



**Florida Department of Health in Broward County
Performance Management and Performance Management Quality Improvement
Plan
Version 1.3
Fiscal Year March 1, 2021-February 28, 2024**

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REVISIONS PAGE

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By
09/30/2018	1	Revised dates, updated PMQI projects, updated alignment to DOH-Broward and state plans and trainings	6-18, 31	Caroline Bartha
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2/25/2021	4	Revised dates, updated consortia map, front line staff roles, sharing of feedback, annual review, rename projects, org chart	Cover, 33, 9, 16, 39, 22, 43	Caroline Bartha

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INTRODUCTION

I. Purpose

The Florida Department of Health in Broward County (DOH-Broward) is the county health department located in Fort Lauderdale, Florida. It provides population/community-based services to the county's 1.9 million residents and over 10 million visitors annually, and is responsible for assessing, maintaining and improving health and safety within the county. Although the Florida Department of Health in Broward dates back to 1936, the current organizational structure dates back to 1997 when the legislature created the Department of Health and the Department of Children and Families from the former Department of Health and Rehabilitative Services (HRS).

DOH-Broward is the lead agency providing core public health functions and essential services in the county as part of a complex public health system that includes hospitals, clinics, planning agencies, community-based organizations and others. Public health is a fundamental element of the quality of life available to residents and visitors in Broward County and focuses on protecting and promoting community health through organized state and community efforts and a cooperative agreement with the county. In March 2016, the Florida Department of Health received the first-in-the-nation national accreditation as an integrated department of health through the Public Health Accreditation Board (PHAB). Accreditation signifies that the state health office and all 67 CHDs have been rigorously examined and meet or exceed national standards for public health performance management and continuous Performance Management Quality Improvement. In 2018, DOH-Broward was awarded the Florida's Governor's Sterling Award for Performance Excellence. In November 2019, DOH-Broward collaborated and partnership with local community partners and was awarded was awarded the Robert Wood Johnson Culture of Health Prize.

This Performance Management and Performance Management Quality Improvement Plan (PMQI Plan) summarizes the DOH-Broward's comprehensive approach to improving outcomes through evidence-based decision-making, continuous organizational learning and performance improvement. The PMQI Plan describes how DOH-Broward integrates Performance Management Quality Improvement and performance management into its staff training, leadership structure, planning and review processes and administrative and programmatic services. The PMQI Plan describes how DOH-Broward shares best practices and evaluates its success in achieving established priorities and public health objectives. The goals of the DOH-Broward PMQI Plan are to ensure ongoing organizational improvement and to attain and sustain a culture of quality that follows the key indicators identified in the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.

II. Organizational Statement of Commitment to Quality

DOH-Broward is committed to systematically evaluating and improving the quality of its programs, processes and services. This intentional focus on quality enables the DOH-Broward to achieve high levels of efficiency, effectiveness, and customer satisfaction.

The PMQI Plan covers a three-year period and is evaluated and updated annually. The PMQI program described in the PMQI Plan supports DOH-Broward's culture of quality by identifying opportunities for improvement, implementing data-supported improvement initiatives, sharing best

practices, and evaluating measurable impacts on strategic priorities. DOH-Broward's day-to-day operation of work processes ensures that they meet key process requirements through supervision, continuous measurement of in-process metrics, quantity and quality of work process outputs, and customer satisfaction. Leadership will ensure that practices are implemented to create a workforce culture of action, continuous improvement and performance excellence. Supervisors conduct sample spot audits to assess quality of service and accuracy of documentation.

The PMQI Plan serves as a key component of the performance management system that describes the integration of Performance Management Quality Improvement processes into (1) leadership structure, (2) staff training, (3) planning and review processes, (4) administrative and programmatic services, (5) sharing of practices, and (6) evaluation of measurable results of departmental priorities and public health objectives at DOH-Broward.

II. Outcomes

Based on implementation of the PMQI program described in this plan, the health of Broward County's citizens will be improved, and operations of DOH-Broward will become more effective and efficient. Additionally, employees will attain and maintain the competencies required to actively engage in Performance Management Quality Improvement activities, and the Department will utilize a common set of tools, skills, and terminology to assess, monitor, and evaluate their culture of quality and performance. Leadership will ensure implementation of practices that will create a workforce culture of action, continuous improvement, and performance excellence.

III. Quality Terms

Please refer to Appendix 1, Quality Plan Key Terms, for a summary of common terminology and definitions used throughout this document.

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CULTURE OF QUALITY

I. Quality Focused Culture

DOH-Broward is committed to the ongoing improvement of the quality of public health care its customers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The treatment provided incorporates evidence based, effective practices;
- The treatment and services are appropriate to each customer’s needs, and available when needed;
- Risk to customers, providers and others is minimized, and errors in the delivery of services are prevented;
- Customers’ individual needs and expectations are respected; customers, or those whom they designate, have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring; and
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

II. Mission, Vision, and Values

The Department’s organizational activities align with the single mission, vision, and shared values. As part of an integrated health department, DOH-Broward follows the Florida Department of Health’s (DOH) values which exemplify a culture of quality:

Core Competencies <ul style="list-style-type: none">• Planning & Evaluation• Communication• Collaboration• Systems Integration
Cornerstones <ul style="list-style-type: none">• Leader of the Public Health Systems• Culture of Continuous Improvement• Provider/Employer of Choice• Thriving Financially



III. Current and Future State of Quality

The NACCHO Roadmap to a Culture of Performance Management Quality Improvement defines organizational culture as:

“The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished, it matures over several years, during which norms are passed on from one “generation” of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace PMQI when minimal knowledge or experience with PMQI exists requires strong commitment and deliberate management of change over time.”

In May of 2017, the DOH-Broward Performance Management Council (PM Council) engaged in a formal department-wide culture of quality self-assessment utilizing the National Association of County and City Health Officials (NACCHO) Roadmap Self-Assessment Tool. PM Council members

came to a consensus on element scores to achieve the overall self-assessment outcome. Results of the self-assessment reflected the current PMQI culture as a 5.33, Phase 5 with Formal Agency Wide QI. These results were shared with the State Health Office and used to develop the Agency PMQI Plan.

PM Council members then reviewed element and sub-element scores to identify, prioritize and select opportunities for improvement. Action plans were developed for selected opportunities and goals associated with the action plans were incorporated into the current PMQI Plan. To support continued process improvement and development, a formal department-wide culture of quality self-assessment will be conducted every three years. DOH-Broward will conduct a re-assessment in 2020-2021 using the latest NACCHO Roadmap Self-Assessment Tool.

Current action plans will be monitored and evaluated routinely during the established PM Council meetings. If/When the PM Council determines that the action plan goals have been met and the desired improvement obtained, additional opportunities may be incorporated into the PMQI Plan.

Selected opportunities for improvement were:

Priority 1 (current 2020): Process Management, Results and Continual Improvement

Priority 2 (anticipated 2021): Planning for Process Improvements

Priority 3 (anticipated 2022): Testing Potential Solutions

Additional details may be found in Appendix 5 and Appendix 7.

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PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT STRUCTURE

Reaccreditation Measure: 9.2.2.a: The structure for the implementation of Performance Management Quality Improvement: organization, roles and responsibilities, membership and rotation, staffing and administrative support, budget and resource allocation.

