

2025 Public Health Learning Forum

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Quality Improvement & Performance Management in Public Health – How QI & PM Work in Collaboration



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Public Health Foundation

Learning Objectives

- **Define quality improvement (QI) and performance management (PM) in the context of public health.**
 - Explain how these concepts support data-driven decision-making and continuous system improvement.
- **Explain the relationship between performance management and quality improvement.**
 - Illustrate how the two systems complement each other to improve the value, efficiency, and effectiveness of public health services.
- **Identify the steps for using data to drive performance improvement.**
 - Discuss methods for collecting, analyzing, reviewing, and acting on performance data to strengthen organizational outcomes.

Performance Management & Quality Improvement in Public Health



QI Foundations



Top 10 Definitions of Quality

1. Efficiently providing products and services that meet or exceed customer expectations.

2. Adding customer value.

3. Continuously measuring the improvement of processes and services for customers.

4. Acting as promised and reporting failures.

5. Doing the right thing at the right time in the right way with the right people.

6. Ensuring customers come back and products do not.

7. Providing the best value to customers by improving everyday activities and processes.

8. Beyond delivering what the customer wants, anticipating what the customer will want when he or she knows the possibilities.

9. Delivering customer value across the organization through best-in-class products, services and support.

10. Meeting and exceeding the expectations of clients, employees, and relevant constituencies in the community.

Source: ASQ "Discoveries: ASQ Global State of Quality Study 2013"

<https://www.dgq.de/dateien/the-asq-global-state-of-quality-discoveries-2013.pdf>

Definition of Quality Improvement In Public Health


***“Quality improvement in public health is the use of a deliberate and defined improvement process, such as 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 services or processes which achieve equity and improve the health of the community.”

Source: Defining Quality Improvement in Public Health; Journal of Public Health Management & Practice: January/February 2010
- Volume 16 - Issue 1 - p 5–7, Riley, William J. PhD; Moran, John W. PhD, MBA, CQIA, CQM, CMC; Corso, Liza C. MPA;
Beitsch, Leslie M. MD, JD; Bialek, Ronald MPP; Cofsky, Abbey.

An iceberg floating in dark blue water. The tip of the iceberg, which is visible above the water line, is small and jagged. The vast majority of the iceberg is submerged below the water line, appearing much larger and more complex in shape. This visual metaphor represents the concept of the Cost of Poor Quality (COPQ), where the visible symptoms are only a small fraction of the total hidden costs.

Cost of Poor Quality

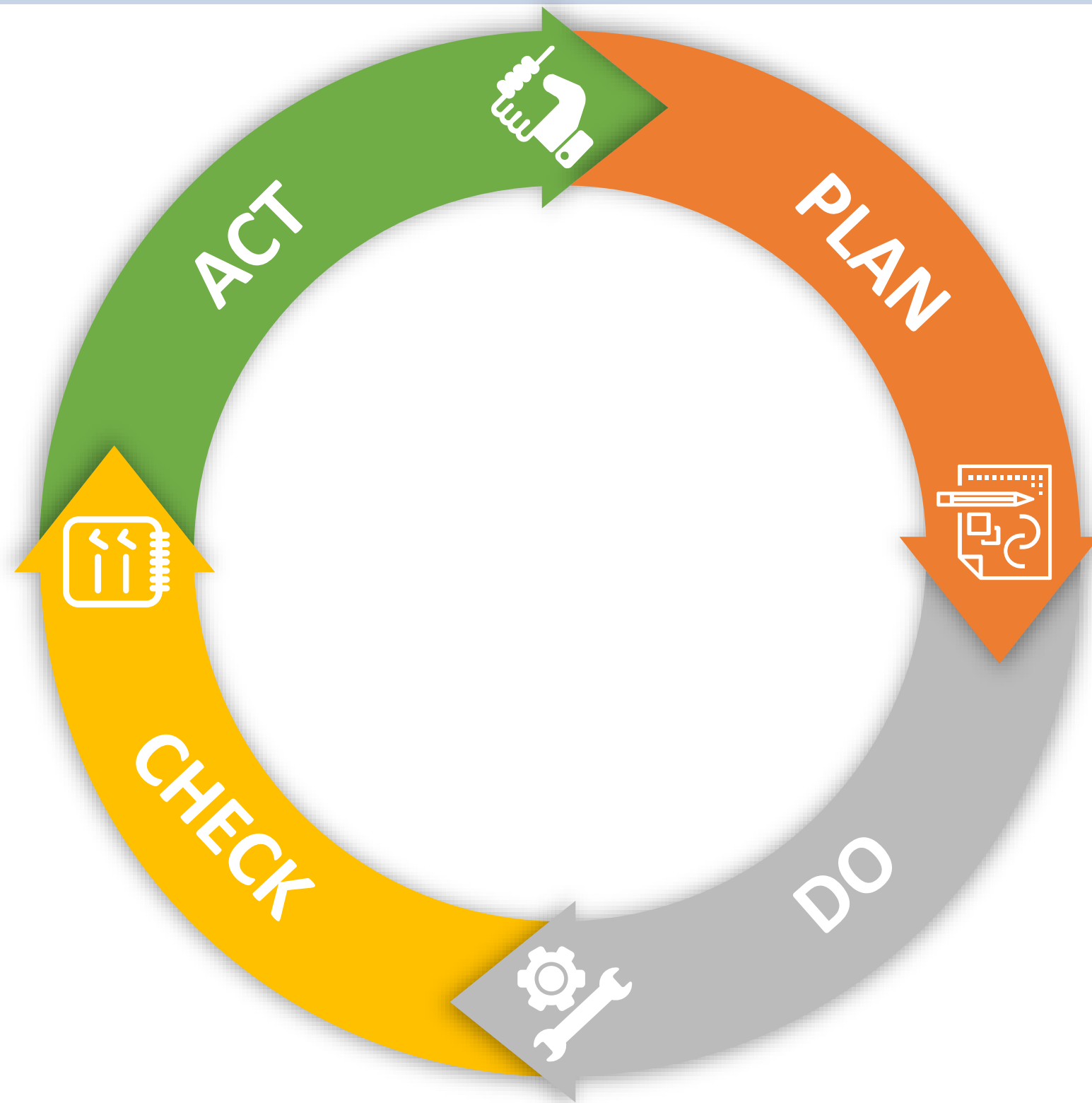
- Organizations can waste significant portions of their annual budgets on the cost of poor quality (COPQ)
 - COPQ is often hidden from plain sight – usually the symptoms of poor quality are visible
 - Often ingrained in the way an organization conducts its business and manifests itself in statements like “that’s the way we’ve always done it”
 - Can decrease or disappear as efficiency improves
- 
- A decorative graphic element in the bottom right corner consisting of a blue arrow pointing left, with a smaller orange arrow pointing right nested inside it.



