



"For The Health of Us All"

Quality Assurance Team

AGENDA for July 1, 2013

1. Strategic Planning Update
2. Performance Evaluation System
3. Agenda for the All-Staff Meeting on September 6, 2013
4. Lorain County Fair Update
5. Personnel Policy Update
6. Accreditation Update
7. Office Item Replacement Update
8. Discussion/Updates/Announcements



"For The Health of Us All"

Quality Assurance Team

Meeting Minutes from July 1, 2013

In Attendance: Stephanie Charles, Debbie Chavez, Dave Covell, Joyce Davis, Gretchen Koch, Jill Lis, Tanas Wilcox

Absent: Tonya Kollen

Agenda Items:

Strategic Planning Update

- We received the results of the staff and board member surveys
- Shara Davis from the Public Services Institute is coming on July 2 to discuss the strategic plan and will meet with Dave Covell, Joyce Davis, and Stephanie Charles
- A draft plan will be crafted and brought to the QA Team for review
- Plan will be completed to share with the staff at the all-staff meeting on September 6
- It will be brought before the board for approve at either the August or September meeting

Performance Evaluation System

- Dave Covell completed a draft of the system, which includes 3 stages (basic assessment on core competencies from the Council on Linkages, identification of employee strengths and weaknesses and personal improvement plan, and agency evaluation and improvement segment)
- This will be shared with QA Team shortly and unveiled to staff at the all-staff meeting
- Evaluations will begin January 2014 for the 2013 year and goals will be set for 2014
- Directors and supervisors will have an instructional session to prepare them for performance evaluation with the new system
- There was discussion about the competency assessment system created by Emerge and worked on by the old Special Projects team. It will be reviewed to see if it can be used with the new system.

Agenda for the All-Staff Meeting on September 6

- All-Staff Meeting is scheduled for Friday, September 6 from 8:00am - 12:00pm in the Black River Room at Carlisle Visitor Center
- Goal - get staff to view at the upcoming changes without fear and apprehension by providing them with clear updates as to how the changes will affect them and the agency
- Possible topics to include:
 - Strategic plan
 - Accreditation
 - Performance evaluation system
 - Transition from the old system to the new system and what it means for LCGHD (tie in the new organizational chart and manager opportunities for the departments)
 - Training addressing target capabilities outlines in PHEP

- Team building exercise (possibly use the systems example that was created for OSU Strategic Leadership course)
- Agenda will be finalized at next QA Team meeting

Lorain County Fair Update

- No indoor booth this year; only the outside tent
- Focus again on physical activity and healthy living - Show Us How You Move It Lorain County
- Will have Photovoice contest and Walk for Water
- Slots still available for people to sign up for another one; let staff know they can sign up
- Bring 2012 Annual Reports that were printed incorrectly to share with public
- Look through all other materials that may be given away at the tent (ex: Dollars Down The Drain DVD, Black River DVDs, etc.)

Personnel Policy Update

- Draft was sent to legal counsel, Chris Pyanowski, for review and he should be finished by the end of July
- Domestic relations' policy was used as a template to help create this

Accreditation Update

- Team met on June 26, 2013
- Lead for each domain provided a short overview of the domain and addressed the types of documentation needed and whether or not the agency already had it
- Team will wait to ask staff for documentation until after the all-staff meeting but will continue to work on their domains
- Version 1.5 of the PHAB Standards and Measures will be vetted in July 2013 and will be adopted for use in January 2014
- Stephanie Charles and Sara Warner attended the second Accreditation Learning Community session in Columbus on June 28 and heard from one of the original 11 accredited health departments. Information from that session will be shared with the Accreditation Team.
- Discussion on accreditation requirements - keep meeting minutes, sign-in sheets, and agendas for meetings (ex: departmental meetings, meetings with community partners, etc.); can use these as documentation for PHAB Standards and Measures

Office Item Replacement/Repair Update

- Debbie Chavez completed an inventory on internal and external maintenance for our agency (list follows the meeting minutes)
- Some items require work orders with the county; others are items that can be taken care of by staff
- Directors decide on a time for staff to clean out their departments; can talk more at next QA Team meeting
- Discussion on WIC area - need to decide if new people will move into that area or if the entire agency will be redesigned

