PERFORMANCE MANAGEMENT IN LOCAL PUBLIC HEALTH

Governmental Administration and Finance Seminar

Mt Pleasant, MI

September 15, 2016

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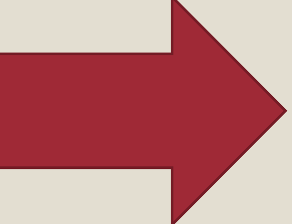

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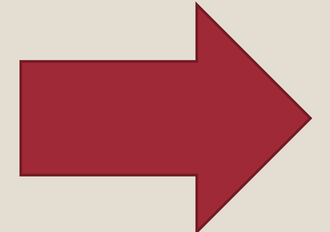

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WHAT IS PERFORMANCE MANAGEMENT?

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SIMPLY PUT…

- **Performance management is:**
  - Collecting data that describes how well (or poorly) you are doing something.
  - Comparing that information to established benchmarks, targets, or standards.
  - Using the comparison to identify when performance is not meeting expectations.
  - And taking systematic action to make improvements.

PERFORMANCE MANAGEMENT: MICRO TO MACRO

- Performance management principles can be applied in a number of different ways to a number of different situations.

- Health outcomes.
- Health equity/inequity.
- Collaboration/Partnerships.

Systematic

- Agency audits.
- Site visits by funders.
- Performance measurement.

Organizational

- Program audits.
- Program evaluations.
- Performance measurement.

Programmatic

- Performance appraisals.
- Incentive programs.
- Disciplinary actions.

Individual

PERFORMANCE MANAGEMENT IN PUBLIC HEALTH

- "A systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization's mission and strategic goals."
- Performance management can enable health departments to be more:
  - Efficient.
  - Effective.
  - Transparent.
  - Accountable.

http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_About_the_Performance_Management_Framework.aspx

WHY PERFORMANCE MANAGEMENT NOW?

ACCOUNTABILITY

ACCOUNTABILITY

- Ensures that public officials are "answerable for their actions…"
  - How do we know goals are being met?
  - To whom is that information being communicated?
- Performance management focuses on ***achieving standards***.
  - It is hard to be held accountable to something if you don't know to what you are being held accountable.
  - It is also difficult to know whether you are meeting standards if you aren't collecting performance data.
- Establishing a performance management system helps quantify and measure organizational performance.

http://patimes.org/performance-management-drive-transparency-accountability-public-administration/

TRANSPARENCY

- Ability to demonstrate program and service outcomes to staff, funders and constituents.
- Sharing performance data for programs and services demonstrates agency strengths and areas for improvement.
- As public agencies, transparency in the work we do and how we are using resources is important to stakeholders.

https://www.clearpointstrategy.com/strategic-performance-management-transparency/

IMPROVED COMMUNICATION

- Communicating performance data will inherently increase communication within the agency.
- Better staff understanding of the organization's goals and objectives.
- Helps staff understand how they fit within the bigger picture of the organization.

https://www.clearpointstrategy.com/strategic-performance-management-transparency/

BETTER PLANNING AND DECISIONS

LEVERAGE FOR INVESTMENT

MI STATE ACCREDITATION

- **MLPHAP Cycle 6:** Revisions to QI Supplement include indicators pertaining to PM.

Michigan Local Public Health Accreditation Program
Tool 2015
Users' Guide

Appendix II: Program Specific Guidance

Quality Improvement Supplement

QIS Review Process

The Quality Improvement Supplement (QIS) to the Powers and Duties review has been revised for Cycle 6 of the Michigan Local Public Health Accreditation Program to better align with Domain 9 of the Public Health Accreditation Board (PHAB) national public health accreditation program. Additionally, there is a new process for review of documentation related to the QIS. If a local health department (LHD) indicates in their pre-materials that they are planning to participate in the QIS, documentation must be submitted ahead of time.

Local health departments (LHDs) that are participating in the QIS must submit documentation related to the QIS **two weeks** prior to their scheduled on-site review. All documents need to be emailed to Jessie Jones (jjones@mphi.org) and Jeanette Ball (jball@mphi.org) at the Michigan Public Health Institute (MPHI). Please complete the cover sheet included below in order to identify which documents are intended to fulfil which indicator. Please also provide the name and contact information of a staff member who MPHI staff can contact with any questions. MPHI staff will review documentation within one week and send back any questions.

Once all questions have been answered, MPHI will finalize their recommendations and provide them to Local Health Services staff prior to the on-site review. MPHI will also participate in the LHD's on-site review and/or exit conference via conference call or in person.

QIS Documentation

Below is a list of required documentation for the QIS review:

https://accreditation.localhealth.net/wp-content/uploads/2014/11/LHD-Users-Guide-2016.pdf

MI STATE ACCREDITATION

- **QI Supplement Indicators Assessing PM:**
  - 1.1 Staff at all organizational levels are engaged in establishing and/or updating a performance management system.
  - 1.2 The agency has adopted a department-wide performance management system.
  - 1.3 The agency has implemented a performance management system.
  - 1.4 The agency systematically assesses customer satisfaction with agency services and makes improvements.
  - 1.5 The agency provides opportunities for staff involvement in the department's performance management.

https://accreditation.localhealth.net/wp-content/uploads/2014/11/LHD-Users-Guide-2016.pdf

NATIONAL ACCREDITATION

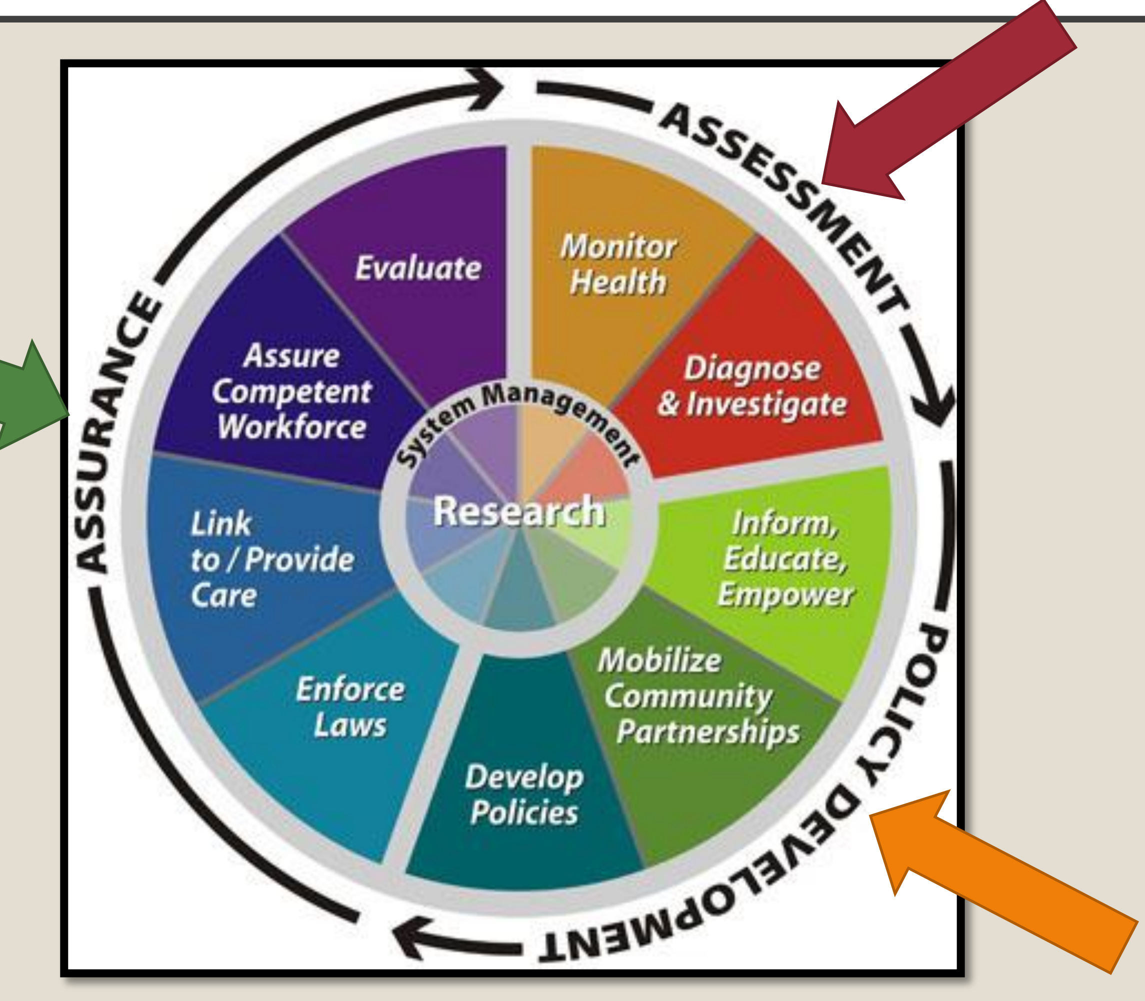
- **Standards and Measures V1.5**
- **Domain 9:** Evaluate and continuously improve processes, programs and interventions.
- **Standard 9.1:** Use a performance management system to monitor achievement of organizational objectives.

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

NATIONAL ACCREDITATION

- **Standard 9.1 Required Documentation:**
  - 9.1.1 Staff at all organizational levels engaged in establishing and/or updating a performance management system.
  - 9.1.2 Performance management policy/system.
  - 9.1.3 Implemented performance management system.
  - 9.1.4 Implemented systematic process for assessing customer satisfaction with health department services.
  - 9.1.5 Opportunities provided to staff for involvement in the department's performance management.

IT IS PART OF OUR JOB AS PUBLIC HEALTH PROFESSIONALS



COMMON PERFORMANCE MANAGEMENT MODELS/ FRAMEWORKS

MODELS OF PERFORMANCE MANAGEMENT

- There are several approaches to PM in public health.
- Some are better suited for local public health and/or easier to implement than others.
- We will talk briefly about 3 popular models/frameworks:
  - Turning Point.
  - Baldridge Performance Excellence Program.
  - Balanced Scorecard.

