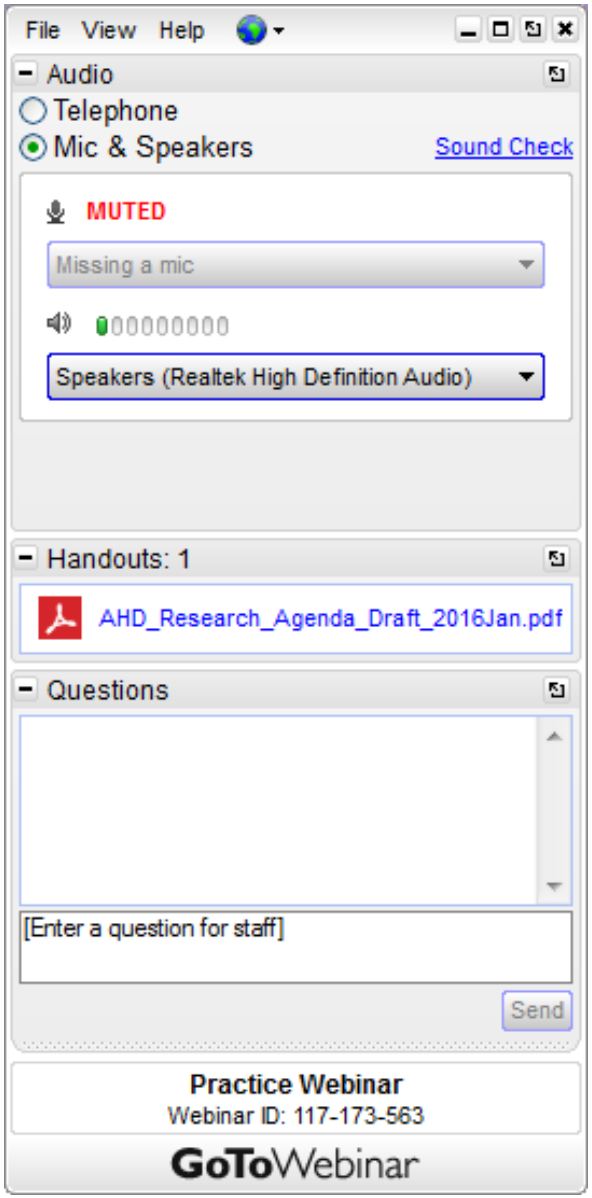
Performance Management: Improving the Improvement

Thursday, April 21, 2016

- All attendees are muted.
- Please use the “Questions” panel to ask questions and submit comments throughout the webinar.
- Materials for today’s presentation are available for download in the “Handouts” panel.
- This webinar will be recorded and archived. The archive will be made available following the meeting.



PHF Mission:

We improve the public's health by strengthening the quality and performance of public health practice

www.phf.org

Healthy Practices
Healthy People
Healthy Places

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Learning Objectives

- After the webinar, you will be able to:
  - Identify strategies to improve a performance management system
  - Describe how these strategies are being implemented by public health departments
  - Locate resources and tools for implementing and continuously improving your performance management system

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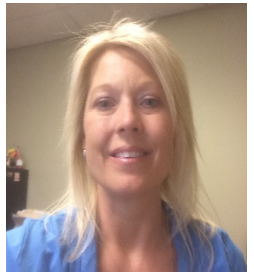
Today's Presenters

- Micaela Kirshy
  - Project Manager for Performance Management and Quality Improvement, Public Health Foundation

- Jack Moran
  - Senior Quality Advisor, Public Health Foundation



- Tami Dillman
  - Finance Director, Central Valley Health District (ND)

- Robert Hines
  - Performance Improvement Manager & Accreditation Coordinator, Houston Health Department (TX)

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Performance Management Systems: How to Refresh and Improve Yours

Jack Moran, Ph.D.

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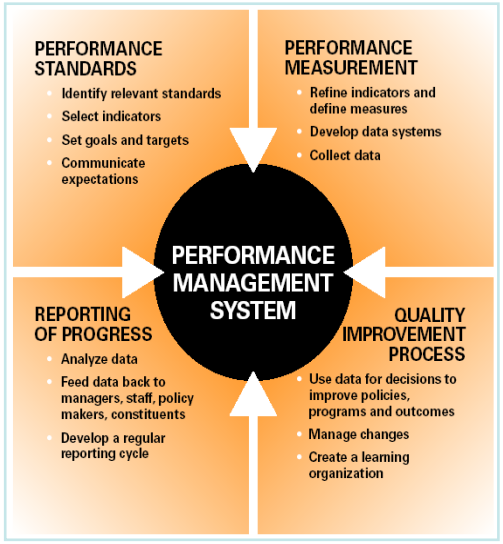
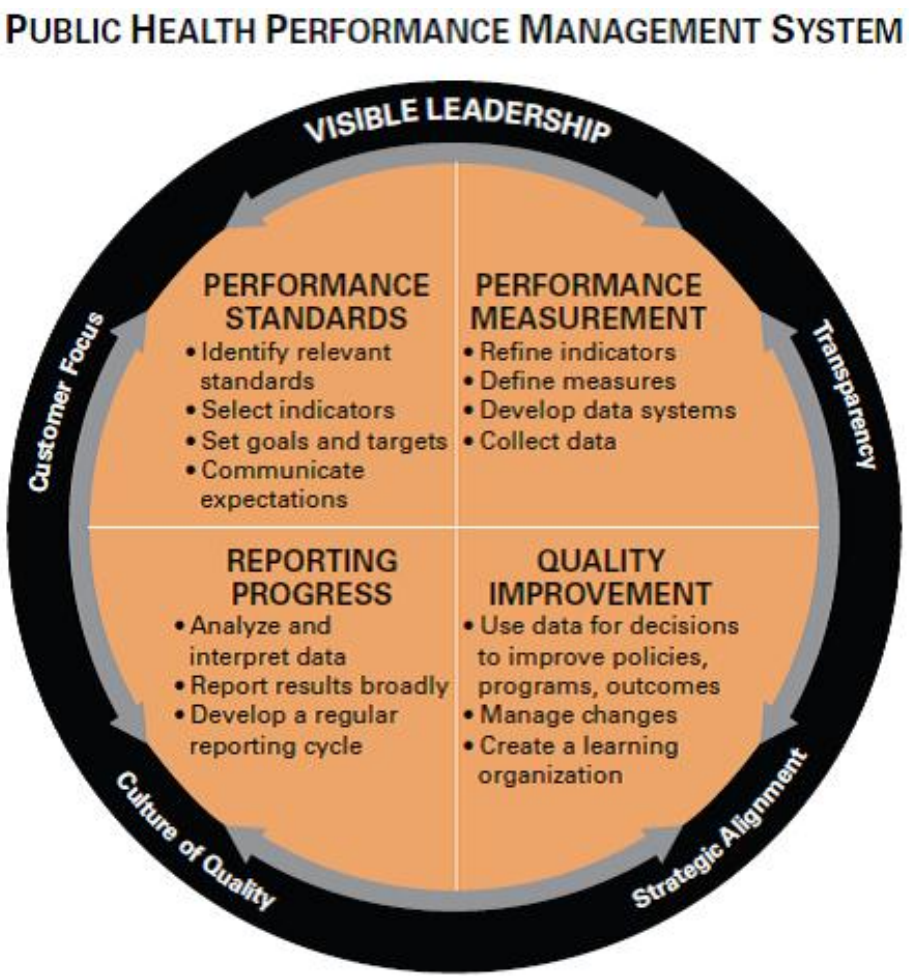
Refreshed Framework, 2013





Source: From Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003.

Updated framework by the Public Health Foundation, 2013.

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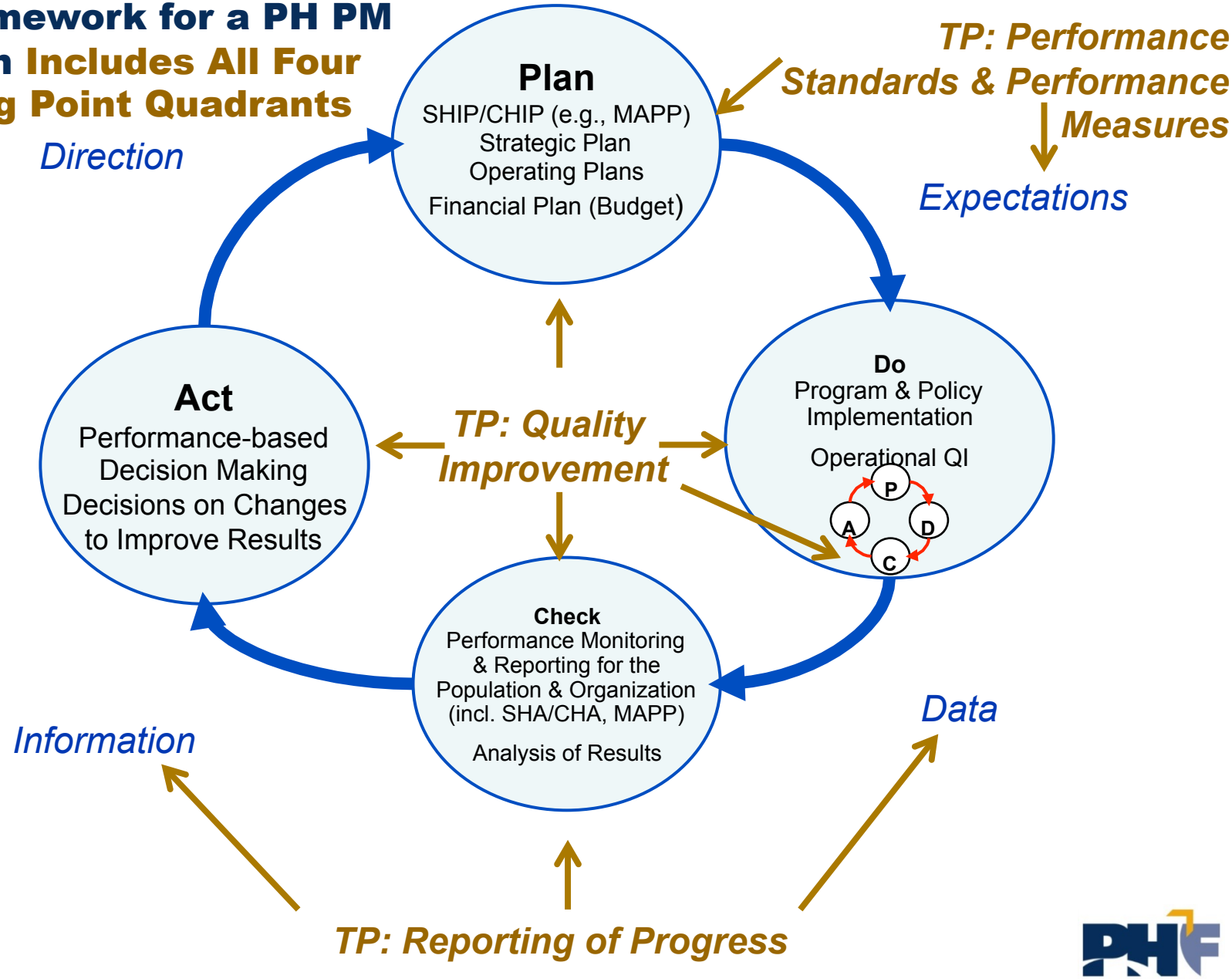
QI Framework for a PH PM System Includes All Four Turning Point Quadrants



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Views from Different Parts of the System

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Goal Alignment is *NOT* the Same as Goal Profusion

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Keeping Performance Management Fresh

Focus on the outer ring of the refreshed Turning Point Model:

1. Visible Leadership -- take care in the delegation of coordinating the performance management system. This individual or team needs to be a dynamic force that has the visible support of leadership

2. Transparency -- assure that the data being used come from credible systems. "**Whenever there is fear**, **you will get wrong figures**." - W. Edwards Deming

3. Strategic Alignment -- once you've been doing this work for six months to a year, look more closely at the data being collected and take a critical look at the driver relationships. Ask killer questions...Will improvements in these measures help us achieve agency goals?

4. Culture of Quality -- has the performance management system strengthened our commitment to QI and elevated the efforts to select QI efforts based in performance data? Are all staff informed and contributing to the PM system?

5. Customer Focus -- re-evaluate your purpose for performance management in the first place. Are you striving to improve the customer experience? Is the staff clear about who the agency customers are for each measure?

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Keeping Performance Management Fresh

Focus on the process of Performance Management:

Conduct a regular Performance Management System Review:

- ✓ Do you do anything with the data collected and charted?
- ✓ What happens at your performance management meetings?
  - ✓ Is it a meeting you look forward to? What would it take to make is so?
- ✓ Is data reported in a way that all have access either as a presentation, dashboard, or report.
- ✓ At least annually, ask all PM team members to take a critical look at their selected measures and determine whether these are the best data to measure the intended outcome.

Start getting reports from managers that answer four simple questions:

1. What happened in this last quarter that worked to improve the customer experience?
2. What changes do you hope to make based on the data?
3. What QI projects did you consider or implement?
4. What improvements are you most proud of?

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Keeping Performance Management Fresh

Install a Performance Management System Team (PMST), which will oversee and improve the system. In addition to the conceptual model, the PMST team must define the system's DNA and keep it focused:

- **Purpose** - What is the purpose of the performance management system and what do we want it to accomplish with it today and in the future?
- **Functional requirements** – what it is supposed to do? What capabilities must it have?
- **Performance requirements** - how does the system perform its functions?
- **Usability requirements** - who are the users and what do they want from the system?
- **Data semantics** – What are the key business and process terms we will be using, such as types of performance measures and their definitions?
- **Environmental requirements** - under what conditions does the system have to work and meet its performance goals?
- **Budget requirements** – what will be the ongoing staffing, licensing, operating and upgrade costs for this system?

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Keeping Performance Management Fresh

Other options:

- Once a year, match up two program managers (division directors--project leads, etc.) from different programs. Ask them to meet prior to the meeting to review each other's performance data, learn about the other program and come to the meeting with one suggestion about how their programs might work together in the future.

