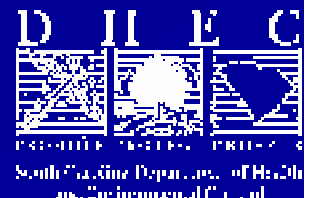


Implementation of a Performance Management System in a Statewide Public Health System:

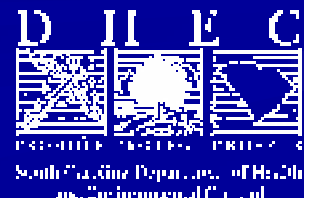
An Approach to Increase Transparency, Accountability and Quality

**Doug Taylor, MPH and Joe Kyle, MPH
Office of Performance Management
South Carolina Department of Health
and Environmental Control**



Overview of Presentation

- Overview SC DHEC and Health Services
- Existing accountability efforts in SC and Health Services
- Framework for Performance Management
- Pilot process and lessons learned
- Quality Improvement
- Increasing transparency and accountability

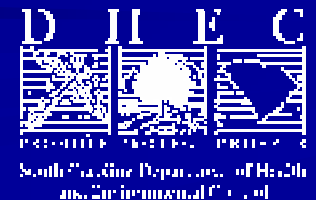
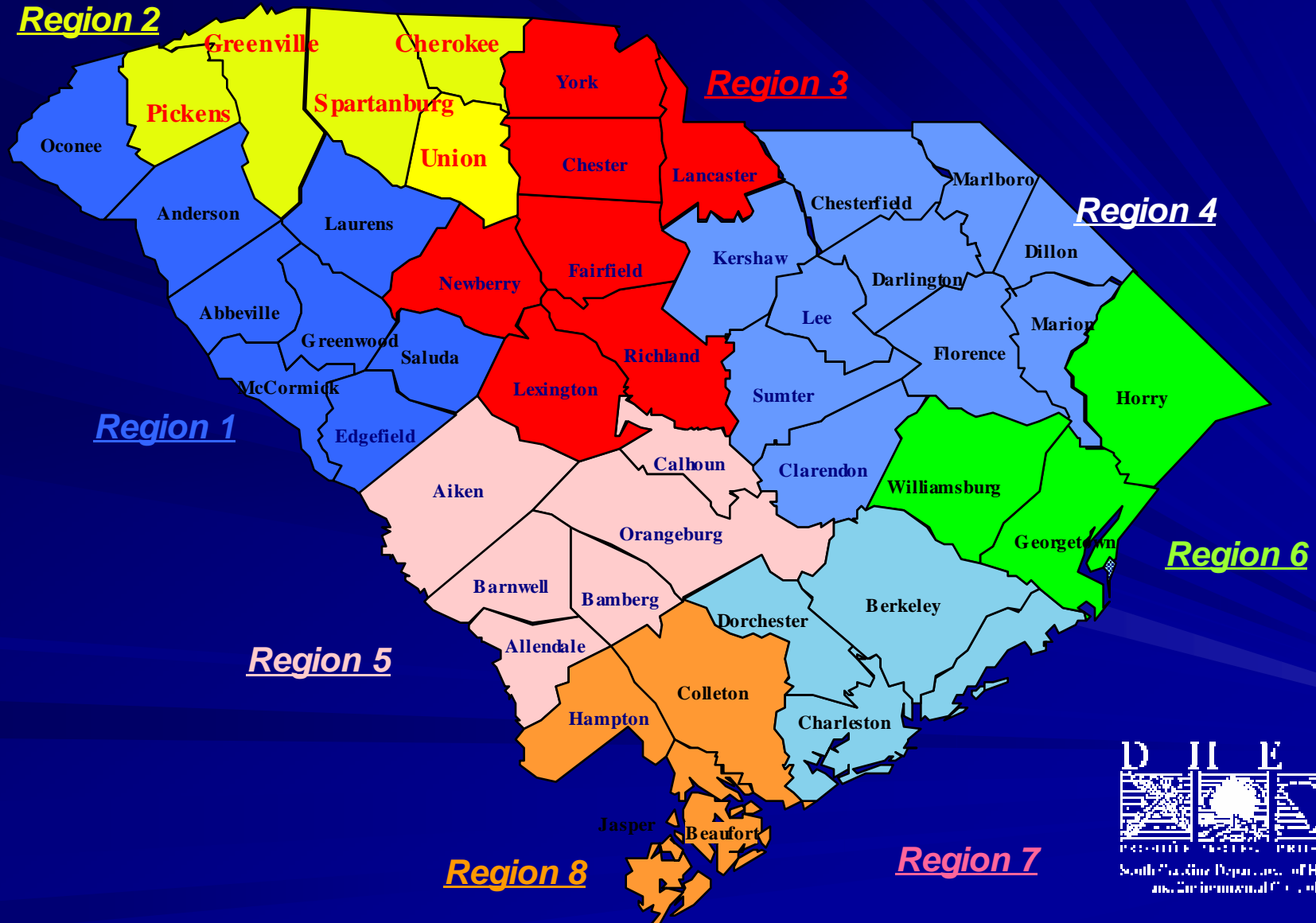


