

Performance Management Collaborative

Learning Team Report #1 PMC Site Visit to Florida Quality Improvement Process Flagler, Florida February 9, 2001

Materials for the Meeting

Two articles were cited for Performance Management Collaborative members to review in preparation for the site visit. They were:

- Profiles in Courage: Evolution of Florida's Quality Improvement and Performance Measurement Systems, by Beitsch, Grigg, Mason and Brooks in the Journal of Public Health Management and Practice, September 2000.
- Assessing the Performance of Local Public Health Systems: A Survey of State Health Agency Efforts, by Mays, Halverson and Miller in the Journal of Public Health Management and Practice, June 1998.

Les Beitsch, PMC member representing ASTHO, and Kathy Mason of the Florida Department of Health coordinated the visit and provided a three-ring binder with orientation materials on the Florida Quality Improvement (QI) process and materials related to the Flagler County QI review. Les Beitsch, Meade Grigg and Kathy Mason provided a two-hour overview of the purpose, values, history and current characteristics of the Florida Quality Improvement Process the day before the site visit. At the site visit in Flagler County, a set of handouts including the meeting agenda and issues found in the Flagler County review to be discussed at the meeting was provided to the PMC observers.

The Site Visit

The site visit was an observation of the Concluding Workshop involving Flagler County Health Department staff and members of the Florida Department of Health review team. The findings of the review were gleaned from a six-month process that included a self-assessment by the local health department, a program review led by state content experts and a systems review led by a core team of state central office staff. The purpose of the Concluding Workshop was to present commendations and discuss opportunities for improvement discerned during the QI review. The site visit gave the PMC an opportunity to witness an interactive review of the findings, dialogues about causal problems, and agreements on corrective actions that need to happen within specified time frames. Specific agreements were crafted during the workshop reflecting measurable actions the local health department would undertake and actions the state health department would take to facilitate or support local action.

The site visit began with commendations to the local health department on unique or best practices that are replicable. Commendations were given to Flagler in ten different performance areas. Examples of commendations are:

- Immunizations — for improvement in 2-year-old immunization coverage levels to 90 percent, from a 1999 level of 84 percent.
- Environmental Health — for achieving high scores in all three parts of their Onsite Sewage evaluation, in records review, in field evaluation and in implementation of previous recommendations. Flagler County is in the top 10 percent of all onsite sewage programs in the state.

Review findings addressed both traditional health status issues and performance issues related to both system inputs (staffing, funding) and outputs (service levels, clients served). Data were reviewed and displayed for core health outcomes and core performance measures. Dialogue between state and local practitioners occurred around the issues of low birth weights, neonatal and infant mortality, smoking attributable mortality, teen pregnancy, strategic planning, a quality assurance/risk management process, and clinical productivity. Discussions of these issues were framed around outcomes, with processes viewed as contributors to outcome. For example, Flagler staff agreed to examine risk, operations and outreach factors associated with infant deaths in the county (joining hospital mortality reviews, exploring whether infant deaths were family planning missed opportunities, etc.). Another agreement reached during the Workshop was that state staff would assist the locals in convincing the Florida heart and lung associations to locate branches in Flagler County.

To the extent possible within the Florida system, outcomes and performance measures are integrated into a QI approach that examines impact of public health practice and program efforts. Significant work was done in Florida to set priorities to develop core outcome and performance measures. According the Florida article cited earlier, “until integration, there had been no organized attempt to link program data with vital statistics data or cost data with services. The integration has facilitated the understanding by program managers at all levels of the nexus between the various inputs, outputs and outcomes.” The importance of outreach, appointment systems and transportation services are much clearer to all staff when the context of delivering a healthy baby is established.

Observations and Lessons Learned

- The Florida QI process has undergone a very interesting evolution, beginning as more of a performance audit, adding components over the years to transform it into a quality improvement process. Most notable added components are outcomes indicators, the integration of outcome and performance indicators, the use of the Sterling criteria for organizational excellence (modeled after the Malcolm Baldrige criteria) and the interactive nature of the QI process itself.

- It appeared that there was a great deal of trust and respect between state and local health department staff. It appeared that the interactions throughout the six-month process lead to a true shared responsibility that came out in the workshop as agreements or contracts between the state and local health departments to each take specific new actions to correct problems.

- The state health department in Florida and each of the local health departments field tested the State and the Local Public Health Performance Standards in late 1999. Les Beitsch reported that he would like to repeat the application of standards at the state level and many locals have expressed interest in repeat applications. Les believes that the standards' focus on the state and local public health systems, rather than agencies, adds an important dimension to the Florida QI process. This unique niche could be filled by regular use of the standards to track progress in development of and performance within the larger public health system.