



**Agency Performance Management and Quality Improvement  
Plan  
Version 2.1  
Calendar Year 2018–2020**

**Ron DeSantis**  
Governor

**Scott Rivkees, MD**  
State Surgeon General

## REVISIONS PAGE

| Date    | Revision Number | Description of Change                                                                                                                                                                                                                                                                                                    | Pages Affected   | Reviewed or Changed By                                                                                 |
|---------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------|
| 5/9/19  | 2.0             | New Governor's Name added; Customer Focus (Section 6) was added; Goals, Strategies, and Objectives were revised; Key Terms were revised; Description of the Performance Management System was expanded                                                                                                                   | 1-27             | Agency Performance Management Council; Division of Public Health Statistics and Performance Management |
| 6/20/19 | 2.1             | Appendix 4 – objectives were revised and consolidated to reflect streamlined work efforts; objectives that were completed were removed, objectives that were consolidated were renumbered. Updated Appendix 2 to reflect revised objectives. Section 6 – presented programmatic examples in table rather than list form. | 12-15, 25, 27-28 | Division of Public Health Statistics and Performance Management                                        |
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## SECTION 1

### INTRODUCTION

#### I. Purpose

This Agency Performance Management and Quality Improvement (PMQI) Plan summarizes the Florida Department of Health’s (Department) comprehensive approach to improving outcomes through evidence-based decision-making, continuous organizational learning and performance improvement. The Plan describes how the Department 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 Department shares best practices and evaluates its success in achieving established priorities and public health objectives.

The Department’s 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.

#### II. Policy Statement

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

The Agency PMQI Plan covers a three-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 Department’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:

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

#### III. Quality Terms

Please see Appendix 1, Quality Improvement Plan Key Terms, for a summary of common terms and definitions used throughout this document.

## SECTION 2

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### CULTURE OF QUALITY

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

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

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

The Department intends to conduct a formal department-wide culture of quality self-assessment every three years. The next one will be conducted by 12/31/2020 to monitor improvement and assess progress toward adoption of its culture of quality.

## SECTION 3

### PMQI STRUCTURE

#### I. Overview

This section describes the Department's performance management structure and its approach for instilling a continuous quality improvement culture throughout the agency. The Department'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 Department is accredited by the Public Health Accreditation Board as an integrated local 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 Department's Executive Management Team includes the Inspector General, General Counsel, Chief of Staff and four Deputy Secretaries who oversee business and programmatic operations.

The Department is an integrated agency composed of:

- A State Health Office in Tallahassee,
- Sixty-seven county health departments,
- Twenty-two Children's Medical Services area offices,
- Twelve Medical Quality Assurance regional offices,
- Nine Disability Determinations regional offices and
- Three public health laboratories.

The CHDs operate as partners between the Department and local county governments, providing public health services at over 200 sites. Florida is a highly diverse state, with its 67 counties varying significantly in area and population size. The Department'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

*Reaccreditation Measure: 9.2.2.a: The structure for the implementation of quality improvement: organization, roles and responsibilities, membership and rotation, staffing and administrative support, budget and resource allocation.*

The Department'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 iterative, evidence-based, focused on stakeholder and customer engagement, and that support organizational learning.

The Division of Public Health Statistics and Performance Management (Division of PHSPM) has direct responsibility for the performance management system.<sup>1</sup> Key Division functions and responsibilities include:

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

The Division also manages the nationally-acclaimed health data portal—FLHealthCHARTS.com, or 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 PMQI system uses CHARTS to inform goals and objectives in plans such as the Department’s Strategic Plan, Community Health Improvement Plans (CHIPs) and the State Health Improvement Plan (SHIP).

CHARTS contains more than 3,500 county-level health indicators from over 30 sources—including public- and private-sector public health partners. Based on CHD feedback to enhance data analysis by social determinants of health and geographic area, the Division has made several changes to CHARTS, including launching a community mapping feature in 2017 that provides census tract and ZIP code data.

Each data source in CHARTS has its own schedule for providing data, allowing CHARTS to be updated year-round with different types of data. The Division also has a credentialed statistician, credential demographer and a geocoder on staff to ensure that CHARTS uses valid and appropriate statistical methods, that data are comparable from one year to the next, and to provide consultation to other CHDs and offices in need of this expertise.

The Division works closely with units throughout the agency to ensure that performance management and continuous quality improvement are woven throughout the Department’s infrastructure and occur at all levels. The Performance Management system is integrated into the Department’s practice at all levels by:

- Providing visible leadership for performance management,
- Setting organizational objectives for all Department levels,

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<sup>1</sup> The Division also administers a bureau which is responsible for the registration, certification, archiving and statistical analysis of the 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.

- Developing strategic, workforce development, health improvement, and PMQI plans at multiple levels across the Department
- Developing procedures, structures and mechanisms for ongoing assessments,
- Identifying indicators to regularly measure and report on progress toward achieving objectives, and
- Identifying areas where achieving objectives requires focused PMQI processes.

The Department is dedicated to allocating appropriate resources to build and sustain a robust culture of QI that establishes efficient and effective processes while also delivering quality products and services to customers. Leadership is also committed 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 Department 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 Department regularly examines and refines its management systems to ensure that they are aligned, efficient and effective.

The Department’s key infrastructure for supporting a culture of quality and implementing quality improvement initiatives includes:

A. Performance Management (PM) Councils:

These councils advise and guide the creation, deployment and continuous evaluation of the Department’s performance management system against accreditation standards. The PM Councils also monitor and evaluate the Department’s performance in achieving strategic objectives and identify opportunities for improvement. All PM councils meet at least quarterly to conduct performance reviews of the strategic objectives articulated in the Department’s Health Improvement Plans, Strategic Plans and PMQI Plans. As shown below, the councils are established at three organizational levels: the Agency PM Council (Department-wide), eight Division PM Councils (one for each State Health Office division) and 55 local CHD PM Councils (some CHDs share PM Councils).