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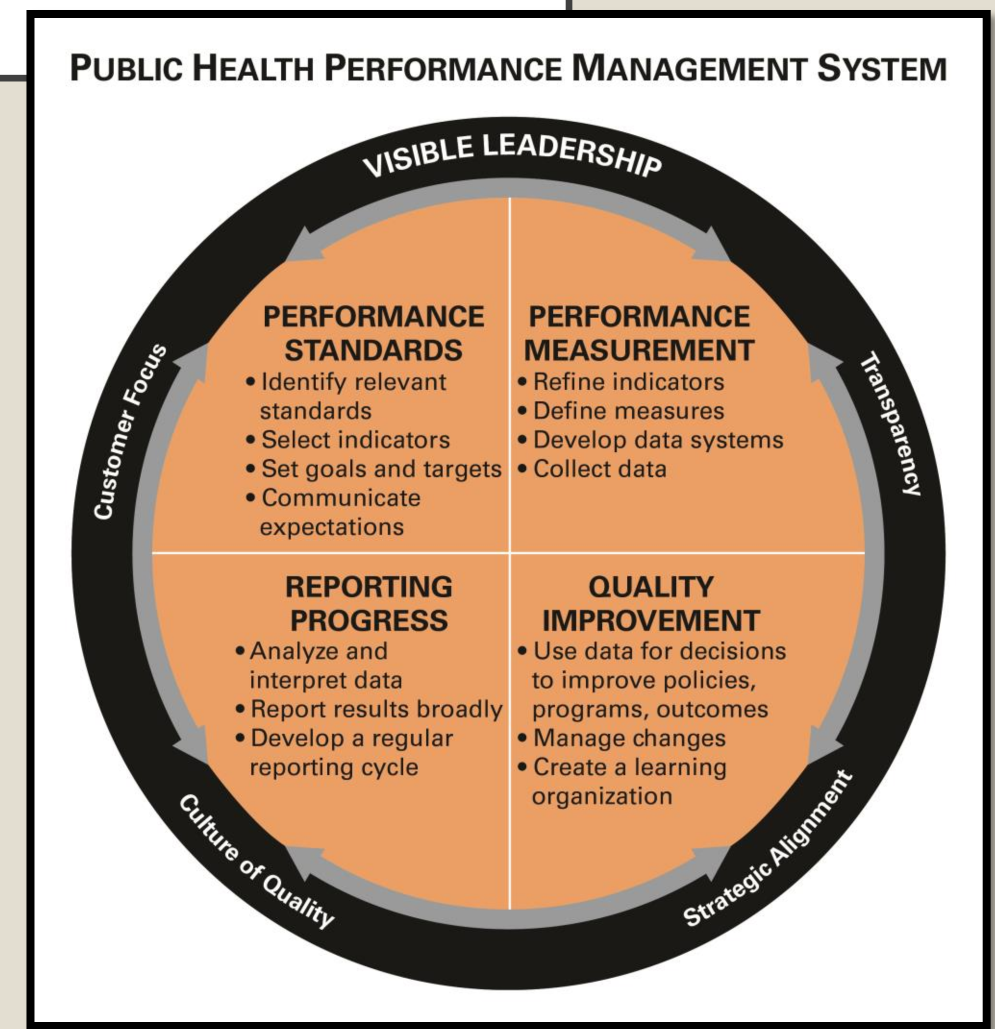
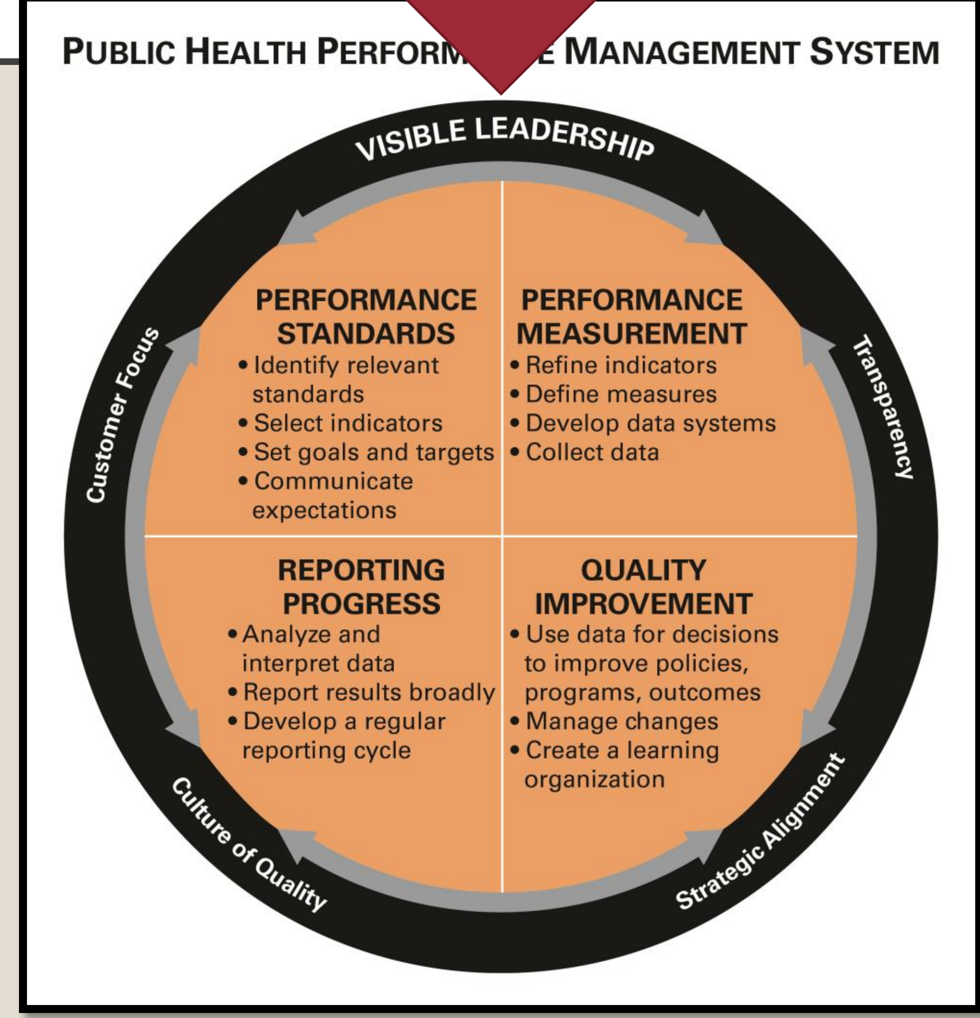
TURNING POINT

- Originally developed in 2002 as part of a larger effort led by the Public Health Foundation.
- A "refresh" process by a multidisciplinary "think-thank" updated the framework in 2012.
- Most common model used in local public health because it was developed for public health.



VISIBLE LEADERSHIP

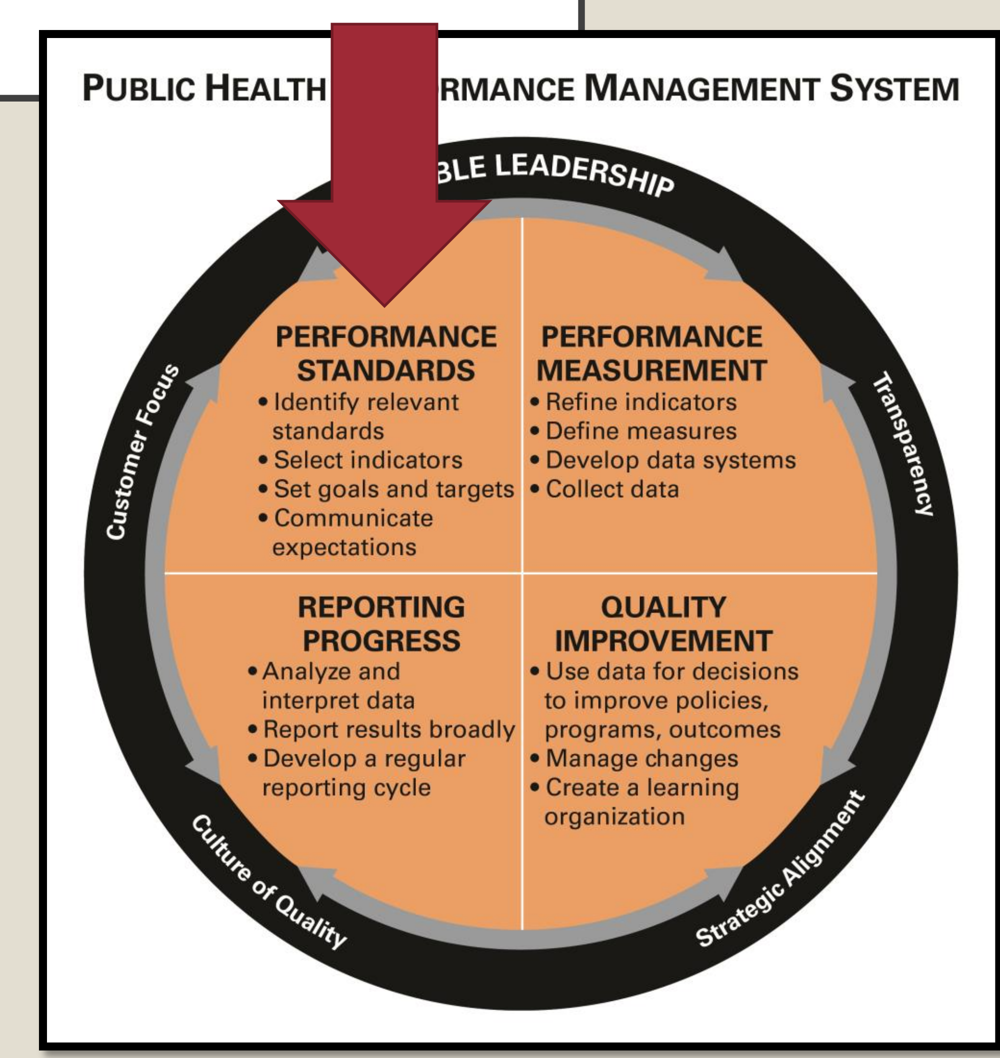
- **Visible leadership** is the commitment of senior management to a culture of quality that aligns performance management practices with the organization's mission, regularly takes into account customer feedback, and enables transparency and performance between leadership and staff.



http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx

PERFORMANCE STANDARDS

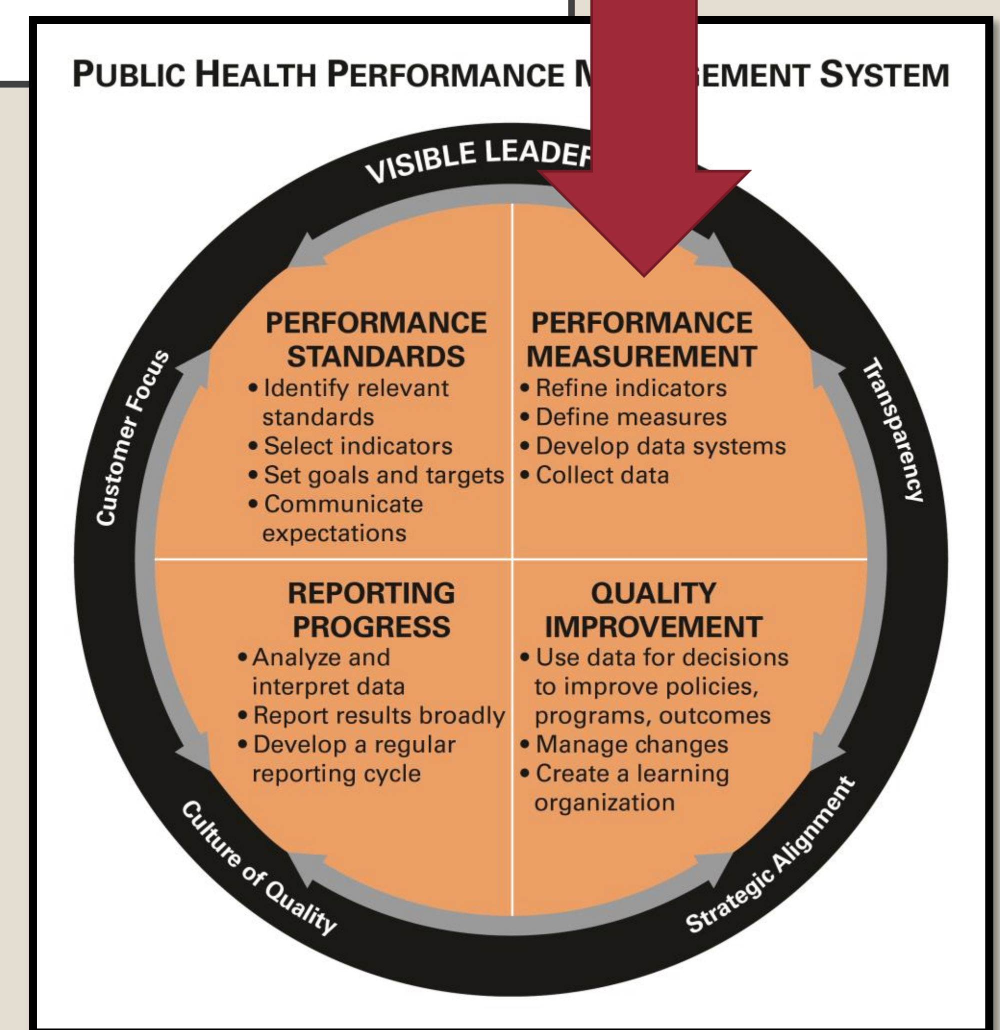
- Performance standards are organizational or system standards, targets and goals that aim to improve public health practices.
- May be set based on:
  - National, state, or scientific guidelines.
  - Benchmarking against similar organizations.
  - The public's or leaders' expectations.
  - Others.