Announcements/Discussions/Other Items:

July Newsletter

- Send any updates to Stephanie Charles by Monday, July 8

Forms for Interns

- LCGHD doesn't currently have a standard form/unified system for interns in our agency
- Have 3 tiers of interns - shadowing, college interns (non-paid), paid interns hired by LCGHD
- Nursing uses a form for their interns; maybe use this as the standard form or as a template to create one

Nursing Hiring Update

- Currently in the interview process to hire a school nurse for Sheffield-Sheffield Lake School District
- Susan Thomas-Young will oversee the LPN program in Amherst Exempted Village School District and Wellington Exempted Village School District

Health Education Hiring Update

- Currently in the interview process to hire a dietician to help with health education programs in the schools

Next Steps:

Strategic Plan

- Dave Covell, Joyce Davis, and Stephanie Charles work on the draft strategic plan and share with QA Team by the end of July

Performance Evaluation System

- Dave Covell share draft performance evaluation system with QA Team via email for comments and review
- Stephanie Charles share past competency work and system with Dave Covell

Lorain County Fair Update

- Janine Trottier send email to all LCGHD letting them know that they can sign up for a second slot on the fair schedule

Office Item Replacement/Repair Update

- Determine which items on the list require a work order for the county, which can be done quickly by LCGHD, and which will require more time by LCGHD staff

Forms for Interns

- Tanas Wilcox send intern form used by nursing to Dave Covell for review

Next Meeting: Monday, August 5, 2013 at 8:30am in the Board Room. Send any agenda items to Stephanie Charles by Friday, July 26





"For The Health of Us All"

Quality Assurance Team

AGENDA for August 5, 2013

1. Strategic Plan
2. Personnel Policy
3. Continuous Quality Improvement (CQI) Plan
4. Workforce Development Plan
5. Performance Management System
6. Agenda for All-Staff Meeting on September 6, 2013
7. MAC Update
8. Handling of Staff Requests for Computer and IT issues
9. Discussion/Announcements/Updates

Next Meeting: Monday, September 9, 2013 at 8:30 am in the LCGHD Board Room



"For The Health of Us All"

Quality Assurance Team

Meeting Minutes from August 5, 2013

In Attendance: Stephanie Charles, Debbie Chavez, Dave Covell, Joyce Davis, Gretchen Koch, Jill Lis, Tanas Wilcox

Absent: Tonya Kollen

Agenda Items:

Strategic Planning

- Each department director had a chance to look at document and provide feedback
- Organizational values were derived from CHIP group meeting in December 2012; Dave Covell will participate in an upcoming CHIP meeting to review progress that has occurred since then
- Our revisions were sent to Shara Davis at PSI, who will be sending the final back soon. If back before board meeting, it will be brought for approval.
- We will talk in the future on how we will "move the needle" on strategic priorities

Personnel Policy

- Received a draft from Chris Pyanowski; Dave Covell is adding mission statement and organizational values to it
- Need subject matter added; send to QA Team for review
- Give summary to board with main changes highlighted
- Tonya Kollen, Chris Pyanowski, and Dave Covell will meet to create a final draft
- Policy will have a sign-off sheet for everyone and opening comments by Dave Covell

CQI Plan

- OSU's Center for Public Health Practice sent a draft for review; comments were submitted to Joanne Pearsol
- Awaiting final version; might be released at Ohio Accreditation Learning Community Session 3 in September (during AOHC Fall Conference)
- Key is to not make this usable for agency and not overly complicated

Workforce Development Plan

- Designed to make sure an organization is providing opportunities for staff; don't want it so prescriptive that it tells where you have to go to get training
- Draft is currently in process; Stephanie Charles and Debbie Chavez are meeting with Dave Covell on Aug. 6 to go over plan and get clarification on sections
- Avoid having the huge list of requirements; instead, say we have a system in place to meet these requirements; each division director keeps track of the trainings that are required for their department