- Invite a couple of community partners to sit in as guests at the performance management team meeting and ask for their feedback about what resonates with them about the work of the agency and the reporting process.

- Make PM VISIBLE in the agency. Post the goals. Create a PM Communication Campaign -- start with being clear about the purpose of PM.

- Celebrate successes – even minor ones.

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Lessons Learned

- Start small
- Distinguish between strategic measures and grant measures
- Align to the strategic objectives – roll up
- Take action
- Keep emphasizing the USE of performance information
  - Show examples
- Too much data
- Review every six months

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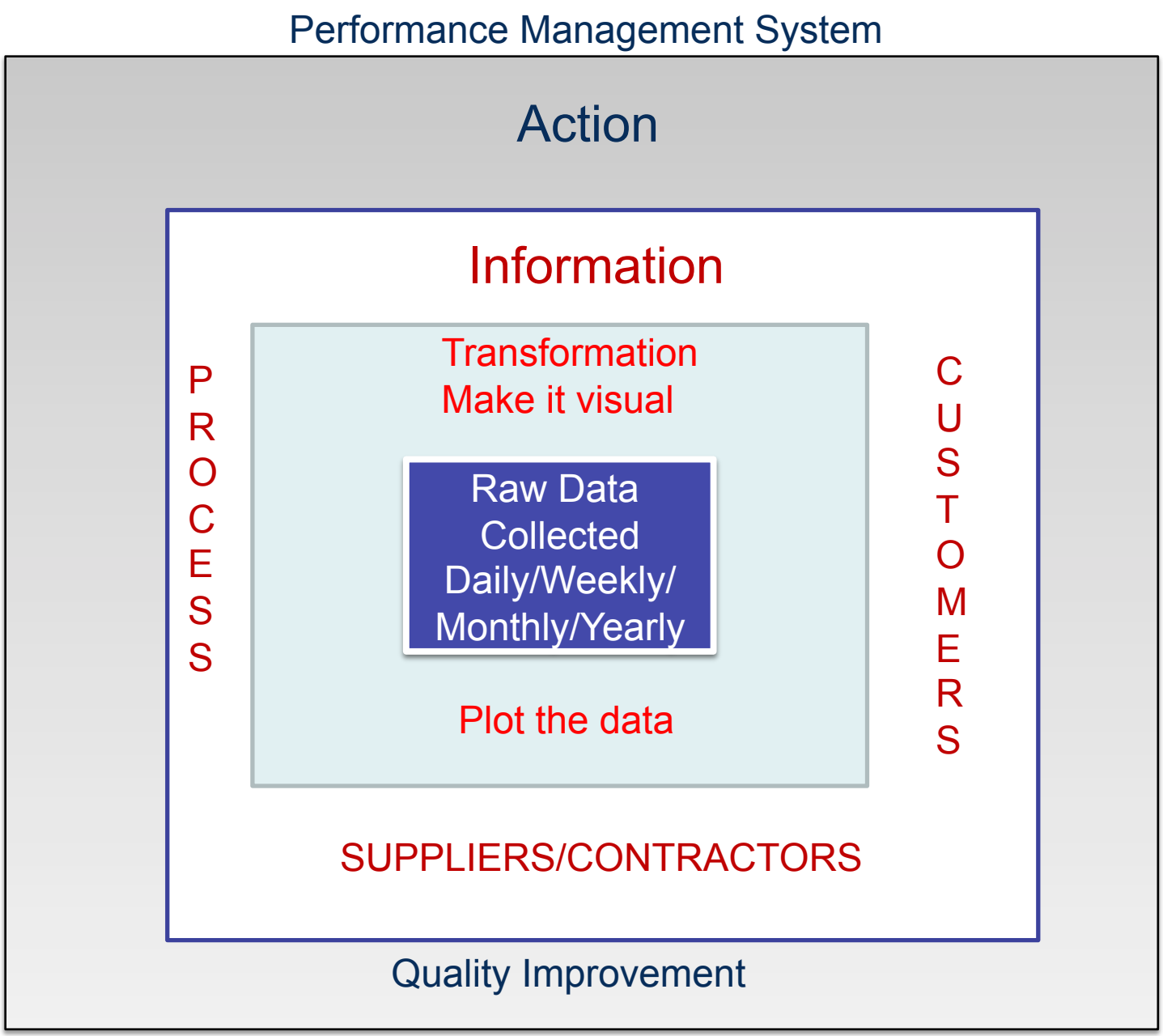
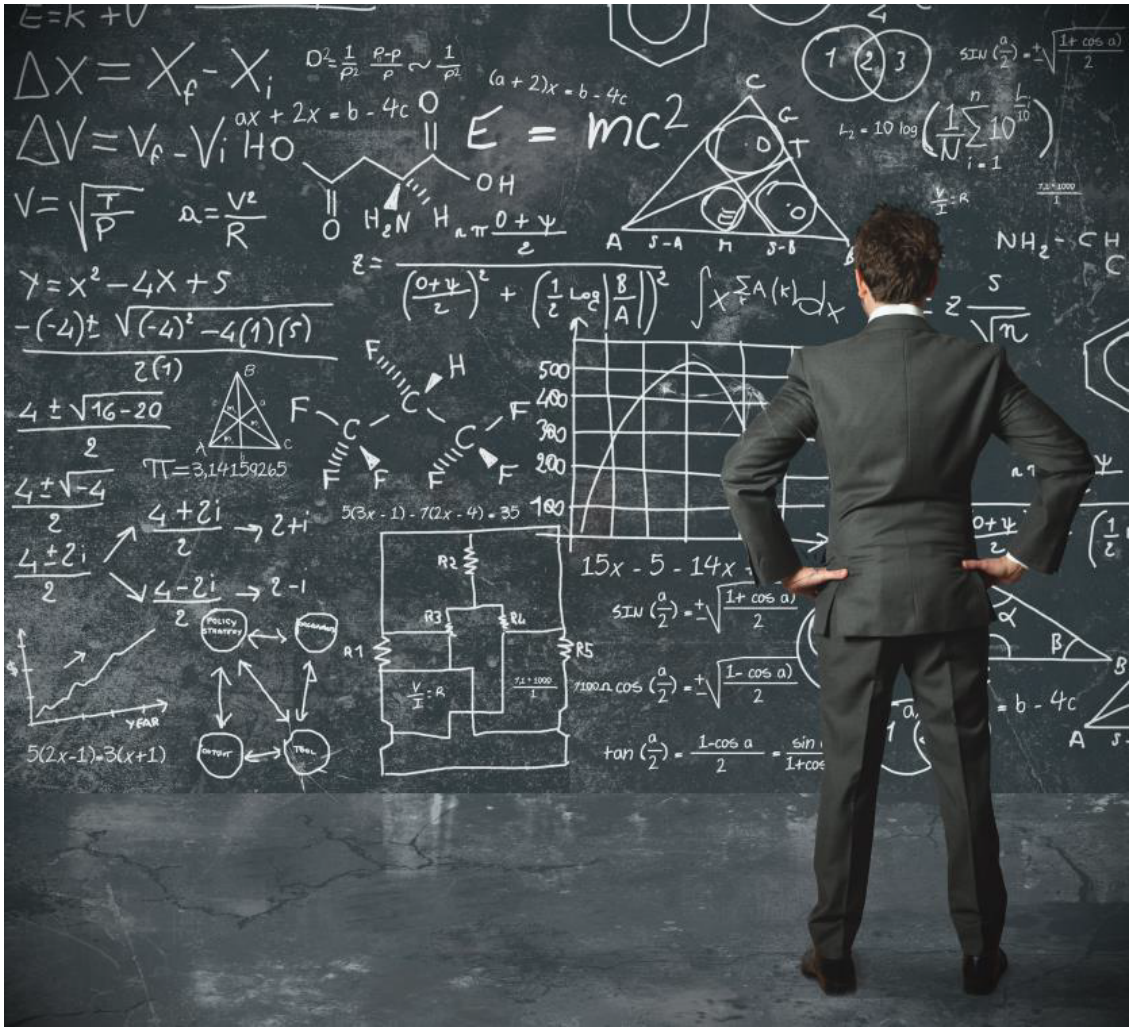

Performance Management System
Action
Information
Transformation
Make it visual
Raw Data
Collected
Daily/Weekly/
Monthly/Yearly
Plot the data
PROCESS
CUSTOMERS
SUPPLIERS/CONTRACTORS
Quality Improvement

Lessons Learned

Above all keep it simple and useable:



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Lessons Learned – Keep It Simple and Visual

Goals, Objectives, & Measures for:	State Health Department	Accreditation	Trend Direction				Support & Documentation	
	Objectives & Performance Measures							
Goal 1:	**Objective or Activity:** Enforce EH codes and laws	PHAB Domain	Previous Period	Current Period	Target	& No. Periods	Frequency	QI Plan	Notes
Improve EH	**Measures:**								
	% of eating estblishments inspected at least 1x every 12 months	6	72%	68%	100%	1	quarterly		
	% of eating establishments that pass inspection	1	96%	95%	95%	1	quarterly		
	# of eating establishments the fail re-inspection after first failure	2	0.00	0.00	3.00	2	quarterly		
	Objective or Activity: Investigate and contain EH hazards								
	Measures:								
	# of confirmed new food borne illnesses per quarter	2	2.00	3.00	3.00	1			
	# of qualified homes given a home lead testing kits per quarter	3	173.00	100.00	80.00	2			

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Public Health
Prevent. Promote. Protect.

Central Valley Health District

Performance Management – Frontier Style

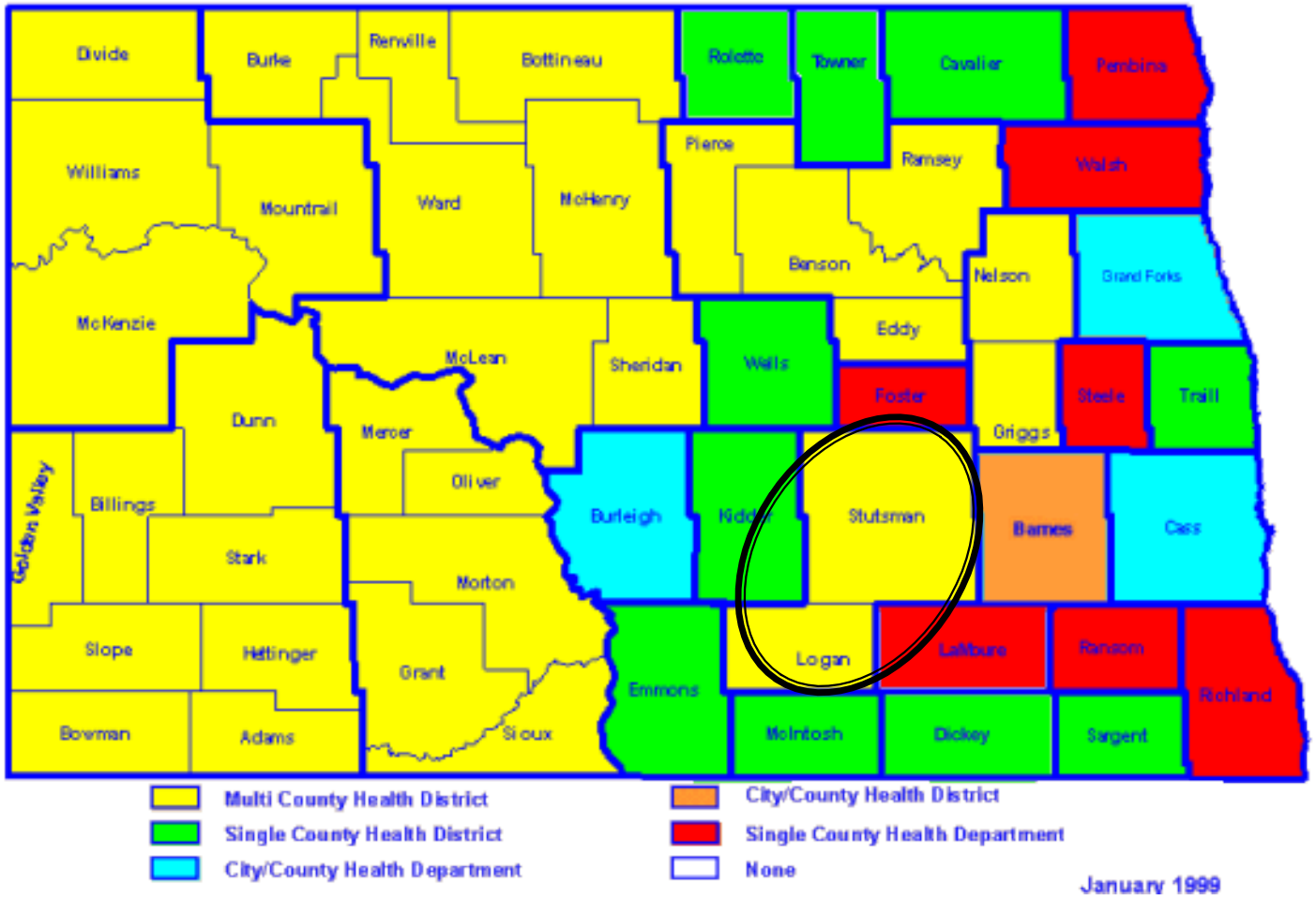
Presented By: Tami Dillman, Finance Director (AC)

