



SHAWANO-MENOMINEE COUNTIES HEALTH DEPARTMENT

"The Shawano-Menominee Counties Health Department will
be an engaged leader in inclusive communities which
support optimal health for all"

PERFORMANCE MANAGEMENT SYSTEM & QUALITY IMPROVEMENT PLAN

2026

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Introduction

The Shawano-Menominee Counties Health Department (SMCHD) is committed to the ongoing improvement of the quality of services provided to the residents of Shawano and Menominee Counties. This plan serves as a foundation to describe performance management system (PMS) and quality improvement (QI) goals, responsibilities, and activities of our agency.

As part of the SMCHD’s commitment to protecting and improving the health, safety and well-being of the residents of the SMCHD jurisdiction, this plan helps to ensure:

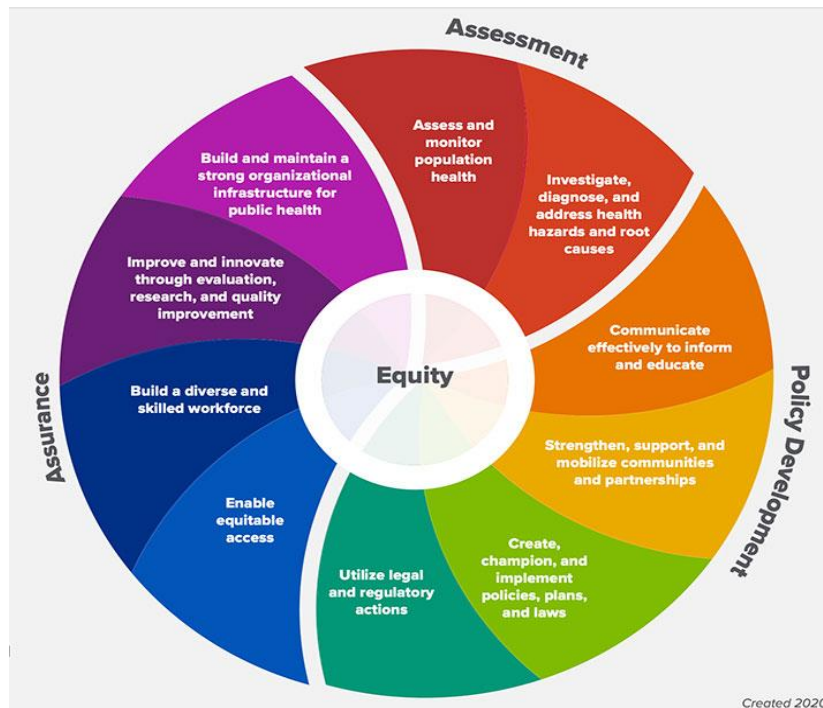
- ✓ The 10 Essential Public Health Services are met
- ✓ The Foundational Public Health Framework is maintained
- ✓ Health Equity is imbedded within the department's services
- ✓ Alignment with the mission, vision and core operations of the SMCHD (Infrastructure Plans)
- ✓ Alignment with the Shawano-Menominee Counties Community Health Improvement Plan (CHIP), and other unique needs of the community
- ✓ SMCHD staff are able to effectively problem-solve
- ✓ Resources are utilized to further develop and sustain a Culture of Quality within the department
- ✓ Public Health Accreditation is supported

Public Health 10 Essential Services

Performance Management is meant to support SMCHD achieve their mission and strategic goals in order to meet the 10 Essential Public Health Services. According to the American Public Health Association (APHA), the strength of a public health system rests on its capacity to effectively deliver the 10 Essential Public Health Services:

1. **Assess and monitor** population health.
2. **Investigate, diagnose and address** health hazards and root causes.
3. **Communicate effectively** to inform and educate.
4. **Strengthen, support and mobilize** communities and partnerships.
5. **Create, champion and implement** policies, plans and laws.
6. **Utilize legal and regulatory actions.**
7. **Enable equitable access.**
8. **Build a diverse and skilled** workforce.
9. **Improve and innovate** through evaluation, research and quality improvement.
10. **Build and maintain** a strong organizational infrastructure for public health.

These services provide a framework for public health to protect and promote the health of all people in all communities by actively promoting policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers (poverty, racism, gender discrimination, and other forms of oppression) that have resulted in health inequalities. As all public health system partners work together, they can assess capacity and improve performance of the 10 Essential Services. Overall improved performance results in better health outcomes, reduced disparities, and better preparedness (10 Essential Public Health Services, 2020).



The 10 Essential Public Health Services, APHA 2020

The Foundational Public Health Framework

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs. The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes eight capabilities:

1. **Assessment & Surveillance**
2. **Community Partnership Development**
3. **Equity**
4. **Organizational Competencies**
5. **Policy Development & Support**
6. **Accountability & Performance Management**
7. **Emergency Preparedness & Response**
8. **Communications.**

Health departments need to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

This PMSQI Plan is in alignment with the Foundational Public Health Framework (Capability: Accountability and Performance Management). This framework describes the department’s responsibilities as it ensures that a minimum set of Foundational Capabilities are present, and programs and services in the Foundational Areas are provided.

The SMCHD will ensure that it:

- ✓ Establishes a performance management system
- ✓ Implements quality improvement projects
- ✓ Bases programs and interventions on the best available evidence

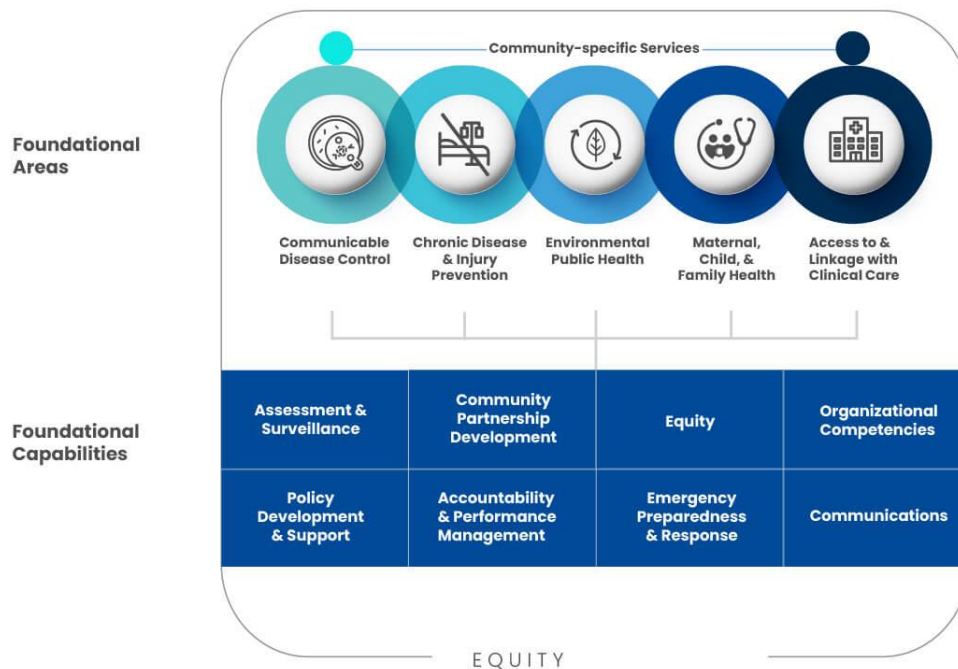
The framework outlines the unique responsibilities of governmental public health and can be used to explain the vital role of governmental public health in a thriving community:

1. Identify capacity and resource gaps
2. Determine the cost for assuring foundational activities
3. Justify funding needs.

In addition, to best serve their unique communities, health departments may also need to provide additional services, and may require additional capacity in different areas (Revising the Foundational Public Health Services in 2022, 2022).