I. Structure

The DOH-Broward infrastructure for supporting a culture of quality and implementation of improvement initiatives throughout the Department consists of the following organizational structures:

- A. The DOH-Broward leadership team is accountable for building and sustaining a culture of quality by:
- 1) Removing barriers associated with completing strategic goals as outlined in either the Strategic Plan, the PMQI Plan, or the Community Health Improvement Plan (within this document all three plans are referred to as “Plans”) and continuous performance improvement.
 - 2) Engaging various stakeholder groups to promote involvement and obtaining support for department strategic goals.
- B. The key to the success of the Continuous Performance Management Quality Improvement process is leadership and leaders provide support to Performance Management Quality Improvement activities. The Performance Management (PM) Council provides ongoing operational leadership of continuous Performance Management Quality Improvement activities. It meets at monthly, for no less than ten times per year and is led by the following individuals:
- Health Officer
 - Deputy Director-Organizational Development
 - Performance Excellence Director
 - PMQI Champion
 - Business Metrics Manager
 - Talent Management Director

The responsibilities of the PM Council include:

- 1) Development and approval of the PMQI Plan.
- 2) Establishment of measurable objectives as part of the PMQI Plan, based upon priorities identified by the use of established criteria for improving the quality and safety of DOH-Broward services.

- 3) Development of indicators of quality on a priority basis.
 - 4) Periodic assessments of information based on the indicators, acting as evidenced through Performance Management Quality Improvement initiatives to solve problems and pursuing opportunities to improve quality.
 - 5) Establishment and support of specific Performance Management Quality Improvement initiatives.
 - 6) Report to the Senior Leadership Team on Performance Management Quality Improvement activities of DOH-Broward on a regular basis.
 - 7) Formal adoption of a specific approach to Continuous Performance Management Quality Improvement (PDCA, Lean/Six-Sigma, RAPID, Baldrige Criteria, and others)
- C. The Director of Performance Excellence possesses the core competencies identified by the State Health Office and DOH-Broward leadership. The Director of Performance Excellence is responsible for the following:
- 1) Report to the Senior Leadership Team on Performance Management Quality Improvement activities of DOH-Broward on a regular basis.
 - 2) Serve as the point of contact between the Division of Public Health Statistics and Performance Management (PHSPM).
 - 3) Lead the development of the annual PMQI plan and self-assessment.
 - 4) Coordinate training with Workforce Development identified in PMQI Plan.
 - 5) Serve as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned, and practices that result in improved performance.
 - 6) Serves as the agency lead for all accreditation activities.
 - 7) Serves as DOH-Broward's Performance Management Performance Management Quality Improvement (PMQI) Champion.
- D. The Performance Management Council (PM Council) is chaired by the Health Officer and is comprised of the DOH-Broward Senior Leadership Team, Director of Performance Excellence, Program Managers and Plan owners. It will operate in accordance to a team charter and is responsible for the following:
- 1) Select priority strategies for PMQI projects.
 - 2) Assess progress towards a sustainable culture of quality within DOH-Broward using the NACCHO Organizational Culture of Quality Self-Assessment Tool.
 - 3) Develop and implement a three-year PMQI Plan.
 - 4) Develop, approve, monitor, and evaluate Plans, and PMQI projects.
 - 5) Conduct at least quarterly reviews of progress toward completion of Plans as well as PMQI projects.
- E. DOH-Broward Program Managers is comprised of Department staff and is responsible for the following:

- 1) Participate in PM Council meetings to report metrics data for assigned areas of responsibility
- 2) Participate in PMQI projects as appropriate.
- 3) Develop understanding of basic PMQI processes and tools. Apply PMQI into daily work.
- 4) Inclusion of non-managerial staff in PMQI projects
- 5) Disseminate information shared at PMQI meetings



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PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT TRAINING

Reaccreditation Measure: 9.2.2b: The types of Performance Management Quality Improvement training available and conducted (for example, new employee orientation, introductory online course for all staff, advanced training for lead PMQI staff, continuing staff training on PMQI, and other training as needed – position-specific PMQI training such as MCH, Epidemiology, infection control, etc..

I. Training Plan

The Department recognizes that ongoing training in PMQI methods and tools is critical for creating a sustainable performance management and quality improvement program. The Department's PMQI Training Plan requires that, at a minimum,

- A. CHD PM Councils complete the Department's problem-solving methodology training series in TRAIN Florida at least once.
- B. PMQI project team members complete the Department's problem-solving methodology training series in TRAIN Florida at least once and complete 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 quarterly at a minimum (via the PM Council minutes metrics matrix) and annually (via the PMQI Plan Annual Progress Report). The DOH-Broward Workforce Development Plan training requirements aligns with the PMQI Plan.

In addition, the Division of PHSPM and DOH-Broward Organizational Development provide regular training to staff on PMQI principles, tools and techniques to support the ongoing development of the Department's quality-focused culture. DOH-Broward PMQI Champions also provide periodic trainings to staff for Leadership and Workforce Development.

Training in PMQI methodology and tools is critical for creating a sustainable PMQI program. PMQI training opportunities will be available and conducted through providers which may include DOH-Broward personnel, TRAIN Florida, Public Health Learning Network, and the American Society for Quality (ASQ).

The following DOH-Broward training requirements, verified by TRAIN completion reports and/or certificates of completion (maintained by the DOH-Broward Workforce Engagement), include:

- C. DOH-Broward PMQI Champions will be trained on how to utilize and conduct the Organizational Culture of Quality Self-Assessment tool with the CHD PM Council by July 31, 2021. **(Update: Completed January 2020, 2 staff trained.)**

- D. DOH-Broward supervisors will complete Baldrige Criteria training by December 31, 2021.
- E. Senior Leaders will select staff to complete Six Sigma Green Belt training by December 31, 2021.
- F. All DOH-Broward staff will complete the TRAIN course: Performance Management Quality Improvement Series, ID 1074896, by December 31, 2022.
- G. All DOH-Broward staff will complete the Train course: Introduction to Performance Management Quality Improvement in Public Health (1059243) by October 31, 2022.
- H. All new hire DOH-Broward staff will complete "Introduction to Performance Management Quality Improvement" training within 30 days of hire date for those hired between July 1, 2017, and April 30, 2022.

II. Budget and Resource Allocation

Funding and additional resource allocation will be supported by the DOH-Broward leadership team to promote PMQI training and the development of a culture of quality. DOH-Broward promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding.

Training	Staff	Target Date	Course Length	Average Cost per Participant
Organizational Culture of Quality Self-Assessment	DOH-Broward PMQI Champions	July 15, 2022	1 hour	\$0
Problem Solving Methodology	DOH-Broward PMQI project team members	June 30, 2022	1 hour	\$0
Baldrige Criteria Training	DOH-Broward supervisors	December 31, 2021	8 hours	\$0
Six Sigma Green Belt Training	Selected Staff	December 31, 2021	40 hours	\$0
Performance Management Quality Improvement Series	DOH-Broward managers	December 31, 2022	4 hours	\$0
Quality Introduction Training	DOH-Broward staff	October 31, 2022	2 hours	\$0
Introduction to Performance Management Quality Improvement	New hires DOH-Broward staff	April 30, 2022	1.5 hours	\$0

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PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PROJECTS

Reaccreditation Measure: 9.2.2.c. A description of how the performance management system is used to identify and prioritize Performance Management Quality Improvement projects (for example, alignment with the strategic plan priorities and/or community health improvement plan priorities, potential impact on health status, potential impact on an intervention's or program's effectiveness, potential impact on efficiency, etc.).

