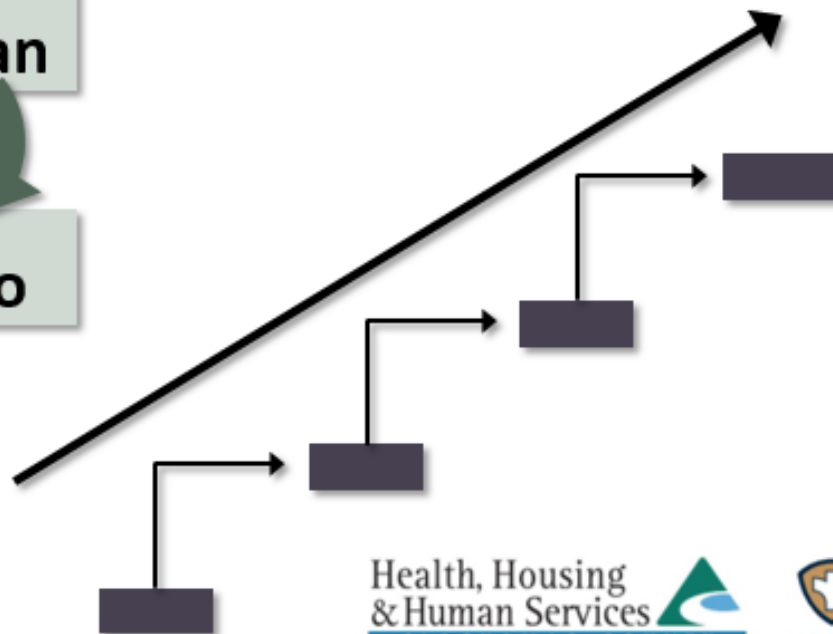
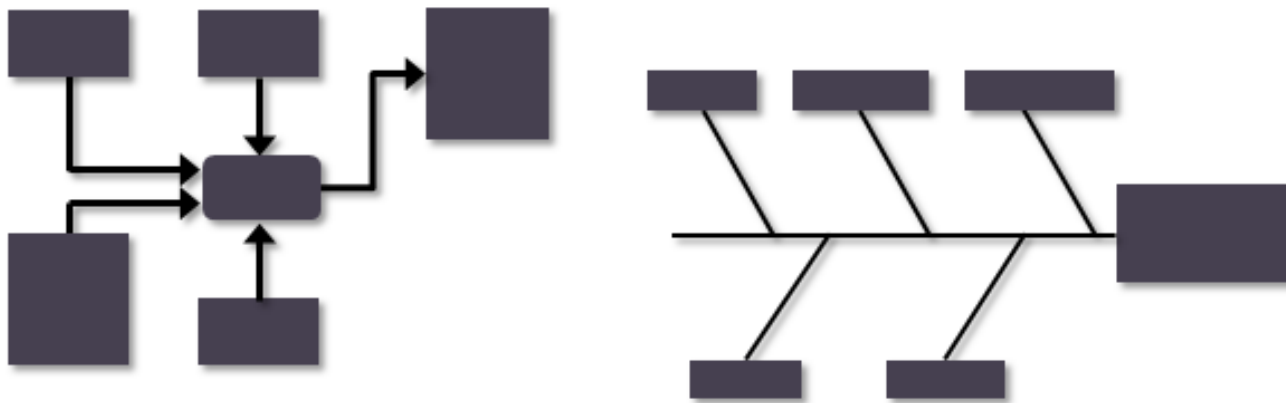


# CLACKAMAS COUNTY PUBLIC HEALTH DIVISION PERFORMANCE MANAGEMENT PLAN

Last updated: January 24, 2019



# Clackamas County Public Health Division



## Performance Management Plan

Last Updated: January 24, 2019

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## **I. Performance Management Plan Overview**

The Clackamas County Public Health Division's (CCPHD) Performance Management Plan outlines a sustainable performance management system that requires the appropriate selection, measurement, and reporting of outcomes, workforce training, and an emphasis on quality improvement. The successful implementation of this plan relies on strong internal and external communication and defined roles and responsibilities within the organization and among our community partners. The use of this Performance Management Plan demonstrates CCPHD's commitment to ensure quality programs and service delivery.

