July 1, 2023 – June 30, 2026

Performance Management and Quality Improvement Plan

Florida Department of Health in Monroe County

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Revisions Page

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By
7/8/24	1	Extended Deadline from June to December 2024: Objective 2.1A: Increase the percentage of agency wide integration of QI initiatives in at least 80% of employees' performance evaluations from 28.85% (in June 2023) by December 2024.	16	Alison Kerr
7/8/24	2	Extended Deadline from June to December 2024: REVISED: Objective 4.1: Complete one, from 0 in June 2023, customer engagement QI project to improve the number of respondents to the customer satisfaction survey monthly by December 2024.	18	Alison Kerr

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Section 1 Introduction

Purpose

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

The goals of the DOH-Monroe PMQI Plan are to ensure ongoing organizational improvement and to attain and sustain a culture of quality that follows key indicators from an established culture of quality tool such as the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality.[1]

I. Organization Statement of Commitment to Quality

The Florida Department of Health in Monroe 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-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.

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 August of 2020, the DOH-Monroe Performance Management (PM) Council engaged in a formal department-wide culture of quality self-assessment. The assessment results are shared with the State Health Office and used to inform the Agency PMQI Plan. The DOH-Monroe PM Council members reached a consensus assessment of the current culture of quality as a 4.0 which is Phase 4: Formal QI in Specific Areas of the Organization in the development of a culture of quality. The following are the phases in the development of a culture of quality:

- Phase 1: No Knowledge of Quality Improvement (QI)
- Phase 2: Not Involved with QI Activities
- Phase 3: Informal or Ad Hoc QI
- Phase 4: Formal QI in Specific Areas of the Organization
- Phase 5: Formal Agency-Wide QI and
- Phase 6: Overall Organizational Culture of Quality

The self-assessment enabled DOH-Monroe 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 transition strategies using a recognized tool, such as the NACCHO Roadmap, to strengthen and standardize PMQI activities.

Based on the results of the culture of quality self-assessment and discussions during one program managers meeting and two PMC meetings, the DOH-Monroe 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 culture of quality score, the PM Council selected the following Roadmap foundational elements/sub-elements to work towards improving the plan goals:

Foundational Element 1: Teamwork and Collaboration

Goal: QI teams share outcomes and lessons-learned with staff from other programs.

Foundational Element 2: Leadership

Goal: Senior leaders and program managers provide resources to support staff in QI activities.

Foundational Element 3: QI Infrastructure

Goal: Link QI plan with other foundational plans and assess progress of each project continuously.

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-Monroe intends to conduct a formal culture of quality self-assessment when a statewide assessment tool is available for use.

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

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

A. The DOH-Monroe leadership team, which comprises of the health officer, division directors, and SES supervisors, 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 PM Council is chaired by the PMQI Champion and comprised of the health officer, DOH-Monroe leadership team, 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 an established culture of quality self-assessment tool.

3) Developing and implementing a three-year PMQI Plan.

4) Developing, approving, monitoring and evaluating plans and QI projects.

5) Conducting a quarterly review of progress toward completion of a PMQI Plan, including QI projects.

D. All DOH-Monroe staff have a role in fostering a culture of quality by:

1) Developing an understanding of basic PMQI processes and tools and applying PMQI into daily work.

2) Identifying and recommending to the PM Council (or via other established processes such as an anonymous suggestion box) opportunities for improvement that may become QI projects.

3) Participating in QI project teams as appropriate.

E. DOH-Monroe leadership team and PM Council memberships are reviewed at the end of each calendar year for succession and rotation. PMQI Champions are rotated at the discretion of the Health Officer.

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 subject matter experts, TRAIN Florida, the National Network of Public Health Institutes' Public Health Learning Network, the American Society for Quality and other 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. QI 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-Monroe PMQI Champions also provide trainings to county health department staff.

