

# Glossary

**Accreditation:** Public health department accreditation aims to improve the quality of practice and performance within public health departments. National public health department accreditation consists of adoption of a set of standards under 12 domains; a process to measure health department performance against those standards; and recognition for those departments that meet the standards. The Public Health Accreditation Board (PHAB) is developing and implementing a national voluntary accreditation program for state, local, territorial and tribal public health departments.<sup>1</sup>

**Action Plan:** document that serves as a guide and the foundation for each work group outlining the strategy or objective, description of tasks, a timeline, responsibility of organizations involved, and the status of each activity.

**Activities:** the process or state of doing action oriented plans, the various methods involved with translating theories, ideas, and plans into applicable, realistic, and quantifiable actions.

**Aim statement:** A directed description of the specific accomplishments that a team hopes to achieve. This description should be focused, time sensitive, and attainable. It serves as the guiding force when developing a performance improvement project.

**Audits:** An evaluation or examination of individuals, processes, action plans, or organizations for the purpose of assessing quality and ascertaining the validity and reliability of the outcomes being produced.

**Balanced scorecard:** A method intended to give PI specialists a fast, comprehensive view of the performance of their processes or action plans. It also allows departments to translate their mission and goals into quantifiable, specific goals, and monitors the progress towards achieving those goals. Data and measurements are necessary in balanced scorecards in order to develop and define strategies, improve communication, align individual and departmental goals, and conduct program evaluation reviews.

**Baldrige Criteria:** A criteria for performance excellence dedicated to government agencies and the healthcare sector. It focuses on organizational performance management, improvement of overall organizational effectiveness and capabilities, and organizational and personal learning.

**Baseline:** An initial measurement of population or program information.

**Benchmark:** Target to be reached; a near-term standard with which an indicator or particular performance measure is compared.

**Continuous Quality Improvement:** an ongoing integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The four functions are 1) Performance Improvement, 2) Professional Practice, 3) Science Review, and 4) Service Quality.<sup>2</sup>

**County Progress Report:** A publication dedicated to reporting the essential results of the various departments of the Los Angeles County, which is used to educate and inform constituents, clients and stakeholders about the outcomes produced from key services.

**Dashboard:** A report created for the methods performed that shows the tracking of data and measurements, which allows individuals to gauge how their action plans are influencing their outcomes.

**Evaluation (short term) and Lesson Learned (from Quality Improvement Project):** Systematic reviews of strategic plan objectives and health improvement goals for the purpose of analyzing the impact of project implementation on population health, potential dissemination of information to the public, and proposals for grants and awards.

**Evidence Based:** Decisions made or practices implemented based on the support of the best and most up to date scientific studies and reviews, including epidemiologic studies, clinical trials, and risk analyses. This provides a valid justification of time and resources for implementation of specific projects<sup>21</sup>.

**Goal:** broad, general statement of what will be achieved and how things will be different; what it takes to reach the vision (may not be measurable).

**Healthy People 2020:** A central guide that provides science-based, 10-year national objectives for improving the health of all Americans. Through established benchmarks and monitored progress, their goal is to encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of prevention activities.

**Indicator:** A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same.<sup>3</sup>

**Input:** The contributions involved in the initial phase of the development of a PI project, which serves to create the core and framework of the project.

**Key Indicators of Health:** Los Angeles County Report based on results from several surveys that provide local-level data. Healthy People 2010 targets are used as comparison or the “standard” value to achieve.

**LAC PERFORMS:** Los Angeles County Providing Effective Resources for Favorable Outcomes through Robust Multi-jurisdictional Systems

**Long-term Objectives:** Clear and measurable intermediate steps designed for an extended duration or period of time that when combined, leads towards achieving a goal

**Long-term Outcome Indicators:** specific, observable, and measurable characteristic or change designed for an extended duration or period of time that will represent achievement of the outcome.<sup>4</sup>

**Mandate:** a command or authorization given by an authoritative figure to a representative or public to act in a particular way or carry out a plan under specific jurisdictions: *a government, legal, or political mandate*. In a governmental public health setting it could involve an upper level official enforcing a policy or requirement to an individual or group of individuals.