| PM Council           | Membership                                                                                                                                                      | Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Meeting Frequency |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <p><b>Agency</b></p> | <p>State Surgeon General, deputy secretaries, division directors and county health department health officers representing Florida’s eight county consortia</p> | <ul style="list-style-type: none"> <li>• Establishes statewide policies, procedures and expectations for the performance management system.</li> <li>• Uses department-wide performance data to track progress toward Department goals and evaluates all major programs on an annual basis.</li> <li>• Develops action plans and promotes agency-wide collaboration strategies.</li> <li>• Establishes and revises the Department’s strategic objectives.</li> </ul> | <p>Monthly</p>    |

| PM Council      | Membership                                                                                                                                                                                                      | Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                   | Meeting Frequency     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Division</b> | Division director, bureau chiefs, program directors and program council co-chair                                                                                                                                | <ul style="list-style-type: none"> <li>Oversee operation of system at division level.</li> <li>Monitor and report division progress towards 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> | Quarterly             |
| <b>CHD</b>      | County health department executive management team, health officer, accreditation liaison and county staff responsible for the Community Health Improvement, Department Strategic and Quality Improvement Plans | <ul style="list-style-type: none"> <li>Review operation of system at local level.</li> <li>Review performance data to track progress towards 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>                                                                           | Quarterly/<br>Monthly |

**B. Program Councils:**

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 and Epidemiology, Environmental Health, Community Health Promotion, Administration and Health Equity. Each Program Council includes the relevant State Health Office Division Director and 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, and one-third (1/3) of the health officer members rotate every two years.

The Program Council meeting process is reviewed annually using the Plan-Do-Check-Act (PDCA) quality improvement method and through feedback from Program Council co-chairs. Using this process, the Department is currently working to revise and refine the Program Council meeting process. Once changes are implemented, the Department will review the new meeting process annually to ensure the process remains effective and efficient.

Program council roles and responsibilities include:

- 1) Monitoring progress on previously discussed performance issues, as appropriate,
- 2) Presenting recommendation(s) for program improvement initiatives to the Agency PM Council,

- 3) Presenting data and status reports at PMQI consortia meetings, business managers meetings and other relevant meetings to obtain feedback on improvement strategies, and
- 4) Testing and piloting initiatives and changes identified by the PM council in respective CHDs, divisions and offices.

C. Performance Reviews:

The Department 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

Each State Health Office division makes one or more formal presentations annually at an Agency PM Council meeting to report on its 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) and 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.

CHD Performance Reviews

The Department also regularly reviews each CHD's performance to ensure continuous improvement in health outcomes at the local level. The reviews focus on key health status measures, strategic objectives and operational measures, and are designed to provide local leadership with a snapshot of their current performance and identify opportunities to improve effectiveness and efficiency. The reviews began in 2016 and County Health Systems and the Division of PHSPM are refining the process to ensure that it is efficient for both State Health Office and CHD staff.

D. Performance Management and Quality Improvement (PMQI) Consortia Teams:

CHD PMQI Consortia Teams

To ensure that quality improvement is an integral part of its performance management system, the Department has established eight PMQI consortia teams comprising PMQI Champions from each CHD. These PMQI Consortia teams support local performance management activities while also fostering a strong culture of quality by promoting capacity building, and providing technical assistance, training, and communications support for statewide and local performance management and quality improvement initiatives.

In 2017, PMQI Consortia received training on the PDCA methodology. Future standardized PMQI trainings will be developed and provided at PMQI Consortium meetings. The trainings will be developed in collaboration with PMQI Champions—PMQI subject matter experts—who are identified within each Regional PMQI consortium and State Health Office division and serve as additional sources of support as the Department continues to develop its culture of quality. Of these PMQI Champions, each

region has designated a PMQI Chair to serve as the leader for consortium meeting facilitation, communications, and coordination of PMQI efforts.

PMQI Consortia also promote multi-county collaboration through regional PMQI projects and sharing of resources. These consortia are responsible for:

- 1) Engaging continuously regarding PMQI accreditation reporting requirements and PHAB reaccreditation requirements,
- 2) Developing and maintaining comprehensive best practices, resources and training opportunities,
- 3) Sharing opportunities for improvement and resolving barriers in developing a culture of quality,
- 4) Developing and utilizing a systematic PMQI planning approach that promotes organizational alignment, consistency and impact, and
- 5) Establishing open and collaborative communication with state and other local representatives regarding PMQI activities, practices, resources, tools and opportunities for improvement.

Appendix 5 contains the PMQI Consortia Team Charter, which further details the roles, responsibilities, and deliverables for PMQI Chairs and Champions.

Appendix 6 features the PMQI Consortia Team delineations, along with the PMQI Chairs for each consortium.

#### Division PMQI Teams

In the summer of 2019, 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 approach to goals, strategies, and objectives for continuous improvement which aid the accomplishment of their specific missions and work.

The 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 will be on refining the program performance review approach, implementing PMQI projects, and bridging the gap between program offices and CHDs.

Appendix 7 contains the Division PMQI Team Charter Template that further details the concept of this structure and the roles of the PMQI Chairs and Champions.

|                      | PMQI Designations       | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Meeting Frequency                                   |
|----------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| PMQI Consortia Teams | CHD PMQI Chairs         | <ul style="list-style-type: none"> <li>CHD PMQI Staff are designated as the Consortium Team Lead</li> <li>May also serve as the PMQI Champion for their CHD</li> <li>Responsible for planning, organizing and communicating PMQI Team activities in conjunction with the Division of PHSPM Staff</li> </ul>                                                                                                                                                                                             | Monthly                                             |
|                      | CHD PMQI Champions      | <ul style="list-style-type: none"> <li>Serve as quality stewards, maintaining responsibility for promoting PMQI within their CHD</li> <li>PMQI Staff designated as the PMQI Lead by their Health Officer</li> </ul>                                                                                                                                                                                                                                                                                     | At least quarterly                                  |
|                      | Division of PHSPM Staff | <ul style="list-style-type: none"> <li>Coordinate work and supporting the organizational efforts of the PMQI Chairs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                          | Technical assistance provided on an as needed basis |
| Division PMQI Teams  | Division PMQI Chair     | <ul style="list-style-type: none"> <li>Division PMQI Staff are designated as the Division PMQI Team Lead by their Division Director</li> <li>Responsible for coordinating and monitoring Division PM Council PMQI and Strategic Plan; providing feedback to Division of PHSPM for growing department culture of QI; providing guidance, leadership, and training to Division PM Council and Bureau Champions on PMQI and accreditation initiatives; coordinating program performance reviews</li> </ul> | At least quarterly                                  |
|                      | Bureau PMQI Champions   | <ul style="list-style-type: none"> <li>PMQI Champions are designated by their Bureau Chiefs and confirmed by their Division Director</li> <li>Serve as a key resource to bureau staff on performance management, strategic planning, quality improvement and accreditation initiatives</li> <li>Lead QI projects for Division/Bureau</li> </ul>                                                                                                                                                         | At least quarterly                                  |

## SECTION 4

### QUALITY IMPROVEMENT TRAINING

#### I. Training Plan

*Reaccreditation Measure: 9.2.2b: The types of quality improvement training available and conducted (for example, new employee orientation, introductory online course for all staff, advanced training for lead QI staff, continuing staff training on QI, and other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.).*

The Department 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 Department personnel, TRAIN Florida, the Public Health Learning Network, the American Society for Quality (ASQ) and local vendors. The Department's PMQI Training Plan requires that, at a minimum,

- A. Division and CHD PM Council members are recommended to complete the Department's problem-solving methodology training series in TRAIN Florida at least once, and
- B. PMQI project team members are recommended to 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 PMC minutes metrics matrix) and annually (via the PMQI Plan Annual Progress Report).