The following are additional DOH-Monroe training requirements, which are verified with certificates of completion maintained by the Human Resources Liaison:

A. "The PDCA Cycle for Change Leaders and Handling Change Resistors" in TRAIN for PM Council.
B. "Building a Quality Improvement Culture" in TRAIN for DOH-Monroe supervisors
C. Quality Improvement 101 for all staff at DOH-Monroe. Training is also incorporated into all staff performance evaluations.
D. "Introduction to Quality Improvement in Public Health" for all new staff within 60 days of hire. Since June 2020, this has been incorporated into new hire training list.

DOH-Monroe is also in the process of completing the Quality Improvement Process Guidance, Version 2. Version 1 was completed in 2021and was presented during the August 2021 Southeast Regional PMQI Consortia to pitch this as a best practice; it was well-received by the group at that time. With the discontinuation of the J: Drive in late 2022, which was the server that housed all the links and embedded videos of that document, the department is working on updating it with fresh information and videos and is expected to launch the new edition in early 2024 to DOH-Monroe staff. This document has proven to be of great use to staff when initiating a QI project.

II. Budget and Resource Allocation

To promote PMQI training and the development of a culture of quality, funding and additional resource allocation will be supported by the DOH-Monroe leadership team. DOH-Monroe 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 for PMQI training.

Training	Staff	Time	Average Cost per Participant
The PDCA Cycle for Change Leaders and Handling Change Resistors TRAIN Course # 1044203	Division Directors, supervisors, and PMC members	60 minutes	No cost
FDOH Problem Solving Methodology TRAIN Course # 1058483	PMC members who have not yet taken this course, QI Project Leaders	360 minutes	No cost
Building a Quality Improvement Culture TRAIN Course # 1035229	DOH-Monroe supervisors and managers	60 minutes	No cost
Introduction to Quality Improvement in Public Health TRAIN Course # 1059243	All new hires	60 minutes	No cost
Quality Improvement 101 TRAIN Course #1067632	All staff with QI performance expectation	60 minutes	No cost
Quality Improvement 102 TRAIN Course #1073517	All staff with Qi performance expectation	60 minutes	No cost
Quality Improvement Process Guidance Document is in the works and will be completed by January 1, 2024	All staff	120 minutes	No cost. Document is being completed by OPS Government Operations Consultant

I. Processes to Identify Opportunities for Improvement, Areas of Excellence and Best or Promising Practices

Customer Feedback and Key Performance Indicators for Continuous Improvement

The DOH-Monroe PM Council establishes processes to identify opportunities for improvement, areas of excellence, and best or promising practices, which includes a process to solicit customer feedback and administer the culture of quality assessment.

The PM Council reviews key performance indicators to identify potential quality improvement projects. Key performance indicators include customer feedback data, culture of quality assessment results, quarterly performance data and annual progress reports for the CHD's strategic plan and Community Health Improvement Plan (CHIP). Key performance data may indicate opportunities for improvement to be discussed with the DOH-Monroe leadership team for prioritization and implementation as potential QI projects.

DOH- Monroe will use customer focused performance measures to drive continuous performance improvement and ensure excellence. For this reason, DOH- Monroe gathers, analyzes and reports customer feedback data in several ways like conducting customer satisfaction surveys and community meeting surveys.[2] Customer feedback data are used to improve policies, programs and/or interventions as outlined in Section 6 of this document. Where appropriate, customer focused data may result in the selection of a QI project by the PM Council.

QI Project Identification, Alignment and Implementation Processes

QI projects are selected and prioritized based on their alignment with the priorities and goals in the CHD's PMQI plan, strategic plan, CHIP, workforce development plan or other emerging/priority areas. In addition, QI projects may also be prioritized based on their alignment with state level plans.

DOH- Monroe completes and submits at least one formal QI 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 a combination of the following project types:

- *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, employee travel, and financial management).
- *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).
- *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.