The Performance Management Plan uses the following model components, which are described further in section III of this document:

- A. Performance Standards
- B. Performance Measures
- C. Reports of Progress
- D. Quality Improvement Projects

## **II. Purpose**

Performance management is the practice of actively using data to improve the quality of public health practice and population health. This involves the application of performance measures and standards to do the following:

- establish targets and goals;
- prioritize and allocate resources;
- inform managers about needed adjustments in policy or program directions to meet goals; and
- develop reports that track the progress of meeting performance goals.<sup>1</sup>

The elements of the performance management system described below is used through implementation of CCPHD's strategic plan and community health improvement plan, known as the Blueprint for a Healthy Clackamas County. This plan provides the infrastructure for CCPHD to evaluate and continuously improve processes, programs and interventions in order to protect and promote health in Clackamas County.

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<sup>1</sup> "Performance Management Collaborative." Turning Point Resources, October 17, 2011.

### III. Performance Management System Background

The performance management system used by CCPHD was developed by the [Turning Point Performance Management National Excellence Collaborative](#). The model includes the following components:



- A. **Performance Standards** are objective guidelines that are used to assess an organization's performance. Standards involve setting goals, targets and expectations across the organization. Examples of performance standards could include: public health accreditation requirements, Oregon public health modernization deliverables, Healthy People 2020 goals, comparing oneself to similar sized-health departments or the state average.
- B. **Performance Measures** are the use of data to assist in the achievement of goals and targets. CCPHD works closely with the Health, Housing and Human Services' (H3S) performance improvement group and measures are aligned in the suggested format for consistency across the department. Appendix A, the List of Clackamas County Public Health Division Performance Measures, contains current performance measures being tracked by CCPHD and its programs. Clackamas County participated in the [Managing for Results](#) process, which provided the opportunity to update performance measures across all program areas and a web-based platform ([ClearPoint Strategy](#)) is used to track metrics on an ongoing basis.
- C. **Reports of Progress** provide information and documentation about QI activities across the division. The QI Committee updates members of the organization as described in Section V of this plan. See Appendix B for the Quality Improvement Reporting Calendar, which provides a current listing of formal QI activities reviewed by the QI Committee and Public Health Managers on a quarterly basis.
- D. **Quality Improvement Projects** help to strengthen CCPHD's policies, program and processes based on involvement from staff and managers. Formal quality improvement projects are prioritized, identified and resourced on an annual basis through an Improvement Planning activity. See Section IV below for additional information. Informal quality improvement activities occur on a regular basis across program areas. QI Committee representatives and project facilitators help support teams in implementation of projects. These are shared and documented regularly through QI Committee meetings.

## IV. Annual Improvement Planning

Annual improvement planning is a structured process to focus improvement efforts on achieving needed organizational outcomes. Before the plan is created, data are gathered and analyzed. Metrics stems from a comprehensive review of: the strategic plan & community health improvement plan implementation, client feedback, employee satisfaction, budget information, program performance measures and population-based health indicators. Priority projects are then identified and assigned to project teams that create project plans, measures of success, quality improvement methods & techniques, resources, timeline, and evaluation plans. See Appendix C for the 2018-2019 Quality Improvement Action Plan.

### Self-Assessment

Self-assessment is a critical component of successful implementation of the division's performance management system. The QI Committee and Program Managers conduct an adapted version of the [Performance Management Self-Assessment Tool by Turning Point Performance Management National Excellence Collaborative](#) on a biannual basis. This assessment helps the QI Committee identify potential areas needing to be addressed during annual improvement planning.

### Annual Lean Action Plan

CCPHD quality improvement activities are in alignment with the H3S Director's Office Lean initiative. The Quality Improvement Action Plan is developed for the division by the QI Committee and Program Managers with input from staff across the organization. The Quality Improvement Action Plan (see Appendix C) is a tool used to document and monitor the annual improvement activities that have been prioritized throughout the year. Updates on progress are reported and adjusted on a quarterly basis.

## V. Roles and Responsibilities

All CCPHD staff, department leadership and the Public Health Advisory Committee participates in developing, using, and updating the Performance Management Plan. The following outlines specific roles and responsibilities for key groups within the division.