In addition, the Division of PHSPM and the PMQI champions provide regular training to Department staff on PMQI principles, tools and techniques to support the ongoing development of the Department's quality-focused culture.

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

During calendar year 2019, the Department will identify at least one training recommendation that can be utilized agency-wide for 1) new hire orientation, 2) continuous staff development, and 3) advanced PMQI champion development.

## SECTION 5

### PMQI PROJECTS

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

*Reaccreditation Measure: 9.2.2.c. A description of how the performance management system is used to identify and prioritize 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.)*

The Department 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 Department's Strategic Plan, the SHIP, Workforce Development Plan, or other emerging/priority areas. Additionally, CHDs prioritize and select PMQI projects based on their alignment with state and local plans, and/or other emerging local priority areas. Cross-sectional PMQI project teams are established by the Agency Performance Management Council and include both state and local representatives. Team charters are required and 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. Storyboards are provided at the end of each project to share results, lessons learned, and recommended actions to maintain gains.

Divisions and CHDs must complete and document at least one formal PMQI project annually. Projects undertaken collaboratively between divisions or CHDs (i.e. regionally) may apply toward this requirement.

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 three years, the Division will actively lead two agency-wide PMQI projects that promote organizational development in low scoring Quality Improvement Cultural Assessment sub-categories:

**Project 1: Increase Agency QI Cultural Assessment Score for 1.2 Knowledge, Skills and Abilities from 3.63 to 4.0 by July 1, 2020.**

**Project 2: Increase Agency QI Cultural Assessment Score for Sub-Category 6.5 Sharing of Best Practices from a 3.47 to 4.0 by July 1, 2020.**

Appendix 2 contains a table displaying the alignment between the Agency PMQI Plan and the SHIP, Agency Workforce Development Plan, Division Strategic Plan, and Agency Strategic Plan.

Appendix 3 contains documentation regarding the Agency PMQI Planning Process.

## SECTION 6

### 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.*

The NACCHO Roadmap to a Culture of Quality Improvement describes Customer Service as:

*“Customer service is a core tenet of quality. Services offered should be customer driven, and 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 core public health customers. Furthermore, the Department seeks to be fully responsive to changing and emerging customer requirements and pays close attention and responds to customer feedback.

Florida Statutes require 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 strive to 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. County health departments annually report data on their customer satisfaction processes, results, and time frames for acknowledging complaints. Many statewide program offices also have processes to quarterly or annually gather statewide customer satisfaction and feedback data. Additionally, all Department divisions and CHDs are required to include a customer satisfaction/feedback link in external emails.

The Department uses the customer feedback data collected to improve policies, programs and/or interventions. Starting in 2019, customer satisfaction data will be 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.

Examples of implementing a systematic process for assessing customer satisfaction services to drive improvement efforts include:

**County Health Departments:** All 67 CHDs have implemented use of the standardized customer satisfaction survey tool and track complaints that are received. All county health departments administer a customer satisfaction survey at least once a year but can administer the survey more frequently. Annually, they report on two key indicators regarding customer satisfaction and addressed complaints through the CHD Performance Snapshot. For 2017-2019 these indicators are the percent of completed customer satisfaction surveys with a satisfactory or better rating, and the percent of documented customer complaints acknowledged by end of next business day.

**Statewide Programs:** Department programs that directly interact with and serve external customers regularly gather and analyze customer feedback. These data are then considered for QI project, policy, program and/or interventions. Examples of such programs include Vital Statistics, CHARTS, HIV/AIDS Section, Children’s Medical Services, and the Immunizations Section.

| Program                    | Customer Feedback Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bureau of Vital Statistics | <ul style="list-style-type: none"> <li>• Manages Florida’s official vital records of birth, death, fetal death, marriage, and dissolution of marriage that take place in the state</li> <li>• Accepts requests for vital records via mail or in-person, or for birth, death and fetal death records at any of the 67 CHDs</li> <li>• Credit card requests may be made online or by phone through VitalChek.com, the Bureau’s only contracted vendor</li> <li>• The Bureau’s website provides a customer satisfaction link</li> <li>• Receipts for all orders include the website address to access the survey</li> <li>• An email is also sent to mothers of newborns providing information on the Department’s health and wellness programs, along with ordering information and a direct link to the customer satisfaction survey</li> <li>• All receipts for certifications issued include our customer satisfaction survey web address. The link may also be found on the department’s website at <a href="http://www.flhealth.gov/certificates">www.flhealth.gov/certificates</a>. The completed surveys are routed to section managers for review and response with 72 hours of receipt. Customer satisfaction surveys may point out areas or processes that have room for improvement. In these cases, the information is reviewed by the section managers and bureau chief. Possibility for improvement are discussed along with a projected implementation plan</li> </ul> |

