



Tackling Big Challenges with a Full QI Culture Shift
Featuring Springfield-Greene County Health Department (MO)
Presented June 2018
Webinar Question and Answer Session

How large is your health department?

There are approximately 110 staff serving a population of approximately 288,000.

We were wondering why only the strategic plan and operational plan are highlighted as "data based" in your organizational performance management system framework?

Strategic Planning is more of the foundational efforts by the Department as a whole. Data directs and informs your strategy but is more aligned with the day to day activities which are described at the Operational Planning level. The metrics that will be tracked are identified within each of the programs identified in the Operational Plans.

Did you use a dashboard to monitor the outcomes?

We will be utilizing a dashboard once we get to that point in our process.

Can the program plans mirror a grant work plan?

Absolutely! Program plan is synonymous with project plan – it can be used with any program or project.

If there are only 110 staff at the health department, how do you manage 50+ programs?

Logic models were developed for 50 program areas, although there are less programs in the department. For example, our Community Health Advocate program has two program areas: blood pressure and opioids.

How long did it take you to complete those 5-some program plans?

We completed these within one month.

Can you elaborate on what you added to staff performance evaluations/give an example of what one of those things in an individual employee's performance plan would be?

*This is still in progress - but ideally performance evaluations will evaluate the activities assigned to staff in their respective program plan.
An example might be: "Complete 500 blood pressure checks in the community out of the program's outcome to achieve 3000 blood pressure checks annually."*

Can you please provide specific example of 'leadership buy in'? Our leadership is bought in, but they don't move anything forward?

After we proposed the concept to division administrators and our directors, we received a green light to run with the concept. Our framework system was widely accepted. Have you tried proposing a similar concept to your leadership to seek approval in moving forward with a trial?

How long did the program plan workbook process take for each department?

Each division was responsible for compiling a program plan within two months.

"What do the timeframes for activities look like for ongoing programs? Do they have dates? Does this mean the program plan will be updated periodically?"

The idea is each program plan will be updated annually, however, objectives could be less than or longer than a year – depending on the goals of the program.

Were there only the four staff on the panel working within the department to lead this?

The governing quality council that helped to guide and inform the work. There were three staff who managed the process and equipped each program group to complete their own logic model.

Did you change what you did to coach people depending on if it was a program planning-oriented or program services-oriented?

We tailored the work with each program to meet the needs of the work to be accomplished. Each logic model looked the same upon completion, however each logic model addressed a different “problem” specific to each program area.

Did you focus on just outcome measures or also process measures?

This process is new to our department. Because of this, we met each program where they were in their data collection. Some programs were much further along than others. We really had a mixture of process/outcome measures.

Do you have QI staff to act as TA for the programs as they perform QI?

The team of three that facilitated the development of the logic models and program plans will act as TA in future QI projects. QI projects will also be an activity of the QI Committee.

How are you funding this work?

Department leadership has been supportive of the effort and allowed a significant portion of staff time to be dedicated to the development of a culture focused on data-driven decision making and quality improvement. Additionally, administration has paid for staff training.

In the future, will you develop trainings or templates, so staff can create their own logic models? So that you don't have to schedule 50 meetings! We have 1,500 staff in our agency and I love the idea of implementing logic models for each program, but my office doesn't have capacity to walk each program through that process.

Yes! Because this process was new, the first phase has required a significant amount of guidance and facilitation. However, the goal for the next round of logic model development/updating is for program managers to do this mostly on their own with assistance from the Quality Council, if needed.

Were there specific activities planned/performed to create staff buy-in for the culture change?

The Public Health Foundation training that preceded these efforts helped raise awareness, understanding, and interest in growing/improving the culture of PMQI at the department. This training was provided to the Quality Council and members of the PM

and QI committees. When efforts started to develop logic models and program plans, Directors and Admin were consistently vocal in promoting the cultural shift and activities related to it. Leadership have been so supportive of the effort that performance evaluations will be tied to person-specific activities outlined in the program plans. Also, staff have become more supportive of the effort as they have learned where they fit in the connection between their work and department-wide goals. This is still a work in progress and continues to improve.

It sounds like you all did the work. How did staff get involved and take ownership of these items? Did this first phase advance your culture of quality? How does an understaffed department without funding implement this and address all of these steps?

During logic model development sessions, the Quality Facilitation Team, or team of three, met with the program administrator, manager and 1-2 key program staff so that there was representation from each level of staff in the meeting. Program plans were developed by program managers and front-line staff. The Quality Facilitation Team was available if the program needed assistance.

The Quality Facilitation Team included three people who were responsible for or involved in multiple projects. During the four months of logic model development and program planning, there was about 30-60 hours a week of staff time dedicated to the project. It would be challenging, but not impossible, for the work to be completed in a department with limited funding/staff. We had a tight timeline because we wanted to get program plans live by the start of our fiscal year. We could have spread the timeline out and spent less time per month.

Can you provide more information on how you made the plans online and interactive?

Program plans are housed in Office 365, which is a cloud-based platform. This has been helpful to prevent multiple documents from being created and saved in a more traditional shared file.

Were there any issue w/unions or contracts including these metrics in performance reviews.

No. However, when completing outcomes for logic models, consideration was made for deliverables outlined in contracts and grants.

How were the quality council members selected within the organization? Is there any list of roles and responsibilities of Quality Council Members?

The Quality Council Board, PM Committee and QI Committee were developed through a formal application process.

You mentioned health equity was not put into monitoring programs. Can you talk a little more about that?

Programs that are mainly focused on enforcement of code and that do not deal with vulnerable or minority populations do not apply health equity considerations.

How detailed were project plans? For example, how many pages for each one? Were the examples of the logic models shown represent the majority of others - were they all that straight forward?

Yes. All logic models had the same format and used consistent language. Program plans include the goal outcome, followed by it respective strategies and activities. For example, the Community Health Advocate (Blood Pressure) program area has the following Outcome, Strategy, and Activities:

- *Outcome: Increase medical healthcare referrals by 125% by December 2018*
 - *Strategy: Improve referral feedback systems with healthcare/community partners*
 - *Activity: Implement external referral process with [local healthcare provider]*
 - *Activity: Implement external referral process with [local community partner]*

Each activity is assigned an “end date” and a “staff lead” assignment, as well as “activity status”, “significant steps taken”, “barriers faced”, and any specific needs. Length of the program plans depends on the number and complexity of outcomes.

To your knowledge, has a state health department used your approach?

Not yet 😊

You can view the [archived webinar](#) on the PHF website, and access the following resources on performance management referenced on the webinar.

- *Visit PHF’s [Performance Management Toolkit](#) for more information and case stories on developing and improving a performance management system.*
- *Read through the [Health Resources and Services Administration document](#) that Springfield-Greene County Health Department used to help guide the formation of their Quality Council Board, PM Committee, and QI Committee.*
- *View additional [performance management resources](#) in the [Public Health Improvement Resource Center](#).*
- *Find out more information on PHF’s [Performance Management On-site Technical Assistance and Training](#) that jump started Springfield-Greene County Health Department’s journey.*

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