April 21, 2016

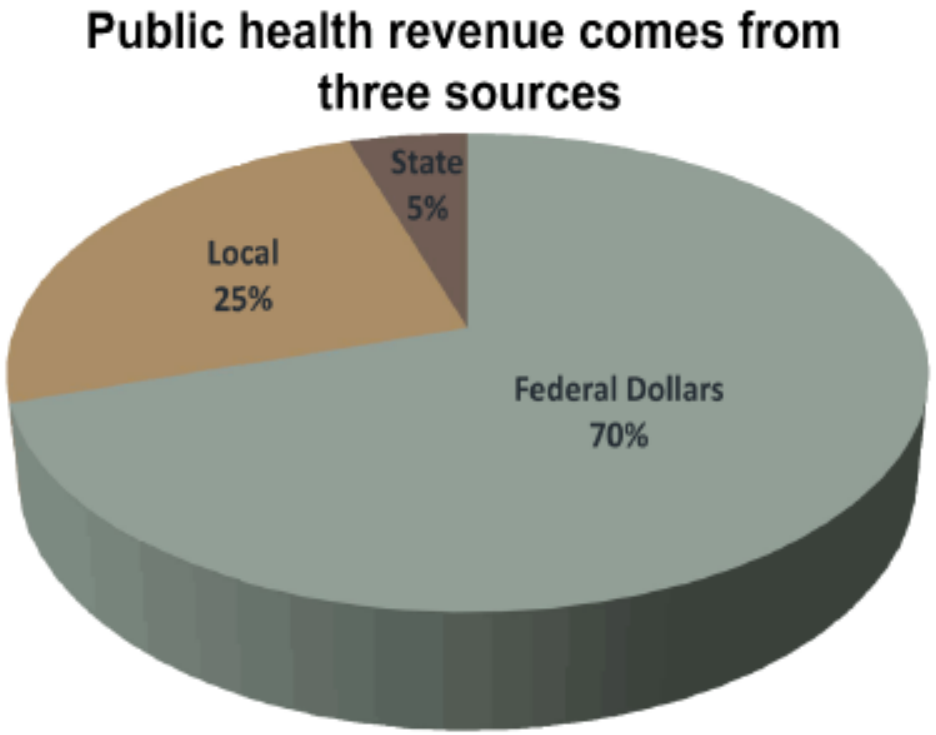
CVHD PM Journey:

- PHAB Beta Site (2009-2010)
- NACCHO CHA-CHIP Demonstration Site (2011-2012)
- CHA & CHIP completed (2012) – QI, PM
- PHAB Accreditation Coordinator Training (2013)
- Documentation, e-PHAB (2014)
- Regional Public Health Network (2014-Present)
- Site Visit (Spring 2015)
- Accredited (August 2015)

Public Health in ND



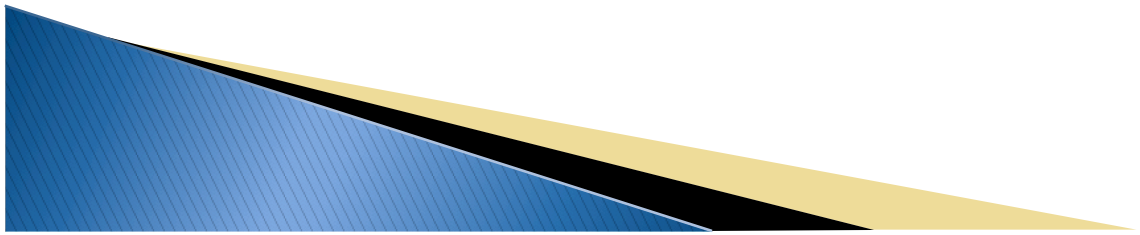
Where our funding comes from in North Dakota….



Central Valley Health District
122 2nd Street NW – Jamestown
www.centralvalleyhealth.org

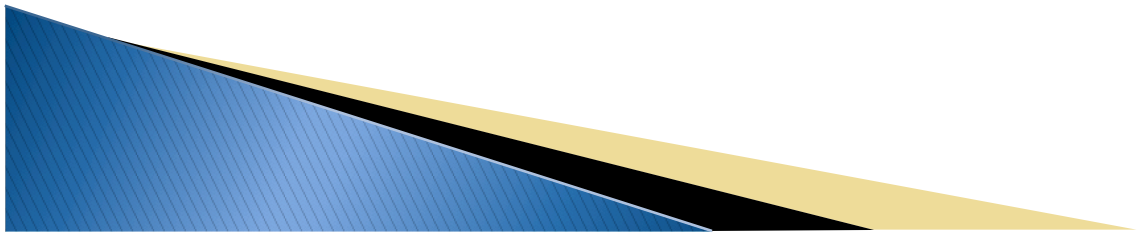
Programs

- Emergency Preparedness and Response
- Environmental Health
- Family Planning
- Public Health Nursing
- Tobacco Prevention/Baby and Me
- Women, Infants, and Children (WIC)
- Women's Way

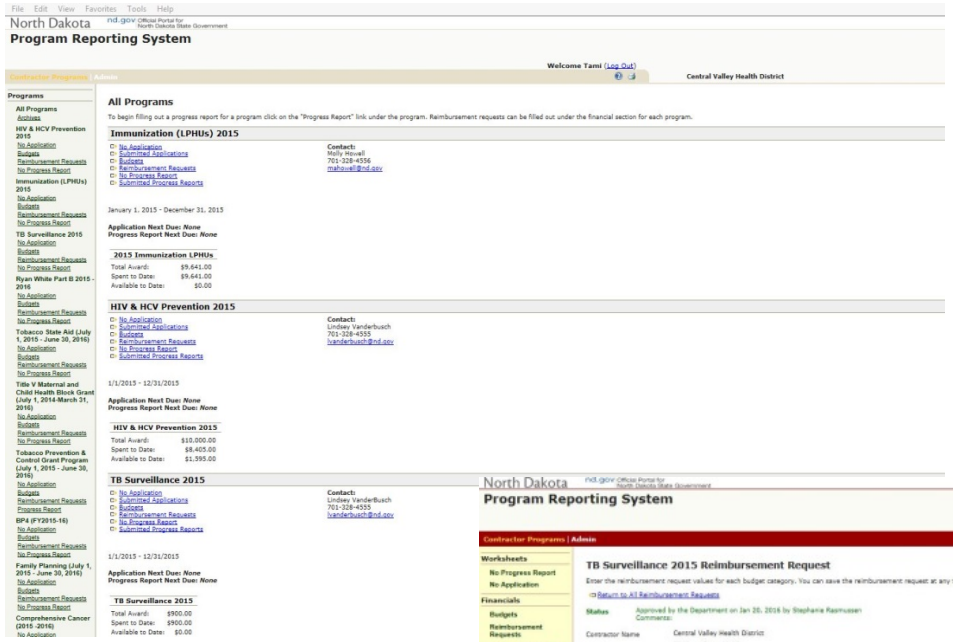


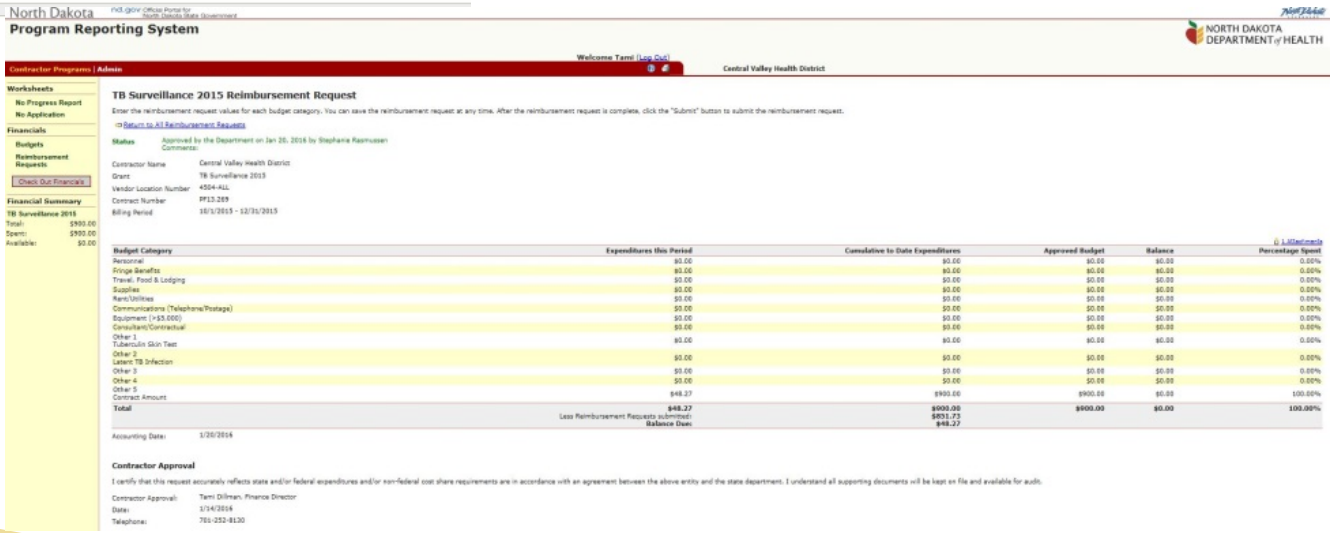
WE also DO…..

- Substance abuse prevention grant (SPF SIG)
  - Equipment to local law enforcement
  - Survey the community
  - College Policy
- Million Hearts
  - Best practices in Blood Pressure Monitoring
  - Connecting CVHD EMR to ND Health Information Network
- Regional Partnership with other Local Health Departments
  - Partnering to enhance public health in the SE Central region
- Prevention Block Grant
  - School Wellness



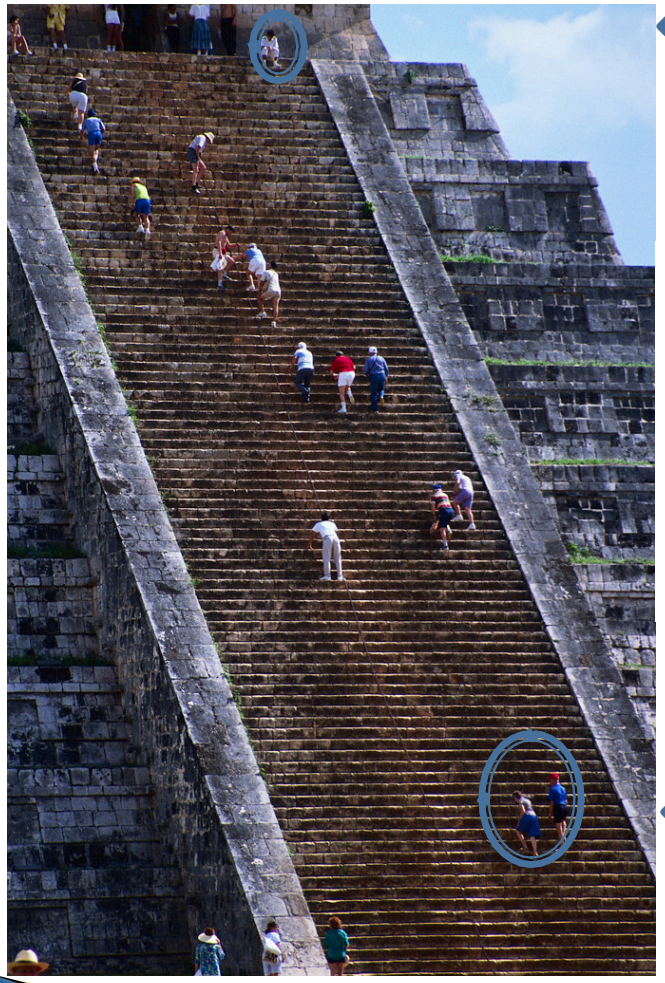
Beta Test – Finance & Administration – "Look to the Future, Build from the Past"





Program Reporting System (PRS)

Goal: Implement PM at CVHD!



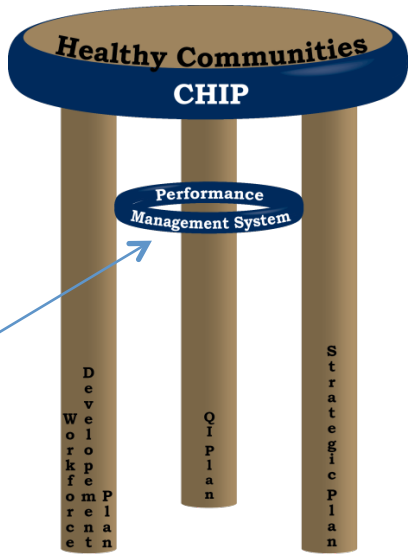
To HERE!

Three required components

- Community health assessment
- Community health improvement plan
- Agency strategic plan

Go from here

Our PM SYSTEM



Central Valley Health District

Step 1: Performance Standards

Assessment:: ***Identifies strategic priority areas to inform decisions in planning processes and setting standards.***

Modified MAPP process was used.

Community Health Assessment completed 2009-2012, 2015

Community Health Improvement Plan developed 2012, 2015

Agency Strategic Plan ongoing since 2010

Step 2: Performance Measurement

Ongoing monitoring of program accomplishments, particularly progress toward pre-established goals or targets.

Agency Strategic Plan

Community Health Improvement Plan

Data Sources: BRFS, County Health Rankings, Local agency data sources

Performance Management System—CVHD

Step 3: Reporting of Progress

The intentional sharing and monitoring of performance indicators and outcome results.

Agency Annual Report and CVHD Board of Health meetings and minutes

Develop a regular report cycle—3-5 years for CHIP

Share Community data with community stakeholders and community advisory group

Core team community members monitors progress of CHIP

CVHD Website

Newspaper

Community Coalition on going discussion

01/2013

Step 4 Continuous Quality Improvement

Agency QI - ***Identify was to improve agency performance Based on agency progress reports***

Community QI - ***Identify ways to improve community health outcomes Based on CHA***

Select QI project for either agency or community

Assemble a QI team

Develop aim statement

Develop measures

Identify change ideas (plan do study act)

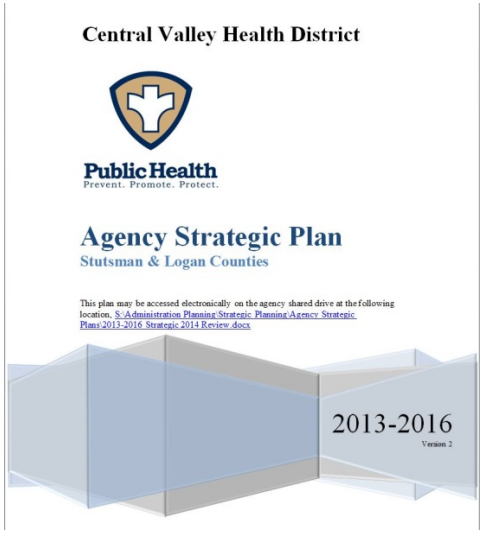
Test change ideas (plan do study act)

Sustain and spread improvements

1-Performance Standards

Identify strategic priority areas to inform decisions in planning processes and setting standards.

