

Clark County Health Department: Roadmap to a Healthier Community

2013–2016 Strategic Plan
-Updated June 2016-

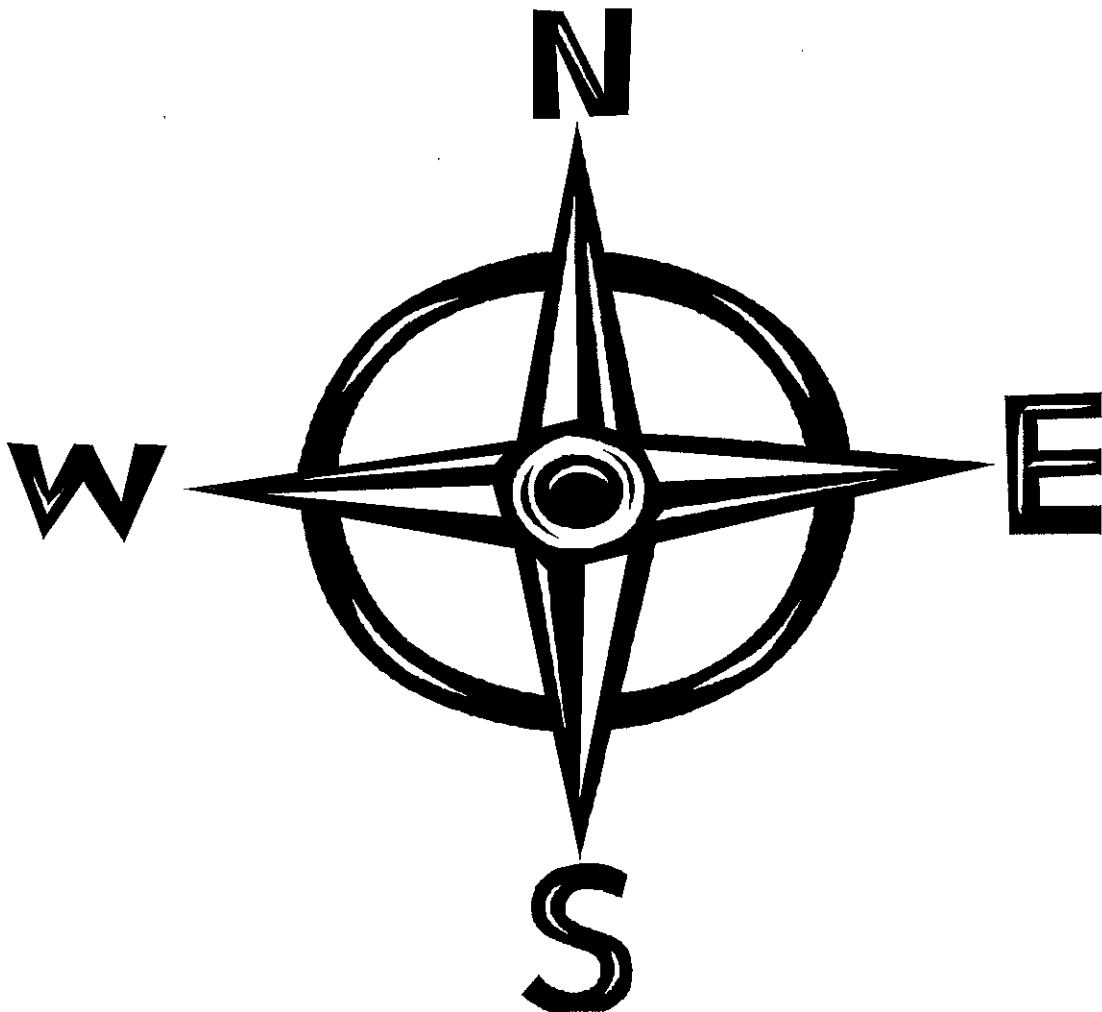


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Dear Friends of Public Health,

It is with pleasure that I present our 2013-2016 Strategic Plan. Through months of discussion and planning we have established a mission and vision as well as strategies, goals and objectives that will drive the Clark County Health Department (CCHD) toward ongoing success.

The development of this plan has reinforced our belief in the strength each employee brings to our agency and the importance of partnership and collaboration. The relationships that we have with both internal and external stakeholders as well as customers are critical to ensuring that public health needs are being met.

This strategic plan provides a broad roadmap for the CCHD and is intended to be a dynamic plan. The overarching strategies and related goals, which each CCHD employee will help achieve, provide a framework of what needs to be accomplished to reach our vision and carry out our mission. The plan contains objectives and strategies committing us to quality, leadership, best practice and sustainability.

We look forward to the challenge of implementing our plan and seeing our vision come true!

Best regards,

Robert Leischow

Robert Leischow BA, MPH
Health Officer | Director

Section 1: Executive Summary

Background

Several obstacles needed to be resolved in order for CCHD to begin the strategic planning process. Due to limited resources for strategic planning, the lack of a previous CCHD Strategic Plan, and limited staff availability, the department acquired a summer intern to facilitate the process, funded through the Wisconsin Area Health Education Center (AHEC) Community Internship Program (CHIP). This intern devoted the months of June and July in 2012 to start the process of developing the Clark County Health Department 2013-2016 Strategic Plan.

Strategic Planning Process

Planning for the 2013-2016 Clark County Health Department Strategic Plan (henceforth the “Strategic Plan”) began in CY2012. The following is a timeline of health department activities involved in the strategic planning process.

- Late 2010-2011. The CCHD completes the *Self-Assessment Workbook for Wisconsin Public Health Agencies* as part of the Wisconsin Health Quality Initiative, based on the 2009 PHAB *Proposed Standards and Measures*.
- Late 2011. Robert Leischow seeks AHEC intern to assist with development of a strategic plan.
- June, 2012. Intern joins the CCHD staff and sets to the task of Strategic Planning. The Strategic Planning Committee is assembled and facilitates a formal SWOT process. Intern conducts an all staff meeting to produce a set of Mission, Vision, and Values statements. Data is collected, organized, and further analyzed by intern for presentation to the Strategic Planning Committee.
- July, 2012. A review of data from the SWOT analysis, Agency Self-Assessment, Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP) is presented to the Strategic Planning Committee. From this data and other sources, the Strategic Planning Committee emerges with four Strategic Priorities. The draft Strategic Plan is presented to the Board of Health for review.
- August 2012-December 2012. Strategic Plan completed.

Major Components of the Strategic Plan

Mission, Vision, and Values Statements

The Mission, Vision, and Values statements are the backbone of the strategic plan; they foster a shared understanding of the health department's purpose, intended goals and underlying principles guiding the CCHD's work. They are an effective way to stay committed to goals for the future and to avoid becoming overwhelmed with the objectives to meet these goals.

The *Mission* statement serves as a tool for the CCHD to communicate what we do to anyone interested in our organization, as well as why we exist and how we plan to achieve our Vision.

The *Vision* statement describes how CCHD and the people of Clark County be different in 3-5 years due to the work of the health department. It serves as an internal motivational tool; realistic, but often requiring a stretch to accomplish.

Values statements identify the shared principles, beliefs, and the importance of the work of the CCHD. They are a great way for entire staff and leadership to merge the motivation that drives the commitment to those the CCHD serves.