I. Project Identification, Alignment, and Initiation Processes

In addition to considering the results from the NACCHO Culture of Quality, the DOH-Broward PM Council reviews key performance data to identify potential Performance Management Quality Improvement projects. These potential PMQI projects will be selected and prioritized based on their alignment with the PMQI Plan's goals and strategies, as well as the Strategic Plan, the County Health Improvement Plan (CHIP), Workforce Development Plan or other emerging/priority areas. In addition, PMQI projects may also be prioritized based on their alignment with state plans.

DOH-Broward must complete and submit at least one formal PMQI project annually to Florida Health Performs, the Division of PHSPM through Florida Health Performs, the Department's performance management website. Projects undertaken collaboratively between with other CHDs (i.e. regionally) can apply towards 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 effect 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, includes the functions, services and/or activities carried out through the daily work of public health department programs.

DOH-Broward identifies opportunities for improvement utilizing key performance indicator data. Opportunities for improvement are prioritized based on alignment that supports objectives identified within either the Strategic Plan, CHIP, or other local emerging/priority areas. Project teams are established by the PM Council and team charters are developed to determine the PMQI tools and methodology that will be utilized to structure the project. Action plans are developed by project teams to establish accountability for project monitoring and evaluation expectations. Selected projects are outlined in [Appendix 5](#) which contains a table displaying specific objectives for each project. [Appendix 7](#) contains a table displaying the alignment

between PMQI Plan projects and foundational plans such as the local Strategic Plan, the CHIP, the local Workforce Development (WFD) Plan, the Agency Strategic Plan, the Agency PMQI Plan and the Agency Workforce Development Plan.

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SYSTEMATIC APPROACH FOR CUSTOMER FEEDBACK

Reaccreditation Measure: 9.2.2.d: A systematic process for the regular consideration of customer feedback on programs and interventions for improvement of population-based health promotion, protection, or improvement efforts. Describe how customer feedback is gathered and analyzed. Describe how results are considered for quality improvement of policies, programs and/or interventions.

I. Commitment to the Customer

The NACCHO Roadmap to a “Culture of Quality Improvement” describes a goal for customer service as:

“Customer service is a core tenet of quality. Services offered should be customer driven. Continuous assessment of internal and external customer needs should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction.”

The Department 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 Department is accountable for ensuring that it uses effective methods to engage its key public health customers. Furthermore, the Department seeks to be fully responsive to changing and emerging customer requirements; and it pays close attention to and responds to customer feedback.

Florida Statutes requires each state department 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 Department 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 often exceed customer expectations for quality, timeliness and effective personal interaction when providing health products, services and information to the public. The Department 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 Department gathers, analyzes and reports customer feedback data in several ways, including conducting customer satisfaction surveys and community meeting surveys. County health departments annually report data on their customer satisfaction processes, results and

timeframes for acknowledging complaints in the CHD Snapshot.

II. DOH-Broward’s Use of Customer Feedback

DOH-Broward uses customer feedback data to improve policies, programs and/or interventions. Methods used to collect customer feedback include the following, among other methods:

1. Customer Satisfaction Survey, via paper, website link, telephone, and touchscreen device;
2. Direct feedback provided face-to-face, by phone or by email to specific staff members;
3. Customers email the Office of the Governor and DOH Central Office with feedback, questions, and comments, which are transmitted to DOH-Broward for follow up;
4. Contracted providers are required to administer customer surveys and we review this data during the contract monitoring process;
5. Our managers interact directly with customers, resolving complaints in real time at the lowest organizational level possible;
6. For internal customers, DOH-Broward provides a continuous Customer Survey for support services such as Talent Management, IT and General Services.

Customer feedback is analyzed, reviewed, shared with staff at all levels of the agency, and used to inform decisions. Survey data is aggregated, segmented by program, site, and geographic location of where our customers reside. It is then disseminated to program managers who analyze the data and initiate improvement cycles as necessary. Customer satisfaction metrics and variance reports are also tracked at the monthly PMC meetings. Customer satisfaction metrics are included in staff’s annual performance evaluation.

We also have a process by which customer complaints are submitted, investigated, and followed up on with corrective actions implemented as required. Complaints are received in electronic form, paper form, or over the telephone. Complaints are logged and resolutions documented.

Voice of the Customer Indicators	
Indicator Name	Customer Group External/Internal
Overall Customer Satisfaction Rate – Top Box Only	External
Overall Customer Satisfaction Rate	External
Customer Satisfaction by Program Rate Broward	External
Customer Satisfaction Service Time <u>By</u> Program Rate	External
A Documented Process to Address Employee Satisfaction Exists	External
Percent of Documented Customer Service Complaints Acknowledged by the End of the Next Business Day	External
First Contact Resolution Help Desk Score	Internal
Customer Satisfaction Score - IT	Internal

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PERFORMANCE MANAGEMENT QUALITY IMPROVEMENT MONITORING

PHAB 1.5 Measure 9.2.1 The Health Department must address the approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis.

I. Measures and Monitoring Performance

DOH-Broward's members of the PM Council are responsible for measuring, monitoring and reporting progress achieved on the goals, strategies and objectives of the CHIP, Strategic Plan, Workforce Development Plan and PMQI Plan. To ensure the PMQI plan is routinely monitored, the DOH-Broward PM Council meets at least quarterly to track 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 Council updates its plan objectives as needed.

The Division of PHSPM collects key performance indicator data from all CHDs and includes this data in the Annual Agency PMQI Progress Report. DOH-Broward submits data on the following key performance indicators:

- % of identified individuals completing PMQI trainings
- % of PMQI Plan objectives resulting in improved results

Annually, DOH-Broward submits an Annual PMQI Plan Progress Report assessing progress toward reaching goals, strategies, objectives and achievements for the year. From these annual reports, the Division of PHSPM provides an annual statewide progress report to the Agency Performance Management Council. The CHD PM Council oversees the development of all PMQI Plans, annual progress reports and revision of these plans.¹

II. DOH-Broward PMQI Monitoring

DOH-Broward reviews PMQI indicators towards objective progress. DOH-Broward monitors progress in achieving strategic objectives through our performance

¹ Appendix 7, PMQI Plan Goals, Strategies, and Objectives contains a list of the Year 2017–2022 DOH-Leon PMQI Plan goals, strategies and objectives

management system comprised of Active Strategy Enterprise (ASE), business reviews conducted at the PMC meetings and the performance management system. Based on the DOH and DOH-Broward Strategic Plan, Senior Leader's create process and outcome metrics that are reviewed during the PMC meetings. Variance Reports are created for underperforming metrics to track cycles of improvement in support of our Mission, Vision, Values, and Cornerstones.

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PERFORMANCE MANAGEMENT QUALITY IMPROVEMENT COMMUNICATION

Reaccreditation Measure: 9.2.2.e: A description of how the results of Performance Management Quality Improvement activities are communicated to staff, the governing entity and others, as appropriate .