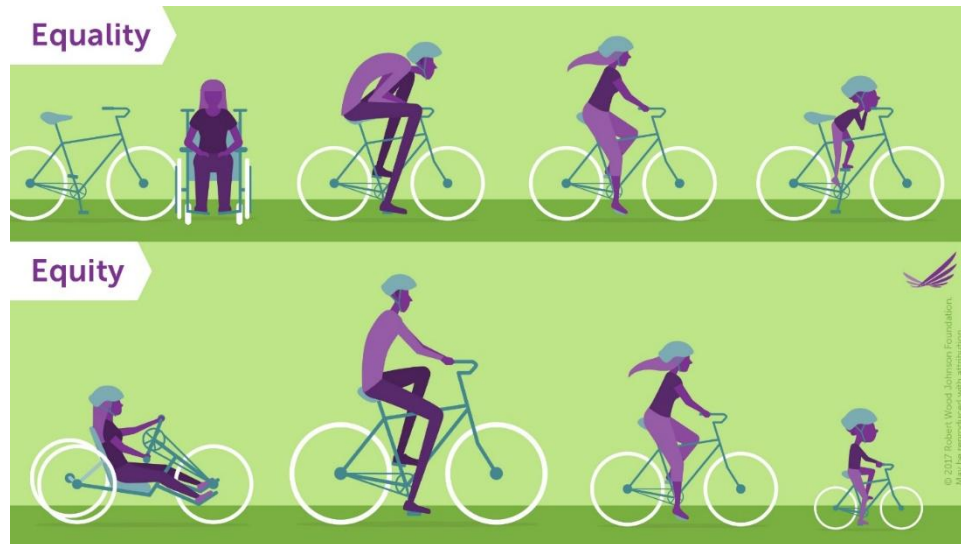
The Public Health National Center for Innovations (PHNCI), 2022

Foundational Public Health Services



Health Equity and Performance Management

Public health is evolving, and taking a more holistic approach to population health by focusing on the social determinants of health---the conditions in the social, physical and economic environment in which people are born, live, work and age---to achieve health equity. Health equity is defined as the assurance of the conditions for optimal health for all people; health inequities are differences in health status that are systemic, patterned, unfair, unjust and actionable. Approaching PM with a health equity lens requires focusing on how performance data will be collected and analyzed to identify health inequities, framing goals and objectives to address health inequities, integrating the community voice into performance indicators and reporting, and selecting “upstream” interventions (National Association of County and City Health Officials, 2018) .



Visualizing Health Equity: One Size Does Not Fit All, Robert Wood Johnson Foundation, 2017

Public Health Accreditation

Accreditation by the Public Health Accreditation Board (PHAB) in 2017 has allowed SMCHD to explore PM by identifying performance improvement opportunities, enhancing PM activities, developing leadership and team work, and strengthening relationships with the community. Not only is PM an important component of the accreditation process, it also helps to ensure quality work is being performed by the health department. SMCHD will continue to use its PMS to assure quality service that meets national standards.

The SMCHD achieved reaccreditation in 2024, and continues to foster a culture of quality. According to PHAB, it is crucial to “improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement” (Standards and Measures for Reaccreditation Version 2022, 2022). With a PMS in place, the SMCHD has focused efforts to ensure that the system is not stagnant, but rather evolves based on changing needs, priorities, and circumstances

Performance Management

Performance management (PM) is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision

making. In practice, performance management means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (PHAB Glossary of Terms).

Performance Management System Framework

The PMS model used by SMCHD was developed by the Turning Point National Excellence Collaborative on Performance Management and updated in 2012. There are four core practices:

- Performance Standards
- Performance Measurements
- Reporting of Progress
- Quality Improvement

These are supported by visible leadership to achieve performance excellence with long term benefits. Implementation of the Public Health PMS will help to ensure transparency, strategic alignment, and an evolving a culture of quality for the SMCHD, as well as be customer focused (Performance Management: Turning Point, 2012).

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Public Health Performance Management System, Turning Point, 2013

Performance Standards

Performance Standards are objective standards or guidelines used to assess an organization’s performance. They answer the question “Where should we be?” Standards may be set based on national, state, or scientific guidelines, the department’s strategic plan, the 10 essential public health services, based on expectations, or other methods. They may be descriptive:

- A system for communicable disease control shall be maintained – yes/no
- Or numerical:

- At least 80% of health department clients will rate services as “good”

Healthiest Wisconsin 2030, County Health Rankings, and Public Health Accreditation Board (PHAB) are some examples of performance standards.

Performance Measurement

Performance measurement looks at what actually happened compared to what was planned or intended. It asks the question “How are we performing relative to our goals?” Performance measurement compares quantitative indicators of capacities, processes, or outcomes to baseline or projected indicators. Indicator measurements could include:

- Actual percentage of clients who rate health department services as ‘good’
- Actual percentage of children with age-appropriate immunization levels at age 2 years

Indicators can be described as the specific **number** representation of a capacity, process, or outcome that is relevant to the assessment of performance. Performance measurement involves defining indicators, developing data systems and tracking, collecting and analyzing data.

Reporting of Progress

Reporting of progress is the documentation and intentional sharing of performance indicators and outcome results with stakeholders. This report typically contains comparisons to national standards or benchmarks to help show progress or lack thereof. It is also important to assess the agency’s progress in relation to its existing goals or to its previously completed work.

The following questions will be assessed when developing a PM Report:

- Are we presenting the right information?
- Are we presenting information in the right way?
- Are we reporting information at the right time?
- What is (are) the purpose(s) of the report?
- Who is the critical audience?
- How can the performance results be reported in an easily understood format?
- Who should review the report before it is released?
- Is it customized for all audiences?
- Does it include applicable visual aids?

Quality Improvement

Quality Improvement (QI) is the systematic evaluation or improvement of policies, processes, programs, and/or infrastructure. The purpose of the QI process is to improve the health of the community by understanding and improving the efficiency, effectiveness and reliability of public health processes and practices. This is done through use of Plan-Do-Study-Act, Rapid Cycle Improvement, or other QI tools. Program evaluation is a key component of QI since the success of programs must be measured in order to determine whether QI action is warranted.

As part of the PMS, QI can be used to:

- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level
- Identify problems and opportunities to improve the performance of processes.

- Assess the outcome of the care provided
- Assess whether a new or improved process meets performance expectations

Visible Leadership

Finally, visible leadership includes the commitment of senior management to a culture of quality that aligns PM practices with the organization's mission, regularly taking into account customer feedback, and enabling transparency about performance between leadership and staff. It can be challenging to engage colleagues in PM initiatives, especially leadership. Establishing and cultivating commitment to PM throughout the organization is crucial in building a culture that will lead to a sustainable and effective PMS.

To maintain commitment to performance excellence, it is important to engage leadership. Strategies to engage leadership can include:

- Aligning PM goals with organizational priorities.
- Celebrating small PM wins to show it works.
- Educating leaders on the ability to save money and improve efficiency.
- Ensuring progress or data is shared clearly and is easily noticed.
- Demonstrating how improvements can be made throughout the year to meet goals.
- Reporting positive progress and data as it is available and showing what works for other organizations.

The benefits of integrating a comprehensive PMS into daily operations of the SMCHD include:

- Improving the public's health
- Obtaining a better return and use of dollars invested in public health
- Greater accountability of funding and an increase in the public's trust
- Reduced duplication of policies, processes, programs, and interventions
- A better understanding of accomplishments and priorities among stakeholders (employees, partners, the public)
- Increased emphasis on quality vs. quantity
- A more efficient and effective way to problem solve
- Improved health outcomes
- Creating efficiencies
- Solving complex problems
- Identifying root causes of public health problems
- Allocating resources
- Prioritizing programs
- Changing policies to meet goals
- Improving overall quality of practice

Benefits to society include:

- Better return and use of dollars invested in public health
- Greater accountability of funding, increasing the public's trust
- Reduced duplication of services
- Better understanding of accomplishments and priorities among stakeholders (employees, partners, the public)
- Increased emphasis on quality versus quantity
- More efficient and effective problem solving

To summarize, the integration and implementation of a PMS as a tool within the SMCHD will help to improve health, increase efficiency, and create other benefits and value for the community.

Performance Management Process

This section provides an overview of the SMCHD PMS framework.

Establishment of PM Goals and Objectives

The SMCHD 2023-2028 Strategic Plan identifies an overarching strategic goal to: Demonstrate Departmental Excellence, with an overarching strategic objective to: Implement Improved Data-Driven Performance Management System through 12/31/2027

The department established a PMS which supports this strategic goal and objective, and identified PM goals with associated time-framed and measurable objectives (termed as indicators) within the department's PMS.

Developing Performance Standards

As defined by Turning Point, the performance standards process includes:

- Identifying relevant standards
- Selecting indicators
- Setting goals and targets
- Communicating expectations

The SMCHD is committed to utilizing the highest performance standards available, and assuring that this PMSQI plan is in alignment with the strategic and other plans driving its organizational objectives, and focuses on activities responsive to community needs. Attaining this relies on the selection of performance standards from researched, approved and documented sources.

