

## DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS

### Comments

The LCHD culture of QI started informally a few years ago. QI is now formalized and it is being integrated into the new Performance Management system. The LCHD leadership and QI/PM council members are enthusiastically looking forward to fully developing both program level and department wide QI projects based on the new quarterly PM tracking data.

### STANDARD 9.1 - USE A PERFORMANCE MANAGEMENT SYSTEM TO MONITOR ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES.

#### Comments

The LCHD leadership team and QI/PM council members demonstrate a sincere commitment to performance management through their documented PM plan and use of a quarterly tracking system to monitor the annual performance measures.

The QI plan includes documentation of the QI/PM Committee members, roles and functions. During the site visit LCHD staff members explained the successful QI projects that they have implemented and were instrumental in getting other members on board with QI.

**9.1.1 A:** Staff at all organizational levels engaged in establishing and/or updating a performance management system

#### Score:

Fully Demonstrated

#### Comments

#### Conformity:

RD1: Example 1 - LCHD provided leadership team meeting minutes dated August 8, 2015, in which the draft of the new LCHD Performance Management System was approved. Example 2 - LCHD provided Board of Health minutes dated November 4, 2015 that indicated the Accreditation Coordinator presented the Performance Management System (PMS) model for review and PMS education was given. Board of Health Minutes dated December 2, 2015 indicated Board approval of the PMS plan.

RD2: Example 1 - LCHD provided minutes of the QI team meeting dated August 4, 2015 indicating discussion of the PMS (dashboard, tracking performance, creating PM goals, training staff and culture) also discussed presentation to leadership for approval. Example 2 - LCHD provided documentation of a nurses meeting dated August 28, 2015 in which the Accreditation Coordinator discussed measuring performance. LCHD also provided a clerical PM overview sign-in sheet and an environmental sign in sheet for PM training dated August 13, 2015 and August 20, 2015 respectively. The training document utilized for the trainings dated August 2015 on PM was also provided. These examples provide evidence that trainings were conducted, which included training on the department PM system and its use at all staffing levels from support staff to professional staff.

#### Areas of Excellence:

Not Available

#### Opportunities for Improvement:

Not Available

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**9.1.2 A:**Performance management policy/system

**Score:**

Fully Demonstrated

**Comments**

**Conformity:**

RD1: Example 1 - LCHD provided evidence of a PMS that includes: 1) LCHD PMS includes goals, targets and indicators with expectations. 2) The system is an electronic system that identifies the above criteria as well as collects data. 3) The Standing Operating Procedure for Performance Management identifies that data is collected quarterly and reported to supervisors, a report to the BOH is presented at a minimum annually. The leadership team evaluates data and makes recommendations of actions steps if measures are not being met. Their process to use data analysis and manage change for QI and creating a learning organization is written in their QI plan. The QI plan indicates that performance measures are analyzed and outcome results are utilized in deciding future QI projects. PM measures are identified in the AQI project prioritization section as well.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**9.1.3 A:**Implemented performance management system

**Score:**

Largely Demonstrated

**Comments**

**Conformity:**

RD1: Example 1 - LCHD has a PM Council in which all levels of staff are represented across all divisions. The Council serves a dual role of QI/PM Council and was created August 2014. Several minutes were provided of Council meetings in which PM was discussed.

RD2: Example 1 - LCHD provided an administrative example of annual fiscal tracking with 4 key performance measures, which include measurable goals, objectives and time frames for each measure. In addition, a worksheet to assist in objective development was provided. Example 2 - LCHD provided a program example of a 2016 public health outreach, which includes the 2 performance measures as well as the measurable goal, objective, and time frame for each measure.

RD3: Example 1 - LCHD provide minutes from QI/PM Council meetings dated September 19, 2016 and December 5, 2016 indicating quarterly PM data of the fiscal administrative example was reviewed and progress noted. A screen shot of the PM dashboard indicating data for this performance measure was entered and the target status was noted. Example 2 - LCHD provided minutes from QI/PM Council

meetings dated July 24, 2017 indicating 2nd quarter review of the program example measure and that it was on target. A screen shot of the dashboard was also provided with the program example of public health outreach indicating the data for this measure was entered into the PMS.