I. Communication of PM Council Meetings

Success of the Department's PMQI program and progress towards a learning organization is ensured by systematic sharing of information, networking, and applying knowledge gained. The PM Council, chaired by the Deputy Director, will meet monthly to at least quarterly. Meetings will be documented using an agenda, sign-in sheet, and meeting minutes. A quorum of two-thirds of members is required for the meeting. Indicators will be reviewed during the meeting and indicator progress will be communicated to CHD staff, the Board of County Commissioners, other governing entities, and community partners as appropriate. The PHSPM will receive documentation of the CHD PM Council meeting within ten business days after meeting completion. This will include:

- A. Progress towards Strategic Plan, CHIP, and PMQI objectives.
- B. Status of PMQI projects.
- C. Practices that result in improved performance.
- D. Quality of community engagement.
- E. Activities undertaken to communicate PMQI activities with staff.

II. Sharing Project Results

QI project sponsors will be responsible for sharing project results on a regular basis to keep staff apprised of PMQI project progress. It is the project sponsor's responsibility to ensure that PMQI projects are aligned with the CHD's strategic vision and mission. The PM Council will leverage the advantage of Florida's centralized and integrated local public health system by sharing resources and information with peers. The PMQI Champion will serve as the point of contact for sharing results of improvement initiatives, lessons learned, and practices that result in improved performance using the following avenues:

- A. Monthly/Quarterly PM Council meetings (standing item on each meeting agenda).

- B. Sharing/submitting information with the Division of PHSPM, County Health Systems, and other appropriate state office programs.
- C. Statewide/Community meetings or events.
- D. Appropriate internal and external award nominations.
- E. SharePoint.
- F. Storyboards addressing key topics
- G. PMQI Consortia Team Meetings.

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PERFORMANCE MANAGEMENT QUALITY IMPROVEMENT EVALUATION

Reaccreditation Measure: 9.2.2.f.: A process to assess the effectiveness of the quality improvement plan and activities. (This may include the review of the process and the progress toward achieving goals and objectives, efficiencies and effectiveness obtained, lessons learned, customer/stakeholder satisfaction with programs and the description of how reports on progress were used to revise and update the Performance Management Quality Improvement plan.)

I. Evaluate and Update the PMQI Plan

Annually, the DOH-Broward PM Council reviews the PMQI Plan to identify strengths, opportunities for improvement and lessons learned by reviewing the status of the PMQI projects and achievement of its objectives. Program managers meet with stakeholders and report project progress at the monthly PMC business reviews. This information is reported to the Division of Public Health Statistics and Performance Management through an Annual Progress Report by September 30 annually. During this revision process, the DOH-Broward also reviews PMQI training and resources for relevance and usefulness to staff and makes revisions as necessary.

The focus of this review includes examining:

- Culture of Quality Self-Assessment.
- Progress towards designated performance measures.
- Progress on PMQI projects.
- Developing a stronger training plan.
- Reviewing and enhancing employee training content.
- Expanding upon the PMQI project process.
- The focus of the council's roles and responsibilities.
- Reviewing budget and staffing appointments.
- Linkages with Departmental priorities.

This evaluation process informs the planning process for each subsequent year and supports a culture of continuous improvement and excellence. During a PM Council meeting, a review of the years progress in achieving the Plans SMART objectives is conducted through review of PMQI indicators. DOH-Broward monitors progress in achieving strategic objectives through review of metric data in Active Strategy Enterprise. Variance Reports are created for underperforming metrics to track cycles of improvement in support of our Mission, Vision, Values, and Cornerstones. Based on a metrics performance, it may be revised based on data analysis.

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PMQI KEY PLAN TERMS

TERM	DEFINITION
Accountability	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. (Source: American Society for Quality)
Analyze	To study or determine the nature and relationship of the parts of by analysis. (Source: Merriam-Webster Online Dictionary)
Barriers	Existing or potential challenges that hinder the achievement of one or more objectives. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.)
Benchmarking	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 particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (Source: Norris T, Atkinson A, et al. <i>The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities</i> . San Francisco, CA: Redefining Progress; 1997)
Best Practice(s)	The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence. (Source: <i>National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms</i> , CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf)
Cause and Effect Diagram (Fishbone Diagram)	The fishbone diagram identifies many possible causes for an effect or problem. It can be used to structure a brainstorming session. It immediately sorts ideas into useful categories.

TERM	DEFINITION
	(Source: Excerpted from Nancy R. Tague’s <i>The Quality Toolbox</i> , Second Edition, ASQ Quality Press, 2004)
Continuous Improvement	Includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the customer and organization. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Core Competencies	Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set. (Source: Nash, Reifsnnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i> . Jones and Bartlett. MA, 2011)
County Health Department’s Leadership Team	DOH-Broward Director and Senior Leadership Strong provide direction, leadership, and support of Performance Management Quality Improvement activities which are key to performance improvement. This involvement of organizational leadership assures that Performance Management Quality Improvement initiatives are consistent with the Department’s mission and/or strategic plan.
Culture of Performance Management Quality Improvement	Culture of Performance Management 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. (<i>Roadmap to a Culture of Performance Management Quality Improvement</i> , Phase 6, NACCHO)
Data	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 rd Ed.)
Department’s PDCA Problem Solving Methodology	Plan-Do-Check-Act problem solving methodology is used when there is a need to identify and eliminate the cause of the problem. This is a simplified version with fewer steps than the <i>ABCs of PDCA</i> by Grace Gorenflo and John Moran.
Evaluate	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>)
Evidence-based Practice	Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information

TERM	DEFINITION
	<p>systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Source: Brownson, Fielding and Maylahn. <i>Evidence-based Public Health: A Fundamental Concept for Public Health Practice</i>. Annual Review of Public Health)</p>
Goal	<p>A statement of general intent, aim, or desire; it is the point toward which management directs its efforts and resources in fulfillment of the mission; goals are usually nonquantitative. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i>. Russell T Westcott, editor. 3rd Ed.)</p>
Implement	<p>To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures (Source: Adapted from Merriam-Webster.com)</p>
Indicators	<p>Predetermined measures used to measure how well an organization is meeting its customers' needs and its operational and financial performance objectives. Such indicators can be either leading or lagging indicators. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i>. Russell T Westcott, editor. 3rd Ed.)</p>
Key Functions	<p>Critical responsibilities which are performed routinely to carry out the mission of the department. (Source: Adapted from BusinessDictionary.com)</p>
Key Processes	<p>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</i>. Russell T Westcott, editor. 3rd Ed.)</p>
Key Customer	<p>Any individual or group that receives and must be satisfied with the service, work product, or output of a process. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i>. Russell T Westcott, editor. 3rd Ed.)</p>
Key Customer Requirements	<p>Performance standards associated with specific and measurable customer needs; the "it" in "do it right the first time." (Source: <i>The Performance Management Quality Improvement Handbook</i>, John Bauer, Grace Duffy, and Russell Westcott, editors)</p>
Objective	<p>Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period of time. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i>. Michael Wilkinson. 1st Ed.)</p>

TERM	DEFINITION
	Objectives need to be S pecific, M easurable, A chievable, R elevant and include a T imeframe (SMART).
Operational (Action) Plan	An action plan with specific steps to implement and achieve the objectives. Plans usually include the following: key activities for the corresponding objective; lead person for each activity; timeframes for completing activities; resources required; and evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy. <i>(Source: Adapted from The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1st Ed.)</i>
Opportunity for Improvement	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>
Outcomes	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.
Performance Excellence	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>
Performance Gap	The gap between an organization's existing state and its desired state (as expressed by its long-term plans).
Performance Improvement	An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.
Performance Indicators	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>
Performance Management Council (PM Council)	The PM Council Team is made up of the Health Officer, the executive management team, the Accreditation Lead, and the staff responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Performance Management Quality Improvement (QI) Plan. The PM Council Team conducts monthly meetings featuring standing agenda items with reports from: CHIP, Strategic Plan, and