SMCHD will develop and use appropriate performance standards based on external resources including:

- The 10 Essential Public Health Services
- Public Health Accreditation Board (PHAB) Standards and Measures
- Healthy People Plans (National)
- Healthiest Wisconsin Plans (State)
- Behavior Risk Factor Surveys
- Chapter DHS 140 Requirements
- Surveillance or Data System Reports (national, state or regional)
- Additional researched, evidenced-based standards as they relate to the specific program areas

SMCHD will also develop and use appropriate performance standards based on the following internal resources:

- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- SMCHD Strategic Plan
- Workforce Development Plan
- Public Health Emergency Preparedness Plan (PHERP)

- Annual Reports
- Consolidated Contract Objectives
- Grant Reporting

Developing Performance Measurement

As defined by Turning Point, the performance measurement process includes:

- Refining indicators and defining measures
- Developing data systems
- Collecting data

The SMCHD will measure performance based on indicators (objectives) which reflect the department’s commitment to providing quality services.

Data Collection Sources

The SMCHD will collect both primary and secondary data, (qualitative and quantitative) from the following sources as appropriate to develop performance indicators:

- National tools containing tested measures, such as *Tracking Healthy People*
- *Performance Measurement for Public Health Policy* from the American Public Health Association (APHA) and the Public Health Foundation (PHF)
- State tools such as *Healthiest Wisconsin*
- Databases such as Wisconsin Immunization Registry (WIR), Wisconsin Interactive Statistics on Health (WISH), Wisconsin Electronic Disease Surveillance System (WEDSS), Real Online Secure Information Environment (ROSIE) and County Health Rankings and Road Maps
- Strategic Plan
- CHA
- CHIP
- Grants and Contracts
- Programmatic goals
- Administrative goals
- Customer Feedback
- Other local, regional, state or national data gathered through assessments, surveillance systems, partnerships, and project evaluations

SMCHD staff are encouraged to maintain a set of performance indicators within their program area that monitor relevant goals, objectives and funding requirements. SMCHD staff will monitor their area indicators to ensure they continue to be: 1. Easily monitored, 2. In alignment with their area, and 3. Has a strong rationale. In some instances, a “Gold Standard” or benchmark may also be available. These benchmarks can help to identify and understand areas for improvement.

Data Collection Process

Data will be collected and analyzed for each of the SMCHD indicators by staff identified as responsible on the “MEASURE DEFINITIONS” Tab of the PMS Tracker. Assistance and support for this data collection process can be provided by SMCHD administrative personnel, relevant partners, or regional and/or state program area staff. Data collection processes may include compiling relevant “raw” data from SMCHD

program activities, collecting data from routine surveillance sources or reports, or other relevant sources.

As stated previously, performance measurement not only involves defining indicators, but also developing data systems for the collecting, tracking and analysis of the indicators. By utilizing a standardized tracking tool, the SMCHD can create a visual diagram (ex- CANVA) which can effectively display and track the data that has been collected, and can provide opportunities for initial analysis.

SMCHD's performance measurement process will include a target indicator (the quantifiable amount of improvement to be achieved), which will be measured against a baseline indicator (a quantitative level of performance which defines where the indicator is currently at, or as pre-determined as part of the standard). This progress (or lack thereof) is measured quarter to quarter or year to year.

The SMCHD will follow these key principles when developing performance indicators:

- The indicator will have a clear relationship to program goals. It will be aimed at a specific objective and be result oriented
- The indicator will be meaningful and easy to understand
- The indicator will inform evaluative, planning and policy decisions
- There will be adequate data to support the indicator
- Care will be taken to guard against unintended consequences of the indicator
- The indicator will have a clear and direct effect on performance
- The indicator will be valid and reliable

Storage of the Performance Indicators

These performance indicators are located in an Excel sheet titled PMS Tracker at: PUH (L:) 2. Administration 11 – Performance Management PM “Current Year” (Administration or Program Area)

Performance Management System Operation

Entering Data

Performance Measurement results will be documented quarterly using the PMS Tracker. This tracker was modified in 2026 for ease of data analysis and documentation. Prior to the PM Quarterly Meeting, all staff will enter their PM indicator data in the PMS Tracker excel sheet.

SMCHD staff will:

1. Open their administrative or program area tracker at PUH (L:) 2. Administration 11 – Performance Management_PM “Current Year”
2. Open the “STAFF DATA ENTRY” Tab at the bottom of the page and enter their data in the cell for the calendar year’s corresponding quarter.
3. Click on the SAVE button.

Monitoring of Data

The SMCHD staff will utilize the tracking system to identify measurement results that show success and/or show areas needing improvements. Program area and administrative indicators will be monitored quarterly or annually. If quarterly monitoring needs to be acted upon, or the indicator adjusted, staff will take the necessary actions during the calendar year. Year-end data will be gathered, and department staff will review and analyze the data within the first quarter of the following year, to

determine if measures were met. Based on analysis, indicators may be abandoned, modified, or new indicators will be developed for the following year.

Using Data to Guide Decision-Making

As previously mentioned, the SMCHD can utilize PM data for decision-making. The HO, AHO, and BOHVS can utilize these data to make informed management judgements and decisions to improve the overall operations of the SMCHD. This may include improvements to plans, policies or procedures, or the initiation of a QI project.

SMCHD staff can utilize their program area data to plan for new activities, modify existing activities, or discontinuing activities that have been evaluated and demonstrated to have made minimal or no impact to the program areas goals and objectives. Staff may also decide to initiate a quality improvement project.

While the SMCHD 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.

Communicating Results

As defined by Turning Point, the reporting of progress process includes:

- Analyzing data (again)
- Feeding data back to managers, staff, policy makers, and constituents
- Developing a regular reporting cycle

SMCHD Quarterly PMQI Meetings provide an opportunity for shared decision-making, or staff are able to meet with the HO or PMS Coordinator to discuss potential decisions based on performance management data. Regularly scheduled quarterly reviews are completed during Health Department Meetings in January, April, July and October.

Description of Quality

This section provides a description of quality efforts at the SMCHD, including culture, key terms, processes, roles and responsibilities, and linkages of quality efforts in other agency documents.

Current and Desired Future State of Quality

Self-Assessment

Self-Assessment is a critical step in the development and improvement of a PMS. In 2022, the SMCHD staff participated in initial PM and QI self-assessments. In addition to identifying strengths and areas for improvement, the PM assessment (Performance Management Self-Assessment- PHF) indicated that the SMCHD was demonstrating characteristics in both Stage 2 (Awareness of the Need for PM and its Usefulness) and Stage 3 (Limited PM Deployment). The QI assessment (National Association of County and City Health Officials [NACCHO] Roadmap to a Culture of Quality Improvement) also identified strengths and areas for improvement, and indicated that the SMCHD was demonstrating characteristics in both Stage 2 (Not Involved with QI Activities) and Stage 3 (Informal or Ad Hoc QI Activities). These results supported 2023 PMQI workplans.

Reassessment Results

The PHF PM assessment was repeated in January 2024 to measure progress and to drive the 2024 PM workplan strategies. Results indicated an overall improvement in all areas of PM. The reassessment again identified strengths and areas for improvement, and indicated that the SMCHD was now

demonstrating characteristics in both Stage 3 (Limited PM Deployment) and Stage 4 (Formal Agency-Wide PM Process) in performance management.

The NACCHO QI assessment was also repeated in January 2024 to measure progress and to drive the 2024 QI workplan strategies. The reassessment again identified strengths and areas for improvement, and indicated an overall improvement in all areas of quality improvement. In fact, the department was demonstrating characteristics in both Stage 3 (Informal or Ad Hoc QI Activities) and Stage 4 (Formal QI Activities Implemented in Specific Areas).

The SMCHD plans to implement routine ongoing QI assessments to collect and analyze data, and further evaluate the department's transition towards a "Culture of Quality," and to drive the annual PM and QI workplan strategies. The next PM and QI Assessments will be implemented in 2026. Previous and current transition strategies will continue to target the general characteristics of the current stage(s) as the department continues to move through the stages (Please refer to the 2026 Workplan.)

Desired State

The SMCHD is committed to long-term continuous quality improvement, both within its administrative and program areas, and within its role as "Chief Health Strategist" in the community. The department continually implements, evaluates and improves department-wide initiatives in order to reach this desired state of quality through the quarterly PM and Strategic Plan reviews.

