

Rhode Island Department of Health Department Uses Quality Improvement Tools to Improve Program Compliance with Establishing Performance Measures

When the Rhode Island Department of Health started implementing a comprehensive performance management system, only nine measures were included in the first report. Using Plan-Do-Study-Act and a root cause analysis, a quality improvement (QI) team set out to increase the number of measures reported and the number of participating programs. The department now has instituted a comprehensive performance management system with 36 measures from 77% of programs and updates target measures annually.

The Public Health Accreditation Board requires nationally accredited health agencies to “use a performance management system to monitor achievement of organizational objectives.” In preparation for their accreditation application, the Rhode Island Department of Health resolved to increase the number of programs in their agency that had submitted performance measures to a centralized system.

According to the Public Health Foundation, “performance management is the practice of actively using performance data to improve the public’s health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. Performance management practices can be used to prioritize and allocate resources; to inform managers about necessary adjustments or changes in policies or programs; to frame reports on success in meeting performance goals; and to improve the quality of public health practice.¹”

The health department had attempted several times to institute a centralized performance management system, but the process was never sustained. When a new director, **Michael Fine**, began leading the department, he instituted a centralized dashboard to track performance measures from every program under the health department’s purview. He required that departments begin to update measures monthly and submit results to him.

Three different types of measures are required in the system: activity measures, such as the number of inspections conducted; quality measures, such as the percentage of complaints that were resolved in the month; and longer-term outcome measures, such as the percentage of adults with diabetes. Activity and quality measures need to be updated monthly, while longer-term outcome measures are updated annually. To be counted, the program needs to submit at least one of the required three measures on a shared Excel spreadsheet, track the measure on a monthly basis, and include it in reports sent to Fine.

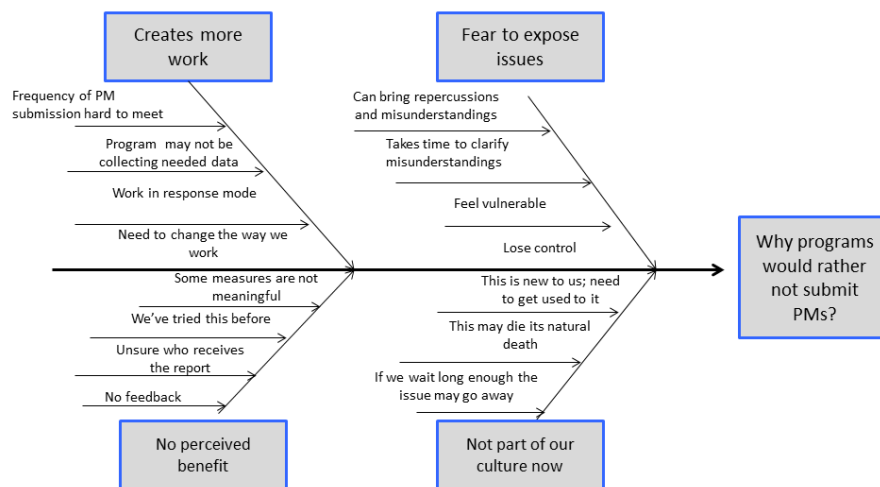
Basing the count on the 47 health department programs delineated within the state budget, quality improvement efforts within the department increased the number of programs represented from 19 percent to 77 percent within two years.

- Using QI methods, the Rhode Island Department of Health increased the number of programs reporting meaningful measures from nine to 36 in less than two years.
- 77% of programs are now represented with measures in Rhode Island’s dashboard report.

¹ Public Health Foundation. “About Performance Management.” Available at http://www.phf.org/resourcestools/Documents/About_Performance_Management.pdf. Accessed July 3, 2013

Steps Taken:

- The department hosted a quality improvement training, attended by Magaly Angeloni, the department's performance improvement manager and 15 other departmental managers, including a mix of managers whose programs had submitted performance measures and those who had not. As part of the training, the group conducted a root cause analysis and brainstormed a list of the root causes preventing programs from developing and submitting performance measures.



