



Holmes County
General Health District

Performance Management Plan

Created: April 2017

Adopted:

1. Introduction and Purpose

The Holmes County General Health District (HCGHD) will utilize a performance management system to track its progress towards achieving goals and objectives identified through a variety of sources to improve efficiency and the quality of services.

The Turning Point Framework defines performance management as, “the practice of actively using performance data to improve the public’s health”. Performance management focuses on outcomes and will allow the HCGHD to answer the following questions:

- Are we doing the right things?
- Are we achieving goals and objectives?
- Are we improving?
- How do we know?

2. Definitions

2.1. Performance Standard: benchmarks/guidelines used to assess organizational performance.

2.2. Performance Indicators: summarizes the focus of the performance standard. Performance indicators should precede the development of specific measures.

2.3. Performance Measures: Quantitative measures of capacities, processes, or outcomes relevant to the assessment of the indicator. Helps to assess the progress towards meeting the performance standard.

2.4. Visible leadership : “the commitment of senior management to a culture of quality that aligns performance management practices with the organization’s mission, regularly takes into account customer feedback, and enables transparency about performance between leadership staff” (Public Health Foundation, Turning Point Framework, 2013).

3. Turning Point Framework

3.1. The Turning Point Framework outlines the practices necessary in order for a performance management system to work within an agency.

3.2. Continuous integration of these processes will help to build a culture of quality and will help to ensure the success of the performance management system.

3.3. Visible leadership is defined as, “the commitment of senior management to a culture of quality that aligns performance management practices with the organization’s mission, regularly takes into account customer feedback, and enables transparency about performance between leadership staff” (Public Health Foundation, Turning Point Framework, 2013).

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



4. Performance Management Process

4.1. There are six (6) steps to performance management:

1. **Define the outcome you want to achieve.** This can be done by looking at priority areas identified in the HCGHD Community Health Improvement Plan (CHIP), the HCGHD Strategic Plan, the HCGHD Workforce Development Plan, or programmatic objectives identified by grant funding sources.
2. **Identify Standards and Measures.** Standards should answer the question; “What is the gold standard for the HCGHD?” or “Where do we want to be?”. Standards should serve as a rule, benchmark, or guideline to compare performance.

Measures are quantitative or qualitative in nature and should demonstrate the agency’s progress towards achieving the ultimate outcomes. Measures answer the question, “How will we know if we are where we want to be?”

Criteria for establishing measures:

- Clear and related to the standard
- Feasible to collect over time
- Within the scope of the agency

3. **Develop a performance monitoring plan:**
 4. **Measure.** The collection of data relative to standards and measures
 5. **Review.** Analyze the data to determine if progress is being made towards the outcome.
 6. **Improve.** Use the results to make informed decisions and identify areas for improvement. Consider areas for improvement as potential quality improvement projects.

4. Performance Management Self-Assessment

4.1. In October 2015, the HCGHD management team completed the Turning Point Performance Management Self-Assessment Tool (Appendix A).

4.2. Based on the Self-Assessment, it was determined that:

- As an agency, we currently do not use performance standards and objectives to track objectives as an agency
- We currently do not use a formalized system to measure standards and objectives
- There is no formalized reporting process on agency goals and objectives

4.3. This self-assessment proved that the HCGHD needed to devise a method to track progress towards completing objectives, standards, and measures and that we needed to develop a process to share and report progress.

4.4. A performance management assessment will be completed with the management team every three (3) years.

5. Performance Management System

5.1. HCGHD will utilize the Knowledge Capital Alliance, VMSG Dashboard system for performance management.

5.2. The VMSG Dashboard is a cloud-based system that is accessible via the internet:

https://n36.fmphost.com/fmi/webd#vmsg_app

5.3. Performance goals, and objectives will be derived from the Holmes County Community Health Improvement Plan (CHIP), Strategic Plan, workforce development plan, programmatic grant deliverables, and QI projects.

5.4. Performance standards will align with PHAB, Healthy People 2020, the ODH and other federal and state regulatory authorities, and established HCGHD best practices.

6. Performance Management Committee

6.1. The Performance Management Committee and Strategic Planning Committee will be combined into one committee – “The Performance Management and Strategic Planning Committee”. This group will consist of 5-7 staff of the HCGHD including:

- At least one member of Management
- One member from the QI Committee
- One member from the Healthier Holmes County Committee (CHA/CHIP group)
- Accreditation Coordinator
- One to three additional staff members

7. Data Reporting and Tracking Progress

7.1. Users will log into the VMSG system at least monthly and update any objectives and activities that they are responsible for.

7.2. Management shall monitor their staff’s progress towards completing objectives and activities. Management will provide a report of staff’s progress to the Health Commissioner on a quarterly basis (January, April, July, and October). Reports shall be turned into the Health Commissioner no later than one week prior to that month’s Board of Health meeting.

7.3. The Health Commissioner will report performance management results quarterly to the Board of Health (January, April, July, and October).

8. Visible leadership and staff support

8.1. Commitment from the staff and management team to a culture of quality is essential to the success of an effective performance management system. Visible

leadership is especially important to the process.

8.2. The HCGHD will take the following steps to ensure engagement from staff and that visible leadership exists:

- Align goals and objectives with current organizational priorities
- Involve management in all aspects of the policy making process, including research, drafting and revising polices.
- Continue to discuss proposed plans with the Board of Health
- Regularly report progress and celebrate successes
- Continuous training for staff related to performance management and QI
- Encourage participation in the performance management/strategic planning and/or QI committees

9. Performance Management and Quality Improvement (QI)

9.1. The Strategic Planning and Performance Management Committee will review all objectives and activities on an annual basis. Any objectives or activities that are not being adequately met may be submitted to the QI committee as project ideas.

9.2. Project ideas will be submitted to the QI committee as outlined in the HCGHD QI Plan. The QI committee will follow their process to determine if the ideas are suitable to take on as a QI project.

10. Plan review and Maintenance

10.1. This plan will be reviewed on an annual basis by the Strategic Planning and Performance Management Committee.

10.2. Minor changes may be made by the Policy Administrator. Major changes to the content of this plan must be approved by the Health Commissioner, Management Team, and the Board of Health.

10.3. Performance standards and objectives that are not meeting project timelines

may be referred to the QI committee for potential QI projects.

Signature Page

This plan has been approved and adopted by the following individuals:

Kurt Rodhe, Board of Health President

Date

Michael Derr, Health Commissioner

Date

Jon Croup, Environmental Health Director

Date

, Director of Personal Health Services

Date

Jennifer McCoy, Policy Administrator

Date