RD4: Example 1 - LCHD provided minutes from QI/PM Council meeting dated February 22, 2107 in which the council reviewed all LCHD's PMs for 2016 and made recommendations for improvement and Leadership team meeting minutes dated March 1, 2017 in which the 2016 the PMS Dashboard was reviewed and discussed. Also provided was the PMS dashboard and the Dashboard Measure Reports that contain the administrative fiscal performance measure as well as the program public health outreach measure. The report contains a synopsis of the measure, data, color-coding of status, explanation and next steps of data if needed. Although there is an explanation and next steps in the report, there is no evidence of determining opportunities for improvement. Example 2 - LCHD provided minutes of a QI/PM Council meeting dated April 11, 2017 in which first quarter performance measures were reviewed and minutes from a leadership team meeting dated April 12, 2017 where the PM Dashboard report was reviewed and discussed. The dashboard for public health outreach and fiscal measures was provided. Both were on target and didn't contain any opportunities for improvement in the action plan or what tools were used for analysis.

RD5: Example 1 - LCHD provided the planning dashboard for the administrative fiscal performance measure and objectives. Each objective was reviewed quarterly with next steps identified in a quarter if the numbers were not met or at the end of the year if the objective fell short. Although the PM dashboard report indicates the measure, target, status and next steps, there is no indication of opportunities of improvement nor evidence that the measures not met led to any QI projects. Example 2 - LCHD provided the planning dashboard for the program outreach performance measure and objectives. Each objective was reviewed quarterly with next steps identified in a quarter if the numbers were not met or at the end of the year if the objective fell short. Although the PM dashboard report indicates the measure, target, status and next steps, there is no indication of opportunities of improvement nor evidence that the measures not met led to any QI projects.

RD6: Example 1 - The QI/PM Council completed the Turning Point PM self-assessment on December 5, 2016. The results of the self-assessment was discussed at the Leadership Team Meeting on December 7, 2016.

#### **Areas of Excellence:**

Not Available

#### **Opportunities for Improvement:**

Not Available

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**9.1.4 A:** Implemented systematic process for assessing customer satisfaction with health department services

**Score:**

Fully Demonstrated 

**Comments**

**Conformity:**

RD1: Example 1 - LCHD provided documentation of an Environmental Health Satisfaction Survey conducted in 2015. A specific effort was made to send to disenfranchised populations and to make the survey at a low reading level. It was at a 5th grade reading level, have large print, and be completed by target population. The survey included overall customer satisfaction, strengths and weaknesses. The documentation included an analysis of the survey responses, by simple percentage analysis and it was determined that there was a need for an improved phone system, online applications and more frequent water collection. Example 2 - LCHD provided documentation of a stakeholder satisfaction survey conducted in July 2017. The survey was emailed, in the paper, in a chamber newsletter, as well as posted on their website. The survey included questions about LCHD's top strengths, weaknesses and feedback about partnering experience with LCHD. A specific effort was made to send to disenfranchised populations and to make the survey at an 8th grade reading level. A summary of the survey results and recommendations was compiled by an intern and given to LCHD. After the survey results of each question was analyzed with a simple percentage analysis, it was determined that additional communication efforts were needed as it relates to important information, in addition, it was felt that the annual report and newsletter needed to be publicized more.

RD2: Example 1 - The Environmental Health survey to customers indicated that acceptance of credit cards in person and online was a need. LCHD provided evidence of emails to other health departments researching credit card policies. Leadership team minutes dated May 10, 2017 indicated discussion of credit card acceptance and a subsequent trip to another health department to view their process. Example 2 - LCHD provided documentation of follow through of survey recommendations which indicated need for more awareness of the health department and its services. There is an open house flyer dated September 14, 2017 which describes PH; a newspaper ad, dated April 2017, for the open house; a website posting for the open house; and minutes from the Health Education meeting describing a health fair and a safety event that were well attended and the upcoming open house as well as upcoming fairs and outreach. Finally, Leadership Team meeting minutes dated July 26, 2017 included the survey results that were reviewed on July 19, 2017 and the upcoming open house.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available

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**9.1.5 A:** Opportunities provided to staff for involvement in the department's performance management

**Score:**

Fully Demonstrated ▼

**Comments**

**Conformity:**

RD1: Example 1 - LCHD provided an agenda and certificate of a completed training in Performance Management Systems for PH Agencies from the Ohio State University to their QI/PM coordinator dated June 23, 2015. Example 2 - LCHD provided a PowerPoint given to staff dated in August 2015 that explained the PM system for LCHD, what PM is an example measures. Also provided sign in rosters of staff that attended that training.

**Areas of Excellence:**

Not Available

**Opportunities for Improvement:**

Not Available