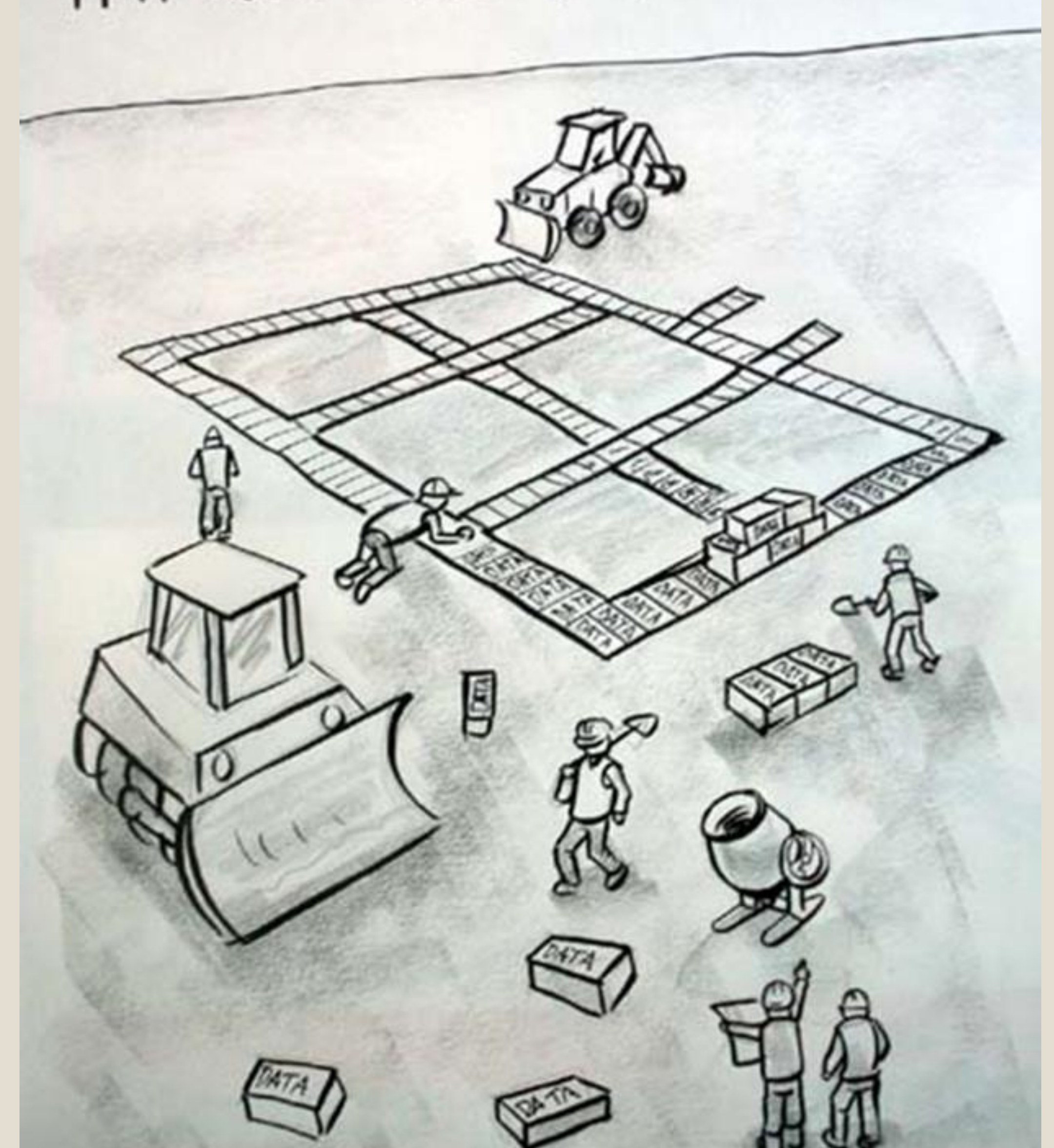
http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Performance_Standards.aspx

PERFORMANCE MEASUREMENT

- [Performance measurement] is the development, application, and use of measures to assess achievement of performance standards.
- Each organization needs to select the method of measurement that will work best in the context of their organization.

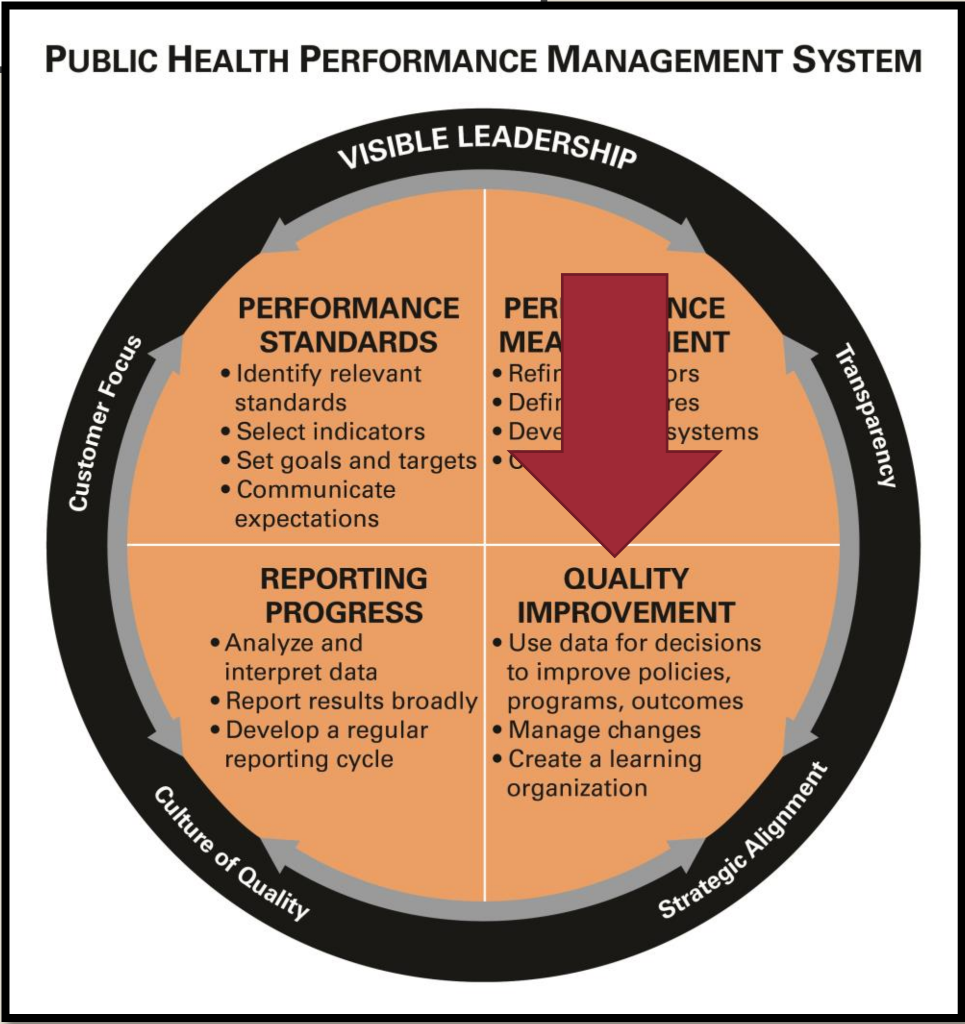


MEASUREMENT IS THE FOUNDATION OF BUILDING IMPROVEMENT.



QUALITY IMPROVEMENT

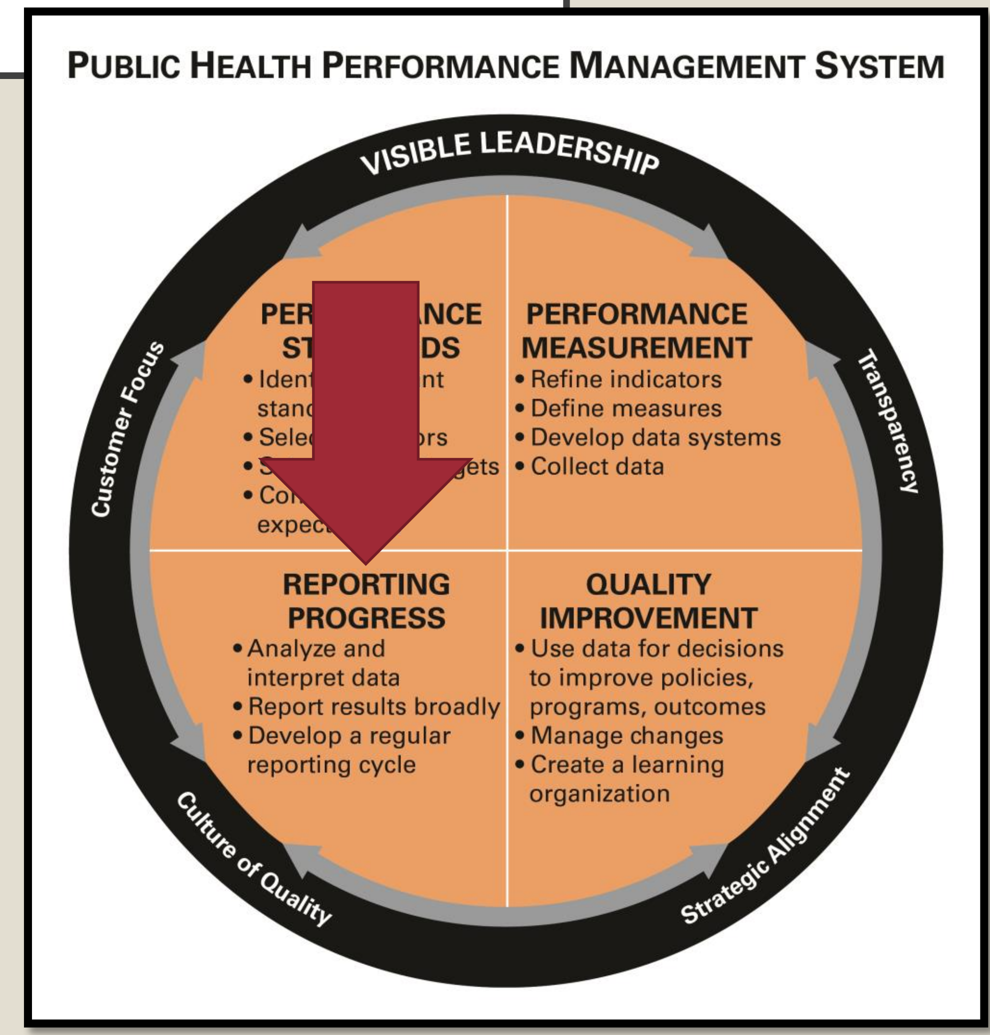
- QI is the establishment of a program or process to manage change and achieve quality improvement in policies, programs, and/or infrastructure based on performance standards measures, and reports.



http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Quality_Improvement.aspx

REPORTING PROGRESS

- Reporting progress is the documentation and reporting of how standards and targets are met and the sharing of such information through appropriate feedback channels.
- For maximum effectiveness, reporting should include trends over time.
- It is most appropriate to report about progress that will resonate with the audience to which you are reporting.

