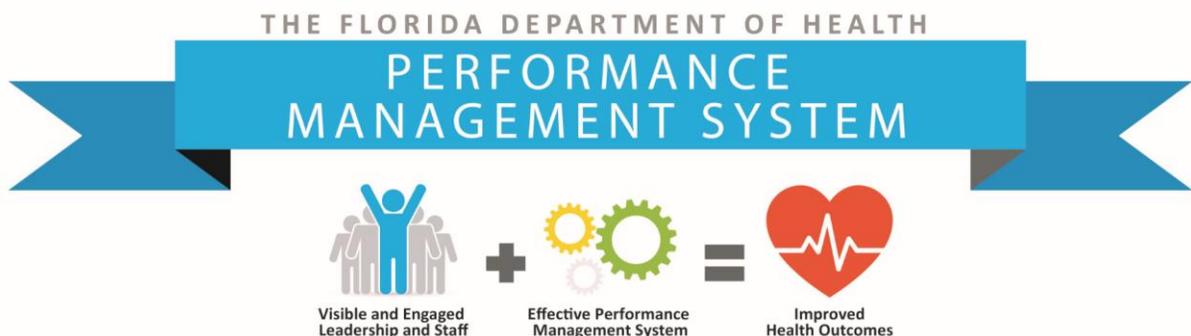
The Agency's performance management system is designed to establish a shared understanding and focus on Florida's public health priorities. The system uses interacting and interdependent processes that are continuous, evidence-based, focused on stakeholder and customer engagement and support organizational learning.

The leadership team of each PM Council membership is reviewed at the end of each calendar year for succession and rotation. PMQI Champions are rotated at the discretion of the Health Officer and Division Director.

#### Division of Public Health Statistics and Performance Management

The Division of PHSPM maintains the performance management system.<sup>1</sup> Key functions and responsibilities of the Division of PHSPM include:

- Developing and managing the Agency PMQI Plan.
- Coordinating continued accreditation and reaccreditation efforts through the PHAB for the State Health Office and the 67 CHDs.
- Providing technical assistance, tools and resources to build capacity for performance improvement.
- Coordinating health improvement, strategic planning, quality improvement and workforce development processes for the State Health Office and the CHDs.
- Providing accessible health data including health profiles, individual indicators, maps and query systems.
- Leveraging local, state and federal resources to improve primary care access and health professional workforce availability in medically underserved communities throughout Florida.



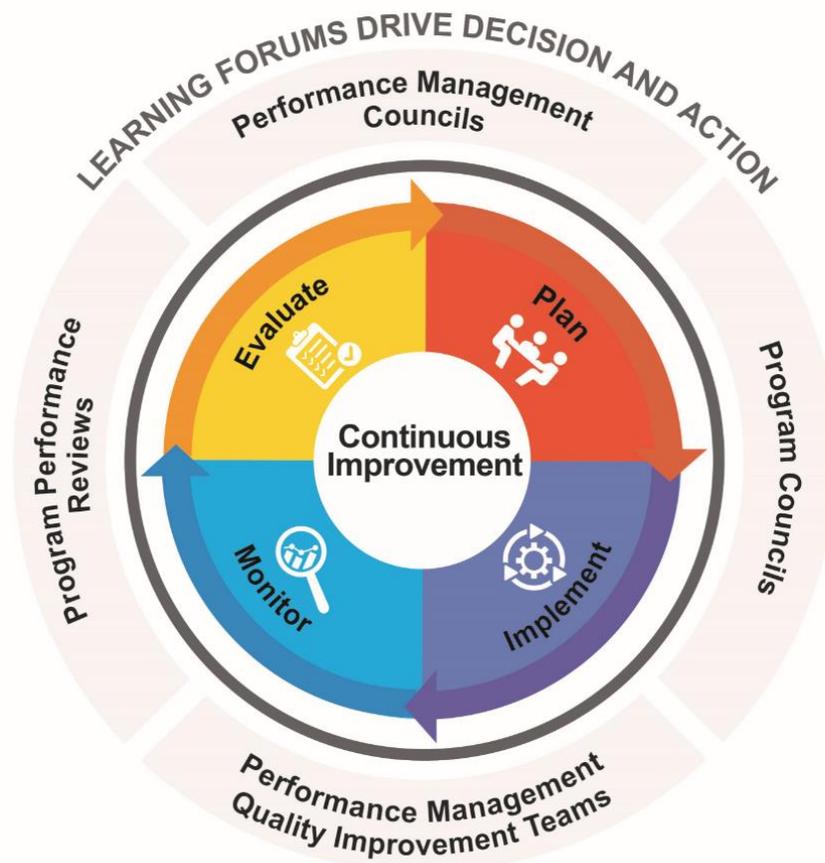
The Division of PHSPM works closely with units throughout the agency to ensure that performance management and continuous quality improvement are woven throughout the

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<sup>1</sup> The Division of PHSPM also administers a bureau which is responsible for the registration, certification, archiving and statistical analysis of Florida's vital records. It manages the central repository for records of all births, deaths, fetal deaths, marriages, dissolution of marriages and name changes for the state of Florida.

Agency's infrastructure and occur at all levels. The Performance Management system is integrated into the Agency's practice at all levels by:

- Providing visible leadership for performance management.
- Setting organizational objectives for all Agency levels.
- Developing strategic, workforce development, health improvement, emergency operations and PMQI plans at multiple levels across the Agency.
- Developing procedures, structures and mechanisms for ongoing assessments.
- Identifying indicators to regularly measure and report on progress toward achieving objectives.
- Identifying areas where achieving objectives requires focused PMQI processes.



The Agency is dedicated to allocating appropriate resources to build and sustain a robust culture of PMQI. The Agency's culture of PMQI establishes efficient and effective processes while also delivering quality products and services to customers. This is achieved through leadership's commitment to ensuring that adequate funding and resources are available to provide PMQI training and promote the ongoing development of a culture of quality. To maximize the use of available funding, the Agency promotes using internal training resources when available and utilizing distance learning mechanisms to provide training to its staff located throughout the state. As part of these continuous PMQI efforts, the Agency regularly examines and refines its management systems to ensure that they are aligned, efficient and effective.



The Agency’s key infrastructure for supporting a culture of quality and implementing quality improvement initiatives includes learning forums to drive decision and action.

Appendix 2 provides a complete visual representation of key interrelated processes that contribute to the performance management system.

**Performance Management Councils (PM Councils)**

Performance management councils (PM Councils) are one of the Agency’s forums that provide a setting to interpret performance data, develop shared meaning and identify action items to improve performance. Councils are established at three levels within the Agency: an agencywide Agency Performance Management Council (Agency PM Council), division level councils within each of eight divisions (Division PM Councils) at the State Health Office and local level performance management councils (local PM Councils) within the 67 CHDs. Each council meets at least quarterly to carry out activities.

All councils share primary functions:

- Advise and guide the creation, deployment and continuous evaluation of the Agency’s performance management system and its components.
- Monitor and evaluate the Agency’s performance in achieving strategic objectives in health improvement plans, strategic plans, workforce development plans, PMQI plans and emergency operations plans; as well as address opportunities for improvement.

Each council level also has additional, specific responsibilities within the performance management system:

PM Council	Membership	Responsibilities	Meeting Frequency
<b>Agency PM Council</b>	<ul style="list-style-type: none"> <li>• State Surgeon General</li> <li>• Deputy secretaries</li> <li>• Division directors</li> <li>• CHD health officers representing Florida’s eight county consortia</li> </ul>	<ul style="list-style-type: none"> <li>• Establish statewide policies, procedures and expectations for the performance management system.</li> <li>• Use agencywide performance data to track progress toward Agency goals and evaluate all major programs on an annual basis.</li> <li>• Develop action plans and promote agencywide collaboration strategies.</li> <li>• Establish and revise the Agency’s strategic objectives.</li> </ul>	Quarterly

<p><b>Division PM Councils</b></p>	<ul style="list-style-type: none"> <li>• Division directors</li> <li>• Bureau chiefs</li> <li>• Program directors</li> <li>• Program council co-chairs</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee operation of the system at division level.</li> <li>• Monitor and report division progress toward division Strategic Plan objectives.</li> <li>• Review performance data to identify division-specific issues.</li> <li>• Develop, monitor and report progress on action plans.</li> <li>• Promote use of performance data and collaboration between program areas.</li> </ul>	<p>Quarterly</p>
<p><b>Local (CHD) PM Councils</b></p>	<ul style="list-style-type: none"> <li>• CHD executive management team</li> <li>• Health officer</li> <li>• Accreditation liaison</li> <li>• Staff responsible for local foundational plans</li> </ul>	<ul style="list-style-type: none"> <li>• Review operation of the system at local level.</li> <li>• Review performance data to track progress toward county-level strategic objectives.</li> <li>• Develop, monitor and report progress on action plans. Promote use of performance data and collaboration between local program areas.</li> </ul>	<p>Quarterly / Monthly</p>

**Program Councils**

Program councils are established to provide channels for CHD and state health office leaders to research, communicate, and implement creative solutions to the Agency’s programmatic and administrative challenges. The program councils enable State Health Office and CHD staff to collaboratively use data and research to identify performance gaps and craft innovative solutions for improvement. Program councils exist for each of the seven major programs managed by the State Health Office divisions: Public Health Preparedness, Communicable Disease, Epidemiology, Environmental Health, Community Health Promotion, Administration and Health Equity. Each program council includes the relevant State Health Office division directors, bureau chiefs and selected CHD health officers. The Deputy Secretary for County Health Systems appoints CHD health officers to serve as co-chairs for each council, with one-third (1/3) of the health officer members rotating every two years.

