

Performance Management Plan

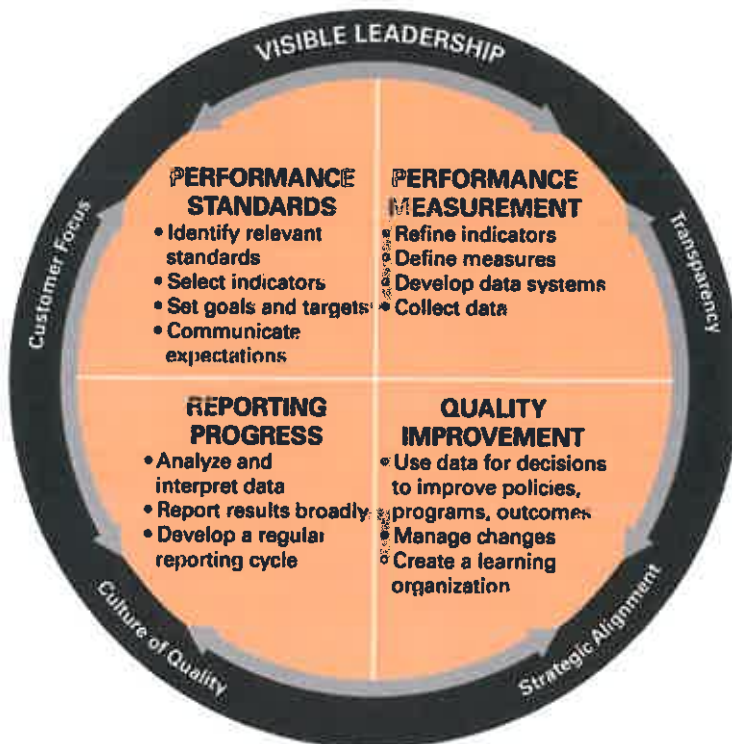
Purpose: The purpose of this Plan is to define a performance management system (PMS) to be used by the Marshall County Health Department (MCHD).

Procedure:

According to the Public Health Foundation (PHF), ‘performance management (PM) is the practice of actively using performance data to improve the public’s health. This practice involves the strategic use of performance measures and standards to establish performance targets and goals.’ For the purposes of this Plan, PM does NOT address individual employee evaluation and performance. The PM System will address ways for MCHD to become more efficient, effective, transparent and accountable to the community it serves. PM will address both programmatic and administrative areas. The MCHD Performance Management Coordinator and Quality Improvement Committee (QIC) are charged with the oversight of the PM System under the direction of the Public Health Director (PHD).

The MCHD will use the following outline from the Public Health Foundation to guide the Performance Management System.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM





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Performance Standards - Individual programs and departments will be empowered to set appropriate Performance Standards. Standards that are set will be in line with the Mission and Vision of the MCHD and will also align with the MCHD Strategic Plan. Individual departments/programs will initially choose performance standards that will be meaningful to their specific department or program. If needed, the PHD and/or the QIC might designate a specific performance standard for a department/program to measure, but this will be exception, not the norm. The standards may use internal (defined by MCHD from previous study) and/or external benchmarks (defined by recognized organizations) that are applicable to the chosen standard. Once performance standards are identified, the QIC will be consulted to ensure the performance standards contain SMART goals and are in line with MCHD mission, vision, values and strategic plan. The department/program leader will be the PM 'leader' for the individual areas and will be responsible for ongoing PM efforts, with the support of the PM Coordinator and the QIC. PM Leader responsibilities are addressed in the 'Reporting Progress' section.

Performance Measurement- Performance Measurement will be dependent on the Performance Standard that is chosen. Each program/department will select measures that are a good indicator of whether or not a program or intervention is working. Data used should be reliable, clearly and logically related to the Performance Standard and feasible to collect over time. Data could be collected through a variety of methods such as surveys, visual observance, trends over time, program assessment, etc. A PM Tracking tool (currently an Excel spreadsheet) will be stored on the shared network drive in the Performance Management Folder and is available for review by all staff members. At each QIC meeting, feedback will be given to the PM Team if suggestions are available to improve the measurement process.

Reporting Progress – the program/department teams will document the progress toward meeting the identified performance standards. Reports will be shared with the PM Coordinator and QIC at least quarterly. The PM Coordinator and/or QIC will give feedback to each team. The PM leader, or designee, will provide a report at each QIC meeting and will be responsible for capturing work done related to the PM standard in meeting minutes. As mentioned in *Measurement*, the tracking tool will capture the department/program in question, the monitored standard, the data source(s) and baseline data used as well as the performance standard benchmark (where we want to be). The tool will be updated at least as often as the QIC meets and the date of the update will be captured, along with any applicable notes for that monitoring period. The PM leader, along with the QIC, will be responsible for analyzing the data and determining if the progress is acceptable or what additional steps might be needed. The Leadership Team will be updated by the PM Coordinator of each department/program progress toward meeting PM goals at Leadership Team meetings. An annual report will be provided to the Board of Health on PM initiatives.

Quality Improvement (QI)– should a performance measure not meet the identified performance standards, the PM Coordinator, along with the QIC, may form a QI team to study processes associated with the performance standard. Should a standard be unmet and the QIC decides to form a QI team, that QI team formation will have priority over the formation of other QI teams. QI teams will be formed in accordance with the MCHD Quality Improvement SOP.



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A PM self-assessment will be completed, at a minimum, every five years.

All PM teams (and QI teams) are required to show team accountability by utilizing the MCHD Gantt Chart SOP.

MCHD staff will be trained on PM as they are placed on PM teams. This training will include identification of performance standards, measurement tools, analysis of data and progress reporting and Quality Improvement tools to use during the Plan, Do, Check, Act (PDCA) cycle. Additional training may be done during 'all-staff' meetings.

The PM Coordinator will update the PHD and Leadership Team, at least quarterly, regarding MCHD PM efforts. The PM Coordinator, with assistance from the QIC and Leadership staff, as needed, will perform an annual review of the Performance Management System and will update as needed.

If any portion or provision of this Plan is in conflict with Kentucky Administrative Regulations (KAR), Kentucky Revised Statutes (KRS) and/or the Administrative Reference (AR) applicable to County and District Health Departments of Kentucky, the applicable KAR, KRS and/or AR will prevail.

This SOP was adopted by the Marshall County Health Department on February 16, 2017.


Public Health Director