TERM	DEFINITION
	Performance Management Quality Improvement Plan. These reports are comprised of progress updates and meeting minutes documenting the input and collaboration with community partners.
Performance Management System	A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators 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 Performance Management Quality Improvement processes. (Source: Public Health Accreditation Board. <i>Standards and Measures</i> Version 1.0. Alexandria, VA, May 2011)
Performance Measures or Metrics	Tools or information used to measure results and ensure accountability; specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance. (Source: Lichiello, P. <i>Turning Point Guidebook for Performance Measurement</i> , Turning Point National Program Office, December 1999)
Performance Report	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. (Source: <i>Turning Point Performance Management</i> , National Excellence Collaborative, 2004)
Plan-Do-Check-Act (PDCA)	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 again and again for continuous improvement. (Source: ASQ.org)
Plan Owners	Person designated by Health Officer to bear responsibility for managing the CHIP, strategic plan, or PMQI plan.
Policy	Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental entity. (Source: <i>Acronyms and Glossary of Terms</i> , Public Health Accreditation Board, version 1.0, September 2011)
Population-based Health	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

TERM	DEFINITION
	tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors. (Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Priorities	Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.
Public Health	The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a standard of living adequate for the maintenance of health. The mission of public health is to fulfill society’s desire to create conditions so that people can be healthy. (Sources: Winslow CEA. <i>Man and Epidemics</i> . Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. <i>The Future of Public Health</i> . Washington, DC: The National Academy Pres, 1988)
Performance Management Quality Improvement	Performance Management 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. (Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. “Defining Performance Management Quality Improvement in Public Health”. <i>Journal of Public Health Management and Practice</i> . January/February 2010)

TERM	DEFINITION
<p>Performance Management Quality Improvement (PMQI) Plan</p>	<p>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 Performance Management 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 health department.</p> <p>(Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Performance Management Quality Improvement Culture in Public Health Agencies." <i>American Journal of Public Health</i>. 2014. 104(1):e98-104)</p> <p>The Public Health Accreditation Board requires a PMQI plan as documentation for measure 9.2.1 A of the <u>Standards and Measures Version 1.5</u>.</p>
<p>Performance Management Performance Management Quality Improvement (PMQI) Program</p>	<p>A Performance Management Performance Management Quality Improvement program consists of the enduring infrastructure and processes put in place to support the implementation of Performance Management Performance Management Quality Improvement plans and projects.</p>
<p>Quality Tools</p>	<p>Seven Basic Tools: <u>Seven Basic Tools - Quality Management Tools ASQ</u></p> <p>Seven New Planning & Management Tools: <u>Seven Management & Planning - New Management Tools ASQ</u></p>
<p>Rapid Process Improvement (RPI)</p>	<p>Typically, a five-day 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.</p>
<p>Reporting (performance)</p>	<p>A process which provides timely performance data for selected performance measures/indicators which can then be transformed into information and knowledge.</p>
<p>Resources</p>	<p>Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.</p>
<p>Sustainability</p>	<p>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</p>

TERM	DEFINITION
	periodically as a part of continuous Performance Management Performance Management Quality Improvement.
System	A network of connecting processes and people that together perform a common mission. (Source: <i>The Performance Management Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)
Targets	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.
Trend Analysis	Trend analysis is a study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather associations can be drawn. (Source: Nash, Reifsnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i> . Jones and Bartlett. MA, 2011)
Validate	To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. (Source: Florida Sterling's <i>The Performance Management Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)

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SOUTHEAST PMQI CONSORTIUM TEAM CHARTER

Purpose:

The purpose of the Southeast Performance Management Quality Improvement Consortium (PMQI Team) is to support the performance management system while promoting and fostering a culture of quality. The PMQI Team serves as a component of the 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. The PMQI consortium will share best and promising practices, resources, and tools related to performance management and quality improvement. The team will support county health department's (CHDs) in maintaining its PHAB accreditation standards and measures. The teams will also provide a structure for CHDs to review and provide feedback on key resources and components of the Department's performance management system. This charter delineates the primary functions, expectations, and responsibilities for establishing and sustaining an agency-wide culture of quality.

Primary Functions:

- Develop and utilize systematic performance management and quality improvement planning approaches that promotes organizational alignment with strategic priorities, consistency and impact.
- Support and encourage continuous engagement regarding quality improvement, annual PHAB accreditation reporting requirements, and PHAB reaccreditation requirements.
- Develop and maintain comprehensive repository of best practices, promising practices, resources and training opportunities. Standard definitions of best and promising practices will be determined and used statewide.
- Share opportunities for improvement and address barriers to a culture of quality.
- Communicate with Central Office, performance management councils and other local representatives regarding performance management, quality improvement, and reaccreditation (including activities, practices, resources, tools and opportunities for improvement).

Interdependencies:

The Division of Public Health Statistics and Performance Management Team, County Health Systems and Health Officers, and the Agency Performance Management Council will all coordinate work.

Bureau of Performance Assessment and Improvement:

- Coordinate and/or provide one funded advanced QI training for Chairs as a team by December 31, 2020.
- Facilitate PMQI Consortium Chair calls, compose identified gaps and strengths and disseminate information to PMQI Consortium Champions and Health Officers/Administrators.
- Develop and guide professional development and training resources and expertise in quality improvement and performance management practices with support and assistance from PMQI Consortium Team Chairs.
- 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 Consortium Team Chairs.

PMQI Consortium Team Chair:

A PMQI Consortium Chair supports the PMQI Team by working with the Division of Public Health Statistics and Performance Management to plan, organize, and communicate PMQI Team activities and efforts. This position is nominated by PMQI champions, confirmed by health officers and Central Office, and rotates annually. The chair will assist the Division of Public Health Statistics and Performance Management to:

- Identify significant gaps and strengths and participate in planning and improvement activities with Central Office and other consortium chairs
- Support and assist Central Office to develop and guide professional development and training resources and expertise in quality improvement and performance management practices.
- Support and assist Central Office to provide guidance and leadership while acting as point of contact for members of the consortium.
- Participate in meeting preparation and agenda planning with Central Office and facilitate material at quarterly team meetings.
- Maintain and update the SharePoint site for the consortium

A co-chair may also be named, at the desire of consortium. This individual will perform support functions to assist the chair.

PMQI Consortium Champions:

PMQI Consortium Champions from all health departments should participate in the consortium. Champions will act as quality stewards, maintaining responsibility for promoting performance management and quality improvement at their local health departments. Each health officer should name at least one primary champion to represent the health department; champions must maintain approval from their health officers to participate in the PMQI consortium. Consortia Chairs may also serve as the PMQI Champion for their CHD.

PMQI activities that champions may take part in:

- Leading development of the CHD annual QI plan, participating in PHAB reaccreditation readiness, and contributing to performance management activities
- Coordinating local trainings identified in the QI Plan
- Communicating and sharing best practices, issues, deliverables and other updates from the local performance management council to the PMQI consortium and vice versa. This will be done during meetings and via email. All associated documentation should be posted to SharePoint
- Determining current organizational barriers to developing a culture of quality and contributing to action planning, piloting, and implementing solutions.

