

# South Carolina

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## ASSESSMENT/ PERFORMANCE MANAGEMENT SYSTEM

**History:** South Carolina is a vertically integrated governmental health department system. The Department of Health and Environmental Control (DHEC) is the lead governmental health and environmental organization and is organized into four major Deputy Areas. The largest of these, Health Services (HS), provides many public health services at the state and local level including: Disease Control; Maternal and Child Health; Chronic Disease Prevention and Environmental Sanitation. HS delivers its services at the local level through eight Public Health Regions. These regions include varying numbers of county health departments. The smallest region has four counties and the largest has ten counties within its jurisdiction.

DHEC, including HS, has had extensive experience with quality improvement (QI) and accreditation activities and has been accredited through the Community Health Accreditation Program, Inc (CHAP). CHAP started as a joint collaborative of the American Public Health Association and the National League for Nursing and was the first body to accredit public health organizations. Since 1977, CHAP has accredited the DHEC state office and all regional units. South Carolina is the only state in which all of the health departments have been accredited. The CHAP accreditation process is a formal structured process that includes a comprehensive self study every three years, site visits to state and regional offices, and a Board of Review that focuses on 1) structure and function; 2) quality and resources - human, fiscal, and physical; and 3) long term viability. This accreditation process has provided support for subsequent continuous quality improvement (CQI) and performance management (PM) processes in the agency including HS. Currently, DHEC is specifically accredited for its Home Health program.

**Use of Baldrige Criteria:** In 2000, the Agency conducted a Baldrige assessment, implemented an improvement plan, and continues to address the Baldrige criteria on an annual basis through the Agency Annual Accountability Report. The Baldrige assessment has also been linked with the CHAP assessment. During this same time, HS established a statewide CQI coordinating committee, as well as regional CQI committees, to coordinate QI activities and align these processes with the Agency Strategic Plan in all health regions.

Beginning in 2001, HS started implementing what was called the Health Services Operational Plan. This was the first attempt by HS to integrate its many programs into one planning framework, with all programs working from the same set of common health status and management

objectives. Region and central office programs measured their progress and developed action plans. Staff could access plans on the agency intranet and compare what others across the state were doing to address the same issue.

All of these planning, assessment and QI activities have provided HS with a strong understanding of these subjects and how they best can be put to work effectively within the HS and DHEC system. The current performance management system described below has been a natural progression from its historical antecedents.

**Performance Management System:** Formally beginning in 2006, HS has implemented a performance management and QI process in the central office as well as in the eight public health regions. The overall HS effort has followed the Turning Point model. From this model, HS developed a framework that has organized the performance measures into seven organizational functions or results. These are: Management/Leadership, Human Resources, Public Health Capacity, Data and Information Systems, Financial Systems, Customer Service, and Health Status. HS piloted this process in 2006 with over 200 performance measures. Regions and central office programs measured their performance and developed QI action plans designed to improve upon their performance.

Based on feedback from the pilot experience, HS formally launched its performance management system (PMS) statewide in July 2007. The current process continues to have over 200 measures, with specification sheets that define each measure. Some measures apply only to the central office (state level), others just to the regions (local level), while some apply to both. On a prioritized subset of 34 measures, HS staff conduct root cause analysis using QI tools and submit QI plans. The initial improvement plans were submitted in March 2008.

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## PARTICIPATION IN THE MULTI-STATE LEARNING COLLABORATIVE

Through participation in *Lead States in Public Health Quality Improvement*, the third phase of the MLC (which will run from 2008-2011), South Carolina will prepare for accreditation and advance quality improvement in public health through the following work.

**Preparation for Accreditation:** The activities that will be undertaken in South Carolina to prepare for alignment with the national voluntary accreditation program include:

- The DHEC Office of Performance Management (OPM) will use all communication strategies to ensure that health

department staff in the central office and in the regions are aware of accreditation activities.

- The OPM staff will develop a framework linking HS's PMS with voluntary accreditation that explains the similarities between the HS's PMS and the voluntary accreditation program, and how these two efforts will complement each other and drive overall improvement efforts.
- Emphasis will be placed on the development and use of standards, assessing performance, analyzing the results, and using accepted QI methods to develop improvement plans in an iterative manner.
- The OPM will also ensure that current work in South Carolina implementing the MAPP or MAPP-like community assessment processes (including the National Public Health Performance Standards, NPHPS, Local Public Health Systems Assessment) will be included in this framework. Involvement with CHAP Accreditation and the use of the Baldrige framework through the Annual Accountability Report will also be addressed.

Informing the broader public health community in South Carolina about accreditation activities will be achieved through several mechanisms including:

- The OPM will conduct a pre-conference session at the annual South Carolina Public Health Association Conference to publicize accreditation and the collaboratives to the broader public health community. Communication methods here would include a panel discussion and use of storyboards; the OPM will also use existing materials by the PHAB and others and disseminate these to key staff in HS and DHEC.
- They in turn will be expected to educate and inform their partners about accreditation activities. Partners to be reached in these efforts include the SC Hospital Association, the SC Public Health Institute, the SC Public Health Consortium, major academic institutions such as the Arnold School of Public Health, the state legislature, the South Carolina Government Improvement Network, the non-profit community, and other state agencies such as the SC Department of Health and Human Services.

**Quality Improvement Collaboratives:** All states participating in the third phase of the MLC are forming collaboratives to collectively implement quality improvement activities focused on specific target areas. States were asked to choose at least two targets from a menu of five

capacity/process target areas and five health outcome target areas. South Carolina will implement one with members from two public health regions. Both of the collaboratives will run sequentially. Regional and local health department staff will make up the teams of each collaborative. There will be a total of seven teams per collaborative—three teams from Public Health Region 4 and four teams from Public Health Region 8. Potentially, there will be community partners participating on teams. State health department leadership will provide support while state health department staff and their University partner will facilitate and provide technical assistance for the collaboratives.

**Increasing QI Capacity:** One staff in each of the eight regions, and three staff in DHEC central office will be trained to be Lean Six Sigma Greenbelts. These staff over time will provide support to the collaboratives and to QI efforts associated with HS's PMS and voluntary accreditation.

#### **Target Areas:**

South Carolina will focus its efforts on the following *Health Outcome Target Areas*:

#### **Reduce the Burden of Tobacco Related Illness**

Sub-Target: Reduce the percentage of adults age 18 or older who smoked at least 100 cigarettes in their lifetime, and are current smokers.

#### **Reduce Infant Mortality Rates**

Sub-target: Increase the percentage of women receiving prenatal care in the first trimester.

**Project Lead and Partners:** The South Carolina Department of Health and Environmental Control (DHEC) is the MLC grantee. A key partner in the project is the **University of South Carolina's Center for Health Services and Policy Research**, which will provide DHEC with facilitation and technical assistance for the two mini-collaboratives using the Institute for Healthcare Improvement's Breakthrough Series Collaborative Model.

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## **ADDITIONAL RESOURCES**

DHEC: <http://www.scdhec.gov/health/>

To see work produced by South Carolina, please visit [www.nnphi.org/ecatalog](http://www.nnphi.org/ecatalog). Under *Programs* select "The Multi-State Learning Collaborative." Under *States* select "South Carolina." Then click the Search button.