



March 2024 – February 2027

Performance Management and Quality Improvement Plan

Florida Department of Health in Broward County

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Published: March 2024

Last Update/Revision: March 29, 2024

Revisions Page

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By

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Purpose

The Florida Department of Health in Broward County (DOH-Broward) is the county health department located in Fort Lauderdale, Florida. It provides population/community-based services to the county's 1.9 million residents and over 10 million visitors annually. DOH-Broward is the lead agency providing core public health functions and essential services in the county as part of a complex public health system that includes hospitals, clinics, planning agencies, community-based organizations, and others. Public health is a fundamental element of the quality of life available to residents and visitors in Broward County and focuses on protecting and promoting community health through organized state and community efforts and a cooperative agreement with the county.

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

The goals of the DOH-Broward PMQI Plan are to ensure ongoing organizational improvement and to attain and sustain a culture of quality that follows key indicators from an established culture of quality tool such as the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.¹

I. Organization Statement of Commitment to Quality

DOH-Broward is committed to systematically evaluating and improving the quality of its programs, processes, and services. This commitment is demonstrated by DOH-Broward's recognition as a 2018 recipient of the Florida Governor's Sterling Award for Performance Excellence and 16 NACCHO Model Practice program recognitions (Appendix 6). This intentional focus on quality enables the Department to achieve high levels of efficiency, effectiveness, and customer satisfaction.

The PMQI Plan covers a three-year period and is evaluated and updated annually. The PMQI program described in the 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. DOH-Broward's day-to-day operation of work processes ensures that key process requirements are met through supervision, continuous measurement of in-process metrics, quantity and quality of work process outputs, and customer satisfaction. Leadership will ensure that practices are implemented to create a workforce culture of action, continuous improvement, and performance excellence.

¹ See Appendix 1, Performance Management and Quality Improvement Plan Key Terms, for a summary of common terminology and definitions used throughout this document.

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".

The Department's values exemplify a culture of quality:

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners

Excellence: We promote quality outcomes through learning and continuous performance improvement.

I. Current and Future State of Quality

The NACCHO Roadmap to a Culture of Quality Improvement (QI) defines organizational culture as:

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

In June of 2021, the DOH-Broward Performance Management (PM) Council engaged in a formal department-wide culture of quality self-assessment. The assessment results (Appendix 4) were shared with the State Health Office and used to inform the Agency PMQI Plan. DOH-Broward PM Council members reached a consensus assessment of the current culture of quality as a 5.4 which is Phase 5: Formal Agency-Wide QI in the development of a culture of quality. The following are the phases in the development of a culture of quality:

- Phase 1: No Knowledge of Quality Improvement (QI)
- Phase 2: Not Involved with QI Activities
- Phase 3: Informal or Ad Hoc QI
- Phase 4: Formal QI in Specific Areas of the Organization
- Phase 5: Formal Agency-Wide QI and
- Phase 6: Overall Organizational Culture of Quality

The self-assessment enabled DOH-Broward to identify opportunities for improvement and to 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 and the PMQI Champion.
- Incorporate self-assessment results into the County Health Department (CHD) PMQI Plan.
- Adopt transition strategies using a recognized tool, such as the NACCHO Roadmap, to strengthen and standardize PMQI activities.

Based on the results of the culture of quality self-assessment, the DOH-Broward PM Council identified opportunities for improvement and incorporated these findings into the development of the Performance Management and Quality Improvement Plan’s goals, strategies, and objectives. With the intent to institutionalize performance management and quality improvement and to increase the unit’s overall culture of quality score, the PM Council selected the following Roadmap foundational elements/sub-elements to work towards improving the plan goals:

Goal 1: NACCHO SAT 2.0, Element 1: Employee Empowerment

- Sub-Element 1.2: Knowledge, Skills, and Abilities (KSA's)

Goal 2: NACCHO SAT 2.0, Element 4: Customer Focus

- Sub-Element 4.2: Meeting and Exceeding Customer Expectations

Goal 3: NACCHO SAT 2.0, Element 5: QI Infrastructure

- Sub-Element 5.2: Performance Measurement and use of data
- Sub-Element 5.3: Quality Improvement Planning

Goal 4: NACCHO SAT 2.0, Element 6: Continuous Quality Improvement

- Sub-Element 6.1: Improving Standardized Work
- Sub-Element 6.2: Planning for QI Projects

The strategies to accomplish these goals will be adapted from the suggested transition strategies available in the [Roadmap](#).

To support continued process improvement and development, DOH-Broward intends to conduct another formal culture of quality self-assessment when a statewide assessment tool is available for use.

I. 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 the Governor and confirmed by the Senate. The Department's Executive Management Team includes the General Counsel, the Chief of Staff and four Deputy Secretaries who oversee business and programmatic operations. The State Health Office provides leadership to DOH-Broward through the Office of the Deputy Secretary for County Health Systems. The DOH-Broward Health Officer reports to the Deputy Secretary for County Health Systems. This officer sets expectations and monitors performance.

The Division of Public Health Statistics and Performance Management (Division of PHSPM) develops and maintains the Department's performance management system. 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 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.

To ensure a statewide focus on performance management and quality improvement, the Division of PHSPM established eight PMQI Consortia teams comprised of PMQI Champions from each CHD. These PMQI Consortia teams are fostering a strong culture of quality by supporting local performance management activities, promoting capacity building, and providing technical assistance, training, and communications support for statewide and local performance management and quality improvement initiatives. DOH-Broward is an active participant in its PMQI Consortia Team. PMQI champions are appointed to the PMQI Consortia by their Health Officer / Administrator.

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

- A. The DOH-Broward leadership team (Health Officer, Deputy Director, Performance Excellence Director, PMQI Champion, Business Analytics Manager, Workforce Development Manager, and Talent Management Director) is accountable for building and sustaining a culture of quality in the Department by:
 - 1) Removing barriers associated with completing strategic goals as outlined in either the Strategic Plan, the PMQI Plan or the Community Health Improvement Plan within

- this document all three plans are referred to as “Plans”) and continuous performance improvement.
- 2) Engaging various stakeholder groups to promote involvement and obtaining support for department strategic goals.
- B. The PMQI Champion is appointed by leadership and possesses core competencies identified by the State Health Office. The champion is responsible for:
- 1) Leading the development of the PMQI Plan and self-assessment.
 - 2) Coordinating training identified in the PMQI Plan.
 - 3) Serving as the point of contact between the Performance Management Council and the PMQI Consortia team.
 - 4) Serving as the point of contact in the organization for reporting progress through lessons learned and sharing results of improvement initiatives and learned practices that result in improved performance.
 - 5) Serving as a quality steward, maintaining responsibility for promoting PMQI within the CHD.
- C. The PM Council is chaired by the health officer and comprised of the DOH-Broward leadership team, DOH-Broward Program Managers, PMQI Champion and CHA, CHIP, Strategic Plan, PMQI Plan and Workforce Development Plan leads. It will operate in accordance with the team charter and is responsible for:
- 1) Selecting priority strategies for QI projects.
 - 2) Assessing progress toward a sustainable culture of quality within the CHD using an established culture of quality self-assessment tool.
 - 3) Developing and implementing a three-to-five-year PMQI Plan.
 - 4) Developing, approving, monitoring, and evaluating plans and QI projects.
 - 5) Conducting a quarterly review of progress toward completion of a PMQI Plan, including QI projects.
- D. All DOH-Broward staff have a role in fostering a culture of quality by:
- 1) Developing an understanding of basic PMQI processes and tools and applying PMQI into daily work.
 - 2) Identifying and recommending to the PM Council (or via other established processes such as an anonymous suggestion box) opportunities for improvement that may become QI projects.
 - 3) Participating in QI project teams as appropriate.