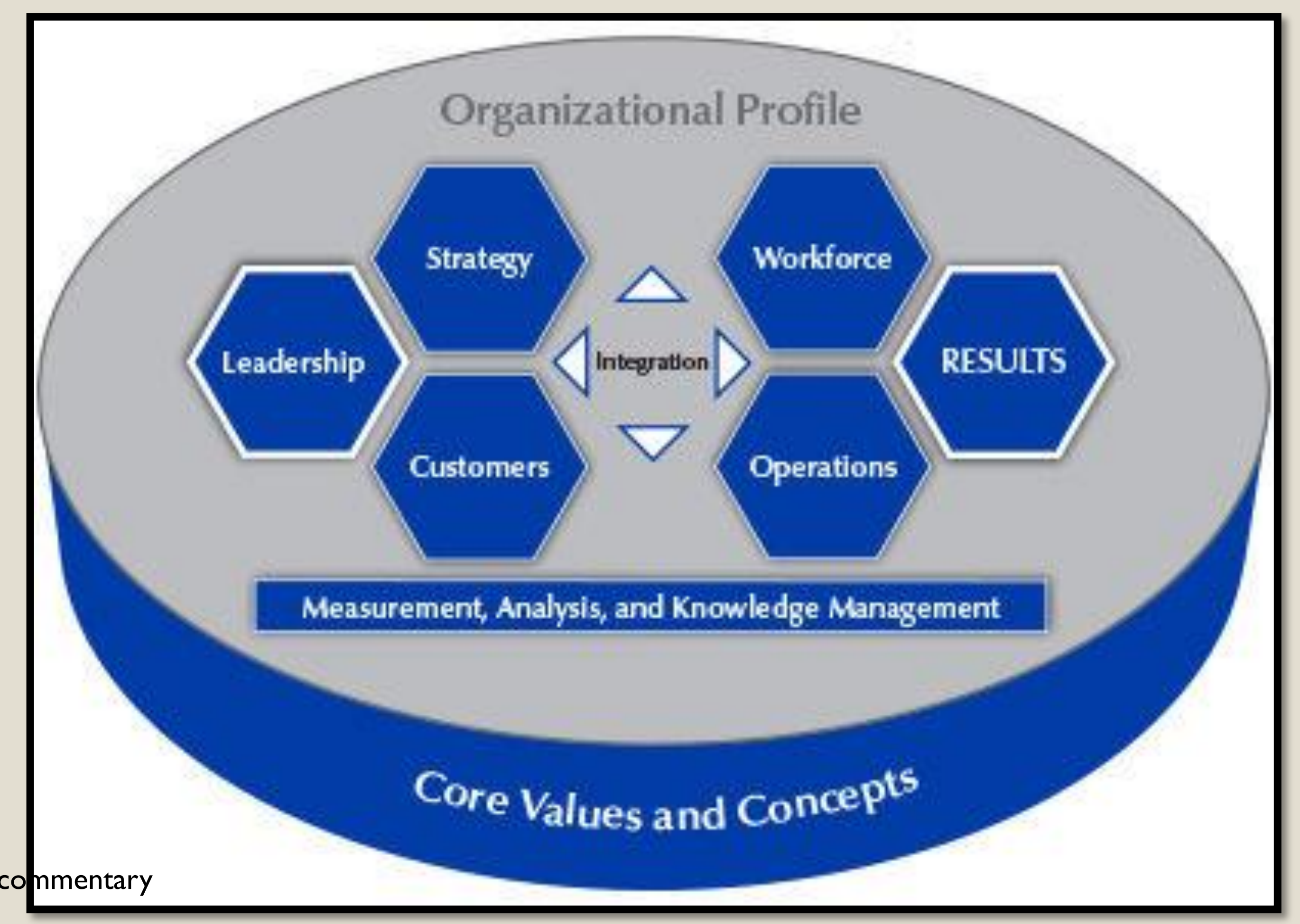


http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Reporting_Progress.aspx

BALDRIDGE PERFORMANCE EXCELLENCE PROGRAM

- Baldridge provides a framework to improve organization performance and get sustainable results.
- The performance system consists of 7 categories of embedded beliefs found in high-performing organizations.
  - Leadership.
  - Strategy.
  - Customers.
  - Measurement, analysis, and knowledge management.
  - Workforce.
  - Operations.
  - Results.

BALDRIDGE PERFORMANCE EXCELLENCE PROGRAM



https://www.nist.gov/baldrige/baldrige-criteria-commentary

BALANCED SCORECARD

- The balanced scorecard is a strategic planning and management system.
- Used extensively in business and industry, government, and nonprofit organizations worldwide.
- Aims to:
  - Align business activities to the vision and strategy.
  - Improve internal and external communications.
  - Monitor organization performance against strategic goals.

Financial/
Stewardship
"Financial Performance"

Customer/
Stakeholder
"Satisfaction"

Vision
and
Strategy

Internal Business
Process
"Efficiency"

Organizational
Capacity
"Knowledge and Innovation"

Strategic Objectives
Strategy Map
Performance Measures & Targets
Strategic Initiatives

http://balancedscorecard.org/Resources/About-the-Balanced-Scorecard

I'm Sure
He'll Fit...
"One Size
Fits all"

EVOLUTION OF PERFORMANCE MANAGEMENT

Kent County Health Department's Journey

PROFITS
SALES
“What if we don’t change at all ...
and something magical just happens?”

County Performance Measures

Performance Management System 1.0

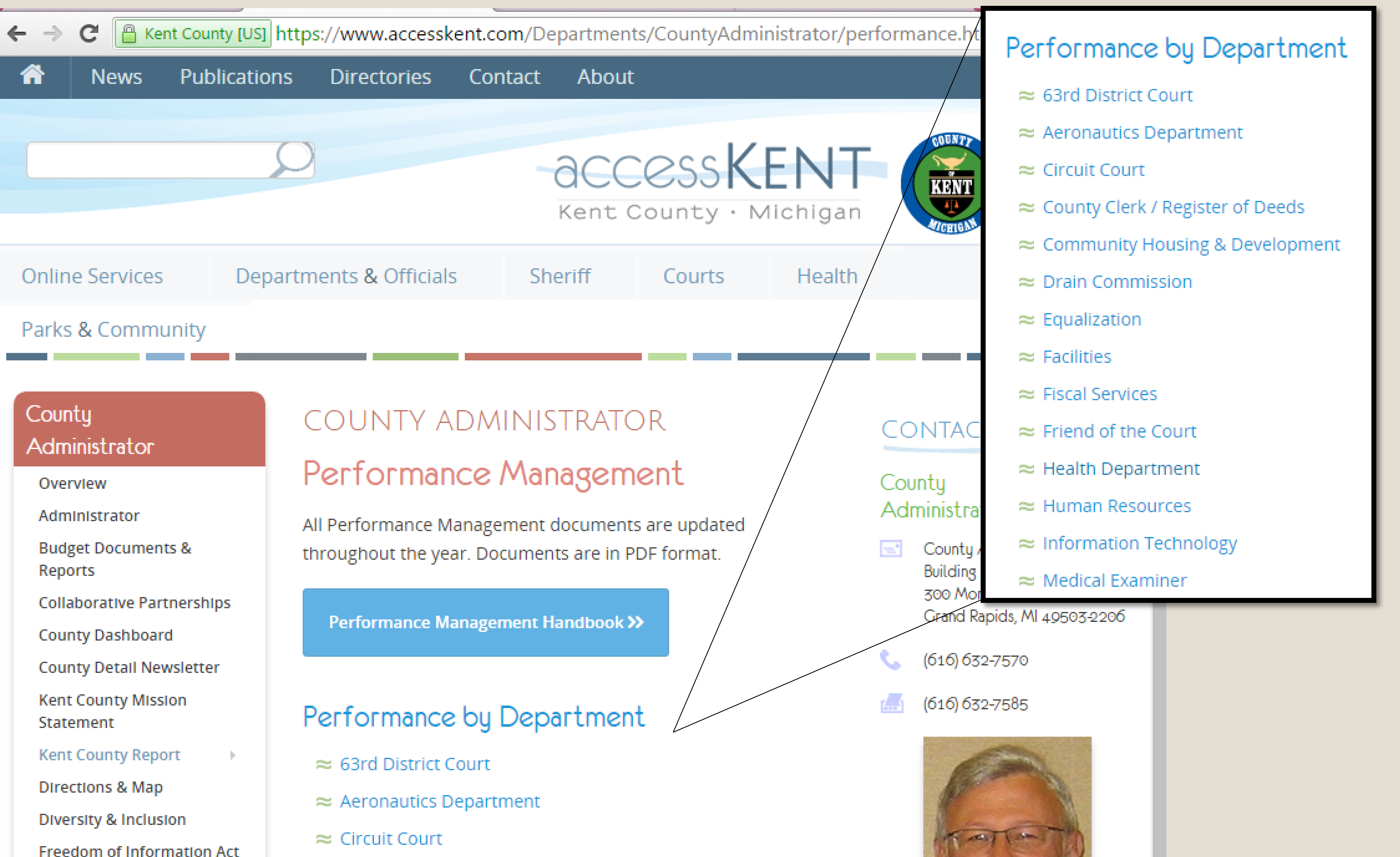
Performance Management System 2.0

County Performance Measures

STARTING POINT

- Pre-PHAB, Kent County had a set of established performance measures.
- These measures continue to be reported annually to the Board of Commissioners.
- They span across all four KCHD Divisions.

https://www.accesskent.com/Departments/CountyAdministrator/Performance/Health_Department.pdf



Kent County [US] https://www.accesskent.com/Departments/CountyAdministrator/performance.ht
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Sheriff
Courts
Health
Parks & Community
County Administrator
Overview
Administrator
Budget Documents & Reports
Collaborative Partnerships
County Dashboard
County Detail Newsletter
Kent County Mission Statement
Kent County Report
Directions & Map
Diversity & Inclusion
Freedom of Information Act Requests
COUNTY ADMINISTRATOR
Performance Management
All Performance Management documents are updated throughout the year. Documents are in PDF format.
Performance Management Handbook
Performance by Department
63rd District Court
Aeronautics Department
Circuit Court
County Clerk / Register of Deeds
Grand Rapids, MI 49503-2206
(616) 632-7570
(616) 632-7585
Performance by Department
63rd District Court
Aeronautics Department
Circuit Court
County Clerk / Register of Deeds
Community Housing & Development
Drain Commission
Equalization
Facilities
Fiscal Services
Friend of the Court
Health Department
Human Resources
Information Technology
Medical Examiner

DEPARTMENT: HEALTH DEPARTMENT

Department Mission Statement:
To serve, protect, and promote a healthy community for all.

Service Area: Administration

Service Area Mission Statement:
Provide administrative, financial and information technology suppor[t] Department, conduct ongoing assessments of health status in the com[munity] disseminate public health information.

Goal

- Serve, protect, and promote a healthy community for all by providi[ng] leadership and support to the department.