Transition strategies have been addressed through staff trainings, encouraging staff participation in the development of additional performance measurement indicators, and evaluating the current indicators. Continual improvements have been made to the PMS Tracker. Staff continue to be encouraged to submit QI proposals when a need for improvement has been identified, and participate in QI projects. The QI tools are routinely utilized during QI project meetings, and the QI templates continue to be updated.

Key Terms

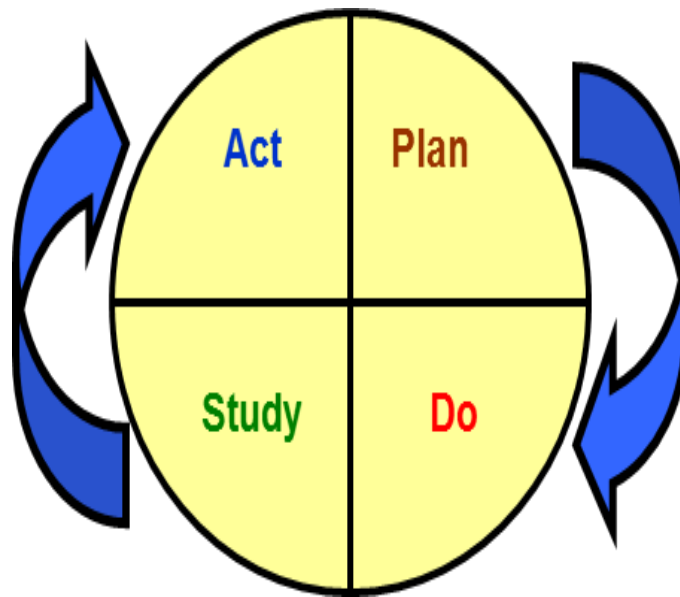
A common vocabulary is used agency-wide when communicating about PM and QI. Key terms and definitions used by the SMCHD are included on Appendix A.

Quality Improvement Process

As defined by Turning Point, the quality improvement process includes:

- Using data for decisions to improve policies, programs and outcomes
- Managing changes
- Creating a learning organization

SMCHD will follow Michigan's Quality Improvement Guidebook Plan- Do-Study-Act (PDSA) Model (Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook, 2011). PDSA is a four-stage problem solving model for improving a process or carrying out change.



PDSA Cycle, Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook, 2011

The SMCHD utilizes this PDSA framework as its QI process for testing a change within the agency. It involves four steps: Plan, Do, Study and Act. This method guides the thinking process and breaks down implementing a solution (change) into steps and then evaluating the outcome. Evaluation results may result in adopting the solution, adapting the solution and retesting, or abandoning the solution for a new solution to test.

A variety of QI tools can be used throughout the PDSA process:

- Identifying Processes: Process Mapping, Brainstorm
- Identify Potential Problems/Solutions: AIM Statement, Process Mapping, Brainstorm
- Root Cause Analysis: Brainstorm, 5 Whys
- Prioritize Problems/Solutions: Priority Matrix
- Developing Plans: Improvement Theory
- Collecting Additional Data: Parking Lot

The Plan-Do-Study-Act (PDSA) cycle will be the framework for QI projects and will be used:

- As a model for continuous quality improvement
- When developing a new or improved design of a process, product, or service
- When planning data collection and analysis to verify and prioritize problems or root causes
- When implementing any change

In applying the PDSA cycle, QI teams should ask these fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Components of the PDSA Cycle

Plan:

- Identify the problem – identify opportunities/priorities that are meaningful and are identified by staff as an issue; should be supported by data
- Develop an aim statement – What? How much? By when? For whom?
- Describe the current process using a flow chart, process map, or other useful tool
- Identify root causes and potential solutions using a useful root cause analysis tool (fishbone, 5 whys, brainstorm, or affinity diagram)
- Develop an improvement theory – If we do X then Y will happen

Do:

- Take small steps to implement the solution on a limited scale, collecting data along the way
- This is a time to test the plan for a limited time, on a limited basis, and in a limited area
- Follow the plan carefully to ensure minimal deviation
- The goal is to show whether the change is effective and to avoid widespread failure if it is not
- Data should be collated prior to moving on to the next step

Study:

- Take time to determine if measurements used to determine success are adequate. If not, define required measurements and how/where data can be found or developed
- Analyze the data and assess for success or unexpected outcomes

Act:

- If the change resulted in the desired outcome, it can be fully **adopted** by standardizing and/or expanding it to other areas of the agency
- If some improvement resulted, **adapt** the change to achieve desired outcome and begin the PDSA cycle over again
- If the change did not result in improvement, **abandon** it and begin the PDSA cycle again.

The SMCHD will incorporate QI initiatives by:

- Implementing the Annual PMQI Work Plan
- Monitoring the status and progress of identified policies, processes, programs and interventions.
- Encouraging and fostering a supportive culture of QI.
- Championing QI activities, tools and techniques.

[Links to Other Agency Plans](#)

The department's quality initiatives support the goals and objectives in the SMCHD 2023-2028 Strategic Plan, and both the Community Health Assessment and Improvement Plan. This plan also ties into other SMCHD agency plans, including the WFD, PHERP and Communication Plans.

[Strategic Plan](#)

The SMCHD Strategic Plan sets priorities, roles, and direction to achieve the department's mission and vision. The PMS will include performance indicators that help SMCHD track progress toward meeting the Strategic Plan goals and objectives. Also, the process of creating new Strategic Plans will involve components of PM such as involving leadership, reporting on progress, and using performance

standards and measurements. Finally, the Strategic Plan can continue to undergo annual review to make quality improvements and set the course for the next year.

The SMCHD completed its 2023-2028 Strategic Plan in 2022.

Our Mission

“To Promote and Protect the Health of Shawano-Menominee Counties residents by providing quality services, fostering partnerships, and advocating for systems change.”

Our Vision

“The Shawano-Menominee Counties Health Department will be an engaged leader in inclusive communities which support optimal health for all.”

Our Core Values

INTEGRITY: *We will show integrity by being sincere, factual, and transparent as we interact within our team and community.*

RESPONSIVE: *We will be a responsive health department by exhibiting accessibility, adaptability, and commitment in providing proactive, high-quality services.*

INCLUSIVE: *We will be inclusive by engaging and empowering all members of our community in a culturally competent manner.*

A new Strategic Plan Tracker was developed as part of the 2022 strategic planning process. The SMCHD HO is responsible for collaborating with SMCHD staff quarterly to monitor the status of the priorities, strategies, goals, objectives and activities of the Strategic Plan. While staff responsible for completing assigned activities are responsible for providing an update of the current status, all SMCHD staff have the responsibility to provide input, analyze and discuss the status of objectives/activities at the quarterly reviews.

The HO will document the status of the of the 2023-2028 Strategic Plan activities on the Strategic Plan Tracker, which provides a visual to help determine the progress of department’s overall mission, vision and goal achievement. While there may not be PMS indicators corresponding to all strategic plan activities, the Strategic Plan Tracker will monitor the status of chosen activities to meet the objectives of the strategic plan, and is in direct alignment with the PMS. In both monitoring processes, the PMS indicators, or the Strategic Plan activities may need to be revised in response to the analysis of progress (or lack of). This will continue to ensure that the measurement process remains dynamic, and applicable to the current resources and capacity of the department

The Strategic Plan Tracker is located in the PUH (L:) 2. Administration 12-Plans-Strategic Plan 2023_2028

This 2026 PMQI Plan will include indicators that help SMCHD track progress towards meeting the current SMCHD Strategic Plan goals, objectives and activities (strategies). Activities will include participation from all SMCHD programs, to ensure agency wide investment and focus on PM and QI. This will ensure that program progress is monitored as the department continues to pursue broader agency and community health goals.

Community Health Assessment (CHA)

Local health departments are required to regularly and systematically collect, assemble, analyze and make available information on the health of their community. The goals of the CHA include:

- Provide quantitative and qualitative health data to identify, prioritize, and monitor the health needs of the community.
- Develop coordinated and collaborative action plans to address health priorities.
- Engage community leaders to commit resources towards health improvement based on the assessment.
- Mobilize the community and key leaders into action to improve health in areas of top concern

Every five years, the SMCHD collaborates with local community partners to perform a CHA. Not only does the assessment identify trends and tracks of health issues and available assets in our communities, it highlights specific areas in which we can take action. The SMCHD and partners initiated the new CHA cycle in 2024, and completed the assessment in 2025. Results will be presented to the community in early 2026.

