

# Massillon City Health Department



## 2022-2024 Performance Management (PM) & Quality Improvement (QI) Plan

Adopted December 2021

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# Introduction

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The Massillon City Health Department (MCHD) is committed to the ongoing improvement of the quality of services provided to the residents of Massillon City. This plan serves as a foundation to describe Performance Management (PM) and Quality Improvement (QI) goals, responsibilities, and activities of our agency to protect and improve the health, safety, and well-being of the residents of Massillon City. This Quality Improvement Plan (QIP) is intended to provide a framework and guidance within the agency to ensure that resources and processes are available for continuous quality improvement. This plan specifically addresses the current and future state of quality within the agency, work force training, structure of a Quality Improvement Team (QIT), and linkages to other key documents, including the Strategic Plan (SP), the Community Health Improvement Plan (CHIP), and the Workforce Development Plan (WFDP). This plan will serve as a foundation for enhancing quality in current agency processes and instilling a culture of quality improvement throughout the agency. Implementation of this plan will also be a foundation for MCHD's efforts to become nationally accredited.

## **Mission, Vision & Values**

**Mission-** The mission of the Massillon City Health Department is to help promote and protect the health and well-being of the citizens in the Massillon community.

**Vision-** A community where all residents have access to services to achieve a healthy lifestyle both mentally and physically.

## **Values**

- M- Mission and vision driven**
- C- Community focused**
- H- Health equity for all**
- D- Disease prevention and education**

# Performance Management System

MCHD is committed to continuously implementing a Performance Management system. This allows us to measure, monitor, report, and improve the quality of programs and services leading to improved health of Massillon City residents. PM is the practice of establishing performance standards, collecting data to evaluate results, and using data for decision-making. QI is an essential component of this broader system.

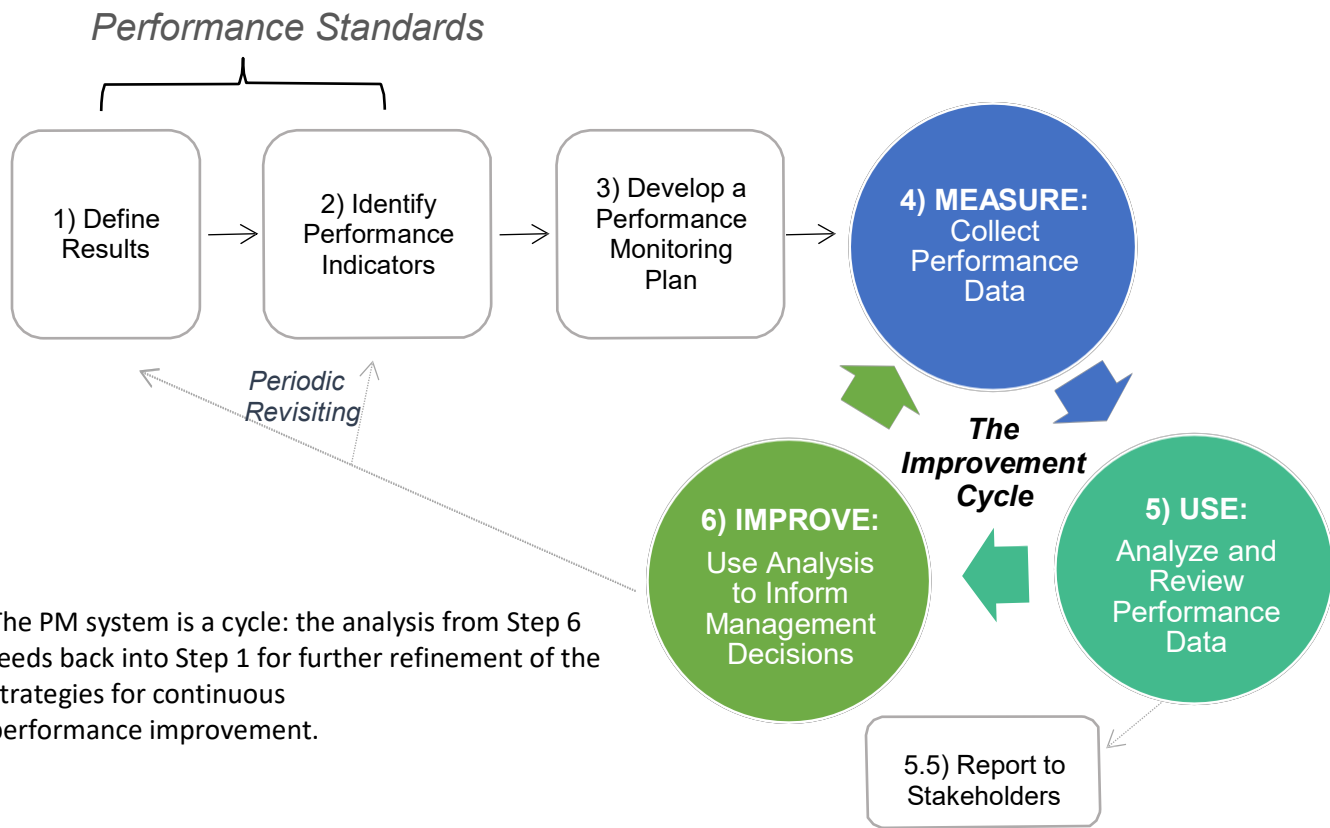
## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Image Source: Turning Point Performance Management System:  
[http://www.phf.org/resourcestools/Pages/Turning\\_Point\\_Project\\_Publications.aspx](http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx)

