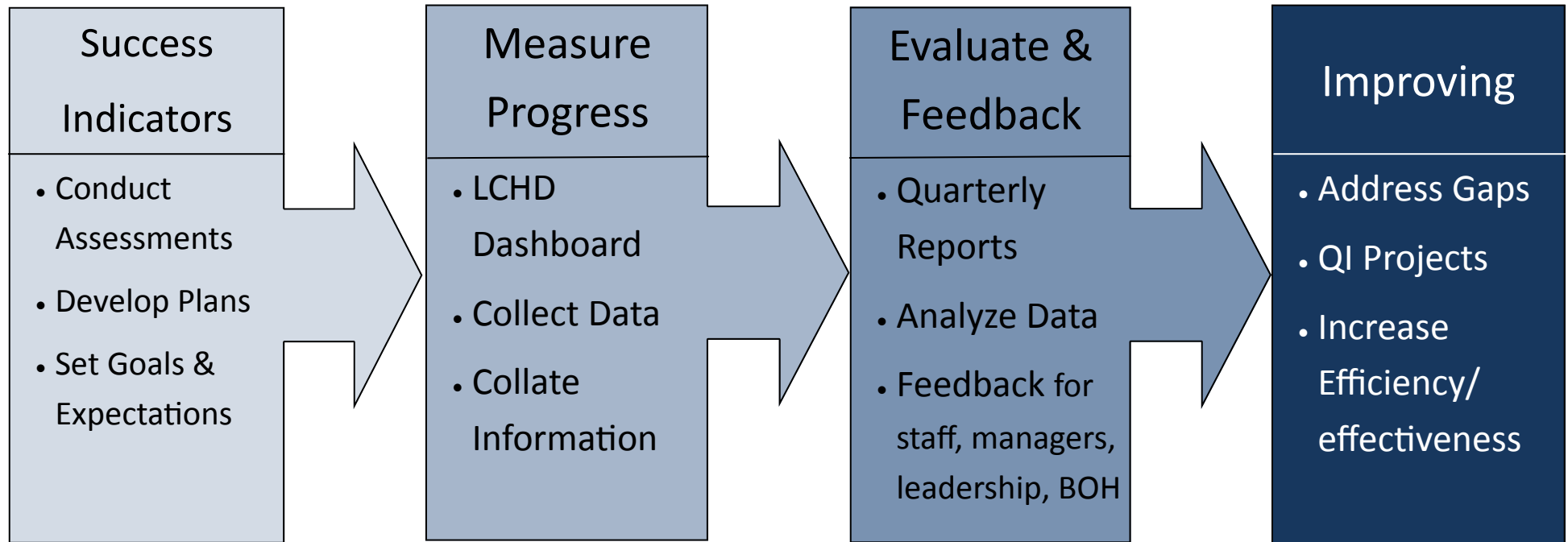


Creating a Learning Environment for Staff & a Culture Focused on our Customer



• Data Driven Decisions

• Refined Policies

• Managed Change

Performance Management System

How are we doing? Why are we doing what we are doing? What should we be doing? Does it meet the needs of our customers? How can we improve? Using measures to drive a culture focused on our customer base.

Step 1: Success Indicators - Establish indicators to help track organizational capacities, processes & outcomes using:

- **Assessments** - Community Health Assessment (CHA)
- **Plan** - Community Health Improvement Plan (CHIP) sets goals & objectives based on needs identified in CHA for the public health community as a whole
- **Strategic Plan** - using CHA & CHIP, set goals & objectives for the health district specifically
- **Division Goals** - developed by each division

Step 2: Measure Progress - ongoing monitoring & reporting of program accomplishments, progress toward goals or targets

- Develop LCHD PM dashboard system utilizing objectives in Step 1 - Division goals, CHIP & Strategic Plan
- Collect data monthly or as determined
- Collate information

