Oneida County Health Department Performance Management Plan

January 2015-December 2016

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Purpose Statement

This plan is intended to provide the infrastructure for Oneida County Health Department's (OCHD) Performance Management System. The Performance Management Plan aligns with OCHD's strategic plan goal to evaluate and continuously improve OCHD's processes, programs and interventions in order to protect and promote health in Oneida County and therefore focuses on activities responsive to community needs. Using the input and strengths of staff, leadership and the community, it provides clear direction related to the agency's efforts to achieve measurable improvements in the quality of processes and services provided.

This plan provides an overall background to performance management and Oneida County Health Department's plan to execute this system. As defined by Turning Point, this performance management plan has four components: Performance Standards, Performance Measurement, Reporting of Progress, and Quality Improvement Process. Oneida County Health Department will address these four components as they pertain to carrying out agency operations.

Performance Management Background

According to the Public Health Foundation, *Performance Management* is the "practice of actively using performance data to improve the public's health". Performance management occurs when there is a systematic effort to improve program and process across a department using QI and monitoring progress towards identified goals. The process of performance management involves staff within the department, governing bodies, external partners, and the communities or populations served. These important partnerships help to identify what programs or services are needed based on data and information, budgeting and planning for addressing needs, and regularly monitoring progress towards goals making adjustments to improve service performance.

The performance management model used by Oneida County Health Department was developed by the Turning Point National Excellence Collaborative on Performance Management. The model includes the following components:
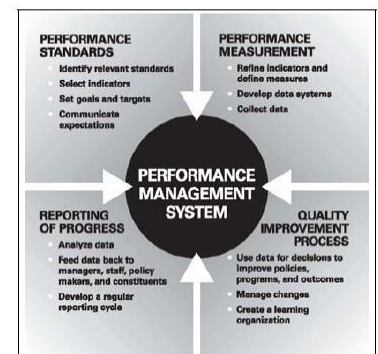
Performance Standards are objective standards or guidelines that are used to assess an organization's performance. Performance standards answer the question, "Where should we be?". Standards may be based on national, state, or scientific guidelines; benchmarked against other similar agencies; based on expectations; or other methods. For example, standards may be based on Healthiest Wisconsin 2020, County Health Rankings and Healthy People 2020. Performance standards can be descriptive or numerical.

Performance Measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., actual percentage of clients who rate health department services as "good", percentage of children with age-appropriate immunization levels at age two). Oneida County Health Department regularly collects, monitors and reports data to track program accomplishments, particularly progress toward performance standards. Measurement is used for varying purposes. For example, it can be used to track health outcomes, strategic plan

implementation progress or to monitor improvement efforts. Performance measures observe what actually happened compared to what was planned or intended.

Reporting of Progress is the intentional sharing and monitoring of performance indicators and outcome results with stakeholders. This report typically includes comparisons to national standards or benchmarks to help show progress or lack thereof. Reporting of progress by OCHD is done through Board of Health updates (governing entity) and disseminating the Annual Report to the Community to stakeholders and residents.

Quality Improvement is the process by which processes, policies, programs, and infrastructure are enhanced and improved upon by using the Plan-Do-Check-Act, Rapid Cycle Improvement, and NIATx models.

Oneida County Health Department will maintain a robust performance management system involving the ongoing use of performance standards and measures, reporting of progress, and quality improvement principles to ultimately have a positive impact of the public's health in Oneida County. This will be accomplished by:
- Setting specific performance standards that includes benchmarking against similar agency, national, state, or scientific guidelines.
- Measuring capacity, process, or outcomes of performance standards.
- Reporting progress to stakeholders annually.
- Engaging in a continuous quality improvement process that includes Plan-Do-Check-Act, Rapid Cycle Improvement, and NIATx strategies

Performance management practices have been shown to measurably improve public health outcomes, create efficiencies working with partners, and help public health workers solve complex problems (Public Health Foundation). Performance management practices can also be used to allocate resources, prioritize programs, change policies to meet goals, and improve the overall quality of public health practice.

While Oneida County Health Department is focused on improving health outcomes, checking *only* health status indicators will not help to identify root causes of public health problems. Efficiency and quality of related inputs and outputs must also be managed. To summarize, the performance management cycle is a tool to improve health, increase efficiency, and create other benefits and value for society.

There are many benefits of integrating a comprehensive performance management system into daily operations of Oneida County Health Department:
- Better return and use of dollars invested in public health, tracked by ROI (Return on Investment) tools;
- Greater accountability of funding and financial reporting;
- Increase in the public's trust;
- Reduced duplication;
- Better understanding of accomplishments and priorities among stakeholders (employees, partners, the public);
- Increased emphasis on quality vs. quantity;

- More efficient and effective problem solving.