Strategic Priorities

Strategic Priorities are broad areas of focus in the next 4 years which the CCHD has selected as potentially weak through assessment or particularly important to accomplishing CCHD's Mission and achieving its Vision. In all, the CCHD Strategic Plan identifies 4 strategic priorities.

Strategies

Strategies are statements of major approach or method for addressing the strategic priorities and resolving specific issues. In all, the CCHD Strategic Plan identifies 13 strategies.

Goals

Goals are specific statements of what will be done to fulfill each of the strategies over the next four years.

Objectives

Objectives are the specific results that will be accomplished within a specific time frame. They are the process and outcome indicators which identify when a goal has been accomplished.

Section 2: Mission, Vision, and Values

Vision:

Improve health and enhance the quality of life for the residents of Clark County.

Mission:

It is the Mission of the Clark County Health Department to promote health, prevent disease, and protect the residents of the county through partnerships and population-based services.

This will be accomplished through:

- ⇒ Assuring and promoting the quality and accessibility of health services
- ⇒ Preventing epidemics and the spread of disease
- ⇒ Preventing injuries
- ⇒ Promoting and encouraging healthy behaviors through education
- ⇒ Protecting against environmental hazards
- ⇒ Responding to disasters and assisting communities in recovery

Values:

These Values motivate and drive the work of the health department:

Collaboration

Respect

Integrity

Quality

Accountability

Section 3: Summary of SWOT and Environmental Scan Results

Through a formal SWOT process, the SPC identified several emerging issues.

Summary of strengths: CCHD has a diverse staff, flexible and ready to adapt to meet future changes. With leaderships' education in public health theory and practice and a dedicated environmental health specialist, CCHD is well-positioned to take advantage of future opportunities.

Summary of weaknesses: CCHD has a limited number of staff, comparatively young in public health experience, and is beginning to build competencies, capacities, and skill sets. In addition, there is an ongoing need for policy and procedure updates and clarification, as well as feedback from the individuals served by health department programs to inform evidence-based change.

Summary of opportunities: CCHD has various opportunities to improve its operations, its various programs and services, and its community partnerships through emerging Quality Improvement initiatives, education, and implementation. Additionally, there are many new grant opportunities and other potential sources of revenue to pursue by diversifying department roles. Comprehensively, steps taken towards national accreditation will benefit every facet of the health department.

Summary of threats/ challenges: In today's economic uncertainty, the environment of constant change in which the CCHD exists is always a challenge. In a rural county, the geographic distance of academic partners for projects or research limits the amount of unpaid/ volunteer resources of the health department. In addition to rural health challenges, the growing populations of Amish and Mennonite communities require special attention to health needs and present additional barriers of reach and access to care.

Additional external factors include: limited access to medical and mental health care, socioeconomic factors, and overweight/ obesity issues. Clark County has a young population, with over 30% below age 18. The birth rates are the fastest growing in the Amish and Mennonite communities, and overall there is a decrease in the percent of women seeking prenatal care during the first trimester. Healthy lifestyle habits are a major concern in the county, with 29% of the population obese, another 43% overweight, and 50% physically inactive.

Section 4: Summary of Strategic Priorities

In order for the Strategic Plan to be effective and so that agency staff, the Board of Health, public health partners, and the community may understand, it is necessary and important to describe the rationale or significance for each strategy identified in the Strategic Plan.

1. Strategic Priority 1: Health Promotion

- **Strategy 1.1: Assuring and promoting the quality and accessibility of health care services.** Promotion of accessible health care services and assuring the quality of health programs and services for residents of Clark County is crucial to the Vision of the CCHD. It also facilitates a lesser case-load of direct services by the CCHD by ensuring the maximum number of persons with a medical home and the appropriate use of health services.
- **Strategy 1.2: Provide regular, timely, and effective health information to the general public.** It is essential that CCHD is trusted by the community as a consistent source of accurate information regarding local, state, and national health issues and events. Public awareness of CCHD as an authoritative resource will also contribute to communication effectiveness during community and/or public health emergencies.
- **Strategy 1.3: Strengthen external communication with public health partners.** Effective communication with health partners assists community recognition of CCHD as a consistent and reliable source of information regarding local, state, and national health-related issues and as an active partner in solutions to community health priorities.
- **Strategy 1.4: Strengthen internal organizational communication.** Effective internal communication improves staff alignment with the health department Vision and assures that all staff receive the necessary information to perform job duties and effectively carry out the Mission.

2. Strategic Priority 2: Workforce Development

- **Strategy 2.1: Strengthen workforce competencies and capacities.** Competencies are a set of knowledge, skills, and attitudes necessary for the broad practice of public health. Investing in the workforce competency and capacity development will assure that the CCHD is able to provide effective and efficient public health services and programs.
- **Strategy 2.2: Improve workforce retention and recruitment.** The retention of long-term staff is critical to CCHD realizing the training and education investments in staff competencies, capacities, and skill sets. By striving for the most effective staff recruitment processes, CCHD will be able to secure and retain quality staff.

3. Strategic Priority 3: Quality/ Performance Management

- **Strategy 3.1: Institute a departmental QI plan.** By implementing proven Quality Improvement practices into the fabric of CCHD programs, improvements

will be realized across the breadth of programs through informed change mechanisms.

- **Strategy 3.2: Take steps towards PHAB accreditation.** With accreditation now available to health departments on a voluntary basis, it is to the benefit of CCHD to become as prepared for accreditation as possible. This will not only provide CCHD with all of the benefits that accompany the process of accreditation readiness, but will also be an effective demonstration of agency expertise to the public, to attract future funding sources, and to attract high-caliber staff.
- **Strategy 3.3: Initiate a performance management system.** By initiating a performance management system and instituting annual work plans for each program, CCHD will ensure that all programs are in accord with the Strategic Plan and focused on the Strategic Priorities.
- **Strategy 3.4: Continued implementation and revisiting of the CHA/CHIP process.** By revisiting the Community Health Assessment and Community Health Improvement Planning process, CCHD will ensure that it adequately identifies and meets the needs of Clark County's current public health issues and needs. In addition, CCHD will ensure that the established CHIP priorities are addressed by collaboration with community partners.

4. Strategic Priority 4: Fiscal Management and Viability

- **Strategy 4.1: Establish effective fiscal management systems and policies.** By adopting proven "best practice" accounting methods and standards, the CCHD will be better stewards of public funding and become more efficient in its fiscal management practices. Furthermore, by fostering a shared understanding of allowable and acceptable billing procedures, the CCHD will realize more revenue by effectively billing clients for services and provide more efficient services.
- **Strategy 4.2: Continue to seek external grant opportunities.** By continuing to seek external grant opportunities and information on future grant programs, CCHD will become more financially independent, expand the kinds of services offered, and continue to provide the highest-quality services for Clark County residents.
- **Strategy 4.3: Research and Development.** As federal and state funding becomes less reliable, an "outside the public health box" business approach will support opportunities to generate revenue through traditional and non-traditional partnerships.

9.1.1 A(1,2)

Unofficial Minutes Until Approved
Clark County Board of Health 11/12/2015
Clark County Courthouse, Neillsville - Room 307

Meeting called to order by Renderman at 9:00am.