Program council roles and responsibilities include:

- Monitoring progress on previously discussed performance issues as appropriate.
- Presenting recommendations for program improvement initiatives to the Agency PM Council.
- Presenting data and status reports at PMQI consortia meetings, business managers meetings and other relevant meetings to obtain feedback on improvement strategies.
- Testing and piloting initiatives and changes are identified by the respective CHD, division and office PM councils.

## Performance Reviews

The Agency conducts regular performance reviews at the State Health Office and CHDs to improve operations and service delivery, achieve desired health outcomes and facilitate information sharing across the agency.

### *State Health Office Program Performance Reviews*

As part of its performance management system, the Florida Department of Health, holds regular program performance reviews. These reviews primarily focus on how well its programs are achieving Agency Strategic Plan and State Health Improvement Plan objectives. These reviews provide a learning forum in which performance data are shared in facilitated presentations, enabling leadership to assess program operations and to engage in meaningful deliberations about actions and recommendations that can support continual improvements.

State Health Office divisions make one or more formal presentations annually at an Agency PM Council meeting to report on performance over the past year, discuss critical factors influencing performance and identify best practices and opportunities for improvement. Using program logic models, the purpose of these reviews is to identify the inputs, activities, target population(s), resulting outputs, and outcomes to structure a meaningful discussion about performance. This discussion includes tracking performance, understanding critical factors influencing it, finding best practices and identifying opportunities for improvement. These performance reviews also help identify performance indicators that can be used during CHD performance reviews. The logic model templates emphasize performance improvement.

## Performance Management Quality Improvement (PMQI) Teams

### *State Health Office Division PMQI Teams*

The Division of PHSPM works with State Health Office division PMQI teams to support their efforts. The purpose of these teams is to ensure that the State Health Office has a systematic approach to developing capacity and fostering a culture of quality; this approach allows sharing of strengths, promising practices and current activities across divisions. The goal is to embed flexibility within this framework to support the differences across divisions, allowing for variations in approaches to goals, strategies and objectives for continuous improvements which aid the accomplishment of their specific missions and work.

State Health Office division directors worked with their bureau chiefs to create a PMQI team consisting of a division chair and at least one PMQI champion from each bureau. The initial focus areas of these teams were to refine the program performance review approach, implement PMQI projects and bridge the gap between program offices and CHDs. Structure, roles and responsibilities will be revisited to ensure efficiency. Appendix 5 contains the template for Division PMQI charters that further details the concept of this structure and the roles of the Division PMQI champions.

### *PMQI Consortia*

The Agency has organized and established eight PMQI teams (PMQI consortia) by geographical regions within the state to serve as learning communities for the advancement of an organizational culture of quality. The Health Officer of each CHD within a region designates a lead staff member to serve as local PMQI champion. These PMQI champions then serve within their local CHD and

within the regional consortium to foster a strong quality culture by supporting local performance management activities, promoting local and statewide capacity building, providing technical assistance and communicating statewide and local PMQI activities. PMQI consortia also promote multi-county collaboration through regional PMQI projects and sharing of resources.

Within each PMQI consortium, members nominate one PMQI champion to serve as PMQI co-chair for that consortium. The PMQI co-chair's nomination is then reviewed by their corresponding health officer and (if approved) the elected member serves for the calendar year as co-chair for the consortium. At the end of this term, the co-chair then serves as PMQI chair for the subsequent calendar year and a new co-chair is nominated. In conjunction with Division of PHSPM staff, PMQI chairs serve as leaders for meeting facilitation, communications and coordination of activities within their consortium. PMQI co-chairs assist PMQI chairs in their duties. Once, monthly, PMQI chairs and co-chairs participate in a conference call with Division of PHSPM staff to coordinate learning community development and capacity building within the PMQI consortia.

PMQI consortia are responsible for:

- Communicating with the Division of PHSPM, PM councils and other local representatives regarding performance management, quality improvement and reaccréditation (including the creation, deployment and continuous evaluation of the Agency's performance management system and its components).
- Developing and maintaining comprehensive best practices, resources and training opportunities.
- Sharing opportunities for improvement and resolving barriers in developing a culture of quality.
- Developing and utilizing systematic performance management and quality improvement planning approaches and tools which promote organizational alignment with strategic priorities, consistency and impact.
- Establishing open and collaborative communication with state and other local representatives regarding PMQI activities, practices, resources, tools and opportunities for improvement.
- Sharing opportunities for improvement and addressing barriers to a culture of quality.

Appendix 3 contains the PMQI consortia team charter template which further details the roles, responsibilities and deliverables for consortia chairs, co-chairs and PMQI champions.

Appendix 4 features a map with PMQI consortia regions delineated and a table of consortia chairs and co-chairs for each consortium.

*PMQI Consortia and State Health Office Team Roles*

Team Type	PMQI Designations	Role	Meeting Frequency
<p><b>Division PMQI Teams</b></p>	<p>Division PMQI Champions</p>	<p>Division PMQI champions are designated by their bureau chiefs and confirmed by their division director as PMQI division lead. Each division has one lead PMQI champion but may have additional backup PMQI champions.</p> <p>They are responsible for coordinating and monitoring division PM council PMQI and strategic plans. PMQI division champions are giving feedback to Division of PHSPM; providing guidance, leadership and training to division PM council and bureau champions on PMQI and accreditation initiatives; and coordinating program performance reviews.</p> <p>They serve as a key resource to bureau staff on performance management, strategic planning, quality improvement and accreditation initiatives.</p> <p>They may also lead PMQI projects for the division or bureau.</p>	<p>At least quarterly</p>
	<p><b>PMQI Consortia Teams</b></p>	<p>CHD PMQI Champions</p>	<p>PMQI staff are designated as local PMQI champions by their Health Officer. Each CHD has only one lead PMQI champion at a time but may have additional backup PMQI champions.</p> <p>They serve as local quality stewards, maintaining responsibility for promoting PMQI within their CHD.</p> <p>They represent their CHD at PMQI consortia meetings.</p>
<p>PMQI Consortia Co-Chairs</p>		<p>PMQI consortium co-chairs are nominated from among regional CHD PMQI champions and confirmed by their local health officer.</p> <p>They assist PMQI consortia chairs in their duties and serve for the calendar year.</p>	<p>Monthly</p>

	PMQI Consortia Chairs	<p>A PMQI consortium chair is automatically promoted from the PQMI consortium co-chair position at the end of a calendar year; they serve the subsequent year as consortium PMQI chair for their region.</p> <p>They are responsible for planning organizing and communicating PMQI consortium activities, in coordination with Division of PHSPM staff.</p>	Monthly
	Division of PHSPM Staff	<p>The Division of PHSPM staff coordinate work, provide training and coaching and support the organizational efforts of PMQI consortia and PMQI division chairs and champions.</p> <p>Division of PHSPM staff also facilitate a monthly PMQI consortia chairs and co-chairs call to coordinate efforts and provide technical assistance and coaching.</p>	<p>Monthly</p> <p>Technical assistance provided on an as needed basis</p>

### FLHealthCHARTS

The Division of PHSPM manages the nationally acclaimed health data portal FLHealthCHARTS.com (CHARTS), which provides ongoing, accurate and comparable data about health and health-related indicators to public health professionals, partners and the public. Each year CHARTS has about 4 million page views and 12 million hits.

The PM system uses CHARTS to provide information about goals and objectives in plans such as the Agency’s Strategic Plans, Community Health Improvement Plans (CHIPs) and the State Health Improvement Plan.

### Florida Health Performs

The Division of PHSPM uses its internal website called Florida Health Performs to serve as a one-stop site for performance management and quality improvement data. Florida Health Performs includes online quarterly reports for measures in the State Health Improvement Plan and Agency Strategic Plan. The reports display performance by plan, division, bureau, strategic issue area, date, current status and data value of the measures. Florida Health Performs also posts recordings, summaries and handouts from governing bodies’ meetings.

### Performance Improvement and Management System (PIMS)

The Division of PHSPM has procured ClearPoint Strategy as the Agency’s new Performance Improvement and Management System (PIMS). PIMS replaces the existing plan tracking system located on Florida Health Performs and is used by the Agency for project management and to manage foundational plan progress at all levels of the organization.

## SECTION 4 [\(Return to Table of Contents\)](#)

### QUALITY IMPROVEMENT TRAINING

#### I. Training Plan

The Agency recognizes that ongoing training in PMQI methods and tools is critical for creating a sustainable PMQI program. These training opportunities are available through providers including Agency personnel, TRAIN Florida, the National Network of Public Health Institutes (NNPHI) Public Health Learning Network, the American Society for Quality (ASQ) and additional organizations.