Performance Management

- Reviewed draft of new system and provided comments
- Wanted a simplified system that would be easy to follow for staff and managers
- Using the Council on Linkages as our core competencies
- Staff set personal and agency goals each year with their supervisor during review session
- Need a CQI cycle for employees to work toward their goals

Agenda for All-Staff Meeting

- Would like to offer 2 training opportunities (Joyce and Tanas look for speakers; Dave look for PEP to have resources)
- Discussion on change; possibly have new employees or new positions come forward
- Address strategic plan and where we are going
- Simplification of job to get away from activity trap; Leadercast presentation; more focused on what we are all about; public health significance
- Possibly set aside time so people can comment on how their duties impact the community
- Logistical items: Breakfast items for people in the morning; look for a wireless mic for that room

MAC Update

- Almost done with the numbers for first time study
- Check into the supervisor step on how time will be approved by supervisor before going to Time Study Coordinator
- One more time study with our current roster (nursing) and then add environmental health

Handling of Staff Requests for Computer and IT Issues

- Need to know how requests will be handled and prioritized
- Raymond Romero will be our Emerge contact; knows the type of data that we will be looking for
- QA Team will talk about what will be done for the year and the budgeting and prioritization; need to implement this
- Need for a filtering system to decide which items are brought to Emerge; should this be created?
- Conversation needs to be held with Emerge about work and prices

Announcements/Discussions/Other Items:

Shadow Waiver

- Dave Covell distributed a copy of the waiver to the team via email before the meeting
- Anyone who comes in as a non-paid intern, student observer, etc. will complete one of these forms
- All volunteers who are not in Ohio Responds should fill this out anytime they help the HD; all registered MRC members do not need to complete this

Next Steps:

Personnel Policy

- Dave Covell will send draft for QA Team for review

Performance Management

- Jill Lis volunteered to work on a goal setting template and revisions to the system to track staff evaluations

Next Meeting: Monday, September 9, 2013

Send any agenda items to Stephanie Charles by Thursday, August 29

Minutes completed by Stephanie Charles on August 13, 2013

A handwritten signature in cursive script that reads "Stephanie Charles". The signature is written in black ink and is positioned to the right of the text "Minutes completed by Stephanie Charles on August 13, 2013".



"For The Health of Us All"

Quality Assurance Team

AGENDA for October 7, 2013

1. Personnel Policy Discussion
2. Strategic Plan Update
3. Performance Goals Documents/Use of Project Charter
4. Accreditation Update
5. Medical Society Health Fair Evaluation
6. Internal and External Request Update
7. Newsletters
8. Announcements/Other Items



"For The Health of Us All"

Quality Assurance Team

Meeting Minutes from October 7, 2013

In Attendance: Stephanie Charles, Debbie Chavez, Dave Covell, Gretchen Koch, Tonya Kollen, Jill Lis, Tanas Wilcox

Absent: Joyce Davis

Agenda Items:

Personnel Policy Discussion

- Team members provided comments and potential revisions to policy items
- Comments were captured and follow this document
- There were some items that needed to be checked with Chris Pyanowski, Legal Counsel

Strategic Plan Update

- The mission statement, organizational values, and strategic priorities were approved by the BOH
- In order to comply with PHAB standards, we need to add certain item to the plan
 - Goals and objectives with measurable and time-framed targets
 - Must consider the capacity and enhancement of information management systems, workforce development, communication , and financial stability
 - Identification of external trends, events, or other factors that may impact community health or the health department
 - Analysis of the department's strengths and challenges
 - Linkages with the CHIP and health department's quality improvement plan

Performance Goals Document/Use of Project Charter

- To plan for yearly performance management goals, two documents were added to the Performance Management System folder for review by the QA Team (F:drive, Accreditation folder, Performance Management System folder)
 - LCGHD Charter Document Template - to be used for agency performance management goal
 - Individual Development Plan Template - to be used for a personal performance management goal
- Review documents and be ready to discuss at next meeting

