This document represents findings from a scan of the literature related to Quality Improvement (QI) and Performance Management (PM) in public health. It is not meant to be an exhaustive search. If there are other resources on this topic of which you think PHAB should be aware, please contact Nicole Pettenati at npettenati@phaboard.org.

Benefits of QI/PM
Findings about the benefits of QI/PM include:

- Articles from 2012 and 2014 reported that health departments completing QI projects saw increased efficiencies and cost reductions, and that those projects led to actual improvements in the project areas.iii

- One study looked across several QI projects and explored the ability to demonstrate ROI and EI (economic impact) from those projects. Those analyzed in the study had an average ROI of $8.56.iii This could provide a useful framework for measuring the impact of work done by other HDs.

- An evaluation of the National Public Health Improvement Initiative, funded by the CDC to infuse quality and performance improvement methods in health departments across the United States, documented increased efficiencies and improved effectiveness as outcomes of QI.iv

In addition, there have been numerous case reports and stories from health departments illustrating the benefits of specific QI projects. See, for example:


EVIDENCE RELATED TO QUALITY IMPROVEMENT AND PERFORMANCE MANAGEMENT


**Components of QI/PM**
Throughout the literature, key components of successful QI projects were identified:
- Logical alignment to aims, quantifiable timelines and achievements
- Supportive leadership as well as routine involvement and buy-in of staff

Additionally, in one local health department's experience: QI should appear in strategic plans and all QI projects should utilize a specific tool.

**QI/PM and Accreditation**
The literature also points to a link between accreditation and QI. While a causal relationship between accreditation and an increase in QI and performance management is difficult to prove, they are at least complimentary to each other. Additional findings include:
- Two articles suggest that accreditation can lead to standardization of definitions of QI terms and the development of a scientific base for measuring service delivery.
- A study of local health departments indicates that health departments with more systematic QI implementation and formal QI policies and support tend to be more likely to be interested in pursuing accreditation and feel more prepared for the accreditation process.
- A study on quality improvement and accreditation readiness indicated that a benefit of accreditation is the promotion of QI practice and performance management.
- In an evaluation of PHAB, NORC found that the most commonly reported benefit of accreditation is “stimulated quality and performance improvement opportunities within the health department.” They also found that 92% of health departments accredit for one year agreed or strongly agreed that accreditation had strengthened the culture of QI within their health department.
- An analysis of NACCHO data from 2010, 2013, and 2016 found that local health departments accredited by June 2017 and those in process reported more formal QI activities and showed greater improvements with QI/PM implementation over time than those health departments not undertaking accreditation.
- One case study suggests that accreditation leads to the transformation of local health departments into high-performing organizations and promotes of the value of continuous QI.

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