Organization	Link
American Society for Quality (ASQ)	<a href="#">ASQ Training</a>
Association of State and Territorial Health Officials (ASTHO)	<a href="#">ASTHO Leadership Institute</a>
National Association of County and City Health Officials (NACCHO)	<a href="#">NACCHO University</a>
National Association for Healthcare Quality (NAHQ)	<a href="#">NAHQ Education</a>
National Indian Health Board (NIHB)	<a href="#">NIHB Project Management Toolkit</a>
National Network of Public Health Institutes (NNPHI)	<a href="#">NNPHI Learning Navigator</a> <a href="#">Public Health Learning Network</a>
Public Health Foundation (PHF)	<a href="#">PHF Performance Improvement Learning Series</a> <a href="#">PHF Training and Technical Assistance</a>

The Agency's PMQI Training Plan recommends the following training requirements be established at a minimum:

- CHD PM Councils complete the Agency's problem-solving methodology training series in TRAIN Florida at least once.
- PMQI project team members complete the Agency's problem-solving methodology training series in TRAIN Florida at least once, as well as completing the PMQI projects identified in this plan.

These minimum training requirements are included in the local CHD PMQI Plans for alignment and are monitored and reported annually via the Agency PMQI Plan Annual Progress Report.

### Additional Organizational Training

The Division of PHSPM provides routine training to Agency staff on PMQI principles, tools and techniques to support the ongoing development of the Agency’s quality-focused culture. In this endeavor, the following courses are recommended and can be utilized agencywide for the purposes indicated. The table below displays recommended training courses for selected roles within the Agency.

Training	Roles	Time	Average Cost
“Implementing a Quality Improvement Project,” NACCHO University	New PMQI champions	34 minutes	Free
“Leading Improvement Projects,” Center for Public Health Practice At the Colorado School of Public Health	Advanced PMQI champion development	3.5 hours	Free
“Introduction to Systems Thinking,” New England Public Health Training Center	Advanced PMQI champion development	1.0 hours	Free
“Mobilizing for Action through Planning and Partnerships (MAPP): Organize for Success/Partnership Development and Four Assessment Phases” NACCHO University	New CHIP/Community Health Assessment (CHA) plan leads	Self-Paced; 53 minutes	Free
“Community Engagement,” University of South Carolina: Arnold School of Public Health	New CHIP/CHA plan leads	2.5 hours	Free

### Local CHD Training

Local CHD PMQI Plans are responsible for identifying and communicating additional training needs and for reporting progress toward training goals at least once annually.

In Fiscal Year 2021–2022, the Agency will facilitate a content assessment of existing PMQI basic orientation training materials to determine gaps and opportunities in ensuring such materials meet or exceed PMQI-BOK KSAs and Core Competencies standards.

## SECTION 5 [\(Return to Table of Contents\)](#)

### PMQI PROJECTS

#### I. Project Identification, Alignment and Initiation Processes

In addition to considering the results from the NACCHO SAT, the Agency identifies opportunities for quality improvement projects by reviewing key performance data. Potential PMQI projects are prioritized based on their alignment with objectives identified within the Agency Strategic Plan, the State Health Improvement Plan, the Workforce Development Plan or other emerging/priority areas. In addition, CHDs prioritize and select PMQI projects based on their alignment with state and local plans and/or other emerging local priority areas. Project charters are used to define the PMQI tools and methodology used to structure each project. PMQI project teams also develop action plans to establish accountability for project monitoring and evaluation expectations.

Divisions and CHDs must complete and document at least one formal PMQI project annually to the Division of PHSPM through Florida Health Performs, the Agency's performance management internal website. Projects undertaken collaboratively between divisions or CHDs can be applied toward this requirement. Projects may be:

- *Administrative* – Projects that improve organizational processes including activities that impact multiple sections/programs (e.g., contract management, vital records, human resources, staff professional development, workforce development and financial management).
- *Population-based* – Projects that feature interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks (e.g., tobacco, drug and alcohol use, diet and sedentary lifestyles and environmental factors).
- *Programmatic* – Projects that have a direct impact within one specific program (even if administrative in nature) and include the functions, services and/or activities carried out through the daily work of public health department programs.

Storyboards are provided at the end of each project to share results, lessons learned and recommended actions to maintain gains. Statewide quality improvement initiatives are included in Appendix 6.

## **SECTION 6** [\(Return to Table of Contents\)](#)

### **SYSTEMATIC APPROACH FOR CUSTOMER FEEDBACK**

#### **I. Customer Feedback Approach**

The Agency is dedicated to meeting key customer requirements and protecting, promoting and improving the health of all people in Florida through integrated state, county and community efforts. The Agency is accountable for ensuring that it uses effective methods to engage its core public health customers. Furthermore, the Agency seeks to be fully responsive to changing and emerging customer requirements and it pays close attention and responds to customer feedback.

Florida Statutes require each state agency under the executive branch to comply with the Florida Customer Standards Act (s. 23.30, Florida Statutes). This act requires agencies to establish a process which can measure, monitor and address issues related to customer satisfaction and complaints.

The Agency has developed and implemented a Customer Focus Policy, DOHP 180-30-15, to establish expectations and provide guidance regarding collecting, monitoring and addressing customer feedback. Employees are expected to always meet and strive to exceed customer expectations for quality, timeliness and effective personal interaction when providing health products, services and information to the public. The Agency uses customer satisfaction data to identify unmet needs and continuously improve the quality of services offered. All employees are required to complete an online Customer Focus training each year.

The Agency gathers, analyzes and reports customer feedback data in several ways, including conducting customer satisfaction surveys. CHDs annually report data on their customer satisfaction processes, results and time frames for acknowledging complaints in the CHD Performance Snapshot. Many statewide program offices also have processes to quarterly or annually solicit statewide customer satisfaction and feedback data. Additionally, all Agency divisions and CHDs are required to include a customer satisfaction/feedback link in external emails.

The Agency uses the collected customer feedback data to improve policies, programs and/or interventions by tracking customer feedback processes across the organization.

Customer satisfaction data are incorporated into the criteria used to select quality improvement projects. This information is also included in the Agency and CHD quality improvement plan annual progress reports.

## **SECTION 7** [\(Return to Table of Contents\)](#)

### **QUALITY IMPROVEMENT MONITORING**

#### **I. Measures and Performance Monitoring**

The Agency's goals, strategies and objectives are set across all organizational levels and are aligned throughout the State Health Improvement Plan, Strategic Plans, Workforce Development Plans and PMQI Plans. These objectives were selected because they are the most critical to the needs of the customers the Agency serves and the success of the services provided and they are carried out via implementation plans. Agency Plan objectives are monitored using Division of PHSPM's plan tracking system. Objective owners are notified to report objectives status quarterly. Lagging indicators are addressed by the Agency PM Council.

Central Office divisions, PMQI consortia and CHD PM councils are responsible for measuring, monitoring and reporting the progress achieved on the goals, strategies and objectives of the local Community Health Assessment, Community Health Improvement Plan, Strategic Plan, Workforce Development Plan and the PMQI Plan. To ensure PMQI plans are routinely monitored, CHD and division PM councils meet at least quarterly to track their progress.

The status of the PMQI Plan is reported in the meeting minutes and submitted to the Division of PHSPM within ten business days after the minutes are approved. Based on these reviews, the PM Councils update their plan objectives as needed.

The Division of PHSPM collects key performance indicator data from all CHDs and includes these data in the Annual Agency PMQI Progress Report. CHDs submit data on the following key performance indicators:

- Percentage of identified individuals completing PMQI trainings.
- Percentage of PMQI Plan objectives that were met.
- Percentage of staff ideas resulting in quality improvement projects (optional).

Annually, each CHD submits an Annual PMQI Plan Progress Report assessing progress toward reaching goals, strategies, objectives and achievements for the year. From these reports, the Division of PHSPM provides an annual statewide progress report to the Agency Performance Management Council. The Agency and CHD PM Councils oversee the development of all PMQI Plans, annual progress reports and revision of these plans.

Appendix 6 contains a list of the 2018–2021 Agency PMQI Plan goals, strategies and objectives.

## **SECTION 8** [\(Return to Table of Contents\)](#)

### **QUALITY IMPROVEMENT COMMUNICATION**

#### **I. Communication**

Ongoing communication is critical to the continuous PMQI process and the institutionalization of the Agency's quality improvement culture. The success of the Agency's PMQI process and its ongoing progress toward becoming a learning organization is promoted by systematic information-sharing, networking and collecting and reporting on knowledge gained. The Accreditation Communications Plan outlines the Agency's communications strategy for communicating progress and results of the PMQI Program, projects, trainings and other performance system activities. PM Councils leverage the advantage of Florida's integrated local public health system by sharing resources and information with peers and the governing entity.

