Performance Management Plan

May 2017
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**Purpose and Introduction**

The Reno County Health Department strives to operate at the levels established by the Public Health Accreditation Board’s measures to best serve Reno County.

PHAB Standard 9.1 Use a performance management system to monitor achievement of organizational objectives reads:

- For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the performance of public health processes, programs, interventions, and other activities. 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
  4. Identifying areas where achieving objectives requires focused quality improvement processes
  5. Visible leadership for ongoing performance management

(Source: PHAB Standards and Measures, Version 1.5, p. 204)

In 2016, the Reno County Health Department underwent a comprehensive strategic planning process that resulted in the development of a strategic plan, as well as the creation of a new vision and mission:

**Mission** – To provide leadership to improve the health of Reno County Residents

**Vision** – Reno County Residents are living long and healthy lives.

The strategic plan also contains organizational goals and objectives for the next three years that, in combination with our Community Health Improvement Plan’s goals and objectives, have guided the creation of this performance management system.

The following will guide the selection of performance measures at Reno County Health Department:

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Key Principles for Selecting Performance Measures

- Measures should have a clear relationship to system goals. They should be aimed at specific objectives and be result oriented.
- Measures should be meaningful and easy to understand.
- Measures should inform evaluative, planning, and policy decisions.
- Data should be adequate to support the measures.
- Care should be taken to guard against unintended consequences of the measures.
- Performance should have a clear and direct effect on the measures.
- Performance should be a primary influence on the measures.
- Measures should be valid, reliable, and responsive.
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Goal: Creation of Reno County Health Department’s Performance Management Plan to guide and monitor performance management efforts and create a culture of quality improvement at RCHD.

Objective 1: Form a Performance Management Team and establish a team charter by June 1, 2017.

Objective 2: Engage RCHD staff in all levels of Performance Management by June 1, 2017.

Objective 3: All departments have updated performance measures with source, collection process, and connection to the goals and objectives that it supports by June 14, 2017.

Objective 4: PM Taskforce will review all updated measures by June 21, 2017.

Objective 5: At the June 27, 2017 Management Meeting, PM Taskforce will present the draft of the PM Plan and Charter and all updated measures for review and discussion.

Objective 6: The July 25, 2017 Management Meeting will be the inaugural meeting of the entire Performance Management Team with the QI Council. All baselines will be reviewed and thresholds for the monitoring of the selected measures will be agreed upon.


Objective 8: Performance Management plan to include performance measures related to RCHD Strategic Plan by July 31, 2017.


Objective 10: Performance Management training added to the new employee orientation process by December 31, 2017.

The Reno County Health Department’s Performance Management Plan considers the Reno County Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), the Reno County Health Department Strategic Plan, the RCHD Performance Management Self-Assessment Results, as well as, specific departmental grant and contract requirements.
Performance Management Team:
The Performance Management Team consists of the entire Management Team with the support and expertise of the Quality Improvement Council. This combined group will meet quarterly to review performance measures and use these measures to identify opportunities for continuous quality improvement. Once these opportunities are identified, the QI Council will oversee the work of the responsible staff in conducting a QI Project to address the identified measure.

Performance Management training began in fall of 2016 with consultation and onsite training provided by consultants Ty Kane and Sonja Armbruster from the Community Engagement Institute at Wichita State University. In January of 2017, a Performance Management Self-Assessment was conducted. The Self-Assessment was used to identify potential areas for performance management focus. On April 11, 2017, a Performance Management Workshop was conducted for all staff in the morning. In the afternoon, there was a second workshop for the Management Team. On May 30, 2017, a Performance Management follow-up session was conducted with the Management Team.

The Performance Management Team continued education through a variety of sources including emails and written resources and an All Staff Game of “Who Wants to Be a Millionaire” on May 16, 2017 to more fully understand how to use performance management to meet the vision, mission, and strategic plans of the health department.

During this time of developing the new Performance Management System, there is also a Performance Management Taskforce.