PM is the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. A PM system is a defined process for the establishment of organizational objectives across all levels of the department. A PM system helps identifying indicators to measure progress toward objectives on a regular basis, identifying responsibility for monitoring progress and reporting, and identifying areas where achieving objectives requires focused quality improvement processes.

The core elements of a performance management system are illustrated below:



The PM system is a cycle: the analysis from Step 6 feeds back into Step 1 for further refinement of the strategies for continuous performance improvement.

MCHD's performance management system begins with the SP and encompasses programs and services throughout the department. Based on a results framework (illustrated on the following page), performance measures and data tracking are based on a tiered system starting with activities within the Health Department's control. MCHD may also track measures outside of its direct influence. The results of each tier are linked in a causal "if / then" relationship within the results framework. MCHD's Vision for *A community where all residents have access to services to achieve a healthy lifestyle both mentally and physically* is the ultimate outcome the department models its performance management efforts on.

### Target Setting

Target setting of Performance Management dashboard is based on historical data, benchmarking based on other similar sized Health Departments, State/Local/Federal guidelines, budget analysis, and desire to improve, when applicable. Targets are reviewed on an annual basis by all staff and consensus vote.

#### Target key:

Met=100% target achieved

Largely met=>75% of target achieved

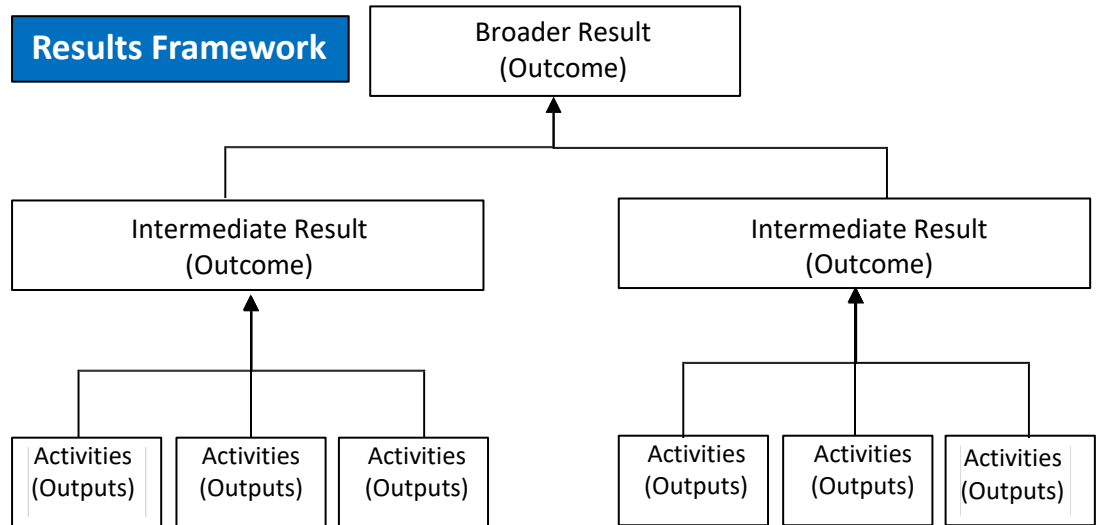
Slightly met=50-75% of target achieved

Not met=<50% of target achieved

<sup>1</sup> Performance Management National Excellence Collaborative, Turning Point: From Silos to Systems, Using Performance Management to Improve the Public's Health, 2003

## PM Responsibilities

Leadership is responsible for engaging staff at all levels of the organization in the development and maintenance of the performance management system.



Agency-level performance measures are established under the SP's priorities and objectives. Division and programmatic PM is the responsibility of Directors, Supervisors, coordinators, and front-line staff:

- Division Directors oversee and guide the development of a performance monitoring plan (PMP) for their division. This includes the development of division level measures, indicators, data collection plans, and reporting.
- Supervisors collaborate with staff to develop appropriate performance measures to monitor the performance of program goals and communicate expectations and analysis results to staff on a monthly basis with year-end review.
- Staff develop performance measures, participate in regular data collection, and establish program goals and measures that support the agency's mission, vision, and core values.