The chair of the Agency PM Council, the Agency's State Surgeon General, meets regularly with the Executive Office of the Governor to provide updates on the Agency's activities, programs and public health impact. This briefing includes information on the Agency's performance management system functions, data and activities as appropriate. Key updates from Agency PM Council meetings, which include CHD health officer representation, may also be included, as appropriate

PMQI project sponsors are responsible for sharing county/division/office specific project results on a regular basis to keep staff up to date on PMQI project progress. PMQI champions serve as the point of contact for sharing progress updates and results of improvement initiatives, lessons learned and practices that result in improved performance using the following avenues:

- Agency PM Council
- CHD health officer representatives to the Agency PM Council
- Monthly/quarterly division & local PM council meetings (standing item on each meeting agenda)
- PMQI consortia meetings
- PMQI chairs monthly meetings with Division of PHSPM staff to plan PMQI consortia team efforts and upcoming training events
- Sharing/submitted information with Division of PHSPM
- Systems and other appropriate state office programs
- Statewide/community meetings or events
- Appropriate internal and external award nominations
- Storyboards
- SharePoint

## **SECTION 9** [\(Return to Table of Contents\)](#)

### **QUALITY IMPROVEMENT EVALUATION**

#### I. Evaluate and Update the PMQI Plan

The Division of PHSPM updates the four-year Agency PMQI Plan annually. Objective data are evaluated to determine the effectiveness of the plan and suggested changes are provided to the Agency PM Council for review. Customer and stakeholder feedback are considered and new projects are added as prioritized by the Council. During this review process, the Division of PHSPM identifies strengths, opportunities for improvement and lessons learned. This information is shared with the Agency PM Council through an Annual Progress Report. During this revision process, the Division of PHSPM also reviews PMQI training and resources for relevance and usefulness to Agency staff and it makes revisions as necessary. The focus of this review includes examining the following:

- Culture of Quality Self-Assessment
- Progress toward designated performance measures
- Progress on PMQI projects
- Training plan
- Training content
- PMQI project process
- Roles and responsibilities
- Budget and staffing
- Linkages with Agency priorities

This evaluation process informs the planning for each subsequent year and supports a culture of continuous improvement and excellence. The revised plan is shared on Florida Health Performs and communicated to Agency staff through PMQI team meetings.

## APPENDIX 1 [\(Return to Table of Contents\)](#)

### QUALITY IMPROVEMENT KEY PLAN TERMS

TERM	DEFINITION
<b>Accountability</b>	Establishing a systematic method to assure stakeholders (policymakers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements that are applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals and consequences and sanctions. <i>(Source: American Society for Quality)</i>
<b>Administrative Project</b>	<p>A quality improvement project that improves organizational processes. Administrative areas are activities that relate to management of a company, school or other organization. For PHAB purposes, administrative areas are distinguished from program areas which provide public health programs or interventions.</p> <p>Examples of administrative areas include contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance), vital records (e.g., processing birth and death certificates or evaluating their accuracy), human resources functions (e.g., the performance appraisal system), staff professional development (e.g., effectiveness of the professional development process), workforce development (e.g., appropriateness of employee wellness program) or financial management system (e.g., the financial data development, analysis and communication process).</p>
<b>Alignment</b>	Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. <i>(Baldrige National Quality Program, 2005).</i>
<b>Analyze</b>	To study or determine the nature and relationship of the parts of by analysis. <i>(Source: Merriam-Webster Online Dictionary)</i>
<b>Barriers</b>	Existing or potential challenges that hinder the achievement of one or more objectives. <i>(Source: The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1<sup>st</sup> Ed.)</i>
<b>Benchmarking</b>	Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Also referred to as “best practices” in a field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. <i>(Source: Norris T, Atkinson A, et al. The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities. San Francisco, CA: Redefining Progress; 1997)</i>

TERM	DEFINITION
<b>Best Practice(s)</b>	The current best-known way to do something. Best practices are a) recognized as consistently producing results superior to those achieved with other means; b) can be standardized and adopted/replicated by others; and c) will produce consistent and measurable results. Best practices can be replicated in different processes, work units or organizations such that the results of the original application can be reliably reproduced. Best practices will evolve to become better as improvements are discovered. (NACCHO SAT)
<b>Change Management</b>	A structured approach to transitioning an organization from a current state to a future desired state. (NACCHO SAT)
<b>Continuous Improvement</b>	Includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes to provide added benefits to the customer and organization. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 <sup>rd</sup> Ed.)
<b>Core Competencies</b>	Core public health competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). (Council on Linkages between Academia and Public Health Practice. <i>Core Competencies for Public Health Professionals [online]</i> . 2010 [cited 2012 Nov 6]. <a href="http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx">http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx</a> )
<b>Culture of Quality Improvement</b>	Culture of quality improvement exists when PMQI is fully embedded into the way the agency does business, across all levels, departments and programs. Leadership and staff are fully committed to quality and results of PMQI efforts are communicated internally and externally. Even if leadership changes, the basics of PMQI are so ingrained in staff that they seek out the root cause of problems. Staff do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (NACCHO Roadmap to a Culture of Quality Improvement, Phase 6)
<b>Customer Focus</b>	How an organization listens to the voice of its customers, builds customer relationships, determines their satisfaction and uses customer information to identify opportunities for improvement. (NACCHO SAT)
<b>Customer/Client Satisfaction</b>	Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. ( <a href="http://www.businessdictionary.com/definition/customer-satisfaction.html">www.businessdictionary.com/definition/customer-satisfaction.html</a> )
<b>Data</b>	Quantitative or qualitative facts presented in descriptive, numeric or graphic form. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 <sup>rd</sup> Ed.)

TERM	DEFINITION
<b>Evaluate</b>	To systematically investigate the merit, worth or significance of an object, hence assigning “value” to a program’s efforts means addressing those three inter-related domains: Merit (or quality); Worth (or value, i.e., cost-effectiveness); and Significance (or importance). (Source: CDC – <i>A Framework for Program Evaluation</i> )
<b>Evidence-based Practice</b>	Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation and disseminating what is learned. (Source: <i>Brownson, Fielding and Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health</i> )
<b>Formative Evaluation</b>	Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified. (Source: <i>Types of Evaluation, CDC</i> . <a href="https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf">https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf</a> )
<b>Governing Entity</b>	A governing entity if the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region or district or reservation as established by state, territorial or tribal constitution or statute or by local charter, bylaw or ordinance as authorized by state, territorial, tribal, constitution or statute. (National Public Health Performance Standards Program, <i>Acronyms, Glossary and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf</i> ).
<b>Implement</b>	To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures. (Source: <i>Adapted from Merriam-Webster.com</i> )
<b>Key Customer Requirements</b>	Performance standards associated with specific and measurable customer needs; the “it” in “do it right the first time.” (Source: <i>The Quality Improvement Handbook, John Bauer, Grace Duffy and Russell Westcott, editors</i> )
<b>Key Processes</b>	Processes that focus on what the organization does as a business and how it goes about doing it. A business has functional processes (generating output within a single department) and cross-functional processes (generating output across several functions or departments). (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3<sup>d</sup> Ed.</i> )

TERM	DEFINITION
<b>Objective</b>	<p>Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period of time. <i>(Source: The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1<sup>st</sup> Ed.)</i></p> <p>Objectives need to be <b>S</b>pecific, <b>M</b>easurable, <b>A</b>chievable, <b>R</b>elevant and <b>T</b>ime-Bound (SMART).</p>
<b>Opportunity for Improvement</b>	<p>Agents, factors or forces in an organization's external and internal environments that can directly or indirectly affect its chances of success or failure. <i>(Source: Adapted from BusinessDictionary.com)</i></p>
<b>Outcomes</b>	<p>Long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.</p>
<b>Performance Excellence</b>	<p>An integrated approach to organizational performance management that results in 1) delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability; 2) improvement of overall organization effectiveness and capabilities; and 3) organizational and personal learning. <i>(Source: 2013 Sterling Criteria for Organizational Performance Excellence)</i></p>
<b>Performance Gap</b>	<p>The gap between an organization's existing state and its desired state (as expressed by its long-term plans).</p>
<b>Performance Improvement</b>	<p>An ongoing effort to improve the efficiency, effectiveness, quality or performance of services, processes, capacities, outcomes.</p>
<b>Performance Indicators</b>	<p>Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) <i>(Source: 2013 Sterling Criteria for Performance Excellence)</i></p>
<b>Performance Management</b>	<p>A systematic process that helps an organization achieve its mission and strategic goals. <i>(PHF Performance Management Toolkit)</i></p>
<b>Performance Management Council (PM Council)</b>	<p>A cross-sectional group of leaders and key staff responsible for overseeing the implementation of the performance management system and PMQI efforts. <i>(NACCHO Roadmap to a Culture of Quality)</i></p>

TERM	DEFINITION
<b>Performance Management Quality Improvement (PMQI) Plan</b>	A PMQI plan describes what an agency is planning to accomplish and reflects what is currently happening with PMQI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities and importance of quality and quality improvement in the organization. The PMQI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The PMQI plan provides written credibility to the entire PMQI process and is a visible sign of management support and commitment to quality throughout the Agency. The Public Health Accreditation Board requires a PMQI plan as documentation for measure 9.2.1 A of the Standards and Measures Version 1.5. <i>(Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." American Journal of Public Health. 2014. 104(1): e98-104).</i>
<b>Performance Management System</b>	A fully integrated system for managing performance at all levels of an organization which includes: 1) setting organizational objectives across all levels of the Agency; 2) identifying indicators and metrics to measure progress toward achieving objectives on a regular basis; 3) identifying responsibility for monitoring progress and reporting; and 4) identifying areas where achieving objectives requires focused PMQI processes. <i>(NACCHO Roadmap to a Culture of Quality)</i>
<b>Performance Measures or Metrics</b>	A quantitative expression of how much, how well and at what level programs and services are provided to customers within a given time-period. They quantify the processes and outcomes of a work unit providing insight into whether goals are being achieved; where improvements are necessary; and if customers are satisfied. <i>(NACCHO SAT)</i>
<b>Performance Report</b>	Documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments and recommendations. <i>(Source: Turning Point Performance Management, National Excellence Collaborative, 2004)</i>
<b>Plan-Do-Check-Act (PDCA)</b>	Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle. The Plan–Do–Check–Act cycle is a four–step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated and again for continuous improvement. <i>(Source: ASQ.org)</i>
<b>PMQI Champions</b>	Staff that possess enthusiasm for and expertise in PMQI, serve as PMQI mentors to staff and regularly advocate for the use of PMQI in the agency. <i>(NACCHO Roadmap to a Culture of Quality)</i>
<b>PMQI Consortia</b>	A region-based grouping of CHDs that collaborates on PMQI topics specific to their area <i>(see charter, Overview Series for Leaders slide, September 2018)</i>