Accreditation Update

- To keep staff members and BOH in the loop, an Accreditation Corner section will be added to the monthly newsletter
- PHAB is adopting Standards and Measures Version 1.5 in January 2014; will go into effect on July 1, 2014
 - LCGHD will be applying under Version 1.5

- Need to look over prerequisites that we have completed/are in the process of completing to make sure they fit all of the PHAB requirements (CHA, CHIP, strategic plan); can start this now but will know the exact requirements after January 2014 when Version 1.5 is announced
 - Dave is meeting with the CHIP group and will speak with Shara Davis at PSI about requirements and any changes that need to be made with the CHIP

Medical Society Health Fair Evaluation

- Event saw a couple hundred people from the general public and the rest were partners
- Seemed to be a worthwhile event that they will have again next year; we will more than likely participate

Internal and External Requests Update

- Team that created forms met in August to discuss revisions and comments from the test phase
- Changes were made to the forms based on feedback
- Stephanie, Joyce, and Sara Warner are meeting on October 14 to go over the latest revisions before sharing the documents with the group

Newsletters

- Continue to send updates to Stephanie as they occur; don't necessarily have to wait for the reminder email
- As a general rule, updates are needed by the end of the month
- Newsletters are starting to take more time than they really should when updates are not provided
- If possible, take pictures to go along with updates; these could be used for accreditation documentation, also

Announcements/Other Items:

Performance Management/Staff Evaluation

- Jill revised the form and shared it at the September meeting
- Some feedback was given to her
- Jill will revise for the form and bring it back to the team at the next meeting

Budgets

- Debbie will share departmental budgets with directors
- Review the budget and speak with Debbie if things need changed or if there are large purchases that need to be made (e.g. equipment, software)

Next Steps/Action Steps:

Personnel Policy

- Tonya, Debbie, and Dave continue to revise policy and speak with Chris Pyanowski on items that were questioned during the meeting

Performance Goals Document/Use of Project Charter

- Review agency document (LCGHD Charter) and personal document (individual development plan) and bring comments to next meeting

Internal and External Requests

- Stephanie and Joyce will bring the revised forms to the next meeting

Newsletters

- Get in the habit of sending items as they occur to Stephanie and try to include pictures, if applicable

Performance Management/Staff Evaluation

- Jill will bring the revised form to the next meeting

Next Meeting: Monday, November 4, 2013 at 8:30 a.m. in the LCGHD board room

Submitted by Stephanie Charles on October 7, 2013

A handwritten signature in cursive script that reads "Stephanie Charles". The signature is written in black ink and is positioned to the right of the typed name.

LCGHD Personnel Policy Discussion 10/7/13

- Procedure for calling off - is this something needed in the policy? Usually dictated by the department and a standardized format will not be added to the policy
- Credentials or degrees added to business cards to be approved - should have an approval for this but it doesn't belong in the personnel policy? Further discussion is needed for this item
- Calling Off - is there a certain time that people have to call off in the morning? Need wording that takes care of known requests off and emergency requests
- 100 under Citizenship - the yellow section is required under the law so we don't hire an illegal alien. This would be for new employees - current employees are grandfathered in is the understanding. Need to ask Chris about this
- 102.8 - All qualified applicants will be interviewed IF they are best suited; consider wording "will be considered for an interview" instead of "will be interviewed"
- 102.14 - Employee Relationships - what if there is not a position to transfer to? Ask Chris about this. It is assumed that the person will either be transferred or need to leave the position
- 102.18 - Prescriptive immunization information will be removed
- 103.2 - Job changes - this section is vague but it's the wording that was created by the Court policy (taken directly from that)
- 107.2 - Retention points; where is the definition for this?; discussed in ORC; if it's only in ORC we need to put it in here
- 204.3 - Employee classification plan - have we always had this and is it kept somewhere? Document adopted in 2001 but needs updated. OSU document with core competency info - Dave will send this to Stephanie (needed for accreditation documents)
- 205.2 - Claims submitted for travel expenses. Are we going month to month and not holding? If you want to get paid for that month, it needs to be in by the 5th. Clarifier - if you're after the 5th, you won't be reimbursed until the end of the month. With new budgeting, it is recommended that they are in by the 5th. "If turned in after the 5th, payment will be made thereafter."
- 206.3 - Authorization of overtime - needs to be officially approved by putting it in the time system; verbal authorization is not enough. Need to fill out form online even if it's after the fact
- 301.0 - Annual Leave - changing to say that employees can use AL as soon as it's earned
- 301.1 - Scheduling - employees should schedule in advance; director discretion comes into play when approving requests that are not made in advance
- 301.2 - Adding a piece for annual leave accrual for years 11-19. There is an opportunity to earn extra annual leave once you hit 11 years and then again at 20 years.
- 307.1 - Health Insurance Eligibility - the eligibility is taken directly from Ohio law. Based on healthcare reform. Ohio law says age 28 for children but you have to pay for it on your own after age 26. Have Chris and Debbie look into this. A full-time employee for insurance purposes will be someone who has 30 hours or more per week. Is the 30 hours only for health insurance? Yes, this is specific to health insurance. We will use our full-time employee definition (104.2) for all other purposes.
- 401.3 - Bereavement Leave - Do we need this section if this is already addressed in Sick Leave section? No need to have bereavement leave section; remove from policy
- 401.4 - Military Leave without loss of pay - does this mean we are paying them while they are on duty or do they come back at the same rate? Ask Chris about this.