Performance Management Framework

Step 3: Evaluate and Feedback - intentional sharing & monitoring of success indicators & outcome results

- Regular quarterly reporting cycle
- Analyze data collected & document results of progress toward or away from performance measures
- PHAB Standards & Measures - identify gaps and areas to improve
- Share report with staff, leadership entities, Board of Health, and/or advisory group

Step 4: Improving - move towards improvement

- Determine the extent of progress. If not enough progress consider initiating QI process to make changes.
- Data driven decisions
- Refine policies
- Manage change
- Create a learning environment



Raising the Bar – Being the Best we can Be

Performance Measurement

- Sets goals
- Consistent measurement overtime gives comparable data allowing for:
 - ✓ Allocates resources (time and money) & prioritizes planning
 - ✓ Informs managers to confirm or change policy/programs
 - ✓ Drives direction
- Not punishment
- Is a learning tool
- Improves public health

Measures

Measurement is a critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement.

Think about what matters, collect the right information, what will tell you if there is a problem.

- results focused: based on data
- relevant & aligned with mission
- information is available & easy to use (cost effective to collect)
- meaningful data that drives decisions
- sustainable over time, can data be compared over time
- transformative, leads to improvement
- focused on customer requirements/needs

Types of Measures

1. **Process Measures** – Short Term, generally amount or quantity measured or how efficient. Measures how services are provided.
2. **Outcome Measures** – Mid range, Long term (health outcomes) changes in behavior, health. Results focused not process. Measures the impact of intervention.

<u>Process</u>	vs.	<u>Outcome</u>
# Staff is trained		Performance is improved
# Vaccines are given		Less Flu/Measles/disease, etc
# Restaurants inspected		Fewer violations due to better education

Examples of Measures

Customer

1. Achieve 85% customers reporting quality of service as Excellent by 2018 (baseline for 2015- 74%)

Financial

1. Achieve minimum general fund balance of \$400,000 (4 months operating expense) by 2018. (baseline 2015 - \$265,000)
2. Maintain expenditures within 3% of budgeted expenses.

Public Health

1. Percent of children with records kept in the immunization registry
2. Percent of children 0-24 mo. Completing recommended immunization series on time
3. Disease rates approaching none (related to immunization series)
4. By XXXX date, increase the number of Hep A vaccine by ____.
5. 95% of outbreaks will be entered into NORS within 30 days of notification to ODH

WIC

1. % of babies served through WIC weighing over 5lbs 8 oz
2. % of babies delivered full term served through WIC (define full term 38 weeks?)
3. Average cost per client served decreased by 5%
4. #of WIC clients served per staff person
5. % of eligible Logan County residents who are enrolled in WIC

Environmental

1. 100% of state mandated inspections completed annually on schedule.
2. % of violations addressed effectively (#violations/% still in violation at reinspection)
3. Inspect at least 50% of licensed vending locations of each owner annually
4. Respond to nuisance complaints within ____ days.
5. Obtain 100% water samples within 1 week of request.
6. Cost per restaurant inspection is decreased from \$__ to \$____
7. Number of violations for ____ program is decreased by ____ %

Workforce/HR

1. 100% of employees have 100% SOP's complete by December 2015

Technology

1. ____ employees are trained and competent in xyz
2. ____ computers are upgraded / year



<u>DEFINITIONS</u>
<u>PROGRAM PURPOSE</u> A short, general phrase or sentence that answers: <i><u>“Why does your program exist?”</u></i>
<u>PROGRAM GOAL(S)</u> Goals come from the program purpose. They are slightly more specific, and should answer the question: <i><u>“What do you want to do?”</u></i> Goal 1 Goal 2



LCHD Program Performance Management Measure Formation Worksheet

PROGRAM OBJECTIVE(S)

Objectives relate to each goal. They should be specific and measureable. Objectives should answer the question: ***"How well do you want to do it?" What indicator would tell you if there is trouble? How do you manage this now / What do you track now?***

