



**Florida Department of Health in Bradford-Union County
Performance Management and Quality Improvement Plan
Version 2.1
October 2020 through September 2023**

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REVISIONS PAGE

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By
12/15/20	1	Added statement about COVID regarding delay in culture of quality assessment; designated whether Goals 1 and 2 had been completed; indicated administrative and programmatic projects selected in section 5; endured objectives in section 5 matched those in section 7; added a baseline for every objective; added a description of how progress is to be reported.	2,3,9,12	Jim Lyons

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TABLE OF CONTENTS

Section 1: Introduction	1
Section 2: Culture of Quality.....	2
Section 3: Performance Management and Quality Improvement Structure	4
Section 4: Performance Management and Quality Improvement Training	6
Section 5: Performance Management and Quality Improvement Projects	8
Section 6: Systematic Approach for Customer Feedback.....	9
Section 7: Performance Management and Quality Improvement Monitoring	10
Section 8: Performance Management and Quality Improvement Communication	11
Section 9: Performance Management and Quality Improvement Evaluation	12
Appendices	
Appendix 1: PMQI Key Plan Terms.....	13
Appendix 2: PMQI Consortium Team Charter	19
Appendix 3: PMQI Consortia Map	21
Appendix 4: Performance Management Council Charter.....	22
Appendix 5: PMQI Plan and Project Alignment	23
Appendix 6: PMQI Key Performance Indicators	24
Appendix 7: PMQI Plan Goals, Strategies and Objectives	25

SECTION 1

INTRODUCTION

I. Purpose

This Performance Management and Quality Improvement (PMQI) Plan summarizes the Florida Department of Health in Bradford-Union 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-Bradford-Union shares best practices and evaluates its success in achieving established priorities and public health objectives.

The goals of the DOH- Bradford-Union PMQI Plan are to ensure ongoing organizational improvement and to attain and sustain a culture of quality that follows the key indicators identified in the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.¹

II. Organization Statement of Commitment to Quality

The Florida Department of Health in Bradford-Union County is committed to systematically evaluating and improving the quality of its programs, processes and services. This intentional focus on quality enables the Department to achieve high levels of efficiency, effectiveness, and customer satisfaction.

The PMQI Plan covers a three (3) 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. Leadership will ensure that practices are implemented to create a workforce culture of action, continuous improvement and performance excellence.

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.

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

SECTION 2

CULTURE OF QUALITY

PHAB 1.5 Measure 9.2.1 The Health Department must address the current culture of quality and the desired future state of quality in the organization.

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 May of 2017, the DOH- Bradford-Union Performance Management (PM) Council engaged in a formal department-wide culture of quality self-assessment utilizing the NACCHO Roadmap Self-Assessment Tool. Council members reached a consensus assessment of the current culture of quality in DOH- Bradford-Union as a 5.06 Phase 5: Formal Agency Wide IQ. These results are shared with the State Health Office and used to inform the Agency PMQI Plan.

The self-assessment enabled DOH- Bradford-Union 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 the NACCHO Roadmap’s transition strategies to strengthen and standardize PMQI activities.

Based on the results of the NACCHO Roadmap to a Culture of Quality Self-Assessment (Roadmap) the DOH- Bradford-Union 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 increase the unit’s overall cultural score, the PM Council selected the following Roadmap foundational elements/sub-elements to work towards improving the plan goals.

Goal 1: Use of a formal proven technique that is commonly used to capture knowledge. DOH-Bradford-Union uses standardized forms to capture information for a variety of services, being standardized helps reduce or eliminate the possibility of error for both staff and our customers. This technique creates a continuous culture of quality with minimal or no errors. DOH Bradford–Union has completed the goal of incorporating the use of standardized forms to help reduce/eliminate the possibility of error.

Goal 2: Knowledge is gathered first hand directly from the source of the knowledge. DOH-Bradford-Union has added customer service kiosks, so we can gather instant feedback from customers through Survey Monkey. This gives us an opportunity to analyze data in a timelier manner using the PDCA cycle. Additionally, we will in certain instances (such as the completion of Community Health Needs Assessment and Community Health Survey) use subject matter experts and a steering committee to formulate questions that will be presented to the community for response. Our front staff and programs will complete intake forms to gather appropriate information to provide a higher level of quality service to the customer. Goal 2 has been met: Kiosks receive customer feedback and the results are reviewed Quarterly at the PMC meetings, Subject matter experts and a Steering Committee was used to develop questions for the Community Health Survey.

