Performance Improvement in Public Health

Los Angeles County
Department of Public Health
Division of Quality Improvement

PLAN  DO  STUDY  ACT
Presentation Objectives

- Review the DPH approach to Quality Improvement (QI) and Performance Improvement (PI)
- Describe the goals and activities of the department-wide PI Team
- Discuss current DPH PI efforts
DPH Quality Improvement Division

**Includes—**

- **Office of the Medical Director**
  (Quality Improvement)
- Organizational Development and Training
- Nursing Administration
- Health Education Administration
- Public Health Investigation
- Physician Administration
- Oral Health

**Quality Improvement Functions**

1. Performance Improvement
2. Professional Practice
3. Science Review
4. Service Quality (deferred)
What is Performance Improvement?

Performance Improvement is a continuous process where information and data from an agreed upon set of performance goals and measures are reviewed to:

1. Inform managers on the effectiveness of current efforts
2. Report on successes in meeting program goals
3. Prioritize department resources
The “4 Ts” of QI/PI

- Training
- Technical Assistance
- Tools
- Tracking
Overview of Performance Improvement (general concepts)
Planning for and Measuring Performance
The 4-Step Model for Improvement
Using Logic Models and Process Maps
Preparing for Public Health Department Accreditation

Performance Improvement

Training

Technical Assistance

Tools

Tracking

Plan-Do-Study-Act (PDSA) Model
Results Accountability Principles (modified for Public Health)
Structure-Process-Outcome Approach
Healthy People 2010/2020
Action Plan Development

Mandates
Data Trends
Progress Reviews
Annual Quality Report
Key Indicators of Health Report
Accreditation

Measure Selection and Updates
Long-Term Standard/Target Setting
Developing Data Collection Systems
Graphs and GIS Maps
Performance Improvement Team: Overall Goal

- Create PI processes and tools that:
  - ↑ awareness of the link between key strategies and related outcomes
  - Improve department management and business decisions
  - ↑ accountability to internal and external partners

DO

PLAN

ACT

STUDY
Performance Improvement Team: 2010 Goals

- Adopt a department-wide approach to performance improvement that is integrated with the DPH Strategic Plan and track progress
- Assess data sharing capacity between programs and plan for a centralized reporting system
- Create educational workshops for performance improvement training needs across the department
Tool #2
Results Accountability

POPULATION INDICATORS
(measures of population-level health outcomes)

AND

PERFORMANCE MEASURES
(measures of program effort and output)

Public Health Measures
**Tool #3**

**Structure-Process-Outcome**

- **Structure** – “Conditions” under which public health services are provided to include material resources, human resources, and organizational characteristics

- **Process** – “Activities” that constitute and support the delivery of public health services

- **Outcome** – “Changes” (desirable or undesirable) in individuals and populations that result from the delivery of public health services

DPH Performance Improvement Efforts
# Multiple DPH Performance Improvement Efforts

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
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<tbody>
<tr>
<td></td>
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<td>Short-Term</td>
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- **County Level**: 
  - Performance Counts!
  - Operational Measures
  - Indicators

- **Department Level**: 
  - Public Health Report Card
  - “Key Indicators of Health” and Other Reports

- **Program/SPA Level**: 
  - Public Health Measures
    - Performance Measures
    - Population Indicators
Integration of Efforts

- **National Efforts**
  1. Healthy People 2010/2020
  2. Accreditation of LHD
  3. CDC Guidelines or Performance Measures

- **State Efforts**
  1. Performance Measures
  2. Mandates and Regulations

- **County Efforts**
  1. Performance Counts!
  2. County Progress Report

- **Department Efforts**
  1. Public Health Measures
  2. Public Health Report Card
PI—Key Indicators of Health Report

- Report is based on results from several surveys that provide local-level data
- Healthy People 2010 targets are used as the comparison or “Standard” value to achieve
- Shows results by geographic and demographic criteria
### Health Outcomes