What signs/symptoms have you seen or observed that indicate that a process needs to be improved?



PDCA Cycle



Quality Improvement (QI) uses the Plan-Do-Check-Act model to make intentional and measurable improvements in our processes and outcomes for our customers

Use QI Tools

- Define the Problem
- Identify Root Causes
- Develop Effective Solutions
- Create a Roadmap for Implementation



Test the Intervention

- Collect Data
- Document



Solution works:

- Standardize
- Train
- Measure
- Continue to improve



CHECK

Data Analysis

- Document
- Report



Solution doesn't work:

- Regroup
- New team
- New AIM

PM and QI

Performance management (PM) is the systematic process of using data to make decisions.

Data is used to measure, monitor, and communicate progress toward intended outcomes.

Quality improvement (QI) tools are used to overcome barriers to progress.



Performance Management Model



At the core of all quality improvement and performance management activities is the use of data to drive decision making and monitor progress.

Quality Improvement & Performance Management are tools that, when used together, help to improve the value and impact of programs.

• Source: From Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003.

• Updated framework by the Public Health Foundation, 2013.

• Also PHF Website: <https://phf.org/tools-resources/performance-management-system-framework-components-and-resources/>

Performance Management System

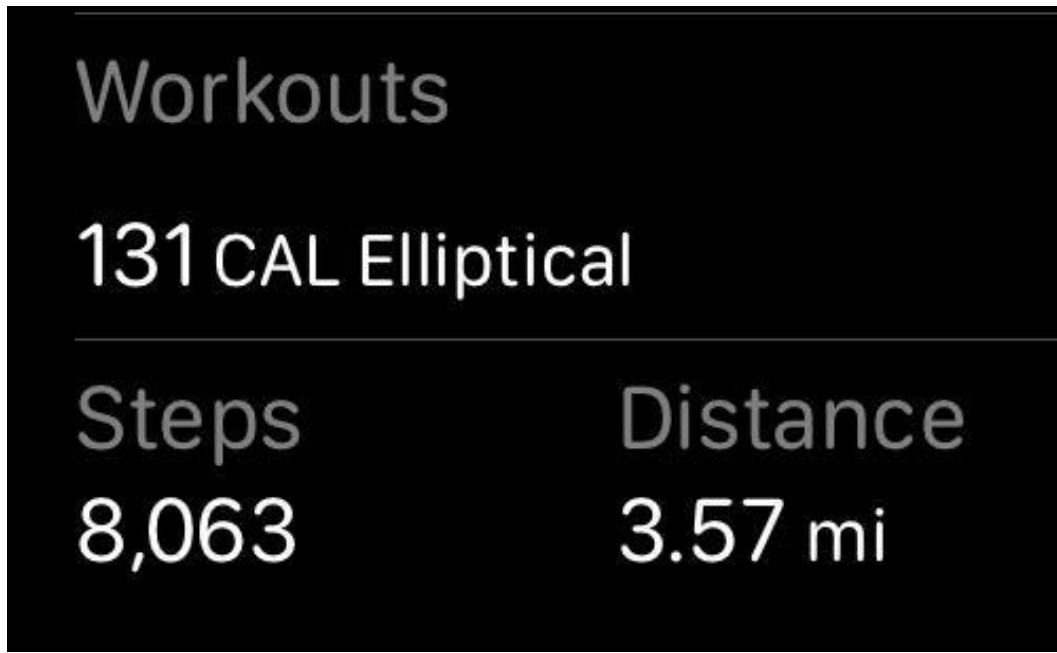
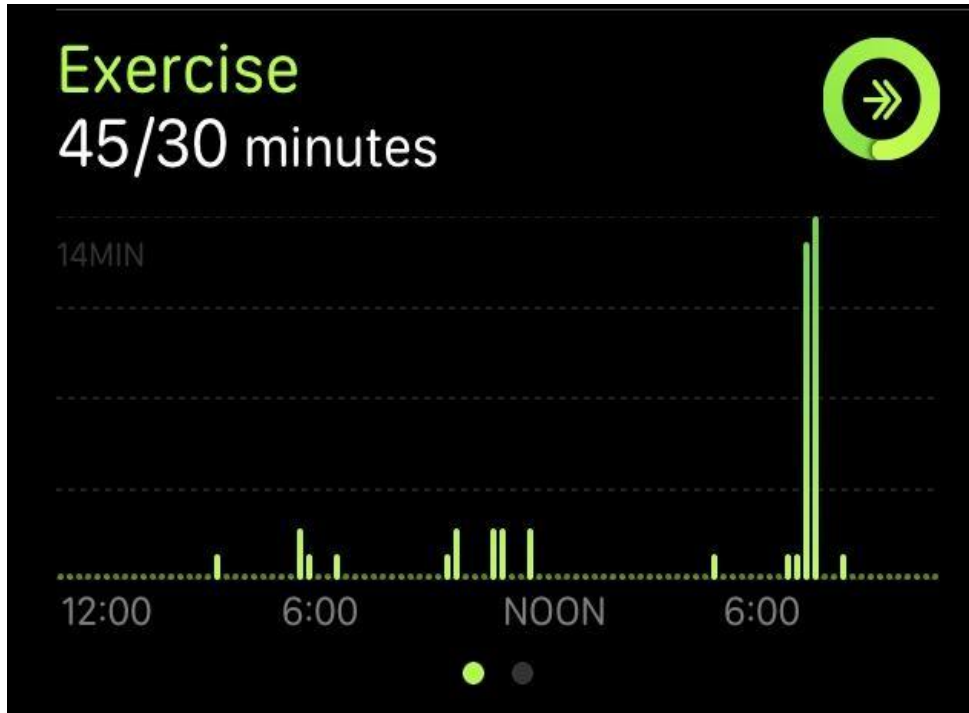
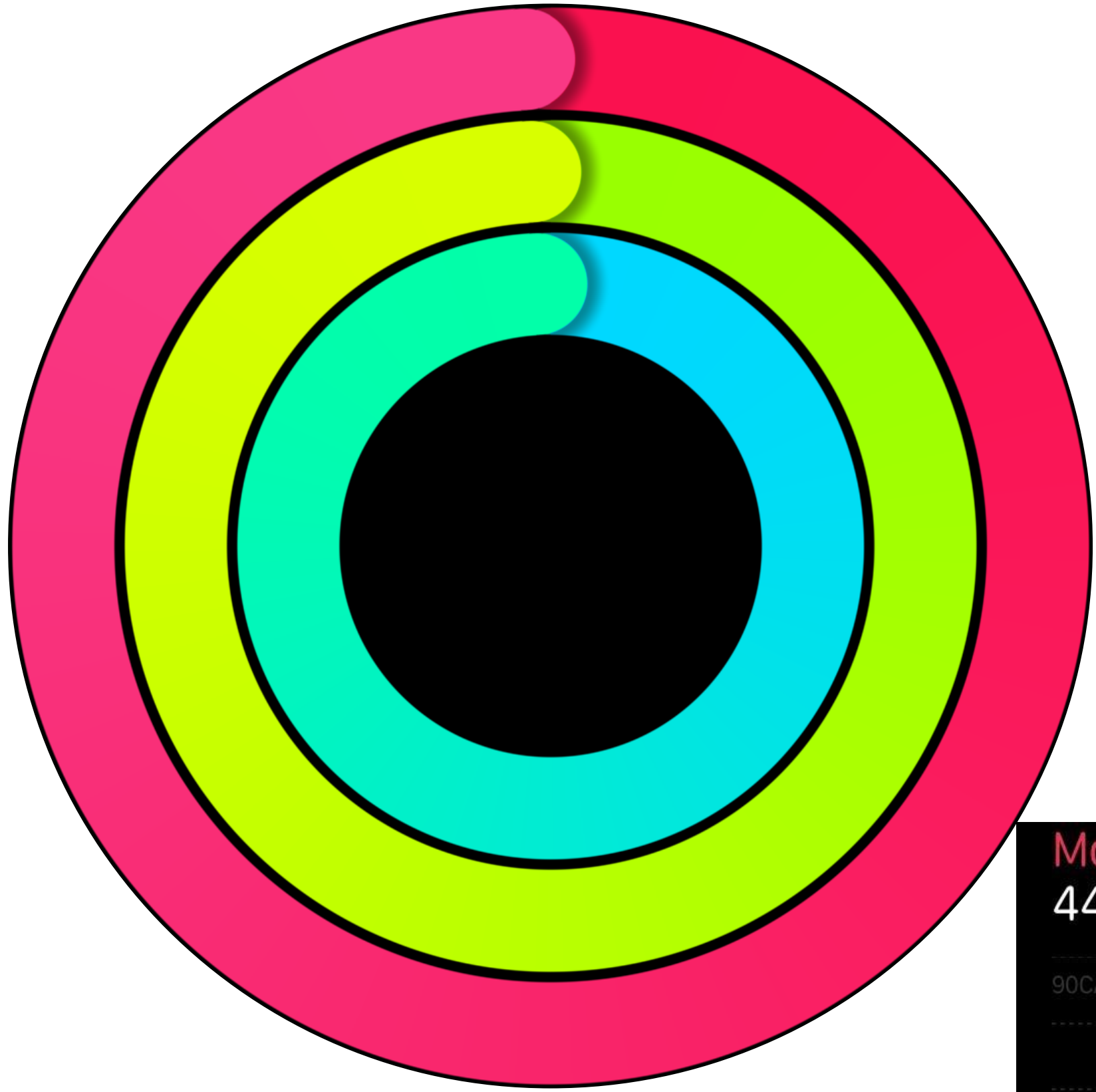
- **Performance Management:**

Using performance information to help make better decisions.

- **Performance Management System:**

Using performance information on a regular basis as part of a **continually repeated cycle of performance monitoring, analysis, and improvement**, in which measured results are fed back into decision making to improve future performance.

Using performance information to help make informed decisions



Performance Management System

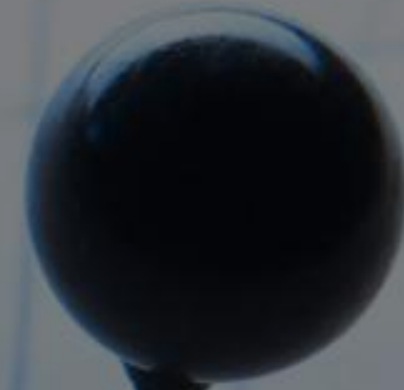
Using performance information on a regular basis as part of a **continually repeated cycle of performance monitoring, analysis, and improvement**, in which measured results are fed back into decision making to improve future performance.