SC DHEC Structure

- 7- Member Board appointed by Governor w/consent of Senate
- Commissioner selected by the Board
- Agency is not part of the Governor's Cabinet
- Four Deputy Areas
- Centralized system/Vertically Integrated
 - State HD/Central Office
 - 8 Regions
 - No local BOHs

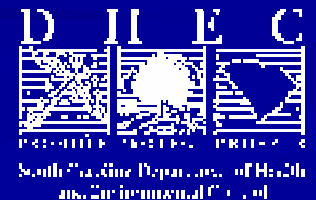


Eight Public Health Regions



Health Services

- Largest Deputy Area in DHEC
- 3,112 FTE's and 572 hourly/temporary/per visit employees statewide 8 Public Health Regions with local health departments in 95 sites in all 46 counties in SC
- Major areas of responsibilities include CDC/HRSA programs and general environmental sanitation
- Diverse team of health and environmental professionals to include:
 - Nurses, administrators, physicians, epidemiologists, nutritionists, sanitarians, pharmacists, administrative support, laboratory specialists, health educators, and social workers



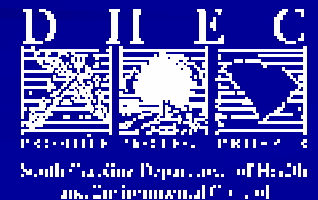
General Role of Central Office and Role of Regions

■ Central Office (State) Level

- State level Health Improvement
- Obtaining Resources
- Development of Policies, Regulations, etc
- Program Guidance & Oversight
- Subject Matter Expertise – Consultations (public & private sector)
- State, Federal and National relationships, partnerships

■ Region (Local) Level

- Community level Health Improvement
- Direct Service Delivery
- Implementation of Policies
- Region and local relationships, partnerships



Existing Accountability Efforts

- Governor's Annual Accountability Report
 - All state agencies must submit report
 - Based on Malcolm Baldrige Criteria
 - Leadership
 - Strategic Planning
 - Customer and Market Focus
 - Measurement, Analysis and Knowledge Management
 - Human resource Focus
 - Process management
 - Business Results
- Governor's Annual Activity Report



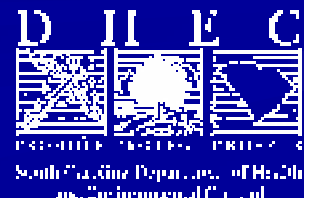
Existing Accountability Efforts

- SC DHEC's Strategic Plan 2005-2010
 - 5 Broad Goals
 - 24 Strategic Goals
 - 88 Objectives
 - Each Deputy Area monitors their Objectives through performance measures
 - In 2007 all Deputy Areas began presenting performance related data to DHEC's Executive Management Team



Existing Accountability Efforts

- Health Services' Continuous Quality Improvement (CQI) Committee
 - Chartered in 1996 to assess and streamline QA auditing tools and processes across all programmatic areas
 - Today has evolved to provide leadership and guidance on the implementation of the PMS
 - Includes at least one person from all 8 Regions and most of CO Bureaus
 - Meets quarterly

