

**2008 Innovations Awards Program
APPLICATION**

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ID # (assigned by CSG): 08-S-10FL

Please provide the following information, adding space as necessary:

State: **Florida**

Assign Program Category (applicant): (Use list at end of application) **Health & Human Services**

1. Program Name: **Florida Department of Health's County Health Department (CHD) Performance Improvement Process**

2. Administering Agency: **Florida Department of Health, Office of Performance Improvement**

3. Contact Person (Name and Title):

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9. Please provide a two-sentence description of the program.

The Florida Department of Health's County Health Department (CHD) Performance Improvement Process model is a systematic, standardized, sustainable system that was developed for Florida's local county health departments to enable them to manage their own performance outcomes using a "dashboard" of measurable indicators, known as the CHD Performance Snapshot. This new model, based on the Plan-Do-Check-Act philosophy of performance improvement, allows each county's health department, as well as the executive leadership of the Florida Department of Health, to track the performance of all CHDs on certain key indicators and community health outcomes.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

The new CHD Performance Improvement Process model was piloted in twenty counties in August of 2005. This year, 2008, is the second year of full implementation - all 67 of Florida's county health departments are using the new process.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The Florida Department of Health's Office of Performance Improvement facilitated the development of this new model in order to provide county health departments a way to be more accountable for their own performance outcomes, as well as to be able to show how their efforts lead to healthier communities in Florida. The new model is both a process and a tool (CHD Performance Snapshot). The CHD Performance Snapshot is a standard set of criteria the county health departments use to report their organizational and community health outcome results. Using this new process model and tool, the executive leadership of the Florida Department of Health can annually track each local health department's progress on key indicators.

The new model is an annual five-step process that each county health department implements simultaneously beginning in January of each year:

- 1. Reporting (CHD completes the Snapshot which identifies organizational results)**
- 2. Review and Analysis (CHD identifies its organizational strengths and opportunities)**
- 3. Technical Assistance (CHD receives technical assistance they requested to address opportunities)**
- 4. Implement Plan of Action (CHD creates and executes their action plan)**
- 5. Evaluate Results (evaluation of the process, at all levels, for future improvement)**

Prior to the new model being implemented, specific community health (programmatic) outcomes were reviewed by the Office of Performance Improvement and central office program staff. Based on this review, feedback was provided. This review occurred, at most, every 3 years. Review of individual CHDs' progress on programmatic outcomes is now annual, allowing for feedback and quicker technical assistance to each county. The new model also allows review of organization outcomes, for example evaluation of a CHD's strategic plan and their customer satisfaction results. This model supports faster intervention to help each CHD improve both business (organizational) and community health outcomes.

The process was developed and implemented by the Office of Performance Improvement at no additional cost to the Florida Department of Health, and has reduced the state's cost to support the previous quality improvement process. This provides the Department with a systematic, sustainable, and less costly quality improvement program.

10. Describe the specific activities and operations of the program in chronological order.

- In the late 1980's, the Florida Department of Health reorganized its Quality Assurance (QA) review system for county health departments. This previous system only reviewed county health departments every three years, was process-oriented rather than results-oriented, and was costly to support.**

- In 1992, Florida adopted the Assessment Protocol for Excellence in Public Health (APEX) model, designed to link community health status indicators (outcomes) with public health programs (processes) at both the state and local level. This was the beginning of a results-oriented improvement process, rather than a process improvement model.
- In 1998, the state of Florida adopted the Florida Sterling Criteria for organizational performance excellence. These criteria identified seven major categories for organizational performance excellence, similar to Malcolm Baldrige criteria. The new County Health Department Performance Improvement Process is based on the Plan-Do-Check-Act model, supported by the Florida Sterling and Malcolm Baldrige criteria for performance excellence.
- In 1999, Florida piloted the National Public Health Performance Standards (NPHPS) State Assessment Tool, and repeated the assessment with all 67 county health departments in 2004-2005. This helped to identify which indicators were most important to include on the standardized assessment tool (CHD Performance Snapshot).
- In 2000, the Office of Performance Improvement trained a cadre of staff as Peer Reviewers, who have become an essential part of the new CHD Performance Improvement Process by providing technical assistance to Florida's 67 county health departments. These Peer Reviewers are DOH staff (from throughout the organization) identified as subject matter experts in various areas of organizational performance, and provide expertise to the county health departments in the specific areas identified as opportunities for improvement on their CHD Performance Snapshot.
- In 2004, Florida began redesigning the Quality Improvement (QI) process into an annual five-step model, to include a standard assessment tool or "dashboard" (CHD Performance Snapshot) that would serve as a way for every county health department to continuously measure themselves on a standard set of criteria identified as key to a high-performing organization. The new model would allow each county health department to better manage their own performance based on their individually earned results. The Office of Performance Improvement facilitated the work of a Quality Improvement Advisory Council, made up of representatives from the county health departments, state health and community public health experts. This council spent a collective 1,400 hours developing the CHD Performance Snapshot self-assessment tool.
- In August 2005, the newly redesigned quality improvement process was piloted as the County Health Department Performance Improvement Process. Twenty county health departments piloted the new process and completed the CHD Performance Snapshot reporting tool. State central office programs contributed supporting evidence related to CHDs' community health outcomes.
- January 2006 to present - all of Florida's 67 county health departments have implemented the new process model (County Health Department Performance Improvement Process).