**Mission:** a brief, clear statement of purpose; tells why the organization exists.

**National Public Health Performance Standards Program:** The NPHPSP is a National Partnership initiative that has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies.<sup>5</sup>

**NACCHO Local Health Department Standards:** Levels of quality developed by a collaborative effort between various professionals who have a stake in health care spanning across multiple counties and states, with the focus on health, equity, and well-being for all people in their communities through public health policies and services. With its purpose of being a leader, partner, catalyst, and voice for local health departments, it serves to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives<sup>22</sup>.

**Objective:** Clear and measurable intermediate steps that when combined, leads towards achieving a goal.

**On-the-Job Training:** A form of self-paced, structured learning that allows the individual requiring training to acquire the necessary knowledge and develop the required skills while on the job.<sup>6</sup>

**Operational Measure:** quantifiable indicator of the quality, timeliness, and impact of health services implemented within the public.

**Outcome:** Quantifiable “changes” (desirable or undesirable) in individuals and populations that result from the delivery of public health services.

**Output:** The immediate product developed or service delivered following the implementation of an activity or set of activities.

**Performance Analysis:** A process of determining the gaps between desired performance (what people should be doing) and actual performance (what people actually are doing).<sup>7</sup>

**Performance Counts!:** a framework for performance measurement to report and track results of the services delivered by the County to inform the Los Angeles Board of Supervisors and the public.

This framework makes a major shift in focus in the County’s performance reporting, shifting from counting numbers of activities accomplished and/or clients served, to measuring results.

Performance Counts! is designed to:

- Increase accountability to the public for the County’s accomplishments in a common, unified, accessible format;
- Enable strategic business decisions, planning and investments; and
- Reinforce department planning and performance measurement efforts by promoting a County culture which focuses on results.<sup>8</sup>

**Performance gap:** the difference between desired and actual performance for the performance in question.<sup>9</sup> A root cause analysis is needed to identify the source(s) of the gap.

**Performance Goal:** A goal or set of goals that a program or individual aims to achieve over a set period of time that is under the volitional control of those desiring to reach that goal. This serves to create a focal point of achievement for an organization and as a method to evaluate growth, improvement, and success.

**Performance Improvement (PI):** a process wherein progress toward an established set of key priorities are regularly measured and reviewed by decision-makers with the intent to change actions to maximize outcomes. In the public sector, we have a diverse set of stakeholders (e.g., board of supervisors, advocacy groups, community based organizations, citizens) that are interested in our performance. Thus, our performance data would be best utilized when assessed within the context of the goals and objectives of the department in a scorecard format.

**Performance Improvement Application (PIA):** is a system to improve the effectiveness and the efficiency of our data collection, so we can frequently give specifically feedback/ recommendation to each program for performance improvement. The Public Health Performance Improvement Application allows:

- All health department employees to view the Public Health Measures plans (including results) of all programs within DPH.
- Program Directors and other designated personnel to enter, review, and update their Public Health Measures documents, as well as the results of their efforts and other data required for the Report Card.
- Senior leaders and others to view status and summary reports of Performance Measurement activities of the entire department.

**Performance Improvement Team:** Established to develop staff performance management skills and create buy-in for standardized data collection and reporting. The team is led by the Director of Performance Improvement and meets monthly to discuss performance management topics, collectively develop internal data collection and reporting processes, and review upcoming assignments and activities.

**Performance Improvement Project (PIP):** an undertaking that aims to identify and resolve problems or inefficiencies in the operation of a program by using a four-step method of 1) identifying the aim, 2) mapping the process of a program, 3) measuring the program's performance, and 4) making changes for improvement. A formal performance improvement project adheres to the structure of the four-step method as well as successfully completing all milestones set by the Office of Medical Director in the PIP process. An informal performance improvement project is unstructured use of performance improvement methods such as accessing technical assistance in root cause analysis and process mapping training, or general oversight and guidance.

**Performance Improvement Project training:** If a program or division undertakes a performance improvement project, the program will receive training from the Office of Medical Director that will last the duration of the project which could be from 6 to 12 months. The Office of Medical Director will facilitate and closely monitor programs throughout the Plan, Do, Study, Act process until the final report

and executive sharing session. Varying levels of support will be available along the way depending on the program's level of need.