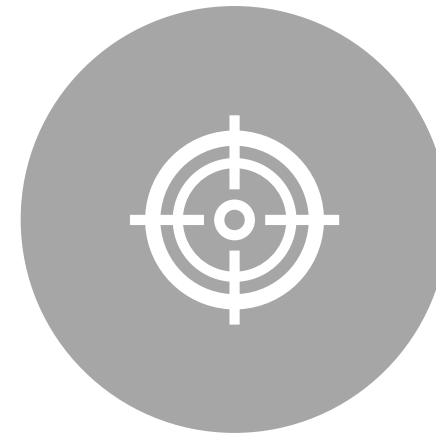
Prioritize



Measurement Leads to Better Decision Making

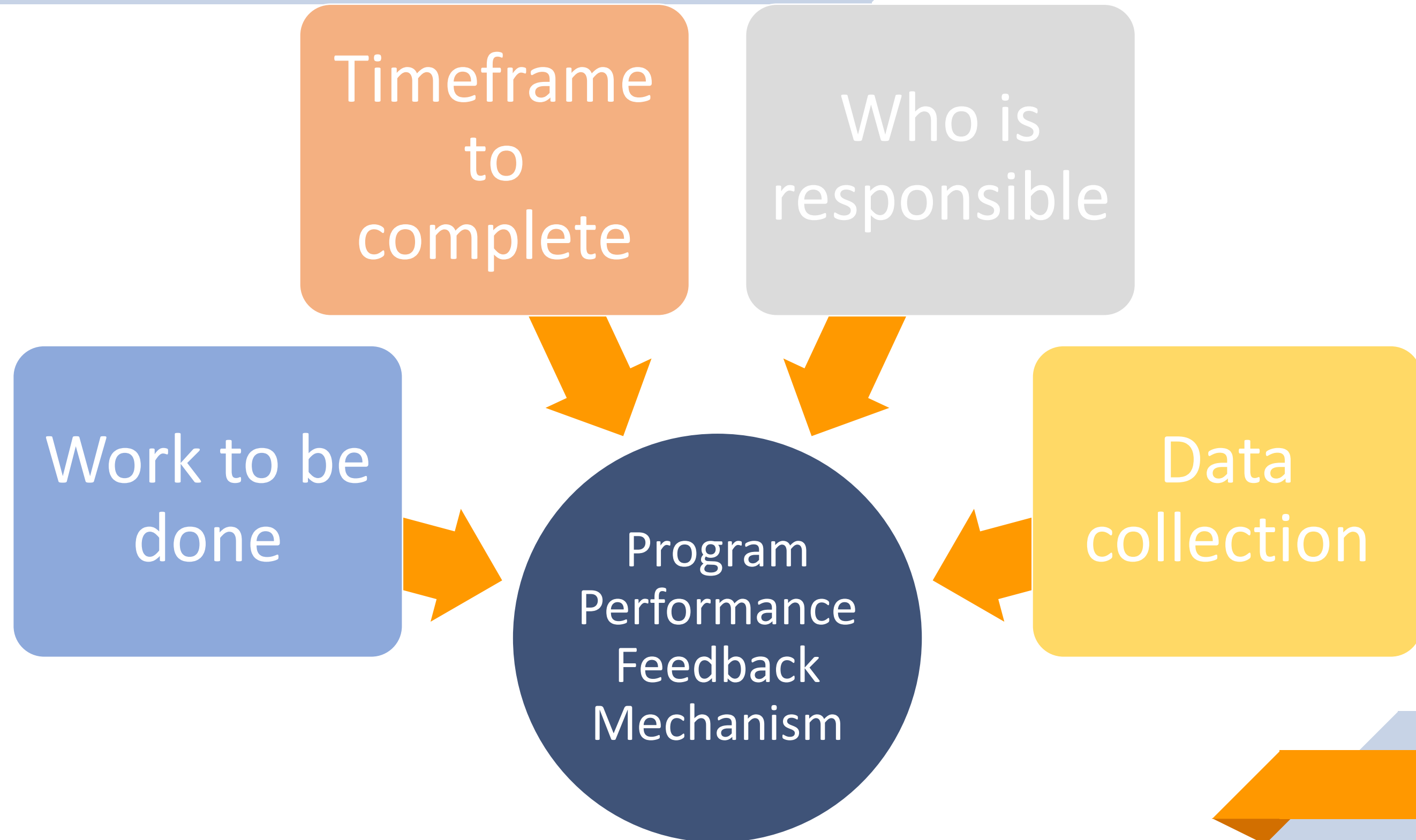


The purpose of measuring is not only to know how your program is performing - but to enable it to perform better.



If you can get accurate performance measurement, the data you generate will tell you where you are, how you are doing, and where you are going.

What information goes into planning for the PM System?



Business As Usual – Tasks that Need to Happen



Using Data to Action

Review

Frequent Review
of Data

Determine Who
Should Be
Reviewing

Identify
opportunities for
improvement

Develop QI
project, project
plan, or plan for
improvement

Implement actions

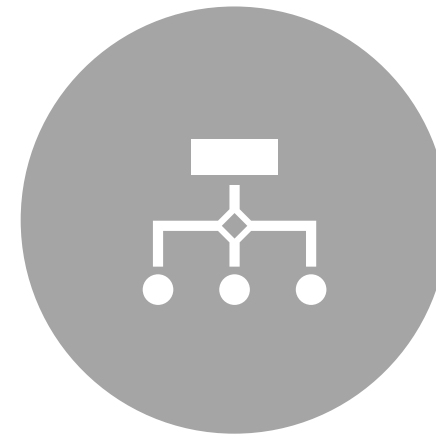
Monitor progress

Evaluate outcomes

Review



Determine level of detail needed



Ensure that the data is reliable, meaningful, and actionable



Review of reports, grant reports, project progress

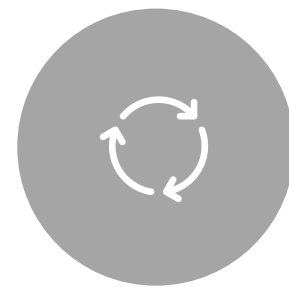


This step helps transform raw data into actionable insights

Frequent Review of Data



Set aside time for frequent review of data



Ensures the process is dynamic, adaptive, and effective



Regular reviews help catch new patterns or shifts in the data that could signal opportunities or threats early on