Meeting convened into open session as in compliance with the open meeting law.

Roll call. Members present for all or part of the meeting: Doris Bakker, Mark Renderman, Bill Neville, Dr. Janssen, Dean Zank, Cindy Eichman, Chris Parker, Jerome Krempasky

Agency staff and/or others present for all or part of the meeting: Robert Leischow, Brittany Mews

Motion by Neville to approve the September meeting minutes; seconded by Zank. Voice vote, motion carried.

Motion by Krempasky to approve September vendor payments; seconded by Neville. Voice vote, motion carried.

Mews reported out on the 3rd quarter communicable disease report, noting nothing out of the norm in regard to the types and numbers of cases reported. Surveillance, monitoring and as needed follow up continues. General discussion; no action items.

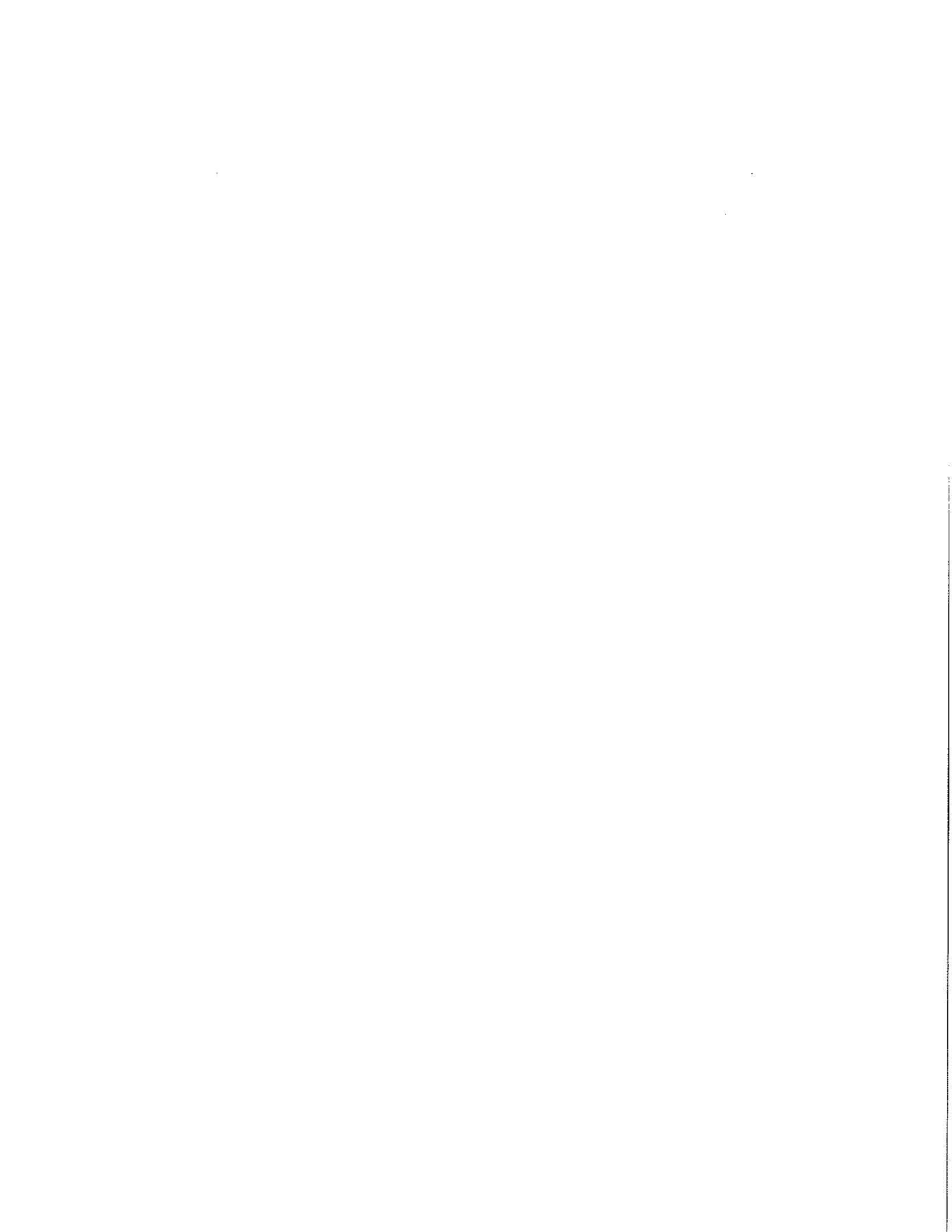
Mews provided an update on the Amish and Mennonite hearing and vision school visit efforts. Almost 240 kids were vision screened with 16 being referred for follow up testing, and approximately 140 were hearing screened with 4 being referred for more comprehensive testing. These screenings were also used as an opportunity for the Health Educator to educate these students on biking/pedestrian safety. It was also noted that of the estimated 1319 Amish and Mennonite students enrolled in Clark County, in relation to the total number of students enrolled in non-Amish/Mennonite schools, that approximately 26% of the total student population in Clark County is Amish/Mennonite. General discussion; no action items

Leischow informed members that the Health Educator received a scheduled 6-month step increase.

Members were informed that the efforts within the State Legislature, and both the Assembly and Senate sides, to change the way reproductive health/family planning programs, like ours, would be funded and reimbursed for services did not make it to full floors for vote. Amendments have been proposed that support a carve-out for local health departments. However, it is anticipated that this effort will resurrect in the next session.

Leischow informed members that the Department applied for competitive funds and was awarded approximately \$9,200 from the National Association of City and County Health Officials (NACCHO) to address performance management. Addressing performance management will help the Department with its infrastructure and better define current performance related strengths and opportunities for improvement. The project commences immediately and will terminate in June 2016. Members offered their support and will remain involved as the project gets implemented.

Though the board previously approved the Director's attendance at the 2015 APHA Conference in November, the late timing resulted in an inability to secure lodging at a reasonable cost or within a



9.1.1 A (2.1)

Unofficial Minutes Until Approved
Clark County Board of Health 04/21/2016
Clark County Courthouse, Room 305

Meeting called to order by Renderman at 2:00pm.

Meeting convened into open session as in compliance with the open meeting law.

Roll call. Members present for all or part of the meeting: Jerome Krempasky, Doris Bakker, Mark Renderman, Dr. Gary Janssen, Sharon Rogers, Cindy Eichman, Dr. Tim Meyer

Agency staff and/or others present for all or part of the meeting: Robert Leischow, Steve Moss, Lynn Klovas, Brittany Mews, Rebecca Rosandick

Motion by Bakker to approve the March meeting minutes; seconded by Krempasky. Voice vote, motion carried.

Motion by Meyer to approve the March vendor payments; seconded by Parker. Voice vote, motion carried.

The 2015 Annual Report was presented. General discussion with a request to have on the agenda for the next meeting to address any outstanding questions. Motion by Meyer to receive and file the 2015 Annual Report as presented; seconded by Bakker. Voice vote, motion carried. Klovas presented the 2015 Annual Jail Health Report. General discussion; no action items.