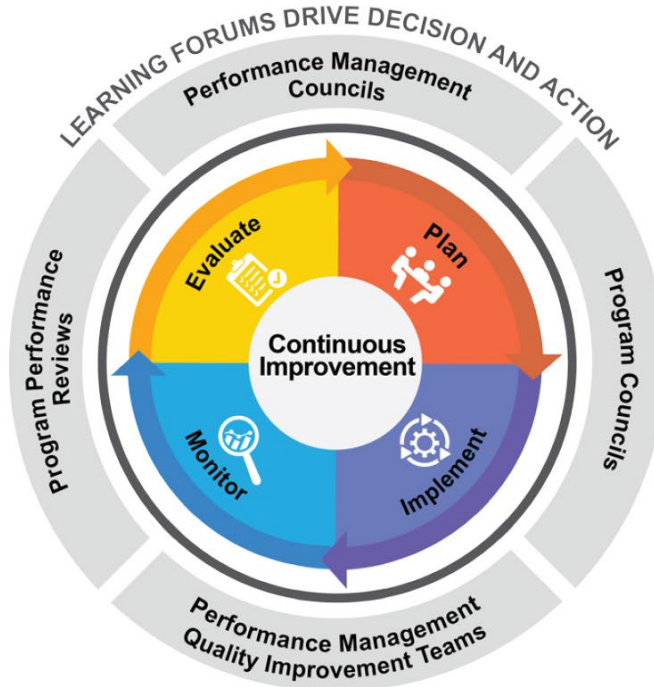
The DOH-Broward PM Council meets monthly, for no less than ten times per year. The DOH-Broward leadership team and PM Council memberships are reviewed at the end of each calendar year for succession and rotation. PMQI Champions are rotated at the discretion of the Health Officer.

PERFORMANCE MANAGEMENT SYSTEM



Qualities that Impact a Successful Performance Management System:

-  Culture of Quality
-  Transparency
-  Strategic Alignment
-  Customer Focus



4 COMPONENTS:

Evaluate

- Conduct Health Assessments
- Analyze Strengths, Weaknesses, Opportunities and Threats
- Survey Workforce Interests and Needs
- Assess Culture of Quality

Plan

- Determine Strategic Direction
- Identify Goals, Strategies and Objectives
- Allocate Budget
- Build Capacity through Workforce Development
- Design Quality Improvement Activities
- Identify Opportunities for Improvement

Implement

- Execute Action Plans
- Implement Quality Improvement Initiatives/ Projects
- Utilize Stakeholder Partnerships
- Address Barriers and Challenges

Monitor

- Measure Performance
- Collect and Analyze Data
- Report Progress
- Consider Emerging Issues and Customer Feedback
- Celebrate Success



I. Training Plan

The Department recognizes that ongoing training in PMQI methods and tools is critical for creating a sustainable performance management and quality improvement program. These training opportunities are available through providers including Department subject matter experts, TRAIN Florida, the National Network of Public Health Institutes’ Public Health Learning Network, the American Society for Quality and other organizations. The Department’s PMQI Training Plan requires that, at a minimum:

- A. CHD PM Councils complete the Department’s problem-solving methodology training series in TRAIN Florida at least once.
- B. QI project team members complete the Department’s problem-solving methodology training series in TRAIN Florida at least once and complete the PMQI projects identified in this plan.

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

In addition, the Division of PHSPM provides regular training to Department staff on PMQI principles, tools, and techniques to support the ongoing development of the Department’s quality-focused culture. DOH-Broward PMQI Champions also provide trainings to county health department staff on Customer Focus, Leadership and Workforce Development.

Training in PMQI methodology and QI tools are critical in creating a sustainable culture of quality. PMQI training opportunities are available and offered by DOH-Broward personnel, TRAIN Florida, the Public Health Learning Network, and the American Society for Quality (ASQ).

The following DOH-Broward PMQI training plan is verified by TRAIN completion reports and/or certificates of completion (maintained by DOH-Broward Workforce Development) and includes:

PMQI Training Plan		
Name of Training	Staff Identified for Each Training	Time
FDOH Problem Solving Methodology Training Series, TRAIN# 1058483	45 - PMC members	3 hours
FDOH Customer Focus Training Fiscal Year 2023-2024, TRAIN# 1111288	All DOH-Broward staff	1 hour
Organizational Culture of Quality Self-Assessment Tool Training, DPHSPM	1 - PMQI Champion	N/A
DOH-Broward Customer Focus – New Employee Orientation, 2024	All DOH-Broward new hires within 30 days	1 hour
Malcolm Baldrige/Sterling Criteria Training	20 - PMC members and Leadership staff	3-day training
Six Sigma Green Belt Training	4 – PMC members	40 hours
Public Health Improvement Training (PHIT), National Network of Public Health Institutes	2 – PMQI Champions	2-day training
Korn Ferry Executive Leadership Workshop to drive performance	70 – DOH-Broward Leadership staff	3-day training

I. Processes to Identify Opportunities for Improvement, Areas of Excellence and Best or Promising Practices

Customer Feedback and Key Performance Indicators for Continuous Improvement

The DOH-Broward PM Council establishes processes to identify opportunities for improvement, areas of excellence, and best or promising practices, which includes a process to solicit customer feedback and administer the culture of quality assessment.

The PM Council reviews key performance indicators utilizing the Active Strategy Performance Management system to identify potential quality improvement projects. Key performance indicators include customer feedback data, culture of quality assessment results, quarterly performance data and annual progress reports for the CHD's strategic plan and Community Health Improvement Plan (CHIP). Key performance data may indicate opportunities for improvement to be discussed with the DOH-Broward leadership team for prioritization and implementation as potential QI projects.

Target attainment for performance indicators is monitored monthly, quarterly, and annually through the use of scorecards and dashboards. Underperforming metrics are assigned variance reports and corresponding action plans. DOH-Broward utilizes a multi-level business review process to ensure data and progress toward achieving goals and objectives are shared throughout the organization. During Program and Divisional Level meetings, staff have a venue to share thoughts to generate potential improvement projects.

DOH-Broward also uses customer focused performance measures to drive continuous performance improvement and ensure excellence. For this reason, DOH-Broward gathers, analyzes, and reports customer feedback data in several ways like conducting customer satisfaction surveys and community meeting surveys.² Customer feedback data are used to improve policies, programs and/or interventions as outlined in Section 6 of this document. Where appropriate, customer focused data may result in the selection of a QI project by the PM Council.

QI Project Identification, Alignment, and Implementation Processes

QI projects are selected and prioritized based on their alignment with the priorities and goals in the CHD's PMQI plan, strategic plan, CHIP, workforce development plan or other emerging/priority areas. In addition, QI projects may also be prioritized based on their alignment with state level plans.

DOH-Broward completes and submits at least one formal QI project annually to the Division of PHSPM through Florida Health Performs. Projects undertaken collaboratively with other CHDs can apply toward this requirement. Projects may be a combination of the following project types:

- *Administrative* – Projects that improve organizational processes, including activities that impact multiple sections/programs (e.g., contract management, vital records, human resources, staff professional development, workforce development and financial management).