Roles and Responsibilities

All OCHD staff, from front line staff to directors, and department leadership to the Board of Health, will participate in developing, using, and updating the performance management plan. The following contains specific roles and responsibilities for key groups within the agency:

A. Board of Health
The department's administration:
• provides high-level oversight and accountability;
• is aware of final outcomes of performance measures and QI projects that affect OCHD;
• provides an outside perspective on Performance Management and QI initiatives;
• identify public health services in need of quality improvement and areas of focus from an outside community prospective
• provide feedback for completed and ongoing projects
• review performance and project outcomes and make recommendations

B. Public Health Administration
In addition to above, the Public Health Director and Assistant Director will
• facilitate the implementation of the Performance Management System;
• provide access to resources and trainings, as appropriate;
• be apprised of all current standards, measures and QI projects;
• designate time at all staff meetings to discuss standards, measures and ongoing and completed QI projects;

C. The Leadership Team will:
• lead and monitor the performance management system;
• support new ideas and promote current QI projects; and
• provide feedback on performance standards, measures, and QI projects from a leadership perspective to staff

D. Public Health Staff
It is expected that staff will:
• Understand the Performance Management System
• Identify, discuss, and develop performance standards, measures and potential QI projects
• implement and evaluate projects; and
• Engage in the Performance Management System including suggesting ideas, collecting, monitoring, and reporting data, providing feedback to their program, participating in projects and encouraging other staff to participate.

PERFORMANCE STANDARDS

As defined by Turning Point, performance standards:
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

Oneida County Health Department is committed to utilizing the highest performance standards available. Attaining this relies on the selection of performance standards from researched, approved and documented sources. Oneida County Health Department's performance standards are based on the following:

Oneida County Health Department Strategic Plan
The Oneida County Health Department Strategic Plan (2011-2014) guides the foundational work of our agency. While the plan is available as a separate document, it is important to review the key points here.
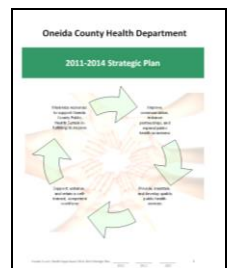
Our Mission
To promote, support, protect, and improve the health of Oneida County by providing leadership, education, and services

Our Vision
Healthy people living in safe and healthy environments

Our Core Values
- Cohesive and Competent Workforce:
    o We are a cohesive agency achieving and enhancing our shared vision.
- Collaborative Partnership-Based:
    o We strive to have strong collaborative partnerships within Oneida County and beyond its geographic boundaries.
- Evidence-Based:
    o Our practice is science based and uses best practices that improve population health status
- Social Justice:
    o We respect and advocate for vulnerable populations and work to empower families to assure optimal quality of life
- Responsive:
    o We provide leadership on health related issues and concerns expressed by the community, by population data and by the Board of Health
- Effective, Efficient, Sustainable Services:
    o We strive to deliver services in a cost effective and efficient manner that address the health priorities of our community and last over time

For the complete Strategic Plan, see Appendix A.

Public Health Accreditation

Oneida County Health Department has successfully achieved national accreditation status. Public health accreditation is a rigorous, ongoing process which involves fulfilling the highest performance standards set forth by the Public Health Accreditation Board (PHAB).

The department is currently developing an accreditation maintenance system that will encompass the annual review requirements of PHAB Domains, Standards, and Measures. Additionally, staff training on PHAB Version 1.5 Standards and Measures with continued collection of documentation in order to support PHAB accreditation.
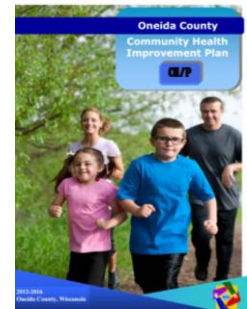
For the PHAB Maintenance System, see Appendix B.

Community Health Improvement Plan

The Oneida County Community Health Improvement Plan was developed in Fall 2011.

Oneida County has identified three top health focus areas for our Community Health Improvement Plan. These include:

- Alcohol and other drug use
- Mental health
- Chronic disease

The Community Health Improvement Plan is important because it:

- Forms and strengthens partnerships
- Increases community awareness
- Taps community's innovative ideas
- Integrates isolated efforts and builds on existing services
- Conserves resources and prevents duplication of efforts
- Develops comprehensive strategies that will work in your respective community
- Examines data: disease, death, disability, injury, community opinion
- Identifies priority health problems: factors that can be impacted
- Identifies community assets and resources to be supported or tapped
- Can be presented to the community

For the complete Community Health Improvement Plan, see Appendix C.