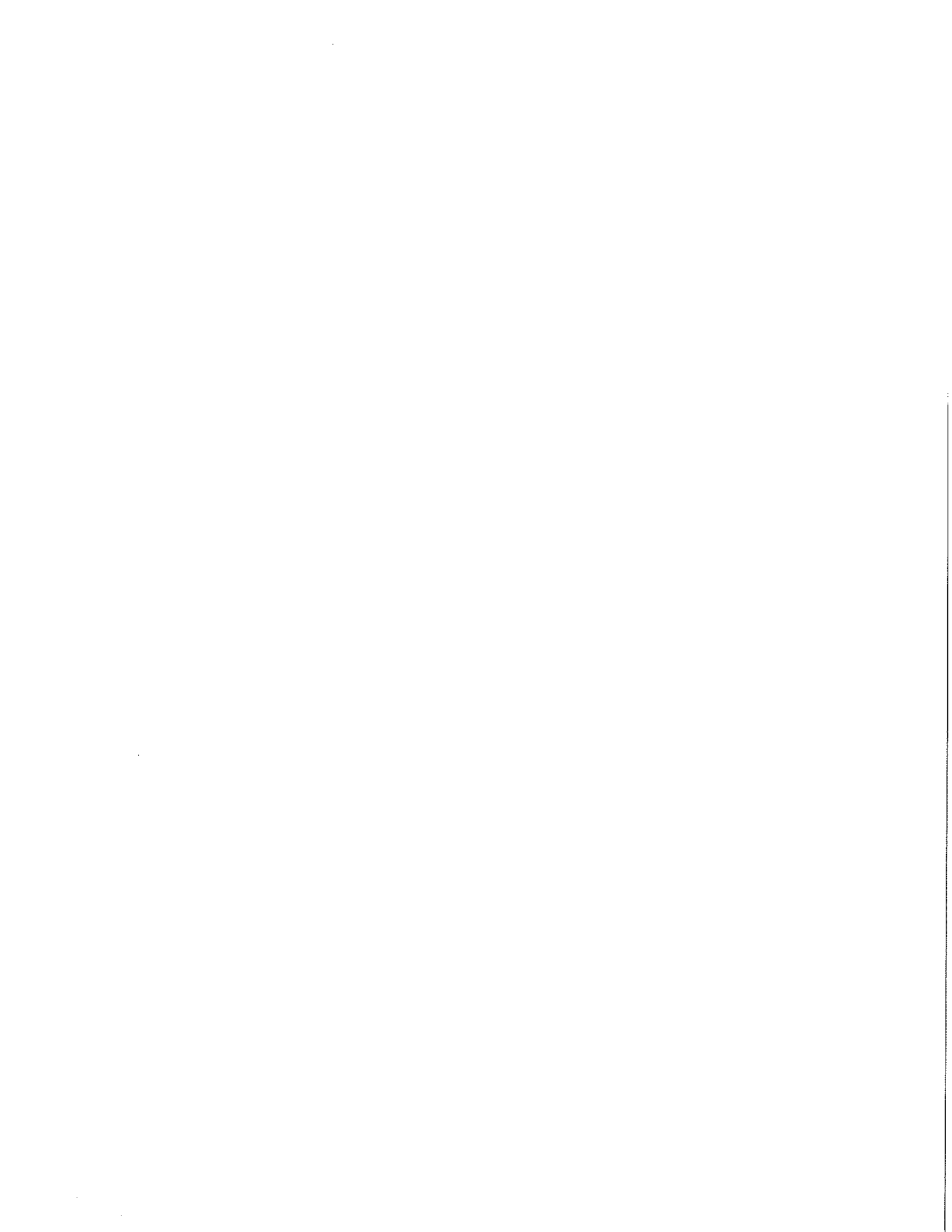
Moss provided an update on required changes to the DNR Transient Non-Community Program. In particular it was noted that we are now required to assess seasonal startup procedures using a resource provided by the DNR, which requires initial contact with the well owner and follow-up to complete the survey. Nonresponsive system owners will be issued a notice of noncompliance. Information only.

Rosandick provided members with an update on efforts to develop a grant-supported performance management system. Members were informed that staff completed an assessment using a standardized tool to help identify strengths and opportunities for improvement. Two areas were identified as opportunities for improvement: employee performance review tool (administrative) and a flowsheet for PNCC (programmatic). Development of goals/objectives related to these opportunities are underway. General discussion; no action items.

Leischow informed members that we were not invited to the next stage of Healthiest Wisconsin Partnership Program grant process. It was shared that key partners remain interested in the behavioral health focused proposal and that other funding opportunities will be explored. Information only.

Leischow introduced members to the WPHA-WALHDAB Legislative Grid as a means to highlight priority areas for the public health community. Members were informed that there will be opportunity as policy oriented Board of Health members to get involved. Information only.

Members were provided information in regard to the Wisconsin Association of Local Health Departments and Boards (WALHDAB). In particular, it was explained that this is the professional



Leischow, Robert

From: Leischow, Robert
Sent: Thursday, January 28, 2016 11:05 AM
To: Rosandick, Rebecca; Weix, Mindy; Lynn, Kelsey; Moss, Steven
Cc: Mews, Brittany
Subject: RE: QI-PM - Please Complete

Greetings,

In reference to the below from Rebecca, I suspect it will be helpful to first watch a pre-broadcast webinar on Performance Management (PM). It should help to establish a framework of what PM is and how the various components of PM (which you'll learn more about as this initiative moves forward) are inter-related. One of those components being performance measurement.

Link: https://naccho.adobeconnect.com/_a1053915029/p9gbxst44zw/

The webcast is about 2 hrs in length. So, though Rebecca requested your responses to the below referenced form by tomorrow (29th), it makes sense to watch the video first and then respond to the questions on the form. Watching the video will be considered an in-service training on this subject matter. Therefore, to allow enough time to watch the video, let's aim to have your responses by next week Friday (2/5).

Note that if you (or a few of you) want to watch on the big screen in the conference room, feel free to do so.

Thanks!

Bob Leischow MPH
Health Officer | Director
Clark County Public Health Department



It is the Mission of the Clark County Health Department to promote health, prevent disease, and protect the residents of the county through partnerships and population-based services.

From: Rosandick, Rebecca
Sent: Wednesday, January 27, 2016 1:00 PM
To: Leischow, Robert; Weix, Mindy; Lynn, Kelsey; Moss, Steven
Cc: Mews, Brittany
Subject: QI-PM - Please Complete

Wednesday Greetings Coworkers,

When you find a free minute, please **complete the document pictured below** & place it in my mailbox **by Friday (01-29-16)**. This is regarding our QI-Performance Management initiative. If you do not know an answer or are unsure, please answer the question to the best of your ability. For your convenience, I've already placed a copy of this document in your mailbox. You do not need to put your name on it. If I am missing one, however, I will figure out who you are & hunt you down.

Clark County Health Department
 1000 West 10th Street, Suite 1000, Las Vegas, NV 89102
 702.733.3333

FOUNDATIONAL ELEMENT 5: QI INFRASTRUCTURE
Sub-Element 5.2: Performance Measurement and Use of Data

Rate the following statements regarding performance measurement and use of data to drive improvement.