Aligning the PMS with the CHA allows for improvements in the collection of data and supports forces of change, which are changes that affect the context in which the community and its public health system operate. Data collection should be a constant for health departments, and placing a performance indicator for data collection in the PMS will help to assure that SMCHD continues to collect viable and pertinent data. Also, the PMS can be a standard for how data is collected, used, and reported for internal public health work and for the general community.

Community Health Improvement Plan (CHIP)

Wisconsin State Statute requires that each local health department participate in a CHIP every five years (DHS 140 , 2019). Following a CHA, community priorities are selected, then work can begin to improve on the selected focus areas through the CHIP. SMCHD’s CHIP model is the Mobilizing for Action through Planning and Partnerships (MAPP). The use of this model encourages and promotes partnerships throughout the Shawano and Menominee Counties jurisdiction, and supports the empowerment and engagement of the community. The SMCHD PMS needs to align with CHIP for the following reasons:

- The PM process should be utilized in order to select the goals and objectives to address the priorities. For example, work does not need to be completed in areas that are already being addressed, and there should be a baseline for how to measure the objectives.
- The selected CHIP goals and objectives should be measurable, tracked and reported. As the “Chief Health Strategist” for the community, the SMCHD has an important role in this process, so progress can more easily be reported to stakeholders annually and on demand.
- In addition to the health department’s strategic plan, the goals and strategies developed, implemented and monitored by community stakeholders through the Shawano-Menominee Counties CHIP are critical to the department as it works towards fulfilling its mission and vision.

By aligning the SMCHD’s PMS with the CHIP, the following benefits can be achieved:

- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and the interconnectedness of activities and community needs
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in QI efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

The new CHIP priorities, action teams, goals, objectives and strategies will be developed in 2026.

The SMCHD Health Officer will track and document the status of the goals, strategies and objectives of the CHIP Plan on a quarterly basis. The SMCHD will utilize the CHIP Action Plan to identify those who are responsible for completing each objective, the projected due date, and the current status of completion. The CHIP Tracker will be available at PUH (L:) 2. Administration 04- CHA_CHIP

Other SMCHD Plans

In public health, workforce development is the process by which health outcomes are improved due to the increased capacity, skills, training and performance of staff. A competent and prepared public health workforce often serves as the foundation or driving force of a healthier community. The SMCHD Workforce Development (WFD) Plan was created to show commitment to engaging in workforce development opportunities for staff.

Workforce development serves many roles within a PMS:

- It ensures that gaps in public health knowledge, skills, and abilities among staff are consistently assessed
- It identifies those gaps
- It provides opportunities for targeted training to help close those gaps
- It allows the SMCHD staff to monitor their completed trainings and provide a report to leadership

SMCHD's WFD Plan will be used to help staff understand the practice and components of the PMQI Plan.

The SMCHD develops, implements and evaluates several other internal plans, which provide the guidance for processes, programs and interventions. These include Public Health Emergency Response Plan (PHERP), Communications Plan, and the Branding Strategy Plan. It is important to ensure that progress is being made towards these operational plan goals and objectives. By continuously monitoring these plans through the PMS and the Strategic Plan Tracker, and annual workplans, the SMCHD will ensure that the strategies in these plans remain effective and efficient, while identifying potential improvement opportunities.

Plan Management and Engagement

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

At SMCHD, PM will be used to assist with:

- PHAB Objectives
- CHA Data Collection
- CHIP Objectives
- Strategic Planning Objectives
- WFD Planning Objectives
- QI Planning and Projects

The interrelatedness of PM with these overarching projects assures leadership that it is a worthy investment for daily public health activities. Fiscally, SMCHD is committed to the appropriate allocation of funds to support PM initiatives that will strengthen and support the mission and activities of the department.

Oversight Roles and Responsibilities

All SMCHD staff, from front line staff to leaders, to the BOHVS 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 (Advisory Committee)

- Provides high-level oversight and accountability
- Is aware of final outcomes of performance measures and QI projects that affect the SMCHD
- Provides an outside perspective on the PMS and QI initiatives
- Provides input and assistance to identify public health services potentially in need of QI utilizing an outside community perspective
- Provides feedback for completed and ongoing projects
- Reviews performance and project outcomes and makes recommendations

B. Health Officer/Assistant Health Officer

- Sets policy for, establishes and facilitates the implementation of the PMS
- Encourages and fosters a supportive PM/QI culture
- Provides access to resources and trainings, as appropriate
- Identifies, monitors and evaluates QI projects
- Leads discussions and scheduled quarterly meetings to discuss standards, measurements, and ongoing and completed QI projects
- Includes PM components during annual performance review

C. PMS Coordinator

- Is the owner of this plan. Collaborates with the HO for annual plan updates.
- Leads regular PM and QI Reassessments. The next PM/QI Assessment will be implemented in 2026.
- Coordinates the QI project meetings, ensuring that the PDSA is followed, and the appropriate QI tools are utilized during QI activities.
- Educates self and others
- Secures resources for team meetings
- Leads the project team through project planning & execution (QI Facilitator role)
- Provides improvement coaching & mentorship
- Facilitates problem-solving methods using PDSA method
- Maintains knowledge of QI Tools and their purpose; provide just in time training of members on use of QI Tools as needed
- Documents project on QI Forms

D. QI Project Team

The QI project team is the group of individuals charged with carrying out improvement efforts. To be effective, the team should include individuals representing all areas of the practice that will be affected by the proposed improvement, as well as other stakeholder representatives.

Membership and Roles & Responsibilities of QI Team Members:

1. Process Owner:

- Completes QI Project Proposal (If submitter)
 - Contacts identified Subject Matter Experts or Stakeholders to participate in team (if appropriate)
 - Manages tasks and actions (including tracking process activities and measures)
 - Assists in process training
 - Leads development of project plans
 - Manages execution of plan
 - Manages change (within the project team and with stakeholders and supporters as a result of this project)
 - Communicates project improvement plans, activities, progress (successes), measures, barriers, accelerators and results
 - Achieves the project goal within the project timeline
 - Encourages ongoing identification of issues, solutions and process problem solving
 - Implements and maintains Continual Improvement System (CIS) and convene team as needed to restart PDSA cycle
 - Hands off to other identified process owners(s) and work process teams (if appropriate)
2. Project Team Members: (All staff)
 - Actively participates in team working sessions
 - Participates in achieving the desired project goals & targets
 - Participates in improvement events and activities (data collection, problem solving, solution development, testing and learning)
 - Follows up on open action items during and after the conclusion of the project
 3. Program Staff:
 - Provides knowledge and expertise around a specific topic (not project decision makers)
 - Participates in select project activities within their personal work process, utilize the information provided by the project team members to identify, test, and install solutions within their organization's work process.
 4. Stakeholders: (Agencies, Organizations, Teams, Individuals, and Customers impacted by project changes)
 - Provides input and feedback
 - Tests solution as indicated

Engagement of All Staff

While performance standards and measurement are parts of the PMS that can be captured within a tracking system itself, QI requires a broader explanation and plan in order to reach a thorough and consistent understanding among staff, leadership, and our stakeholders. The SMCHD will incorporate QI initiatives by:

- Setting specific performance standards that includes benchmarking (where possible) against similar agency, national, state, or scientific guidelines.
- Measuring capacity, process, or outcomes of performance standards.
- Reporting progress to stakeholders regularly.
- Integrating QI into agency operations through ongoing use of Plan-Do-Study-Act and Rapid Cycle Improvement strategies.
- Implementing annual PM and QI Work Plans

- Monitoring the status and progress of identified policies, processes, programs and interventions.
- Encouraging and fostering a supportive culture of QI.
- Championing QI activities, tools and techniques.
- Development of additional QI Facilitators
- Involving staff through encouragement, training, support and celebration of accomplishments.

All SMCHD staff will be involved in the PMS and QI initiatives. In order to foster a culture of quality, all staff are responsible for:

- Understanding the PMS implementation
- Identifying, discussing and developing performance standards and measurements within their program areas
- Collecting, monitoring, and reporting data, providing feedback to their program areas
- Participating in projects and encouraging other staff to participate
- Reviewing QI projects and providing feedback
- Attending trainings
- Incorporating QI concepts into their daily work

The SMCHD will engage leadership by:

- Aligning performance management goals with current organizational priorities
- Sharing small “wins” to illustrate how performance management works
- Educating leaders about the benefits of performance management (financial savings and other improvements to programs)
- Sharing data internally and externally to ensure that progress is clear and easily noticed
- Reporting positive progress and providing examples of how performance management has worked for other organizations.