| Program                                                                                | Customer Feedback Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CHARTS Team (Division of PHSPM)</p>                                                 | <ul style="list-style-type: none"> <li>• Collects customer feedback through an online feedback form</li> <li>• Responds to questions and suggestions within one business day</li> <li>• Content from feedback may be used in the section of the website called “Did You Know,” or it may become the catalyst for adding new data or functionality to CHARTS</li> <li>• Feedback from external and internal data suppliers and program offices is collected annually</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>HIV/AIDS Section (Bureau of Communicable Disease)</p>                               | <ul style="list-style-type: none"> <li>• Conducts a bi-annual client satisfaction survey (since 2002) of persons who receive HIV counseling, testing and linkage services at county health departments and community-based organization testing sites               <ul style="list-style-type: none"> <li>○ Surveys are provided in English, Spanish, and Creole</li> <li>○ Results are used to identify successful program areas, discover client concerns, and determine opportunities for improving program services</li> <li>○ Informs the HIV counseling and testing program evaluation</li> </ul> </li> <li>• Results are annually reported to the Centers for Disease Control and Prevention (CDC) and are available on the Department’s HIV Counseling and Testing website.               <ul style="list-style-type: none"> <li>○ Reports include detailed information about the survey process, administration sites, respondent demographics, and analyses of survey findings (i.e. overall satisfaction, counselor knowledge, understanding of information received), and recommended improvements (i.e. reducing wait time and increasing marketing of services)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |
| <p>Office of Children’s Medical Services (CMS) Managed Care and Specialty Programs</p> | <ul style="list-style-type: none"> <li>• Conducts annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for its Managed Care Plan (CMS Plan), which serves both the Medicaid and Children’s Health Insurance Program populations               <ul style="list-style-type: none"> <li>○ Results are used to address gaps and improve service delivery/overall patient and family experience</li> </ul> </li> <li>• Operates member and provider helplines and complaint resolution systems and maintains established touch points with members through case managers that families can provide feedback to in real time</li> <li>• Seeks feedback from Florida families year-round through electronic and paper surveys (in English, Spanish, and Creole), as well as focus group discussions related to Florida’s health care system and the priorities of the state’s Title V Children and Youth with Special Health Care Needs program               <ul style="list-style-type: none"> <li>○ Title V efforts include employing Family Support Workers, with experience being served by Florida’s system of care for children and youth with special health care needs</li> <li>○ All CMS workgroups include family and youth voice and representation to ensure that CMS activities and initiatives are inclusive of the family/child perspective</li> </ul> </li> <li>• The CMS websites provide members, providers and the public with a consistent invitation to share feedback via phone or email as advertised on our website</li> </ul> |

| Program              | Customer Feedback Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Immunization Section | <ul style="list-style-type: none"> <li>• Responsible for ensuring Vaccines for Children (VFC)-enrolled providers implement the VFC program per federal and state requirements                             <ul style="list-style-type: none"> <li>○ Field Staff conduct VFC-related site visits which includes enrollment, compliance, and storage and handling visits</li> <li>○ Enrollment visits ensure that provider and provider office staff are educated on the VFC program requirements, and have appropriate resources to implement program requirements</li> <li>○ Compliance site visits verify compliance with the VFC program requirements</li> <li>○ Storage and Handling visits ensure compliance with key storage and handling requirements</li> </ul> </li> <li>• Utilizes a Provider Feedback Questionnaire to understand how well Field Staff work with their assigned VFC-enrolled providers</li> <li>• Site visit data are randomly reviewed</li> <li>• Provider staff present during the site visit are invited to complete a survey to provide feedback from their experience with and observation of the Reviewer or Field Staff team member facilitating the site visit</li> <li>• Results of the feedback questionnaire serve to identify opportunities for program improvements</li> </ul> |

## SECTION 7

### QUALITY IMPROVEMENT MONITORING

#### I. Goals, Strategies, & Objectives – Measures and Performance Monitoring

The Department’s goals, strategies, and objectives are set across all organizational levels and are aligned throughout Health Improvement Plans, 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 Department serves, the success of the services provided, and are carried out via implementation plans.

Division and CHD PM Councils and PMQI Consortia are responsible for measuring, monitoring and reporting the progress achieved on the goals, strategies, and objectives of the Health Improvement Plans, Strategic Plan, Workforce Development Plan, and PMQI Plan. To ensure PMQI plans are routinely monitored, the 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.

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

Appendix 4, PMQI Plan Goals, Strategies, and Objectives, contains a list of the 2018–2020 Agency PMQI Plan goals, strategies, and objectives.

## SECTION 8

### QUALITY IMPROVEMENT COMMUNICATION

#### I. Communication

*Reaccreditation Measure: 9.2.2.e: A description of how the results of quality improvement activities are communicated to staff, the governing entity, and others, as appropriate.*

Ongoing communication is critical to the continuous PMQI process and the institutionalization of the Department's quality improvement culture. The success of the Department'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 Department'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. 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:

- 1) Agency PM Council
- 2) CHD Health Officer Representatives to the Agency PM Council
- 3) Monthly/quarterly Division & County PM Council meetings (standing item on each meeting agenda)
- 4) PMQI Consortia Team Meetings
- 5) PMQI Chairs meet monthly with Division of PHSPM staff to plan PMQI consortia team efforts and upcoming training events.
- 6) Sharing/submitting information with Division of PHSPM, County Health Systems and other appropriate state office programs
- 7) Statewide/community meetings or events
- 8) Appropriate internal and external award nominations
- 9) Storyboards
- 10) SharePoint
- 11) Communication with the Governing Entity

## SECTION 9

### QUALITY IMPROVEMENT EVALUATION

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

*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 and lessons learned, customer/stakeholder satisfaction with programs, and description of how reports on progress were used to revise and update the quality improvement plan.)*

The Division of PHSPM revises and updates the three-year Agency PMQI Plan annually. 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 also reviews PMQI training and resources for relevance and usefulness to Department staff and makes revisions as necessary. The focus of this review includes examining the:

- 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, and
- Linkages with Departmental priorities.

This evaluation process informs the planning for each subsequent year and supports a culture of continuous improvement and excellence.

## APPENDIX 1

### QUALITY IMPROVEMENT KEY PLAN TERMS

| TERM                          | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accountability</b>         | Establishing a systematic method to assure stakeholders (policy-makers 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.<br>(Source: American Society for Quality)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Administrative Project</b> | 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.<br><br>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). |
| <b>Alignment</b>              | Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Baldrige National Quality Program, 2005).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Analyze</b>                | To study or determine the nature and relationship of the parts of by analysis.<br>(Source: Merriam-Webster Online Dictionary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Barriers</b>               | Existing or potential challenges that hinder the achievement of one or more objectives.<br>(Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 <sup>st</sup> Ed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <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.<br>(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)                                                                                                                                                                                                                                                                                                   |
| <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 QI SAT v2.0)                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Change Management</b>      | A structured approach to transitioning an organization from a current state to a future desired state. (NACCHO Roadmap to a Culture of QI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| TERM                                  | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | (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.pfh.org/resourcestools/pages/core_public_health_competencies.aspx">http://www.pfh.org/resourcestools/pages/core_public_health_competencies.aspx</a> ) |
| <b>Culture of Quality Improvement</b> | Culture of quality improvement exists when QI 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 QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI 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 Quality Improvement</i> , Phase 6, NACCHO)                                         |
| <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 QI SAT v2.0)                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <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.)                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <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: Brownson, Fielding and Maylahn. <i>Evidence-based Public Health: A Fundamental Concept for Public Health Practice</i> . Annual Review of Public Health)                                                                                                                                                                                |
| <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</i> , CDC, 2007. <a href="http://www.cdc.gov/nphpsp/PDF/Glossary.pdf">www.cdc.gov/nphpsp/PDF/Glossary.pdf</a> ).                                   |
| <b>Implement</b>                      | To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures (Source: Adapted from Merriam-Webster.com)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <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</i> . Russell T Westcott, editor. 3 <sup>rd</sup> Ed.)                                                                                                                                                                                                                                             |