#### Overweight and Obesity
- Percent of children in grades 5, 7, & 9 who are obese (BMI above the 95th Percentile) \(^{10}\)
- Percent of adults who are overweight (25.0 ≤ BMI < 30.0) \(^{2}\)
- Percent of adults who are obese (BMI ≥ 30.0) \(^{3}\)

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<tr>
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<th>HP2010</th>
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<tr>
<td>Overweight</td>
<td>5.0</td>
<td>N/A</td>
<td>22.9</td>
<td>21.1</td>
<td>20.4</td>
<td>20.9</td>
<td>26.0</td>
<td>16.6</td>
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<td>Obesity</td>
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<td>35.3%%</td>
<td>35.9</td>
<td>35.8</td>
<td>38.8</td>
<td>32.4</td>
<td>31.6</td>
<td>32.8</td>
<td>38.0</td>
<td>39.4</td>
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<tr>
<td>Obese</td>
<td>N/A</td>
<td>26.2%%</td>
<td>22.2</td>
<td>28.0</td>
<td>17.1</td>
<td>22.2</td>
<td>20.4</td>
<td>10.0</td>
<td>35.4</td>
<td>35.4</td>
<td>26.6</td>
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#### Diabetes
- Percent of adults ever diagnosed with diabetes \(^{2}\)
- Diabetes death rate (age-adjusted per 100,000 population) \(^{11}\)

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<tr>
<td>Diagnosed</td>
<td>2.5</td>
<td>7.8%%</td>
<td>8.7</td>
<td>8.7</td>
<td>7.8</td>
<td>8.2</td>
<td>9.5</td>
<td>4.8</td>
<td>12.3</td>
<td>11.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Deaths</td>
<td>N/A</td>
<td>24.6</td>
<td>24.7</td>
<td>43.5</td>
<td>20.0</td>
<td>22.5</td>
<td>22.7</td>
<td>12.8</td>
<td>37.9</td>
<td>32.8</td>
<td>24.6</td>
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</table>

#### Cardiovascular Disease
- Percent of adults ever diagnosed with hypertension \(^{2}\)
- Percent of adults ever diagnosed with high cholesterol \(^{3}\)
- Percent of adults ever diagnosed with a heart problem (i.e., coronary heart disease, angina, or had a heart attack) \(^{3}\)
- Coronary heart disease death rate (age-adjusted per 100,000 population) \(^{11}\)
- Stroke death rate (age-adjusted per 100,000 population) \(^{11}\)
- Stroke death rate for African Americans (age-adjusted per 100,000 population) \(^{11}\)

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<td>Hypertension</td>
<td>N/A</td>
<td>23.7%%</td>
<td>24.7</td>
<td>28.5</td>
<td>23.7</td>
<td>24.2</td>
<td>24.8</td>
<td>19.3</td>
<td>29.0</td>
<td>25.3</td>
<td>25.0</td>
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<tr>
<td>High Cholesterol</td>
<td>N/A</td>
<td>37.6%%</td>
<td>29.1</td>
<td>25.6</td>
<td>29.1</td>
<td>31.5</td>
<td>31.5</td>
<td>30.6</td>
<td>25.5</td>
<td>35.5</td>
<td>29.6</td>
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<tr>
<td>Heart Problem</td>
<td>N/A</td>
<td>4.1%%</td>
<td>7.7</td>
<td>10.1</td>
<td>7.4</td>
<td>7.9</td>
<td>7.5</td>
<td>5.8</td>
<td>7.6</td>
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<tr>
<td>CHD Death</td>
<td>162.0</td>
<td>153.9</td>
<td>167.6</td>
<td>205.2</td>
<td>172.3</td>
<td>152.6</td>
<td>153.4</td>
<td>132.6</td>
<td>217.6</td>
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<td>Stroke Death</td>
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<td>41.0</td>
<td>56.4</td>
<td>48.2</td>
<td>39.2</td>
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<td>34.4</td>
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<tr>
<td>Stroke AA</td>
<td>50.0</td>
<td>65.2</td>
<td>60.5</td>
<td>152.7</td>
<td>**</td>
<td>64.8</td>
<td>59.7</td>
<td>57.7</td>
<td>**</td>
<td>62.7</td>
<td>**</td>
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#### Reproductive Health
- Rate of births (per 1,000 live births) to teens ages 15-19 years \(^{6}\)
- Percent of low weight (<2,500 grams) births (per 100 live births) \(^{6}\)
- Percent of low weight (<2,500 grams) African American births (per 100 live births) \(^{6}\)
- Infant death rate (per 1,000 live births) \(^{6}\)