	Strongly Disagree	1	2	3	4	5	Strongly Agree
Performance Measures and Standards							
All parts of the organization have defined performance measures to monitor performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal and standardized agency-wide process for developing performance measures is consistently followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees have input into the development and selection of performance measures that relate to their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measures are aligned through every level of the agency (e.g. Department, division, program, and individual levels) and are linked to the agency strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measures have been aligned horizontally across the agency to ensure consistency across common agency processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mix of input or capacity process or output, and short, intermediate, and long term outcome performance measures are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measures are based on a balanced set of perspectives (e.g. customer, financial, internal processes, results) to ensure that all aspects of operations are adequately measured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data sources we collect and data can be directly connected to all performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A defined schedule for data collection is in place and consistently followed for all performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All performance measures have set performance standards, target or benchmarks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A variety of sources for setting standards or targets are used including national/state level standards (Healthy People 2020), benchmarks from peer agency performance, and past agency performance data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Analysis & Reporting							
A schedule for the frequency of data analysis and reporting of performance is routinely followed for all performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance is routinely reported to both internal and external stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An effective information system (e.g. spreadsheets, database, performance software) is used for storing, analyzing, integrating, and reporting performance throughout the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees have been assigned responsibility for monitoring and reporting on performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As appropriate, statistical methods are applied to analyze data (e.g. reliability, validity, process variation, and control).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Click here to access training materials for Sub-Element 5.2: Performance Measurement and Use of Data.](#)

Happy Survey Taking,
 Rebecca

Rebecca Rosandick
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 Clark County Health Department
 (715) 743-5110
 Rebecca.Rosandick@co.clark.wi.us



It is the Mission of the Clark County Health Department to promote health, prevent disease, and protect the residents of the county through partnerships and population-based services.



Clark County Health Department
Clark County, Wisconsin

**Performance Management System and Quality Improvement Plan
2016 Calendar Year**

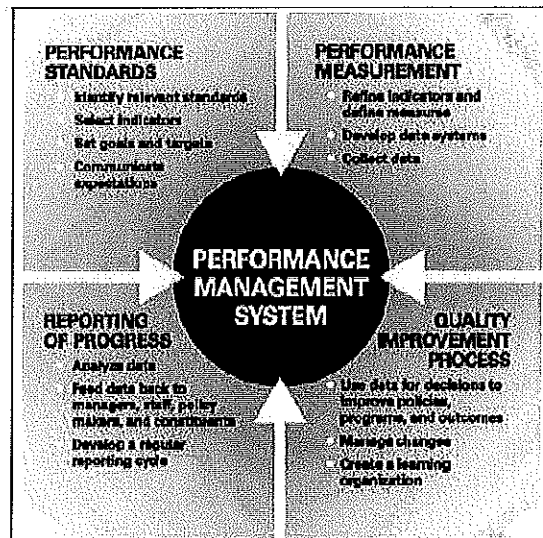
I. Performance Management System and Quality Improvement

A. Background, Scope and Mission

According to the Public Health Foundation, Performance Management is the “practice of actively using performance data to improve the public’s health”. The Clark County Health Department has adopted the Turning Point National Excellence Collaborative on Performance Management model. The model includes the following components:

Performance Standards are objective standards or guidelines that are used to assess an organization’s performance. Performance standards answer the question, “Where should we be?”.

Performance Measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., percentage of children with age-appropriate immunization levels at age two). Performance measures look at what actually happened compared to what was planned or intended.



Reporting of Progress is how performance data is shared with stakeholders. This report typically includes comparisons to national standards or benchmarks to help show progress or lack thereof.

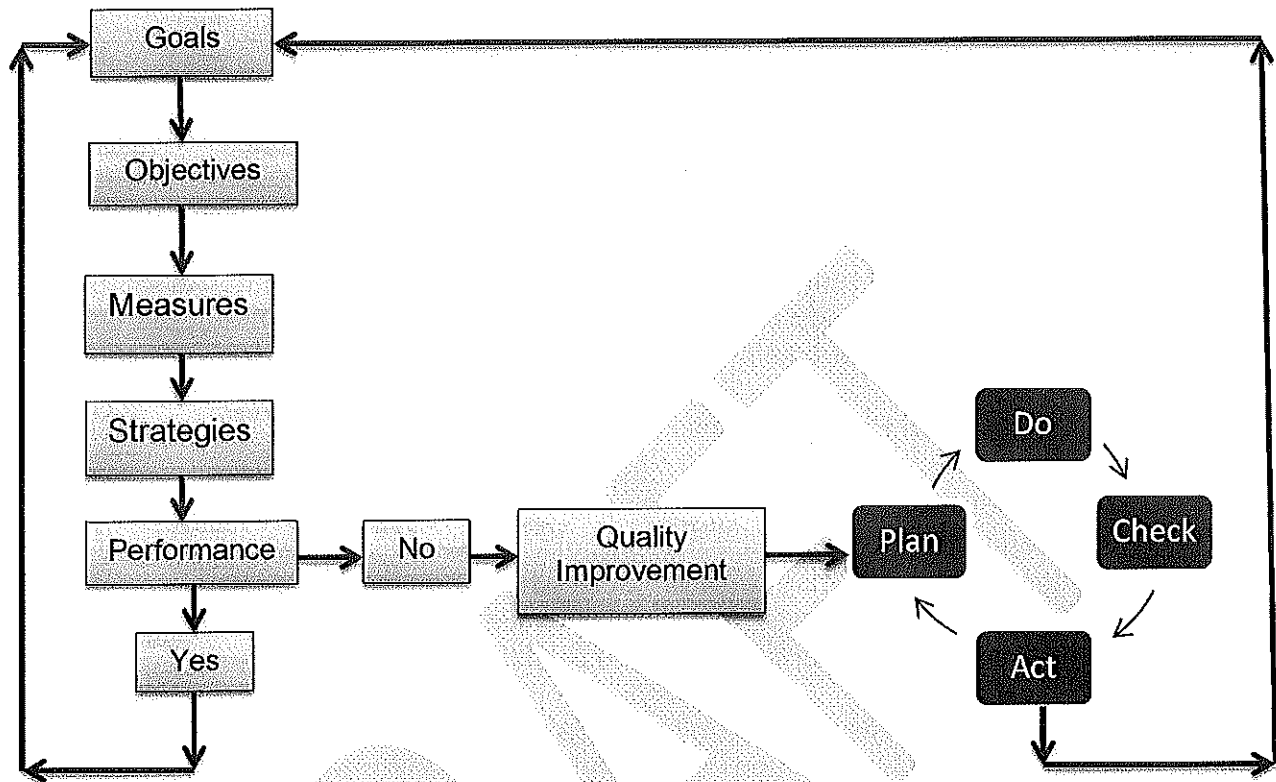
Quality Improvement is the process by which processes, policies, programs, and infrastructure are enhanced and improved upon by using the Plan-Do-Check-Act and Rapid Cycle Improvement models. Program evaluation is a key component of quality improvement since the success of programs must be measured in order to determine whether quality improvement action is warranted.

The mission of the Clark County Performance Management System and Quality Improvement Initiative is:

To improve the health of Clark County residents by ensuring efficient and effective processes and programs through on-going review of performance measurements.

The following is a graphic that depicts the Performance Management System that will be utilized at the Clark County Health Department.