## Performance Management Data Sources & Collection

MCHD uses multiple data platforms and systems, which are integral to understanding performance across each of the health department's programs and services, which include, budgeting/financial systems, customer satisfaction survey data, clinical records and/or nursing reports, and environmental health systems. Data collected across these multiple platforms is integrated into MCHD's PM dashboard, provided on page 22.

## Quality Improvement

A multi-divisional, diverse team of MCHD employees collaborated on MCHD's Performance Management and Quality Improvement Plan (PMQIP). The plan outlines how we are establishing a culture of continuous quality improvement (CQI) through systematic, department-wide training and project involvement. This plan is shared with all MCHD employees and key stakeholders and serves to strengthen our ability to achieve the goals and objectives outlined in our strategic and workforce development plans, and community health improvement plan.

## Description of Quality

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This section provides a description of quality efforts in MCHD, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents.

### Current and Desired Future State of Quality

#### Current State

A Quality Improvement Team (QIT) was established in 2019 to oversee the selection of quality improvement projects and to build QI throughout the agency. MCHD brainstorms on QI projects to improve the Health Department in this area as MCHD staff has adopted a QI culture. All staff members have completed an introductory course on QI through the Ohio State University's (OSU) Center for Public Health Practice. Staff have received basic training on quality improvement and performance management, and will continue to grow in this area each year with trainings when applicable. New and present staff members are required to complete the introductory QI modules through the Ohio State University's (OSU) Center for Public Health Practice.

#### Future State

Moving forward, the QIT oversees the quality process throughout the agency and developed a quality planning process that can be used to develop new initiatives and enhance current programs, plans, and initiatives. The quality planning process is standardized across the agency. The process includes goals, objectives, data collection, customer need, budget considerations, program evaluation and summary reports. The overall goals of the QIT are:

- To improve processes that can enhance customer service
- To address internal processes that affect staff efficiency and effectiveness
- To ensure that new programs, initiatives and activities begin with a framework to address customer needs, program goals, measures, and data collection

To use QI tools to improve public health outcomes.

## Quality Improvement Process

MCHD applies the CQI process by following the Plan-Do-Study-Act (PDSA) approach. Training and resources have been provided by The Ohio State University College of Public Health. MCHD incorporates the PDSA approach into QI projects. An example of such tools are: flowchart diagrams, fishbone diagrams, and root cause analysis.

## Key Quality Terms

### Introduction

A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms are listed alphabetically in this section.