Grant Objectives

The Oneida County Health Department continually seeks funding to support the needs of the community. Annually, OCHD receives several grants to implement and sustain public health programs and services. Many of these grant objective outcomes are monitored through the

performance management system. OCHD fulfils grant objectives, reporting outcomes to funding organizations.

OCHD Performance Measures
For a complete list of OCHD Performance Standards and Measures, please see the Performance Management Dashboard in Appendix E.

PERFORMANCE MEASUREMENT

As defined by Turning Point, performance measurement:
- Refines indicators and defines measures
- Develops data systems
- Collects data

Oneida County Health Department utilizes resources, tools, and data collection methods to effectively measure the established performance standards.

Strategic Plan Tracking
Oneida County Health Department tracks the goals, strategies, and objectives of the Strategic Plan on an annual basis. Strategic Plan tracking is an important tool to determine the progress of goal achievement. The current Strategic Plan Tracking Table allows Oneida County Health Department to identify those who are responsible for completing each objective, the projected due date, and the current status of completion. As part of the Performance Management System, the strategic plan is monitored quarterly by the Leadership team. Please see Appendix A for the complete table.

Community Needs Assessment
Local Health Departments are required to regularly and systematically collect, assemble, analyze and make available information on the health of their community. In March of 2011, Oneida and Vilas Counties hosted a Community Needs Assessment meeting that involved collaboration with community partners that include healthcare providers, local professionals, and other area experts.

The Community Needs Assessment is a process that gathers data from multiple sources in both Oneida and Vilas Counties. The data measures health indicators, and coupled with recommendations of local experts, identifies priority health needs. The community needs assessment compares Oneida and Vilas county's health indicators with other counties, the state, and the nation. From the Community Needs Assessment, a Community Health Improvement Plan is created.

Our Aging Society
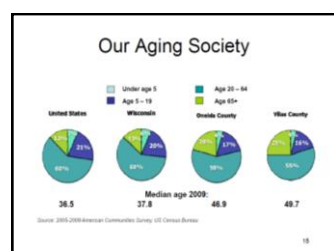
The Community Needs Assessment utilizes the twelve health focus areas of the state health plan, Healthiest Wisconsin 2020. They reflect the underlying causes of hundreds of diseases and health conditions that affect the people of Wisconsin. These focus areas include:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental heath
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

The Oneida County Health Department supports all 12 focus areas of the state health plan. However, through the community needs assessment, Oneida County has identified the following three health focus areas for the 2012-2017 health plan, *Healthy People, Healthy Oneida County*:

- Alcohol and other drug use
- Mental health
- Chronic disease

WIR

The Wisconsin Immunization Registry (WIR) is a computerized Internet database application that was developed to record and track immunization dates of Wisconsin's children and adults. All immunizations in the state of Wisconsin are recorded in the WIR system, allowing OCHD access to records, rates, and reporting of these immunizations. WIR is a performance measurement tool used by OCHD and cohorts as it collects data reflecting those in our community serviced not only by the health department.

SPHERE

SPHERE stands for Secure Public Health Electronic Record Environment. SPHERE is the principal recording tool for three public health programs with federal, state, and local reporting requirements: Maternal and Child Health (MCH), Family Planning/Reproductive Health, and Children and Youth with Special Health Care Needs.

HealthSpace

HealthSpace is a data entry tool used by OCHD Environmental Health Program to input inspection information. The tool allows users to input evaluation details; observations, corrections, actions; and other details.

ROSIE

ROSIE stands for Real-time Online Statewide Information Environment. Rosie is a computer application that collects and processes Wisconsin WIC client data.

WEDSS stands for Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters.

REPORTING OF PROGRESS

As defined by Turning Point, reporting of progress:
- Analyzes data
- Feeds data back to managers, staff, policy makers, and constituents
- Develops a regular reporting cycle

Measurement of progress will be reported to staff, the Oneida County Board of Health, and other interested stakeholders. Other audiences for performance management reporting may include:
- The Wisconsin Division of Public Health
- Other local health departments
- Community Foundations
- Grant Funders
- The community in general
- Other local governmental agencies
- Media

Performance Management and Reporting
Guidelines to consider when developing a performance report:
- Are we presenting the correct information?
- Are we presenting information in the correct way?
- Are we reporting information at the correct time?
- What is (are) the purpose(s) of the report?
- Who is the critical audience?
- How can the complexity of the performance results be balanced with the need to keep the report easily comprehendible?
- Who should review the report before it is released?
- Is it customized for all audiences?
- Does it include applicable visual aids?