Ensure data quality remains high and help identify inconsistencies or errors



Stay informed, confident, and ready to take timely actions



Create structured routine, fostering a culture of transparency and accountability

People Involved in Data Review

Program team –
the group doing
the work

Senior leadership
of the program,
bureau, or office
(decision makers)

Council/Committee

Subject matter
experts

Identify Opportunities for Improvement



GENERATE INSIGHTS –
FEEDBACK LOOP



ROOT CAUSE ANALYSIS –
UNDERLYING ISSUES



CONTINUOUS
IMPROVEMENT

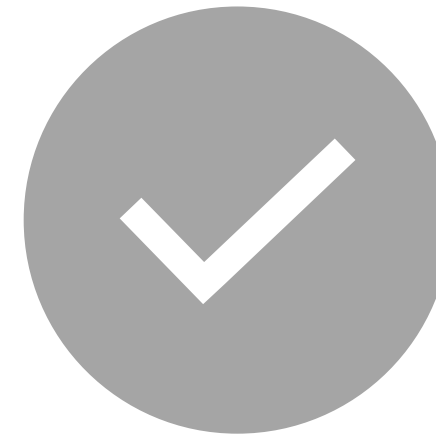


ALLOWS FOR
ADAPTATION TO CHANGE

Develop a Plan for Improvement



Needs Assessment



Prioritization



Baseline Measurement



Design of Interventions

Implement Actions



PROJECT IMPLEMENTATION
PLAN



TESTING SOLUTIONS

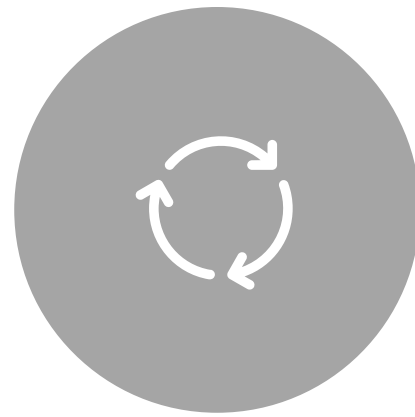


LEARNING AND
ADAPTATION

Monitor Progress



CRITICAL COMPONENT OF THE "DATA TO ACTION"



EFFECTIVE MONITORING TRANSFORMS THE "DATA TO ACTION" PROCESS INTO A DYNAMIC AND ITERATIVE CYCLE, ENSURING CONTINUOUS IMPROVEMENT AND SUSTAINABLE OUTCOMES.