Objectives

- To complete 95% of communicable disease reports within 30 days o[f]
- To ensure at least 67% of hospital infection control/hospital laborat[ories] reportable disease information into the Michigan Disease Surveillance [System]
- To ensure computer network is available for login 100% of regular [working hours]
- To resolve 99% of Footprints tickets within 10 business days.
- To ensure 100% of revenues and expenditures will be recorded in c[orrect accounts]

Indicators	2013 Actual	2014 Expected/ Actual	2015 Expecte[d/] Actual
Outcomes			
% of communicable disease reports completed within 30 days of notice	93.00%	95.00%/ 88.00%	95.00% 82.00%
% of hospital infection	0.00%	0.00%/	67.00%/

Goal

- Serve, protect, and promote a healthy community for all by providing overall leadership and support to the department.

Objectives

- To complete 95% of communicable disease reports within 30 days of notice.
- To ensure at least 67% of hospital infection control/hospital laboratories are entering reportable disease information into the Michigan Disease Surveillance System.
- To ensure computer network is available for login 100% of regular working hours.
- To resolve 99% of Footprints tickets within 10 business days.
- To ensure 100% of revenues and expenditures will be recorded in correct accounts.

Indicators	2013 Actual	2014 Expected/ Actual	2015 Expected/ Actual	2016 Expected/
Outcomes				
% of communicable disease reports completed within 30 days of notice	93.00%	95.00%/ 88.00%	95.00%/ 82.00%	95.00%
% of hospital infection control/hospital laboratories that are entering reportable disease information into the Michigan Disease Surveillance System	0.00%	0.00%/ 50.00%	67.00%/ 50.00%	67.00%
% of time the computer network server is available for access during regular working hours	99.90%	100.00%/ 99.99%	100.00%/ 99.99%	100.00%
% of Footprints tickets resolved within 10 business days	99.70%	99.00%/ 99.08%	99.00%/ 98.35%	99.00%

Performance Management System 1.0

PHAB-READY

- County performance measures process was insufficient. for PHAB process.
  - It was a one-time report, conducted annually.
  - Not all programs/services were evaluated or included.
  - Output vs outcome measures.
  - Data from the system was not used to identify areas for quality improvement.

Performance Management System 1.0

PHAB-READY

- A new system was developed and implemented in 2013.
- It underwent revisions and improvements in 2015-2016.
- The PM System evaluates progress on strategic plan implementation.

Staff Lead Identified → Quarterly Reports Submitted → Quarterly Reports Aggregated → PM Council Review → QI Efforts, As Needed

Implementation, Progress Tracking, Reporting, and Quality Improvement

Performance Management and the KCHD Strategic Plan
Performance management in public health is defined by the Public Health Foundation as the "*practice of actively using performance data to improve the public's health*". The performance management model adopted by the KCHD was originally developed more than ten years ago by the Turning Point National Excellence Collaborative on Performance Management.

With advancements in public health practice and changing priorities, as well as numerous successful examples of performance management system integration in public health departments across the country, the Public Health Foundation convened a workgroup in March 2012 to update the Turning Point materials. The refreshed Turning Point Performance Management Model is the version of the framework that the KCHD has chosen to utilize in its performance management efforts. This model contains the following components:

Performance Standards are objective standards or guidelines that are used to assess an organization's performance. Standards may be based on national, state, or scientific guidelines; benchmarking against other similar agencies; expectations; or other methods. Performance standards can be descriptive (*e.g. a system for communicable disease control shall be maintained*) or numerical (*e.g. at least 80% of health department clients will rate services as "good"*). Performance standards answer the question, "where should we be?"

Strategic Direction 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

SP Objective	Baseline Data	National Benchmark	Target	Strategy	Lead Staff	Outcome Measures		
						Short-Term	Intermediate	Long-Term
1.1 Complete a comprehensive community health needs assessment (CHNA) every three years, starting in 2017.	2014 CHNA was published by Healthy Kent. (KCHD, HK)	Completion of a CHNA every five years for PHAB accreditation, every three years for alignment with IRS community benefit requirements for non-profit hospitals.	2017 CHNA completed by Healthy Kent by December 31, 2017. 2020 CHNA completed by Healthy Kent by December 31, 2020.	Complete the CHNA using the model framework from NACCHO – Mobilizing for Action through Planning and Partnerships. Partner with KCHD Environmental Health Division to ensure adequate environmental public health assessment is included in report.	P. Birkelbach E. Pessell	Partners engaged and data sources updated for indicators included in the 2014 CHNA report. New indicators identified and added to report, as needed. Community Health Forums held and Community Health Surveys collected.	Community Themes and Strengths Chapter of CHNA completed and published. (Community Engagement Data). Data report drafted and submitted to partners for review and feedback/input.	2017 CHNA completed and published by Healthy Kent. 2020 CHNA completed and published by Health Kent.
1.2 Increase the percentage of demographically representative school districts completing the Michigan Profile for Healthy Youth (MiPHY) to at least 30% of districts by the 2018 cycle.	22% of high schools and 20% of middle schools completed the 2013-2014 MiPHY. African Americans were underrepresented in both high school (3.9%) and middle school (5.7%) data sets. (MiPHY, MDE)	Not Applicable.	At least 30% of school districts, including at least two urban districts, participate in each cycle of the MiPHY.	Promote the importance of MiPHY data with the aid of community partners and enhance the use of these data by Kent County school districts.	B. Hartl	At least one urban school district participates in the 2015-2016 cycle of the MiPHY.	At least two urban school districts participate in the 2017-2018 cycle of the MiPHY.	At least 30% of school districts, including at least two urban districts, participate in each cycle of the MiPHY.
1.3 Implement a data collection strategy for collecting nutrition, physical	Kent County lacks population health indicator data for	Not Applicable.	KCHD will have access to a demographically representative	Collaborate with the Kent Intermediate School District to administer a nutrition,	B. Hartl	At least four elementary schools complete a comprehensive	The number of elementary schools completing the assessment is	KCHD will have access to a demographically representative

Appendix G: Strategic Plan Quarterly Reporting Template

SP Objective:
Quarter/Year:
Date of Report:
Name of Submitter:
Phone Number:

Overall Objective Status

Please place an 'x' in the box that appropriately describes the status of the given objective.

	No Progress
	In Progress
	Completed
	Need to Revise

Performance Measure Data Updates

If updated data for the performance measure is available, *please provide the updated data, including date and source of the information*. If no new data is available, please state that. Baseline and target data can be located in Appendix C of the strategic plan for all objectives.

Reporting Period (Quarter)	Baseline	Target
January		
April		
July		
October		

Summary of Activities toward Strategy Implementation during Reporting Period

Please provide a brief summary of activities initiated/completed toward strategy implementation during this reporting period. If no progress has been made on the strategy implementation, please describe the reason for why this lack of progress exists.

Short-Term:
Intermediate:

Successes Associated with Objective during Reporting Period

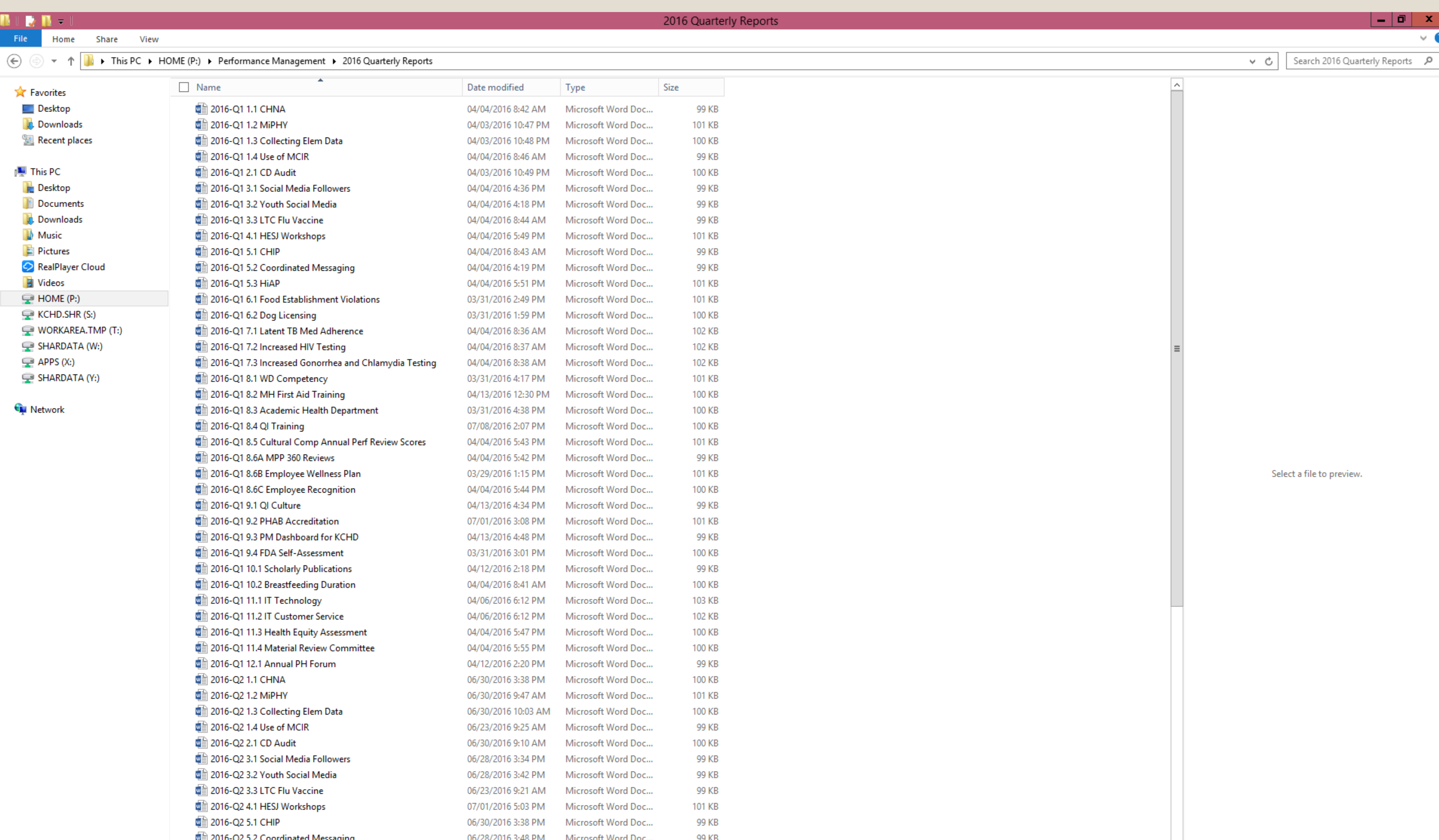
Please describe any major successes that have been recorded while implementing activities associated with this objective during this reporting period. Successes could be acquisition of funding or other resources, recognition for efforts, documented successes, or other important achievements associated with the work being done toward this strategic plan objective.

Barriers/Challenges Encountered while Implementing Activities during Reporting Period

Please describe any barriers or challenges that have affected the successful implementation of activities associated with this objective. If there are barriers or challenges reported, please also describe efforts taken to mediate these barriers/challenges.

