Each year accredited health departments must submit an annual report to PHAB attesting to their continued conformity and describing their performance management and quality improvement efforts. The review of Section II of the annual reports is overseen by the Evaluation and Quality Improvement (EQI). This review is aimed at supporting the maintenance and advancement of a performance management and quality improvement culture in the accredited health department.

The form below includes the reviewer’s comments and recommendations for best practices, based on the information provided in the health department’s annual report.

**Health Department Name**
Mid-Michigan District Health Department (MMDHD)

**Month Review Form Submitted**
March 2017

**Overall Impressions**

Thank you for completing and submitting your Annual Report. Congratulations on your efforts to build on your successes and on your continued commitment to improvement. MMDHD is making progress in developing performance measure systems and has made efforts to share strategic plan data with staff and stakeholders. MMDHD has updated and revised job descriptions throughout the agency to include core competencies. There should be some substantial opportunities for enhancing the QI work and performance management work through the upcoming strategic planning process.

PHAB staff and the Evaluation and Quality Improvement Committee have reviewed your Annual Report. The Evaluation and Quality Improvement Committee has the following feedback specific to your performance management and quality improvement efforts.

**Performance Management, Quality Improvement Plan, and Culture**

**Strengths:**
- MMDHD has purchased new Electronic Medical Records and Environmental Health software as part of the process of building their performance management (PM) system.
- The department has implemented improvements to how MMDHD illustrates progress and work towards outcomes in several key areas, such as the Strategic Plan and program/service data.
- MMDHD developed a new orientation procedure and practices for new hires to provide a more effective onboarding process.
- MMDHD staff have been involved in QI train-the-trainer activities.

**Opportunities for Improvement:**
- The MMDHD QI & PM Leadership Team (steering committee) should play a key role in implementing the new PM software. In building a PM system it is vital to engage a multi-disciplinary team to develop, implement, and evaluate the system. The steering committee should be empowered by and report directly to executive leadership and hopefully include...
key members of the executive team. When building a new PM system there are many questions to be answered ahead of time such as; who will participate on the PM workgroup, how will measures be chosen, which measures will be internally vs. externally facing, how many measures will be selected and shared as part of the initial pilot, how often will the measures be reported, etc.

- The department reported no change in the QI culture, although there will soon be opportunities through the MMDHD upcoming strategic planning process.
- In future annual reports, you may want to describe in greater detail updates, changes, accomplishments based on the QI plan’s work plan from the previous year.

### Quality Improvement Project

**Strengths:**

- MMDHD implemented 9 QI projects last year – great job!
- The client satisfaction survey for clinical services QI project team used several QI tools and made significant changes which resulted in standardization and a substantial increase in the number of completed surveys.

**Opportunities for Improvement:**

- The department could expand on the work for the Environmental Health services client satisfaction survey.
- The health department may want to consider implementing quality improvement projects from a program area that addresses population based health promotion, protection, or improvement efforts for a community public health issue.