- Agency Strategic Plan ongoing since 2010
- Community Health Assessment completed 2012 & 2015
- Community Health Improvement Plan developed 2012 & 2015
- Community Health Partnership since 2013



CVHD Strategic Plan

SWOT Analysis

Strengths: • BCBS Recess grants-Stutsman and Logan • 2014 New Year New You-Cancer grant • Logan County-Napoleon School-computerized access to weight room for community members • Bone builders in Napoleon • Centricity EMR Worksite wellness-Risk assessments-BMI • EH inspections • WIC, Family Planning • Farmers Market, Bountiful Baskets	**Weaknesses:** • Time constraints
Opportunities: • TRAC-Two Rivers Activity Center • Land Use Transportation Plan(CHP) • Rural Communities providing opportunities –Gyms, walking, exercise clubs • Community Resource List(Where you can walk, bone builders, Silver Sneakers-JRMC,Y, Anytime Fitness)	**Threats:** • JPS budget cuts

Strategic Priorities:
- Increase awareness of value and role in public health in our community.
- Focus public health practice to address the determinants of health.

CHIP Alignment: Obesity and Physical Activity

Goal No. 3: Increase physical activity in our community.

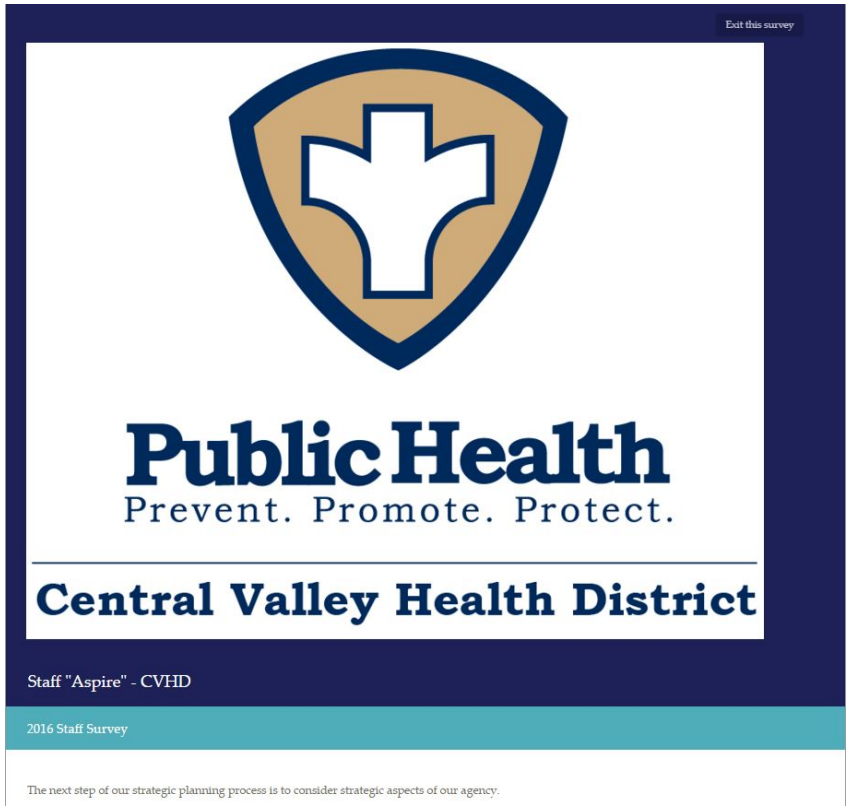
Objective #1: To reduce obesity and increase physical activity in Stutsman and Logan counties by December 31, 2016.

Strategies	Responsibility	Progress 13	14	15	16	Metrics	Notes
Support school nursing activities through: • Letters to parents regarding screenings	School Nurse	1	1	1		Documentation of activities on file: Kindergarten Booklet	Logan County Recess Grant Community access to weight room at the school – Logan County
Promote community awareness of healthy weight and physical activity levels through: • Community coalitions • New Year New You • Worksite wellness services • Monitoring swimming and school facilities for safe recreational activities • Client assessments	All Staff	.5	1	1		Documentation of activities on file	Bone Builders Program – Logan County Two Rivers Activity Center Land Use Plan
Client assessments and program education (added 2/2014)	Program Staff	_	.5	1		Program Policies	
Support healthy nutrition through Bountiful Baskets, Farmers Markets, WIC, and Inspections (added 2/2014)	Program Staff	_	1	1		Documentation of activities on file	

Goals & Objectives

2016 – "Aspire" Surveys

Governance – BOH

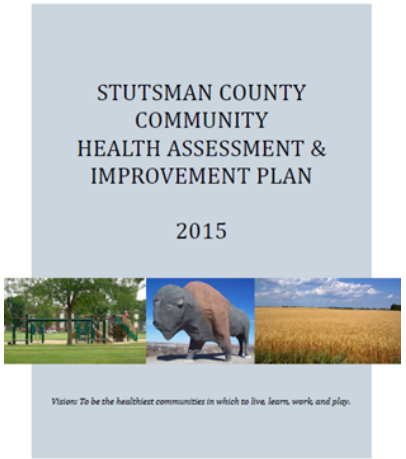


Staff

2-Performance Measurement

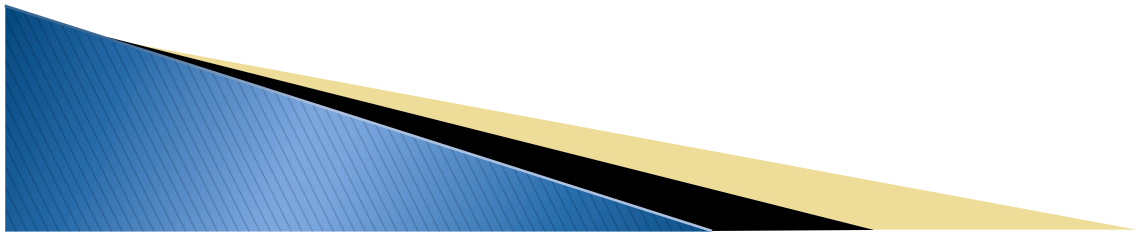
Ongoing monitoring of program accomplishments, particularly progress toward pre-established goals or targets.

- Agency Strategic Plan
- Community Health Improvement Plan
- Data Sources: BRFS, County Health Rankings. Local agency data sources



Community Health Partnership

Alpha Opportunities
American Heart Association
American Red Cross Buffalo Valley Chapter
Anne Carlsen Center
Ave Maria Village/Heritage Centre
Central Valley Health District
Child Care Aware (formerly Resource and Referral)
City of Jamestown
Community Action
Community Options
Department of Juvenile Services
Essentia Health
Eventide
Freedom Resource Center
James River Family Fitness
James River Senior Center
James Valley Career & Technology Center
Jamestown Ambulance
Jamestown City Council
Jamestown Parent Resource Center
Jamestown Parks and Recreation
Jamestown Police Department
Jamestown Public Schools
Jamestown Regional Medical Center
North Dakota Department of Health
North Dakota State Hospital
NDSU Extension
RSVP+
Safe Shelter
Salvation Army
Sanford Health
South Central Human Service Center
South East Education Cooperative
Stutsman County
Stutsman County Housing
Stutsman County Emergency Management
Stutsman County Sheriff's Office
Stutsman County Social Services
University of Jamestown



Vision

to be the healthiest communities in which to live, learn, work, and play.

www.chpstutsman.com • Facebook: Stutsman County Community Health Partnership

COMMUNITY
HEALTH PARTNERSHIP

The purpose of the Community Health Partnership is to evaluate the health status of the community and help identify priority areas. Local agencies will then partner together to help improve the health of the community. The vision of the Community Health Partnership is to be the healthiest community in which to live, learn, work and play.

Priority Areas:

- **Obesity & Physical Activity**
  Stutsman County will explore and develop opportunities that support residents in achieving increased physical activity
  Performance Measures:
  - Active Community Health Partnership
  - Coordinate with New Year New You Challenge Coordinator
  - Encourage Community Input in Two Rivers Activity Center (TRAC) Planning & Development
- **Physical Environment - Not Enough Affordable Housing**
  Attract and maintain adequate affordable housing in Stutsman County
  Performance Measures:
  - Active Community Health Partnership
  - Coordinate with Stutsman County Housing Authority
  - Continue working with the North Dakota Housing & Finance Agency and the ND Legislature to develop and fund affordable housing programs
- **Access to Care - Cost & Adequacy of Health Insurance**
  Explore insurance coverage among Stutsman County residents
  Performance Measures:
  - Active Community Health Partnership
  - Coordinate with New Year New You Challenge Coordinator
  - Support Tobacco - Free Places
- **Employment - Workforce**
  Explore and support efforts to increase the quality and availability of jobs in Stutsman County
  Performance Measures:
  - Active Community Health Partnership

For more information, call Brittany Lipetzky, Community Health Coordinator at (701) 952-4796

Priority Areas

- Priority Area 1: Obesity and Physical Activity
- Priority Area 2: Physical Environment – Not Enough Affordable Housing
- Priority Area 3: Access to Care – Cost and Adequacy of Health Insurance
- Priority Area 4: Employment – Workforce
- Emerging Issues

WINS:
PRIORITY AREA:
PHYSICAL ACTIVITY & OBESITY

- NYNY Results showed improvement in all 15 healthy lifestyle behaviors of which included:
  - 51% of participants had a weight loss goal and over 445 pounds were lost
  - Minimum exercise recommendation was reached by 34% pre-challenge and 72% post challenge
  - Average consumption of 3 or more servings of fruit increased from 37.21% to 72.86%
  - Average consumption of 3 or more servings of vegetables increased from 39.54% to 70.92%
  - Decrease from 56.74% to 68.42% eating meals prepared outside the home each week

- Two Rivers Activity Center passed a special election vote to build a community recreational facility – breaking ground May 2016
- Grant applied for involving walkability in the community to include help in finishing and marking walking paths – March 2016

WINS:

PRIORITY AREA:

PHYSICAL ENVIRONMENT – NOT ENOUGH AFFORDABLE HOUSING

- In Jamestown, housing is up to a 4% vacancy rate from 2%
- Are You Prepared Booklet mailed out 12/2015
- Bus stop to open

WINS:
PRIORITY AREA:
ACCESS TO CARE – COST & ADEQUACY OF HEALTH INSURANCE

- JRMC new providers
  - Urology (first time ever in the community)
  - Wound Center
  - Foot & Ankle Surgeon
  - Orthopedic Surgeon (August 2016)
  - OB/GYN (2016)
- Sanford to provide family practice in Edgeley Clinic 3 days a week
- Essentia: same day clinic open
- Sanford: video visit
- Chiropractors certified to do DOT physicals
- Central Valley Health extends hours for flu shots
- JRMC: Joint Commission top performer
- South Central Human Services Center: acute counseling (open access) just opened
- American Heart Association: been funded for CDC grant working with healthy food & drink choices

WINS:
PRIORITY AREA:
EMPLOYMENT – WORKFORCE

- Land use and Transportation
- Stutsman County Social Services: almost have a full staff
- NDSU Extension: Nourishing Boomers and Beyond has been recognized nationally
- Law Enforcement: full staffed for the first time in a few years
- Sheriff's Dept: fully staffed

Emerging Issues

- What the CHP is Discussing:
  - Being flexible and proactive to emerging issues
  - Championing economic growth
  - Access to care
  - Public Transportation
  - Housing
  - Workforce
  - Infrastructure

Emerging Issues

HOW WE CAN SUPPORT EACH OTHER:

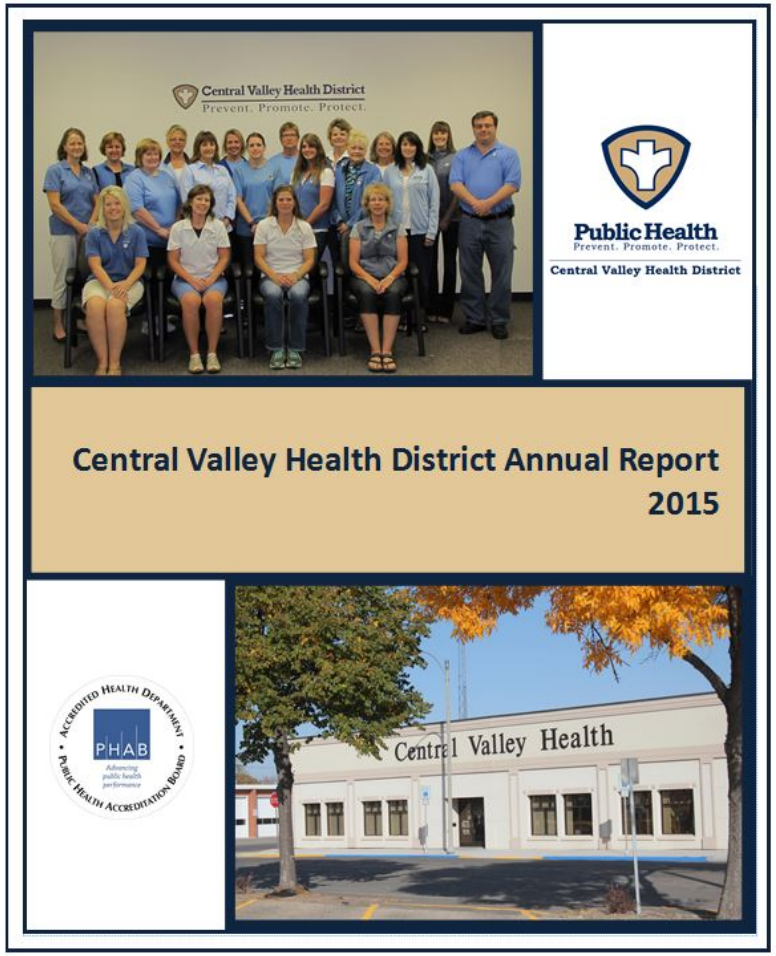
- State Pilot Programs
- Recruitment of new members
- Retention of current members
- Received Child Abuse Prevention Grant: will use this to disburse brochures, blue pinwheels for the Art Park in Jamestown