Collaboration and Partnership

Please outline any collaborative efforts or partnerships that have been developed in an effort to implement activities associated with this objective. List partner agencies, organizations, etc and briefly describe the role they play in the strategy's implementation.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KCHD.SHR (S:)
WORKAREA.TMP (T:)
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2016-Q1 1.1 CHNA 04/04/2016 8:42 AM Microsoft Word Doc... 99 KB
2016-Q1 1.2 MiPHY 04/03/2016 10:47 PM Microsoft Word Doc... 101 KB
2016-Q1 1.3 Collecting Elem Data 04/03/2016 10:48 PM Microsoft Word Doc... 100 KB
2016-Q1 1.4 Use of MCIR 04/04/2016 8:46 AM Microsoft Word Doc... 99 KB
2016-Q1 2.1 CD Audit 04/03/2016 10:49 PM Microsoft Word Doc... 100 KB
2016-Q1 3.1 Social Media Followers 04/04/2016 4:36 PM Microsoft Word Doc... 99 KB
2016-Q1 3.2 Youth Social Media 04/04/2016 4:18 PM Microsoft Word Doc... 99 KB
2016-Q1 3.3 LTC Flu Vaccine 04/04/2016 8:44 AM Microsoft Word Doc... 99 KB
2016-Q1 4.1 HESJ Workshops 04/04/2016 5:49 PM Microsoft Word Doc... 101 KB
2016-Q1 5.1 CHIP 04/04/2016 8:43 AM Microsoft Word Doc... 99 KB
2016-Q1 5.2 Coordinated Messaging 04/04/2016 4:19 PM Microsoft Word Doc... 99 KB
2016-Q1 5.3 HiAP 04/04/2016 5:51 PM Microsoft Word Doc... 101 KB
2016-Q1 6.1 Food Establishment Violations 03/31/2016 2:49 PM Microsoft Word Doc... 101 KB
2016-Q1 6.2 Dog Licensing 03/31/2016 1:59 PM Microsoft Word Doc... 100 KB
2016-Q1 7.1 Latent TB Med Adherence 04/04/2016 8:36 AM Microsoft Word Doc... 102 KB
2016-Q1 7.2 Increased HIV Testing 04/04/2016 8:37 AM Microsoft Word Doc... 102 KB
2016-Q1 7.3 Increased Gonorrhea and Chlamydia Testing 04/04/2016 8:38 AM Microsoft Word Doc... 102 KB
2016-Q1 8.1 WD Competency 03/31/2016 4:17 PM Microsoft Word Doc... 101 KB
2016-Q1 8.2 MH First Aid Training 04/13/2016 12:30 PM Microsoft Word Doc... 100 KB
2016-Q1 8.3 Academic Health Department 03/31/2016 4:38 PM Microsoft Word Doc... 100 KB
2016-Q1 8.4 QI Training 07/08/2016 2:07 PM Microsoft Word Doc... 100 KB
2016-Q1 8.5 Cultural Comp Annual Perf Review Scores 04/04/2016 5:43 PM Microsoft Word Doc... 101 KB
2016-Q1 8.6A MPP 360 Reviews 04/04/2016 5:42 PM Microsoft Word Doc... 99 KB
2016-Q1 8.6B Employee Wellness Plan 03/29/2016 1:15 PM Microsoft Word Doc... 101 KB
2016-Q1 8.6C Employee Recognition 04/04/2016 5:44 PM Microsoft Word Doc... 100 KB
2016-Q1 9.1 QI Culture 04/13/2016 4:34 PM Microsoft Word Doc... 99 KB
2016-Q1 9.2 PHAB Accreditation 07/01/2016 3:08 PM Microsoft Word Doc... 101 KB
2016-Q1 9.3 PM Dashboard for KCHD 04/13/2016 4:48 PM Microsoft Word Doc... 99 KB
2016-Q1 9.4 FDA Self-Assessment 03/31/2016 3:01 PM Microsoft Word Doc... 100 KB
2016-Q1 10.1 Scholarly Publications 04/12/2016 2:18 PM Microsoft Word Doc... 99 KB
2016-Q1 10.2 Breastfeeding Duration 04/04/2016 8:41 AM Microsoft Word Doc... 100 KB
2016-Q1 11.1 IT Technology 04/06/2016 6:12 PM Microsoft Word Doc... 103 KB
2016-Q1 11.2 IT Customer Service 04/06/2016 6:12 PM Microsoft Word Doc... 102 KB
2016-Q1 11.3 Health Equity Assessment 04/04/2016 5:47 PM Microsoft Word Doc... 100 KB
2016-Q1 11.4 Material Review Committee 04/04/2016 5:55 PM Microsoft Word Doc... 100 KB
2016-Q1 12.1 Annual PH Forum 04/12/2016 2:20 PM Microsoft Word Doc... 99 KB
2016-Q2 1.1 CHNA 06/30/2016 3:38 PM Microsoft Word Doc... 100 KB
2016-Q2 1.2 MiPHY 06/30/2016 9:47 AM Microsoft Word Doc... 101 KB
2016-Q2 1.3 Collecting Elem Data 06/30/2016 10:03 AM Microsoft Word Doc... 100 KB
2016-Q2 1.4 Use of MCIR 06/23/2016 9:25 AM Microsoft Word Doc... 99 KB
2016-Q2 2.1 CD Audit 06/30/2016 9:10 AM Microsoft Word Doc... 100 KB
2016-Q2 3.1 Social Media Followers 06/28/2016 3:34 PM Microsoft Word Doc... 99 KB
2016-Q2 3.2 Youth Social Media 06/28/2016 3:42 PM Microsoft Word Doc... 99 KB
2016-Q2 3.3 LTC Flu Vaccine 06/23/2016 9:21 AM Microsoft Word Doc... 99 KB
2016-Q2 4.1 HESJ Workshops 07/01/2016 5:03 PM Microsoft Word Doc... 101 KB
2016-Q2 5.1 CHIP 06/30/2016 3:38 PM Microsoft Word Doc... 99 KB
2016-Q2 5.2 Coordinated Messaging 06/28/2016 3:48 PM Microsoft Word Doc... 99 KB
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Appendix G: Strategic Plan Quarterly Reporting Template

SP Objective: 8.3
Quarter/Year: Q1/2016
Date of Report: March 31, 2016
Name of Submitter: C. Saari
Phone Number: x7268

Overall Objective Status
Please place an 'x' in the box that appropriately describes the status of the given objective.

	No Progress
x	In Progress
	Completed
	Need to Revise

Performance Measure Data Updates
If updated data for the performance measure is available, *please provide the updated data, including* ***date*** *and* ***source*** *of the information*. If no new data is available, please state that. Baseline and target data can be located in **Appendix C** of the strategic plan for all objectives.

Reporting Period (Quarter)	Baseline	Target
January	2015-2016 Winter Semester there were 10 interns	At least 15 practicum placement opportunities for college/university students
April	2015-2016 Winter Semester there were 10 interns	
July		
October		

Summary of Activities toward Strategy Implementation during Reporting Period
Please provide a brief summary of activities initiated/completed toward strategy implementation during this reporting period. If no progress has been made on the strategy implementation, please describe the reason for why this lack of progress exists.

Short-Term: The internship program is currently accepting internship applications for the Spring/Summer 2016 semester. They were posted to the internship website before March 15th and will remain open to application through April 15th. To date, we have received 7 student applications for the 15 projects proposed by KCHD staff.
Intermediate: We will have numbers for this measure in August 2016.
Long-Term: We will have numbers for this measure in August 2017.

Successes Associated with Objective during Reporting Period
Please describe any major successes that have been recorded while implementing activities associated with this objective during this reporting period. Successes could be acquisition of funding

or other resources, recognition for efforts, documented successes, or other important achievements associated with the work being done toward this strategic plan objective.

Since we have implemented the AHD process, we have had incremental increases in the number of internship projects proposed by KCHD staff each semester. In winter 2016 there were 12 posted projects and in spring/summer 2016 there were 15 projects posted. Twenty student applications were submitted for winter 2016 and 12 were placed in internships. Updates to the internship webpage have been made to address common questions that the AHD Liaison was receiving repeatedly and marketing materials were developed and shared through the AHD listserve to increase our program's reach in other local schools.

Barriers/Challenges Encountered while Implementing Activities during Reporting Period
Please describe any barriers or challenges that have affected the successful implementation of activities associated with this objective. If there are barriers or challenges reported, please also describe efforts taken to mediate these barriers/challenges.

Challenges to implementing this program have been primarily with answering student questions about the requirement for a preceptor manual and issues with the timeline for application. This is a challenge we will continue to have because we cannot accommodate each school and have a process that also works for KCHD. I have made some slight modifications to the timeline to shorten it so that students are notified earlier than the previous process allowed. This is now reflected on the website and will go into effect for the fall 2016 application cycle.

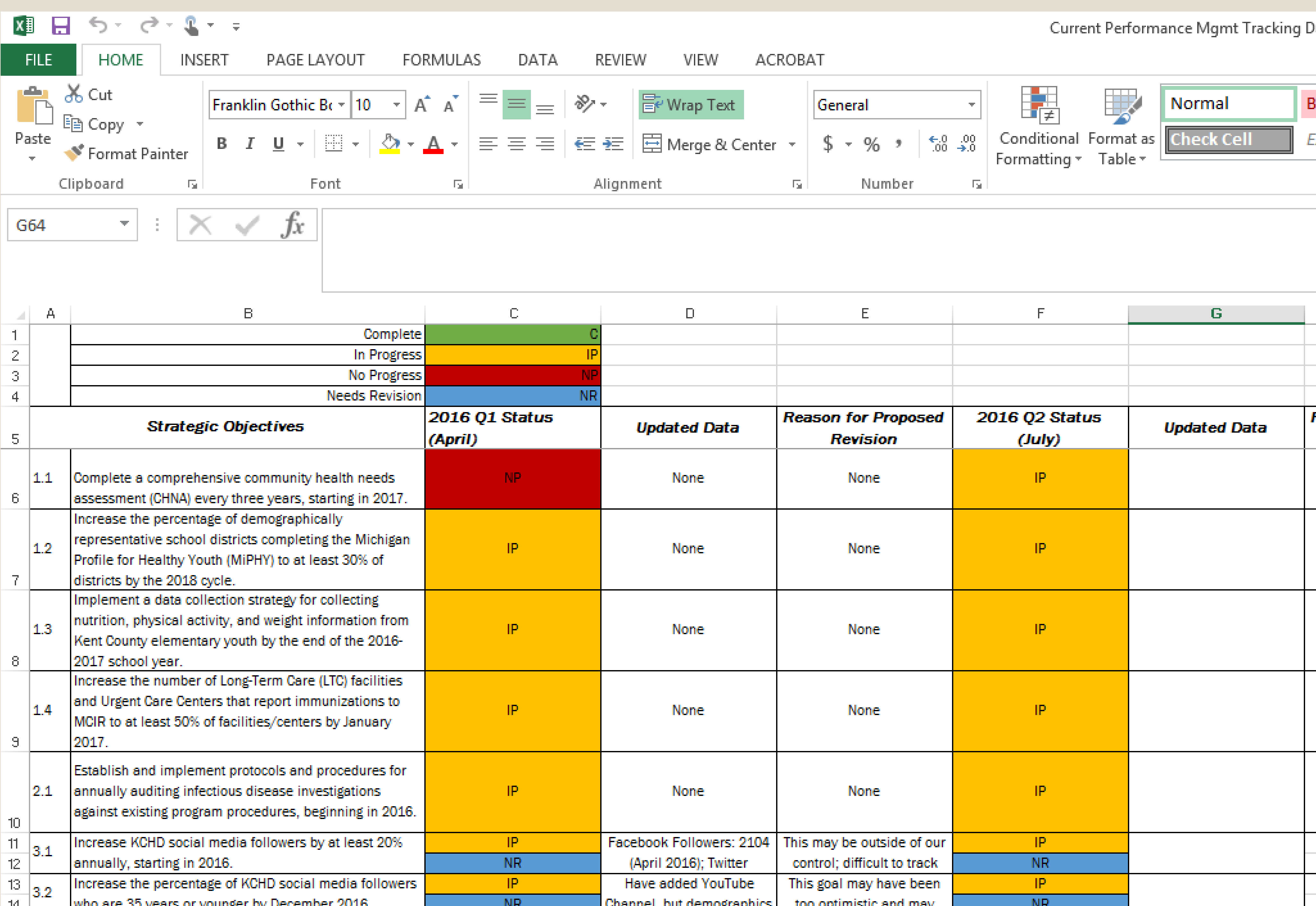
Collaboration and Partnership
Please outline any collaborative efforts or partnerships that have been developed in an effort to implement activities associated with this objective. List partner agencies, organizations, etc and briefly describe the role they play in the strategy's implementation.