Performance Management System Process



It is the goal of the Clark County Health Department to develop and maintain a robust performance management system that involves the ongoing use of performance standards and measures, reporting of progress, and quality improvement principles to ultimately have a positive impact of the public's health in Clark County. This will be accomplished 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 quality improvement into agency operations through ongoing use of Plan-Do-Check-Act.

In addition, the following are the benefits of integrating a comprehensive performance management system into daily operations of the Clark County Health Department:

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

B. Organizational Structure

A team has been organized and charged with carrying out the purpose and scope of this Performance Management System and Quality Improvement Plan. The agency QI/PM Coordinator chairs the Quality Improvement (QI) Team. Membership of the team includes the PH Health Officer/Director, QI/PM Team Leader, and Lead Public Health Nurse; additional members will be brought in as needed. The QI team will be responsible for training, challenging and empowering all Clark County Health Department employees to participate in the processes of performance management and quality improvement.

The QI Team will meet at least monthly and will maintain records and minutes of all meetings. In addition, the QI Team will provide a report of the Performance Management and QI program activities to the Board of Health at least annually.

The QI Team will support QI Project Teams in the following manner:

- Facilitating meetings.
- Providing staff training in QI methods and tools.
- Providing technical assistance to QI projects, which may include data collection/analysis, advice on QI methods/tools, meeting facilitation/project management services, or participation as a team member.

Furthermore, training specialists and consultants are available through state and regional agencies to assist in the implementation of performance management and QI activities as needed.

C. Roles and Responsibilities

All staff members of the Clark County Health Department will be expected to participate in activities associated with performance management and QI. The following are specific roles and responsibilities for members of the Public Health Team.

Director/Health Officer:

- Provides vision and direction for the Performance Management System and Quality Improvement program.
- Responsible for the allocation of resources for performance management and QI programs and activities.
- Reports on performance management and QI activities to the Board of Health.
- Requests the review of specific program evaluation activities or the implementation of QI projects.

QI/PM Coordinator:

- Convenes and chairs the QI Team
- Identify and address gaps in accreditation standards and measures; suggest QI projects to close identified gaps.
- As needed, reports out to the Board of Health

Program/Project Leaders:

- Report to the QI Team on performance management and program evaluation activities.
- Determine appropriate messages to communicate selected performance management and QI activities and results to staff, the public and other audiences.
- Encourage staff to incorporate performance and QI concepts into daily work.
- Responsible for the implementation of ongoing program-level quality improvement/planning for his/her programs.
- Responsible for monitoring and reporting performance measures.

All Clark County Health Department Staff:

- Identify potential QI projects and bring to management or program leaders
- Participate in QI projects, as requested by program leaders and/or QI team.
- Collect and report data for reporting of performance measures; use data to identify areas needing improvement.
- Understand how performance measures are related to their work and how they affect department-level (strategic) performance measures.
- Participate in QI training.
- Incorporate QI concepts into daily work.
- Conduct chart audits as scheduled.

D. Performance Management and QI plan review

This Performance Management and QI plan will be reviewed annually and revised to reflect program enhancements and revisions. The QI Team will be responsible for the plan review/revision. A report of the review with any changes will be provided to the board of health annually. The process to assess the effectiveness of this plan will include:

- Review of the process and the progress toward achieving goals and objectives.
- Efficiencies and effectiveness obtained and lessons learned.
- Customer/stakeholder satisfaction with services and programs.
- Description of how reports on progress were used to revise and update the plan.

II. Quality Improvement Activities

The QI activities listed in this section include review and improvement of Department programs and processes that have a direct or indirect influence on the health of Clark County residents as they align with the department's mission and vision. These QI activities will be implemented and reported to the QI Team.

A. Quality Projects

Quality Projects can be identified in many different ways. The following approaches can be employed to identify potential projects:

- 1) program audits that indicate need for further investigation and process improvement
- 2) ineffective or inefficient service or program delivery
- 3) program cost outweighs benefits
- 4) client outcomes do not meet pre-established benchmarks
- 5) client/staff dissatisfaction
- 6) when performance data do not meet established criteria
- 7) areas where the department does not meet Accreditation Standards

Any staff member may request that a specific quality project be conducted. The request will be accomplished by completing the Quality Improvement Project Proposal form (Appendix A) and submitting it to the QI Leadership Team for review and approval.

Projects will be conducted as determined by the QI Team along with the Program/Project Coordinator to improve the quality of the Clark County Health Department's (CCHD) processes and services. Priority will be given to projects with the potential to conserve department resources and/or have the greatest impact to clients. For each project, the following will occur:

- 1) a team will be assembled,
- 2) team membership will be consistent with the QI issue and will be a cross-section of disciplines if required for the study or the issue,
- 3) the principles of quality improvement will be followed ,
- 4) teams members will participate in training on QI methods/tools,
- 5) data will be used to evaluate and understand the impact of changes designed to make improvement, and
- 6) quality cycles (i.e. PDCA) will be conducted to discover effective and efficient ways to improve a process.

Each team member will receive training as determined by the project leader, utilizing a "just in time" training approach. "Just in time" training is defined as training completed at the time when a specific tool or process is utilized. When a project has ended, performance measures established during the project phase will be continually monitored to ensure improvements are sustained.

After review and approval by the QI Team, a project report may be provided to the Board of Health. Project results will also be shared with CCHD staff at appropriate staff meetings, i.e. all-staff meeting, Public Health Nurses Unit meeting, etc.

B. Clark County Health Department Performance Measures

The selection and measurement of performance standards and indicators enables the QI Team and CCHD staff to determine if the Department is improving the health of Clark County residents and if programs are implementing efficient and effective processes and programs. Three tools are used to monitor achievement of performance measures:

1. The Clark County Health Department Strategic Plan tracks progress towards the goals set forth in the strategic plan within the plan itself to maintain a living document. The strategic plan is updated annually.

2. The Clark County Community Health Improvement Plan is updated bi-annually to capture progress towards achievement of goals documented within the plan itself.
3. Grant reports submitted to funders mid-year and year-end monitor achievement of grant objectives and activities. Key grant indicators may be included in the Clark County Performance Measures document (dashboard, referenced below) as well.

It is envisioned that a fourth tool, a “dashboard”, will also be developed and used as a means to monitor the progress toward goal/objective attainment. The dashboard will pull key indicators from each program area to be monitored, will be updated routinely, and reported out to key stakeholders including our Board of Health.

The status of each measure will be variable with updates made as often as data is available. Persons identified as responsible for reporting data will monitor and report the progress of the performance measures and submit a report to the QI Team. After review, a summary of the data documenting progress towards performance measures may be provided to the Board of Health and other stakeholders. Results will also be shared with CCHD staff.

III. Alignment of QI Plan with Other Department Systems

A. Quality Assurance/Chart Audits/Client Feedback

Quality assurance is a process of retrospective review that is reactive and works on problems after they occur. It usually consists of a periodic look-back and responds to a mandate, a crisis, or a fixed schedule. Most often it is accomplished by doing a chart audit. Although CCHD is moving in the direction of Quality Improvement there is still a need for continued chart audits that will meet regulatory requirements. Issues identified during a chart audit may lead to QI projects. In this event the program leader will complete a Quality Improvement Project Proposal and submit it to the QI Team.