- 401.8 - Leave Donation - Donor and recipient can't be anonymous. Fixed the part about earning time on a donation. Need to use your own time when earning on donated time before going to back to the donation bank. Issue: need to document use of sick leave in evaluations so if leave donation is ever requested, it will be in your file to help determine if this donation is approved. For use of donation - A designated amount of time will be approved, and if employee needs more, he/she can reapply. Up to LCGHD to reapprove.
- 401.12 4 - Involuntary Disability - do we really need this? In original policy. Allows us to pick practitioner for someone to go to. Have Chris look into this.
- FMLA Question - days running concurrently, how many days of sick leave do you need to take before FMLA kicks in? Need to leave this up to the situation and our discretion. Don't have to exhaust all of your time before FMLA. Have Chris check into this again.
- 801.3 - Emergency Preparedness - need an evacuation plan for the new WIC section
- 801.6 - Tobacco Use Policy - talk of making this a smoke-free campus; not at this point
- 801.8 - Medical and Physiological Exam - Ask Chris about this section
- 802.0 - Post accident policy - Need to report to supervisor. Need to reference to the earlier section. This is all under vehicular.
- 802.1 - Documentation - Remove 24-hour timeframe but employees still need to submit the forms.
- Travel Reimbursement - do we have a per diem for food expenses? Currently have no designated amount for meals. Willing to continue it as is and will monitor and reevaluate as needed.
- Sick Leave - use of full-day sick time when you know the appointment will only take half a day. Management issue to address. This will be documented in employee file and talked about at evaluation; also used in determining if employee is eligible for sick leave donation, if applicable
- Flex Time - Flex form used in conjunction with overtime request form. Shouldn't be able to flex time back, but that is at the discretion of the supervisor.
- Maternal Support Policy - get fridge for room for pumping; look over policy and review/revise as needed



"For The Health of Us All"

Quality Assurance Team

AGENDA for November 4, 2013

1. Personnel Policy
2. Performance Evaluation Tool
3. National Public Health Performance Standards
4. Ohio Profile and Performance Database Improvement Standards
5. Annual Report
6. Grants Management
7. Internal and External Request Forms
8. Announcements/Other Items



"For The Health of Us All"

Quality Assurance Team

Meeting Minutes from November 4, 2013

In Attendance: Debbie Chavez, Dave Covell, Joyce Davis, Gretchen Koch, Tonya Kollen, Stephanie Lesco, Jill Lis, Tanas Wilcox

Absent: None

Agenda Items:

Personnel Policy

- Dave is meeting with Chris Pyanowski later today to finalize the policy
- Would like to bring to the Board for approval in December
- A summary of changes will be sent to all staff after approval