Goal 3: Current best practices are defined for all key processes. DOH-Bradford-Union is working with the Northcentral PMQI Consortium and the State Health Office (SHO) to refine and define best practices. This is and will be an ongoing process and is a priority.

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- Bradford-Union intends to conduct a formal culture of quality self-assessment every three years. Due to the COVID-19 response efforts, the 2020 survey administration was delayed and will be conducted by June 2021.

SECTION 3

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT STRUCTURE

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

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- Bradford-Union through the Office of the Deputy Secretary for County Health Systems. The DOH- Bradford-Union 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.² 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- Bradford-Union is an active participant in its PMQI Consortia Team.³

² See Appendix 2 to reference the PMQI Consortia Charter

³ See Appendix 3 to reference the PMQI Consortia map

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

- A. The DOH- Bradford-Union leadership team which consists of the Administrator, Director of Nursing, Medical Director, Operations Manager, Human Resources Liaison, PMQI Champion 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 Performance Management Council (PM Council)⁴ is chaired by the health officer and comprised of the DOH- Bradford-Union leadership team, 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 the NACCHO Organizational Culture of Quality Self-Assessment Tool.
 - 3) Developing and implementing a three-year Quality Improvement Plan.
 - 4) Developing, approving, monitoring and evaluating plans and QI projects.
 - 5) Conducting at least biannual reviews of progress toward completion of a PMQI Plan, including QI projects.

- D. DOH- Bradford-Union staff is comprised of all Department staff that are responsible for:
 - 1) Participating in QI projects as appropriate.
 - 2) Developing an understanding of basic PMQI processes and tools and applying PMQI into daily work.

⁴ See Appendix 4 to reference the PM Council Charter

SECTION 4

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT TRAINING

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

I. Training Plan

The Department recognizes that ongoing training in PMQI methods and tools is critical for creating a sustainable performance management and quality improvement program. These training opportunities are available through providers including Department personnel, TRAIN Florida, the National Network of Public Health Institutes' Public Health Learning Network, the American Society for Quality and additional 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. PMQI project team members complete the Department's problem-solving methodology training series in TRAIN Florida at least once and complete the PMQI projects identified in this plan.

These minimum training requirements are included in the local CHD PMQI Plans for alignment and are monitored and reported 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- Bradford-Union PMQI Champions also provide trainings

The following are additional DOH- Bradford-Union training requirements.

- C. DOH- Bradford-Union PM Council will complete Quality Improvement 101 by December 31, 2021.
- D. DOH- Bradford-Union PM Council will complete Quality Improvement 102 by December 31, 2022
- E. DOH- Bradford-Union PMQI Champion will be trained on how to utilize and conduct the Organizational Culture of Quality Self-Assessment tool with the CHD PM Council by June 30, 2021.
- F. DOH- Bradford-Union supervisors will complete Quality Improvement 101 by December 31, 2021
- G. DOH- Bradford-Union supervisors will complete Quality Improvement 102 by December 31, 2022
- H. DOH- Bradford-Union staff will complete Quality Improvement 101 by December 31, 2021

- I. DOH-Bradford-Union Staff will complete Quality Improvement 102 by December 31, 2022
- J. New DOH- Bradford-Union staff will complete the Department's PDCA Problem Solving Methodology Training Series by six (6) months after hire date.
- K. All DOH- Bradford-Union staff will complete the Cultural Awareness: Introduction to Organizational Cultural Competence by October 31, 2021
- L. Budget and Resource Allocation

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

Training	Staff	Time	Average Cost per Participant
Department's PDCA Problem Solving Methodology Training Series	New DOH- Bradford-Union staff will complete the Department's PDCA Problem Solving Methodology Training Series by six (6) months after hire date.	4 hours	No cost
Quality Improvement 101	All Staff (Annual Refresher)	1 hour	No cost
Quality Improvement 102	All Staff (Annual Refresher)	1 hour	No cost
Training on Organizational Culture of Quality Self-Assessment tool.	DOH- Bradford-Union PMQI Champion will be trained on how to utilize and conduct the Organizational Culture of Quality Self-Assessment by June 30, 2021.	8 hours	No cost
Cultural Awareness: Introduction to Organizational Cultural Competence	All DOH- Bradford-Union staff will complete the Cultural Awareness: Introduction to Organizational	2 hours	No cost