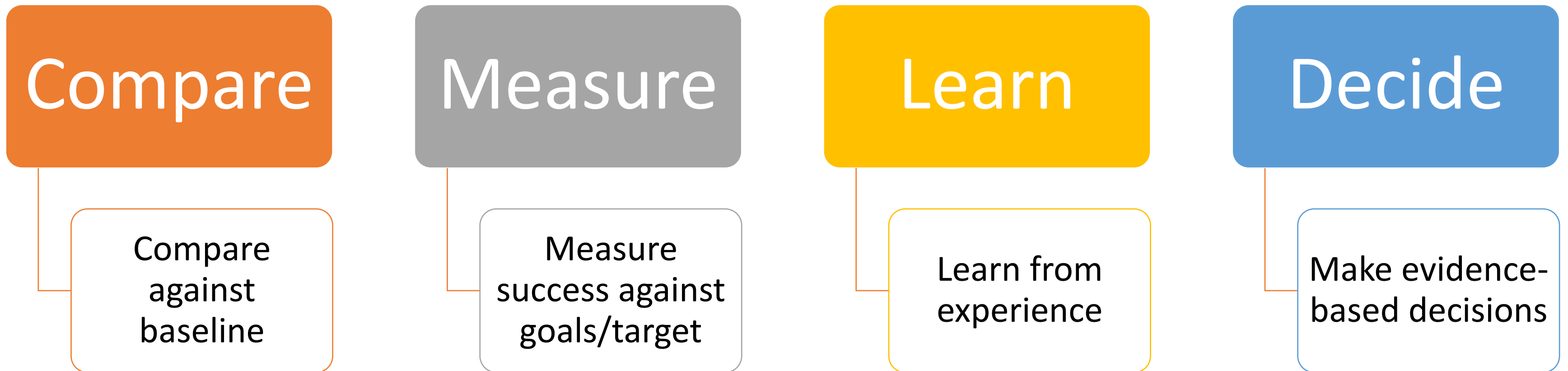


MEASURE EFFECTIVENESS

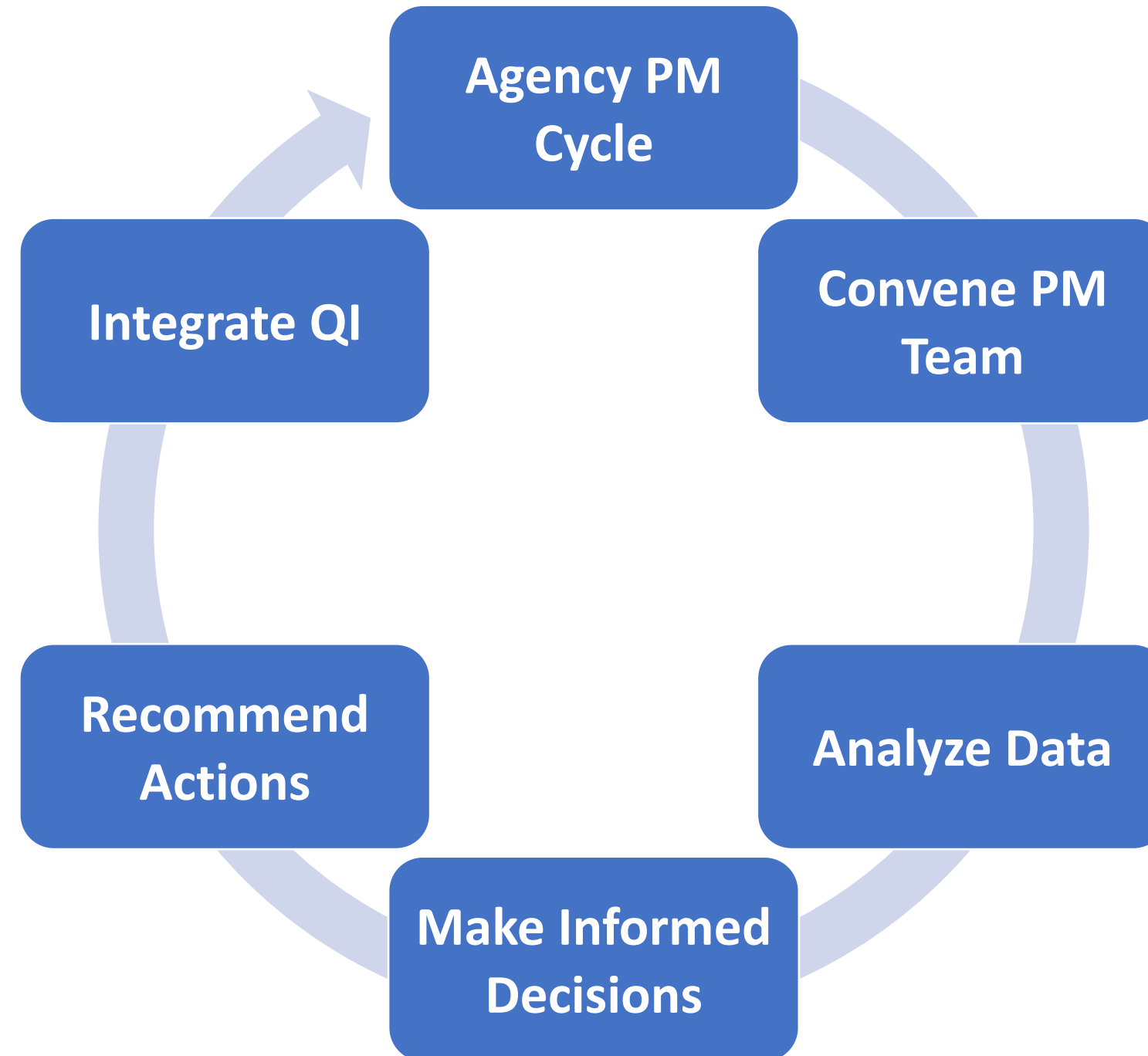


ALLOWS FOR TIMELY ADJUSTMENTS

Evaluate Outcomes




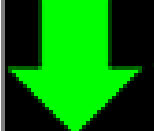
Agency Quarterly Performance Management Process






Operating Plan Goals, Objectives, & Measures for:	State Health Department		Accreditation	Trend Direction				Support & Documentation		
	Objectives & Performance Measures									
	Goal 1:	Objective or Activity:	PHAB Domain	Previous Period	Current Period	Target	& No. Periods	Frequency	QI Plan	Notes
Improve EH outcomes and eliminate disparities	Measures:									
	% of eating establishments inspected at least 1x every 12 months	6	72%	68%	100%	1	quarterly			
	% of eating establishments that pass inspection	1	96%	95%	95%	1	quarterly			
	# of eating establishments the fail re-inspection after first failure	2	0.00	0.00	3.00	2	quarterly			
	Objective or Activity:	Investigate and contain EH hazards								
	Measures:									
	# of confirmed new food borne illnesses per quarter	2	2.00	3.00	3.00	1	quarterly			
	# of qualified homes given a home lead testing kits per quarter	3	173.00	100.00	80.00	2	quarterly			
	0	0								
	Objective or Activity:	0								
Measures:										
0	0									

Directional Key

 Holding at or near previously reported values

 Current Period is moving in desired direction

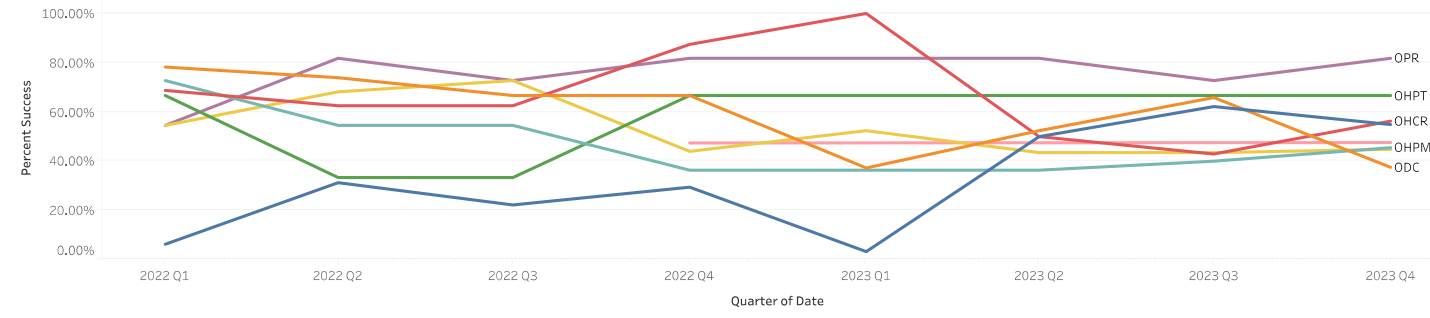
 Current Period is moving opposite of desired direction