Performance Evaluation Tool

- Jill provided the group with the revised template for staff performance evaluations
- Template follows the Core Competencies of Public Health, with two sections added for production and professionalism; evaluations will begin after the January 2014 QA Team meeting
- Suggestion made to have the evaluation form shorter with an overall description of the competency being assessed and a support document that provides information on the components that the staff member will be evaluated on
- Three tiers - Tier 1 (field/frontline staff), Tier 2 (supervisors and program managers), Tier 3 (directors and health commissioner)

National Public Health Performance Standards

- Required to complete by the end of 2014; will begin in spring 2014
- Will work collaboratively with Lorain and Elyria (request of Kathy Boylan); all three LHDs will complete the tool, common answers will be prepopulated, and at a meeting, there can be discussion on areas where we differ
- Report will be submitted through ODH Gateway in the Profile and Performance Database

Ohio Improvement Standards

- Required to complete by March 1, 2014; will have this completed by January 1, 2014 by the Accreditation Team
- Follows the PHAB Standards and Measures Version 1.0 (12 Domains)
- Domain leads will meet with Stephanie to complete their portion of the assessment
- Once entire assessment is completed, it will be brought to the QA Team for final review before submission to the state

Annual Report

- 2013's report will feature collaborations and how we as a community are "connecting the dots" to impact the public's health
- Will also feature success stories/outcomes of collaborations within the county (about 2-3 stories)

Grants Management

- Looking to build better capacity for grant writing and management and get staff members involved in the process
- Jill provided a document with guidelines and checklist for the grant application process; team discusses its uses as a checklist and tracking tool
- Look to create a grants team for the agency with experienced grant writers and those who are interested in learning more; they can assist others as needed

Internal and External Request Forms

- Forms have been revised based on feedback from staff and project team
- Purpose of the forms and the process is to eliminate duplication of efforts, ensure the focus is not too narrow, and provide the requestor with the most comprehensive product possible
- Mary Price will take over as the person who catalogs the requests and follow-up
- New forms will be sent to all directors and added to the Requests Tracking folder on F:drive

Announcements/Other Items:

Early Childhood Summit

- November 14, 2013 at Sandy Ridge Reservation
- Summit coordinators asked about the amount of money spent on the early childhood age group (0-8 years)
- Discussion on the amount we spend and the accuracy of that number

Daily System

- Will be demoing a new daily system that will be used by all staff members

2014 Communication Plan

- Dave and Joyce are working on the communication plan
- It will list the monthly topics that will be addressed by our agency for 2014

Ohio and Hypertension Prevention

- Ohio, along with 8 other states and Washington DC, was picked by ASTHO to receive funding and support to focus on hypertension identification, control, and improvement as part of the Million Hearts national initiative
- More information can be found at <http://www.astho.org/Million-Hearts/>

LCGHD and WIC Signs

- Should have heard from the sign company by the beginning of November
- Will follow up with them on progress

Newsletters

- Continue to send updates and pictures to Stephanie for monthly newsletters

Departmental Needs Assessments

- First phase of the departmental needs assessments wrapped up on October 31
- Results will be compiled and duplicates merged
- Staff will receive a second survey to prioritize training needs near mid-November and have to complete it by the end of November

Next Steps:

Performance Evaluation Tool

- Jill to revise tool based on discussion at meeting

Annual Report

- Directors send success stories to Joyce for potential use in the annual report

Internal and External Request Forms

- Stephanie to share revised forms with QA Team and add to F:drive folder for staff use
- Directors let staff know that there are new forms

Daily System

- Provide names of at least 2 staff members who will demo the new system

2014 Communication Plan

- Joyce to share draft communication plan with QA Team
- QA Team to review plan and bring comments to December meeting

Next Meeting: Monday, December 2, 2013 at 8:30 a.m. in the LCGHD Board Room

Minutes submitted by Stephanie Lesco on November 6, 2013

A handwritten signature in cursive script, reading "Stephanie Lesco".