² Florida Customer Standards Act (s. 23.30, Florida Statutes) and DOHP 180-1 Customer Focus

- *Population-based* – Projects that feature interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks (e.g., tobacco, drug and alcohol use, diet and sedentary lifestyles, and environmental factors).
- *Programmatic* – Projects that have a direct impact within one specific program (even if administrative in nature) and include the functions, services and/or activities carried out through the daily work of public health department programs.

Project teams develop team charters and project scopes to identify the PMQI tools and methodology that will be utilized to structure the project. Teams develop action plans to establish accountability for project monitoring and evaluation expectations. Projects align with PMQI plan goals, strategies, and objectives to support activities contributing to the accomplishment of the plan.

Project teams document the completion of QI projects in a storyboard or narrative that covers the minimum project components outlined by the Division of PHSPM:

- List the type of QI project: administrative, programmatic or population based
- Describe how the opportunity for improvement was identified including how data were used in this process.
- Include a [SMART](#) (Specific, Measurable, Achievable, Relevant, Time-Oriented) aim statement
- Describe the type of PMQI method used such as Plan Do Check Act (PDCA), Define, Measure Analyze, Improve, Control (DMAIC), Kaizen, lean, rapid cycle improvement or other recognized PMQI method(s).
- Describe the use of [PMQI tools](#) to better understand or make decisions about 1) the current process, 2) [root causes](#), 3) possible solutions and 4) [prioritization](#) and [selection](#) of solutions for implementation.
- Describe the QI project outcomes including progress toward the aim statement. The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project.
- Indicate if a best practice was identified through the QI project process.

The documentation (storyboard or narrative) is included in the PMQI Plan Annual Progress Report. Progress on QI projects is documented in the DOH-Broward PM Council quarterly meeting summaries or minutes.

I. Measures and Monitoring Performance

DOH-Broward members of the PM Council are responsible for measuring, monitoring, and reporting progress achieved on the goals, strategies and objectives of the CHIP, Strategic Plan, Workforce Development Plan and PMQI Plan. To ensure the PMQI plan is routinely monitored, the DOH-Broward PM Council meets at least quarterly to monitor progress. The status of the PMQI Plan is reported in the meeting summary and submitted to the Division of PHSPM within ten business days after the summary has been approved by the DOH-Broward PM Council. Based on the quarterly progress monitoring, the PM Council will update plan objectives as needed.

The Division of PHSPM collects the following key performance indicator data from all CHDs and includes this data in the Annual Agency PMQI Progress Report:

- Percentage of identified individuals completing PMQI trainings>
 - <Number of PMC Members / Number who have completed training>
 - <Number of staff working on QI Projects / Number who have completed training>
- Percentage of PMQI Plan objectives resulting in improved results
 - <Number of PMQI Plan Objectives / Number resulting in improved results>

Annually, DOH-Broward submits a PMQI Plan Annual Progress Report assessing progress toward reaching goals, strategies, objectives, and achievements for the year. From these annual reports, the Division of PHSPM provides an annual statewide progress report to the Agency Performance Management Council. The CHD PM Council oversees the development of all PMQI Plans, annual progress reports and revision of these plans.³

DOH-Broward monitors progress in achieving objectives through our performance management system Active Strategy, and business reviews which are conducted at PM Council meetings. Business reviews are held regularly with staff at different levels of the organization and establish accountability for performance reporting. Variance reports are created for underperforming metrics to track cycles of improvement in support of our Mission, Vision, and Values. Employee engagement and accountability is achieved by linking metrics to each employees' performance evaluation. In addition, employees and programs that achieve outstanding performance are recognized at the annual DOH-Broward Employee Conference.

II. Customer Focus

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

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

³ Section IX, PMQI Plan Goals, Strategies, and Objectives contains a list of the Year 2024–2027 DOH-Broward PMQI Plan goals, strategies and objectives

The Department has developed and implemented a Customer Focus Policy, DOHP 180-1 to establish expectations and provide guidance regarding collecting, monitoring, and addressing customer feedback. Employees are expected to always meet and often exceed customer expectations for quality, timeliness and effective personal interaction when providing health products, services, and information to the public. The Department uses customer satisfaction data to identify unmet needs and continuously improve the quality of services offered. All employees are required to complete an online Customer Focus training each year.

The Department gathers, analyzes, and reports customer feedback data in several ways, including conducting customer satisfaction surveys and community meeting surveys. County health departments annually report data on their customer satisfaction processes, results and timeframes for acknowledging complaints in the CHD Snapshot.

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

- Conducting customer satisfaction surveys (via paper, website link, telephone, and touchscreen kiosks)
- Direct feedback provided face-to-face, by phone or by email to specific staff member
- Customers email the Office of the Governor and DOH Central Office with feedback, questions, and comments, which are transmitted to DOH-Broward for follow up
- Contracted providers are required to administer customer surveys and DOH-Broward reviews this data during the contract monitoring process
- Managers interact directly with customers, resolving complaints in real time at the lowest organizational level possible
- For internal customers, DOH-Broward provides a continuous Customer Survey for support services such as Talent Management, IT and General Services

Customer feedback is analyzed, shared with staff at all levels of the agency, and used to inform decisions. Survey data is aggregated and segmented by program/site and disseminated to program managers who analyze the data and initiate improvement cycles as necessary. Customer satisfaction metrics and variance reports are also tracked at monthly PM Council meetings. Customer satisfaction metrics are also included in staff annual performance evaluations.

DOH-Broward also has a process by which customer complaints are submitted, investigated, and followed up on with corrective actions as necessary. Complaints may be received in electronic and paper form, or over the telephone. Complaints are logged in DOH-Broward’s complaint reporting system and resolutions documented.

Customer feedback data is also included in the annual PMQI Plan progress reports. Customer satisfaction data may indicate opportunities for improvement, opportunities and projected implementation plans to be discussed with the DOH-Broward leadership team.

Voice of the Customer Indicators	
Indicator Name	Customer Group External/Internal
Overall Customer Satisfaction Rate – Top Box Only	External
Overall Customer Satisfaction Rate	External
Customer Satisfaction Rate by Program	External
Customer Satisfaction Rate by Program Service Time	External

Percent of Documented Customer Service Complaints Acknowledged by the End of the Next Business Day	External
Overall Employee Satisfaction Rate	Internal
First Contact Resolution Help Desk Score	Internal
Customer Satisfaction Score – IT, General Services	Internal

I. Communication

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 towards becoming a learning organization is promoted by systematic information-sharing, networking collecting, and reporting on knowledge gained.

The DOH-Broward PM Council, chaired by the Health Officer, meets at least quarterly but may meet more frequently. Meetings are documented using an agenda, sign-in sheet, and meeting summary. Key performance indicators are reviewed during the meeting and progress is communicated to CHD staff, the Board of County Commissioners, other governing entities, and community partners as appropriate.