Objectives should be SMART: Specific, Measurable, Achievable, Realistic, and Time-based

Objective 1:

Ties to program goal: _____ Ties to strategic Plan: _____

DASHBOARD INFORMATION

A.	Data collection method	→How are you collecting the data? (e.g., HDIS, Company stats)	
B.	Frequency of data collection	→How often are you collecting this data?	
C.	Frequency of data reporting	→How often are you entering the data into the dashboard? (Monthly, quarterly)	
D.	Sample size	→How big is your sample size? (e.g., all the records? 25 charts?)	
E.	Sources of data	→Where are you getting the data? (e.g., EHR, ODRS, Client charts)	
F.	Numerator/Denominator	→If there is only one number to be entered, place it in the numerator spot.	N= _____ D= _____
G.	Identified target	→What is the target the measure? Is the measure the same or different for each quarter?	Q1= _____ Q2= _____ Q3= _____ Q4= _____
H.	Notes	→Is there anything unusual about the measure? (e.g., Target is opposite of normal? Quarters shouldn't accrue)	

Signatures

Program Mgr: _____ Date: _____ Division Supervisor: _____ Date: _____

QI/PM team member: _____ Date: _____ Health Commissioner: _____ Date: _____



AGENDA
FOR
MONTHLY NURSE MEETING
8/28/15

DO YOU HAVE ANY PETS?????

- Mandatory Q/I webinar, due 10/1/15
- Kelly Reaver presents "Mental Health First Aid"
- Job well done for timesheets and using comp time! Thank you!
- Donna will attend next meeting to discuss Performance Management goals for weach unit. (Donna discussed accreditation is agency wide. It is good business practice and measures performances.)
- Lunch/learn from MRH; Kathleen asked for a training on post traumatic abuse of women and children. Ronda Hunter will look into this.

- Cross training is 10/30, can Christina or Bobbi attend my portion at 12:30? (Christina can.)
- Vaccines for staff: Doc approved the usage of staff insurance for each vaccine received for staff and family. Whatever insurance pays will be total cost, no money from staff involved.
- Precept student from Chamberlain for Sept. Any projects? (Diabetes education for the newly dx. Pt.)
- Nurse license?
- Levy Breakfast: 9/9/15 at United Methodist Church 7:30-8:30, on your own time, not mandatory
- What's new in PH, HH, and WIC?
WIC: Car seat program strictly belongs to LCHD. Christina is only tech in the county. Families must be income eligible. Appt.s needed. Will perform checks in parking lot. New desks for nurses in WIC rooms. Will paint rooms also. EH helping with heavy labor.

HH: Not completely staffed past few weeks due to vacation/illness etc. CSI easier for Kelli. Leigh to call them with some questions. Kudos to staff for stepping up!

PH: Last kid's dental clinic in Oct. Very well attended. Kudos to Bobbi, Kelly, Donna and Leica for making it happen. Bobbi and I will visit Dr. Robson to see if interested in helping with adult clinic for 2016. CDC vaccine webcasts x 15 weeks for immunization staff. Mandatory webcasts for ODH x 2. ODH site visit for immunization will be 9/29. Upcoming TB webinar with maybe some funding available. Newborn visits going well.

I'VE LEARNED:

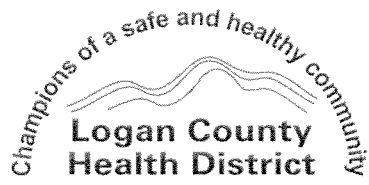
**THAT OPPORTUNITIES ARE NEVER LOST;
SOMEONE WILL TAKE THE ONES YOU MISS!**

HAVE A GREAT WEEKEND!!!!!!!