(Final for each consortium will include a table with members.)

Evaluation of Participation and Measures of Success:

1. A minimum of three documented (agenda, sign-in, minutes) collaborative meetings occur between January 1, 2020 and December 31, 2020. Chairs and champions attend at least two meetings held by December 31, 2020.
2. A monthly call between the Division of Public Health Statistics and -PMQI Team Chairs and follow-up emails, sent within 10 calendar days of the call, summarizing key discussion points and action items. Emails prepared and sent by the Division/Central Office. Twelve calls are completed by December 31, 2020 with emails sent from Central Office.
3. Chairs complete at least one advanced QI training (TBD by the Division of Public Health Statistics and Performance Management) as a team by December 31, 2020.
4. Each CHD presents at least one local QI project storyboard and/or best or promising practice during a PMQI meeting before December 31, 2020. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint site.
5. The Southeast PMQI Consortium identifies and addresses at least one shared challenge related to PMQI or accreditation readiness. The challenge and corresponding action are documented in meeting minutes and posted on SharePoint.

Meeting Schedule and Team Review:

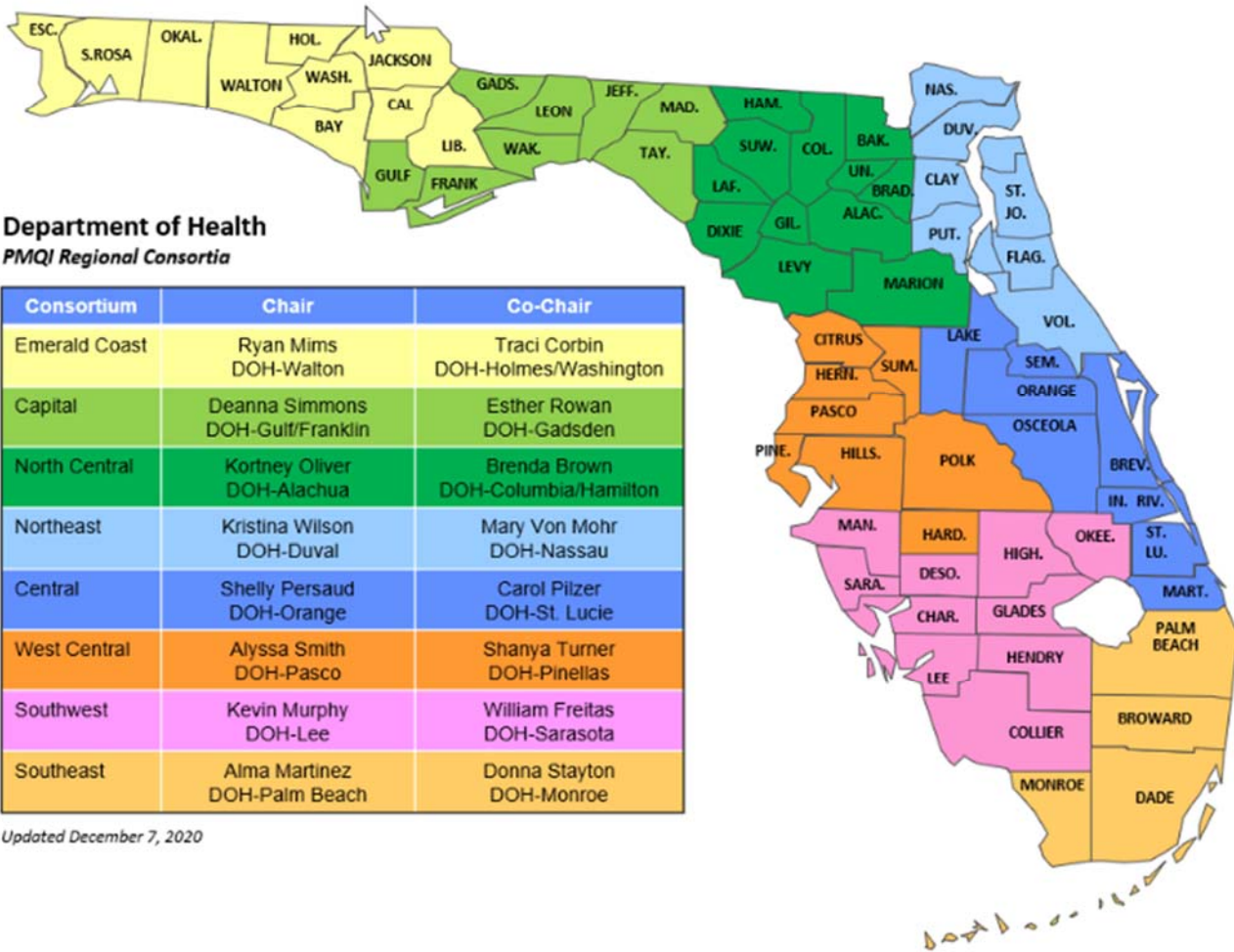
The Southeast PMQI consortium will attend face-to-face meetings and conference calls and webinars, as needed. Meeting summaries are distributed to PMQI consortia team members and respective health officers within two weeks of meeting and are posted on the team SharePoint site. Required deliverables from 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.

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PMQI CONSORTIA MAP

PMQI Consortia Map

(Please use links on the right to be directed to individual PMQI Consortia sites.)



Updated December 7, 2020

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**DOH - BROWARD PERFORMANCE MANAGEMENT COUNCIL
 CHARTER**

Purpose: Each County Health Department (CHD) will assemble the Performance Management Council (PMC) as described in the Agency Quality Improvement Program and the County Health Department Quality Improvement Plan. This charter delineates the mission, functions, organization and procedures of the PMC whose overall objective is to support a culture of quality and the implementation of improvement initiatives throughout the Department.

Primary Functions:

- 1) Selects priority strategies for QI projects.
- 2) Assesses progress towards a sustainable culture of quality within the CHD.
- 3) Conducts a monthly review of progress toward completion of the Community Health Improvement Plan (CHIP), Strategic Plan, QI Plan, and Workforce Development (WFD) Plans.

Scope of Work: A monthly meeting is held by the Performance Management Council, chaired by the Health Officer, which will be documented using an agenda, meeting minutes, and progress reports. A quorum of two-thirds of members is required for meeting, and the following will be reviewed during the meetings:

- 1) Progress toward completion of plans
- 2) Status of projects and objectives
- 3) Practices that result in improved performance
- 4) Quality of community engagement

Interdependencies:

- 1) Quality Improvement Program
- 2) Workforce Development Plan
- 3) Community Health Improvement Plan
- 4) Strategic Plan

Membership/Roles:

- 1) The Performance Management Council is comprised of the Health Officer, Senior Leaders, Program Managers, Performance Excellence, and staff responsible for projects and objectives in the QI Plan, CHIP, WFD, and Strategic Plans. The Performance Management Council is accountable for building and sustaining a culture of quality in the department, and functions to:
 - a) Set strategic direction and infrastructure for quality improvement.
 - b) Authorize strategic plan and QI projects.
 - c) Monitor completion of strategic plan, CHIP, WFD and QI projects.
 - d) Remove barriers to performance improvement.
- 2) Performance Excellence Director:
 - a) Selected by leadership and possesses the core competencies identified by the state health office.
 - b) Serves as the point of contact between the Performance Management Council and Office of Performance and Quality Improvement (OPQI).
 - c) Leads the development of the annual QI plan.
 - d) Coordinates training identified in QI Plan.
 - e) Serves as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance.
 - f) Responsible for accreditation activities within the Department.