I worked with the Material Review Committee to have my marketing materials approved for publication and also communicate with numerous academic programs throughout the state. I also collaborated with Webtecs to make updates to the internship website.

FOR PERFORMANCE MANAGEMENT COUNCIL USE ONLY

Should this objective be referred to the Quality Improvement Team for consideration?
Please place an 'x" in the box that appropriately reflects the decision of the PM Council

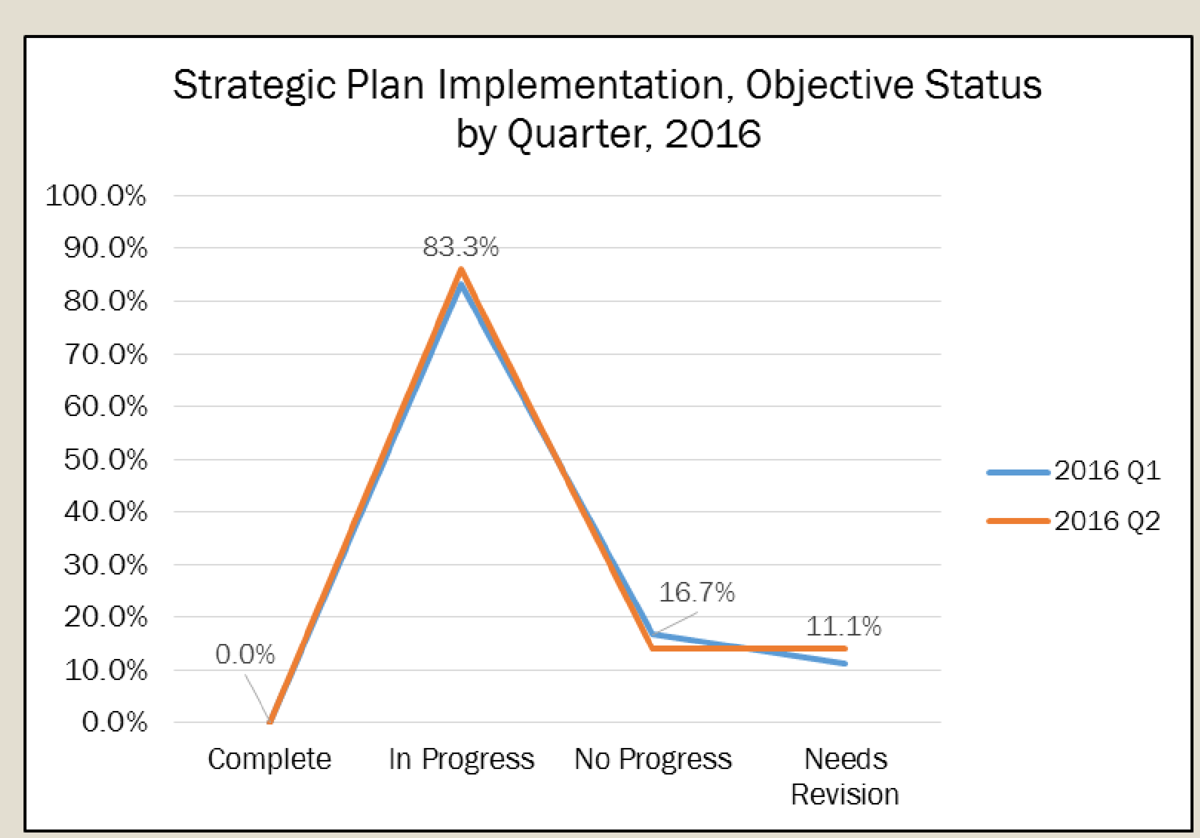
	Yes
	No

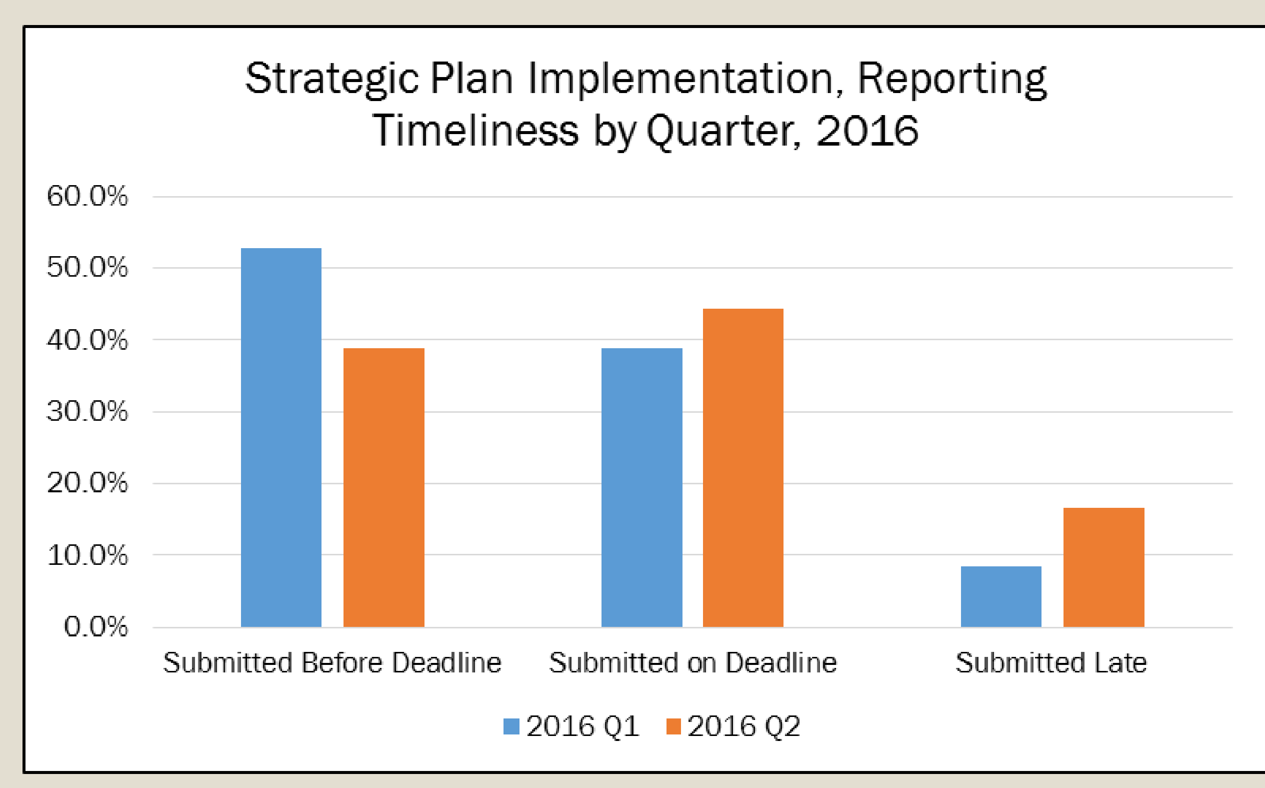


Current Performance Mgmt Tracking Data

	A	B	C	D	E	F	G
1		Complete	C				
2		In Progress	IP				
3		No Progress	NP				
4		Needs Revision	NR				
5		***Strategic Objectives***	***2016 Q1 Status (April)***	***Updated Data***	***Reason for Proposed Revision***	***2016 Q2 Status (July)***	***Updated Data***
6	1.1	Complete a comprehensive community health needs assessment (CHNA) every three years, starting in 2017.	NP	None	None	IP	
7	1.2	Increase the percentage of demographically representative school districts completing the Michigan Profile for Healthy Youth (MiPHY) to at least 30% of districts by the 2018 cycle.	IP	None	None	IP	
8	1.3	Implement a data collection strategy for collecting nutrition, physical activity, and weight information from Kent County elementary youth by the end of the 2016-2017 school year.	IP	None	None	IP	
9	1.4	Increase the number of Long-Term Care (LTC) facilities and Urgent Care Centers that report immunizations to MCIR to at least 50% of facilities/centers by January 2017.	IP	None	None	IP	
10	2.1	Establish and implement protocols and procedures for annually auditing infectious disease investigations against existing program procedures, beginning in 2016.	IP	None	None	IP	
11	3.1	Increase KCHD social media followers by at least 20% annually, starting in 2016.	IP	Facebook Followers: 2104 (April 2016); Twitter	This may be outside of our control; difficult to track	IP	
12			NR			NR	
13	3.2	Increase the percentage of KCHD social media followers who are 35 years or younger by December 2016.	IP	Have added YouTube Channel, but demographics	This goal may have been too optimistic and may	IP	
14			NR			NR	

SAMPLE SUMMARY DATA





Performance Management System 2.0

NEXT STEP

- Establishing meaningful performance measures for all KCHD programs and services.
- Modeling process after Lake County Health Department in Illinois.
- Began with Leadership Buy-In Meeting in June.
- Since then, meetings with Divisions and programs.
  - Review process.
  - Begin measure development.

Kent County Health Department
PM Expansion Project: Phase 1
June 28, 2016

Meeting Agenda

Division Director Meeting

I. Linkages to Strategic Plan – SD#9, Obj. 3
"Develop, implement, and sustain an agency dashboard which tracks performance data for KCHD programs and services by July 2016."