TERM	DEFINITION
<p><b>PMQI Consortia Chairs</b></p>	<p>A PMQI consortium chair supports the PMQI team (division or consortium) by working with Division of PHSPM staff to plan organize and communicate PMQI team activities and efforts. The chair assists the Division of PHSPM to:</p> <ul style="list-style-type: none"> <li>• Plan, organize and communicate consortium activities and efforts.</li> <li>• Identify significant gaps and strengths and participate in planning and improvement activities.</li> <li>• Support and assist in development and guidance of professional development, training resources and expertise in quality improvement and performance management practices.</li> <li>• Act as point of contact for members of the consortium.</li> <li>• Participate in meeting preparation and agenda planning.</li> <li>• Facilitate quarterly team meetings.</li> <li>• Maintain and update the SharePoint or Teams site for the consortium.</li> </ul>
<p><b>PMQI Consortia Co-Chair</b></p>	<p>A PMQI consortium chair supports the PMQI team (division or consortium) by working with Division of PHSPM staff to plan organize and communicate PMQI team activities and efforts. The chair assists the Division of PHSPM to:</p> <ul style="list-style-type: none"> <li>• Assist PMQI consortium chair in all duties where appropriate.</li> <li>• Provide input on quarterly agendas.</li> <li>• Assist with meeting planning and preparation.</li> <li>• Designate or serve as scribe during meetings.</li> <li>• Participate in conference calls as appropriate.</li> </ul> <p>This position serves a one-year calendar term after nomination by PMQI champions and confirmation by the person's health officer. At the end of the calendar year, this position rotates to consortium chair.</p>
<p><b>PMQI Division Chairs</b></p>	<p>PMQI division chairs work with the Division of PHSPM to coordinate, plan, monitor and communicate activities and efforts with bureau champions. Division chairs are chosen by division directors to assist the Division of PHSPM to:</p> <ul style="list-style-type: none"> <li>• Coordinate and monitor division Performance Management (PM) Council development of the division strategic plan.</li> <li>• Provide feedback to Division of Public Health Statistics and Performance Management for growing Agency culture of quality and performance management.</li> <li>• Provide guidance, leadership and training to division PM council and bureau champions on performance management and quality improvement.</li> <li>• Coordinate program performance reviews within their division, ensuring materials are timely and of high quality, providing technical assistance and training as necessary.</li> </ul>

TERM	DEFINITION
<b>Policy</b>	<p>Policy is the general principles by which a government entity is guided in its management of public affairs. For a health department, this may encompass external or community-facing policies (e.g., clean air or school physical education guidelines) as well as internal policies affecting staff (e.g., family leave or hiring practices). <i>(Adapted from: Garner, B.A. editor. Black's Law Dictionary. 8th ed. West Group; 2004)</i></p>
<b>Population-based Health</b>	<p>Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors.</p> <p><i>(Source: Turnock BJH. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.; 1997)</i></p>
<b>Promising Practice</b>	<p>A way to do something that shows some evidence or potential for developing into a best practice. <i>(NACCHO SAT)</i></p>
<b>Programmatic Project</b>	<p>A quality improvement project that has a direct impact within a specific program. If the project applies to only one program, it is considered programmatic even if the improvement is administrative in nature. For example, issuing permits under the Environmental Health program may involve administrative work, however, this is a program example because it is related to services performed within only one program, Environmental Health. Programs, processes and interventions are the terms used to describe functions, services or activities carried out through the daily work of public health departments.</p>

TERM	DEFINITION
<p><b>Public Health</b></p>	<p>Public health is the mission of public health is to fulfill society’s desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public. Public health is:</p> <ul style="list-style-type: none"> <li>• The science and the art of preventing disease, prolonging life and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment;</li> <li>• The control of community infections;</li> <li>• The education of the individual in principles of personal hygiene;</li> <li>• The organization of medical and nursing service for the early diagnosis and treatment of disease; and</li> <li>• The development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.</li> </ul> <p>PHAB’s public health accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management/administration and governance.</p> <p>While some public health agencies provide mental health, substance abuse, primary care, human and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB’s scope of accreditation authority does not extend to these areas. <i>(Turnock. Public Health: What It Is and How It Works. 4th Ed. Jones and Bartlett. MA. 2009; Winslow. Man and Epidemics. Princeton Press. NJ. 1952. Public Health Accreditation Board. Standards and Measures Version 1.5. Alexandria, VA, May 2011)</i></p>
<p><b>Quality Improvement</b></p>	<p>Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, 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. <i>(Source: Riley, Moran, Corso, Beitsch, Bialek and Cofsky. “Defining Quality Improvement in Public Health”. Journal of Public Health Management and Practice. January/February 2010)</i></p>

TERM	DEFINITION
<b>Rapid Process Improvement (RPI)</b>	An event intended to take waste out of work processes by reducing defects, rework and non-value-added steps in the process structure. It is intended to provide a productive forum to address high-volume, low-complexity process problems.
<b>Resources</b>	Personnel, equipment, facilities and funds available to address organizational needs and to accomplish a goal.
<b>Storyboard</b>	A display created and maintained by a project or process improvement team that tells the story of a project or initiative. The storyboard should be permanently displayed from the inception to the completion of the project in a location where it's likely to be seen by a large number of associates and stakeholders impacted by the project. <i>(Source: ASQ)</i>
<b>Sustainability</b>	Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated, how outputs and outcomes of the process are measured and monitored, whether ongoing training of those process and standards for implementation is provided and whether the standards for the process are reviewed periodically as a part of continuous quality improvement.
<b>System</b>	A network of connecting processes and people that together perform a common mission. <i>(Source: The Quality Improvement Handbook, John Bauer, Grace Duffy and Russell Westcott, editors. 2<sup>nd</sup> Ed.)</i>
<b>Targets</b>	Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance or define aspirations for improvement over a specified time frame.
<b>Technical Assistance</b>	Technical assistance is tailored guidance to meet the specific needs of a site or sites through collaborative communication with a specialist and the site(s). Assistance considers site-specific circumstances and culture and can be provided through phone, email, mail, internet or in-person. <i>(<a href="http://www.cdc.gov/dash/program_mgt/docs/pdfs/dash_definitions.pdf">http://www.cdc.gov/dash/program_mgt/docs/pdfs/dash_definitions.pdf</a>)</i>
<b>Training</b>	Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies and knowledge needed to successfully perform their duties. <i>(Institute of Medicine. Who Will Keep the Public Healthy? National Academies Press. Washington, DC, 2003).</i>
<b>Validate</b>	To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. <i>(Source: Florida Sterling, The Quality Improvement Handbook, John Bauer, Grace Duffy and Russell Westcott, editors. 2<sup>nd</sup> Ed.)</i>

TERM	DEFINITION
<b>Vital Statistics</b>	Vital statistics means the aggregated data derived from the records and reports of live birth, death, fetal death, induced termination of pregnancy, marriage, divorce, dissolution of marriage (or annulment), supporting documentation and related reports. <i>(Department of Health and Human Services Model State Vital Statistics Act 7 and 9, Model State Vital Statistics Regulations, 2011 Revision. Hyattsville, Maryland. 2011)</i>

**APPENDIX 2** [\(Return to Table of Contents\)](#)

**PERFORMANCE MANAGEMENT SYSTEM  
INFOGRAPHIC**



**APPENDIX 3** [\(Return to Table of Contents\)](#)

**PMQI CONSORTIUM CHARTER TEMPLATE**



<b>Performance Management Quality Improvement Consortium Charter</b>
<p><b>Purpose</b></p> <p>The purpose of the &lt;&lt;Insert Consortium Name&gt;&gt; Performance Management Quality Improvement Consortium (Consortium) is to support the performance management system while promoting and fostering a culture of quality.</p> <p>The Consortium serves as a component of the Florida Department of Health’s performance management system for capacity building, technical assistance, training, and communication statewide. The Consortium will share best and promising practices, resources and tools related to performance management and quality improvement; support county health departments (CHDs) in maintaining PHAB accreditation standards and measures; and provide a structure for CHDs to review and provide feedback on key resources and components of the Agency’s performance management system.</p> <p>This charter delineates the primary functions, expectations, and responsibilities for establishing and sustaining an agencywide culture of quality.</p>
<p><b>Primary Functions</b></p> <ul style="list-style-type: none"> <li>• Communicating with the Division of Public Health Statistics and Performance Management, performance management councils and other local representatives regarding performance management, quality improvement and reaccreditation (including the creation, deployment and continuous evaluation of the Agency’s performance management system and its components).</li> <li>• Developing and maintaining comprehensive best practices, resources and training opportunities.</li> <li>• Sharing opportunities for improvement and resolving barriers in developing a culture of quality.</li> <li>• Develop and utilize systematic performance management and quality improvement planning approaches and tools which promote organizational alignment with strategic priorities, consistency and impact.</li> <li>• Establishing open and collaborative communication with state and other local representatives regarding PMQI activities, practices, resources, tools and opportunities for improvement.</li> <li>• Sharing opportunities for improvement and addressing barriers to a culture of quality.</li> </ul>
<p style="text-align: center;"><b>Primary Roles</b></p> <p>The <b>Division of Public Health Statistics and Performance Management</b> will:</p> <ul style="list-style-type: none"> <li>• Coordinate and/or provide one funded advanced PMQI training for chairs, co-chairs and champions per calendar year.</li> <li>• Facilitate monthly Chair and Co-Chair calls, compose identified gaps and strengths and disseminate information to PMQI champions and county health officers/administrators.</li> <li>• Develop and guide professional development and training resources and expertise in quality improvement and performance management practices with support and assistance from PMQI chairs.</li> <li>• Provide guidance and leadership while acting as a knowledge resource and point of contact for members of the consortium with support and assistance from the PMQI chairs.</li> </ul> <p>The <b>Consortium Chair</b> will work with the Division of PHSPM to:</p>