| TERM                                        | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Key Customer Requirements</b>            | Performance standards associated with specific and measurable customer needs; the “it” in “do it right the first time.”<br>(Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors)                                                                                                                                                                                                                                |
| <b>Objective</b>                            | 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. 1 <sup>st</sup> Ed.)<br><br>Objectives need to be <b>Specific, Measurable, Achievable, Relevant</b> and include a <b>Timeframe (SMART)</b> .                                                                                     |
| <b>Opportunity for Improvement</b>          | Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect its chances of success or failure.<br>(Source: Adapted from BusinessDictionary.com)                                                                                                                                                                                                                                                        |
| <b>Outcomes</b>                             | 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.                                                                                                                                                                                                                                                  |
| <b>Performance Excellence</b>               | 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.<br>(Source: <i>2013 Sterling Criteria for Organizational Performance Excellence</i> )                                                          |
| <b>Performance Gap</b>                      | The gap between an organization's existing state and its desired state (as expressed by its long-term plans).                                                                                                                                                                                                                                                                                                                                                        |
| <b>Performance Improvement</b>              | An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.                                                                                                                                                                                                                                                                                                                                    |
| <b>Performance Indicators</b>               | 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.) (Source: <i>2013 Sterling Criteria for Performance Excellence</i> )                  |
| <b>Performance Management</b>               | A systematic process that helps an organization achieve its mission and strategic goals. (PHF Performance Management Toolkit)                                                                                                                                                                                                                                                                                                                                        |
| <b>Performance Management Council (PMC)</b> | A cross-sectional group of leaders and key staff responsible for overseeing the implementation of the performance management system and QI efforts. (NACCHO Roadmap to a Culture of Quality)                                                                                                                                                                                                                                                                         |
| <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 department; 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 QI processes. (NACCHO QI SAT v2.0) |
| <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. (NACCHO QI SAT v2.0)                                                                                                               |
| <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.<br>(Source: <i>Turning Point Performance Management</i> , National Excellence Collaborative, 2004)                                                                                                                            |

| TERM                            | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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.<br>(Source: ASQ.org)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>PMQI Chairs</b>              | A PMQI 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 rotates annually. The chair will assist the Division of PHSPM to: <ul style="list-style-type: none"> <li>• Identify significant gaps and strengths and participate in planning and improvement activities.</li> <li>• Support and assist development and guidance of professional development, training resources and expertise in quality improvement and performance management practices.</li> <li>• Support and assist guidance and leadership while acting as point of contact for members of the consortium.</li> <li>• Participate in meeting preparation and agenda planning and facilitate material at quarterly team meetings.</li> <li>• Maintain and update the SharePoint site for the consortium</li> </ul> A co-chair may also be named, at the desire of consortium. This individual will perform support functions to assist the chair. |
| <b>PMQI Champions</b>           | Staff that possess enthusiasm for and expertise in QI, serve as QI mentors to staff, and regularly advocate for the use of QI in the agency. (NACCHO Roadmap to a Culture of Quality)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>PMQI Consortia</b>           | A region-based grouping of CHDs that collaborates on PMQI topics specific to their area (see charter, overview series for leaders slide (September 2018) and CHS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Policy</b>                   | 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). (Adapted from: Garner, B.A. editor. <i>Black's Law Dictionary</i> . 8th ed. West Group; 2004)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Population-based Health</b>  | 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.<br>(Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Programmatic Project</b>     | 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 in EH may involve administrative work, however, this is a program example because it is specific to the operation of a specific program, EH.<br><br>Programs, processes, and interventions are the terms used to describe functions, services, or activities carried out through the daily work of public health departments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Promising Practice</b>       | A way to do something that shows some evidence or potential for developing into a best practice. (NACCHO QI SAT v2.0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Public Health</b>            | 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: <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> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| TERM                                   | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | <ul style="list-style-type: none"> <li>□ the control of community infections; 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 department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department 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. While some public health departments 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.</p> <p>(Turnock. <i>Public Health: What It Is and How It Works (4th Ed)</i>. Jones and Bartlett. MA. 2009; Winslow. <i>Man and Epidemics</i>. Princeton Press. NJ. 1952. Institute of Medicine. <i>The Future of Public Health</i>. National Academies Press. Washington, DC. 1988; Public Health Accreditation Board. <i>Standards and Measures Version 1.5</i>. Alexandria, VA, May 2011)</p> |
| <b>Quality Improvement</b>             | <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.</p> <p>(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. “Defining Quality Improvement in Public Health”. <i>Journal of Public Health Management and Practice</i>. January/February 2010)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Quality Improvement (QI) Plan</b>   | <p>A PMQI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI 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 QI 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 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Rapid Process Improvement (RPI)</b> | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Resources</b>                       | <p>Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Storyboard</b>                      | <p>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. (ASQ)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Sustainability</b>                  | <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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| TERM                        | DEFINITION                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             | 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. (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 <sup>nd</sup> Ed.)                                                                                                                                                                                                                                                 |
| <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 takes into account site-specific circumstances and culture and can be provided through phone, email, mail, internet, or in-person. ( <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> ) |
| <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. (Institute of Medicine. <i>Who Will Keep the Public Healthy?</i> National Academies Press. Washington, DC, 2003).                                                   |
| <b>Validate</b>             | To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. (Source: Florida Sterling <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 <sup>nd</sup> Ed.)                                                                                                                                                                                                 |
| <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) and supporting documentation and related reports. (Department of Health and Human Services <i>Model State Vital Statistics Act 7 and 9, Model State Vital Statistics Regulations, 2011 Revision</i> . Hyattsville, Maryland. 2011)                   |