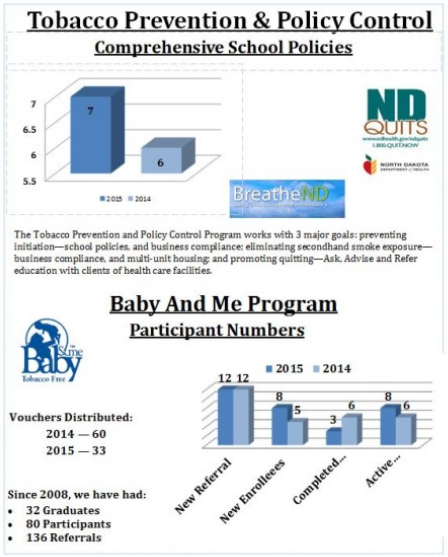
3-Reporting of Progress

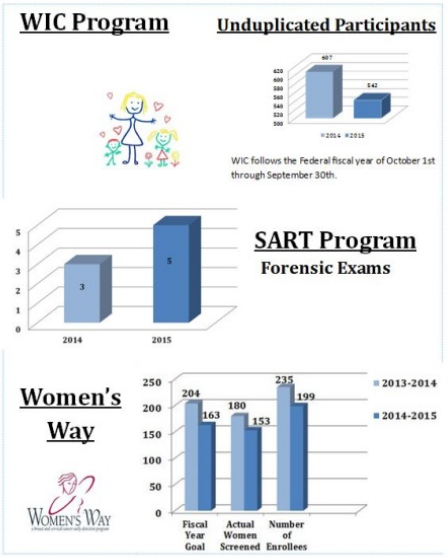
***The intentional sharing and monitoring of performance indicators and outcome results*.**

- Agency Annual Report and CVHD Board of Health meetings and minutes
- Develop a regular report cycle—3-5 years for CHIP
- Share Community data with community stakeholders and community advisory group
- Core team community members monitors progress of CHIP
- CVHD Website, Newspaper, Community (CHP)

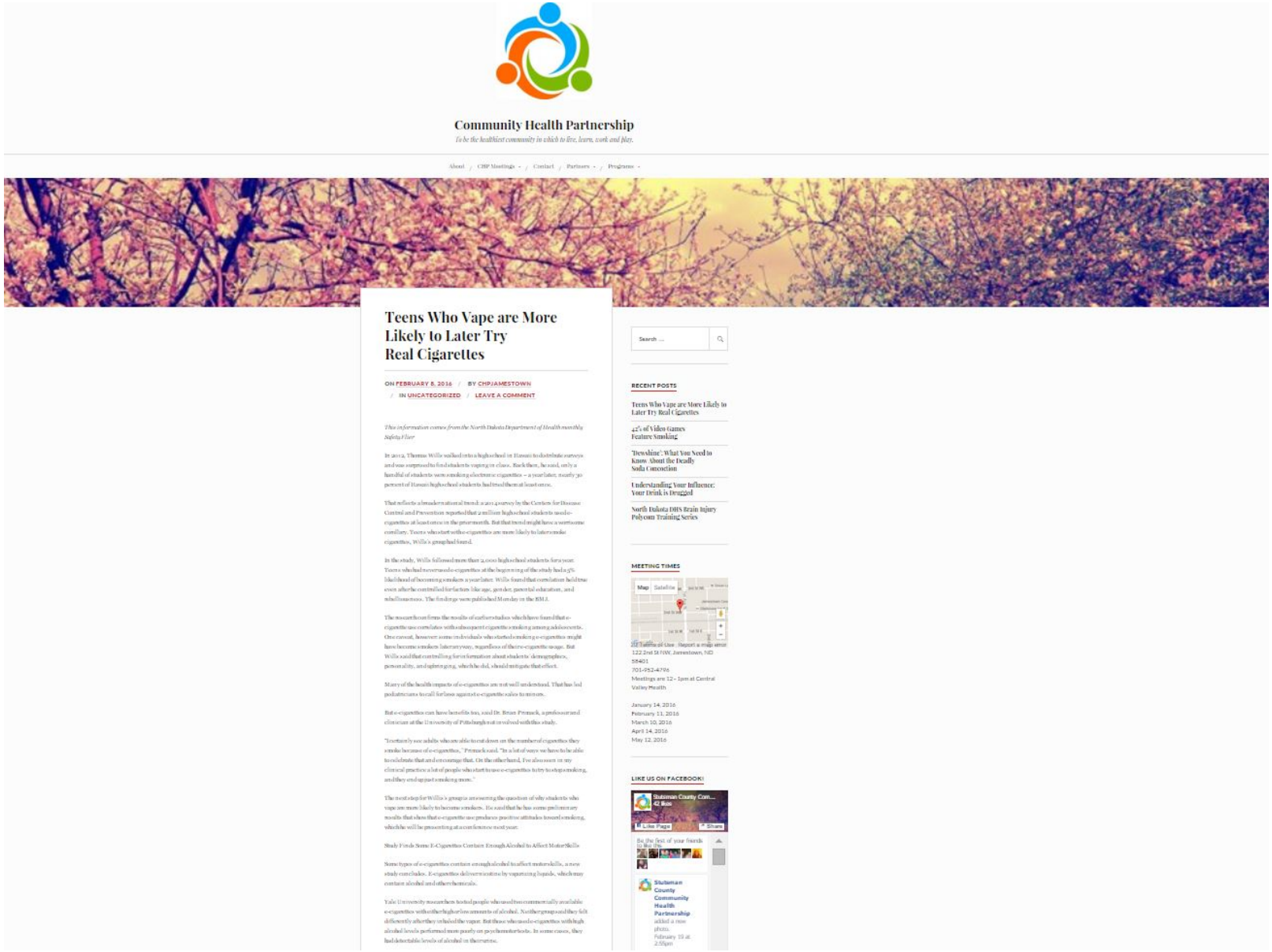
CVHD Annual Report:







Report Fiscal Status and Program Progress

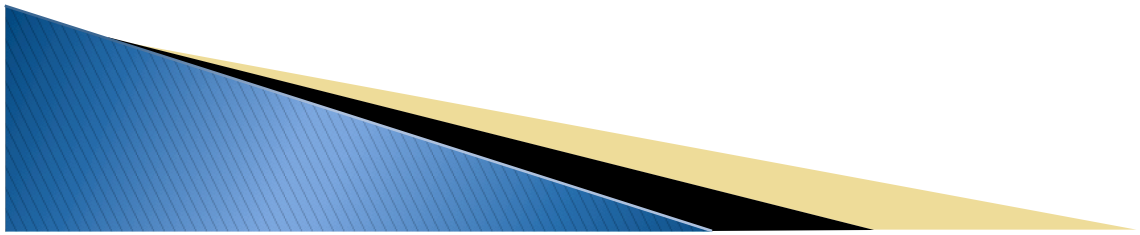


http://chpstutsman.com/

4-Quality Improvement

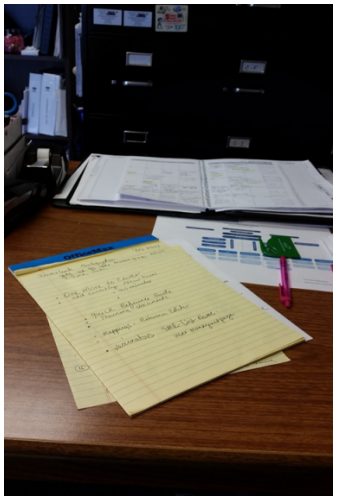
Agency QI – ***Identify was to improve agency performance***

- *Based on agency progress reports*
- Community QI – *Identify ways to improve community health outcomes Based on CHA*
- Select QI project for either agency or community
- CVHD QI Team



We've come a LONG way!

The OLD way..



Public Health
Prevent. Promote. Protect.
Central Valley Health District

STORYBOARD – ENVIRONMENTAL HEALTH

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
From a self assessment, the Central Valley Health District discovered that it was missing key information regarding environmental health data collection. It was narrowed down to sewer inspection data being the main priority.

2. Assemble the Team
Due to the nature of the project our environmental health staff was chosen, but we also wanted many perspectives so personnel from other program areas were chosen including finance, nursing, and reception.

3. Examine the Current Approach
A flow chart was created to demonstrate the current way data is being collected. It was determined that the proper forms, filing systems, and coordination among staff was needed to obtain the proper data.

4. Identify Potential Solutions
- Purchase a computer program to log data for EH services
- Organize EH forms and records so data is accessible
- More staff understanding EH documentation
- Assign a secretary to capture EH data
- If personnel understand what an inspection is – new vs. existing - the correct documentation will happen.

5. Develop an Improvement Theory
By understanding the inspection process and defining what documentation is needed along with a computerized tracking log data collection of sewer inspections will improve.

DO
Test the Theory for Improvement

6. Test the Theory
The team decided to integrate a hybrid filing method that included both paper and electronic filing. The team organized the files by year and county, both electronically and physically. In addition, new forms and collection methods were developed.

CHECK
Use Data to Study Results of the Test

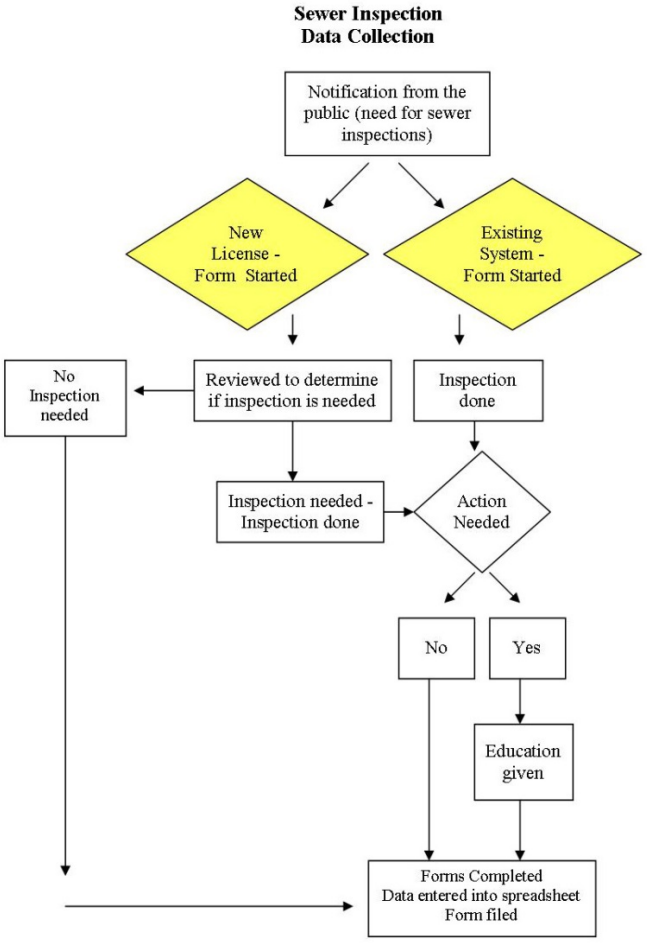
7. Check the Results
Overall, the data collection and integration went well and is working well at CVHD. In order to test the productivity and the success of the program, graphical pie charts were developed. The pie charts illustrate the improvement that was made by implementing this process. One can see that from the onset of the project, very little records were kept pertaining to the installation and inspection of on-site sewer systems to the conclusion of the project where 80-100% of on-site installation and inspections were recorded.

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
Standardize the Improvement
- Continue to refine current computer program
- Standardize the program, so that all team members are educated on how it works
- Update both the electronic and physical files weekly, so that a backlog of files is not created

9. Establish Future Plans
Working with other staff members, expand this new system into other programs as needed.

The NEW way…



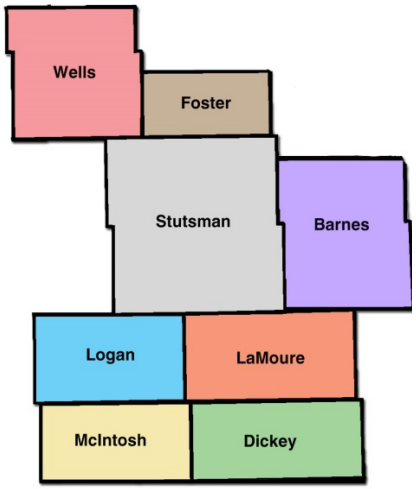
EnvironmentalComplaintsandConsultations

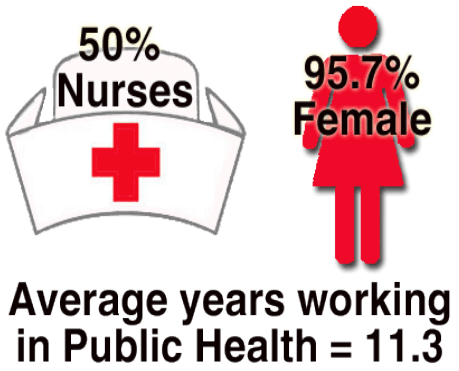
Initials	Date Received	Property Address	Phone Number	Type	Additional Information	Date Complete	Phone Call/Visit	Further Action	County	Status
mb	5/1			Nuisance	abatement	5/1	visit	provided oridance info	Wells	Completed
mb	5/2			Septic	sizing question	5/2	phone call		LaMoure	Completed
mb	5/2			Foodservice			phone call	called FDA if license will look into it	Barnes	Completed
mb	5/2			Septic	inspection process	5/5	phone call		Barnes	Completed
mb	5/2			Septic		5/5	phone call		Barnes	Completed
mb	5/5			Nuisance		5/5	phone call email	emailed references	Stutsman	Completed
mb	5/5			Septic		5/5	phone call/email		Barnes	Future to Complete
mb	5/5			Childcare	looking set up migrant hs for summer		phone call	will lookinto what type licensure	Dickey	Completed
mb	5/5			Pool	w womens failed stp		phone call	left msg follow procedure 6/16 passed	Stutsman	Completed
ak	5/5			Foodservice	questions on food code	5/5	phone call/email	sent resources and posters	Stutsman	Completed
mb/ak	5/5			Tanning	moving 3 beds from lower level to top		phone call	advised to call when completed (end of June for f/u visit)	Barnes	Awaiting response
ak	5/6			Foodservice	f/u visit	5/6	visit		Stutsman	Completed
ak	5/7			Septic			phone call		Wells	Future to Complete
mb	5/6			Septic	bridgecity		phone call		Barnes	Future to Complete
mb	5/6			Nuisance	mold	5/6	phone call		Stutsman	Completed
mb ak	5/7			Nuisance	complaint fertilizer culvert to river	5/7	phone call visit	sent information to joe nett nddoh	Stutsman	Completed
mb	5/7			Foodservice		5/7	email	sent state license holder	Barnes	Completed
ak/mb	5/5			Nuisance	garbage accumulation	6/4	letter sent	5/8 letter mailed, 6/4 drove by pile cleaned up	Stutsman	Completed
mb/ak	5/8			Nuisance	mold info	5/9	phone call	mailed info	Stutsman	Completed
ak	5/9			Foodservice	purchased unit would like to license	5/9	phone call	provided F&L info	Stutsman	Completed
mb	5/9			Septic	failed see 04-14 l		visit	5/14 called list installers	Barnes	Future to Complete