- Plan, organize and communicate Consortium activities and efforts.
- Identify significant gaps and strengths and participate in planning and improvement activities.
- Support and assist in development and guidance of professional development, training resources and expertise in quality improvement and performance management practices.
- Act as point of contact for members of the consortium.
- Participate in meeting preparation and agenda planning.
- Facilitate quarterly team meetings.
- Maintain and update the SharePoint or Teams site for the consortium.

This position serves a subsequent calendar year after serving as Consortium Co-Chair.

The **Consortium Co-Chair** will support the Consortium Chair to:

- Assist Chair in all duties where appropriate.
- Provide input on quarterly agendas.
- Assist with meeting planning and preparation.
- Designate or serve as scribe during meetings.
- Participate in conference calls as appropriate.

This position serves a one-year calendar term after nomination by PMQI Champions and confirmation by the person's Health Officer. At the end of the calendar year, this position rotates to Consortium Chair.

**PMQI Champions** will:

- Participate in quarterly Consortium meetings.
- Serve as liaison between CHD and Consortium for communication of PMQI activities.
- Act as quality stewards, maintaining responsibility for promoting performance management and quality improvement.
- Serve either as the primary PMQI Champion for their CHD (one per CHD), or as a backup PMQI Champion for the CHD.
- Coordinate local trainings identified in the QI Plan.
- Determine current organizational barriers to developing a culture of quality.
- Contribute to action planning, piloting and implementing solutions.
- Communicate and share best practices, issues, deliverables and other updates between the CHD and the region.
- Facilitate and/or conduct Performance Management Councils by submitting agendas, facilitating meetings and documenting meeting minutes.
- Minutes should be posted to the Florida Health Performs website no later than 10 days after PM Council meetings.

If serving as lead PMQI Champion for their CHD (as designated by the CHD Health Officer/Administrator) the PMQI Champion will also:

- Lead development of the CHD Annual QI Plan.
- Participate in PHAB Reaccreditation readiness.
- Contribute to performance management activities.

This position is designated by the CHD health officer/administrator with one primary PMQI Champion per CHD. Additional backup PMQI Champions may be further designated by the health officer/administrator if needed.

**Evaluation of Participation and Measures of Success (samples provided)**

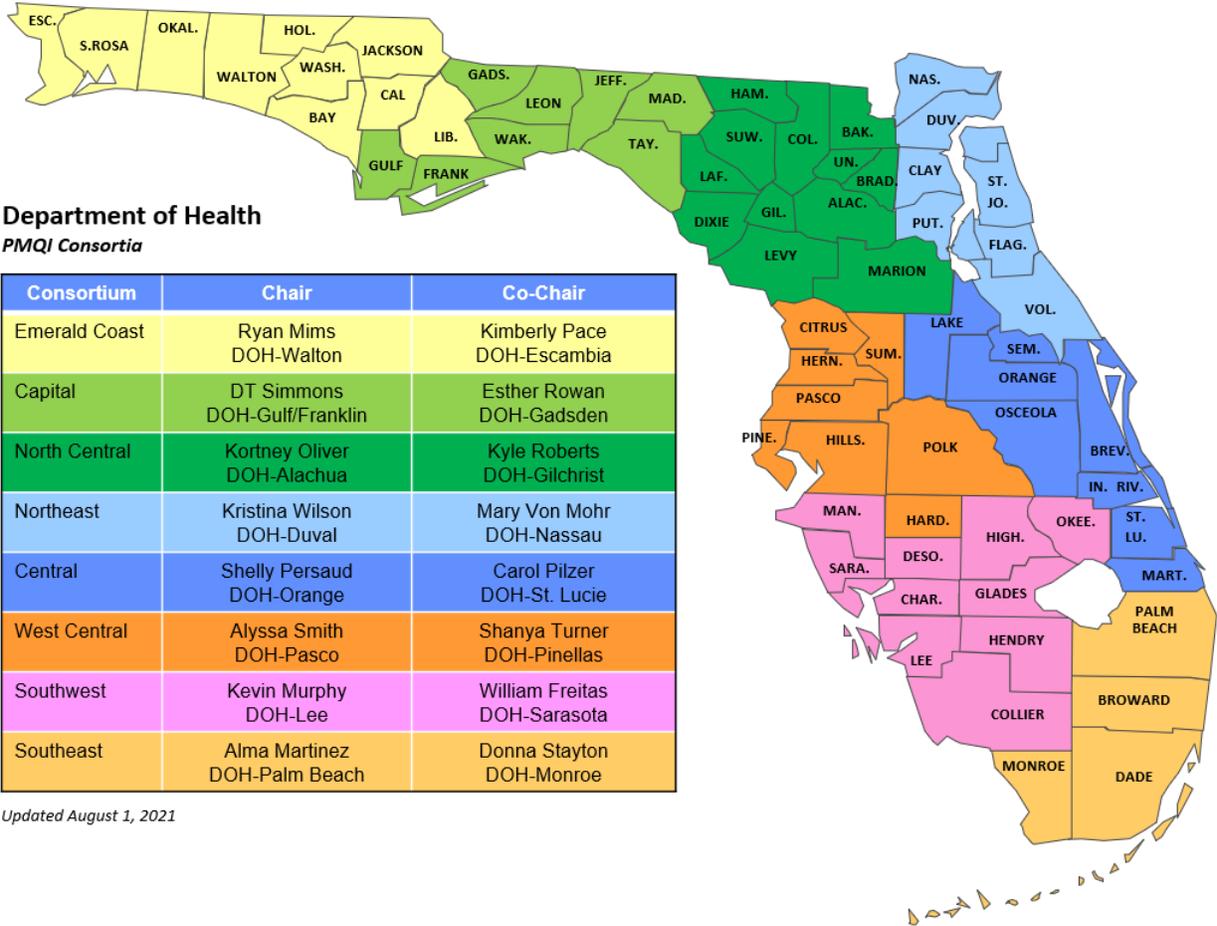
- A minimum of four documented quarterly (agenda, sign-in, minutes) Consortium meetings occur between January 1, XXXX and December 31, XXXX.
- Chairs and Co-Chairs attend a minimum of 8 of 12 monthly calls hosted by the Division of Public Health Statistics between January 1, XXXX and December 31, XXXX.
- Champions attend at least one advanced QI training offered by the Division of Public Health Statistics and Performance Management by December 31, XXXX.
- Each CHD presents at least one local QI project storyboard and/or best or promising practice during one quarterly Consortium meeting between January 1, XXXX and December 31, XXXX. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint site.
- The Consortium conducts one regional PMQI project between January 1, XXXX and December 31, XXXX with a final storyboard submitted to Florida Health Performs.

**Meeting Schedule and Team Review**

The Consortium will hold virtual meetings, conference calls and webinars, as needed. Meeting summaries are distributed to PMQI Champion members and respective Health Officers within two weeks of meeting and are posted on the team SharePoint site. Required deliverables from meetings/calls are captured and include attendance, summary of key topics, decisions made, and action items. The team charter is reviewed annually. Updates and amendments are addressed as needed.