### Definitions

**Community Health Improvement Plan (CHIP):** A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. (<http://www.cdc.gov/stltpublichealth/cha/plan.html>)

**Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

**Plan-Do-Study-Act (PDSA, also known as Plan-Do-Check-Act):** A systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. (*The W. Edwards Deming Institute, 2016*)

**Quality Culture:** QI is fully embedded into the way the agency does business, across all job classifications, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (*Roadmap to a Culture of Quality Improvement, NACCHO, 2012*)

**Quality Improvement (QI):** In public health, QI is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. (PHAB Acronyms and Glossary of Terms, 2013) .

**Quality Improvement Team (QIT):** A 5-member team representing the overall agency whose main responsibility is to oversee the Quality Improvement Plan and resulting activities.

**Performance Management System (PMS):** A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011)

**Storyboard:** Graphic representation of a QI team’s QI journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012)

**Strategic Plan (SP):** A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008)

**Workforce Developmental Plan (WFDP):** A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. *Public Health Leadership, 3rd Ed*. Jones and Bartlett, 2014)

#### **Additional Acronyms**

**MCHD** Massillon City Health Department

**NACCHO:** National Association of County and City Health Officials

**PHAB:** Public Health Accreditation Board

## Links to Other Agency Plans

This plan is directly aligned with the values and priorities of the MCHD as outlined in the Strategic Plan. As a high performing agency, MCHD focuses on QI to increase efficiency by looking for ways to enhance processes and achieve measurable improvements. MCHD looks for ways to continuously improve the work environment, processes, efficiency and effectiveness. Guidelines for ongoing QI training are outlined in the QI training schedule. Annual mandatory QI training for all staff is also outlined in the WFDP.

## Quality Improvement Plan Management & Engagement

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This section describes how the plan is managed and includes key information such as who is responsible for oversight, implementation, and monitoring progress.

### Oversight Roles & Responsibilities

The QIT is a key element of the QIP oversees the PMQIP and resulting activities. The PMQIT represents the overall agency with such a small department at least 1 person from each division will be represented. Members of the leadership team can also represent their units, as necessary. The PMQIT is comprised of five members representing the following areas within the agency: Administration (1), Environmental Health (1), Nursing (1), Clerical (1), and WIC (1).

Occasionally new staff members will become temporary members of the PMQIT depending on the needed expertise for each QI project; however, the five PMQIT members remain until request for replacement. Membership is evaluated annually to ensure appropriate representation. At least half of the members should have experience or training in QI. The PMQIT convenes at least quarterly and more frequently if needed.

Responsibilities:

- Lead QI efforts throughout agency
- Review, revise and approve PMQIP
- Review, analyze and draw conclusions based on PM data to identify potential QI projects
- Research, identify, and provide appropriate training for staff
- Cultivate QI projects by assisting staff with project nomination
- Review potential QI projects and make recommendations based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data
- Communicate expectations for PM/QI based on PM systems, QI projects and related data
- Identify team members for QI projects
- Monitor, support and facilitate QI projects as needed
- Survey project team members and evaluate completed projects

## Quality Improvement Council

The Quality Improvement Council provides ongoing leadership and oversight of continuous quality improvement activities. The Quality Improvement Council consists of the Agency Director, PMQIT Members, Division Managers and or Staff Members.

Individual responsibilities are described below.

Council Member	Responsibilities
<p style="text-align: center;">QI Team</p>	<ul style="list-style-type: none"> <li>• Oversees and convenes Quality Team meetings quarterly and or more frequently if needed</li> <li>• Works jointly with agency director to provide vision &amp; direction</li> <li>• Revises QI Plan annually based on Council review</li> <li>• Leads evaluation efforts and writes report</li> <li>• Requests resources for activities</li> </ul>
<p style="text-align: center;">Agency Director</p>	<ul style="list-style-type: none"> <li>• Provides vision &amp; direction for QI initiatives</li> <li>• Allocates resources for activities</li> <li>• Reports to Board twice a year</li> </ul>
<p style="text-align: center;">Division Managers</p>	<ul style="list-style-type: none"> <li>• Identifies appropriate staff for QI temporary team members</li> <li>• Oversees QI efforts within division</li> <li>• Facilitates QI teams as needed</li> <li>• Provides administrative support to QI Team</li> <li>• Assures QI-related performance and/or professional development goal for all division staff</li> <li>• Encourages staff to incorporate QI efforts into daily work and attend quarterly QI Team meetings when needed</li> </ul>
<p style="text-align: center;">All</p>	<ul style="list-style-type: none"> <li>• All staff members participate in QI projects</li> <li>• Submit QI projects ideas/form yearly</li> <li>• All staff have completed QI training and include QI concepts into daily work</li> </ul>

## Engagement of All Staff

MCHD has adopted a culture of quality, all staff members participate in QI projects as needed, identify QI projects to his/her supervisor and participate in QI training, and include QI concepts into their daily work.