11. Why is the program a new and creative approach or method?

The process model is a first-of-its-kind in the field of public health, and can be adapted by other public service organizations that are judged not only by their results, but by how they use those results to drive improvement in their performance.

In recognition of the Florida Department of Health's County Health Department Performance Improvement Process as an innovative, systematic performance model that produces actionable results, the Robert Wood Johnson Foundation accepted and funded the Florida Department of Health / Office of Performance Improvement into their "Multi-State Learning Collaborative"(MLC). The Robert Wood Johnson Foundation funds the MLC (a group of 20 state public health organizations who have developed innovative performance improvement practices) to share their performance models – building knowledge and exchanging best practices. The intent for the MLC is to identify best practice models for organizational improvement.

The Florida Department of Health also received an award for excellence in "Performance Measurement in the Public Sector" (Consortium Benchmarking Study 2005) for the CHD Performance Improvement Process by the American Productivity and Quality Center (APQC).

The Florida Department of Health, Office of Performance Improvement was also recognized with a 2007 Vision Award by the Association of State and Territorial Health Officials (ASTHO) for their innovative performance model.

12. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

No new funding resources were required for this program, as it was built from existing staff with no new budget additions. The CHD Performance Improvement Process was developed through extensive collaboration facilitated by the staff of the Office Performance Improvement.

- **Staff involved in the process fluctuates around 11 full-time equivalent positions**
- **Software was developed in-house by members of the Performance Improvement team and other department staff in the Office of Planning, Evaluation and Data Analysis (approximately 120 hours development time)**
- **Quality Improvement Advisory Council (county health department leaders, central office program staff, and academic public health experts) conference calls, live-meetings (Web hosted) and face-to-face meetings**

13. What are the program's annual operational costs?

The Office of Performance Improvement allocates approximately \$250,000, excluding staff salaries, to the CHD Performance Improvement Process. The process is staff led, and does not require additional funding to operate.

14. How is the program funded?

The primary funding source is State of Florida General Revenue dollars. The Robert Wood Johnson Foundation also provides grant funding in support of the CHD Performance Improvement Process.

15. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No. The staff of the Office of Performance Improvement, in collaboration with internal organization-wide staff (QI Advisory Council), conceptualized, developed and implemented the CHD Performance Improvement Process in the Florida Department of Health.

16. What equipment, technology and software are used to operate and administer this program?

The County Health Department Performance Improvement Process uses an assessment tool (CHD Performance Snapshot). This is a Web-based, data-entry system utilizing SQL software. Standard Department servers are used to support this process.

17. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes. The creation of Florida's CHD Performance Improvement Process was facilitated by the staff of the Florida Department of Health's Office of Performance Improvement, and is the result of the collaborative efforts within the department. The five-step process and its associated assessment tool (CHD Performance Snapshot) were designed to support continuous performance improvement specifically for the Florida Department of Health, but could be adapted or customized for use by other organizations.

For more information about the County Health Department Performance Improvement Process, please contact:

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18. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No. The Office of Performance Improvement surveyed many other state departments of health at the outset of the project, and found no process that would meet the performance management needs of our department; therefore, had to create a new process model.

Has the program been fully implemented? If NO, what actions remain to be taken?

Yes, the program has been fully implemented. All of Florida's sixty-seven CHDs have implemented the new process.

19. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

- **The model can be adapted and used by other states.**
- **The model provides leaders at all levels of the organization with a roadmap for systematically improving organizational processes and community health outcomes.**

- The model improves both clinic (patient care) and community public health services.
- The model includes an easily accessible, Web-based scorecard (CHD Performance Snapshot)
- The model is used by all of Florida’s 67 CHDs.
- The model provides annual results, supporting trend data and organizational data reports.
- The model supports each CHD to take ownership and responsibility for their results and improving those results.
- Extensive evaluation of the model has consistently shown outstanding satisfaction by (users) staff.
- The model is extremely cost-effective.
- The model supports a focus on driving continuous performance improvement.
- The model supports the mission of the Florida Department of Health – “Promote, Protect, and Improve the Health of All People in Florida.”

The CHD Performance Improvement model requires that county health department leaders (directors/administrators and their staff) take responsibility for each individual organization’s (CHD’s) results - both business and health outcomes - and intentionally work to improve them. This model provides them with the infrastructure (roadmap) to use to organize their approach.

Each CHD leader is held accountable (by executive leadership), for understanding their results – and subsequently working to improve them. Without this accountability, effectiveness of the new process model would be difficult to evaluate.

20. How has the program grown and/or changed since its inception?

The new CHD Performance Improvement Process is itself continually reviewed for improvement by using feedback from all of the CHDs. Each staff member in the Office of Performance Improvement serves as a “performance consultant,” and is assigned responsibility for supporting the CHDs in their completion of the process and the CHD Performance Snapshot. Performance consultant staff is in contact with the CHDs though all five steps of the process. Additionally, live-meetings (Web-hosted) are held during each step to increase dialogue and facilitate assistance with the process. This supports continual refinement of the CHD Performance Snapshot tool.

21. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- Leadership – Organizational performance improvement cannot be implemented organization-wide without executive leadership buy-in and support; executive leadership must hold the organization’s managers accountable for their results.
- Depending on the process implemented, and the state or organization’s current technological capabilities, implementation of this process may require additional software purchases or upgrades.
- The organization must determine and then prioritize which specific results they are being judged on (those that best support the organization’s mission).