**APPENDIX 4** *(Return to Table of Contents)*

**PMQI CONSORTIA TEAM MAP**



**Department of Health**  
 PMQI Consortia

Consortium	Chair	Co-Chair
Emerald Coast	Ryan Mims DOH-Walton	Kimberly Pace DOH-Escambia
Capital	DT Simmons DOH-Gulf/Franklin	Esther Rowan DOH-Gadsden
North Central	Kortney Oliver DOH-Alachua	Kyle Roberts DOH-Gilchrist
Northeast	Kristina Wilson DOH-Duval	Mary Von Mohr DOH-Nassau
Central	Shelly Persaud DOH-Orange	Carol Pilzer DOH-St. Lucie
West Central	Alyssa Smith DOH-Pasco	Shanya Turner DOH-Pinellas
Southwest	Kevin Murphy DOH-Lee	William Freitas DOH-Sarasota
Southeast	Alma Martinez DOH-Palm Beach	Donna Stayton DOH-Monroe

Updated August 1, 2021

**APPENDIX 5** [\(Return to Table of Contents\)](#)

**DIVISION PMQI TEAM CHARTER TEMPLATE**



<b>Division Performance Management Quality Improvement Teams</b>
<p><b>Purpose:</b></p> <p>The purpose of the Division Performance Management Quality Improvement Teams (PMQI Teams) is to support the performance management system while promoting and fostering a culture of quality.</p> <p>PMQI teams will serve as a component of the Florida Department of Health’s performance management system for capacity building, technical assistance, training and communication statewide and to develop and maintain standards around performance management and quality improvement statewide. They will work to strengthen performance management and quality improvement capacity and efforts, including:</p> <ul style="list-style-type: none"> <li>• identifying needs and corresponding training and support to address needs;</li> <li>• providing feedback to the Division of Public Health Statistics and Performance Management (Division of PHSPM) to modify and improve the Agency’s performance management system; and</li> <li>• supporting other professional development activities and needs. This charter delineates the primary functions, expectations and responsibilities for establishing and sustaining an agencywide culture of quality.</li> </ul>
<p><b>Primary Functions:</b></p> <ul style="list-style-type: none"> <li>• Develop and utilize systematic performance management and quality improvement planning approaches and tools that promote organizational alignment with strategic priorities.</li> <li>• Support and encourage continuous engagement regarding quality improvement, annual Public Health Accreditation Board (PHAB) accreditation reporting requirements and PHAB reaccreditation requirements.</li> <li>• Share opportunities for improvement and address barriers to a culture of quality.</li> <li>• Communicate with the Division of PHSPM, performance management councils and other local representatives regarding performance management, quality improvement and reaccreditation (including activities, practices, resources, tools and opportunities for improvement).</li> </ul>
<p><b>Roles:</b></p> <p>The PMQI Teams will consist of a division chair and at least one champion per bureau. Members will act as quality stewards, maintaining responsibility for promoting performance management and quality improvement in their respective bureaus and divisions.</p>

**Division of Public Health Statistics and Performance Management:**

- Coordinate and/or provide one advanced Quality Improvement (QI) training for division chairs per year.
- Train chairs on program performance reviews and other ad hoc trainings as required on performance management system (including Florida Health Performs, plan tracking system, Performance Indicator Reporting System – PIRS).
- Develop meeting agendas, in collaboration with chairs.
- Identify gaps and strengths and disseminate information to chairs and champions.
- Develop and guide professional development and training resources and expertise in quality improvement and performance management practices with support and assistance from chairs.
- Provide guidance and leadership while acting as a resource and point of contact for chairs.

**Division Chair:**

Division chairs work with the Division of PHSPM to coordinate, plan, monitor and communicate activities and efforts with bureau champions. Division chairs are chosen by division directors to assist the Division of PHSPM to:

- Coordinate and monitor division Performance Management (PM) Council development of the division strategic plan.
- Provide feedback to Division of Public Health Statistics and Performance Management for growing Agency culture of quality and performance management.
- Provide guidance, leadership and training to division PM council and bureau champions on performance management and quality improvement.
- Coordinate program performance reviews within their division, ensuring materials are timely and of high quality, providing technical assistance and training as necessary.

**APPENDIX 6** [\(Return to Table of Contents\)](#)

**PMQI PLAN GOALS, STRATEGIES AND OBJECTIVES**

**Note on Project Selection:** When selecting projects, PHAB requires projects to be defined as “administrative,” “programmatic” or “population based” and prioritization before selection. Each project must include a description of the organizational gap, an aim statement, a description of quality improvement tools used and the outcome for the project.

**Goal 1: Stakeholder and Customer Engagement**

**Strategy #1:** Engage stakeholders and customers to ensure satisfaction and improve communications related to Performance Management Quality Improvement statewide.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1:</b> By 12/31/2018, establish a PMQI consortium charter in each of eight regions (baseline 0 charters, 2018) which include a performance expectation for a minimum of 4 consortium meetings per year, per consortium.</p> <p>The meeting purpose will be to provide training, communications and technical assistance related to the performance management system and accreditation.</p> <p><i>Successfully completed.</i></p>	<p>0 charters and 0 meeting agendas per PMQI consortium (2018)</p>	<p>8 charters and 4 meeting agendas per PMQI consortium (12/31/2018)</p>	<p>Division of PHSPM</p>	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> PMQI consortia charters posted on consortia SharePoint sites, consortia meeting agendas</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 2:</b>                      By 12/31/2019, develop a system to collect customer and stakeholder feedback from PMQI consortia teams to increase communications about the Agency’s PMQI program, accreditation, training, opportunities for improvement, sharing of best practices and resources and tools within regions.</p> <p><i>Successfully completed.</i></p>	<p>0 system for customer feedback (2018)</p>	<p>1 system for customer feedback (12/31/2019)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b>                      AEOP- N/A                      ASP- 4.0                      AWFD- N/A                      SHIP- N/A</p>
<p><b>Data Source:</b> Microsoft Forms: post-consortium meeting surveys</p>				

## Goal 2: Continuous Improvement

**Strategy #1:** Improve the Florida Department of Health’s performance through Quality Improvement projects that support plan objectives.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1:</b> By 12/31/2019, the Agency will complete and document at least one statewide Agency PMQI project per year, for 2018 and 2019.</p> <p><i>Successfully completed.</i></p>	0 projects (2018)	1 project (12/31/2019)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A</p>
<b>Data Source:</b> Agency PMQI Annual Progress Reports				
<p><b>Objective 2 (Revised):</b> By 12/31/2022, the Division of PHSPM will complete and document at least two Division-wide PMQI Projects.</p>	0 projects (2020)	2 projects (12/31/2022)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> PMQI Project Database, PMQI Project Storyboards</p> <p><b>Progress Note:</b> Objective was revised for 2021 from “By 12/31/19 and annually thereafter, complete and document at least one Division PMQI project. (During the three years covered by this plan, divisions will complete a minimum of one PMQI project from an administrative area and two PMQI projects from programmatic areas.)” The target date was extended through 2022.</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 3 (Revised):</b> By 12/31/2022, the Agency will increase the percentage of CHDs with at least one PMQI project submitted to the Agency’s PMQI Project Database, from 92.5% (2021) to 100%.</p>	92.5% (2021)	100% (12/31/2022)	Division of PHSPM	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> PMQI Project Database, PMQI Project Storyboards  <b>Progress Note:</b> Objective was revised for 2022 from “ By 12/31/20, 100% of all CHDs and State Health Office divisions will complete and document PMQI projects,” to incorporate a more accurate baseline and tracking mechanism; the creation of a new PMQI Project Database. Creation of the database system allowed electronic tracking of projects submitted by organizational unit. The target date was extended through 2022.</p>				

**Strategy #2:** Periodically review and develop PMQI activities and plans to identify and address opportunities for improvement.

<p><b>Objective 1: (Revised)</b> By 12/31/2021, the Division of PHSPM will conduct an annual review of the activities conducted within the Agency PMQI plan for 2020. The Agency PMQI Plan may span no greater than five years (6 during COVID-19) (baseline: 0 review as of 1/1/20; target: 1 review).</p>	0 reviews (2020)	67 counties reviewed (12/31/2021)	Division of PHSPM	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System, Agency PMQI Plan Annual Progress Report (APR)  <b>Progress Note:</b> Annual review of the Agency PMQI Plan was extended to 2021. The target date for this objective was extended through 2021.</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 2: (Revised)</b> By 12/31/2021, each CHD will conduct an annual review of activities conducted within the local CHD PMQI plan for 2020. The local CHD PMQI Plan may span no greater than five years (6 during COVID-19) (baseline: 0 reviews as of 1/1/20; target: 67 counties reviewed).</p>	<p>0 reviews (2020)</p>	<p>67 counties reviewed (12/31/2021)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System, local CHD PMQI Plan APR</p>				
<p><b>Progress Note:</b> Annual reviews of local CHD PMQI Plans for 2020 were extended through 2021. Reviews conducted in 2021 may span 2019 and 2020. The target date for this objective was extended through 2021.</p>				
<p><b>Objective 3:</b> By 12/31/2021, the Agency will publish an Agency PMQI Plan with a span of no greater than 5 years to the Florida Health Performs internal website. The plan must 100% of PHAB and Agency standards at time of review by the Division of PHSPM.</p> <p><i>Successfully completed.</i></p>	<p>100% (1/1/2021)</p>	<p>100% (12/31/2021)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System</p>				
<p><b>Progress Note:</b> The Agency PMQI Plan ending in 2020 was extended one year. The target date for this objective was extended through 2021.</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 4 (Revised):</b>                      By 12/31/2021, 95.6% or more CHDs will publish a local PMQI plan with a span of no greater than 5 years (6 during COVID-19) to the Florida Health Performs internal website. Plans must meet 100% of PHAB and Agency standards at time of review by the Division of PHSPM.</p>	<p>91.13% (09/01/2020)</p>	<p>100% (12/31/2021)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b>                      AEOP- N/A                      ASP- 4.1.1                      AWFD- N/A                      SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System  <b>Progress Note:</b> Many local CHD PMQI Plans ending in 2020 were extended for a minimum of one year. The target date for this objective was extended through 2022.</p>				
<p><b>Objective 5 (New):</b>                      By 12/31/2022, increase the number of CHDs from 0 to 23 who report the total number of completed PMQI Projects and the number of completed projects which originated from general staff requests or suggestions.</p>	<p>0 (2021)</p>	<p>23 (12/31/2022)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b>                      AEOP- N/A                      ASP- 4.0                      AWFD- N/A                      SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 6 (New):</b> By 12/31/2022, the Division of PHSPM will increase the number of CHDs from 0 to 67 who report in their Annual Progress Report the percentage of objectives with targets that were successfully met.</p>	0 (2021)	67 (12/31/2022)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> Plan Review System <b>Progress Note:</b> Many local CHD PMQI Plans ending in 2020 were extended for a minimum of one year. The target date for this objective was extended through 2022.</p>				