Public Health Performance Management Indicators

Performance Measure	Previous Period	Current Period	Target Current Period	Trend Direction	Number of Periods	Frequency
COMMUNITY HEALTH OUTCOME Goals: Measures						
Percent of Medicaid women who smoke in the last three months of pregnancy		42%	39%	↑	1	Annually
Number of infant deaths due to SIDS/SUID		36	35	↑	1	Annually
Number of births to teenagers age 15-17		522	600	↓	1	Annually
Percent of third grade students with dental sealants		23%	32%	↓	1	Annually
COMMUNITY IMPLEMENTATION Objectives: Measures						
Number of women enrolled in quitline services	196	254	336	↑	4	Quarterly
Percentage of RFTS smoking clients enrolled in SCRIPT services		28%	35%	↓	1	Annually
Initiative: Develop a BPH communication plan for smoking during pregnancy		1	1	●	1	Annually
Number of WV Title I Elementary Schools with dental sealant programs	105	110	110	↑	4	Quarterly

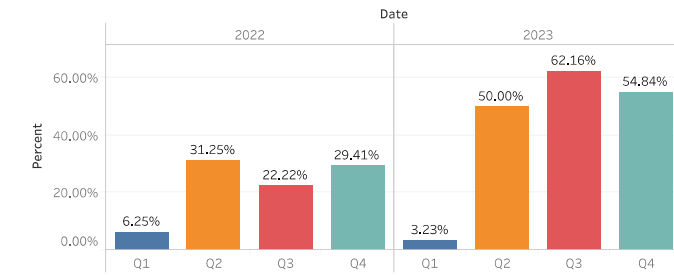
Program Goal Success Rate - All Offices



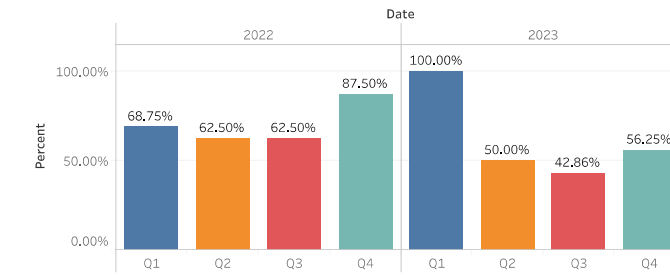
Program Goal Success Rate by each Office

* Percentages of target data compared to actual data for each fiscal year that have been met.