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<td>Births Teens</td>
<td>N/A</td>
<td>41.9%%</td>
<td>40.0</td>
<td>53.0</td>
<td>28.9</td>
<td>32.5</td>
<td>44.1</td>
<td>9.4</td>
<td>74.1</td>
<td>42.7</td>
<td>35.3</td>
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<tr>
<td>Births Low</td>
<td>5.0</td>
<td>8.3%%</td>
<td>7.4</td>
<td>8.0</td>
<td>6.9</td>
<td>7.1</td>
<td>7.7</td>
<td>8.5</td>
<td>6.9</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Births AA Low</td>
<td>5.0</td>
<td>14.0%%</td>
<td>10.7</td>
<td>13.3</td>
<td>10.8</td>
<td>12.0</td>
<td>11.6</td>
<td>7.9</td>
<td>14.4</td>
<td>12.0</td>
<td>11.7</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>4.5</td>
<td>6.0%%</td>
<td>4.9</td>
<td>7.5</td>
<td>4.1</td>
<td>4.7</td>
<td>4.7</td>
<td>3.9</td>
<td>5.4</td>
<td>4.7</td>
<td>5.0</td>
</tr>
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</table>
### PI—Public Health Report Card

**Objective Area 1: Use of Data and Evidence to Improve Quality**

- **1-1.** Percent of programs that use population-based data to guide planning and monitoring activities.
  - 2005-06 Result: 98%
  - 2006-07 Result: 100%
  - Benchmark: 100%
  - Long-Term Goal: 100%

- **1-2.** Percent of programs with approved Public Health Measures
  - a. Mission and Vision statements
    - 2005-06 Result: 100%
    - 2006-07 Result: 100%
    - Benchmark: 100%
    - Long-Term Goal: 100%
  - b. Population goals and indicators
    - 2005-06 Result: 76%
    - 2006-07 Result: 100%
    - Benchmark: 100%
    - Long-Term Goal: 100%
  - c. Performance goals and performance measures
    - 2005-06 Result: 74%
    - 2006-07 Result: 100%
    - Benchmark: 100%
    - Long-Term Goal: 100%

- **1-3.** Percent of programs using evidence-based interventions
  - a. Program directors/management staff who have ever participated in evidence-based Public Health training
    - 2005-06 Result: 87%
    - 2006-07 Result: 76%
    - Benchmark: 100%
    - Long-Term Goal: 100%
  - b. Programs with documentation of a systematic review of literature and prioritized effective interventions
    - 2005-06 Result: 87%
    - 2006-07 Result: 100%
    - Benchmark: 100%
    - Long-Term Goal: 100%
  - c. Programs with documentation that current interventions and practices are based upon the best available evidence
    - 2005-06 Result: 82%
    - 2006-07 Result: 100%
    - Benchmark: 100%
    - Long-Term Goal: 100%

- **1-4.** Proportion of targeted programs participating in VCMR (electronic disease reporting)
  - a. Targeted programs that are connected to the VCMR
    - 2005-06 Result: 70%
    - 2006-07 Result: 70%
    - Benchmark: 100%
    - Long-Term Goal: 100%
  - b. Targeted programs that are using data from the VCMR
    - 2005-06 Result: 60%
    - 2006-07 Result: 60%
    - Benchmark: 100%
    - Long-Term Goal: 100%