### Goal 3: Organizational Culture and Capacity

**Strategy #1:** Advance the culture of quality throughout the organization.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1:</b> By 8/30/2021, the Agency will advance the Agency's PMQI Cultural Assessment Phase from a 4.1 (2017) to a 4.5 on a 6-point scale.</p>	4.1 (2017)	4.5 (8/30/2021)	Agency PM Council	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> NACCHO Culture of Quality Self-Assessment Report <b>Progress Note:</b> Objective was revised to extend deadline for assessment completion to 2021.</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 2 :</b> By 6/30/2021, the Agency will increase the percentage of CHDs completing the 2020-2021 organization-wide Cultural of Quality Self-Assessment, from 80.6% (5/14/21) to 97.0% or higher.</p>	80.6% (6/14/2021)	97.0% (6/30/2021)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<p><b>Data Source:</b> NACCHO Culture of Quality Self-Assessment Report  <b>Progress Note:</b> Objective was revised to extend deadline for assessment completion to 2021. Baseline was also updated from 38% as of 12/31/20 to 80.6% on 5/14/21 as part of quarterly tracking for 2021.</p>				

**Strategy #2:** Ensure capacity building related to Performance Management Quality Improvement statewide.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1 :</b> By 12/31/2021, the Agency will increase the number of central office and local CHD PMQI champions and staff completing an advanced PMQI training from 0 (2020) to 100 unique training participants or more.</p>	0 unique students (12/31/2020)	100 unique students (12/31/2021)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- Pg. 13 SHIP- N/A</p>
<p><b>Data Source:</b> Training participant logs  <b>Progress Note:</b> Objective was revised for 2021 from “By 12/31/19, identify at least one best practice training that can be utilized agencywide for new hire orientation, continuous staff development and advanced PMQI champion development.” PMQI training was deferred to 2021, when two online options for training were selected and offered to students. The target date was extended, accordingly.</p>				
<p><b>Objective 2 (New):</b> By 12/31/2022, the Agency will increase the number of State Health</p>	68 unique students (2021)	100 unique students or	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1</p>

Office PMQI champions and staff completing a DOH identified PMQI training from 68 (2020) to 100 unique training participants or more.		more (12/31/2022)		AWFD- Pg. 13 SHIP- N/A
<b>Data Source:</b> Training participant logs				

**Strategy #3:** Ensure standards for PMQI-related knowledge, skills and abilities.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<b>Objective 1:</b> By 12/31/2021, the Agency will increase the number of Knowledge, Skills and Abilities (KSAs) with identified matching competencies in the PMQI-BOK from 10 KSAs (2020) to 44.	10 (2020)	44 (12/31/2021)	Division of PHSPM	<b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A
<b>Data Source:</b> PMQI-BOK KSA/Competency Framework <b>Progress Note:</b> Objective was revised for 2021 from “By 12/31/19, identify a core set of PMQI related KSAs in which each employee will become competent.” The objective was updated to incorporate project advancements since inception, rewritten into SMART format and aligned with a tracking method (the posted framework document). The target date was extended through 2021 to allow for ongoing development.				
<b>Objective 2 (New):</b> By 12/31/2022, the Agency will ensure 100% of identified DOH-developed PMQI training content in the TRAIN system meet or exceed PMQI-BOK KSAs and Core Competencies standards.	0% (2021)	100% (12/31/2022)	Division of PHSPM	<b>Agency Plans:</b> AEOP- N/A ASP- 4.0 AWFD- N/A SHIP- N/A
<b>Data Source:</b> TRAIN Learning Management System, DOHP 54-05-18 Training Development and IOP 300-1 DOH Learning Management System.				

<p><b>Objective 3 (New):</b>                  By December 31, 2022, increase the number of CHDs who submit a PMQI Project that contains at least one of the seven basic tools of quality<sup>1</sup> from 0 (January 1, 2022) to 67.</p> <p><sup>1</sup> Seven basic tools of quality (Check sheet, Fishbone/Ishikawa, Bar or Histogram Chart, Pareto Chart, Run or Control Chart, Scatter Diagram, Stratification Diagram).</p>	<p>0 (1/01/2022)</p>	<p>67 (12/31/2022)</p>	<p>Division of PHSPM</p>	<p><b>Agency Plans:</b>                  AEOP- N/A                  ASP- 4.0                  AWFD- N/A                  SHIP- N/A</p>
<p><b>Data Source:</b> PMQI Projects Database</p>				
<p><b>Objective 4 (New):</b>                  By December 31, 2022, increase the number of new or updated DOH-developed training courses within the TRAIN system which address PMQI-BOK KSAs or competencies from 0 (2021) to 2.</p>	<p>0 (2021)</p>	<p>2 (12/31/2022)</p>	<p>Division of PHSPM</p>	<p><b>Agency Plans:</b>                  AEOP- N/A                  ASP- 4.0                  AWFD- N/A                  SHIP- N/A</p>
<p><b>Data Source:</b> TRAIN System</p>				

## Goal 4: Monitoring and Benchmarking

**Strategy #1:** Maintain accreditation status and prepare for reaccreditation.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1:</b> By 12/31/2020, submit the PHAB Annual Report for the integrated Local Public Health Agency System and the State Health Office. <i>Successfully completed.</i></p>	0 report (2019)	1 report (12/31/2020)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<b>Data Source:</b> PHAB Annual Report				
<p><b>Objective 2:</b> By 9/30/2020, develop action plans to address two areas for improvement in reaccreditation report (baseline 0 action plans 2019). <i>Successfully completed.</i></p>	0 (2019)	2 action plans (9/30/2020)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- Goal 5 AWFD- N/A SHIP- N/A</p>
<b>Data Source:</b> Reaccreditation report, action plans				
<p><b>Objective 3:</b> By 12/31/2019, the Agency will develop a PM Standards Tool and 100% of counties will review their PMQI plan using the tool (baseline, 0%, 2018). <i>Successfully completed.</i></p>	0% (2018)	100% (12/31/2019)	Division of PHSPM	<p><b>Agency Plans:</b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<b>Data Source:</b> Completed standards tools				

**Strategy #2:** Monitor progress towards plan objectives and goals during implementation for indications of performance, revision where needed and eventual outcomes.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1:</b> By 12/31/2019, develop and implement key performance indicators (KPIs) for a quality improvement program.</p> <p><i>Successfully completed.</i></p>	0 statewide KPIs (2019)	2 statewide KPIs (12/31/2019)	Division of PHSPM	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.1.1 AWFD- N/A SHIP- N/A</p>
<b>Data Source:</b> Agency PMQI Plan, Section 7				

## Goal 5: Recognition and Best Practices

**Strategy #1:** Identify, support and replicate best and promising practices across the state.

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 1 (Revised):</b> By 12/31/2022, the Agency will increase the number of best practices nominations which are fully collected and curated within the Agency from 0 (2019) to 3.</p>	0 (2019)	3 (12/31/2022)	Division of PHSPM	<p><b><u>Agency Plans:</u></b> AEOP- N/A ASP- 4.1.3 AWFD- Pg. 3-5 SHIP- HE2.2.1, CD 2.1</p>
<p><b>Data Source:</b> Florida Department of Health’s Best Practices Nomination System</p> <p><b>Progress Note:</b> In 2020, Division of PHSPM staff completed the initial design phase for this project, including the programming logic map, a system storyboard mimicking the user’s experience and a pilot of the nomination flow. Funding for this project was delayed in 2020. Existing nominations for best practice will be evaluated through December 2022 using this process. Staff continues to explore funding options for an online portal. The objective target date has been adjusted accordingly.</p>				

Objectives	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity	Alignment
<p><b>Objective 2:</b>                      By 12/31/2021, the Agency will showcase three CHD or division best or promising practices related to COVID-19 and process improvements (baseline 0, 2020).</p>	<p>0 (2020)</p>	<p>3 (12/31/2021)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b>                      AEOP- N/A                      ASP- 2.1.7                      AWFD- N/A                      SHIP- Goal ID3</p>
<p><b>Data Source:</b> Florida Department of Health’s Best Practices Nomination System  <b>Progress Note:</b> In 2020, Division of PHSPM staff completed the initial design phase for this project, including the programming logic map, a system storyboard mimicking the user’s experience and a pilot of the nomination flow. The Division is currently exploring funding options to create a Sharing Best Practices database or central repository. Existing nominations for best practice will be evaluated through December 2021 using the updated Best Practices nomination form and scoring rubric.</p>				
<p><b>Objective 3 (New):</b>                      By 12/31/2022, the Agency will increase the number of communication channels to showcase all curated DOH "evidence-based," "model" and "promising" practices and process improvements from 0 (2020) to 1.</p>	<p>0 (2020)</p>	<p>1 (12/31/2022)</p>	<p>Division of PHSPM</p>	<p><b><u>Agency Plans:</u></b>                      AEOP- N/A                      ASP- 2.1.7                      AWFD- N/A                      SHIP- Goal ID3</p>
<p><b>Data Source:</b> Florida Department of Health’s Best Practices Nomination System</p>				