Completed
Awaiting response
Future to Complete

Southeast Central Regional Public Health Network

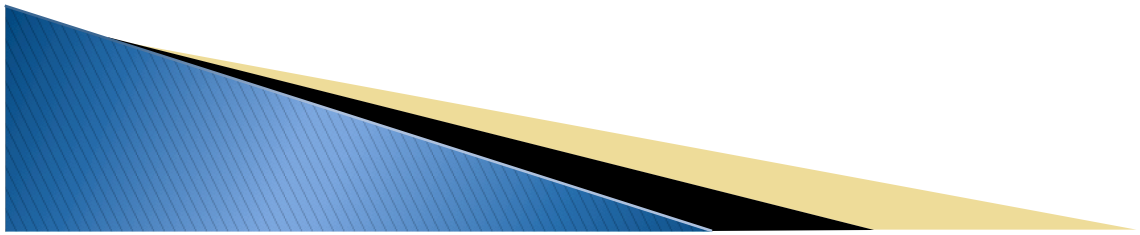
- In 2012, the SE Central Region came together to establish the SE Central Regional Network.
- Seven local public health units covering 9,866 square miles.
- 21.2% of the population is over age 65, compared to the U.S. population, with 13.2% over age 65.
- 35 public health staff whose job it is to provide strong public health infrastructure to prevent disease, promote health and wellness, and protect the public from hazards and disasters
  - GOAL: Formalize collaboration to increase efficiency





Our Process

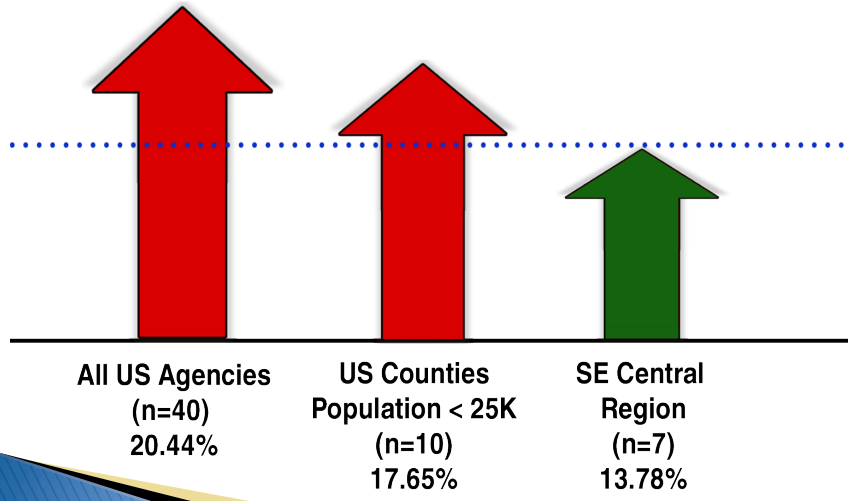
1. Reviewed local county health profile data
2. Completed a gap analysis, which included PHUNDS
3. Worked with national consultants from the Public Health Foundation and Louisiana State University
4. Completed Quality Improvement and Performance Management trainings
5. Considered findings of the gap analysis report
6. Conducted a cost benefit analysis of programs and services
7. Identified the local data that could be measured frequently and regularly (more than once every year or two years)
8. Reviewed the the North Dakota Department of Health (NDDoH) Performance Measures/Indicators
9. Create a QI plan
10. Create a work plan
11. Sign a Joint Powers Agreement



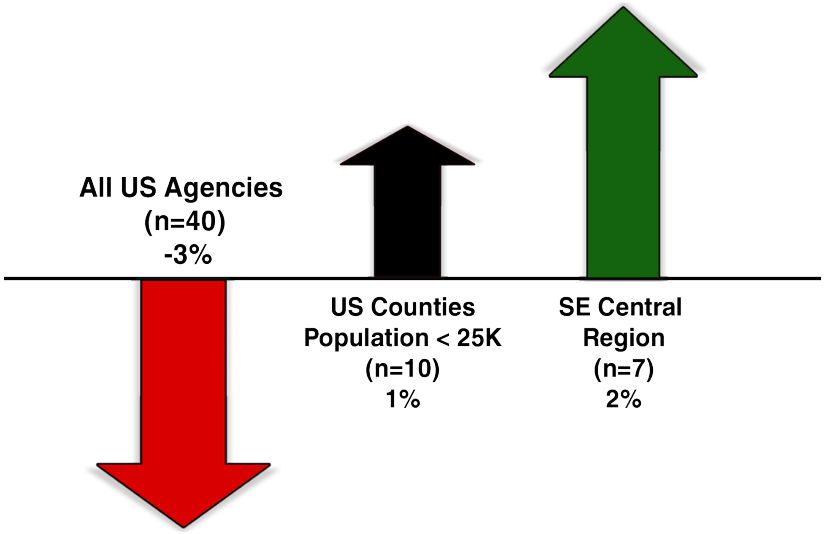
Demonstrated Financial Efficiency

"Public dollars are used very efficiently by the health units in the SE Central Region." Peggy Honore', Public Health Consultant

Administrative expenditures of less than 15 percent is a financial efficiency benchmark.



Total margin benchmark is a positive difference between annual revenue and expenditures

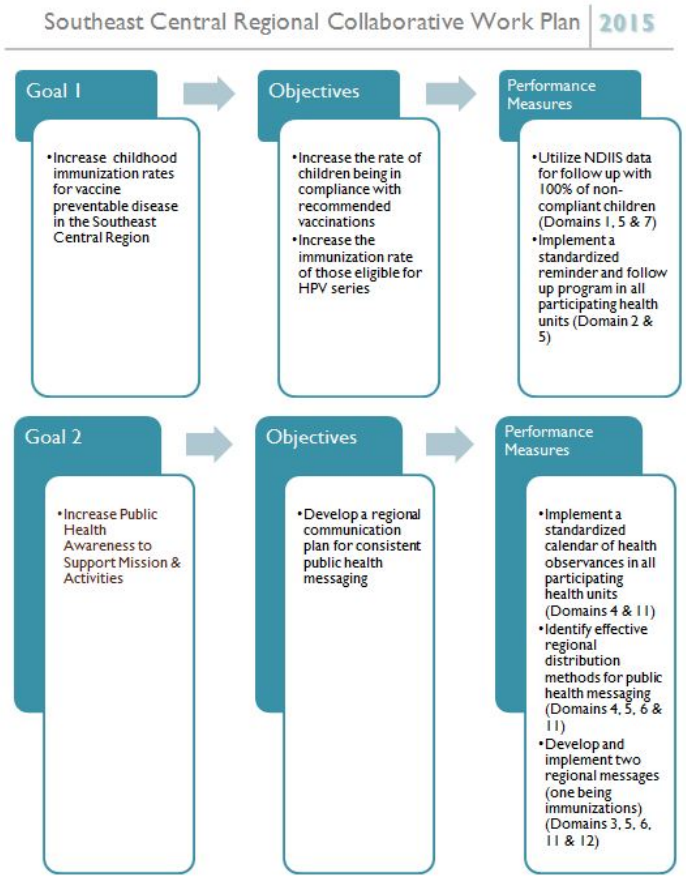


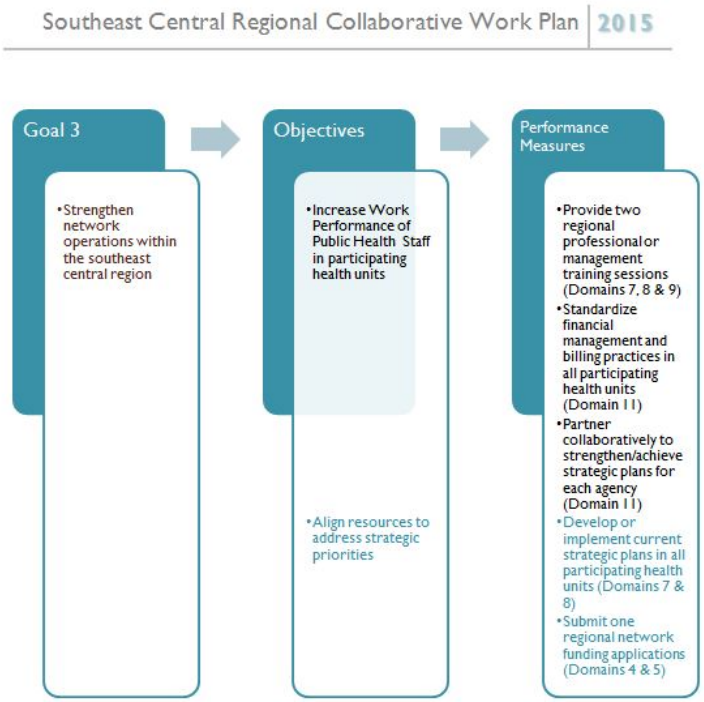
Southeast Central Regional Network

PHF Performance Management System Training – June 2014

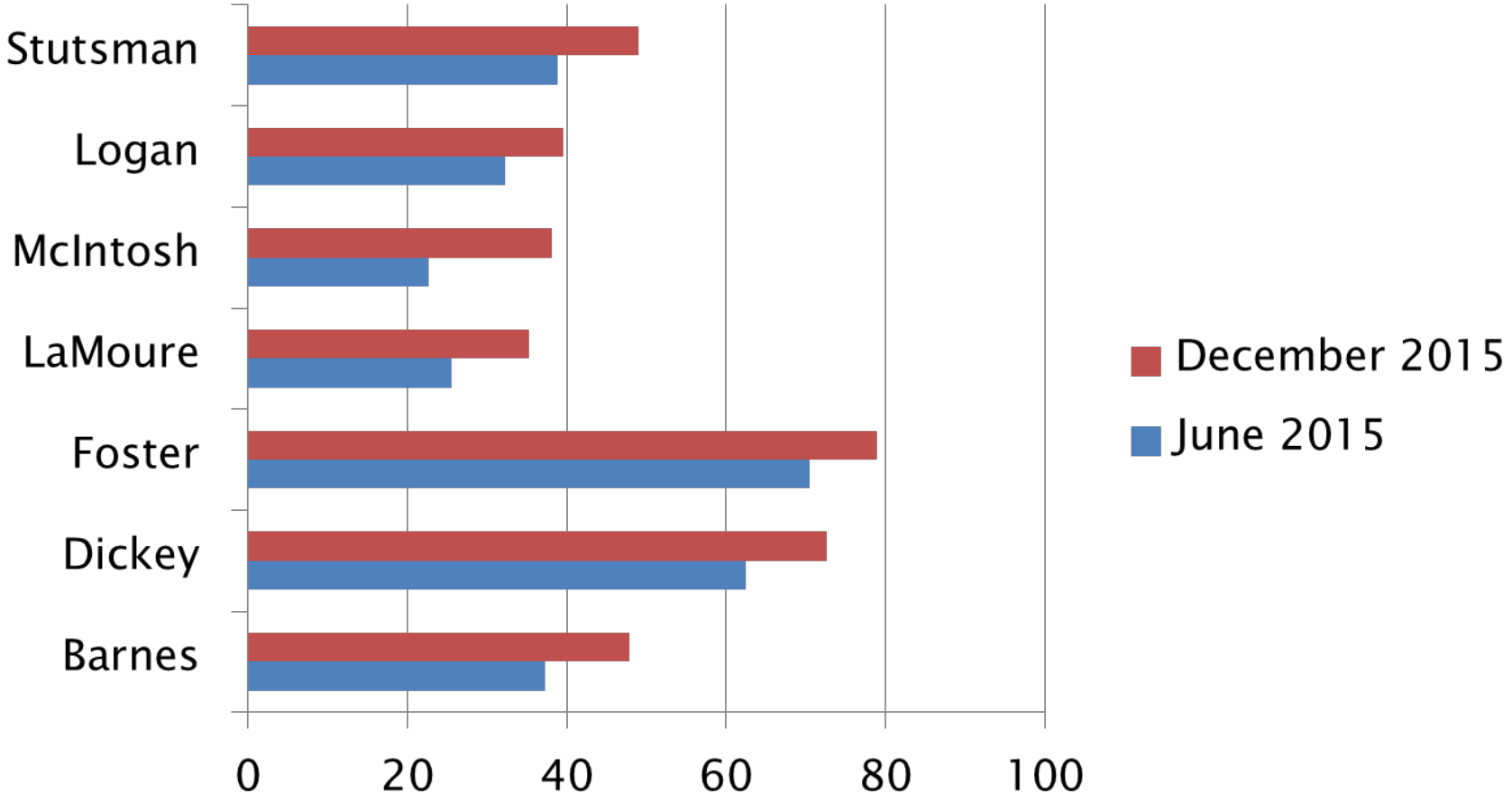
Regional Network Signing of Joint Powers Agreement – November 2015

Performance Measurement – Regional Network Annual Work Plan:

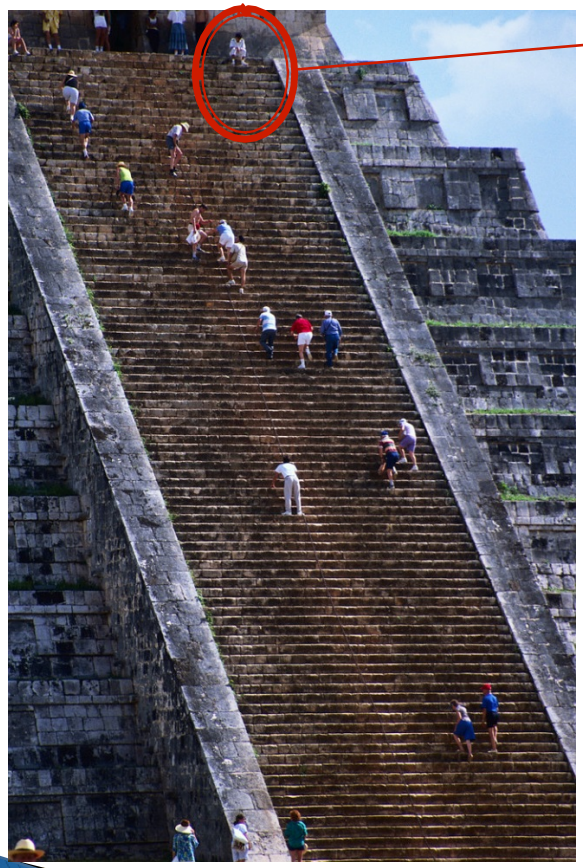




Regional Immunization Compliance Rate Progress



It IS Possible!