Performance Management Taskforce:
- Nick Baldetti, Director/Health Officer
- Megan Gottschalk-Hammersmith, Assistant Director of Community Operations
- Grace Cody, FP/MCH Supervisor
- Anna Brown, D&Q Supervisor

This Performance Management Taskforce will meet every Wednesday at 1:00 for one hour until the new system is fully established and in use. After that, this group will meet to prepare for the quarterly Performance Management Team meetings.

Performance Management Charter: Appendix A

RCHD Self Evaluation: Appendix B
Performance Management Goals and Objectives:
These are derived from the RCHD Strategic Plan

The Performance Measures from the Community Health Assessment are contained in Appendix E. You may view the entire Reno County CHIP [here](#).

APPENDIX A: PERFORMANCE MANAGEMENT TEAM CHARTER

RCHD Performance Management Team Charter
Performance Management is a systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization’s mission and strategic goals. By improving performance and quality, public health systems can save lives, cut costs, and get better results. Performance management practices can be used to prioritize and allocate resources; inform management about necessary adjustments or changes in policies or programs; to frame reports on success in meeting goals; and to improve the quality of public health practice. Performance Management enables health departments to be more efficient, effective, transparent, and accountable.

Goal: Guide and monitor performance management efforts and create a culture of quality improvement at RCHD.

Membership:
The Performance Management Team will consist of the entire Management Team. Each quarter, the QI Council will meet with the Performance Management team to review measures and plan continuous quality improvement efforts based upon these measures. Performance Management shall be a standing agenda item during the monthly Management Team Meetings.

The Performance Management Team is further supported by the Performance Management Taskforce. This smaller group meets ad hoc and will prepared data for review by the Performance Management team. The Performance Management Taskforce was created from volunteers from the Performance Management Team.

Current Taskforce Members include:
Nick Baldetti, Director/Health Officer
Megan Gottschalk-Hammersmith, Assistant Director of Community Operations
Grace Cody, FP/MCH Supervisor
Anna Brown, D&Q Supervisor

Performance Management Team Group Rules:
1. The group will meet on the last Tuesday of every month as part of the regularly scheduled Management Team meetings.
2. In July, October, January and April, the Management Team meetings will be extended from 8:00 to 9:30 AM and the QI Council will join these meetings for a review of measures and QI planning.
3. Each quarterly meeting will have a goal, status update on assignments/initiatives, challenges faced, feedback, and possible resolution(s).
4. Decisions are made by consensus within the meeting, in case this does not happen, the Director will make the final decision.
5. Team members may disagree, but must do so respectfully. There will be no arguments or individual defaming.
6. Differences should be kept on the subject matter and not toward the individual.
7. Communication after the meetings will be by email, in-person, or by phone.
8. It is the responsibility of group members to make the best effort to attend meetings or if not possible to follow up after the meeting to catch up on discussions, decisions, and assignments.

Responsibilities:
- Organize the Performance Management System and monitor QI process for the agency
- Serve as a consultant to the QI Council
- Be an ambassador to promote a Culture of Quality Improvement within RCHD
- Report to the BOCC and Advisory Board through the Director annually about progress in reaching performance management goals.

Recorder
- Record performance management team activities
- Distribute performance management minutes to members
- Send reminders of meetings to performance management members

Performance Management Taskforce
- Meets ad hoc to develop the PM System
- Reviews data collected and entered into the PM System
- Prepares the agenda for the quarterly meetings to include: goal, status update on assignments/initiatives, challenges faced, feedback, and possible resolution(s).
- Serve as a resource for the development of performance measures

Ground Rules
- Start and end on time
- No side bar conversations
- Respect the opinions of others
- Disagree constructively and respectfully
- Clarify statements made by others
- No hierarchy
- PM work is the work assigned for the time of the meeting
- No cell phones/on vibrate
- Active participation by everyone
APPENDIX B

PM Self-Assessment Report (11 pages)