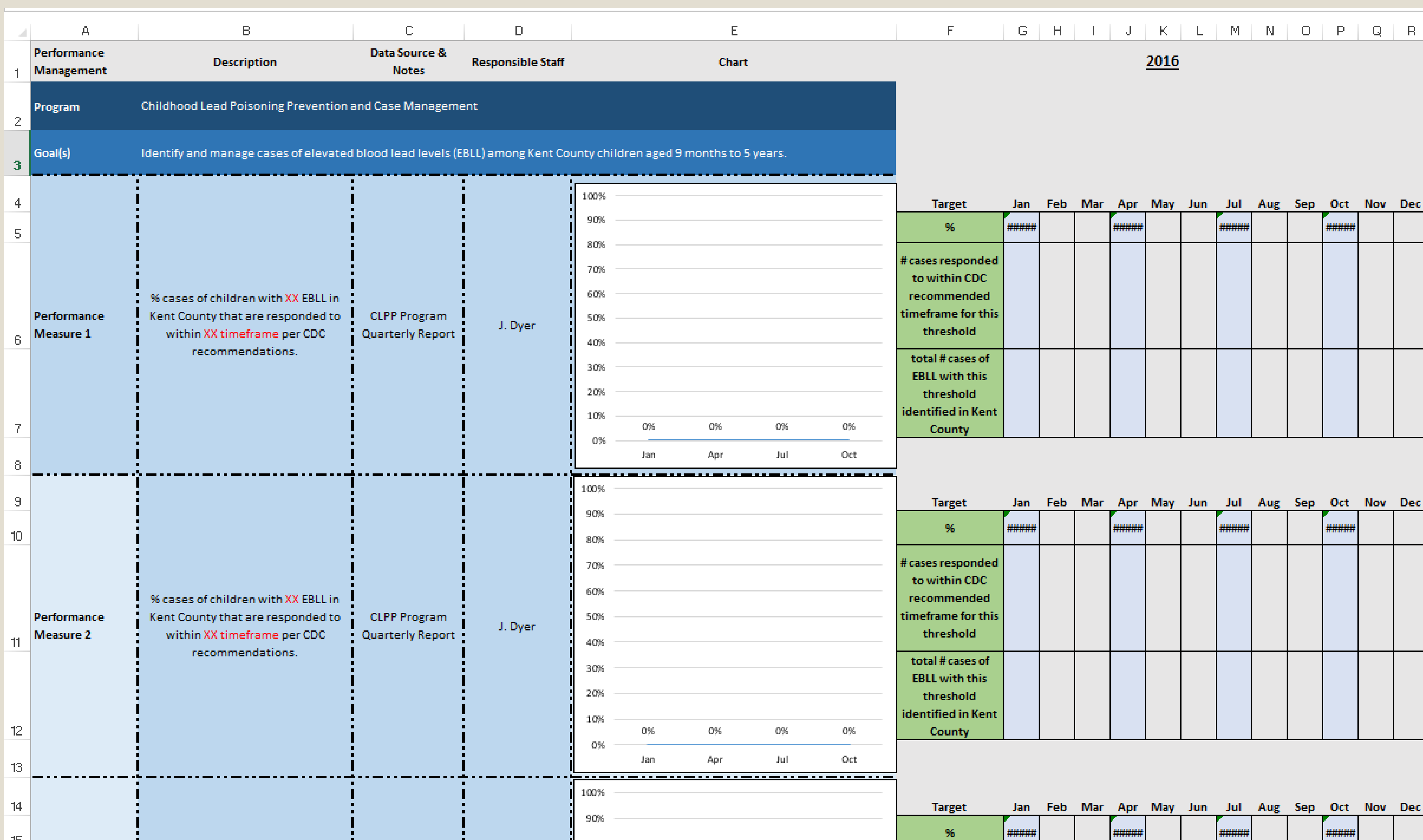
Kent County Health Department

PM Expansion Project: Phase 1

June 2016

Program		Program Supervisor	Key Staff
Admin			
	Finance	G. Brink	K. Bakos
	Grants and Contracts	G. Brink	J. Smedes
	Information Technology	G. Brink	N. Toren/ S. Lane
	Communicable Disease	B. Hartl	
	Epidemiology	B. Hartl	
	Healthy Kent	C. Saari	BHP
	Marketing and Communications	S. Kelso	
	Emergency Preparedness	K. Black	
	Accreditation & Performance Improvement	C. Saari	
	Medical Examiner	C. Perez	
	Health Equity	T. Branson	K. Pelon
	Academic Health Department	C. Saari	
	Central Supply	G. Brink	
CCS			
	Immunization Reporting	M. Wisinski	
	Immunization Services	M. Wisinski	
	WIC Peer Counseling	A. Bishop	
	WIC Services	A. Bishop	
	TB Control and Prevention	A. Hight	
	HIV/AIDS	A. Hight	
	STI Testing and Treatment	A. Hight	
CW			
	General Health Education & Promotion Programming		
	Obesity, Nutrition, and Food Security		J. Myer
	Women's Health Network		S. Cory
	Life Skills	A. Oosterink	
	Nutrition & Cooking Classes		D. Davies
	Safe Dates Dating and Sexual Abuse Prevention Program		A. Endres-B
	Teen Pregnancy & HIV/STI Prevention		T. Fahner
	Refugee Health	J. Dyer	
	Childhood Lead Poisoning Prevention & Case Mgmt	J. Dyer	
	Strong Beginnings	J. Coil	
	Maternal Infant Health Program	D. Baker	
	Nurse Family Partnership	C. Lowary	
	Hearing & Vision Screening	C. Buzcek	
	Children's Special Healthcare Services	C. Buzcek	
	Child Loss Program	C. Buzcek	
	Interconception Care Program	D. Baker	
	Medicaid Enrollment & Coordination	J. Dyer	N. Salgado
EH			
	Public Health Laboratory	A. Chirio	
	Animal Shelter	C. Luttmann	
	Animal Control	S. Dobbins	
	Private Water Supply (well)	S. Simmonds	
	Non Community Public Water Supply	S. Simmonds	
	Onsite Wastewater System Program (septic)	S. Simmonds	
	Food Service Sanitation	M. Bjorkman	
	Public Health Nuisance Program (housing/hoarding)	S. Simmonds	
	Body Art	M. Bjorkman	
	Campground Inspection	M. Bjorkman	
	Childcare/Adult Foster Care Facility Inspections	M. Bjorkman	
	Land Development/ Vacant Land Evaluation	S. Simmonds	
	Indoor Air Quality (Radon, Mercury, Meth Labs)	S. Simmonds & M. Bjorkman	
	Sanitary Facility Evaluation	S. Simmonds	
	Public Swimming Pools	M. Bjorkman	
	Toxic Substance Control	M. Bjorkman	

Division	Program	Program Goal	Supervisor/ Lead	National, State, Local, or Programmatic Benchmark (if applicable)	Performance Measure	Numerator	Denominator	Update Frequency	Data Source
CCS	Immunizations	Ensure up-to-date immunization rates for Kent County residents.	M. Wisinski	80% (HP2020 IID-8)	% children aged 19-35 months who are up-to-date on recommended vaccines, per CDC/ACIP guidelines.	# Kent County children aged 19-35 months who are up-to-date (UTD)	Total # of Kent County children aged 19-35 months	Monthly	Michigan Care Improvement Registry (MCIR)
CCS	Immunizations	Ensure up-to-date immunization rates for Kent County residents.	M. Wisinski		% children aged 7-18 years who are up-to-date on recommended vaccines, per current CDC/ACIP guidelines.	# Kent County children aged 7-18 years who are up-to-date (UTD)	Total # of Kent County children aged 7-18 years	Monthly	Michigan Care Improvement Registry (MCIR)
CCS	Immunizations	Ensure up-to-date immunization rates for Kent County residents.	M. Wisinski	70% (HP2020 IID-12.12)	% adults aged 19-65+ years who received an influenza vaccination within the past 12 months.	# Kent County adults aged 19-65+ years who received an influenza vaccination within the past 12 months	Total # of Kent County adults aged 19+	Monthly	Michigan Care Improvement Registry (MCIR)
CCS	Immunizations	Ensure up-to-date immunization rates for Kent County residents.	M. Wisinski		% Kent County residents aged 9-26 years who have completed the 3-dose series of the HPV vaccine.	# Kent County residents aged 9-26 years completing 3-doses of HPV vaccine	Total # of Kent County residents aged 9-26 years	Monthly	Michigan Care Improvement Registry (MCIR)
CCS	Immunizations	Ensure up-to-date immunization rates for Kent County residents.	M. Wisinski	30% (HP2020 IID-14)	% of Kent County residents aged 60+ who have been vaccinated for shingles.	# Kent County adults 60+ vaccinated for shingles	Total # of Kent County residents aged 60+ years	Monthly	Michigan Care Improvement Registry (MCIR)
CCS	Tuberculosis Prevention and Control	Identify and treat cases of tuberculosis in Kent County.	A. Hight		% of clients who attend TB clinic following a KCHD referral.	# clients attending TB clinic	Total # referrals given to attend TB clinic		
CCS	Tuberculosis Prevention and Control	Identify and treat cases of tuberculosis in Kent County.	A. Hight		% of clients who attend their appointments with TB program.	# clients who attend their appointments with TB program	Total # of appointments scheduled		
CCS	Tuberculosis Prevention and Control	Identify and treat cases of tuberculosis in Kent County.	A. Hight	93% (HP2020 IID-30)	% of active TB cases that have completed treatment within appropriate timeframe (6-12 months, depending on case)	# clients who have completed treatment within appropriate timeframe	Total # of active TB clients		
CCS	Tuberculosis Prevention and Control	Prevent active tuberculosis cases in Kent County.	A. Hight		% of clients with latent TB who pick up their medications for 9 consecutive months.	# latent TB clients with timely med pick-up	Total # of latent TB clients		
CCS	Tuberculosis Prevention and Control	Prevent active tuberculosis cases in Kent County.	A. Hight	93% (HP2020 IID-30)	% of clients with latent TB who complete latent TB treatment.	# latent TB clients completing treatment	Total # of latent TB clients		
CCS	HIV/AIDS	Identify and treat cases of HIV in Kent County.	A. Hight		% clients who meet "high risk" criteria that are tested for HIV.	# high risk clients tested for HIV	Total # clients tested for HIV		
CCS	HIV/AIDS	Identify and treat cases of HIV in Kent County.	A. Hight		% clients visiting KCHD clinics who test positive for HIV.	# HIV positive tests	Total # HIV tests administered		
CCS	HIV/AIDS	Identify and treat cases of HIV in Kent County.	A. Hight		% of HIV+ clients identified at KCHD clinics who are referred for treatment.	# referrals for treatment	Total # positive HIV tests		
CCS	HIV/AIDS	Identify and treat cases of HIV in Kent County.	A. Hight		% of completed HIV partner service cases.	# completed HIV partner services	Total # of HIV partner services needed/ planned		
CCS	HIV/AIDS	Prevent HIV transmission in Kent County.	A. Hight		% of clients who meet "high risk" criteria that are referred for PREP.	# high risk clients referred to PREP	Total # high risk clients		
CCS	HIV/AIDS	Prevent HIV transmission in Kent County.	A. Hight		% of clients who take at least one condom following an appointment at KCHD's Personal Health Services clinic.	# clients who take condoms	Total # of clients		
CCS	STI	Investigate cases of reportable sexually transmitted infections (STIs)	A. Hight		% of positive STI cases where appropriate follow-up is completed* [cases must meet	# positive STI cases receiving follow-up	Total # of positive STI cases		



Performance Management	Description	Data Source & Notes	Responsible Staff	Chart
Program	Childhood Lead Poisoning Prevention and Case Management			
Goal(s)	Identify and manage cases of elevated blood lead levels (EBLL) among Kent County children aged 9 months to 5 years.			
Performance Measure 1	% cases of children with XX EBLL in Kent County that are responded to within XX timeframe per CDC recommendations.	CLPP Program Quarterly Report	J. Dyer	
Performance Measure 2	% cases of children with XX EBLL in Kent County that are responded to within XX timeframe per CDC recommendations.	CLPP Program Quarterly Report	J. Dyer	

2016

Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
%	#####			#####			#####			#####		
# cases responded to within CDC recommended timeframe for this threshold												
total # cases of EBLL with this threshold identified in Kent County												

Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
%	#####			#####			#####			#####		
# cases responded to within CDC recommended timeframe for this threshold												
total # cases of EBLL with this threshold identified in Kent County												

Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
%	#####			#####			#####			#####		

LESSONS-LEARNED

ITS ABOUT THE JOURNEY…

- There is not a one-size fits all PM System.
- You have to create a system that works for your organization right now.
- You probably won't get it "right" the first time and that's okay.

QUESTIONS?

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