Training

The SMCHD provides introductory and basic PM and QI training to all staff:

- PM and QI training to all new staff during orientation
- PM and QI training based on follow-up self-assessments
- Just-in-time training for QI project members
- Review of QI concepts at all-staff meetings
- Training on public health core competencies associated with data management and QI
- Other PM or QI training events as they arise and are determined to be applicable

Quality Improvement Projects

This section describes the process for QI project identification, prioritization, and initiation.

Project Identification

The SMCHD may consider the following items when identifying, prioritizing and initiating a QU project:

- PM measures-SMCHD program staff will review and analyze their PM data (quarterly or annually) to identify improvement opportunities. If the staff member identifies a timely action

or change that has been evaluated and determined to improve performance data, then these actions or changes will be developed and implemented, and results evaluated.

- Strategic Plan strategies/activities
- After Action Reports (AARs)
- Customer Satisfaction surveys
- Program evaluations
- Accreditation needs
- Inequities in service delivery
- CHA/CHIP
- Audit or compliance issues

Sometimes improvements can be identified as “low hanging fruit,” with successful improvements implemented without a QI Project. Examples could include minor changes to: internal forms, policy and procedures, assigned staff roles and responsibilities, program activities due to change in resources, capacity, or as a result of advisory or governing body direction, or regional or state program directives.

At other times, SMCHD staff may determine that an improvement opportunity requires a standardized QI process. Projects can be identified through a number of ways including, but not limited to the [review of performance measurement data](#), other PMQI Team recommendations, manager or staff request, or recognition of an improvement opportunity from additional stakeholders.

Project Prioritization

QI projects will be prioritized and selected based on need and relation to the SMCHD strategic plan or other agency goals such as, CHA, CHIP, Consolidated Contract Objectives, and/or specific grant or program area goals. Special attention should be given as to how the QI project relates to the 10 Essential Public Health Services, The Foundational Public Health Framework, as well as the current Wisconsin State Health Plan. Staff will refer to [Appendix B1 QI Project Guidelines](#) for additional criteria for QI Project submission.

To prioritize QI project proposals, the HO or SMCHD staff will address the following questions:

Technical

1. Is the specific problem clearly defined?
2. Is the scope of the proposed project manageable?
3. Can we measure the desired improvement?
4. Can we feasibly collect relevant data?
5. Can we complete the project within the proposed timeframe?

Strategic

1. Does the project align with the strategic plan or other public health division priorities, such as the Community Health Improvement Plan?
2. Are the expected benefits significant?

Capacity

1. Is the ability to make change within the team's control?
2. Are the resources needed to implement change available?

Equity

1. Will the project help improve access, increase opportunity, or remove barriers for disadvantaged populations?

Project Initiation

In order to initiate a QI Project:

- ✓ SMCHD staff will complete and submit a QI Project Proposal Form to the HO. Appendix B-SMCHD QI Project Proposal
- ✓ HO will review the QI Project Proposal
- ✓ HO and submitter will discuss the QI project proposals at the next All-Staff meeting
- ✓ HO will make final approval of the proposal
- ✓ HO will work with PM Coordinator/QI Project Facilitator to assign QI Team
- ✓ PM Coordinator/QI Project Facilitator will schedule QI project meetings

Current and Past Projects

Please refer to the Performance Management Activity Log for a list of the current and past **QI Projects**.

Communication

To support shared understanding of PM and QI as a usual-way-of-business, related news and information are communicated to staff, BOHVS, partners and the general public on a regular basis using a variety of methods. This section describes how PM and QI initiatives are shared.

The SMCHD will offer PM progress updates annually and as needed throughout the year to engage staff, leadership and other interested stakeholders and to make improvements to programs along the way, and/or stick to project timelines. The PMS Coordinator is responsible for the end-of-year Annual PM/QI Progress report.

Audiences for PM reporting may include:

- Board of Health and Veteran Services (BOHVS)
- County Board
- Wisconsin Department of Health Services (DHS)/Division of Public Health (DPH)
- Other local health departments
- Other local governmental agencies
- Project partners and stakeholders
- Grant Funders
- Community in general
- Media
- Community Foundations
- Health Care Stakeholders

Regular Progress Reports could include:

Annual Report

This report is mandated by Wisconsin state statute, and provides information about the department's past year operations and services as it carries out its mission, addressing how it delivers that 10 Essential Public Health Services through the Foundational Public Health Services Framework. This report is provided to DHS, the Board of Health and Veterans Services (BOHVS), and stakeholders and the community (through posting on the SMCHD website). All SMCHD staff are responsible for submitting content for this report, and the HO is responsible for the coordination of this report.

Annual Performance Management/Quality Improvement Report (Internal)

This internal report covers a complete year of PM and QI activities for the previous calendar year, including a summary of the current program area and administrative indicators, a description of the targets, actual data, and whether the indicator will again be adopted for the next year, be amended, be abandoned, or whether a QI Project is needed to address the indicator. The report will also indicate if additional performance indicator(s) have been selected for monitoring, and will describe the process as to how and why the indicator (s) was selected. It is shared with staff, BOHVS (governing entity), and interested stakeholders and the community (through posting on the SMCHD website). The PMS Coordinator is responsible for completing this report.

Annual Strategic Plan Review Report (Internal)

This report describes the current progress of the Strategic Plan priorities, strategies, goals, objectives and activities, and is shared with staff, BOHVS (governing entity), and interested stakeholders and the community (through posting on the SMCHD website). The HO or designee is responsible for completing this report.

Annual CHIP Progress Report

According to the Wisconsin Administrative Code Chs. Department of Health Services (DHS) 140, one of the required services of a local health department is to develop a written CHIP at least every 5 years, and engage members of the community in assessment, implementation, monitoring, **evaluation** and modification of this plan. Utilizing the CHIP Action Plan, this report will be completed in collaboration of with our partners, and provide an opportunity to regularly document, evaluate and communicate progress (or lack of progress) of the Shawano-Menominee Counties CHIP initiatives and will help to establish the SMCHD's system of program analysis and the continuous monitoring, evaluation and sustainability of the CHIP strategies. The HO or designee is responsible for the coordination of this report. The next cycle of CHIP objectives and strategies will be developed after the upcoming CHA Community Meeting, which is anticipated to be held in early 2026. These objectives and strategies will be tracked through Appendix A CHIP Tracker.

Annual Contract Objectives Review Report (Internal)

The SMCHD receives state contracts on an annual basis, and an annual Contract Objective Review is reported to the state by the first quarter of each year. This report outlines the progress of each contracted objective as outlined by the Wisconsin Department of Public Health Contract Agreement. The program area lead staff are responsible for completing these end-of-year reports.

Other Grant Objectives Review Report (Internal)

As part of the process of additional grant procurement and activities, the SMCHD is required to provide intermittent and final grant objective progress reports to the funder. In addition, these reports may be shared with SMCHD staff, BOHVS and interested stakeholders and the community (through posting on the SMCHD website) as indicated. The grant lead staff are responsible for completing these reports.

SMCHD Quarterly Newsletter (External)

One new communication initiative has been the development of a quarterly department newsletter, which provides information on current departmental news.

SMCHD Shared Drive (External)

SMCHD staff have access to past and current PMS/QI Plans, PMS Trackers, and QI projects and associated documentation

SMCHD Website (External)

The public have access to current and past Annual Reports, PMS/QI Annual Reports, and Annual CHIP Progress Reports

Board of Health and Veteran Services (BOHVS) (Internal)

Members will receive updates on performance and quality improvement activities at least twice a year at BOHVS) Meetings

Monitoring and Evaluation

This section describes the approach to monitoring and evaluating this PMS/QI plan and associated activities.

Performance Management and QI Plan

The SMCHD HO has the responsibility to ensure the Public Health Foundational Capability of Accountability and Performance Management. To support this capability, the PMS Coordinator is the owner of this plan, and is responsible for its alignment with the department's mission and vision and the monitoring and evaluation of the annual workplan. In January each year, staff will be asked to monitor and evaluate plan activities. Factors which could be discussed include:

- ✓ Performance measures that should be referred to a QI project
- ✓ Revisions to performance measures
- ✓ New data sources
- ✓ Workplan progress/achievement of goals
- ✓ Clarity of the plan or associated documents
- ✓ Effectiveness of QI project meetings
- ✓ Lessons learned
- ✓ Training requests
- ✓ Opportunities to serve as QI Project Facilitator

To ensure ongoing monitoring and maintenance of project outcomes/results, new project-related indicators may be incorporated into the PMS as appropriate.