	Cultural Competence by October 31, 2021		
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SECTION 5

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PROJECTS

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

I. Project Identification, Alignment and Initiation Processes

In addition to considering the results from the NACCHO Culture of Quality, The DOH-Bradford-Union PM Council reviews key performance data to identify potential quality improvement projects. These potential PMQI projects will be selected and prioritized based on their alignment with the PMQI Plan's goals and strategies, as well as the local Strategic plan, the County Health Improvement Plan (CHIP), Workforce Development Plan or other emerging/priority areas. In addition, PMQI projects may also be prioritized based on their alignment with state plans.⁵

DOH- Bradford-Union must complete and submit at least one formal PMQI 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:

- *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). **An opportunity exists for DOH Bradford-Union to encourage customers to complete a customer satisfaction survey electronically. Success will be measured by achieving an increase of 10% in customer satisfaction survey's by June 30, 2021. The PDCA method will be used to determine success.**
- *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). **An opportunity exists for DOH Bradford-Union to offer COVID-19 vaccinations to the residents in Bradford-Union Counties to decrease the risk of COVID-19. DOH Bradford-Union will achieve a vaccination rate of 5-20% of the population by June 30, 2021. The PDCA method will be used to determine success.**
- *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. **DOH Bradford-Union will increase the number of educational groups for Diabetes Management to a minimum of 2 groups by June 2021 in Bradford and Union Counties. The PDCA method will be used to determine success.**

⁵ Appendix 5, PMQI Plan and Project Alignment displays alignment to local and Agency plans.

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

These projects will be included in the PMQI Plan Annual Progress Report and progress on these projects noted in the DOH- Bradford-Union PM Council meeting minutes.

SECTION 6

SYSTEMATIC APPROACH FOR CUSTOMER FEEDBACK

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

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

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

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

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

The Department has developed and implemented a Customer Focus Policy, DOHP 180-30-15, to establish expectations and provide guidance regarding collecting, monitoring and addressing customer feedback. Employees are expected to always meet and often exceed customer expectations for quality, timeliness and effective personal interaction when providing health products, services and information to the public. The Department uses customer satisfaction data to identify unmet needs and continuously improve the quality of services offered. All employees are required to complete an online Customer Focus training each year.

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

DOH- Bradford-Union uses customer feedback data to improve policies, programs and/or interventions through various avenues to include community needs assessments, customer satisfaction surveys, health assessments, outreach event surveys, community partner feedback, the website and direct staff contact with the customer. This information 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- Bradford-Union leadership team.

SECTION 7

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT MONITORING

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

I. Measures and Monitoring Performance

DOH- Bradford-Union 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- Bradford-Union PM Council meets at least quarterly to track progress. The status of the PMQI Plan is reported in the meeting minutes and submitted to the Division of PHSPM within ten business days after the minutes are approved. Based on these reviews, the PM Council updates its plan objectives as needed.

Annually, DOH- Bradford-Union submits an Annual PMQI Plan Progress Report assessing progress toward reaching goals, strategies, objectives and achievements for the year. From these annual reports, the Division of PHSPM provides an annual statewide progress report to the Agency Performance Management Council. The CHD PM Council oversees the development of all PMQI Plans, annual progress reports and revision of these plans.⁶

To ensure the QI Plan areas of focus are closely monitored by the PM Council:

- **QI Projects:** Completion of one administrative QI project and two programmatic projects over the three-year cycle of this plan. The measure of success will be the completion of one administrative and 2 programmatic projects that are aligned with the Agency Strategic and/or QI Plan. Required deliverables posted to BPAI SharePoint site within 30 days of project completion. A scorecard approach is used to track progress of the projects.
- **Monitoring:** Measure, monitor, and report progress on the goals and objectives of QI, Strategic, Workforce Development, and CHIP Plans, and QI Projects. The measure of success will be six PMC meetings held between July 1, and June 30 annually. Minutes of the meeting and scorecard will be submitted to BPAI SharePoint site within 10 business days of the meeting.
- **Culture:** Gather and incorporate feedback from customers, suppliers, and interfacing work processes into improvement activities. Success will be measured by completing Customer Engagement QI Project to increase the number of feedback forms received.