PM Councils leverage the advantage of Florida's integrated local public health system by sharing resources and information with peers. On a regular basis, QI project leads are responsible for informing the PMQI Champion on project results and progress. The PMQI Champion and PM Council communicates PMQI activities to staff at all levels, including QI projects, best practices, results of improvement initiatives and lessons learned using:

- 1) PM Council meetings and meeting summaries
- 2) Staff meetings that include staff at all levels
- 3) PMQI Consortia Team Meetings
- 4) Sharing/submitting information with the Division of PHSPM, County Health Systems and other appropriate state office programs
- 5) Statewide/community meetings or events
- 6) Appropriate internal and external award nominations
- 7) Storyboards or narratives addressing key topics
- 8) Newsletters or similar publications
- 9) Florida Health Performs – the Department's web-based platform for the performance management system

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

I. Review and Update the PMQI Plan

Annually, the DOH-Broward PM Council reviews the PMQI Plan during PM Council meetings to identify strengths, opportunities for improvement and lessons learned by reviewing the status of PMQI projects and achievement of objectives. Program managers meet with stakeholders and report project progress at the monthly PM Council business reviews. DOH-Broward program managers and leaders participate in community meetings and share business results. Regular monthly multi-level business reviews at different levels of the organization provide a way to share business results and for staff to contribute ideas regarding revisions to QI projects or suggest new QI projects. This information is reported and evaluated at the annual PM Council meeting by the PM Council. Staff who contributed toward QI projects are invited to share results and best practices during the business review section of the PM Council monthly and annual meetings. During this review process, DOH-Broward also reviews PMQI training and resources for relevance and usefulness to staff and makes revisions as necessary. Data is compiled through Active Strategy and this information is reported to the Division of Public Health Statistics and Performance Management through an Annual Progress Report.

The focus of this review includes examining:

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

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

Priority 1: Customer Focus			
Goal 1.1: Promote a Culture of Customer Service Excellence			
Objective	Lead Individual and Title or Organizational Unit	Status	Alignment
<p>Objective 1.1A: By December 31, 2024, create an internal operating procedure (IOP) for Health Management System (HMS) downtime to ensure continuity of services and clients are minimally impacted during a potential system disruption, from 0 in 2023 to 1.</p> <p>Data Source: Completion of an HMS Downtime IOP</p>	HMS Users Committee	On Track	<p>Agency Plans: APMQI - 1.1.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP - 4.1.5</p>
<p>Objective 1.1A: By December 31, 2026, improve signage at DOH-Broward clinic sites to help clients navigate to our programs and services from 0 sites in 2023 to 7 sites.</p> <p>Data Source: Signage implemented at DOH-Broward clinic sites</p>	Roland Martinez, Deputy Director	On Track	<p>Agency Plans: APMQI - 1.1.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP - 4.1.5</p>
Priority 2: Quality Improvement Training			
Goal 2.1: Foster a Culture of Quality through Quality Improvement Training and Employee Empowerment			
Objective	Lead Individual and Title or Organizational Unit	Status	Alignment
<p>Objective 2.1A: By December 31, 2026, increase the number of DOH-Broward PM Council members who have completed the FDOH Problem Solving Methodology course from 0% in 2023 to 100%.</p> <p>Data Source: TRAIN Learning Management System Training participant logs</p>	Workforce Development	Not Started	<p>Agency Plans: APMQI - 3.2.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP- 4.1 WFD - 5.1</p>

<p>Objective 2.1B: By December 31, 2026, increase the number of DOH-Broward PM Council Members who have completed Six Sigma Green Belt Training from 0 in 2023 to 4.</p> <p>Data Source: Six Sigma Green Belt Certification Training participant logs</p>	Performance Excellence	Not Started	<p>Agency Plans: APMQI - 3.2.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP - 4.1 WFD - 5.1</p>
<p>Objective 2.1C: By December 31, 2024, increase the number of DOH-Broward PM Council members who have completed Malcolm Baldrige/Sterling Criteria Training from 9 in 2023 to 20.</p> <p>Data Source: Malcolm Baldrige/Sterling Criteria Certification Training participant logs</p>	Roland Martinez, Deputy Director	On Track	<p>Agency Plans: APMQI - 3.2.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP - 4.1 WFD - 5.1</p>
<p>Objective 2.1D: By December 31, 2026, increase the number of DOH-Broward leadership staff who have completed the 3-day Korn Ferry Executive Leadership Workshop to drive performance from 0 in 2023 to 70.</p> <p>Data Source: Training participant logs</p>	Roland Martinez, Deputy Director	On Track	<p>Agency Plans: APMQI - 3.2.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP- 4.1 WFD - 5.1</p>
<p>Objective 2.1E: By February 28, 2027, increase the number of PMQI related training opportunities conducted by the DOH-Broward PMQI Champion or PMQI consortium from 2 in 2023 to 6.</p> <p>Data Source: Training participant logs</p>	Performance Excellence	On Track	<p>Agency Plans: APMQI - 3.2.2 ASP - 4.1.1A AWFD - 4.1 CHD Plans: SP - 4.1 WFD- 5.1</p>

Priority 3: Continuous Quality Improvement

Goal 3.1 Improve DOH-Broward programs and services through innovation and QI projects

Objective 3.1A:	Lead Individual and Title or Organizational Unit	Status	Alignment
<p>By December 31, 2026, increase the percentage of initiated and completed QI projects from 0% (January 2024) to 75%.</p> <p>Data Source: Division of Public Health Statistics and Performance Management, Bureau of Performance Assessment, and Improvement</p>	Performance Excellence	On Track	<p>Agency Plans: APMQI – 2.1 ASP – 4.1</p> <p>CHD Plans: SP-4.1.6</p>
<p>Objective 3.1B: By December 31, 2026, increase the number of DOH-Broward public health practices/program initiatives submitted to NACCHO for Model practice recognition from 7 in 2023 to 12.</p> <p>Data Source: Active Strategy Performance Management System NACCHO Model Practices https://www.naccho.org/membership/awards/model-practices</p>	Performance Excellence	On Track	<p>Agency Plans: APMQI – 5.1.1 ASP - 4.1</p> <p>CHD Plans: SP - 4.1.3</p>
<p>Objective 3.1C: By February 28, 2027, increase the number of new technology-based innovations implemented at DOH-Broward to maximize organizational efficiency from 0 in 2023 to 3.</p> <p>Data Source: Active Strategy Performance Management System</p>	Business Analytics	Not Started	<p>Agency Plans: APMQI - 2.1 ASP- 4.1</p> <p>CHD Plans: SP – 4.1.6</p>

QI Project 1: Increase Immunization Rates among Kindergarten Children in Broward County					
<p>Aim Statement: Increase the percent of Broward County children in kindergarten who are fully immunized from 91.9% in 2023 to 95.0% by December 31, 2026.</p> <p>How was the opportunity for improvement identified? A decrease in immunization rates among this population and a vaccine-preventable disease outbreak in a local elementary school.</p> <p>Project Method: Rapid cycle improvement</p> <p>Data source: FL Health CHARTS</p>	Project Type	Team Lead	Project Start Date	Project End Date	Status
		Population-based	Renee Podolsky, Community Health Director	February 15, 2024	December 31, 2026
QI Project 2: Increase Newly Diagnosed HIV Cases Referred to Test and Treat					
<p>Aim Statement: Increase the percent of all newly diagnosed HIV positive cases in Broward County referred to the Test and Treat Program from 47.6% in 2022 to 75% by December 31, 2026.</p> <p>How was the opportunity for improvement identified? A negative trend in the percentage of HIV positive cases referred to the Test and Treat program from 2021 (68.8%) to 2022 (47.6%).</p> <p>Project Method: PDCA</p> <p>Data Source: Active Strategy Performance Management System</p>	Project Type	Team Lead	Project Start Date	Project End Date	Status
		Programmatic	Patrick Jenkins, Communicable Disease Director	November 29, 2023	December 31, 2026