## Communication

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In order to support shared understanding of performance management and quality as a usual-way-of-business, quality-related news is communicated to staff, Board of Health, and the general public on a regular basis using a variety of methods. This section describes how quality and quality initiatives are shared.

## Quality Sharing

Quality initiatives are communicated and shared with staff, Board of Health, and the public in a variety of ways:

- Performance management and QI materials are maintained on the departmental shared drive for all employees to access, including:
  - QI Team documents (agendas, charters, summaries, data tools, storyboards, etc.)
  - Performance Management dashboard
  - Quality Improvement project database (maintained by the QI Team)
  - Training materials and resources
  - QI Plan
  - Quarterly electronic newsletter
- The staff electronic newsletter provides quarterly updates on performance/quality initiatives, division updates, project outcomes, policy changes, and/or training opportunities.
- Project storyboards are posted on the shared drive and in the conference room upon completion
- Board of Health members receive updates on performance and quality improvement activities at least twice a year.
- The agency's annual report starting with the 2020 report includes a performance/QI feature, which provides an overview of recent accomplishments and QI activities, projects and results. The annual report is publicly accessible on the agency's website.

In addition to these regularly occurring communications, the PMQIT seeks avenues to share performance and quality initiatives with other community partners and other state and national audiences as appropriate.

# Training

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## Training and Support

MCHD has completed introductory training related to QI with all staff, along with some intermediate training for leadership. All staff are required to complete “The Fundamentals” of the OSU College of Public Health. The Accreditation Coordinator completed the LeanOhio Bootcamp training by OSU. It is the plan’s intent that QI training will be available to all staff and be progressive with more specialized training over time. All training will be provided by the QIT or a qualified outside agency.

QI Training Steps include:

- Orientation to agency Performance Management and QI initiatives, policies, and projects
- Required completion of online QI learning module “The Fundamentals” of the OSU College of Public Health for all new employees
- Required completion of online introductory performance management and QI learning modules for all current staff
- Annual QI training will be provided to all staff as needed
- Annual Intermediate or advanced QI training or exercise for all QI members
- QIT will reinforce QI initiatives, policies and procedures to all staff through various media as needed

## QI Training Schedule 2022-2024

Schedule	Training	Staff Trained
2022-2024	QI Orientation: The Fundamentals, CQI for Public Health of The Ohio State	All New Employees
2020	The Fundamentals, CQI for Public Health of The Ohio State	All Current Staff
As Needed	Tool Time, CQI for Public Health of the Ohio State	Current QIT Members and New QIT Members
Annually	QI Training	QIT Members
Annually	Refresher QI Course	All Current Staff

# Projects

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This section describes the process for QI project identification, prioritization, and selection of team members. Information about current and past projects may be obtained from the QIT. All staff members have an opportunity to share project ideas by submitting a Project Submission Form (Appendix A).

## Project Selection

Potential projects may be identified through the following sources:

- Annual Employee Survey
- Customer Feedback or Customer Surveys
- Formal or Informal discussion with QIT members
- Division meetings
- Community Health Improvement Plan
- After Action Reports
- Collaborative
- Performance management metrics
- Program Evaluations
- Project Evaluation Form

## Project Evaluation

Projects are identified and selected by the QIT utilizing the Project Evaluation Form, (Appendix B), guided first and foremost by alignment with the agency's mission, vision and strategic priorities. Project ideas are based on data obtained from internal and external customer feedback, program evaluations, after-action reviews, and/or from our performance management goals and targets. When multiple project ideas are being considered, they will be prioritized by the QIT.

Project team members are selected so that the scope of the problem/project is represented; teams will consist of five to seven members and represent affected departments, disciplines, and clients as needed.