<p>Meeting Schedule and Process:</p> <ol style="list-style-type: none"> 1) Monthly meetings will be held to monitor implementation of CHIP, Strategic Plan, WFD, and QI Plans/Projects. 2) Perform annual evaluation to inform planning for subsequent year. 3) Activities outside monthly PMC meetings will include ongoing email and/or phone communication to review and monitor plan/project status. 	<p>Measures of Success:</p> <ol style="list-style-type: none"> 1) % objectives met (Includes CHIP, strategic plan, WFD, & QI Projects) 2) % objectives/projects that resulted in improved results 3) % objectives/projects sustainable in terms of structures, processes, and policies 4) % objectives/projects with favorable results that are adopted by peers
<p>Deliverables:</p> <p>Performance Management Council will develop documents including monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be uploaded to FL Health Performs.</p>	

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

QI PLAN AND PROJECT ALIGNMENT TO FOUNDATIONAL PLANS

OBJECTIVE	PLAN ALIGNMENT	PRIORITY AREA
<p>Goal 1, Strategy 1, Objective 1: By December 31, 2021, develop an Employee Reward and Recognition (R&R) program to increase employee satisfaction from 79.36% to 85%.</p>	<p>X Agency PMQI Plan X Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan X CHD Strategic Plan X Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan</p>	<p>ACHIP: 2, Increase access to health services. CHD SP: 4.1, Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology through December 2023. APMQI: 1 Customer Focus APMQI: 2 Project Management APMQI: 3 Organizational Culture and Quality APMQI: 4 Recognition and Benchmarking APMQI: 6 Continuous Process Improvement ASP: 2: Long, healthy life.</p>
<p>Goal 1, Strategy 2, Objective 1: By December 31, 2022, implement an Employee Reward and Recognition (R&R) program to increase employee satisfaction from 79.36% to 85%.</p>	<p>X Agency PMQI Plan X Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan X CHD Strategic Plan X Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan</p>	<p>ACHIP: 2, Increase access to health services. CHD SP: 4.1, Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology through December 2023. APMQI: 1 Customer Focus APMQI: 2 Project Management APMQI: 3 Organizational Culture and Quality</p>

		<p>APMQI: 4 Recognition and Benchmarking</p> <p>APMQI: 6 Continuous Process Improvement</p> <p>ASP: 2: Long, healthy life.</p>
<p>Goal 1, Strategy 3, Objective 1: By December 31, 2023, evaluate and monitor the R&R Program utilizing the Employee Satisfaction Survey to increase employee satisfaction from 79.36% to 85%.</p>	<p><input checked="" type="checkbox"/> Agency PMQI Plan</p> <p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> CHD Strategic Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p>ACHIP: 2, Increase access to health services.</p> <p>CHD SP: 4.1, Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology through December 2023.</p> <p>APMQI: 1 Customer Focus</p> <p>APMQI: 2 Project Management</p> <p>APMQI: 3 Organizational Culture and Quality</p> <p>APMQI: 4 Recognition and Benchmarking</p> <p>APMQI: 6 Continuous Process Improvement</p> <p>ASP: 2: Long, healthy life.</p>
<p>Goal 2, Strategy 1, Objective 1: Increase the percentage of WIC mothers who initiate breastfeeding.</p>	<p><input checked="" type="checkbox"/> Agency PMQI Plan</p> <p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> CHD Strategic Plan</p> <p><input type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p>CHIP: 3: Improve maternal and child health.</p> <p>CHD SP: 1.15 Increase the percentage of WIC clients breastfed for 26 weeks to 60.9% by December 2022.</p> <p>APMQI: C.5.c</p> <p>CHD SP: 1, Healthy moms, healthy babies.</p>

<p>Goal 2, Strategy 1, Objective 2: Increase the percentage of WIC infants and children < 24 months of age ever breastfed.</p>	<p>X Agency PMQI Plan X Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan X CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan</p>	<p>CHIP: 3: Improve maternal and child health. CHD SP: 1.15 Increase the percentage of WIC clients breastfed for 26 weeks to 60.9% by December 2022. APMQI: C.5.c CHD SP: 1, Healthy moms, healthy babies.</p>
<p>Goal 2, Strategy 1, Objective 3: Increase percentage of WIC infants who breastfed at least 26 weeks (6 months).</p>	<p>X Agency PMQI Plan X Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan X CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan</p>	<p>CHIP: 3: Improve maternal and child health. CHD SP: 1.15 Increase the percentage of WIC clients breastfed for 26 weeks to 60.9% by December 2022. APMQI: C.5.c CHD SP: 1, Healthy moms, healthy babies.</p>
<p>Goal 2, Strategy 1, Objective 4: Increase the percentage of non-Hispanic black WIC infants and children < 24 months of age ever breastfed.</p>	<p>X Agency PMQI Plan X Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan X CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan</p>	<p>CHIP: 3: Improve maternal and child health. CHD SP: 1.15 Increase the percentage of WIC clients breastfed for 26 weeks to 60.9% by December 2022. APMQI: C.5.c CHD SP: 1, Healthy moms, healthy babies.</p>

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KEY PERFORMANCE INDICATORS

DOH-Broward collects key performance indicator data for The Division of Public Health Statistics and Performance Management Annual Progress Report.

Percentage of identified individuals completing PMQI trainings

Numerator: Number of people completing training listed in the PMQI Plan

Denominator: Total number identified for training

*An individual may be counted more than once, if identified for more than one training

Percentage of PMQI Plan objectives resulting in improved results

Numerator: Number of PMQI objectives resulting in improvement

Denominator: Total number of PMQI Plan objectives

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

PERFORMANCE MANAGEMENT QUALITY IMPROVEMENT GOALS

PHAB guidance on required documentation:
 The Health Department must address Performance Management Quality Improvement goals, objectives, and measures with time-framed targets.

Goal 1: Project A “Administrative Project” – Implementation of an Employee Reward and Recognition (R&R) Program					
Strategy	Objective	Lead	Baseline	Target	Status
Strategy 1, Objective 1: Develop an Employee Reward and Recognition (R&R) program to increase employee satisfaction.	Objective 1: By December 31, 2021, develop an Employee Reward and Recognition (R&R) program to increase employee satisfaction from 79.36% to 85%.	Roland Martinez Melisa Gray Caroline Bartha Lisa Winchester	79.36% 2019	85%.	Not Started
Strategy 2, Objective 1: Implement an Employee Reward and Recognition (R&R) program to increase employee satisfaction.	Objective 1: By December 31, 2022, implement an Employee Reward and Recognition (R&R) program to increase employee satisfaction from 79.36% to 85%.	Roland Martinez Melisa Gray Caroline Bartha Lisa Winchester	79.36% 2019	85%.	Not Started
Strategy 3, Objective 1: Evaluate and monitor the R&R Program utilizing the Employee Satisfaction Survey to increase	Objective 1: By December 31, 2023, evaluate and monitor the R&R Program utilizing the Employee Satisfaction Survey to increase employee satisfaction from 79.36% to 85%.	Roland Martinez Melisa Gray Caroline Bartha Lisa Winchester	79.36% 2019	85%.	Not Started