⁶ Appendix 7, PMQI Plan Goals, Strategies, and Objectives contains a list of the Year 2020-2023 DOH Bradford-Union PMQI Plan goals, strategies and objectives

SECTION 8

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT COMMUNICATION

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

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- Bradford-Union PM Council, chaired by the Health Officer, will meet at least quarterly but may meet more frequently. Meetings are documented using an agenda and meeting minutes.

PM Councils leverage the advantage of Florida's integrated local public health system by sharing resources and information with peers. PMQI project sponsors are responsible for sharing county/division/office specific project results on a regular basis to keep staff up to date on PMQI project progress. PMQI Champion serves as the point of contact for sharing progress updates and results of improvement initiatives, lessons learned and practices that result in improved performance using:

- 1) PM Council Meetings. (This is a standing item on each meeting agenda.)
- 2) PMQI Consortia Team Meetings.
- 3) Sharing/submitting information with the Division of PHSPM, County Health Systems and other appropriate state office programs.
- 4) Statewide/community meetings or events.
- 5) Appropriate internal and external award nominations.
- 6) Storyboards addressing key topics.
- 7) Using the Florida Health Performs format.

SECTION 9

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT EVALUATION

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

I. Evaluate and Update the PMQI Plan

Annually, the DOH- Bradford-Union PM Council reviews the PMQI Plan to identify strengths, opportunities for improvement and lessons learned. This information is reported to the Division of Public Health Statistics and Performance Management through an Annual Progress Report. During this revision process, DOH- Bradford-Union also reviews PMQI training and resources for relevance and usefulness to staff and makes revisions as necessary. The focus of this review includes examining:

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

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

APPENDIX 1

PMQI KEY PLAN TERMS

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)
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; 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.)

TERM	DEFINITION
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 Specific, Measurable, Achievable, Relevant 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 its 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 are 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>)
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)

TERM	DEFINITION
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)
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	<p>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.</p> <p>Programs, processes and interventions are the terms used to describe functions, services or activities carried out through the daily work of public health departments.</p>

TERM	DEFINITION
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	<p>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:</p> <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. <p>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 authority does not extend to these areas. (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>
Quality Improvement	<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>
Performance Management and Quality Improvement (PMQI) Plan	<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 9.2.1 A of the Standards and Measures Version 1.5.</p>
Resources	Resources include personnel, equipment, facilities and funds available to address organizational needs and to accomplish a goal.

TERM	DEFINITION
Storyboard	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)
Sustainability	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.
System	A system is a network of connecting processes and people that together perform a common mission. (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)
Targets	Targets are desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance or define aspirations for improvement over a specified time frame.
Technical Assistance	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)
Training	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).
Validate	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. 2 nd Ed.)