MONTHLY NURSE MEETING

Friday 8/28/15 12:30-1:30 pm

Title	MONTHLY NURSE MEETING	
Date	Friday 8/28/15 12:30-1:30 pm	
	Name	Unit
1	Lyndy Kite RN	HH
2	Kelly Reaver RN	PH
3	Amber Bragg	WIC
4	Belli Davis	HH
5	Gloria Sanders	HH
6	Cathy Summers	PH
7	Nancy Davis	WIC
8	Bobbie Jordan RN	PH
9	Kathleen Kunkin	WIC
10	Christina Brumley	WIC
11	Ann Bauer RN	HH
12	Joan Haynes RN	HH
13	Cornie Riegler	PHEP
14	STEVE Cummings	IT
15	Dana Short	Admin
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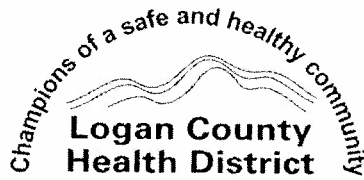


310 S. Main Street, Bellefontaine, Ohio 43311

Title *Clerical* ~~All-Staff~~ Performance Mgmt Overview

Date Thursday 8/13/2015 12:00 p.m.

	Name	Signature	Department
	Kim Houchin	<i>Kim Houchin</i>	VS
	Leica McGill	<i>Leica McGill</i>	Personnel - Clerical
	Lisa Downing	<i>Lisa Downing</i>	Adm
	Paige Tester	<i>Paige Tester</i>	VS
	Donna Glunt	<i>Donna Glunt</i>	Adm



310 S. Main Street, Bellefontaine, Ohio 43311

Title Environmental Performance Mgmt Overview

Date Thursday 8/20/2015 1:00 p.m.

Name	Signature	Department
Craig Kauffman		Enviro
Donna Glunt		Admin
John Clary		Enviro
Kim Casady		Enviro
Kim Houchin		
Lisa Engle		Enviro
Matt Stonerock		Enviro
Tim Smith		Enviro

Donna Metzler

From: Lisa Downing
Sent: Wednesday, September 14, 2016 4:31 PM
To: Alberta Hartshorn; Amber Brown; Boyd Hoddinott; Cathy Summers; Christina Bramlage; Corinne Riegler; Craig Kauffman; Donna Metzler; John Clary; kathleen Davis; Kay Schroer; Kelly Reaver; Kim Houchin; Leica McGill; Lisa Downing; Lisa Engle; Matt Stonerock; Steve Cummings; Tim Smith; Tracy Davis
Subject: October 10 Training Day
Importance: High

Just a reminder of our all staff training day on **Monday, October 10.**

- The office will be closed to the public that day.
- We will gather in the meeting room at 8:30 a.m. for instruction and breakfast (please bring something healthy and nutritious to share!), then complete the first training as a group.
- This will be treated as any other work day as far as your time and lunch hour is concerned.
- Dress may be casual, jeans are OK.

Please see me or your supervisor with any questions.

Lisa G. Downing, Administrator

Logan County Health District

310 S. Main Street

Bellefontaine, OH 43311

937-651-6209

ldowning@co.logan.oh.us

"Having authority implies accountability. If you reject the blame for failures under your watch, people reject your leadership." ~Pastor Rick Warren

This message may contain confidential and/or proprietary information and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.

Title	Staff Training Meeting	
Date	Monday October 10, 2016 8:30 am	
	Name	Department
1	Joyce Davis	WIC
2	John McLean	Enviro
3	Christina Bramlage	WIC
4	Donna Blunt	LCHD
5	Lisa Downing	Admin
6	Kim Houchins	PH
7	Cathy Summers	PH
8	Matt Hancock	Enviro
9	Lisa Engle	Enviro
10	Joni Smith	Admin
11	STEVE Cummings	IT
12	Kay Schuler	Admin
13	Amber Brown	WIC
14	Hilberta Hartshorn	PH
15	Kelly S Reaver	PH
16	Neida McKee	DH
17	Kathleen L Davis	WIC
18	Carinne Rieple	PH/EP
19		
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25		



For accreditation, Domain 8 has identified training needs for LCHD. The areas that we are concentrating on this year are Cultural Competency, Change and Technology. These trainings will focus these 3 areas.