## Current Projects

An archive of past projects and inventory of all current projects are maintained on the agency's health department shared files at. Templates and/or QI Process Forms used for QI projects may also be found on the agency's shared files under the folder "Quality Improvement and Performance Management".

# Quality Goals, Objectives & Implementation

**Introduction** This section presents the overall goals, objectives and implementation plan for QI.

Goal	Objectives & Activities	Measure	Timeframe	Responsible
<b>Goal:</b> All staff are trained in quality improvement	All staff have completed CQI learning modules “Fundamentals” of the OSU College of Public Health	Certificates collected by the Administrator indicates all staff have completed the training	March 1st, 2020	QI Team
<b>Goal:</b> Agency actively participates in QI	At least 9 potential QI project ideas will be submitted	Project submission forms	Every year	All staff
<b>Goal:</b> Complete 2 QI projects	MCHD completes 1 Administrative QI project and 1 Program area QI project	Final report or Storyboard for each project completed	Every year	All staff
<b>Goal:</b> Communicate QI projects and outcomes to the public	Increase sharing of projects to the community and public	share on social media	By August 1st, 2022	QI team
<b>Goal:</b> Survey QI project teams	Develop a survey that will be used to determine lessons learned, understanding of QI tools, value of the project and outcome and suggestions for overall agency QI efforts	Survey results for QI team participants	At the end of each project	QI team

# Monitoring & Evaluation

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This section describes the monitoring and evaluation for the PM efforts and QIP, associated goals, and projects.

## Plan

The PMQIT review and revise the PM & QIP annually or as needed. The review addresses progress toward goals, assessment needs, additional training needs and curriculum. Initial evaluations begin through facilitated discussions during quarterly QIT meetings. This evaluation could address

- Effectiveness of the PMQIP in overseeing quality projects
- Clarity of the PMQIP and its associated documents
- Lessons learned from the previous year
- Progress towards and /or achievement of goals as outlines in the *Quality Goals, Objectives, and Implementation* section
- Effectiveness of the training schedule
- Effectiveness of communication of QI projects and outcomes to internal and external partners
- Effectiveness of PMQIT meetings

## Projects& Teams

PMQIT provides project progress reports to the PMQIT annually or as requested by the PMQIT. The PMQIT receive QI Project Submission Forms from employees for evaluation. QIT prioritize project selections according to agency needs. The PMQIT develop sub team project members, implement QI project and submit a final report or project storyboard at the conclusion of the project. Within 30 days of a project's completion, all project team members will be surveyed by the PMQIT to determine: (Appendix C)

- QI process learning
- Understanding of QI tools and their use in this project
- Perceived contribution to the project
- Value of the Project experience and ultimate outcome
- Lessons learned
- Suggestions for overall agency QI efforts

## References & Resources

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**Community Health Improvement Plan (CHIP):** <http://www.cdc.gov/stltpublichealth/cha/plan.html>

**Plan-Do-Study-Act (PDSA, also known as Plan-Do-Check-Act):** *The W. Edwards Deming Institute, 2016.*

**Quality Culture:** Roadmap to a Culture of Quality Improvement, NACCHO, 2012.

**Quality Improvement (QI):** PHAB Acronyms and Glossary of Terms, 2013.

**Performance Management System (PMS):** Public Health Accreditation Board. *Standards and Measures Version 1.0.* Alexandria, VA, May 2011.

**Storyboard:** Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012.

**Strategic Plan (SP):** Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations.* Jossey Bass. New Jersey, 2008.

**Workforce Developmental Plan (WFDP):** Rowitz, L. *Public Health Leadership, 3rd Ed.* Jones and Bartlett, 2014.



# Appendix A

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## Quality Improvement Project Submission Form

**Requester Information:**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Division: \_\_\_\_\_ Title: \_\_\_\_\_

**Submission:**

Please submit your completed QI Project Submission Form to:

Audrey Sylvester or  
Terri Argent

**Request Type:**

\_\_\_\_\_ Environmental

\_\_\_\_\_ Billing/Fees

\_\_\_\_\_ Administration

\_\_\_\_\_ Building

\_\_\_\_\_ Nursing

\_\_\_\_\_ Supplies

\_\_\_\_\_ Customer Service

\_\_\_\_\_ Technology

\_\_\_\_\_ Programs

\_\_\_\_\_ Training

\_\_\_\_\_ Clerical

\_\_\_\_\_ Other

You will receive an e-mailed notification to acknowledge the receipt of your request.