[2] Florida Customer Standards Act (s. 23.30, Florida Statutes) and DOHP 180-1 Customer Focus

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

Project teams document the completion of QI projects in a storyboard or narrative that covers the minimum project components outlined by the Division of PHSPM:

- List the type of QI project: administrative, programmatic or population based
- Describe how the opportunity for improvement was identified including how data were used in this process.
- Include a SMART (Specific, Measurable, Achievable, Relevant, Time-Oriented) aim statement
- Describe the type of PMQI method used such as Plan Do Check Act (PDCA), Define, Measure Analyze, Improve, Control (DMAIC), Kaizen, lean, rapid cycle improvement or other recognized PMQI method(s).
- Describe the use of PMQI tools to better understand or make decisions about 1) the current process, 2) root causes, 3) possible solutions and 4) prioritization and selection of solutions for implementation.
- Describe the QI project outcomes including progress toward the aim statement. The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project.
- Indicate if a best practice was identified through the QI project process

The documentation (storyboard or narrative) is included in the PMQI Plan Annual Progress Report. Progress on QI projects is documented in the DOH- Monroe PM Council quarterly meeting summaries or minutes.

Section 6 PMQI Plan Monitoring

I. Measures and Monitoring Performance

DOH- Monroe 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- Monroe PM Council meets at every other month to monitor progress. The status of the PMQI Plan is reported in the meeting summary and submitted to the Division of PHSPM within ten business days after the summary has been approved by the DOH- Monroe PM Council. Based on the quarterly progress monitoring, the PM Council will update plan objectives as needed.

The Division of PHSPM collects the following key performance indicator data from all CHDs and includes this data in the Annual Agency PMQI Progress Report:

- Percentage of identified individuals completing PMQI trainings
- Percentage of PMQI Plan objectives resulting in improved results

Annually, DOH-Monroe submits a PMQI Plan Annual 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.[3]

II. Customer Focus

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 180-1 and DOH-Monroe Customer Service Policy 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. This include collecting feedback from clients at one of three kiosks at each of the county health department sites, posters with a QR code with the survey link, all team members have a survey link in their email signatures, on our main website (monroe.flhealth.gov), paper surveys, and

[3] Section IX, PMQI Plan Goals, Strategies, and Objectives contains a list of the Year 2023–2026 DOH- Monroe PMQI Plan goals, strategies and objectives

phone surveys. County health departments annually report data on their customer satisfaction processes, results and timeframes for acknowledging complaints in the CHD Snapshot. The Public Information Officer also provides monthly updates by email on customer satisfaction data, acknowledging employees who have been recognized, and privately confronting supervisors of employees who received negative feedback or complaints. Customer complaints are acknowledged no later than the close of business of the next workday by the program staff.

In summary, DOH- Monroe uses customer feedback data to improve policies, programs and/or interventions by obtaining this feedback through iPads, QR codes, palm cards, phone surveys, online, and paper. 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- Monroe leadership team.

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-Monroe PM Council, chaired by the PMQI Champion, meets at least quarterly but may meet more frequently as needed. Meetings are documented using an agenda and meeting summary.

PM Councils leverage the advantage of Florida's integrated local public health system by sharing resources and information with peers. On a regular basis, QI project leads are responsible for informing the PMQI Champion on project results and progress. The PMQI Champion and PM Council communicates PMQI activities to staff at all levels, including QI projects, best practices, results of improvement initiatives and lessons learned using:

1) PM Council meetings and meeting summaries
2) Staff meetings that include staff at all levels, including during All-Staff Days
3) Quarterly Program Managers Meetings
4) PMQI Consortia Team Meetings
5) Sharing/submitting information with the Division of PHSPM, County Health Systems and other appropriate state office programs
6) Statewide/community meetings or events
7) Appropriate internal and external award nominations
8) Storyboards
9) Quarterly Employee Newsletter known as "The DOH-Monroe Insider"
10) Bi-Weekly Health Officer Updates
11) Florida Health Performs – the Department's web-based platform for the performance management system

Data from the Culture of Quality Self-Assessment, objectives of the foundational elements, and ongoing QI projects, and customer satisfaction survey data are reviewed during the following meetings: (1) All-Staff Days including the following three: President's Day, Juneteenth, and Columbus Day; (2) PMC Meetings at least quarterly; (3) Program Managers Meetings at least bi-annually. Internal stakeholders are informed of the DOH-Monroe PMQI plan through the quarterly PMQI Consortia. External stakeholders are informed of the DOH-Monroe PMQI plan annually during the Community Health Improvement Plan stakeholders meeting.