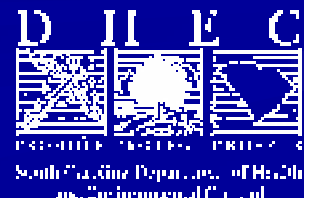


Framework of Performance Management within Health Services

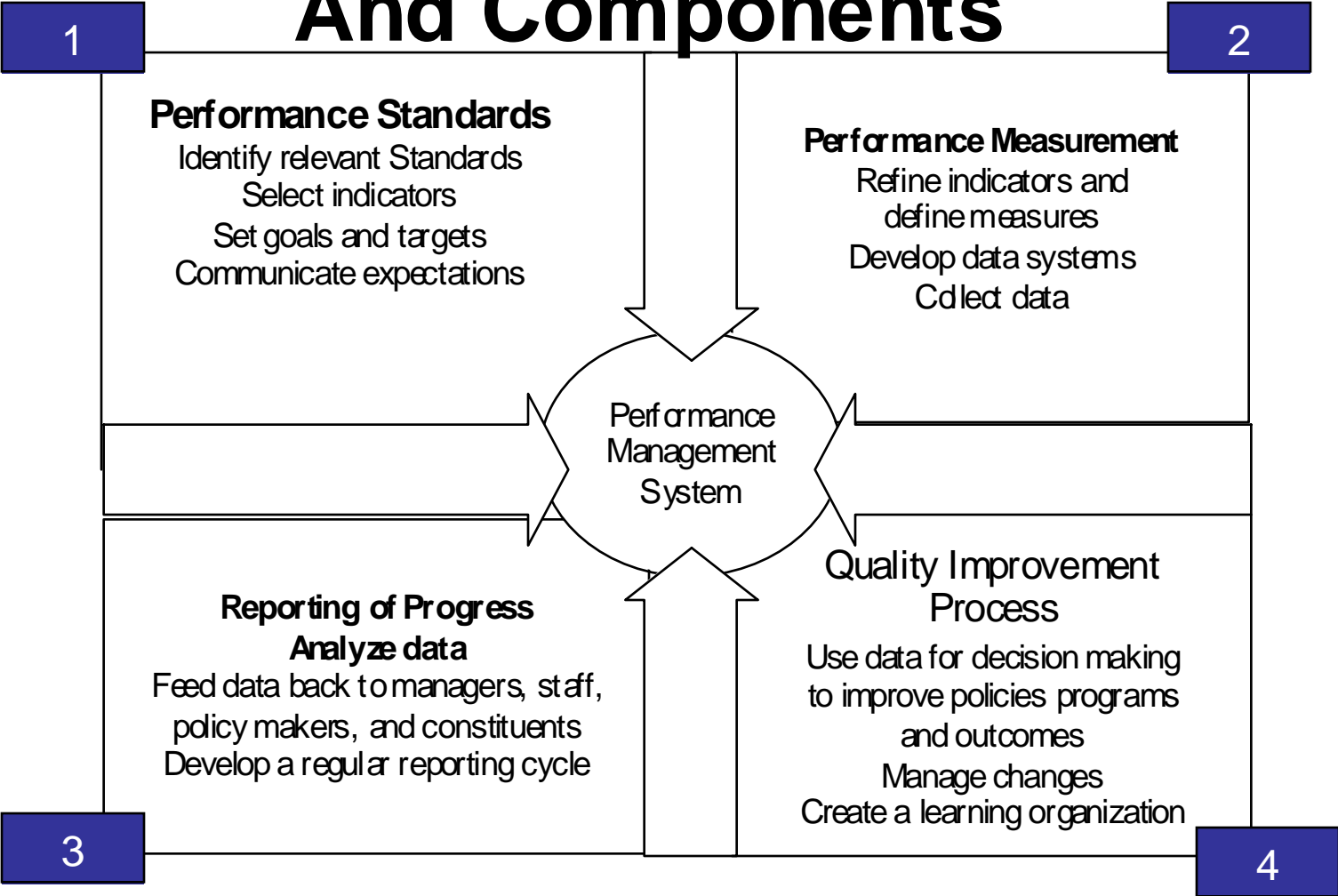


Getting Started with PMS

- Process started in 1999 with operational plan
- In 2004, senior leadership was looking for a better way to account for how well agency was doing on important health status measures and on internal/infrastructure processes
- Office of Performance Management given task to pilot and implement PMS
- Used Turning Point PMS resources to guide process



Performance Management Framework And Components



Public Health Agency Model

Turning Point From Silos To Systems

1

Performance Standard

90% of women testing positive for Chlamydia should be treated within 30 days of test



2

Performance Measurement

Percent of DHEC family planning and STD clinic clients with positive Chlamydia tests that are treated within 30 days of the specimen collection date



3

Report Progress/Analyze Data

Quarterly reports for each region provided to STD/HIV Division and reported in PM database. Reports shared at Region level and at quarterly CO/Region meetings