Sustainability

A combination of tax levy, revenue, and grant dollars fund staffing and/or administrative support for PM and QI efforts. Grant opportunities, which support PM and QI initiatives, will be pursued to enhance and further build a culture of quality at SMCHD.

The department is committed to supporting its PMS by providing coordination of supportive activities that include:

- Standing health department staff meeting agenda items
- Assistance with evaluation and analysis of PM gaps
- Providing staff training in PM/QI concepts
- Assisting program staff to track and trend their performance data
- Ensuring technical support
-

QI Projects and Project Teams

The following describes how the QI Team will monitor and evaluate progress on QI project success and opportunities.

Lead staff will be asked to provide a monthly update at department staff meetings on the status of any active QI projects. Regular PMQI monitoring will be done quarterly at SMCHD staff meetings, with discussion and capturing of applicable data analysis in the meeting template.

QI Projects will be monitored, evaluated and documented using the following standardized forms:

- Initial: [Appendix B- QI Project Proposal](#) is completed and submitted to the HO
- Planning Stage: [Appendix C- QI Project Plan](#), [Appendix D- QI Timeline, Tasks and Tools](#)- Process mapping, Root cause analysis, Priority Matrix, [Appendix D1-QI Brainstorming](#), and Solutions Matrix tools are used to develop and finalize the plan and meeting minutes will include broad agenda topics; consensus decisions; action items
- Do Stage: Proposed changes are implemented
- Study Stage: Results of the QI project will be evaluated at project meetings.
- Act Stage: Change is adopted, modified, or the PDSA cycle begins again [Appendix E- QI Project PDSA Cycles](#)
- PMQI Coordinator and Process owner assures that a Continual Improvement System (CIS) for ongoing feedback is maintained [Appendix F- QI Project Evaluation and Sustainability Plan](#)
- Reporting: The project is communicated to SMCHD and other stakeholders on the [Appendix H QI Storyboard](#)

The HO will request feedback on completed QI projects from QI team members to identify efficiencies and effectiveness of the current QI process. [Appendix G- QI Project Feedback](#)

Progress on QI projects will be communicated to SMCHD staff at the monthly staff meetings, and to identified stakeholders as appropriate, and will include updates on the achievement of stated goals, objectives and any actions, and input from stakeholders.

- [QI Project Plan](#), [QI Timeline, Tasks and Tools](#) and [QI Project PDCA](#) templates will be completed by the PMQI Coordinator and utilized by project staff to present to SMCHD staff at meetings, BOHVS and to identified stakeholders as indicated. This will give the opportunity for all staff to learn about a specific QI project. This also provides increased awareness and insight into individual QI projects.
- [QI Project Evaluation and Sustainability Plan](#) template will be completed by the PMQI Coordinator to provide an overall evaluation of the project, and demonstrate how the resulting changes will be sustained, and who is responsible for continued monitoring of the changes.

- Quality Improvement Storyboard-This new template was developed in 2023 and will be completed by the PMQI Coordinator to provide a visual of the complete QI Project stages.
- Continual Improvement System (CIS). The process owner will encourage ongoing identification of issues, solutions and process problem solving, and develop a monitoring system (incorporation in the PMS Tracker could be considered as a monitoring system)
- Annual PM/QI Report – Will be posted on the SMCHD Website, be presented to the BOHVS and other identified stakeholders, and will summarize the goals, objectives and activities of the Annual PMQI Workplan (including the targeted key indicators, process, systems, data collection, measurements and outcomes), and the QI initiatives implemented in response to the findings. Stakeholder feedback will be requested as indicated.

Performance Management and Quality Goals, Objectives, and Implementation

This section presents goals and an implementation plan for advancing a culture of quality across the SMCHD.

2025 PM/QI Workplan Evaluation

2025 Performance Management Workplan Evaluation			
PM Goal 1: Governing Bodies and Leadership will remain engaged in establishing and understanding the performance management system.			
Objective	Strategies/Measure	Responsible Party	Notes
<u>Objective 1.1:</u> Communicate status of PMS activities on a bi-annual basis to the BOHVS through December 31, 2025	Strategy 1.1.1 Ensure that PMS is on the BOH agenda on a bi-annual basis (FEB, AUG) <i># of times PMS on BOHVS Agenda</i>	HO, PM Coordinator	This objective and strategy were met. The 2024 Strategic Plan Annual Report and the 2024 PMQI Annual Report Executive Summaries were presented at the March 2025 BOHVS Meeting. A PM update was provided on the Animal Bite PMS indicator at the August 2025 BOHVS Meeting. PLAN: Will continue this objective and strategy for 2026.
	Strategy 1.1.2 Utilize the BOHVS Orientation Packet to provide PM/QI training for any new members <i>% of new BOHVS who received PM/QI Training</i>	HO, PM Coordinator	This objective and strategy were not met. There were two new BOHVS members in 2025, and PM/QI training was not included in their orientation. PLAN: Since 2026 is an election year, will continue this objective for 2026 and modify the strategy to read: "All current BOHVS members will receive PM/QI training during 2026."
<u>Objective 1.2:</u> Ensure the performance management system is in alignment with the SMCHD operational plans (2023-2028 Strategic, WFD, PM/QI, PHERP, Communication and	Strategy 1.2.1 Include the plan-specific measures in the PMS. <i># of plan measures in PMS Tracker</i>	HO, PM Coordinator	This objective was partially met in 2025. The 2026 PMS Tracker has been revised to improve alignment. PLAN: Will continue this objective and strategy for 2026.

Branding Strategy Plans) by December 31, 2025	Strategy 1.2.2 Include CHA/CHIP measures in the PMS. <i># of CHIP measures in PMS Tracker</i>	HO, PM Coordinator	This objective was not met in 2025. The new CHIP cycle measures have not been created. It is anticipated that these measures will be created and implemented in early 2026. PLAN: Will continue this objective and strategy for 2026.
PM Goal 2: Staff at all levels will be engaged in establishing and using the performance management system.			
<u>Objective 2.1:</u> All lead staff will continue to identify additional program area measures to be incorporated into the department's PMS by December 31, 2026	Strategy 2.1.3 Continue to Identify aspects of core operations and program areas for which performance is already being measured and data is collected or available (Emphasis on Customer Focus and Satisfaction and Financial Systems) <i># of new measures in PMS Tracker</i>	HO/PM Coordinator/Lead Staff	This objective and strategy were met for 2025. PM indicators have been added and/or modified for 2026 in alignment with new and revised program areas. PLAN: Will continue this objective and strategy for 2026, and continue to focus on Customer Focus and Satisfaction and Financial Systems.
<u>Objective 2.3:</u> All SMCHD staff will evaluate future PM trainings received based on evaluations by December 31, 2026	Strategy 2.3.4 Develop training evaluation process. <i>Process Developed</i>		This objective and strategy were not met for 2025. There were no PM trainings offered in 2025. Will continue this objective and strategy for 2026.
	Strategy 2.3.5 Evaluate PM trainings to identify strengths and areas for improvement. <i>Trainings Evaluated</i>		This objective and strategy were not met for 2025. There were no PM trainings offered in 2025. PLAN: Will continue this objective and strategy for 2026.
2025 Quality Improvement Workplan Evaluation			
QI Goal 1: The SMCHD will promote a culture of quality and continuous improvement			

<u>Objective 1.1</u> Implement one or more transition strategies as identified in the QI Reassessment, to move SMCHD towards a culture of quality by 12/31/2026 (Revised)	Strategy 1.1.1 Administration to seek out additional QI trainings for both leadership and staff. <i># QI Trainings offered</i>		This objective and strategy were not met for 2025. There were no QI trainings offered in 2025. PLAN: Will continue this objective and strategy in 2026.
	Strategy 1.1.2 Develop training evaluation process. <i>Process Developed</i>		This objective and strategy were not met for 2025. There were no QI trainings offered in 2025. PLAN: Will continue this objective and strategy in 2026.
	Strategy 1.1.3 Evaluate QI trainings to identify strengths and areas for improvement and additional QI trainings <i># Trainings Evaluated</i>		This objective and strategy was not met for 2025. There were no QI trainings offered in 2025. PLAN: Will continue this objective and strategy in 2026.
<u>Objective 1.2</u> All staff will participate in at least one QI Project annually by 12/31/2026	Strategy 1.2.2 Encourage QI work: project submissions, ensure resources (time) is available for QI projects, celebrate QI <i>% Staff QI Project participation</i>		This objective and strategy was partially met for 2025. While one QI Project was implemented in 2025, not all staff participated. PLAN: Will continue this objective and strategy for 2026