The Department's State Surgeon General meets regularly with the Executive Office of the Governor to brief them on the Department's activities, programs and public health impact. This briefing includes information on the Department's performance management system functions, data and activities as appropriate. Key updates from Agency Performance Management Council meetings, which include County Health Department health officer representation, may also be included as appropriate.

Section 8 PMQI Plan Annual Review and Update

I. Review and Update the PMQI Plan

Annually, the DOH-Monroe 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. The annual progress report is reviewed, updated, and finalized each year. During the revision process, DOH- Monroe 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 QI projects.
- Developing a stronger training plan.
- Reviewing and enhancing employee training content.
- Expanding upon the QI 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.

Priority 1: Teamwork and Collaboration			
Goal 1.1: QI teams share outcomes and lessons-learned with staff from other programs.			
Objective 1.1A: Increase the number of avenues whereby QI projects are shared with DOH-Monroe staff from 0 (in June 2023) to 4 by June 2026 **Data Source:** PMQI Lead Health Officer weekly updates, All-Staff Day, Quarterly Newsletter, Program Manager's Meeting. All CHD meetings are to have QI in the agenda as a standing item.	**Lead Individual and Title or Organizational Unit** PMQI Lead	**Status** On Track	**Alignment** **Agency Plans:** AEOP-# APMQI-#5.3 ASP-# AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-#2.1.2 WFD-#
Priority 2: Leadership			
Goal 2.1: Senior leaders and program managers provide resources to support staff in QI activities.			
~~**Objective 2.1A: Increase the percentage of agency wide integration of QI initiatives in at least 80% of employees' performance evaluations from 28.85% (in June 2023) by June 2024.**~~ **REVISED:** **Objective 2.1A: Increase the percentage of agency wide integration of QI initiatives in at least 80% of employees' performance evaluations from 28.85% (in June 2023) by December 2024.** **Data Source:** HR Liaison Performance Evaluation Smart Expectations Job Aid will be used to guide those supervisors whose employees need this performance expectation integrated.	**Lead Individual and Title or Organizational Unit** PMQI Lead	**Status** On Track	**Alignment** **Agency Plans:** AEOP-# APMQI-#1.1 ASP-#4.1.1 AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-#1.1.1, 1.1.2 WFD-#

Objective 2.1B: Increase the number of annual progress reports of notable QI projects presented by program managers during All-Staff Day from 0 (in June 2023) to at least two annually until June 2026. **Data Source:** All-Staff Day Coordinating Team All-Staff Day (President's Day and Columbus Day) and quarterly lunch and learns with QI as a topic.	PMQI Lead	On Track	**Agency Plans:** AEOP-# APMQI-#1.2 ASP-# AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-#2.1.2 WFD-#
Priority 3: QI Infrastructure			
Goal 3.1 Link QI plan with other foundational plans and assess progress of each project continuously.			
Objective 3.1A: Update foundational plans to include from 0 in June 2023 to at least one performance standard and measure that aligns with the QI plan by June 2026. **Data Source:** Foundational Plans	**Lead Individual and Title or Organizational Unit**	**Status**	**Alignment**
	PMQI Lead	On Track	**Agency Plans:** AEOP-# APMQI-#1.1 ASP-# AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-#1.1.1, 1.1.2 WFD-#
Objective 3.2A: Establish from 0 in June 2023 to one a formal process for initiating and reporting routine QI projects to DOH staff by June 2024. **Data Source:** PMQI Lead Strategies: Large format posters, Shared excel file, teams, billboards. Quarterly meetings include Program Mgr Meetings; Add a section in the newsletter – "QI section," how to initiate QI and how it would fit into overall plan, include what purpose is of QI and outcomes.	**Lead Individual and Title or Organizational Unit**	**Status**	**Alignment**
	PMQI Lead	Completed	**Agency Plans:** AEOP-# APMQI-#1.2, 2.1 ASP-# AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-#2.1.2 WFD-#