**Objective Area 2: Communication, Planning, and Technology**

- **2-1.** Percent of programs with effective collaboration within Public Health or Health Services:
  - a. Programs that have developed a written action plan
    - 2005-06 Result: 61%
    - 2006-07 Result: 32%
    - Benchmark: 95%
    - Long-Term Goal: 100%
  - b. Action plans proceeding on schedule for those with plans
    - 2005-06 Result: 91%
    - 2006-07 Result: 77%
    - Benchmark: 95%
    - Long-Term Goal: 100%

- **2-2.** Percent of programs that have a publicly accessible website through www.lapublichealth.org
  - 2005-06 Result: 82%
  - 2006-07 Result: 88%
  - Benchmark: 100%
  - Long-Term Goal: 100%

- **2-3.** Percent of programs whose directors have verified that their website is current
  - 2005-06 Result: 74%
  - 2006-07 Result: 86%
  - Benchmark: 100%
  - Long-Term Goal: 100%

**Objective Area 3: Resource Utilization**

- **3-1.** Percent of Program Directors who have ever completed leadership training
  - 2005-06 Result: 87%
  - 2006-07 Result: 89%
  - Benchmark: 90%
  - Long-Term Goal: 100%

- **3-2.** Percent of programs whose employees’ Performance Evaluations were completed on-time
  - 2005-06 Result: 66%
  - 2006-07 Result: 97%
  - Benchmark: 90%
  - Long-Term Goal: 100%

- **3-3.** Percent of employees who have ever completed “Core Functions of Public Health” training
  - 2005-06 Result: 29%
  - 2006-07 Result: 43%
  - Benchmark: 35%
  - Long-Term Goal: 100%

- **3-4.** Percent of programs that have had one or more staff ever complete “Core Functions of Public Health” training
  - 2005-06 Result: 95%
  - 2006-07 Result: 100%
  - Benchmark: 100%
  - Long-Term Goal: 100%

- **3-5.** Percent of employees who participated in at least one emergency preparedness training, drill, or exercise during 2006-07.
  - a. All Employees
    - 2005-06 Result: 78%
    - 2006-07 Result: 63%
    - Benchmark: 25%
    - Long-Term Goal: 25%
  - b. Employees in targeted PIH programs
    - 2005-06 Result: 91%
    - 2006-07 Result: 89%
    - Benchmark: 50%
    - Long-Term Goal: 50%
  - c. Physicians
    - 2005-06 Result: 84%
    - 2006-07 Result: 74%
    - Benchmark: 50%
    - Long-Term Goal: 50%
  - d. Nurses
    - 2005-06 Result: 94%
    - 2006-07 Result: 62%
    - Benchmark: 50%
    - Long-Term Goal: 50%
  - e. Epidemiologists
    - 2005-06 Result: 96%
    - 2006-07 Result: 84%
    - Benchmark: 50%
    - Long-Term Goal: 50%
  - f. Others
    - 2005-06 Result: 72%
    - 2006-07 Result: 62%
    - Benchmark: 25%
    - Long-Term Goal: 25%
### Objective Area 1: Use of Data and Evidence to Improve Quality

<table>
<thead>
<tr>
<th></th>
<th>2005-06 Result</th>
<th>2006-07 Result</th>
<th>2006-07 Benchmark</th>
<th>Long-Term Goal</th>
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<td>a. Mission and Vision statements</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>b. Population goals and indicators</td>
<td>76%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>c. Performance goals and performance measures</td>
<td>74%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
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<td>a. Targeted* programs that are connected to the VCMR</td>
<td>70%</td>
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<tr>
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<td>60%</td>
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<td>100%</td>
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Los Angeles County Public Health approach named the Public Health Measures

Based on the Results Accountability Framework*

Emphasis on program-level performance linked to “shared” population-level health outcomes

Integrated with Healthy People 2010, NACCHO/Accreditation Standards, the Community and Clinical Guides, grant metrics and guidelines