2026 PM/QI Workplan

2026 Performance Management Workplan			
PM Goal 1: Governing Bodies and Leadership will remain engaged in establishing and understanding the performance management system.			
Objective	Strategies/Measure	Responsible Party	Notes
<u>Objective 1.1:</u> Communicate status of PMS activities on a bi-annual basis to the BOHVS through December 31, 2026	Strategy 1.1.1 Ensure that PMS is on the BOH agenda on a bi-annual basis (FEB, AUG) <i># of times PMS on BOHVS Agenda</i>	HO, PM Coordinator	
	Strategy 1.1.2. All current BOHVS members will receive PM/QI training during 2026 (REVISED) <i>% of BOHVS members who received PM/QI Training</i>	HO, PM Coordinator	
<u>Objective 1.2:</u> Ensure the performance management system is in alignment with the SMCHD operational plans (2023-2028 Strategic, WFD, PM/QI, PHERP, Communication and Branding Strategy Plans) by December 31, 2026	Strategy 1.2.1 Include plan-specific measures in the PMS. <i># of plan measures in PMS Tracker</i>	HO, PM Coordinator	
	Strategy 1.2.2 Include CHIP measures in the PMS. <i># of CHIP measures in PMS Tracker</i>	HO, PM Coordinator	
PM Goal 2: Staff at all levels will be engaged in establishing and using the performance management system.			
<u>Objective 2.1:</u> All lead staff will continue to identify additional program area measures to be incorporated into the department’s PMS by December 31, 2026	Strategy 2.1.1 Continue to Identify aspects of core operations and program areas for which performance is already being measured and data is collected or available (Emphasis on Customer Focus and Satisfaction and Financial Systems) <i># of new measures in PMS Tracker</i>	HO/PM Coordinator/Lead Staff	
<u>Objective 2.2:</u> All SMCHD staff will increase knowledge on PM through 12/31/26	Strategy 2.2.1. Provide two PM staff trainings <i>% of staff receiving training</i>	HO, PM Coordinator	

<u>Objective 2.3:</u> All SMCHD staff will evaluate future PM trainings received based on evaluations by December 31, 2026	Strategy 2.3.1 Develop training evaluation process. <i>Process Developed</i>	HO, PM Coordinator	
	Strategy 2.3.2 Evaluate PM trainings to identify strengths and areas for improvement. <i>Trainings Evaluated</i>	HO, PM Coordinator	
2026 Quality Improvement Workplan			
QI Goal 1: The SMCHD will promote a culture of quality and continuous improvement			
<u>Objective 1.1</u> Implement one or more transition strategies (including training) as identified in the QI Reassessment, to move SMCHD towards a culture of quality by 12/31/2026	Strategy 1.1.1 Administration to seek out additional QI strategies/trainings for both leadership and staff. <i># of strategies reviewed/implemented</i> <i># of staff trainings</i>	HO	
	Strategy 1.1.2 Develop training evaluation process. <i>Process developed</i>	HO, PM Coordinator	
	Strategy 1.1.3 Evaluate QI trainings to identify strengths and areas for improvement and additional QI trainings <i>% of trainings evaluated</i>	HO, PM Coordinator	
<u>Objective 1.2</u> All staff will participate in at least one QI Project annually by 12/31/2026	Strategy 1.2.2 Encourage QI work: project submissions, ensure resources (time) is available for QI projects, celebrate QI <i># of project submissions</i> <i>% of staff participation</i>	HO, PM Coordinator	
<u>Objective 2.1</u> SMCHD will strive for innovative ideas and initiatives through	Strategy 2.1.1. Review PHAB Innovation resources as indicated	HO, PM Coordinator	

12/31/2026 (NEW)	<i># resources reviewed</i>		
	Strategy 2.1.2. Develop, implement and evaluate one innovative public health approach annually <i># innovative approaches developed/implemented/evaluated</i>	HO, PM Coordinator	

Performance Management Activity Log

A continuous log of Performance Management activities will be maintained by the PM Coordinator as a reference for planning and evaluation opportunities.

DATE	ACTIVITY
12/21	Identified Immunization QI Project based off of Immunization Consolidated Contract
1/22	Revised QI Project Templates to better reflect the PDSA process and improve project documentation
1/22	Implemented Immunization QI Project
2/22	Updated PM Coordinator roles and responsibilities and reassigned PM Coordinator position
2/22	Added PM/QI as a routine Health Department Staff Meeting agenda item
3/22	PM Coordinator provided basic PM and QI training to SMCHD staff
4/22	PM Coordinator provided basic PM and QI training to the BOH
4/22	PM Self-assessment conducted
4/22	QI Self-assessment conducted
9/22	Revised PM Tracking Tool
9/22	Program leads and administration identified initial PM measures
	PM/QI Plan approved by HO
10/22	Introduced SMCHD Staff to the PM/QI Plan
10/22	Began monitoring PM measures
10/22	Revised/Improved QI Project Proposal Template
12/22	2022 Performance Management/Quality Improvement Plan approved by BOHVS
1/23	Annual Performance Management/Quality Improvement Progress Report completed to enhance the reporting of progress for both the performance management measures and quality improvement projects initiated. Implemented Communication QI Project.
1/23	QI Storyboard template created and implemented. New Mission, Vision and Values added to Plan. QI Workplan updated for 2023 implementation
2/23	Performance Management Quarterly Meeting. PM Tracker and select measures revised for 2023 implementation. Created "Parking Lot" electronic folder for QI ideas.
4/23	Performance Management Quarterly Meeting. PM Tracker updated with Population Health Outcomes and additional program area measures.
7/23	Performance Management Quarterly Meeting. PM Tracker updated with modified

	measures.
8/23	Implemented PHEP Partner Communication QI Project.
11/23	PM data entry process clarified. SP Goals added to PM Tracker.
12/23	Added Brainstorming Appendix. PM Tracker modified for 2024 implementation.
1/24	PM and QI Reassessments completed
2/24	2024 Workplan updated based on PM and QI Reassessment Results. Added Appendix B1 QI Project Guidelines.
6/12/2024	Staff received QI Training based on 2024 QI Reassessment
7/30/2024	Staff received PM Training based on 2024 PM Reassessment. Staff received Customer Focus/Service Trainings.
1/2025	Updated assessment section. Evaluated 2024 workplan. 2025 workplan developed. Updated QI Templates to align with Branding Strategy.
9/25	Grant Monitoring QI Project Implemented.
1/2026	Revised using PHAB PMSQI Plan Template. Evaluated 2025 workplan. 2026 workplan developed. 2026 PMS Tracker revised. Added Innovation objective. Added Key Terms Appendix A. STI QI Project implemented.

References and Additional Resources

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Appendices

[Appendix A- Key Terms](#)

[Appendix B- SMCHD QI Project Proposal](#)

[Appendix B1 QI Project Guidelines](#)

[Appendix C- SMCHD QI Project Plan](#)

[Appendix D- SMCHD QI Timeline, Tasks and Tools](#)

[Appendix D1 QI Brainstorming Template](#)

[Appendix E- SMCHD QI Project PDSA](#)

[Appendix F- SMCHD QI Project Evaluation and Sustainability Plan](#)

[Appendix G- QI Project Feedback](#)

[Appendix H- QI Storyboard](#)



Plan:		
Performance Management/Quality Improvement		
Date	Signature/Title	Section(s) Revisions/Improvements:
11/1/2022	 12-19-2022 <u>Theresa A. Haemak M&W Ed</u>	Approved
2/23/2023	<u>Theresa A. Haemak M&W Ed</u>	QI Storyboard template added. New Mission, Vision and Values added to Plan. QI Workplan updated for 2023 implementation
3/1/2024	<u>Theresa A. Haemak M&W Ed</u>	Modified process for how staff enters data into the improved PM Tracker. Added PM and QI Reassessment Results. Updated 2024 Workplan. Added Appendix B1 QI Project Guidelines
1/2025		Updated assessment section. Evaluated 2024 workplan. 2025 workplan developed.
1/2026		Revised using PHAB PMSQI Plan Template. Evaluated 2025 workplan. 2026 workplan developed. 2026 PMS Tracker revised. Added Innovation objective.