Priority 4: Customer Focus			
Goal 4.1: Increase customer satisfaction of DOH-Monroe Clients			
~~**Objective 4.1: Complete one, from 0 in June 2023, customer engagement QI project to improve the number of respondents to the customer satisfaction survey monthly by June 2024.**~~ **REVISED: Objective 4.1: Complete one, from 0 in June 2023, customer engagement QI project to improve the number of respondents to the customer satisfaction survey monthly by December 2024.** **Data Source:** Customer Feedback Team Implement new methods of survey collection including Happy or Not kiosks in addition to existing methods. Expand phone survey. These methods will also work to become culturally and linguistically competent.	**Lead Individual and Title or Organizational Unit** Customer Feedback Team	**Status** On Track	**Alignment** **Agency Plans:** AEOP-# APMQI-# ASP-# AWFD-# SHIP-# **CHD Plans:** CHIP-# EOP-# SP-# WFD-#2.7, 2.10

QI Project 1 Title: Open Enrollment and Special Enrollment Period Marketing Campaign					
Aim Statement: By February 2028, decrease the percentage of Monroe County residents who are uninsured from 17% (2021) to the state's average of 12.6% **How was the opportunity for improvement identified?** Due to Monroe County's high tourism service industry, small businesses population, and not-for-profit organizations, Monroe County has among the highest proportions of residents without health insurance in the State of Florida. Marketing effort to advertise this and other public health campaigns is needed.	**Project Type**	**Team Lead**	**Project Start Date**	**Project End Date**	**Status**
	Population-Based	Brandie Peretz	10/2022	2/2028	On Track

QI Project 2 Title: Employee Travel Policy and Training Needs					
Aim Statement: Ensure that 100% (from 0 in 2023) of DOH-Monroe employees are trained, including new employees within one month of hire, on the Monroe County Travel Policy, formalizing this training within the next five years by February 2028. **How was the opportunity for improvement identified?** Unfortunately, employees have experienced many issues with getting reimbursed. Travel policies are not well-developed or available to employees. This is systematic process issue. Training seems to be lacking and inconsistent county-wide. The reimbursement process is also time-consuming.	**Project Type**	**Team Lead**	**Project Start Date**	**Project End Date**	**Status**
	Administrative	Alison Kerr	2/2023	2/2028	On Track

QI Project 3 Title: Accountability in the Refugee Health Program					
Aim Statement: By September 30, 2023 increase the number of staff capable of coding to the Refugee Health Program from 9 (2021) to 26 (2023), increase the department's annual capacity to serve clients from 153 (2021) to 1200 (2023), and increase revenue from the program from $21K (2021) to $400K (2023). **How was the opportunity for improvement identified?** An unexpected influx of large numbers of refugees seeking entrance into the program has caused scheduling problems due to staffing inadequacies and budgetary pressures.	**Project Type**	**Team Lead**	**Project Start Date**	**Project End Date**	**Status**
	Programmatic	TalleyAnne Reeb	7/1/2022	9/30/2023	On Track

QI Project 4 Title: WIC Employee Morale/Job Satisfaction					
Aim Statement: To improve employee morale/job satisfaction in the WIC program at DOH-Monroe by 20% by January 2026. **How was the opportunity for improvement identified?** Current employees have expressed frustrations regarding the work environment and administration changes. These issues were mentioned in small group discussions and with other employees and managers. Levels of employee satisfaction/morale have yet to be clearly assessed and need to be. measured to address and improve these issues.	**Project Type**	**Team Lead**	**Project Start Date**	**Project End Date**	**Status**
	Programmatic	Hannah Hamilton	January 1, 2023	January 31, 2026	On Track