Additionally, have the appropriate staff members and managers review performance data before it is disseminated. This provides opportunity to consider what explanations are needed, including causes, rationales, recommendations or corrective steps. It is imperative to tie information and data to goals an objectives as they provide a clear context and as to how work is standardized. In some cases, an opportunity for quality improvement may be derived from an unsatisfied goal.

AVR

The Wisconsin Public Health Information Network (PHIN) Analysis, Visualization, and Reporting (AVR) provides the ability to integrate, analyze, display, report and map data as well as share data and technologies for analysis and visualization with other public health partners. This tool allows system users to leverage public health data, turning it into information that can be readily used for decision making.

Healthspace

HealthSpace provides inspection data and allows users to develop custom reports. Oneida County Environmental Health Program is able to track completed, due and overdue inspections. Additionally, reports can be generated to show CDC Risk Factor violations and disseminated to inform and educate the Department of Public Health, stakeholders, and the community.

WIR

The Oneida County Health Department utilizes the Wisconsin Immunization Registry (WIR) to access immunization rates and to report those rates to the Department of Public Health, local health care providers, the community, and stakeholders.

Annual Community Health Improvement Report

Annually, a report of the Community Health Improvement Plan will provide an outline of the status and goals of the plan. The report will be provided to the Board of Health, key stakeholders, and the community.

Annual Report

By April, the Oneida County Health Department will disseminate the Annual Report to the Board of Health, stakeholders, and community. The purpose of the Annual Report is to provide information about OCHD operations and services over the past year as well as future expectations. This publication includes program performance measures, quality improvement activities, and data analyses containing multi-year trends and comparative data from other local health departments, the region, and state. For the Annual Report, see Appendix F.

Annual Contract Objectives Review

OCHD receives state contracts on an annual basis. Therefore, an annual Contact Objective Review is reported to the state by the first quarter of each year. This review outlines the progress of each contracted objective as outlined by the Department of Public Health Contract Agreement.

Annual Strategic Plan Review

By the first quarter of each year, a Strategic Plan Review will be provided to the Board of Health, key stakeholders, and the community. The information will include the results of the Tracking Table and Strategic Plan progress.

ROSIE

ROSIE stands for Real-time Online Statewide Information Environment. Rosie is a computer application that collects and processes Wisconsin WIC client data. OCHD staff query and analyze Oneida County WIC data which can be utilized in both comparative and trending reports.

WEDSS

WEDSS stands for Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS' secure, web-based system allows staff to facilitate the reporting of various diseases and infections. OCHD staff can generate local and jurisdictional reports which allow both comparative and trending analysis.

QUALITY IMPROVEMENT PROCESS

Based on the components of a Performance Management System as defined by Turning Point, the quality improvement process:
- Uses data for decisions to improve policies, programs, and outcomes
- Manages changes
- Creates a learning organization

Quality improvement Guidance

While performance standards and measures are parts of the Performance Management System that can be captured within a tracking system itself, quality improvement requires a broader explanation and plan in order to reach a thorough and consistent understanding among staff, our oversight committee, and our partners.

The National Committee for Quality Assurance defines Quality Improvement (QI) as an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization.

OCHD QI Policy Statement: OCHD is committed to improving all of its programs, services, interventions and processes through quality improvement.

OCHD QI mission:

> To improve the health of Oneida County residents by understanding and improving the efficiency, effectiveness, and reliability of public health processes and practices.

Quality Improvement Principles

Quality improvement is a systematic approach to assessing services and improving them on a priority basis. The OCHD approach to quality improvement is based on the following principles:

- *Customer Focus*. High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.

- **Recovery-oriented**. Services are characterized by a commitment to promoting and preserving wellness.

- **Employee Empowerment**. Effective programs involve people at all levels of the organization in improving quality.

- **Leadership Involvement**. Strong leadership, direction and support of quality improvement activities by the governing body and Director are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with OCHD's mission and/or strategic plan.

- **Data Informed Practice**. Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.

- **Statistical Tools**. For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. OCHD will use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.

- **Prevention Over Correction**. OCHD will seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.

- **Continuous Improvement**. Processes must be continually reviewed and improved. Small incremental changes do make an impact.

Actions and decisions will be made by a ***Quality Improvement (QI)/Accreditation Team*** and will be compared against the QI mission statement to evaluate if the actions and decisions of the QI/Accreditation team are consistent with the intent of the mission.