QI Project 3: Decrease Congenital Syphilis Cases in Broward County					
<p>Aim Statement: Decrease the number of congenital syphilis cases reported in Broward County from 31 in 2022 to 10 or less by December 31, 2026.</p> <p>How was the opportunity for improvement identified? A negative trend in the number of congenital syphilis cases in Broward County was identified from 2021 (13) to 2022 (31).</p> <p>Project Method: Rapid cycle improvement</p> <p>Data Source: FL Health CHARTS</p>	Project Type	Team Lead	Project Start Date	Project End Date	Status
		Population-based	Yvette Gonzalez, Perinatal Director	January 8, 2024	December 31, 2026

TERM	DEFINITION
Accountability	Accountability is establishing a systematic method to assure stakeholders (policymakers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements that are applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals and consequences and sanctions. (Source: American Society for Quality)
Administrative Project	An administrative project is 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. 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).
Alignment	Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Source: Baldrige National Quality Program, 2005).
Analyze	To analyze is to study or determine the nature and relationship of the parts of a situation by analysis. (Source: Merriam-Webster Online Dictionary)
Barriers	Barriers are existing or potential challenges that hinder the achievement of one or more objectives. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.)
Benchmarking	Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point. The data point is used as a reference for future comparisons (like a baseline). This is also referred to as “best practices” in a field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for an indicator or target. (Source: Norris T, Atkinson A, et al. <i>The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities</i> . San Francisco, CA: Redefining Progress; 1997)
Best Practice(s)	These are 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. (Source: NACCHO QI SAT v2.0)
Change Management	Change Management is a structured approach to transitioning an organization from a current state to a future desired state. (Source: NACCHO Roadmap to a Culture of QI)

TERM	DEFINITION
Continuous Improvement	Continuous improvement includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes to provide added benefits to the customer and organization. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Core Competencies	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). (Source: Council on Linkages between Academia and Public Health Practice. <i>Core Competencies for Public Health Professionals [online]</i> . 2010 [cited 2012 Nov 6]. http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)
Culture of Quality Improvement	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 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. (Source: <i>Roadmap to a Culture of Quality Improvement</i> , Phase 6, NACCHO)
Customer Focus	Customer focus encompasses the way an organization listens to the voice of its customers, builds customer relationships, determines their satisfaction and uses customer information to identify opportunities for improvement. (Source: NACCHO QI SAT v2.0)
Customer/Client Satisfaction	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. (Source: www.businessdictionary.com/definition/customer-satisfaction.html)
Data	Data is quantitative or qualitative facts presented in descriptive, numeric or graphic form. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Evaluate	To evaluate is to systematically investigate the merit, worth or significance of an object, hence assigning “value” to a program’s efforts means addressing those three inter-related domains: Merit (or quality); Worth (or value, i.e., cost-effectiveness); and Significance (or importance). (Source: CDC – <i>A Framework for Program Evaluation</i>)
Evidence-based Practice	Evidenced-based practice involves making decisions based on 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)
Formative Evaluation	Formulative Evaluation means performing an evaluation to gain insight into the nature of the problem so that you can “formulate” a program or intervention to address it. During formative evaluation you might gain feedback from stakeholders that will inform the development of the intervention—what the needs are in the community, what factors they would like to see in a new program, etc. It could even include testing different communications materials, for example. Whereas a QI project will focus on a program or process that is already in existence and explore how it can be made more efficient or effective.
Governing Entity	A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government;

TERM	DEFINITION
	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. (Source: National Public Health Performance Standards Program, <i>Acronyms, Glossary, and Reference Terms</i> , CDC, 2007. www.cdc.gov/nphsp/PDF/Glossary.pdf).
Implement	To implement is to put into action; to give practical effect to and ensure of actual fulfillment by concrete measures. (Source: Adapted from Merriam-Webster.com)
Key Processes	Key Processes are 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 rd Ed.)
Key Customer Requirements	Key customer requirements are performance standards associated with specific and measurable customer needs; the “it” in “do it right the first time” (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors)
Objective	An objective is a specific, quantifiable, realistic target that measures the accomplishment of a goal over a specified period. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.) Objectives need to be S pecific, M easurable, A chievable, R elevant and include a Timeframe (SMART).
Opportunity for Improvement	Opportunities for improvement are the agents, factors or forces in an organization’s external and internal environments that can directly or indirectly affect is chances of success or failure. (Source: Adapted from BusinessDictionary.com)
Outcomes	Outcomes are long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.
Performance Excellence	Performance excellence is 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. (Source: <i>2013 Sterling Criteria for Organizational Performance Excellence</i>)
Performance Gap	A performance gap is the gap between an organization’s existing state and its desired state as expressed by its long-term plans.
Performance Improvement	Performance improvement is an ongoing effort to improve the efficiency, effectiveness, quality or performance of services, processes, capacities and outcomes.
Performance Indicators	Performance indicators are measurements that relate to performance but are 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>)

TERM	DEFINITION
Performance Management	Performance management is a continuous cycle of inquiry that encompasses the collection and processing of data, the analysis of the data and the utilization of the analysis to adjust actions and behaviors. The analysis of data is carried out through the act of rendering comparisons over time, across units and against internal targets and external benchmarks. The analysis of data should lead to decisions regarding strategy, program delivery, service delivery, day-to-day operations, resource allocation, goals and objectives, performance targets, standards and indicators. Processes needed to link data evaluation, decision-making, and action as centering on the role of formal and informal “interactive dialogue” about performance data. (Source: <i>Public Performance & Management Review</i> , Vol. 34, No. 4, June 2011, pp. 520-548)
Performance Management Council (PM Council)	The PM Council is a cross-sectional group of leaders and key staff responsible for overseeing the implementation of the performance management system and QI efforts. (Source: NACCHO Roadmap to a Culture of Quality)
Performance Management System	The Performance Management System is 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. (Source: NACCHO QI SAT v2.0)
Performance Measures or Metrics	Performance Measures or Metrics is a quantitative expression of how much, how well and at what level programs and services are provided to customers within a given time-period. The measures 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. (Source: NACCHO QI SAT v2.0)
Plan-Do-Check-Act (PDCA)	A Plan-Do-Check-Act is 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 in an appropriate time period for continuous improvement. (Source: ASQ.org)
PMQI Chairs	<p>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 assists the Division of PHSPM in:</p> <ul style="list-style-type: none"> • Identifying significant gaps and strengths and participating in planning and improvement activities. • Supporting and assisting development and guidance of professional development, training resources and expertise in quality improvement and performance management practices. • Supporting and assisting guidance and leadership while acting as point of contact for members of the consortium. • Participating in meeting preparation and agenda planning and facilitating material at quarterly team meetings. • Maintaining and updating the SharePoint site for the consortium. <p>A co-chair may also be named at the desire of the consortium. This individual performs support functions to assist the chair.</p>
PMQI Champion	A PMQI Champion is a staff member that possess enthusiasm for and has expertise in QI; serves as a QI mentor to staff; and regularly advocates for the use of QI in the agency. (Source: NACCHO Roadmap to a Culture of Quality)