Appendix 1 Key PMQI 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: *The Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st 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. *The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities*. 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)

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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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd 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. *Core Competencies for Public Health Professionals [online]. 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: *Roadmap to a Culture of Quality Improvement*, 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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd 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 – *A Framework for Program Evaluation*)
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. *Evidence-based Public Health: A Fundamental Concept for Public Health Practice*. Annual Review of Public Health)
Formative Evaluation	Formulative Evaluation means performing an evaluation to gain insight into the nature of the problem so that you can "formulate" a program or intervention to address it. During formative evaluation you might gain feedback from stakeholders that will inform the development of the intervention—what the needs are in the community, what factors they would like to see in a new program, etc. It could even include testing different communications materials, for example. Whereas a QI project will focus on a program or process that is already in existence and explore how it can be made more efficient or effective.
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

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	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, *Acronyms, Glossary, and Reference Terms*, CDC, 2007. www.cdc.gov/nphpsp/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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd Ed.)
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: *The Quality Improvement Handbook*, 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: The *Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st Ed.) Objectives need to be **S**pecific, **M**easurable, **A**chievable, **R**elevant and include a **T**imeframe (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 is 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: *2013 Sterling Criteria for Organizational Performance Excellence*)
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 is 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: 2013 Sterling Criteria for Performance Excellence)

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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: *Public Performance & Management Review*, 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)
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	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: • 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. A co-chair may also be named at the desire of the consortium. This individual performs support functions to assist the chair.
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)

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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. *Black's Law Dictionary.* 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. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Programmatic Project	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. Programs, processes and interventions are the terms used to describe functions, services or activities carried out through the daily work of public health departments.
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	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: • 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. 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. PHAB's scope of authority policy can be found at https://phaboard.org/wp-content/uploads/Scope-of-Authority-Policy_Mar2021.pdf (Turnock. *Public Health: What It Is and How It Works (4th Ed).* Jones and Bartlett. MA. 2009; Winslow. *Man and Epidemics.* Princeton Press. NJ. 1952. Institute of Medicine. *The Future of*

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	Public Health. National Academies Press. Washington, DC. 1988; Public Health Accreditation Board. *Standards and Measures Version 1.5.* Alexandria, VA, May 2011)
Quality Improvement	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. (Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". *Journal of Public Health Management and Practice.* January/February 2010)
Performance Management and Quality Improvement (PMQI) Plan	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. (Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." *American Journal of Public Health*. 2014. 104(1): e98-104) The Public Health Accreditation Board requires a PMQI plan as documentation for measure 9.1.2 A of the PHAB 2022 Standards and Measures.
Resources	Resources include personnel, equipment, facilities and funds available to address organizational needs and to accomplish a goal.
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: *The Quality Improvement Handbook*, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd 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

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	successfully perform their duties. (Institute of Medicine. *Who Will Keep the Public Healthy?* 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 *The Quality Improvement Handbook*, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)

Appendix 2 Data Sources

1. DOH Monroe County Strategic Plan, 2023-2028
2. DOH Monroe County Community Health Improvement Plan, 2019-2023
3. DOH Monroe County Workforce Development Plan, 9/2019-8/2024
4. DOH Monroe County Strategic Plan Annual Progress Report, 2022
5. DOH Monroe County Community Health Improvement Plan Annual Progress Report, 2022
6. DOH Monroe customer feedback data collected via survey monkey, QR codes, iPad Kiosks, staff email signatures, DOH-Monroe website, paper, and phone surveys, 2023
7. DOH Monroe NACCHO Culture of Quality Self-Assessment, 2020

Appendix 3 PMQI Planning Participants

2023

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