**Performance Improvement Specialists:** Designated program staff that learned performance improvement tools/techniques and lead performance improvement projects within their respective programs and divisions.

**Performance Management:** The use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals.<sup>10</sup>

**Performance Measure:** the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance.<sup>11</sup> Performance measures included on each Program's PERFORMS measure set should directly reflect the effectiveness of the Program's work, answer the question "How are our customers better off?" or "How well are we doing our work?", and be linked at least one of the Program's population indicators.

**Performance Measurement:** Measures of program effort and output.

**Performance Reporting:** At least once annually, each Program is required to submit data to the Office of the Medical Director, which show how the program is performing with clear linkages of performance goals with strategic priorities and linkages between measures of program performance and indicators of population health status. Those programs engaged in a PI project will prepare a monthly report. A department-wide web-based data system (currently in development process) will be the generating source of performance reports.

**Performance Standard:** a generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared.<sup>12</sup>

**PERFORMS Measures:** A combination of structure, process, and output measures that are organized under the domains selected by the Public Health Accreditation Board (PHAB) to be used for future voluntary accreditation and that meet the processes of core public health infrastructures and capacities.

**PERFORMS Database:** A centralized database containing all the performance measures and indicators from the 29 programs for the purpose of integrating population based data sets, improving data tracking and advanced monitoring of progress, and increasing efficiency for web-based data collection and reporting.

**Plan, Do, Study, Act:**

A performance improvement rapid cycle that draws out the process steps in executing an action plan (also known as Plan, Do Check, Act and Tests of Change)

Plan- Identify an opportunity and plan for improvement connect and link goals to measurable outcomes

Do- test the theory for improvement, implement evidence-based activities tracked with data collection

Study (Check) - use data to study results of the test, evaluate progress toward standards/long-term targets

Act- standardize the improvement and establish future plans, respond to what results tell us

**Population Indicators:** Measures of population-level health outcomes. These reflect how the population, even those to whom we are not providing direct services, is doing. They answer the question “How is the population better off?” Population indicators included on each Program’s PERFORMS measures set should support the Program’s population goals.

**Population Goal:** The broad, overarching goal targeted at improving the health of the general population or group of individuals. It is commonly the umbrella goal for strategic plans, under which more specific goals, objectives, and indicators will fall under.

**Process Indicators:** Sometimes called a "process measurable"; a quantitative measure of performance that assesses how a specific process affects the organization’s standards, thus permitting modification of the process to enhance performance.<sup>13</sup>

**Process Map:** A workflow diagram that visually represents the flow of steps and activities for a project. The structure of the diagram defines the types of processes being developed or carried out, and shows the interrelation between individual steps.

**Process Measure:** An evaluation procedure that focuses on how action plans are delivered; this procedure is compared against the high standards of excellence which are characteristic of a health service and are developed for analyzing the activities performed within health organizations.

**Program Evaluation:** A systematic method to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate.

**Program Outcome Objectives:** Statements that define and quantify intended results of a program and measure desired changes in the program’s target group or participants. Program outcome objectives could be a positive change in knowledge, behavior, a health care system, attitudes, health status, or policies. Program outcome objectives should answer the key question: What effect do we hope the project will have?<sup>14</sup>

**Program Performance Measure:** The selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public.<sup>15</sup> Each program’s performance measures set, which includes population indications and performance measures, is collectively known as PERFORMS.

**Program Process Objectives:** Statements that quantify what services should be delivered by how much, how they will be delivered, and/or to whom they will be delivered. Program process objectives could be a positive change in the units of service provided, number of people served, or percent of target population participating in the program, for example. Program process objectives should answer the key question: Who needs to do what to or with whom, and when is it to be done?<sup>16</sup>

**Progress Review:** A framework involving 5 important steps: mobilize, assess, plan, implement, and evaluate used to monitor public health activities, plans, and interventions to achieve goals and objectives.

**Public Health Report Card:** A tool that LAC DPH has been using on an annual basis since 2004 to measure and monitor the department's performance in a variety of key infrastructure areas. Measures focus on cross-cutting activities that affect all programs and individuals in the department.