Your request will be assigned to the Quality Improvement Team Members and you will be contacted directly to discuss the Quality Improvement Project in further detail.

**Additional Request Details:** *(Please provide any pertinent information about the request including but not limited to previous attempts and outcomes, desired start time for the QI project, and overall objectives or goals.)*

## Appendix B

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### Quality Improvement Project Evaluation Form

Answer the questions for the project by circling the strength of response  
(1) = Strong No | (3) = Neutral | (5) = Strong Yes | N/A = Not applicable

	Project Title	Project Description
<b>Date:</b>		
<b>Strategic</b>		Notes
1. Is it important? To whom?	1 2 3 4 5 N/A	
2. Does it support the strategic plan?	1 2 3 4 5 N/A	
3. Does it have a customer focus?	1 2 3 4 5 N/A	
4. Does the problem span across the agency?	1 2 3 4 5 N/A	
5. Is the project politically feasible? Consider internal and external factors.	1 2 3 4 5 N/A	
<b>Technical</b>		
6. Is it a process?	1 2 3 4 5 N/A	
7. Is the problem measurable?	1 2 3 4 5 N/A	
8. Is data available?	1 2 3 4 5 N/A	
9. Is the target problem clearly defined?	1 2 3 4 5 N/A	
10. Can the project be completed in a reasonable timeframe?	1 2 3 4 5 N/A	
<b>Empowerment</b>		
11. Is it within organization's control?	1 2 3 4 5 N/A	
12. Is it free from pre-conceived solutions?	1 2 3 4 5 N/A	
13. Is leadership prepared to implement change?	1 2 3 4 5 N/A	
14. Is there a high probability of success?	1 2 3 4 5 N/A	
<b>Other</b>		
15. Is there a sense of urgency?	1 2 3 4 5 N/A	
16. Is it a safety issue?	1 2 3 4 5 N/A	
17. Is it a mandated fix?	1 2 3 4 5 N/A	
18. Can it be a good success story?	1 2 3 4 5 N/A	
19. What is the cost of project?	1 2 3 4 5 High Low None	
20. Will there be cost savings to MCHD?	1 2 3 4 5 None Low High	
<b>Total</b>		

## Appendix C

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### Final Project Survey



Project Name: \_\_\_\_\_

Division: \_\_\_\_\_

Date: \_\_\_\_\_

1. Did the project meet the goals, objectives and outcomes expected?
2. Did the project enhance team work among QI project members?
3. Was there data and information collected for measurable change?
4. Was there improvement? How can we further improve the QI project?
5. How has this project made an impact in MCHD and the Public?
6. List 3 things that made the project work?
7. List 3 things that did not make the project work?
8. Was the work load doable in your division?
9. Suggestions for overall agency QI efforts



## Massillon City Health District - Performance Management Dashboard

Goals/Objectives	Measures	Sep '21	Oct '21	Nov '21	Dec '21	Targets	Assigned to
Promote safe food handling practices	# of attendees at ServSafe classes	0	7			5	Bethany
Promoting public health safety	# of nuisance complaints received with follow up	14	7			10	Kristie
	survey response rate	0*	65%			60%	Crystal
Provide high quality services to our customers	Overall customer satisfaction rating	0*	4.76			4.75	Crystal
Maintain budget/increase revenue	Total \$ collected from selfpay clients in nursing	\$0.00	\$190.00			\$145.00	Anita
Reduce the incidence and spread of communicable disease	# of COVID-19 home test distributed	0	303			75	Terri
	# of flu shots	5	24			25	Audrey
Establish awareness of public health services	# of Facebook Reach	11,667	9,812			2450	Bethany
	# of community outreach/education participants	24	11-narcan			7	Nursing/WIC

\* Survey suspended due to COVID-19

Last updated on 11/19/2021