Chart audit processes will be program specific and will be defined in policy/procedure for the program. The following table indicates a summary of audit activities by program.

Program	Audit
Reproductive Health	See Reproductive Health Policy and Procedure (State Guided Performance Measures)
Financial	Completed by professional auditing firm annually
PNCC	See PNCC Policy and Procedure - 10% of enrollment in previous 2-3 quarters (to ensure adequate service delivery for each program), audited twice yearly
Environmental Health	Self-assessment submitted to state annually
Jail Health	See Jail Health Policy and Procedure, charts audited twice yearly
Communicable Disease	See Communicable Disease Control Procedure, charts audited quarterly

Obtaining client feedback related to the services rendered is an important indicator for programs and services. Programs will conduct periodic surveys to query clients regarding satisfaction. Changes to service delivery may be altered based on this feedback.

IV. Communication of this Performance Management and QI plan

Communication is an important component in any organization. This Performance Management and QI Plan will be communicated to all at various staff meetings.

DRAFT

Appendix A Clark County Health Department Quality Improvement Project Proposal

Project title:	
Date submitted to QI Leadership Team:	Submitted by:
Briefly identify or describe the program, project or process that should be addressed with an QI project:	
Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Please explain why you selected this priority level:
Departmental Implications <i>a.</i> How does this project support our mission, vision, and/or strategic directions? <i>b.</i> Who are the stakeholders (internal and external) and what are their concerns? <i>c.</i> What resources and support will be needed to complete the project? <i>d.</i> What potential impact could there be on other programs/activities if this QI project is conducted?	
What are we trying to accomplish? (A brief goal statement)	
Who should be on this QI team?	
Who should lead this QI team?	

Appendix B Record of Changes

The Clark County Health Department Performance Management System and Quality Improvement Plan is not a stagnant plan but a plan that can change to meet the needs of both the internal and external environment. Therefore it is important that records of these changes are kept in order to monitor the evolution of this plan. **All changes to this plan should first be approved by either the Health Officer / Director or by the QI/PM Coordinator.**

Date	Description of Change	Page #	Made By:	Rationale

QIT = Quality Improvement Team

2.1.3 A(1)

Section 5: Strategies, Goals, and Objectives

Score Key
 0 = Not Started
 0.5 = In Progress
 1 = Completed

Strategic Priority 1: Health Promotion

Strategic Objective	Strategic Goal	Strategic Objective	Strategic Goal	Strategic Objective	Strategic Goal	Strategic Objective	Strategic Goal	Projected Completion				Strategic Objective	Strategic Goal	
								June	Dec	June	Dec			
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Priority 3: Quality/ Performance Management

Strategy	Goals	Objectives	Baseline	Linkages	Responsibility	Projected Completion / Actual				Status	Score	
						2013	2014	2015	2016			
Strategy 3.1: Institute a departmental QI process	CCHD will form a Quality Improvement / Performance Management Team	Identify key leaders from within the department to form the Quality Improvement / PM Team	Enhance ment / New Initiative	PHAB Domain 9	Director	Dec X			X	2016	Director and Lead PHN presently serve as the team; however, 1-2 additional members will be recruited. Due to staff turnover, new members identified	.5

<p>Strategy 3.3: Initiate a performance management system/process</p>	<p>CCHD will scope best practice PM models and implement an agency assessment to identify improvement opportunities</p>	<p>The PHF, Baidrige and NACCHO PM Systems and related resources will be considered for use by the CCHD, once selected, internal assessment will occur</p>	<p>New initiative</p>	<p>PHAB Domain 9</p>	<p>Quality/PM Team</p>				<p>June</p>	<p>The Turning Point PM model adopted and a portion of the NACCHO PM assessment tool administered to staff</p>	<p>1</p>
	<p>Establish an agency-wide Performance Management / QI plan</p>	<p>CCHD will produce an agency-wide PM measure progress annually</p>	<p>New Initiative</p>	<p>PHAB Domain 9</p>	<p>Quality/Performance Management Team</p>				<p>June</p>	<p>Draft completed</p>	<p>.5</p>
	<p>Based on the results of the agency assessment, performance measures will be developed</p>	<p>Performance measures will be developed based on identified need.</p>	<p>New Initiative</p>	<p>PHAB Domain 9</p>	<p>Quality/Performance Management Team</p>				<p>Dec</p>	<p>Portion of the NACCHO PM tool was administered to staff, which resulted in 2 performance measures being created (1 administrative, 1 program)</p>	<p>.5</p>
	<p>CCHD will review its PM / QI plan at least annually</p>	<p>CCHD will implement process strategies to assure priorities are being met</p>	<p>New Initiative</p>	<p>PHAB Domain 9</p>	<p>Quality/Performance Management Team</p>				<p>Dec</p>	<p>No significant movement</p>	<p>0</p>
	<p>CCHD will explore performance management software applications</p>	<p>Programs and/or Vendors will be identified and invited to present/demo product.</p>	<p>New Initiative</p>	<p>PHAB Domain 1</p>	<p>Quality/Performance Management Team</p>					<p>Obesity/Overweight, Socioeconomic status, Access to health care</p>	<p>.5</p>
<p>Strategy 3.4: Continued implementation and revisiting of the CHA/CHIP process</p>	<p>CCHD will continue to implement strategies that address the top 3 priorities</p>	<p>CCHD will continue to support through its involvement activities that address the top 3 priorities</p>	<p>Ongoing</p>	<p>PHAB Domain 1</p>	<p>Director and Program Coordinators</p>	<p>On-going</p>	<p>On-going</p>	<p>On-going</p>	<p>On-going</p>	<p>New priorities (nutrition, alcohol use, mental health) were established in 2015/16 as a result of going through another CHA process.</p>	<p>.5</p>

CCHD will develop and facilitate a Community Health Improvement Process	CCHD will have sent out invitations to key community stakeholders to take part in the CHIP process	New Initiative	PHAB Domain 1	Director		X	Jan	CHAC/CHNA implemented in 2014.	1
	CCHD will develop a CHIP based on the top identified health focus areas	New Initiative	PHAB Domain 1	Project Coordinator			Dec X	CHIP developed/approved by Boh	1
	CCHD will as needed, initiate and support community-based workshops around the top three focus areas	Ongoing / New Initiative	PHAB Domain 1	Leadership and Program Coordinators	On-going	On-going	On-going	On-going	Currently active in the Health Care Partnership, Eat Right-Be Fit/Roadmap to a Healthier Community, and Youth Prevention Coalition
CCHD will conduct two media events regarding the results and status of the CHIP		New Initiative	PHAB Domain 3	Health Promotion Team			Jan & June	CHIP posted to agency website	.5
	The CCHD will facilitate semi-annual CHIP Steering Committee meetings to monitor the progress of the CHIP	New Initiative	PHAB Domain 1	Quality / Performance Management Team			July	In progress, likely Fall meeting	.5
CCHD will report annually on CHIP status to the Board of Health and stakeholders		New Initiative	PHAB Domain 1	Director			July	CHIP approved by Boh in early 2016.	.5

Strategic Priority 4: Fiscal Management and Viability

						Project Completion			
██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
██████	██████	██████	██████	██████	██████	██████	██████	██████	██████

Section 6: Organizing to Support the Strategic Plan

In order to support the various priorities, goals, and objectives outlined in the Strategic Plan, the CCHD has adopted a team approach as the means to accomplishing its goals and objectives. Where a specific individual is not the indicated responsible party, one of the following teams has been assigned:

1. Health Promotion Team.
2. Workforce Development Team.
3. Quality/ Performance Management Team.
4. Fiscal Management and Viability Team.