TERM	DEFINITION
PMQI Consortia	A PMQI Consortia is a region-based grouping of CHDs that collaborates on PMQI topics specific to their area. (Reference: the overview series for leaders slide, September 2018 and CHS)
Policy	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)
Population-based Health	Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks such as tobacco, drug and alcohol use, diet and sedentary lifestyles and environmental factors. (Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Programmatic Project	A Programmatic Project is 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. Programs, processes and interventions are the terms used to describe functions, services or activities carried out through the daily work of public health departments.
Promising Practice	A Promising Practice describes a way to do something that shows some evidence or potential for developing into a best practice. (Source: NACCHO QI SAT v2.0)
Public Health	Public health is the mission to fulfill society's desire to create conditions that enable people to be healthy. Public health includes the activities that society undertakes to assure 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"> • The science and the art of preventing disease; the prolonging of life; and the promoting of physical health, mental health and efficiency, through organized community efforts toward a sanitary environment. • The control of community infections through the education of the individual in principles of personal hygiene. • The organization of medical and nursing services for the early diagnosis and treatment of disease. • The development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health. The Public Health Accreditation Board's (PHAB) 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. The PHAB's scope of accreditation

TERM	DEFINITION
	<p>authority does not extend to these areas. PHAB’s scope of authority policy can be found at https://phaboard.org/wp-content/uploads/Scope-of-Authority-Policy_Mar2021.pdf</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>
<p>Quality Improvement</p>	<p>Quality improvement in public health is the use of a deliberate and defined improvement process, such as a 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 the 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>
<p>Performance Management and Quality Improvement (PMQI) Plan</p>	<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 its 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 9.1.2 A of the PHAB 2022 Standards and Measures.</p>
<p>Resources</p>	<p>Resources include personnel, equipment, facilities and funds available to address organizational needs and to accomplish a goal.</p>
<p>Storyboard</p>	<p>A storyboard is 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 is likely to be seen by many associates and stakeholders impacted by the project. (ASQ)</p>
<p>Sustainability</p>	<p>Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated; how outputs and outcomes of the processes are measured and monitored; whether ongoing training of those processes and standards for implementation is provided; and whether the standards for the processes are reviewed periodically as a part of continuous quality improvement.</p>
<p>System</p>	<p>A system is a network of connecting processes and people that together perform a common mission.</p> <p>(Source: <i>The Quality Improvement Handbook</i>, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)</p>
<p>Targets</p>	<p>Targets are desired or promised levels of performance based on performance indicators.</p> <p>They may specify a minimum level of performance or define aspirations for improvement over a specified time frame.</p>

TERM	DEFINITION
Technical Assistance	<p>Technical assistance is tailored guidance to meet the specific needs of a site, or sites, through collaborative communication with a specialist and the site(s). Assistance considers site-specific circumstances and culture; and it can be provided through phone, email, mail, internet or in-person. http://www.cdc.gov/dash/program_mgt/docs/pdfs/dash_definitions.pdf</p>
Training	<p>Training for the public health workforce includes the provision of information through a variety of formal regularly 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).</p>
Validate	<p>To validate is to confirm by examination of objective evidence that specific requirements and/or specified intended uses are met. (Source: Florida Sterling <i>The Quality Improvement Handbook</i>, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)</p>

1. DOH-Broward Strategic Plan, 2021-2026
2. DOH-Broward Community Health Improvement Plan, 2021-2026
3. DOH-Broward Workforce Development Plan, 2023-2027
4. DOH-Broward Strategic Plan Annual Progress Report, 2022-2023
5. DOH-Broward Community Health Improvement Plan Annual Progress Report, 2023
6. DOH-Broward customer feedback data collected via customer satisfaction surveys (paper, website link, telephone, and touchscreen kiosks), 2023
7. DOH-Broward NACCHO Culture of Quality Self-Assessment, 2021
8. DOH-Broward Performance Management System, Active Strategy
9. Florida Community Health Assessment Resource Tool Set (CHARTS)
10. Time Affiliate Integrated Network (TRAIN) Online Learning Management System

2024

Paula Thaqi, MD, MPH
Health Officer

Barbara Bateman
Executive Nursing Director

Jeffrey Mason
Chief Financial Officer

Juan Morejon
Business Analytics Manager

Lakisha Thomas-DeVlugt
Performance Excellence Analyst

Lisa Winchester
Workforce Development Manager

Melisa Gray
Talent/Risk Management Director

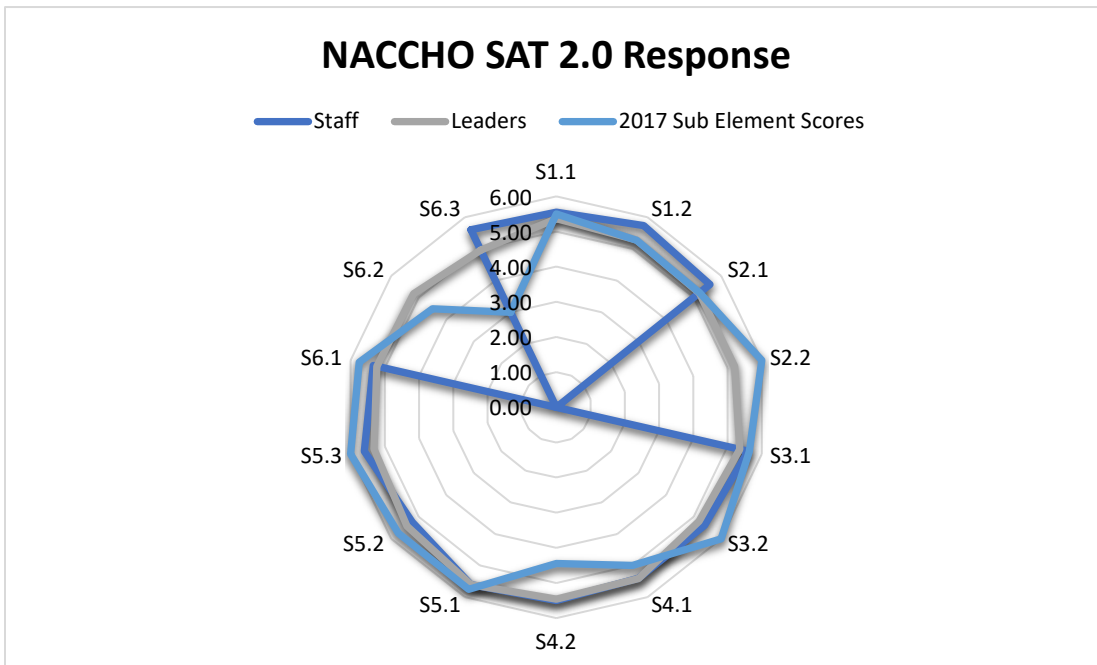
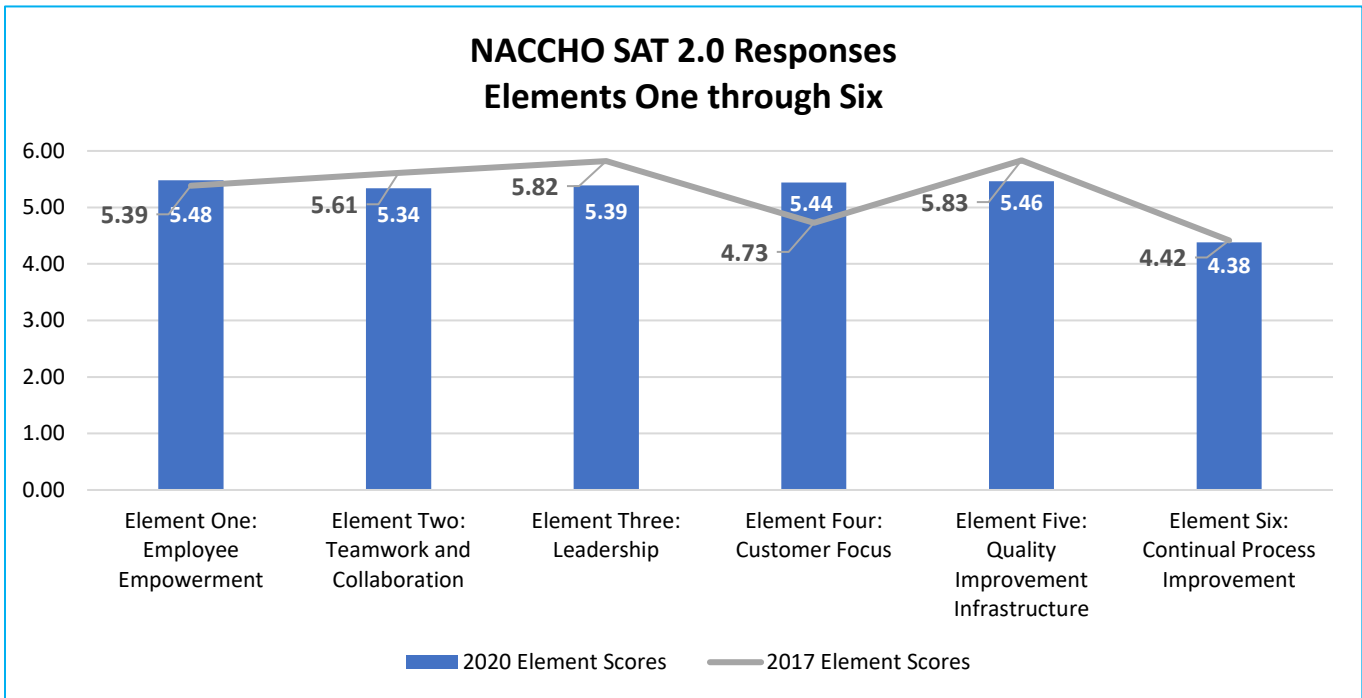
Patrick Jenkins
Communicable Disease Director