"For The Health of Us All"

Quality Assurance Team

AGENDA for December 2, 2013

1. Ohio Improvement Standards Update
- 2. Performance Management Self-Assessment**
3. 2014 Communication Plan
4. Announcements/Other Items



"For The Health of Us All"

Quality Assurance Team

Meeting Minutes from December 2, 2013

In Attendance: Debbie Chavez, Dave Covell, Gretchen Koch, Tonya Kollen, Stephanie Lesco, Jill Lis

Absent: Joyce Davis, Tanas Wilcox

Agenda Items:

Ohio Improvement Standards

- Accreditation team is almost finished with all 12 Domains. Domain 6 is left, and Tonya volunteered to assist Bob Goard with it.
- Share overview and areas that need improvement with QA Team at January 2014 meeting

Performance Management Self-Assessment

- Required to complete a performance management self-assessment for Domain 9: Quality Improvement
- Using the assessment recommended by PHAB in their Standards & Measures document (from [Turning Point Performance Management National Excellence Collaborative](#))
- Assessment will be shared with QA team, so members can complete it and send to Stephanie. Assessments will be compiled, similar answers marked, and answers where members differed will be discussed at the January 2014 meeting.

Communication Plan

- Review the plan Joyce shared with QA team and provide her with feedback or suggestions for monthly topics.

Announcements/Other Items: None

Landing Pages/Website Design

- Looking to redo the look of our website in 2014
- Creating landing pages to make searching for items more user-friendly
- Some potential landing pages ideas were drafted; between January and March 2014 topics will be created and organized

CHA, CHIP, and Strategic Plan

- Review what is needed in these three accreditation prerequisites and edit accordingly
- Would like to upload these of the Ohio Profile and Performance Database (or at least the completed ones) when we submit our Ohio Improvement Standards
- Go off of PHAB Standards & Measures 1.5 when editing (due out in January 2014)

Performance Management System

- Performance evaluation template is almost complete; the goals portion needs finalized
- Will use the guidance documents created by The Council on Linkages; there are separate documents for all three tiers
- Need the final performance management product for our January 2014 meeting
- First week in January, directors will have a training session on how to conduct effective performance evaluations; staff will be evaluated following the system by the end of January
- A 360 assessment will be part of the evaluation for directors

Next Steps:

Ohio Improvement Standards

- Stephanie - work on overview to provide to QA Team at January meeting

Performance Management Self-Assessment

- Stephanie - share assessment with QA Team
- QA Team - member complete assessment and return to Stephanie
- Stephanie - compile assessment results and prepare for discussion/overview at January meeting

Communication Plan

- QA Team - review Communication Plan calendar and send suggestions to Joyce

Performance Management System

- Jill - finalize performance evaluation documents

Next Meeting: Monday, January 6, 2014 at 8:30 a.m. in the LCGHD Board Room

Minutes completed by Stephanie Lesco December 5, 2013





Lorain County General Health District - 2014 Staff Performance Evaluation (for work year 2013)

Employee:

Tier:

Supervisor:

<u>Core Competency</u>	<u>Performance Level</u> (Low → High)						<u>Supervisor Comments</u>
Analytic/Assessment Skills:	1	2	3	4	5	n/a	
Policy Development/Program Planning Skills:	1	2	3	4	5	n/a	
Communication Skills:	1	2	3	4	5	n/a	
Cultural Competency Skills:	1	2	3	4	5	n/a	
Community Dimensions of Practice Skills:	1	2	3	4	5	n/a	

Public Health Sciences Skills:	1	2	3	4	5	n/a	
Financial Planning and Management Skills:	1	2	3	4	5	n/a	
Leadership and Systems Thinking Skills:	1	2	3	4	5	n/a	
Production (Volume of work produced):	1	2	3	4	5	n/a	
Professionalism (Attitude, dependability, punctuality, attire):	1	2	3	4	5	n/a	

Staff Signature:	Supervisor Signature:	Date:
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Employee Tier Reference

Tier 1 Employee: Individuals who carry out the day-to-day tasks of public health organizations and are not in management positions.

Tier 2 Employee: Individuals with program management and/or supervisory responsibilities.

Tier 3 Employee: Individuals at a senior/management level or leaders of public health organizations; typically have staff who report to them.