Public Health
Prevent. Promote. Protect.

Central Valley Health District

Tami Dillman, MBA

122 2nd St NW

Jamestown, ND 58401

Phone: 701-952-8184

Fax: 701-252-8137

Email: tdillman@nd.gov

PERFORMANCE MANAGEMENT (PM)

HOUSTON HEALTH DEPARTMENT (HHD)

Robert Hines, MSPH, HHD Accreditation Coordinator

ABOUT
HOUSTON

POPULATION[1]:	2,099,451
LAND AREA[1]:	Approx. 600 sq. mi.
HARRIS COUNTY POP[1]:	4,092,459
POPULATION SERVED:	2.2 million
TOTAL EMPLOYEES:	1,080
PHAB ACCREDITED:	December 12, 2014

[1] DATA SOURCE: U.S. CENSUS BUREAU, 2010 CENSUS SUMMARY FILE

PERFOMANCE MANAGEMENT EVOLUTION

BASELINE

1. **No formal structure, some programmatic methods of PM tracking**
   (e.g., funding requirements)
2. **Very little awareness of PM**
   Generally, perceived connection was employee evaluation

GOAL

1. **Formalized structure encouraging employees to facilitate their own performance management and growth**
2. **Department as a whole to be aware and excited about PM**

ADDRESSING EMPLOYEE PERCEPTION

TURNING POINT ASSESSMENT

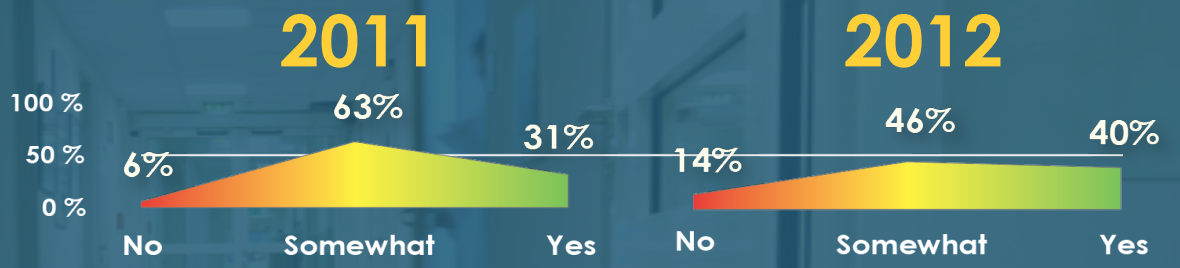
- Determine a baseline
- Gain an understanding of employee knowledge, experience, and awareness
- Identify best approach for engaging

TRAINING

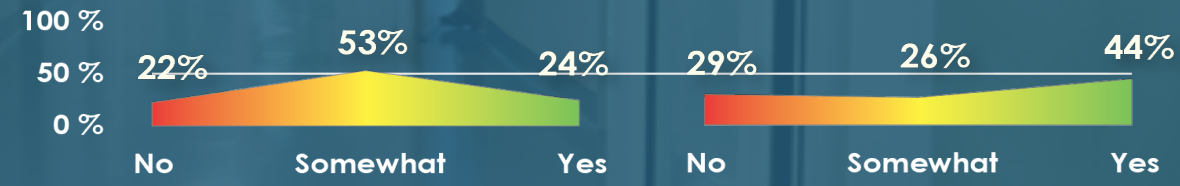
- Addressing employee perception
  - more often than not, it is perceived negatively

SELF ASSESSMENT

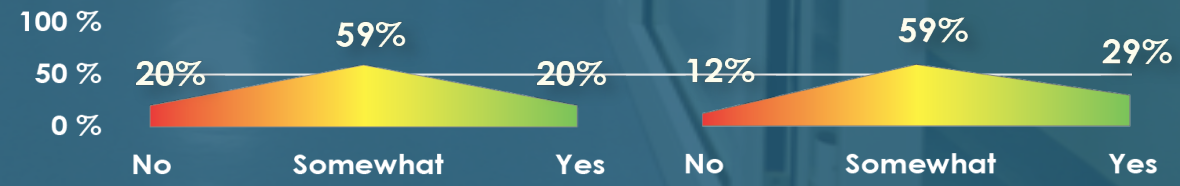
Do you have a process(es) to improve quality or performance?



Is there a regular timetable for your QI process?

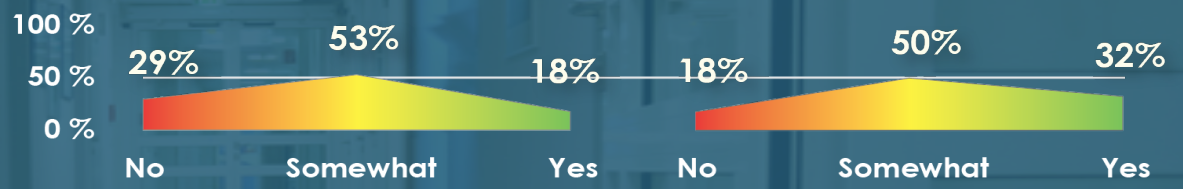


Does staff have the authority to make certain changes to improve performance?

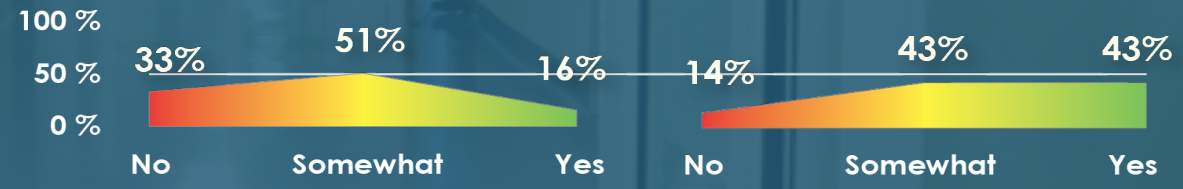


SELF ASSESSMENT

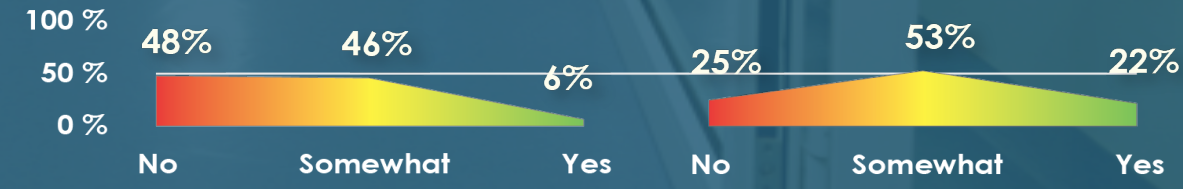
Is there a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets?



Is QI training available to managers and staff?



Are personnel and financial resources allocated to your QI process?



INITIAL

REACTIONS TO QI

FEAR AND LOATHING

- Common reaction
- Fear: threat to job stability
- Fear: more work
- Fear: it will (or won't) change the status quo

CONFUSION

- Poor understanding of accreditation and QI
- Lack of awareness of the need or purpose for accreditation or QI

DISINTEREST

- Lack of understanding of relationship between accreditation and work
- Expectation (real or perceived) that there isn't enough high level support

ADDRESSING

REACTIONS TO QI

FEAR AND LOATHING

- Stress value of grass-roots ownership
- Do not portray QI as a mandatory initiative

CONFUSION

- Addressed by Education (Training on what QI is and its value)
- Provide examples of successful project

DISINTEREST

- Addressed by Education (Training on what QI is and its value, 10 Essential PH services)
- Stress Leadership role
- Provide examples of successful projects

HIGHLIGHTS

RESOURCES THAT WORK

KLIPFOLIO

INTERNAL,
CENTRAL
TRACKING TOOL

HEALTHY COMMUNITIES INSTITUTE (HCI)

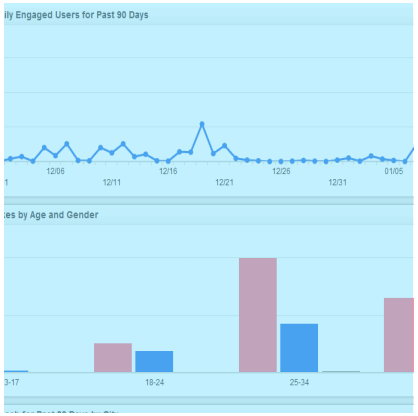
COLLABORATIVE,
EXTERNAL
TRACKING TOOL

KLIPFOLIO

“An online dashboard platform for building powerful real-time business dashboards for team or clients”

- Started with counts and measures
- Became more sophisticated with developing measures and actual performance targets
- Added STRAT and CHIP objectives later

KLIPFOLIO



UTILITY	COST	ADMIN
User friendly Does not require much technical expertise	**Affordable ($20/ user/month)** Doesn't require much storage space	**Flexible** Easy to modify in-house

General Fund

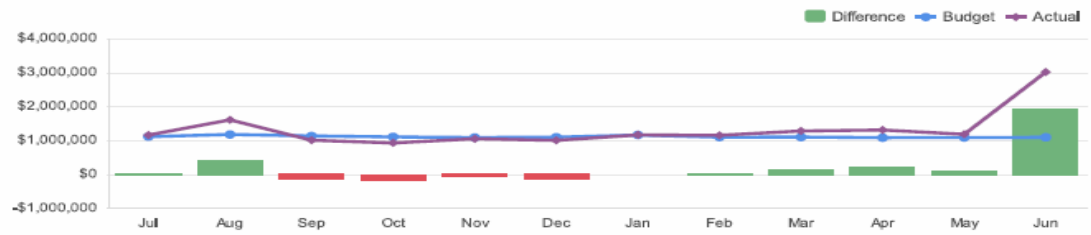
Choose your Fiscal Year:

Fiscal Year: FY 2013

General Fund Revenue YTD

vs. Budget	Over/(Under) by	Budget	Actual	Encumbrance
▲	$2,517,921	$13,369,500	$15,887,421	$0

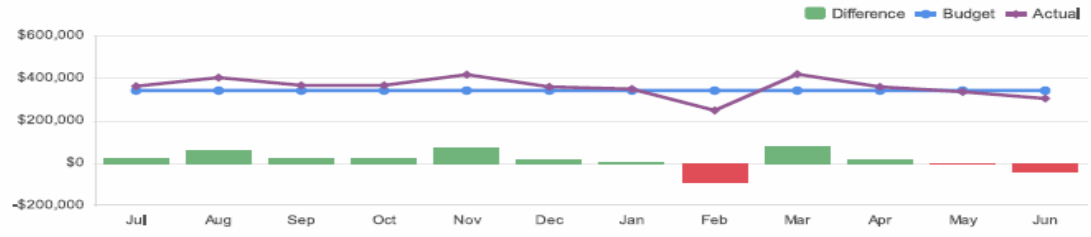
General Fund Revenue



Indirect Cost Revenue YTD

Revenue Source	vs. Budget	Over/(Under) by	Budget	Actual
Indirect Cost Recovery	▲	$187,263	$4,100,000	$4,287,263

Indirect Cost Revenue



Garage Parking YTD

Revenue Source	vs. Budget	Over/(Under) by	Budget	Actual
Garage Parking	▲	$9,431	$146,000	$155,431

Garage Parking Revenue

Choose your Division:

Division: Director's Office

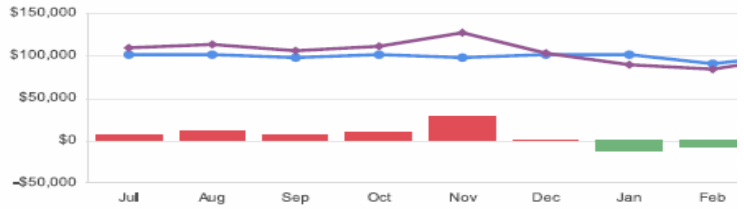
General Fund Expenditures YTD

vs. Budget	Over/(Under) by	Budget	Actual
▲	$114,821	$1,189,733	$1,304,554

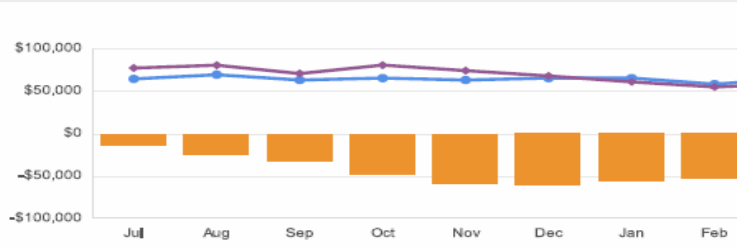
Expenditures by Category YTD

Fund	vs. Budget	Over/(Under) by	Budget
Personnel	▲	$111,359	$1,051,610
Supplies	▼	($1,265)	$8,595
Services	▲	$4,787	$128,928
Non Cap	▼	($61)	$600
Cap Purch	▼	$0	$0