Strategic Plan Oversight

The Strategic Plan will be monitored by the Strategic Planning Committee. The Strategic Planning Committee is comprised of the CCHD Health Officer/ Director, Lead Public Health Nurse, Environmental Health Specialist, and the Board of Health Chair. At least one Strategic Planning Committee member will participate on each team to provide guidance, direction, and to act as a liaison to report progress back to the Strategic Planning Committee.

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

Measure 9.1.3 A: Implemented performance management system

9.1.3 A (2). Goals/objectives:

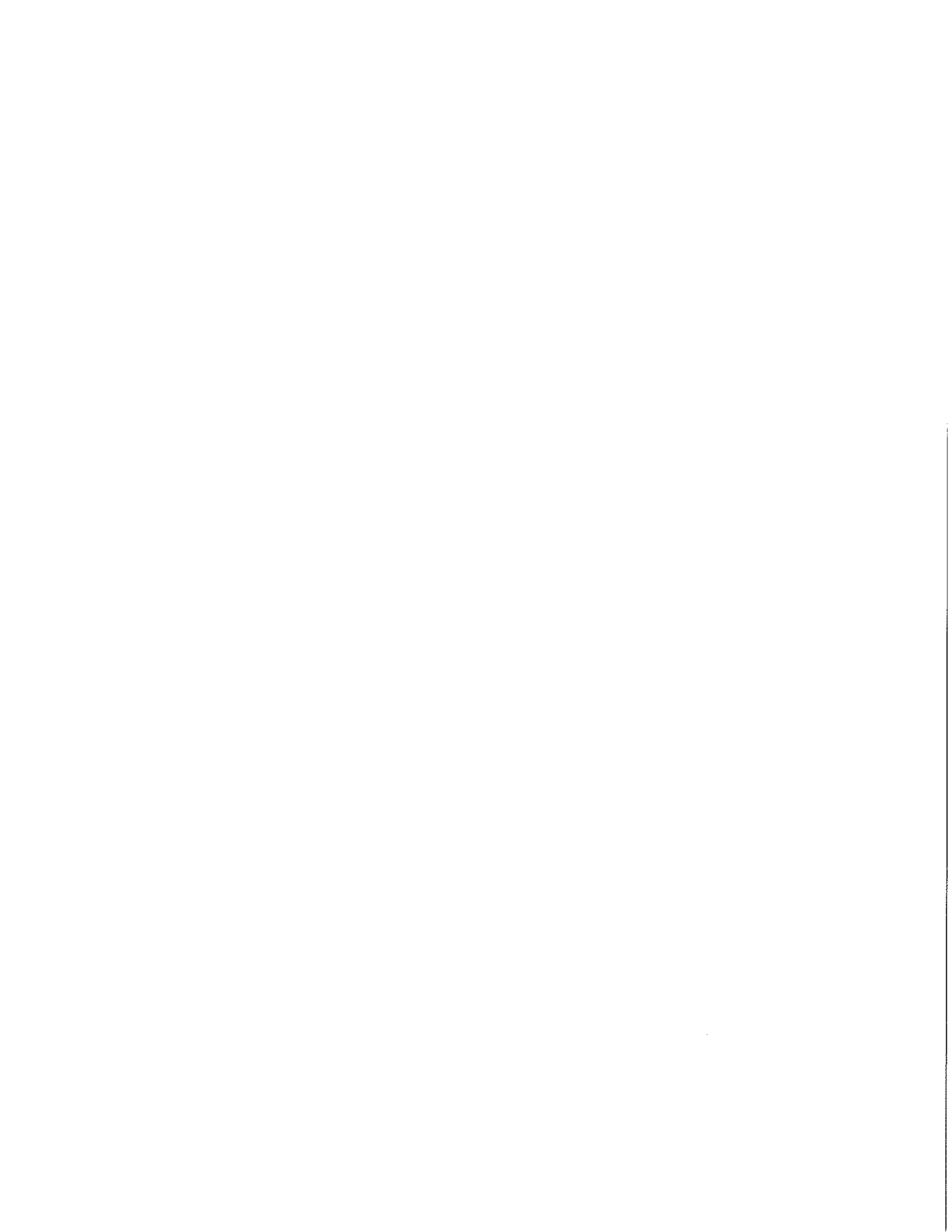
Based on staff completing Sub-elements 5.2 and 5.3 of NACCHO's Organizational Culture of Quality Self-Assessment Tool, the following goals and objectives were developed based on low scores in those areas.

Sub-Element 5.2: Measurement & Use of Data

- **(Program) Goal:** PNCC audit process will result in a QI project
- **(Program) Objective:** By 12/31/16, the CCHD's PNCC charts will be audited (by two department nurses—including the Lead Public Health Nurse) to identify opportunities for improvement, which will result in the creation of additional performance measures

Sub-Element 5.3: Annual Quality Improvement Planning

- **(Administrative) Goal:** Increase competencies & capacities of CCHD staff/workforce
- **(Administrative) Objective:** The CCHD will create an employee-development tool for agency staff by 12/31/2016



9.1.5 A(1)

Leischow, Robert

From: Leischow, Robert
Sent: Thursday, January 28, 2016 11:05 AM
To: Rosandick, Rebecca; Weix, Mindy; Lynn, Kelsey; Moss, Steven
Cc: Mews, Brittany
Subject: RE: QI-PM - Please Complete

Greetings,

In reference to the below from Rebecca, I suspect it will be helpful to first watch a pre-broadcast webinar on Performance Management (PM). It should help to establish a framework of what PM is and how the various components of PM (which you'll learn more about as this initiative moves forward) are inter-related. One of those components being performance measurement.

Link: https://naccho.adobeconnect.com/_a1053915029/p9gbxst44zw/

The webcast is about 2 hrs in length. So, though Rebecca requested your responses to the below referenced form by tomorrow (29th), it makes sense to watch the video first and then respond to the questions on the form. Watching the video will be considered an in-service training on this subject matter. Therefore, to allow enough time to watch the video, let's aim to have your responses by next week Friday (2/5).

Note that if you (or a few of you) want to watch on the big screen in the conference room, feel free to do so.

Thanks!

Bob Leischow MPH
Health Officer | Director
Clark County Public Health Department



It is the Mission of the Clark County Health Department to promote health, prevent disease, and protect the residents of the county through partnerships and population-based services.

From: Rosandick, Rebecca
Sent: Wednesday, January 27, 2016 1:00 PM
To: Leischow, Robert; Weix, Mindy; Lynn, Kelsey; Moss, Steven
Cc: Mews, Brittany
Subject: QI-PM - Please Complete

Wednesday Greetings Coworkers,



Tuesday, June 14, 2016

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Introduction to Performance Management

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12/8/15

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If you know your grade please enter it here:

Points:

Percentage: %

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