Developing a Performance Management and Quality Improvement Council
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Introduction:

A performance management System (PM System) is about using performance information on a regular basis as part of a continually repeated cycle of performance monitoring, analysis, and quality improvement, in which measured results are fed back into decision making to improve future performance. To accomplish this there needs to be a formal PM plan developed and utilized that focuses the organization on using data to make organizational-wide quality improvements. There must be an infrastructure to support these efforts.

A Performance Management/Quality Improvement (PM/QI) Council or Committee should be in place, utilizing the PM/QI Plan to drive their efforts. The council should have representation from all divisions/departments in the health department. Depending on the size of the agency, the council may have recommended rotating terms of appointment so new members and ideas are added at least every two years.

Summarized below are some general guidelines when implementing a PM/QI council:

PM/QI Council Structure:
- A member of senior management should chair or sponsor the PM/QI to show top level support for the Council and its initiatives throughout the organization.
- Participate in foundational PM/QI training to champion efforts and provide TA support throughout the agency.
- Contribute to assessing current culture, setting PM/QI goals and deploying those goals.
- Provide the needed resources to support initiatives throughout the organization – *PM/QI Champions*.
- Participate in establishing new measures of performance for the organization or any division/department.
- Regularly review performance of measures against the goals.

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[1] Authors profiles are at the end of this article

- Recognize good work.

PM/QI Council Membership:
- Council size should be between 8 – 10 members.
- It is recommended that at least one member of senior management participate on the council. Depending on the size of the senior management, team staggered terms may be needed. There should be a mixture of clinical and non-clinical program members.
- A member of management or leadership responsible for the culture of continuous improvement of PHAB accreditation should be a permanent member of the Council.
- The day-to-day administrator/coordinator of the program is the working arm of the council and needs to be present at all meetings to create minutes, agendas, data analysis, ensure reports are submitted, distribute meeting notices, etc. This person does not have to be one of the 8 - 10 members of the council. This may be a part-time to full-time position depending on the size of the health department.
- It is recommended to have membership representation from all levels of the organization to provide an organization-wide perspective.

PM/QI Council Role:
- Role would include coordinating, launching, and institutionalizing performance management and the quality improvement process within the organization by developing and articulating a clear vision for use of data in decision making and selecting quality improvement projects.
- Define, develop, and sustain the performance management and quality culture for the organization. Lead by example at all times – model the behavior you expect others to exhibit.
- Sanction quality improvement projects across the organization.
- Align quality improvement projects with the organization's strategic plan.
- Serve as a review board for project teams interim and final reports.
- Support Project Team Leaders when problems/issues require resolution.
- Determining the quality improvement training required for the various organizational levels:
  - Introductory

- Tools and Techniques
- Teaming

PM/QI Council Process:

Depending on the organization's size, the council process may include some or all of the following points:

- Develop and publish a statement explaining the Council's purpose, role, responsibilities, and approach to quality (*A guide for the development of a PM/QI Plan is included as a separate document in the toolkit).*
- Develop a strategic approach/plan on how using data for decision making and quality will be institutionalized in the organization.
- Determine how the council will communicate to and receive information from the organization in a timely manner – e-mail, monthly newsletter, etc.
- Develop the process on how the council will approve/launch/sanction quality improvement projects based on data within the organization:
    - Determine areas of greatest need and appoint a team leader and members to investigate and make a recommendation on how to improve it.
    - Review and analyze periodic data relating to community health indicators to help guide decisions on areas needing improvement.
    - Review directives from other agencies (federal, state, local) for required modifications to current processes or activities.
    - Inter and Intra departmental quality improvement projects.
    - Solicit and review quality improvement projects from organizational sections or members.
    - Recommendations from outside the organization.

- Review progress of all teams sanctioned to do quality improvement on a regular basis – develop a monthly QI Progress Report.
- Develop a tracking mechanism to document how the quality improvement projects have benefited the organization – share quarterly.
- Determine how successful team projects will be recognized/rewarded.

- Research training to make sure the organization continuously has the right training at the right time.

To help sustain PM/QI efforts, the following table will give the PM/QI council a checklist to review on a regular basis. The council should review how achievement objectives are developed, review for clarity, frequency of measures, and relevance to the strategic plan and other agency level plans/initiatives.

Performance Management Sustainability Plan

Ongoing Activities	Responsible Party	Frequency	Comments
Develop PM/QI Plan			
• Utilize Checklist for Developing and Implementing a Plan for Performance Management and Quality Improvement • Use PM/QI Plan as a guide for ongoing activities to support a culture of continuous improvement			
Review of Performance Measures			
• Do the measures at the agency and program level demonstrate the work being done? The impact being made?			
• Is progress being made toward completing objectives?			
• Do the measures tell a meaningful story about the program or health			

department? Do they demonstrate agency value and outcomes? • If not, what else should be shared?			
• Include a focus on measuring impacts and changes to population health outcomes as a result of *programs and services*, not everyday tasks and/or projects.			
Meet with Programs to Discuss Measures			

• Review results and discuss:
  − Outcomes
  − What can be learned from the results?
  − Are there opportunities for improvement?
  − Is progress being made toward achieving goals?
  − Is there a trend?
  − What needs to be changed?			

Identify Improvement Opportunities			
• Are management/programs using performance measures to inform decisions? • Are the measures being reported on regularly and timely?			

• Are the measures relevant & meaningful? • Is there an opportunity for improvement? (e.g. progress is not as expected and a QI project has been identified)			
Stay Visible & Communicatee			
• Celebrate the successes • Celebrate identifying problems using performance measures • Document the significant successes or lessons learned and provide to leadership and staff • Share examples of the PM System improving health department operations			

Authors profiles:

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