employee satisfaction.					
Goal 2: Project B “Population-Based Project” – Promote Breastfeeding					
Strategy 1: Increase initiation and duration of breastfeeding among all Broward women	Objective 1: Increase the percentage of WIC mothers who initiate breastfeeding from 90.9% to 91% by July 2022.	Lead	Baseline	Target	Status
		Esther March-Singleton	90.9% SFY20	91% By July 2022	On Track
	Objective 2: Increase the percentage of WIC infants and children < 24 months of age ever breastfed from 90.1% to 90% by July 2022.	Esther March-Singleton	90.1% SFY20	91% By July 2022	On Track
	Objective 3: Increase percentage of WIC infants who breastfed at least 26 weeks (6 months) from 43.8% to 44.5% by July 2022.	Esther March-Singleton	43.8% SFY20	44.5% By July 2022	On Track
	Objective 4: Increase the percentage of non-Hispanic black WIC infants and children < 24 months of age ever breastfed from 88.1% to 89% by July 2022.	Esther March-Singleton	88.1% SFY20	89% By July 2022	On Track

Previous Plan Objectives

QI PLAN AREA OF FOCUS	GOAL	MEASUREABLE OBJECTIVE	TIMEFRAME	OWNER
Structure	Establish a three-year PMQI Plan based on organizational strategic priorities and PMQI cultural opportunities for improvement. COMPLETE	Approved and Implemented 2017-2020 DOH-Broward PMQI Plan by July 1, 2017.	May 1, 2017 to July 1, 2017	Performance Excellence Director
Training	Provide introduction to Performance Management Quality Improvement training to new hire staff. COMPLETE	100% of new hire staff will receive "Introduction to Performance Management Quality Improvement" training within 30 days of hire date for those hired between April 30, 2020 and December 2022.	June 30, 2020 to December 2022	Talent Management Workforce Engagement Training Specialist
Training	PM Council to complete Process Management Training. COMPLETE	100% of PM Council members to complete ASQ online "Process Management Training for Leaders" by December 31, 2022.	July 1, 2020 to December 31, 2022	Workforce Engagement
Project	Completion of one administrative PMQI project and two programmatic projects over the three-year span covered by this plan. ONGOING	Completion of two administrative PMQI projects and four programmatic projects that are aligned with the Agency Strategic and/or PMQI Plan. Required deliverables posted to PHSPM SharePoint site within 30 days of project completion.	July 1, 2020 to June 30, 2022	Performance Excellence Director
Monitoring	Measure, monitor, and report progress on the goals and objectives of PMQI,	11 monthly PM Council meetings will be held between July and December annually.	July 1, 2020 to June 30, 2022	Performance Excellence Director

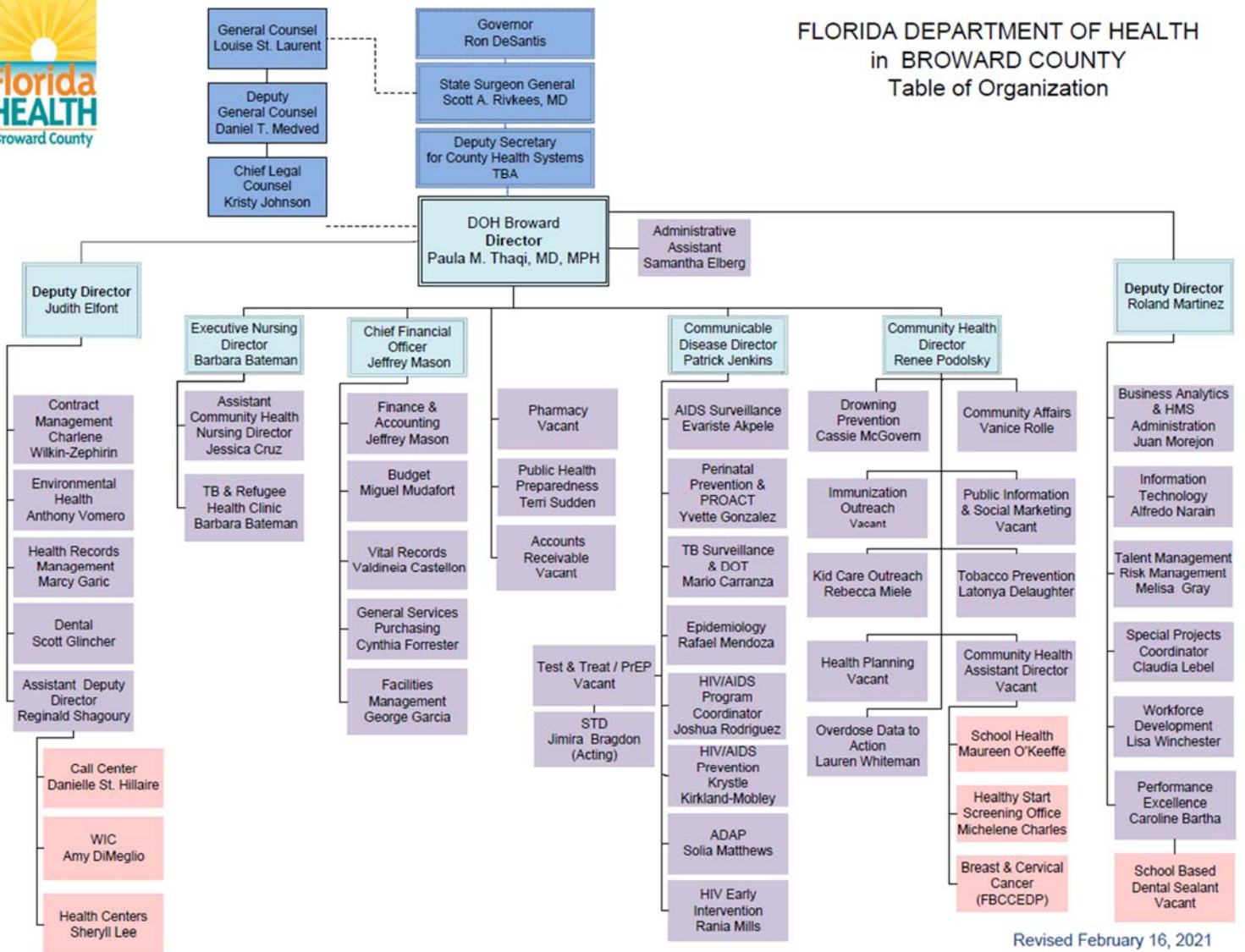
	Strategic, and CHIP Plans, and PMQI Projects. COMPLETE	Meeting minutes and Active Strategy Performance Management System scorecard will be submitted to PHSPM SharePoint site within 10 business days of the meeting.		
Culture	Gather and incorporate feedback from customers, suppliers, and interfacing work processes into improvement activities. COMPLETE	Complete Customer Engagement PMQI Project to increase the number of feedback forms received monthly by December 31, 2022.	July 1, 2020 to December 31, 2022	Performance Excellence Director

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

DOH-BROWARD TABLE OF ORGANIZATION



FLORIDA DEPARTMENT OF HEALTH
 in BROWARD COUNTY
 Table of Organization



Revised February 16, 2021