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Public Health Measures

- Championed as a QI effort in 2002
- 40 Public Health units identified “population health indicators” linked to program performance measures to follow over time
- Healthy People 2010 objectives often identified and used as the “Standard” to achieve over time
Public Health Measures

POPULATION INDICATORS
(measures of population-level health outcomes)

AND

PERFORMANCE MEASURES
(measures of program effort and output)
Public Health Measures

Population Health

- Population Goals
  - Goal 1
- Population Indicators
  - Indicator
- Effective Strategies
  - Strategy 1
  - Strategy 2

Program Performance

- Performance Goals
  - Goal 1
  - Goal 2
- Performance Measures
  - Measure 1
  - Measure 2

- NACCHO Standards
- Federal, State, or Local Guidelines

- Strategic Plan
- Healthy People 2010/2020
- Community Guide
- Clinical Guide
- Other Sources
**Example: Immunization Program**

**Population Goal**  
To reduce morbidity and mortality from vaccine-preventable diseases by improving immunization levels

**Population Indicator**  
Percentage of children, ages 19-35 months, who are fully immunized with one of the series of the Advisory Committee on Immunization Practices (ACIP) recommended vaccines

**Effective, Evidence-Based Strategies** (selected subset)  
1. Change provider behavior through systems change—Provider recall/reminder systems in clinics  
2. Change provider behavior through education—multi-component interventions with education  
3. Increase demand and access to immunizations—reduce out-of-pocket costs

**Program Performance Goal** *(NACCHO Standard 9)*

**Performance Measure**  
Percent of Immunization Program public and nonprofit clinic partners who routinely meet the Standards for Pediatric Immunization Practices for provider and client recall/reminder systems
Summary

- The Quality Improvement Division has 4 functional areas in which it focuses its efforts.
- Performance Improvement is the area that links strategic planning and outcome measurement to ensure program success.
- Tools include PDSA, “Results Accountability”, and Structure-Process-Outcome.
- The Performance Improvement Team assists the department in developing new tools and processes to integrate performance improvement efforts across National, State, County, and Department levels.
Applying Performance Improvement to Daily Operations

PLAN  DO  ACT  STUDY
Presentation Objectives

- Understand how strategic planning goals and objectives can be translated into measurement of population-level outcomes and daily operations.
- Describe key components of the PDSA model.
- Provide an interactive learning session to help you develop a strong PI effort in your Program or SPA.
The PDSA Model

- **PLAN**
  Connect and link goals to measurable outcomes

- **DO**
  Implement evidence-based activities tracked with data collection

- **STUDY**
  Evaluate progress toward standards/long-term targets

- **ACT**
  Respond to what results tell us
**PDSA Model**

**Link Goals to Measurable Outcomes**
- Determine priorities and goals
- Select Population Indicators and Performance Measures
- Set standards/long-term targets

**Plan**

**DO**

**Act**

**Study**

**Respond** to what the results tell us

**Implement** evidence-based interventions and respond to mandates

**Evaluate** progress toward Population Indicator and Performance Measure standards
Determine Priorities and Goals

1. What are the priority public health issues in Los Angeles County?

2. What are the behaviors and outcomes related to these issues that we want for people who live in LA County?
Linking Indicators and Measures

3. How can we measure these conditions?

POPULATION INDICATORS
(measures of population-level health outcomes and behaviors)

AND

PERFORMANCE MEASURES
(measures of program effort and output)

Public Health Measures
Population Indicators

- Longer life span
- Increased quality of life
- Increased health equity
- Less disease
- Less premature death
- Healthier choices
- Safer environment
- Healthier homes
Population Indicators

- Percent of students who had at least one drink of alcohol in the past 30 days
- Rate of foodborne illness hospitalizations each year (per 100,000)
- Percentage of children covered by health insurance
- Death rate from colorectal cancer
Resources

- Healthy People 2010
  http://www.healthypeople.gov/

- DPH *Key Indicators of Health* Report

- Other Indicator Reports
  - Older Americans: Key Indicators of Well-Being
  - American Children: Key Indicators of Well-Being
Performance Measures

1. Who are our clients?
2. Which services do we provide to our clients?
3. What evidence-based strategies will lead to positive change in our clients?
4. How can we measure if our clients are better off?
5. How can we measure if we are delivering services well?