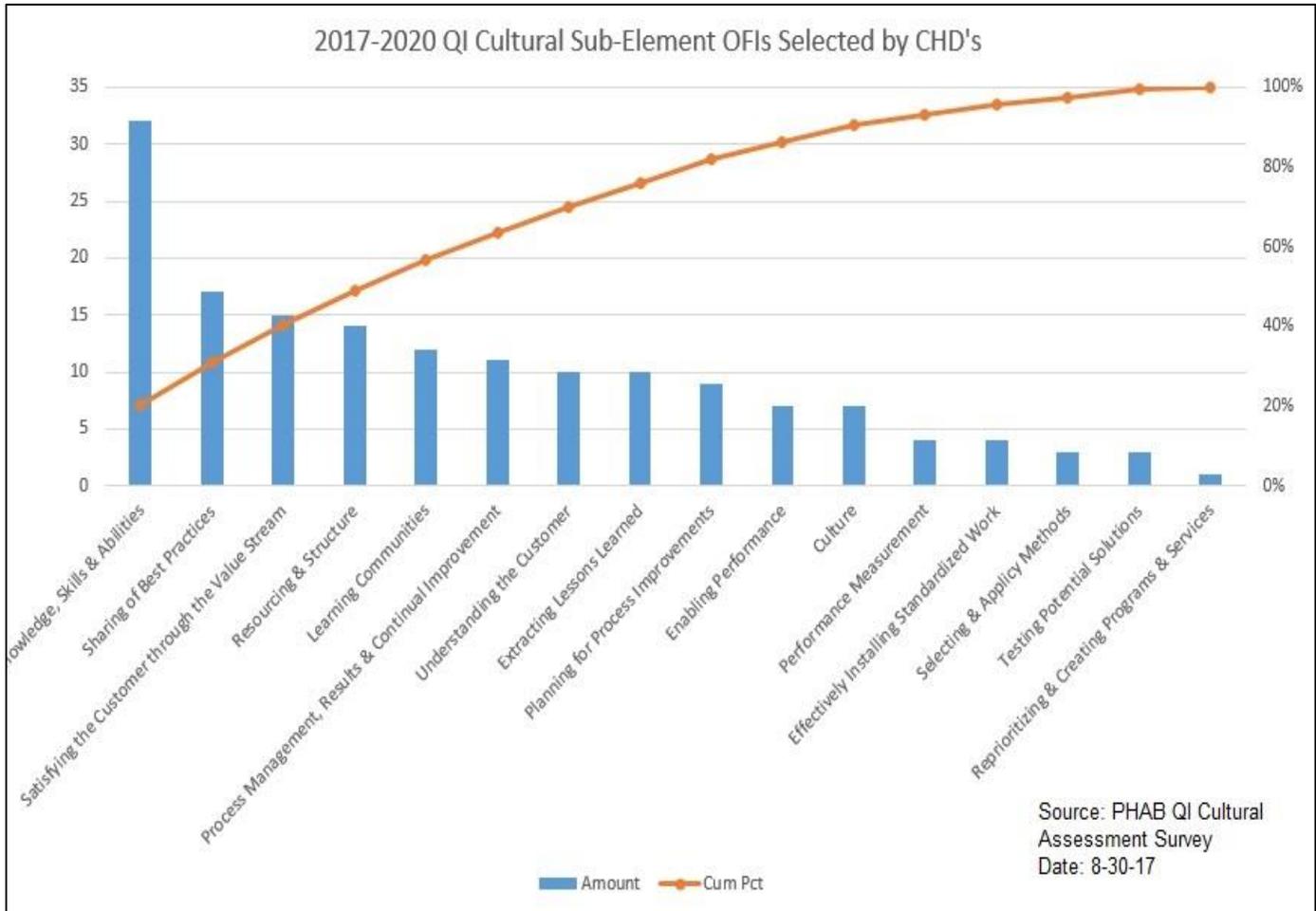
## APPENDIX 2

### PMQI PLAN ALIGNMENT TO STATE HEALTH IMPROVEMENT PLAN, DIVISION STRATEGIC PLAN, AGENCY STRATEGIC PLAN, AGENCY WORKFORCE DEVELOPMENT PLAN

| PMQI Plan                                                                                                  | State Health Improvement Plan | PHSPM Division Strategic Plan | Agency Strategic Plan | Agency Workforce Development Plan |
|------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-----------------------|-----------------------------------|
| 1.1.3 - Develop and implement a systematic process for the consideration of customer/stakeholder feedback. |                               | 4.1.2                         |                       | Pg. 6-7, 13, 26                   |
| 3.1.2 – Conduct, analyze, and evaluate the organization-wide QI Cultural Self-Assessment.                  |                               | 3.1.5                         |                       | Pg. 13, 25                        |
| 3.2 - Capacity building related to PMQI statewide.                                                         |                               |                               |                       | Pg. 13                            |
| 4.1 - Maintain accreditation status and prepare for reaccreditation.                                       |                               | 3.1.4                         |                       |                                   |
| Goal 5 – Implementation and Advancement of PMQI Infrastructure                                             |                               | 3.1.4                         |                       |                                   |
| 5.3 - Ensure standards for QI-related knowledge, skills, and abilities.                                    | HE1.1.1                       |                               | 4.1.1                 |                                   |
| 6.1.1, 6.1.3 - Annual review and revision of PMQI Plan(s)                                                  |                               | 3.1.4<br>3.1.6                |                       |                                   |
| 6.2.1 - Develop and implement a new process for sharing best and promising practices organization-wide.    | HE2.1.1<br>HE2.2.1<br>CD2.1   |                               | 1.1.2<br>4.1.4        | Pg. 3-5                           |

## APPENDIX 3

### QI PROJECT PLANNING PROCESS



## APPENDIX 4

### PMQI PLAN GOALS, STRATEGIES, AND OBJECTIVES

Objectives were consolidated to reflect streamlined work efforts. Complete objectives were removed, consolidated objectives were consolidated.