- 1) This is a video focusing on interactions with people with disabilities. Below is the link for this video.

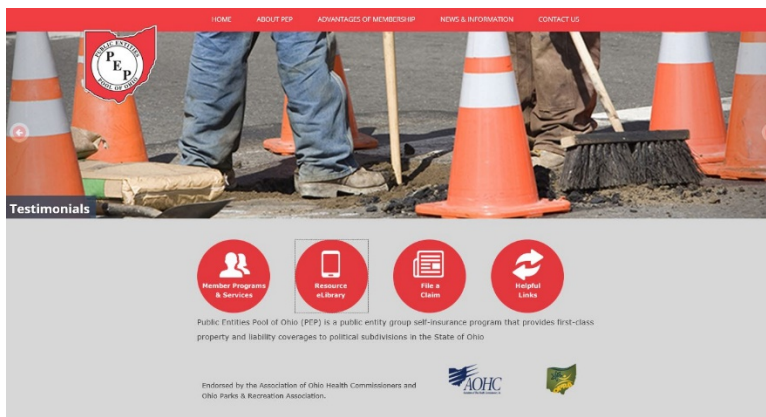
<http://www.drc-group.com/project/jitt-disabilityawareness.html>

1.5) After watching the video, please complete the training at PEP Ohio: **Cultural Competency: Problem Solving.**

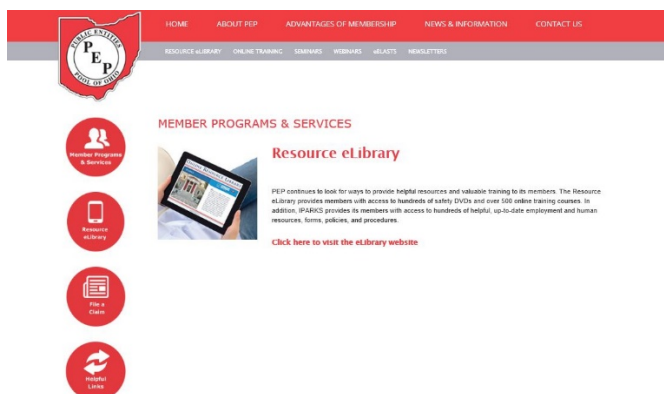
- 2) The second is also an online training from PEP Ohio (link below): **Managing People Through Change.**

You will not need to do a meeting evaluation form but will need to turn in your printed certificate to your supervisor who will get it to me for recording for Accreditation purposes!!

Link for PEP Ohio: <http://www.pepohio.org/> This page looks different than the last time we used it. So...Click on the second round button (Resource eLibrary)



Then click on the red printing below the paragraph. It says **Click here to visit the eLibrary website**





After this click it should look familiar. Sign in with your username and password. Click on the Online Training Library in the list on the left hand side of the page. (Shown below) Then click on the blue bar where it says Online Training in the center of the page. It will turn red when you point your cursor over it.



The next page will begin the alphabetical list of courses. Click on the correct letter of the beginning of the title of the course. You may need to scroll to the bottom of the page and go to page 2. Print your certificate and turn it in to your supervisor first.

- 3) Please watch at least the first hour and 10 minutes of this 2 hour video entitled Performance Management in Public Health: NACCHO/CDC Accreditation Support Initiative (ASI) Webinar.
<https://naccho.adobeconnect.com/a1053915029/p9gbxst44zw/>

Performance Management in Public Health: NACCHO/CDC Accreditation Support Initiative (ASI) Webinar

Tuesday, February 25, 2014

Marni Mason

MarMason Consulting, LLC

Robert Hines

Performance Improvement Manager & Accreditation Coordinator
Houston Department of Health and Human Services, TX