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
<th>Quality</th>
</tr>
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<tbody>
<tr>
<td><strong>Input/Effort</strong></td>
<td>How Much Did We Do? (#)</td>
<td>How Well Did We Do It? (%)</td>
</tr>
<tr>
<td><strong>Output/Effect</strong></td>
<td>How Much Change? (#)</td>
<td>Quality of Change? (%)</td>
</tr>
</tbody>
</table>
Performance Measures

- Policies Created
- People Informed
- Partners Engaged
- Surveillance Performed
- Investigations Completed
- Increased Access to Services
- Client satisfaction

MEASURES OF PROGRAM EFFORT & OUTPUT
Performance Measures

- Percent of outbreaks (excluding scabies) investigated within standard timeframe
- Percentage of children under 6 years who participate in fully operational population-based [immunization] registries
- Number of cities that adopted a policy that prohibits smoking in outdoor areas
Performance Measures Framework

3 Core Functions (1988)
- Assessment
- Policy Development
- Assurance

Public Health Mission
1. Protect Health
2. Prevent Disease
3. Promote Health & Well-Being

10 Essential Services (1994)

10 Standards for Local Health Departments (NACCHO, 2005)

11 Domains for Local Public Health Accreditation (PHAB, 2009)
NACCHO Standards

- Monitor health status of the community
- Protect people from health hazards
- Give people information to make healthy choices
- Engage the community to solve health problems
- Develop and advocate for public health policies
- Enforce laws and regulations
- Help people receive health services
- Maintain a competent public health workforce
- Evaluate and improve programs
- Contribute to and apply public health research
- Core Business Functions (*DPH addition*)

http://www.naccho.org/topics/infrastructure/accreditation/opdef.cfm
Ideal PIs/PMs

- Prioritization Criteria
  1) Evidence Criteria
  2) Data Criteria
  3) Other Rationale
Strategic Plan Progress
Reporting Template

**Strategic Priority 2:** Protect the public’s health by minimizing the impact of communicable diseases and foodborne and environment-related illnesses.

**Goal 2.2:** Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and other environmental toxins.

**Related Population Indicators:**
- EH-D Percent of routinely inspected apartment buildings with 5 or more units that are free from vermin
- EH-E Hospitalization rate for asthma in children ages 0-4 years
- EH-F Percent of children under 6 years of age whose blood lead level results were elevated (≥210 mcg/dL)
- EH-J Percent of pools closed due to unsafe water quality

<table>
<thead>
<tr>
<th>Objective</th>
<th>Executive Leads</th>
<th>Performance Measures and/or Activity</th>
<th>Status (Bullet Points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1 Expand the scope of current housing inspections to include “Healthy Housing” elements, and implement the expanded inspections in two of the eight Service Planning Areas.</td>
<td>Angelo Bellomo</td>
<td>EH 2-13 Percent of housing inspections that include a Healthy Homes component</td>
<td>EH 2-14 Proportion of Community health services (CHS) Service Planning Areas where a Healthy Homes component is part of the housing inspection Other Activities (if needed):</td>
</tr>
<tr>
<td>2.2.2 Develop more effective procedures to reduce response time to ensure that recalled food products are removed from food facilities.</td>
<td>Angelo Bellomo</td>
<td>No current performance indicators</td>
<td></td>
</tr>
</tbody>
</table>
2010 Annual Performance Report

- Internal report of selected Population Indicators and Performance Measures

- Includes:
  - Traditional Report Card results
  - NEW Program Performance Snapshots

- In-Person Progress Review with Dr. Fielding
Questions?