Renee Podolsky
Community Health Director

Roland Martinez
Deputy Director

Samantha Elberg
Staff Assistant

Appendix 4 2021 DOH-Broward NACCHO SAT 2.0 Results





Florida Department of Health in Broward County
Performance Management Council (PMC) Charter

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

Primary Functions:

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

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

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

Interdependencies:

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

Membership/Roles:

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

- d) Coordinates training identified in QI Plan.
- e) Serves as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance.
- f) Responsible for accreditation activities within the Department.

Meeting Schedule and Process:


- 1) Monthly meetings will be held to monitor implementation of CHIP, Strategic Plan, WFD, and QI Plans/Projects.
- 2) Perform annual evaluation to inform planning for subsequent year.
- 3) Activities outside monthly PM Council meetings will include ongoing email and/or phone communication to review and monitor plan/project status.

Measures of Success:

- 1) % objectives met (Includes CHIP, strategic plan, WFD, & QI Projects)
- 2) % objectives/projects that resulted in improved results
- 3) % objectives/projects sustainable in terms of structures, processes, and policies
- 4) % objectives/projects with favorable results that are adopted by peers

Deliverables:

Performance Management Council will develop documents including monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be uploaded to FL Health Performs.

 DOH-Broward NACCHO Model Practice Recognitions	
Year Awarded	Program/Practice
2013	Connecting the dots between Public Health Preparedness and Prevention during a Pandemic
2013	Paramedics as Partners: Back to School Immunizations
2015	Identifying Children Eligible for Low-Cost Health Insurance through Free/Reduced Lunch Applications
2015	Managing Organizational Performance by Aligning SMART Expectations through a System of Shared Accountability
2015	Utilizing Incident Command to Address Congenital Syphilis in Broward County
2016	“Beach Blitz”: A High Impact Prevention Strategy to Reduce New HIV Infections
2016	HIV Prevention, Care, and Treatment in Broward County
2016	Using Tracking Technology in a Point of Dispensing (POD) Vaccination Operation
2016	Performance Management Through Use of Cascading Scorecards in A Centralized Performance Management System
2017	Getting to Zero
2017	HPV Vaccinations as a Part of Routine Vaccinations
2018	Developing a Pediatric Special Needs Shelter Registration
2019	Broward Dental Seals: Sealing & Educating Little Smiles
2020	Tobacco Free Broward Comprehensive Approach
2020	Students Preventing Unintentional Drowning (SPUD)
2023	In-School COVID-19 Vaccinations

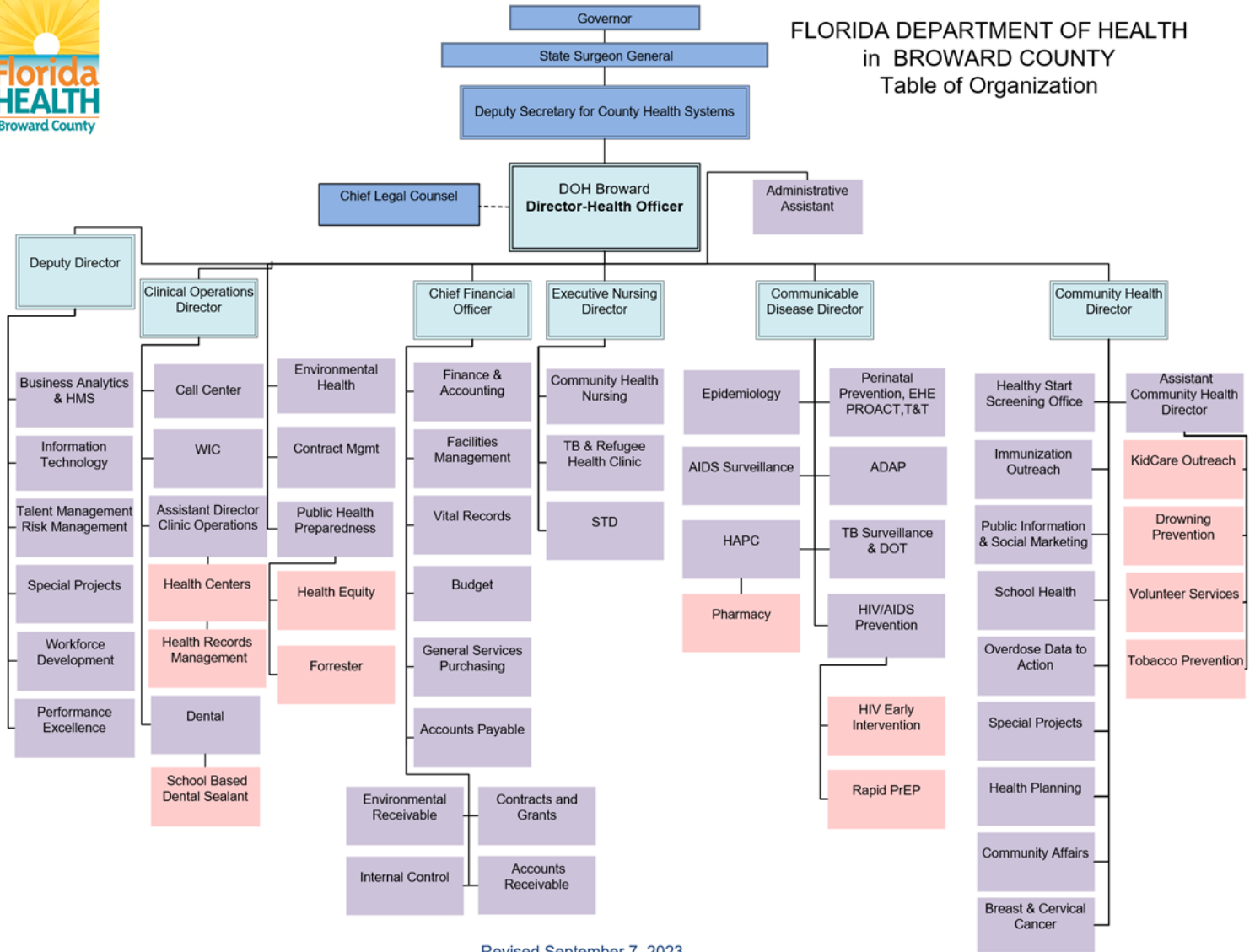
<https://barnstable.ma.networkofcare.org/ph/model-practices.aspx>