The ***OCHD QI/Accreditation Team*** will guide and evaluate the QI process by:
· Providing committed and consistent leadership
· Developing the QI plan and establishing a calendar for QI activities
· Identifying processes that need improvement
· Developing team consensus on the root cause of a problem and on the plan for improvement
· Identifying, monitoring, and reviewing results from QI projects using the Plan, Do, Check, Act (PDCA) cycle
    o Plan what to accomplish over a period of time and what needs to be done to get there
    o Do what is planned
    o Check the results of what was done to see if objectives were achieved
    o Act on the information

· Evaluating and approving the QI plan
· Championing QI activities, tools, and techniques
· Developing a strong customer focus – internal and external
· Encouraging and fostering a supportive QI environment
· Involving staff through encouragement, training, support, and celebration of accomplishments
· Mobilizing knowledge to improve decision making
· Providing a safe and efficient outlet for ideas at all levels
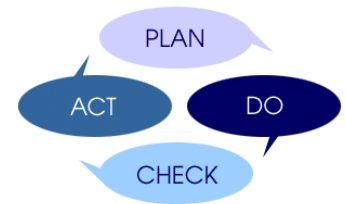
The Health Officer has charged the multidisciplinary QI/Accreditation Team with carrying out the purpose and scope of the QI program in the department. The QI/Accreditation Team is responsible for oversight of QI efforts and for promoting, training, challenging, and empowering OCHD staff to participate in the ongoing process of QI.

The QI/Accreditation Team may be composed of OCHD staff from a variety of disciplines, including:
· Health Officer/Director*
· Assistant Director*
· Accreditation/Performance Management Coordinator*
· WIC Director/Leadership team member*
· Environmental Health Specialist
· WIC Staff
· Support Staff

· Public Health Nurses
· Health Educators
· Other Program Staff as appropriate

Leadership Team supports the efforts of the QI/Accreditation Team. The Leadership Team will be responsible for administrative QI projects. Additionally, the Leadership Team will coordinate with the QI/Accreditation Team in QI training activities and other staff development opportunities.

Oneida County Health and Aging Committee provides support for QI efforts and approves the agency QI plan.

The QI/Accreditation Team meets at least quarterly and maintains records and minutes of all meetings. These minutes are then presented for review and acceptance by QI/Accreditation Team members. At least annually, the QI/Accreditation Team will provide a report of the QI program to the Board of Health.

Resources to assist with Quality Improvement efforts
- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guide Book – http://accreditation.localhealth.net

· QI 101 (NACCHO) – http://www.eomeetingcenter.com/se/Meetings/Playback.aspx?meeting.id=165137
· Public Health Memory Jogger
· Tacoma Health Department Quality Improvement Plan
· Kane County Health Department Quality Improvement Plan
· Wood County Health Department
· NIATx Model templates- http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=20

For the complete Oneida County Health Department Quality Improvement Plan, please see Appendix G.

Appendix A
Strategic Plan

Please see NSSHARE > Performance Management System > Strategic Planning 2011 > Most Current Strategic Plan > [most current strategic plan]

Appendix B
PHAB Assessment

Please see NSSHARE > Performance Management System > Accreditation Resources > [PHAB Readiness Checklist Redone 5-12]

Appendix C
Community Health Improvement Plan

Please see NSSHARE > 0. CHIP > 2011 Community Health Improvement Plan development > CHIP Final > [chip merged final]

Appendix D
Grant Objectives

Grant objectives are available in GAC and with individual program leads.

Appendix E
Performance Management Dashboard

Please see NSSHARE > Performance Management System > Performance Management System > Most Current PM Dashboard > [most current PM Dashboard]

Appendix F
Annual Report

Please see NSSHARE > Performance Management System > Quality Improvement Process > Most Current QI Plan > [most current QI plan]

Appendix G
Quality Improvement Plan
Please see NSSHARE > Performance Management System > Quality Improvement Process > Most Current QI Plan > [most current QI plan]

Appendix H
Performance Management Reporting Calendar

Please see NSSHARE > Performance Management System > Performance Management System >
Most Current PM Plan > [Performance Measure Reporting]

Record of Changes

The Oneida County Health Department Performance Management Plan includes elements that are meant to be updated and reviewed. The activities within the Plan of Work should be routinely evaluated. Therefore, it is important that records of these changes are kept in order to monitor the evolution of this plan. **All changes to this plan should first be approved by the Health Officer / Director.**

Date	Description of Change	Page #	Made By:	Rational