PLAN  DO

ACT  STUDY
Small Group Exercise

You are the Director of the Chronic Disease Division at your local County Department of Public Health. The Health Officer is championing interventions that will decrease obesity throughout the County. She wants you to create a set of priority objectives and performance metrics based on the best science. Your objectives and metrics will be used to engage stakeholders, pursue funding opportunities, and assess overall effectiveness and efficiency of your prioritized interventions.
Link Goals to Measurable Outcomes
- Determine priorities and goals
- Select Population Indicators and Performance Measures
- Set standards/long-term targets

Implement evidence-based interventions and respond to mandates

Plan

Do

Act

Study

Respond to what the results tell us

Evaluate progress toward Population Indicator and Performance Measure standards
Rapid-Cycle PDSA Projects

A Four-Part Approach for Implementing QI

1. Identify the aim
2. Map the process
3. Measure performance
4. Make changes for improvement
Example: Telephone Hotline Activation
Virginia Department of Public Health

Trigger: Threat to public health or emergency

- Request hotline
- Authorize activation
- Develop messages
- Set up call center
- Activate hotline
- Recruit and train staff
- Receive Calls

Citizens receive accurate information
Hotline # and message publicized via:

Media
- paid
- free

Referral Sources
- 211
- LA County Helps

LA CO DPH/DHS Resources
- community liaison RNs
- other hotlines
- DHS/PPP Clinics

Other agencies
- WIC
- Unions
- Schools
- DPSS
- Workforce/EOC

Other
- Libraries
- Community Centers

Woman has #

Woman calls hotline

Call answered

Information & Referral

Education (risk assessment)

Assess eligibility & make appointment

Woman attends appointment

Increase in CVD awareness

# of new callers/week

% of callers whose information needs are met

% of women offered appointment who attend

Reduced CVD Risk factors among target population

Reduced CVD rates among low income women

Call taker training

Data collection

Population Rate of CVD risk factors

Population Rate of CVD
Use PDSA Cycles to Test and Implement Changes

Act: Take action based on the new knowledge

Plan: Plan the details of the test and predict the outcome of the test

Do: Conduct the test and collect data

Study: Compare predictions to the test results
Using Repeated PDSA cycles over time leads to changes that result in improvement

Department-Level Operations

- CEO and DPH set a priority of completing more employee Performance Evaluations on time
- Performance Measure established on PH Report Card in 04-05
- Baseline is 36% and Standard is set at 100%

- Current supportive interventions are continued with more frequent and focused reminders for less compliant supervisors

- Evaluation of trend data shows an improvement to 66% on the 05-06 PH Report Card
- Standard of 100% not achieved

- CEO and DPH HR send out reminders to supervisors and Health Officer reinforces this Priority with Executive Team
Program-Level Operations

- IP set a priority that as many children as possible are fully immunized
- Population Indicator and Performance Measure established in approved Public Health Measures
- Standards chosen (80% fully immunized Reach 4000 providers)

• IP implements an evidence-based provider educational intervention for 2 years

• Evaluation of 2 year trend data shows that the intervention reached 6096 providers in year 1 but only 3673 providers in year 2
  • Immunization rates stable at 80%

• Continue with accelerated provider educational efforts
• Set new standard/target
• Consider new or additional interventions
## Annual Timeline

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Add/Modify/Drop Public Health Measures</td>
<td>Data Collection</td>
<td>Select FY Priority Indicators and Measures</td>
<td></td>
<td>Proposed Budget Due</td>
<td>Data Collection</td>
<td>Prepare CEO and DPH Performance Reports</td>
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**Progress Reviews with Health Officer**  
(scheduled throughout the year)

**Performance Improvement Training**  
(offered throughout the year)

**PDSA Improvement Projects**
The PDSA Model is central to PI efforts and can be applied to daily operations and long-term success.

Progress toward improved health behaviors and outcomes is captured in Populations Indicators.

Assessing the output of our core daily activities is captured in Performance Measures.

Future Skill building workshops on how to use the PDSA model are being developed.