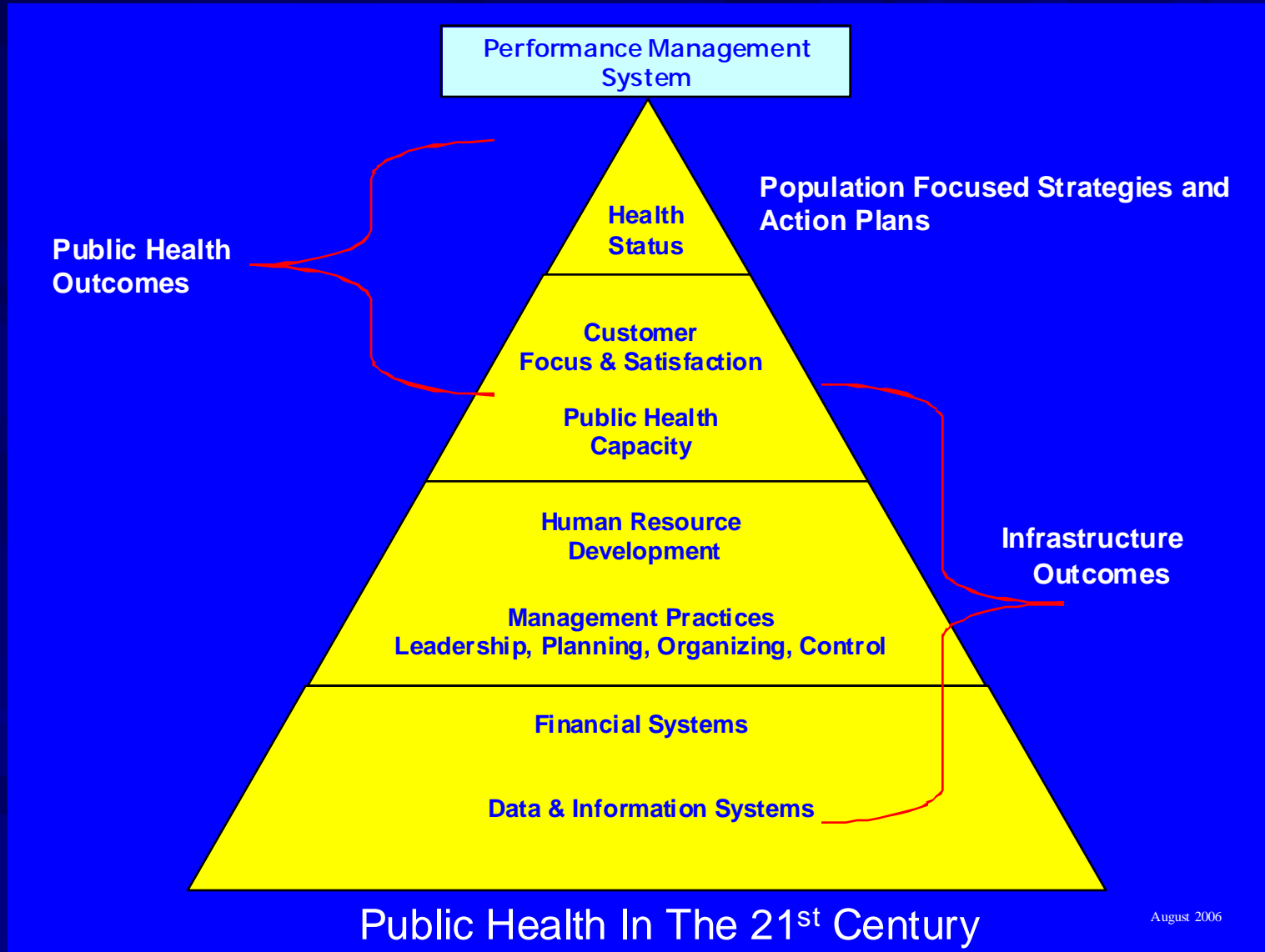


4

Quality Improvement Process

Region and STD/HIV Division identify regions that are below standard, initiate QI process to improve performance and communicate results

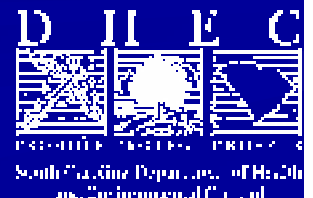
Performance Management Parts



Pilot Process

April 2006-April 2007

- Met with every Bureau/Organizational Unit to identify performance standards, and performance measures for each of the 7 domains (approximately 278 measures)
- Created and refined on-line, intranet access only, database to collect and report on measures
- After data entry and CQI process completed on the 270 plus measures met with everyone again, including 7 of 8 Region Leadership Teams to evaluate process



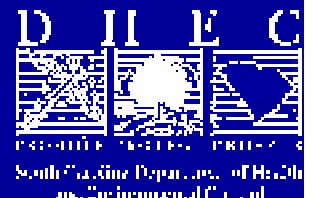
Lessons Learned from Pilot

- Make sure measure is clear and understood
 - Developed Specification Sheets for each measure and added to intranet (see handout)
- Ok to track many measures (PM surveillance system) but limit number of measures that require CQI documentation
 - Reduced overall # of measures to 206 and reduced # needing CQI to 34
- Monitor and report compliance for required data entry into the PMS
 - During pilot found that reporting this information (transparency) increased compliance
 - Added a performance measure to track Region and CO org units compliance