APPENDIX 2

PMQI CONSORTIUM TEAM CHARTER

North Central Florida Regional Quality Improvement Team Charter

<p>Purpose: The purpose of the North Central Florida Regional Quality Improvement team is to promote the development of a culture of quality through communication of opportunities for improvement and sharing of best practices, resources and tools. This charter delineates the primary functions, expectations and member responsibilities towards obtainment of such a culture.</p>	
<p>Primary Functions:</p> <ul style="list-style-type: none"> • Continuous engagement regarding quality improvement accreditation reporting requirements and PHAB reaccreditation requirements. • Development and maintenance of a comprehensive best practice, resource and training opportunities share site. • Sharing of opportunities for improvement and various barriers in the development of a culture of quality. • Development and utilization of a systematic quality improvement planning approach that promotes organizational alignment, consistency and impact. • Open and collaborative communication with State and other local representatives regarding quality improvement activities, practices, resources, tools and opportunities for improvement. 	
<p>Interdependencies: Work will be coordinated with the Department of Health County Health Systems, North Central Florida Consortium, State Office Public Health Statistics and Performance Management Team and the Agency Performance Management Council (PMC).</p>	
<p>Membership Roles: The North Central Florida Regional Quality Improvement team is comprised of local and state quality improvement leaders. Staff at all organizational levels who are engaged in establishing and/or updating a performance management system and maintaining quality improvement activities are encouraged to participate. Members must obtain and maintain approval to participate from their local Performance Management Council (PMC). Members will act as quality stewards, maintaining responsibility for promoting a culture of quality improvement at all levels within the organization. Members will be responsible for:</p> <ul style="list-style-type: none"> • Actively participates in at least 75% of all team meetings and/or conference calls between January 1, 2018 and December 31, 2018. Share at least one best practice or process with team between January 1, 2018 and December 31, 2018. Post all associated documentation to share site within 10 business days. • Appropriately utilizes SharePoint Site and/or emails to engage and communicate information to team members. • Shares at least one resource and or training opportunity with team between January 1, 2018 and December 31, 2018. Post all associated documentation to share site within 10 business days. • Communicates team information, deliverables and other updates to local Performance Management Council and State Office Public Health Statistics and Performance Management representatives as needed. 	
<p>Member List: State Office Public Health Statistics and Performance Management DOH-Alachua DOH-Bradford/Union DOH-Columbia/Hamilton DOH-Dixie/Gilchrist/Levy DOH-Marion DOH-Putnam DOH-Suwannee/Lafayette</p>	<p>Nick Van Der Linden Roger Dolz Jim Lyons Halie Corbitt / Brenda Brown Kyle Roberts Michael Gilmer Cyndy D'Agostine Jordan Yarbrough</p>

Measures of Success:

1. Four documented (agenda, sign-in, minutes) face to face collaborative meetings held between January 1, 2018 and December 31, 2018. Documentation posted on share site.
2. Seven resource or training shares provided (at least 1 from each member) between January 1, 2018 and December 31, 2018. Documentation posted on share site.
3. Seven best practice or process shares presented (at least 1 from each member) between January 1, 2018 and December 31, 2018. Documentation posted on share site.
4. Conduction of 1 regional QI project that supports either local or State QI Plan completed by December 31, 2018.

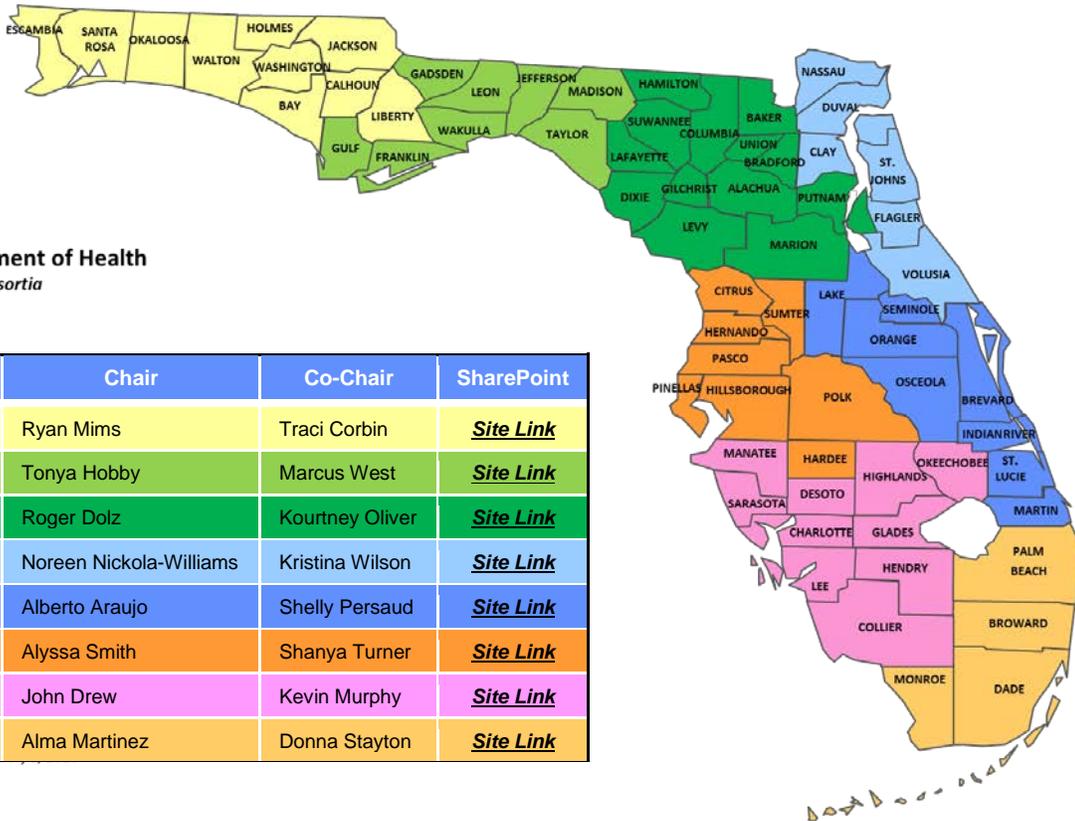
Meeting Schedule and Team Review:

The regional quality improvement team will meet face to face quarterly and via conference call as needed. Required deliverable from each meeting or call will be captured on the approved team templates and will include; agenda, sign-in and minutes.

The team charter will be reviewed annually. Updates and amendments will be addressed as needed.

APPENDIX 3

PMQI CONSORTIA MAP



Department of Health
 PMQI Consortia

Consortium	Chair	Co-Chair	SharePoint
Emerald Coast	Ryan Mims	Traci Corbin	Site Link
Capital	Tonya Hobby	Marcus West	Site Link
North Central	Roger Dolz	Kourtney Oliver	Site Link
Northeast	Noreen Nickola-Williams	Kristina Wilson	Site Link
Central	Alberto Araujo	Shelly Persaud	Site Link
West Central	Alyssa Smith	Shanya Turner	Site Link
Southwest	John Drew	Kevin Murphy	Site Link
Southeast	Alma Martinez	Donna Stayton	Site Link

APPENDIX 4

PERFORMANCE MANAGEMENT COUNCIL CHARTER



Florida Department of Health in Bradford/Union Counties
County Health Department Quality Improvement Plan
Performance Management Council (PMC) Team Charter

Purpose: The Florida Health Department in Bradford/Union Counties will assemble the Performance Management Council (PMC) Team as described in the Agency Quality Improvement Program and the FDOH-Bradford/Union Quality Improvement Plan. This charter delineates the mission, functions, organization and procedures of the PMC Team whose overall objective is to support a culture of quality and the implementation of improvement initiatives throughout the Department.

Primary Functions:

- 1) Develop and utilize systematic performance management and quality improvement planning approaches that promotes organizational alignment with strategic priorities, consistency and impact.
- 2) Support and encourage continuous engagement regarding quality improvement, annual PHAB accreditation reporting requirements, and PHAB reaccreditation requirements.
- 3) Develop and maintain comprehensive repository of best practices, promising practices, resources and training opportunities. Standard definitions of best and promising practices will be determined and used statewide.
- 4) Share opportunities for improvement and address barriers to a culture of quality.

Scope of Work: A monthly/quarterly meeting is held by the Performance Management Council (PMC), chaired by the Health Officer, which will be documented using an agenda, meeting summary, 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 QI projects
- 3) Practices that result in improved performance
- 4) Quality of community engagement

Interdependencies:

- 1) Agency Quality Improvement Program
- 2) County Health Department Quality Improvement Plan
- 3) County Health Department Community Health Improvement Plan (CHIP), and Strategic Plan

Membership/Roles:

- 1) PMC Team is comprised of the Health Officer, Executive Leadership Team, QI Liaison, Accreditation Coordinator, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation as needed. The PMC 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, and QI projects.
 - d) Remove barriers to performance improvement.
- 2) Quality Improvement Liaison:
 - a) Appointed by leadership and possesses the core competencies identified by the state health office.
 - b) Serves as the point of contact between the PMC Team and Office of Performance Management and Quality Improvement (PMQI).
 - 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.

Meeting Schedule and Process:

- 1) PMC will meet at least twice quarterly with monthly meetings recommended. The meetings will be held to monitor implementation of CHIP, Strategic Plan, Work Force Development, and QI Plan/Projects.
- 2) Perform annual evaluation to implement planning for subsequent year.
- 3) Activities outside monthly/Quarterly PMC meetings will include ongoing email and/or phone communication to review and monitor plan/project status.