Fishbone diagram used by the Rhode Island Department of Health to determine root causes of non-submission of performance measures

- The group recognized the four reasons why programs did not have performance measures: (1) staff didn't see a real benefit; (2) instituting performance measures added to an already busy workload; (3) staff was concerned about exposing issues; and (4) performance measures were not a part of the department's culture.
- Of these, the group noted that the two biggest factors preventing people from participating in the performance management system were:
 - The additional work involved in tracking and reporting these measures.
 - The skepticism amongst the staff that collecting and tracking performance measures would be an ongoing initiative within the agency.²
- After identifying the primary reasons staff was reluctant to submit performance measures, Angeloni decided to tackle the underlying skepticism that the measures would be used. To encourage the continuous use and development of meaningful performance measures,

² This was a problem because the process of collecting and reporting on performance measures had been started and aborted several times at the department. Consequently, staff was wary of investing too much in a process that might not stick.

department staff needed to understand that this work is integral to running the agency, not a fad.

- Angeloni created and followed a six-step plan to encourage the use of performance measures:
 1. Verify the list of programs with reported performance measures.
 2. Approach each program without a performance measure to provide individualized technical assistance. This could include a meeting with the program and the director to brainstorm/discuss/design their performance measures if needed.
 3. Invite programs to present performance measures to the department's executive committee.
 4. Highlight performance measures from some programs in the department's newsletter, or a specific meeting.
 5. Continuously reinforce to staff that performance measures are here to stay.
- Additionally, the process that Angeloni created for programs to update their performance measures was simple and clearly outlined
 - Angeloni created an Excel document in a shared drive with a tab for every organization unit or group. The document is shared with the 76 program contacts responsible for entering the past month's data. This centralized system allows Angeloni to access the document once a month after the submission deadline, ensure all the data is complete, and prepare the file for presentation to the director.
 - The monthly report provided to the director and posted to the department's intranet displays the past six months of data.
- **To ensure sustainability of the program, Angeloni and the executive office at the health department found ways to continuously reinforce its importance.**
 - Fine requested and followed up on monthly reports about the performance standards. After reading and reviewing, staff is asked questions about their goals and achievements. This follow-up process helps staff understand how Fine is using the reports.
 - Performance standards have also spread through the state government, and all state agencies have been asked to develop performance measures. Director Fine volunteered the health department to serve as the pilot program for the statewide performance measures; the health department was, therefore, one of the first agencies to comply with the requirements. During meetings between the state agencies and the state government to discuss performance measures, the health department is often lauded for being 'ahead of the game.' The involvement of state government provides health department staff with an added level of accountability to the project.
 - Another essential factor was the QI team's persistence: The performance measures project was instituted in August 2011 and staff has maintained it for two years. Simply continuing to maintain the program has made it clear to skeptical health department staff that the program is ongoing.

Results:

- The percentage of official programs with a performance measure in the system is now 77 percent. The number of unique measures in the system increased to 36 out of a total of 47 programs.
- The 11 programs that have yet to submit performance measures are in the process of developing them and have identified reasons why they have not finalized their programmatic

measures. These reasons include programs severely affected by staff shortages and an inherent difficulty in measuring outcomes.

- The department has instituted a comprehensive performance management system and updates target measures annually. As old targets are met or exceeded, new targets are established so the system remains relevant to the department's work.
- Rhode Island's governor established an office of performance management that is working with all state agencies to develop monthly performance reports. The health department was not only prepared for these reports, but served as a pilot and model for performance measures.

Lessons Learned:

- Using the data collected in a meaningful way required committed leadership and ongoing, consistent messaging. Past efforts to centralize performance measures were discontinued for various reasons, so staff did not expect this effort to have long-term success. The director's commitment to maintaining the dashboard and integrating the data collected in goal-setting meetings ensured its value was preserved.
- The department is also in the midst of preparing to apply for accreditation, an external process which will require a performance management system. This has helped strengthen the department's resolve to maintain the dashboard.
- Although program leaders thought they were comprehensively reviewing and maintaining their individual data points, the QI team discovered several data or technical issues through the generation of data for the reports, including mislabeling of data and data recorded differently by different staff members. By centralizing the measures and using them in regular reports, the department is better equipped to standardize data and diagnose and fix data errors. This has effectively added another data quality assurance point.
- Staff is wary of sharing data that demonstrates weaknesses or might add complexity to their work processes. However, staff was happy to share their programmatic data for a good reason and was gratified to see a direct benefit from the data collection process. The department's focus on generating reports used by the director's office in meetings validated the need to collect and report on the information. Additionally, the performance management system requirements in the accreditation process support the argument that the data collection process is important.

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