General Fund Expenditures



Cumulative Vacancy Savings (Full Time and Part Time Pay, including Overtime)



Personnel Expenditures

Project	Completion Date/Due Date	Status
CLINICAL MANAGEMENT INFORMATION SYSTEM (CMIS)	TBD	
PHARMACY INVENTORY SYSTEM	TBD	
MAVEN HIV/STD/STATE MODEL	On Hold	
ENVIRONMENTAL LAB SYSTEM	10/14/2013	
TEXAS PUBLIC HEALTH RISK ASSESSMENT TOOL	10/1/2013	
MOBILE DEVICE MANAGEMENT	9/30/2013	
LAB ORDER ENTRY (LOE) ROLLOUT	9/2/2013	
SEE TO SUCCEED WEB REG AND REPORTING	8/31/2013	

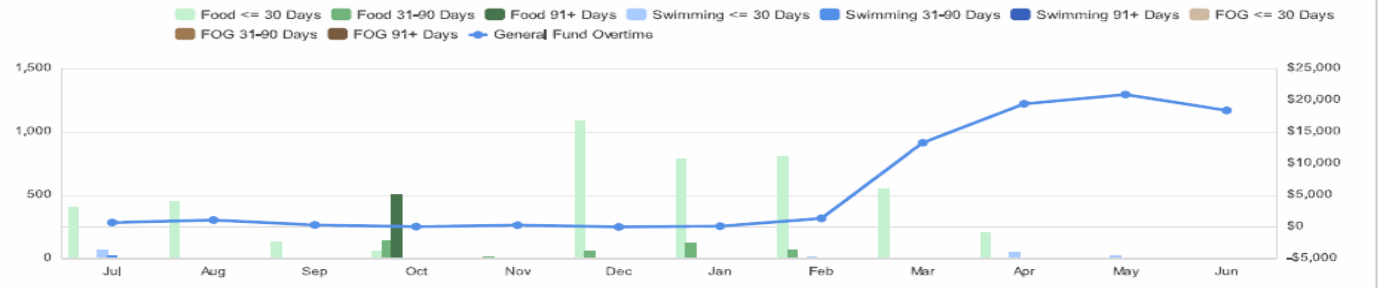
Disease Surveillance Statistics

Unit	Indicator	Baseline	Monthly Avg	Total YTD	Total PYTD	Status	12 Month Trendline
General Surveillance	Total Number of Cases Reported Monthly	TBD	1,945	23,338	n/a		
HIV Surveillance	Total Number of Cases Reported Monthly	TBD	159	1,911	n/a		
STD Surveillance	Total Number of Cases Reported Monthly	TBD	2,690	32,285	n/a		

Environmental Health

Unit	Indicator	Target	Monthly Avg	Total YTD	Total PYTD	Status	12 Month Trendline
Food Establishment Inspections	Total Facility Inspections/ Investigations	30,737 Annually	2,701	32,409	43,057		
Swimming Pools Inspections	Total Facility Inspections/ Investigations	5,043 Annually	470	5,641	5,021		
Fats Oils and Grease Inspections	Total Facility Inspections/ Investigations	21,940 Annually	2,365	28,376	12,092		

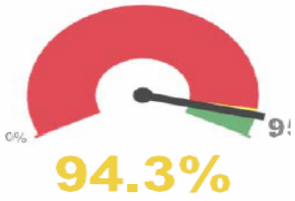
of Inspections past Due



Special Initiatives

Unit	Indicator	Target	Monthly Avg	Total YTD	Total PYTD	Status	12 Month Trendline
Kids Vision for Life / OneSight	# of Encounters	10,550 Annually	1,450	8,084	6,276		
	# of Clients						

TB: Average %of Clients Completing Directly Observed Ther



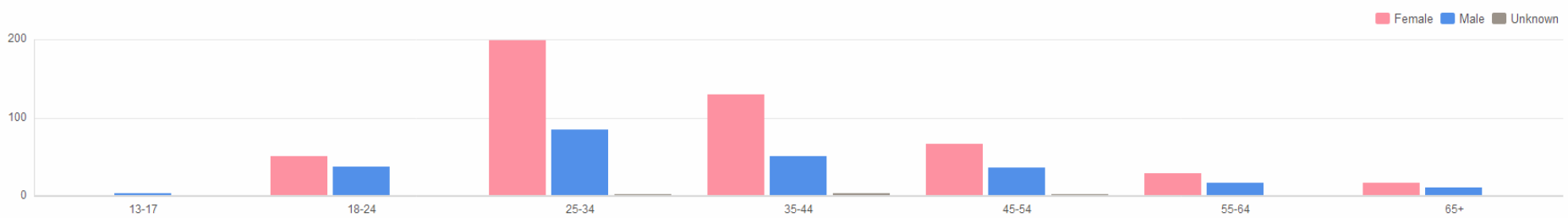
Average %of Outbreaks and Special Investigations Respond Defined Guidelines

Food: Average Routine Facility Inspections per Sanitarian pe

Swimming Pools: Average Inspections per Inspector per Day

HDHHS Facebook Daily Engaged Users for Past 90 Days

HDHHS Facebook Likes by Age and Gender



HDHHS Facebook Reach for Past 30 Days by City

Rank	City	Reach
1	Houston, TX	6,954
2	Quezon City, Philippines	328
31	Makati, Philippines	15
5	Pearland, TX	175
10	Manila, Philippines	104
24	Tomball, TX	31
4	Austin, TX	198
9	Atlanta, GA	117
6	Spring, TX	145
14	Monterrey, Nuevo Leon, Mexico	89

HDHHS Facebook Likes by Language

Language	Likes
English (American)	705
Spanish	22
English (British)	12

HEALTHY COMMUNITY INSTITUTE

HCI

"Web-based platform which enables local public health departments, hospitals and community coalitions to measure community health, share best practices, identify new funding sources and drive community health improvement. "

- Accessible to the community
- Updated on a quarterly basis and has the ability to export data reports for specific analysis and comparisons
- Includes data on population and health indicators
  - Educational factors, housing information, cancer data, transportation, housing info, health disparities, environmental health, etc.
- Will enhance community partnership

Houston ::

www.houstonstateofhealth.com/index.php

Search this site

Houston
STATE OF HEALTH
Informing Action with Health Data

EXPLORE DATA | SEE HOW WE COMPARE | TOOLS & RESOURCES | LEARN MORE

- Data Report
- Indicators Dashboard
- Health News
- County Public Health Department

FIND HEALTH DATA
View more than 100 economic, social, and health indicators for County

FIND DEMOGRAPHIC DATA
View demographic data on race, gender, ethnicity by zip code

TRACK PROGRESS
Compare county and local indicators to Healthy People 2020 Targets

SOCIONEEDS INDEX
Identify zip codes that have the highest level of socioeconomic need compared to our county and the US.

CHNA

WRITE A REPORT

Houston ::

www.houstonstateofhealth.com/index.php#

County

gender, ethnicity by zip code

Targets

compared to our county and the US.

COMPARE INDICATORS

Compare select indicators at the city/place, zip code, and census tract level

LOCATE RESOURCES

See all reports on a variety of different topics

FIND PROMISING PRACTICES

View promising practices highlighting efforts around the country addressing similar community health challenges

WRITE A REPORT

Conduct your community health needs assessment and develop an implementation strategy

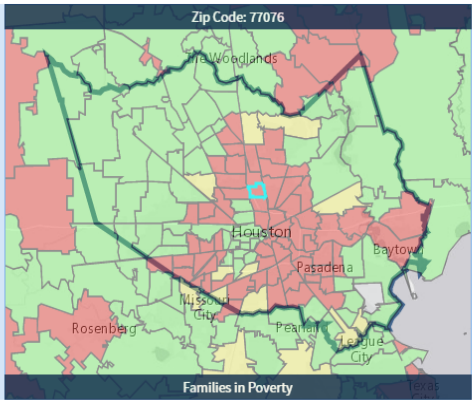
This month's focus: Families Living Below Poverty Level

77076

33.8 PERCENT

What is this indicator?
This indicator shows the percentage of families living below the federal poverty level.

Learn more



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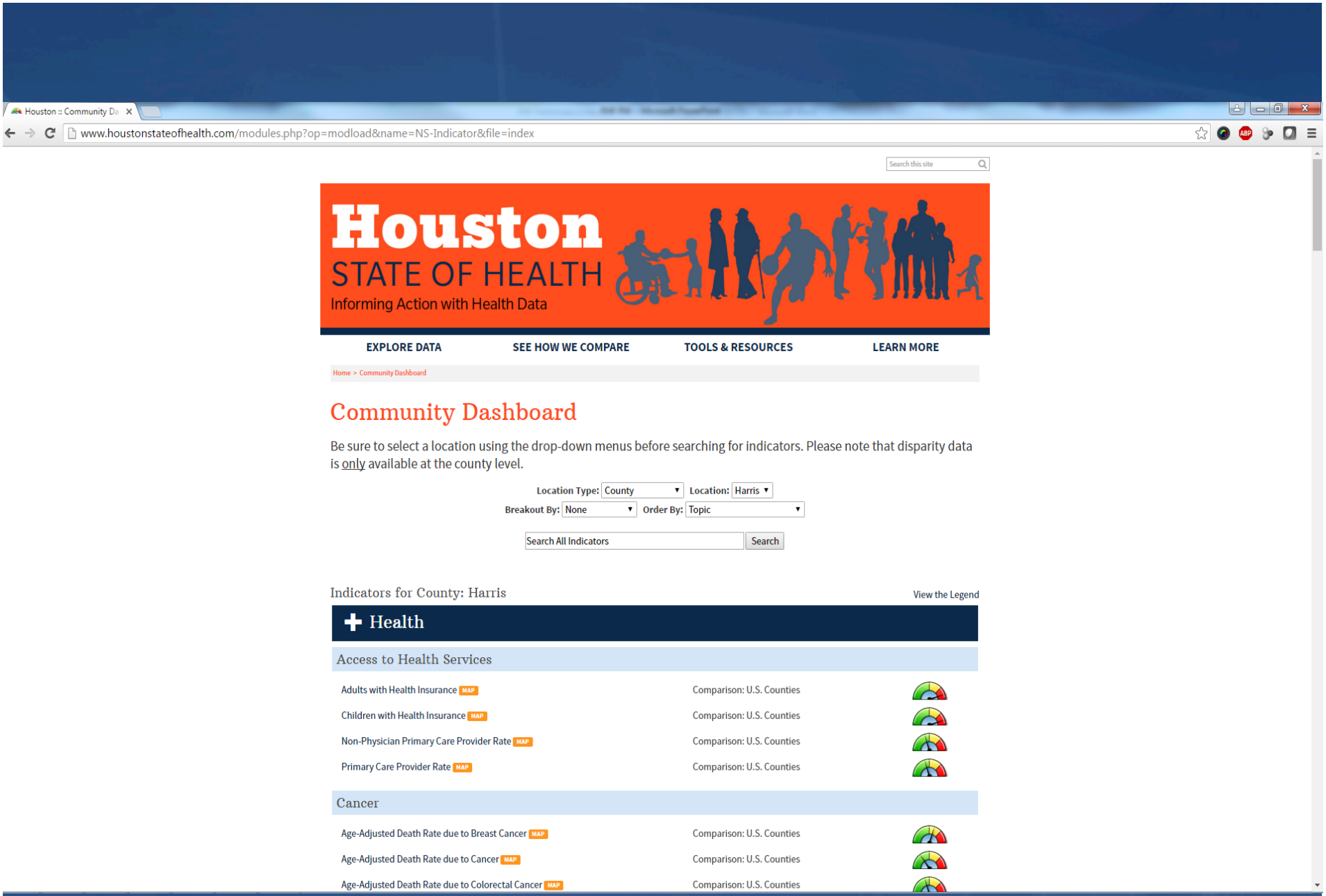
Houston :: Community Da
www.houstonstateofhealth.com/modules.php?op=modload&name=NS-Indicator&file=index
Search this site
Houston
STATE OF HEALTH
Informing Action with Health Data
EXPLORE DATA
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LEARN MORE
Home > Community Dashboard
Community Dashboard
Be sure to select a location using the drop-down menus before searching for indicators. Please note that disparity data is only available at the county level.
Location Type: County
Location: Harris
Breakout By: None
Order By: Topic
Search All Indicators
Search
Indicators for County: Harris
View the Legend
Health
Access to Health Services
Adults with Health Insurance MAP
Comparison: U.S. Counties
Children with Health Insurance MAP
Comparison: U.S. Counties
Non-Physician Primary Care Provider Rate MAP
Comparison: U.S. Counties
Primary Care Provider Rate MAP
Comparison: U.S. Counties
Cancer
Age-Adjusted Death Rate due to Breast Cancer MAP
Comparison: U.S. Counties
Age-Adjusted Death Rate due to Cancer MAP
Comparison: U.S. Counties
Age-Adjusted Death Rate due to Colorectal Cancer MAP
Comparison: U.S. Counties

LESSONS LEARNED

- Need a strategy; not just steps
- Understand staff perception
- Brand in a way that is appealing to your staff
- Use tools that make tracking and reporting easy

CONTACT INFORMATION

Robert A. Hines, Jr. MSPH

Performance Improvement Manager & Accreditation Coordinator

Houston Health Department (HHD)

Director's Office

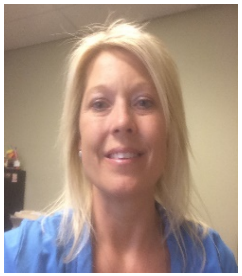
Phone: 832.393.4606

Robert.Hines@houstontx.gov

Questions or Comments?

Micaela Kirshy
mkirshy@phf.org

Jack Moran
jmoran@phf.org



Tami Dillman
tdillman@nd.gov

Robert Hines
Robert.hines@houstontx.gov

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Thank you for participating in today's webinar!

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