Measures of Success:

- 1) A minimum of three documented (agenda, sign-in, minutes) collaborative meetings occur between January 1, 2019 and December 31, 2019.
- 2) PMC to designate a PMQI Champion for Bradford-Union CHD that will/may take part in:
 - Leading development of the CHD annual QI plan, participating in PHAB reaccreditation readiness, and contributing to performance management activities
 - Coordinating local trainings identified in the QI Plan
 - Communicating and sharing best practices, issues, deliverables and other updates from the local performance management council to the PMQI consortium and vice versa. This will be done during meetings and via email. All associated documentation shall be posted to SharePoint.

Deliverables:

PMC will utilize documents including quarterly/ monthly meeting summary for reporting on status and results of plans/projects, and annual evaluation which will be posted via the dedicated SharePoint site.

APPENDIX 5

PMQI PLAN AND PROJECT ALIGNMENT

OBJECTIVE	PLAN ALIGNMENT	PRIORITY AREA
By December 30,2021 DOH Bradford-Union will increase the number of infants who have ever breastfed.	<input checked="" type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	Improve the health of infants and children Healthy Weight Reduce Health Disparities
DOH Bradford-Union will Increase immunization rates for children.	<input checked="" type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	Improve the health of infants and children Improve vaccination rates Reduce Health Disparities
DOH Bradford-Union will maintain or increase the percent of population tested for COVID-19.	<input checked="" type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	Increase healthy life expectancy, including the reduction of health disparities Demonstrate Readiness for Emerging Health Threats
DOH Bradford-Union will increase the number of diabetes education classes.	<input type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	Increase healthy life expectancy, including the reduction of health disparities Demonstrate Readiness for Emerging Health Threats Reduce Health Disparities

Increase opportunities for HIV testing and educational services available through the DOH Bradford-Union	<input type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	Demonstrate Readiness for Emerging Health Threats Sexually Transmitted Diseases and HIV infections Reduce Health Disparities
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APPENDIX 6

PMQI KEY PERFORMANCE INDICATORS

The Division of Public Health Statistics and Performance Management collects key performance indicator data in the Annual Progress Report.

Percentage of identified individuals completing PMQI trainings

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

Denominator: Total number identified for training

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

Percentage of PMQI Plan objectives resulting in improved results

Numerator: Number of PMQI objectives resulting in improvement

Denominator: Total number of PMQI Plan objectives

Percentage of staff ideas resulting in Quality Improvement projects

Numerator: Number of staff ideas implemented as QI projects

Denominator: Total number of staff ideas submitted

APPENDIX 7

PMQI PLAN GOALS, STRATEGIES AND OBJECTIVES

Goal 1: Improve the health of infants and children					
Strategy 1:	Objective 1:	Lead	Baseline	Target	Status
Focus on breastfeeding of infants.	By December 30,2021 DOH Bradford-Union will increase the number of infants who have ever breastfed from 75.9 % in Bradford and 72.1 % in Union to 85.7% in each county.	Tricia	75.9% - Bradford 72.1% - Union	85.7% 12/2021	On Track
Strategy 2: Focus on immunization.	Objective 1: By December 30,2021 DOH Bradford-Union will Increase immunization rates for children from 87% in Bradford and 92% in Union to 95% in each county.	Tricia	87% Bradford 92% Union	95% by 12/21	On Track
Goal 2: Increase healthy life expectancy, including the reduction of health disparities					
Strategy 1:	Objective 1:	Lead	Baseline	Target	Status
Reduce COVID-19 incidence	By December 30,2021 DOH Bradford-Union will maintain or increase the percent of population tested for COVID-19 from 2% to 5% of the population.	Stephanie	2% of total population tested	5% of total population tested	On Track
Strategy 2: Increase number of diabetes education classes	Objective 1: By December 30,2021 DOH Bradford-Union will increase the number of diabetes education classes in Bradford from 0 to 2 and in Union from 1 to 2 .	Tracy	Bradford -0 Union-1	Bradford-2 Union-2	On Track
Goal 3: Sexually Transmitted Diseases and HIV Infections					
Strategy 1: Increase HIV testing and education	Objective 1: By December 30,2021 DOH Bradford-Union will increase opportunities for HIV testing and educational services available through the DOH Bradford-Union from 2 in Bradford to 6 and from 0 in Union to 6.	STD Clinic Coordinator	Bradford-2 Union-0	Bradford-6 Union-6	On Track