| Goal 1: Customer Focus                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p>Strategy 1:<br/>Engage stakeholders to ensure satisfaction and improve communications related to performance management and quality improvement statewide.</p>                                                         | <p>Objective 3:<br/>By 12/31/2020, the Department will develop, and 100% of all divisions, offices, and county health departments will implement a systematic process for the consideration of customer/stakeholder feedback.</p>                                                                                                                                                                                                                                                                                                                                                  | <p><b>Lead:</b><br/>Agency PM System,<br/>Division of PHSPM</p> |
| Goal 2: Project Management                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |
| <p>Strategy 1:<br/>Improve the Florida Department of Health’s performance through Quality Improvement projects that support plan objectives.</p>                                                                          | <p>Objective 2:<br/>By 12/31/2020, 100% of all county health departments and central office divisions will complete and document QI projects. When selecting projects, PHAB defined “administrative,” “programmatic,” and “population based” projects will be included in addition to projects prioritized by teams.<br/><br/>Each project must include: a description of the existing effort or gap for which improvement is needed, an aim statement, the quality improvement tools and implementation methods used, and the outcome or progress of the project.<sup>2</sup></p> | <p>CHDs and State Health Office Divisions</p>                   |
| Goal 3: Organizational Culture and Capacity                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |
| <p>Strategy 1:<br/>Promote QI development using a standardized self-assessment tool and ensure that staff at all levels have the opportunity to review and provide feedback on the organizational culture of quality.</p> | <p>Objective 2:<br/>By 12/31/2020, 100% of all divisions, offices, and county health departments will complete, analyze and evaluate the results of the organization-wide QI Cultural Self-Assessment.</p>                                                                                                                                                                                                                                                                                                                                                                         | <p>Divisions, Offices, CHDs</p>                                 |
| <p>Strategy 2:<br/>Ensure capacity building related to performance management and quality improvement statewide.</p>                                                                                                      | <p>Objective 1:<br/>By 12/31/2020, an advanced PMQI training will be offered to each division and county health department.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Division of PHSPM</p>                                        |

<sup>2</sup> Multi-county or division projects may be counted towards this objective

|                                                                                                |                                                                                                                                                                                                                          |                                                                                |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Strategy 3:<br>Ensure standards for QI-related knowledge, skills, and abilities.               | Objective 1:<br>By 12/31/2020, the Department will develop a Body of Knowledge of QI-related knowledge, skills, and abilities for each level of staff (all staff, PMQI project leads, PMQI Champions/Chairs/Leadership). | Agency PM System                                                               |
| <b>Goal 4: Recognition and Benchmarking</b>                                                    |                                                                                                                                                                                                                          |                                                                                |
| Strategy 1:<br>Maintain accreditation status and prepare for reaccreditation.                  | Objective 3:<br>By 7/30/2020, develop action plans to address areas for improvement in reaccreditation report.                                                                                                           | Division of PHSPM                                                              |
|                                                                                                | Objective 4:<br>By 12/31/2019, the Department will develop a PM Standards Tool, and 100% of counties will review their PMQI plan using the tool.                                                                         | CHDs,<br>Division of PHSPM                                                     |
| <b>Goal 5: Implementation and Advancement</b>                                                  |                                                                                                                                                                                                                          |                                                                                |
| Strategy 1:<br>Advance the culture of quality throughout the organization.                     | Objective 1:<br>By 12/31/2020, the Department will advance the Agency's QI Cultural Assessment Phase from a 4.18 to a 4.5.                                                                                               | Agency PM System                                                               |
| <b>Goal 6: Continuous Process Improvement</b>                                                  |                                                                                                                                                                                                                          |                                                                                |
| Strategy 1:<br>Ensure a Culture of Quality is cultivated throughout the Department.            | Objective 1:<br>By 9/30/19, 100% of all county health departments will review and revise their PMQI Plan.                                                                                                                | CHDs                                                                           |
|                                                                                                | Objective 2:<br>By 7/1/2020, 100% of all county health departments will develop a local 3-year PMQI Plan that aligns to the Agency PMQI Plan.                                                                            | CHDs                                                                           |
|                                                                                                | Objective 3:<br>By 12/31/2019, the Department will review and revise the Agency PMQI Plan.                                                                                                                               | Division of PHSPM,<br>Agency PM Council                                        |
|                                                                                                | Objective 4:<br>By 12/31/2019, the Division of PHSPM will develop action plans to address PHAB Annual Report Feedback and coordinate implementation of 75% of these plans.                                               | Division of PHSPM                                                              |
| Strategy 2:<br>Identify, support, and replicate best and promising practices across the state. | Objective 1:<br>By 12/31/2019, the Department will develop and implement a new process for sharing best and promising practices organization-wide.                                                                       | Sharing Best Practice Steering Committee,<br>FSU students,<br>Agency PM System |

## APPENDIX 5

### PMQI CONSORTIUM TEAM CHARTER TEMPLATE

#### **Purpose**

The purpose of the 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 Team will share best and promising practices, resources, and tools related to performance management and quality improvement; 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 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 and tools that promote 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.
- Share opportunities for improvement and address barriers to a culture of quality.
- Communicate 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 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.

## **Roles**

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

- Coordinate and/or provide one funded advanced QI training for Chairs as a team by December 31, 2019.
- Facilitate PMQI Chair calls, compose identified gaps and strengths and disseminate information to PMQI 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 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 Chairs.

### **PMQI Chair:**

A PMQI 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 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.
- Support and assist development and guidance of professional development, training resources and expertise in quality improvement and performance management practices.
- Support and assist guidance and leadership while acting as point of contact for members of the consortium.
- Participate in meeting preparation and agenda planning 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 Champions:**

PMQI Champions from each CHD should participate in the PMQI Teams. Champions will act as quality stewards, maintaining responsibility for promoting performance management and quality improvement. 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. PMQI Chairs may also serve as the PMQI Champion for their CHD. PMQI Champions will support and participate 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 between the CHD Performance Management Council and/or Health Officer and the PMQI Team. 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:**