**Quality Assurance:** A systematic process set in place to ensure that the projects implemented and the services delivered are meeting a high level of expectation and that the outcomes are in line with the core constructs of performance improvement.<sup>20</sup> This includes monitoring of performance management, professional practice and standards, and public health science reviews.

**Quality Improvement:** is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

**Quality of effort:** The level of value attached to the time, energy, and knowledge expended on a particular plan, goal, or objective.

**Quantity of effort:** The *amount* of time, energy, and knowledge spent on a particular plan, goal, or objective.

**Regulation:** a law, rule, or other order prescribed by authority, especially to regulate conduct.

**Result Accountability:** The DPH uses Mark Friedman's "Results Accountability" approach for selecting goals and measures to assess the health services it provides to the public of Los Angeles County. This approach encourages linkages between program-specific performance measures and population-level health outcomes or health behaviors.

**(Root) Cause Analysis (RCA):** Finding out the true cause of a problem or performance gap.<sup>17</sup>

**Scorecard:** a performance management reporting tool that lists the key performance indicators and provides the most current data compared to target values (or benchmarks). It contains a mix of financial and non-financial information that are linked to the organization strategic plan, vision, and mission. Reporting is important because it communicates how we are doing and offers opportunities to act on that information. This approach is used in planning and distributing the Office of Quality Improvement's *Public Health Report Card* each year.

**Short-term Objectives:** Clear and measurable intermediate steps designed for a brief period of time that when combined, leads towards achieving a goal.

**Short-term Outcome Indicators:** specific, observable, and measurable characteristic or change designed for a brief period of time that will represent achievement of the outcome.<sup>18</sup>

**Six Sigma:** A management strategy that seeks to improve the quality of process outputs by identifying and eliminating potential barriers, causes of error, and unnecessary variability. Two critical steps include training specialists to manage the outputs and running statistical methods to analyze improvement. The strategic methodology involves defining the goal, measuring and identifying important characteristics, analyzing and developing alternatives, designing details and plans for verification, and verification of the design to improve processes.

**Specialized Performance Improvement Training:** training that is geared specifically for PI Specialists to help them become leaders to conduct PI projects in their respective programs.

**Storyboard:** A one-page, graphic representation of a completed QI project in which a team worked systematically to resolve a specific problem and/or improve a given process. Storyboards reflect the Plan-Do-Check-Act cycle implemented by participants.<sup>19</sup>

**Strategic Goals:** Goals developed based on the strategic plan of a company, these goals are generally action oriented goals with the purpose of improving a targeted aspect of health or health services

**Strategic Plan:** Identification of a program's long term visions and potential achievements, as well as of methods, strategies, and processes that will allow a program to accomplish their desired outcomes over time. This serves as an aid in analyzing what are the best practice approaches, creating internal organization, and planning for futuristic activities.

**Strategies:** Carefully designed methods for the purpose of ensuring that time and resources are allocated to produce the most efficient and effective outcomes.

**Structure-Process-Outcome Framework:** A three-part approach to performance assessment that focuses on the relationship between good structures, this increases the likelihood of good organizational processes, which in turn increases likelihood of good outcomes.

**Target:** a numeric value that quantifies the eventual goal of an action plan so that an assessment of improvement from the baseline data can be made.

**Technical Assistance training:** any performance improvement method or technique that an individual or organization requests training on that is not a formal Performance Improvement project. Technical assistance provides training in specific areas such as how to engage in structured brainstorming, how to conduct root cause analyses, produce process maps and control charts. A variety of training options including face-to-face training, live and archived webinars, online self-study, and consultation with a Performance Improvement Liaison will be offered. Assistance can take 1 hour up to 2-4 weeks.

**Trend Analysis:** A technique that requires the collection and combination of information to spot or attempt to spot patterns or trends, also used to predict future outcomes from past performance or measures.

**Vision:** a statement that expresses what an organization/group is trying to achieve-aspirations to be realized; conveys an image of a desired future.



**For additional definitions related to Performance Improvement, please consult “The Public Health Memory Jogger.” Or “Public Health Quality Improvement Encyclopedia”**

**Footnotes:**

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