Selection Criteria for 34 Priority Performance Measures

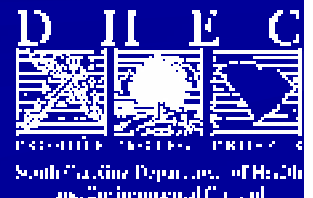
- Representative (Inclusiveness)
 - Must include measures
 - from each of the 7 Domains
 - from each of the Bureaus and Professional Offices
 - that are a mix of Process, Capacity and Outcome
- Lends itself to Quality Improvement
- Public health priority in SC
- Reasonable expectation for improvement during 1st year



Performance Management Constraints in our PH Systems

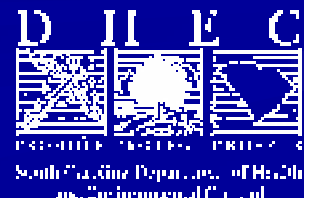
- Staff Resistance
- Not a Priority
- Work Culture Does Not Support QI
- Systems and Process not Geared to QI
- Insufficient Resources: \$, people, and time
- Staff Skills/Knowledge
- Leadership

Causes generated by PHF workshop participants at the Multi-state Learning Collaborative Open Forum, May 2007, PHF.



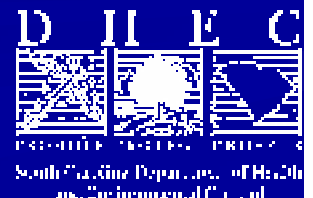
Documentation and Monitoring of Quality Improvement

- Expect QI on all 34 priority measures
 - Regions required to work on 28 of 34
 - Each measure has a Central Office contact
 - Convene meetings/provide additional data/information. Assist in developing QI plans
- QI efforts will be documented in existing PM database
 - Initial QI planning phase entered by January 08, then two 6-month follow-up reports



Purpose of Reporting QI Activities

- Understand how QI is implemented in Health Services and learn how QI methods and tools are being used
- Identify factors that support and or hinder the QI process
- See how performance changes as a result of the QI process
- Learn about the challenges and success stories of implementing QI
- Use this information to further our performance goals



CQI Action Steps

Performance Measurement
Monitoring
Problem Identification
Problem Prioritization

Communicate

Implement

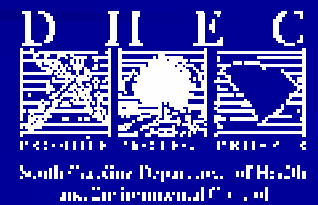
Evaluate

Innovate

Define

Measure

Analyze

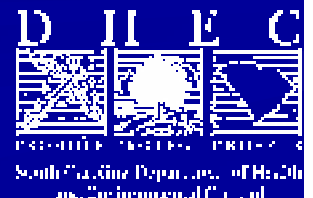


QI Training Needs

- Need additional training in:
 - Basic QI tools and methods
 - Problem identification/Root cause analysis
- Using the “Just in Time” training approach to make it more relevant to staff

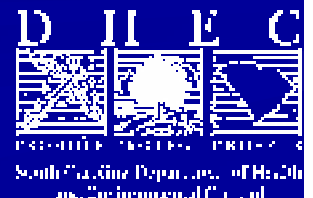
Benefits of Increased Transparency

- Any DHEC employee with access to DHEC's intranet can review the data for all 206 measures
- Provides an incentive for managers and staff to better understand why performance is at a certain level
- Opportunity to learn from each other
- Identify and give recognition to Regions/ CO organizational units that are performing well



PMS and Increased Accountability

- Process holds managers more visibly accountable for how well their unit is performing
- Central Office and Regional leadership teams better informed and can focus their limited *proactive* time to areas of greatest need
- Still need to figure out best ways, given our system, to reward high performance, and to identify and implement consequences if no improvement over time



Performance Management Resources

- Public Health Foundation (Turning Point document repository, other performance management resources)
<http://www.phf.org/performance.htm>
- Multi State Learning Collaborative through the National Network of Public Health Institutes
<http://www.nnphi.org/home/>
- Health Care Criteria For Performance Excellence - Baldrige National Quality Program
<http://www.quality.nist.gov>
- Joe Kyle, or Doug Taylor, Office Of Performance Management, at 803-898-0777 or 803-898-0651