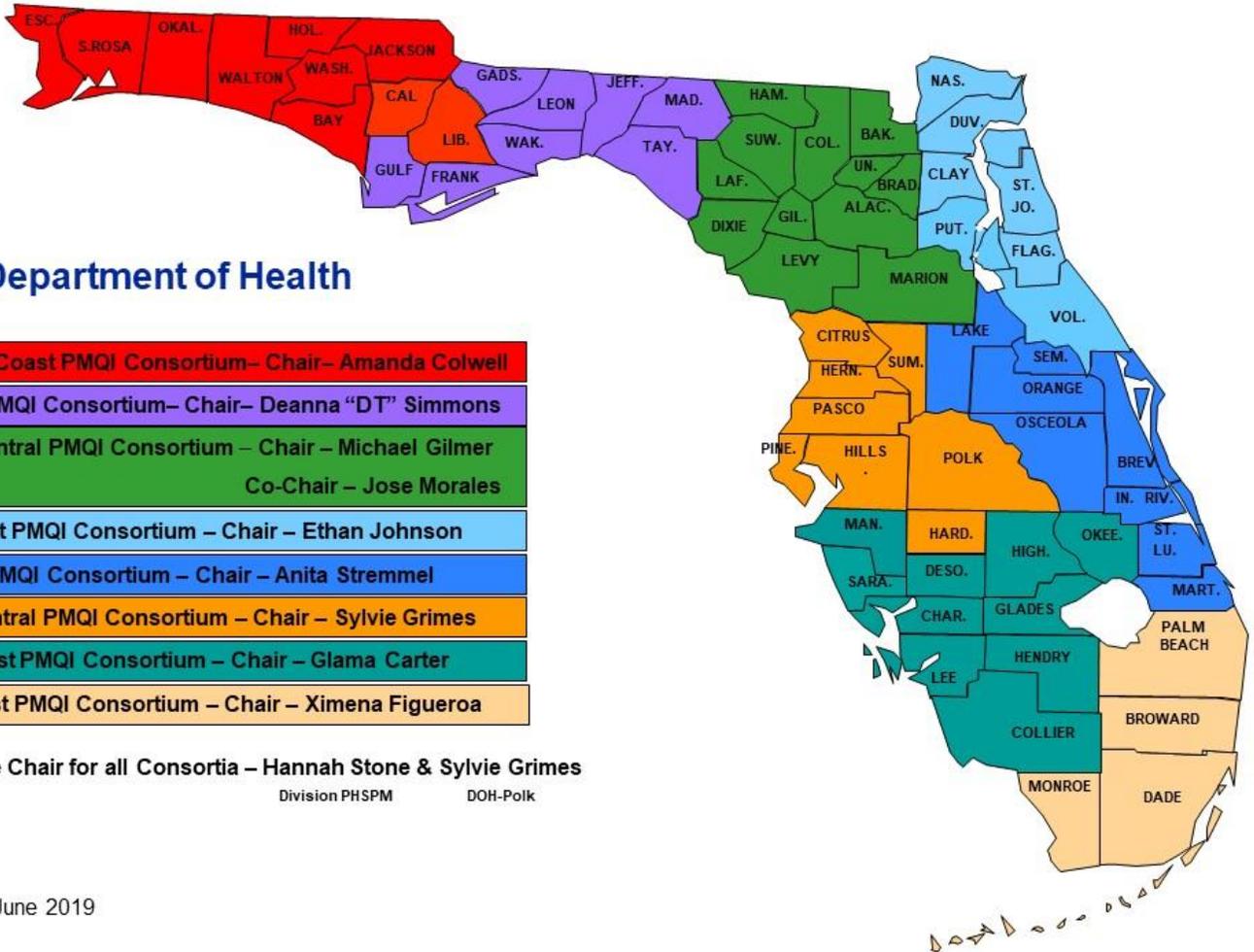
1. A minimum of three documented (agenda, sign-in, minutes) collaborative meetings occur between January 1, 2019 and December 31, 2019. Chairs and champions attend at least two meetings held by December 31, 2019.
2. A monthly call between the Division of Public Health Statistics and -PMQI Chairs and 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. Twelve calls are completed by December 31, 2019 with emails sent from the Division.
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, 2019.
4. Each CHD presents at least one local QI project storyboard and/or best or promising practice during a PMQI meeting before December 31, 2019. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint site.
5. The 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 PMQI Consortium will attend face-to-face meetings and 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 6

## PMQI CONSORTIUM TEAM MAP



### Department of Health

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| <b>Emerald Coast PMQI Consortium– Chair– Amanda Colwell</b>                               |
| <b>Capital PMQI Consortium– Chair– Deanna “DT” Simmons</b>                                |
| <b>North Central PMQI Consortium – Chair – Michael Gilmer<br/>Co-Chair – Jose Morales</b> |
| <b>Northeast PMQI Consortium – Chair – Ethan Johnson</b>                                  |
| <b>Central PMQI Consortium – Chair – Anita Stremmel</b>                                   |
| <b>West Central PMQI Consortium – Chair – Sylvie Grimes</b>                               |
| <b>Southwest PMQI Consortium – Chair – Glama Carter</b>                                   |
| <b>Southeast PMQI Consortium – Chair – Ximena Figueroa</b>                                |

**Statewide Chair for all Consortia – Hannah Stone & Sylvie Grimes**  
 Division PHSPM      DOH-Polk

Updated June 2019

## APPENDIX 7

### DIVISION PMQI TEAM CHARTER TEMPLATE

#### **Purpose**

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. The PMQI Teams will serve 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 Teams will work to strengthen performance management and quality improvement capacity and efforts, including identifying needs and corresponding training and support to address needs; providing feedback to the Division of Public Health Statistics and Performance Management (DPHSPM) to modify and improve the Department's performance management system; and supporting other professional development activities and needs. 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 and tools that promote organizational alignment with strategic priorities.

Support and encourage continuous engagement regarding quality improvement, annual Public Health Accreditation Board (PHAB) accreditation reporting requirements, and PHAB reaccreditation requirements

Share opportunities for improvement and address barriers to a culture of quality

Communicate with the DPHSPM, performance management councils and other local representatives regarding performance management, quality improvement, and reaccreditation (including activities, practices, resources, tools and opportunities for improvement)

#### **Roles**

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.

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

- Coordinate and/or provide one advanced Quality Improvement (QI) training for division chairs by December 31, 2019
- 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 DPHSPM to coordinate, plan, monitor, and communicate activities and efforts with Bureau Champions. Division Chairs are chosen by division directors to assist the DPHSPM to:

- Coordinate and monitor division Performance Management (PM) Council development of strategic plan and QI Plan
- Provide feedback to Division of Public Health Statistics and Performance Management for growing department culture of quality and performance management
- Provide guidance, leadership and training to division PM Council and Bureau Champions on performance management, quality improvement and accreditation initiatives
- Coordinate program performance reviews within their division, ensuring materials are timely and of high quality, providing technical assistance and training as necessary

##### **Bureau Champions:**

Bureau Champions work with the Division Chairs to plan, organize, and communicate activities and efforts with staff in their respective bureau. Bureau Champions are nominated by bureau chiefs and confirmed by the division director to assist the Division Chair and DPHSPM to:

- Identify significant gaps and strengths and participate in planning and improvement activities
- Act as a key resource to bureau staff on performance management, strategic planning, quality improvement and accreditation initiatives
- Lead QI projects for division or bureau: plan and manage, give technical assistance and training, implement, track progress, submit documentation, ensure improvement is sustained