Appendix 7

DOH-Broward Table of Organization



FLORIDA DEPARTMENT OF HEALTH in BROWARD COUNTY Table of Organization



Revised September 7, 2023



**Florida Department of Health
South East Region Performance Management and Quality
Improvement (PMQI) Consortium
Charter**

Purpose:

The Southeast PMQI Consortia (Consortia) are an essential component of the Florida Department of Health's (Department) Performance Management System which allows the Department to systematically track progress toward strategic goals and objectives and provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement. The Consortia are a venue for continuous improvement activities, planning, technical assistance, training and statewide communication. To achieve this purpose, the Department has established eight regional PMQI Consortia among the 67 county health departments (CHDs).

Each consortium meets at least quarterly to carry out activities. This charter delineates the primary functions, roles, expectations and responsibilities for operating a consortium that contributes to establishing and sustaining an agency-wide culture of quality.

Primary Functions:

- Supporting CHDs in maintaining accreditation standards and measures outlined by the Public Health Accreditation Board (PHAB).
- Developing, sharing and maintaining comprehensive PMQI best and promising practices, resources and trainings.
- Identifying and sharing opportunities for improvement that may become formal QI projects or initiatives.
- Identifying and resolving barriers to developing a culture of quality.
- Utilizing systematic PMQI planning methodologies and tools that promote organizational alignment with strategic priorities in the local foundational plans (strategic plan, PMQI plan, workforce development plan and the community health improvement plan).
- Establishing open and collaborative communication with state and other local representatives regarding PMQI activities, practices, resources, tools and opportunities for improvement.

Primary Roles:**Division of Public Health Statistics and Performance Management (PHSPM)**

Activities of the PMQI consortia are coordinated with the Division of (PHSPM). The goal of the Division of PHSPM is to ensure each consortium meets the purpose and intent stated in the charter by:

- Ensuring consortia receive one funded PMQI training opportunity per calendar year.
- Facilitating monthly meetings with PMQI Chairs and Co-Chairs to prepare for consortia meetings and share information that co-chairs will disseminate to their CHD's PMQI champions and health officers/administrators.
- Collaborating with PMQI Chairs to develop and guide PMQI professional development, training resources and tools.
- Providing guidance and leadership to consortium members to achieve a culture of quality.

Consortium Chair

At the end of the calendar year, the Consortium Co-Chair will assume the role of Consortium Chair. The Chair will lead the consortium by:

- Coordinating consortium activities with the Division of PHSPM.
- Communicating consortium activities and efforts to the Division of PHSPM, consortium members and respective CHD health officers/administrators, as needed.
- Planning and facilitating at least one consortium meeting per quarter which includes preparing agendas in advance, ensuring all Consortium members are notified at least one week in advance of the meeting date and serving as the consortium's point of contact.
- Actively participating in the Monthly Chairs/Co-Chairs Meetings organized by the Division of PHSPM. This includes recommending agenda items and providing updates on their consortium.
- Analyzing opportunities for improvement and issues identified by the consortium to determine which is most appropriate to complete a QI project. By December 31 of each year, the consortium may choose to complete one of the following: 1) a regional QI project or 2) a multi county QI project.
- Ensuring (on an annual basis) that each CHD within the Consortium shares at least one QI project storyboard at a quarterly Consortium meeting. The QI project storyboard may be part of a regional or multi-county QI project. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint or Teams site.
- Supporting, assisting and developing PMQI professional development activities, training and resources.

Consortium Co-Chair

The Consortium Co-Chair serves a one-year calendar term after nomination by PMQI Champions and confirmation by their health officer. At the end of the calendar year, the Consortium Co-Chair will assume the role of Consortium Chair. The Co-Chair will support the Chair by:

- Assisting in all duties of the Consortium Chair, as needed. This includes assisting with meeting planning and preparation.
- Designating or serving as scribe during consortium meetings.

- Maintaining and updating the Consortium’s SharePoint or Teams site.
- Identifying and sharing opportunities for improvement that may be achieved as formal QI projects or initiatives.

PMQI Champion

One lead PMQI Champion per CHD is designated by the CHD health officer. Additional staff within the CHD may be designated by the health officer, if needed, to serve as back-up PMQI champions. The duties and responsibilities of the lead PMQI Champion include:

- Leading the process to develop the CHD PMQI Plan.
- Coordinating local trainings identified in their CHD’s PMQI Plan.
- Participating in PHAB Reaccreditation activities.
- Participating in quarterly consortium meetings by actively contributing to PMQI activities.
- Serving as a liaison between their CHD and consortium for communication of PMQI activities.
- Acting as quality stewards, maintaining responsibility for promoting PMQI in their CHD.
- Determining current organizational barriers to developing a culture of quality.
- Communicating and sharing best practices, issues, deliverables and other updates between the CHD and consortium. This includes sharing (on an annual basis) at least one QI project storyboard from their CHD at a quarterly consortium meeting. The QI project storyboard may be part of a regional or multi-county QI project. Presentations and storyboards are documented in meeting materials and uploaded onto the team SharePoint site.
- Facilitating and/or coordinating their CHD’s Performance Management Council (PMC) meetings by recommending agenda items, documenting meeting summaries and acting as the point of contact for the PMC assessment led by the Division of PHSPM.
- Uploading PMC meeting summaries to Florida Health Performs no later than two weeks after the PMC meeting.
- Actively participating in at least one (per calendar year) advanced PMQI training offered by the Division of PHSPM.

Meeting Schedule and Team Review:

The Consortium will hold meetings, conference calls and webinars, at least quarterly. Meeting summaries are posted on the Consortium’s SharePoint site and distributed to Consortium members and respective health officers within two weeks after each meeting. Required action items from meetings/calls are captured and included attendance, summary of key topics, decisions made and action items. The team charter is reviewed annually. Updates and amendments are addressed as needed.