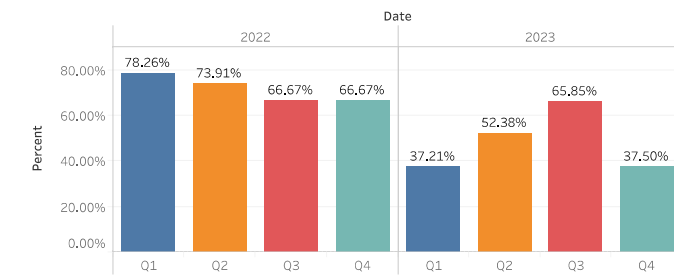
CMHS



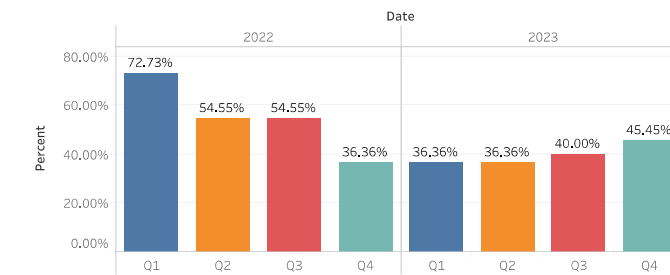
OHCR



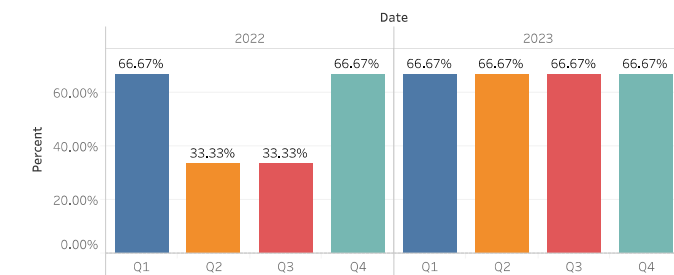
ODC



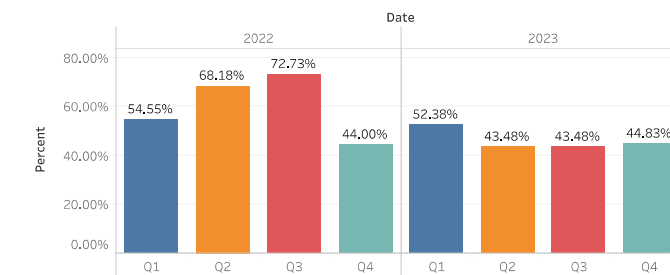
OHPM



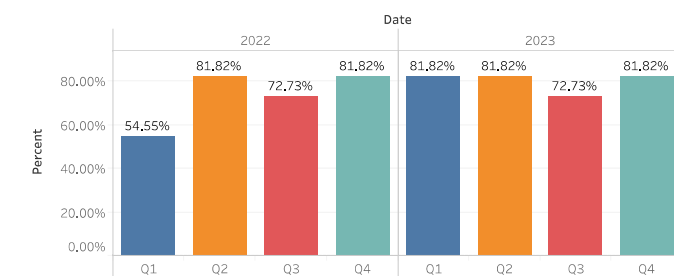
OHPT



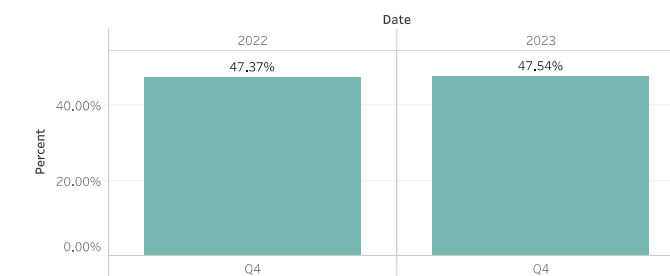
OPPS



OPR



OWH



Program Performance by Measure

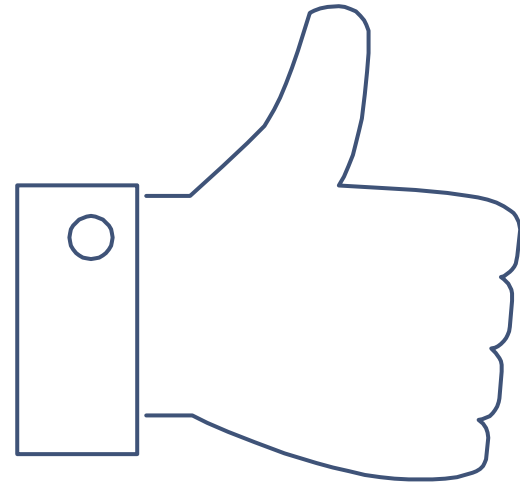
Office	Objectives	Measures	Date								Office
			2022				2023				All
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Objectives
CMHS	Communities of Color Special At Risk Populations (COCSPP)	HIV Tests Administered	■	■	■	■	■	■	■	■	All
		Number of HIV Referrals for screening	■	■	■	■	■	■	■	■	Result
		Number of individuals referred for HIV Treatment	■	■	■	■	■	■	■	■	■ Met
		Number of participants in Outreach and Awareness Events/Activities	■	■	■	■	■	■	■	■	■ Not Met
		Tested Positive for HIV	■	■	■	■	■	■	■	■	
	COVID Equity Program - Community Revitalization Grant	Total number of Coalition meetings						■	■	■	■
		Total number of community coalitions						■	■	■	■
		Total number of community partners									■
		Total number of subgrantee coaching sessions (Individual/Group)						■	■	■	■
		Total number of subgrantee community events									■
	COVID Homeless Supports 2023	Total number of COVID-19 Home test distributed.						■	■	■	■
		Total number of educational materials distributed.							■	■	■
		Total number of educational sessions.							■	■	■
		Total number of outreach events.									■
		Total number of protective equipment distributed.						■	■	■	■
	COVID Peer Educator Program 2023	Total number of COVID-19 vaccine, testing, treatment referrals.						■	■	■	■
		Total Number of educational sessions						■	■	■	■
		Total number of referrals for wrap around services.						■	■	■	■
	COVID Peer Educator Program 2024	Total number of people educated.						■	■	■	■
	COVID-19 Community Based Testing and Interventions Targeting Minority Population	Education Materials: Number of people reached								■	■
Education: Number of people referred for additional services									■	■	
Outreach Events: Connections to vaccine									■	■	
Outreach Events: Mobile testing: number and locations of events									■	■	
Outreach Events: Number of COVID tests given									■	■	
COVID-19 Migrant Workers Mobile Testing & Outbreak Response	Quarantine and Isolation supports: Number of people served									■	
	Migrant Camp Response: Number of COVID-19 educational materials..									■	
	Migrant Camp Response: Number of people getting COVID test									■	
	Migrant Camp Response: Number of people vaccinated									■	
	Migrant Camp Response: Number of positive test results per event									■	
Hepatitis Prevention	Migrant Camp Response: Number of people referred for additional se..									■	
	Outreach Events: Mobile testing: number and locations of events									■	
	Number of Hepatitis B screenings administered	■	■	■	■	■	■	■	■	■	
	Number of individuals referred for screenings	■	■	■	■	■	■	■	■	■	
Increasing COVID-19 Outreach in Refugee, Immigrant & Migrant Populations - 23-2	Number of individuals referred for treatment	■	■	■	■	■	■	■	■	■	
	Number of participants in group outreach and education events	■	■	■	■	■	■	■	■	■	
	Number of attendees to COVID-19 educational/outreach events									■	
	Number of COVID-19 educational/outreach events have you hosted									■	
	Number of COVID-19 testing sites set up									■	
Minority AIDS Initiative AIDS Drug Assistance Program (MAI ADAP)	Number of COVID-19 vaccine sites set up									■	
	Number of individual tested									■	
	Number of individuals vaccinated									■	
Pipeline Program - 2023	Amount of Federal Funds received									■	
	Number of HIV+ individuals re-enrolled into ADAP	■	■	■	■	■	■	■	■	■	
	Number of individuals assisted via the online ADAP eligibility assess..	■	■	■	■	■	■	■	■	■	
	Number of New HIV+ individuals successfully enrolled into ADAP	■	■	■	■	■	■	■	■	■	
Pipeline Program - 2023	Total number of educational sessions.						■	■	■	■	
	Total number of events/fieldtrips.						■	■	■	■	
	Total number of parent participants.						■	■	■	■	

Importance of QI & PM in Public Health

- Guide proper monitoring and assessment of performance of our programs, services, initiatives, etc.
- Use findings to improve program activities
- Build organizational culture that focuses on continuous improvement – from leadership to core operations

“Don't let perfection be the
enemy of good”
- Voltaire





THANKS!

Any questions?
Amanda McCarty
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Thank You for Joining Us

Next Session:

**Introduction to the Performance
Management System**

Wednesday, November 19, 2025
2:30–3:30pm EST