### A. H3S Director's Office

The department's administration will:

- provide high-level oversight and accountability;
- remain aware of final outcomes of projects;
- provide an outside perspective on QI initiatives; and
- provide access to resources and trainings (such as Lean initiatives), as appropriate.

### B. Public Health Director and Program Managers

The Public Health Director will:

- allow time at all staff meetings to discuss ongoing and completed projects;
- approve the work of the committee; and
- meet at least quarterly with the H3S Director's Office to communicate the division's progress in performance management activities.

The Public Health Program Managers will:

- encourage and allow staff time to participate in quality improvement projects;
- support new ideas and promote current projects; and

- provide feedback and communicate expectations of the committee from a managerial prospective.

#### C. Quality Improvement Committee Members

The QI Committee members will:

- provide a forum for CCPHD staff to contribute to QI initiatives;
- identify and facilitate division-wide QI projects;
- establish guidelines, forms and a reporting format for projects;
- provide feedback and guidance to the division's programs/teams; and
- collect, analyze and evaluate project information.

#### D. CCPHD Staff

It is expected division staff will:

- develop, implement and evaluate QI projects within their respective program areas.

#### E. Public Health Advisory Committee

This committee of community partners will:

- receive information on CCPHD's implementation of the performance management plan;
- identify partnership opportunities for external stakeholders to participate in activities; and
- provide expertise on how the performance management system and initiatives can be improved.

### **VI. Quality Improvement Communications across the Public Health Division**

Committee members represent each program of CCPHD to ensure that all staff have an opportunity to contribute to the Performance Management Plan. To that end, committee members are responsible for facilitating regular communication between the QI Committee and colleagues in their respective program.

#### Program Meetings

Between QI Committee meetings, members report updates and collect feedback at their team meetings, which vary in frequency. QI Committee members also assist their team as they develop and launch their QI project.

The manager on the QI Committee communicates with the Public Health Managers while selected QI Committee members report progress on behalf of the Committee at the bi-monthly all-staff meetings.

#### Lean Daily Management Systems

Lean Daily Management Systems (LDMS) are intended to assist in the creation of a culture centered on continuous quality improvement and create buy-in across the organization. Each program within the Public Health Division conduct huddles (at least weekly) to provide updates and share information related to work activities and the Performance Management System. In addition, the division's performance management system is posted on centralized visual boards to showcase current improvement activities. The QI Committee has the responsibility to determine the frequency, duration and type of information posted on each board with oversight from the managers group.

## Quarterly Progress Reports

Members of the Quality Improvement Committee will present at the Public Health Managers and Public Health Advisory Committee meetings on at least a quarterly basis to discuss updates on QI projects and progress related to the Performance Management Plan.

### **VII. All-Staff Quality Improvement/Workforce Training Needs**

Clackamas County Public Health Division (CCPHD) participated in a workforce planning process beginning in August 2017, and concluding in February 2018. This effort was undertaken to aid in developing strategies to address identified gaps in our organization that our employees directly influence, meet internal and external regulatory requirements, and address the evolving needs of the local community.

Within CCPHD's workforce development plan, there priorities & actions identified that provide opportunities to strengthen and advance CCPHD's efforts of sustaining a culture of quality improvement. A series of performance improvement trainings, known as Lean trainings, are provided on an ongoing basis through the H3S Director's Office with an associated certification (Lean Learners, Lean Practitioners, and Lean Facilitators). These trainings include learning process improvement tools, such as PDCA cycle, 5S, flowcharting, best method (standardized work), root cause analysis & problem solving. All CCPHD staff are required to be certified Lean Learners by taking the 4 class series within 8 months of employment.

The QI Committee holds staff accountable to completing all required Lean trainings and earn their Lean Learner certification. Certifications are completed based on:

<b>Lean Learners</b> (required for all CCPHD staff)	<b>Lean Practitioners</b> (interested staff)	<b>Lean Facilitators</b> (Lean Practitioner-certified staff)
<ul style="list-style-type: none"><li>• Complete all 4 of the foundational Lean trainings</li></ul>	<ul style="list-style-type: none"><li>• Lean Learner certification</li><li>• 'How to Make Work Flow' Activity</li><li>• Participate in development of program performance measures</li><li>• Participate in 2 improvement activities</li></ul>	<ul style="list-style-type: none"><li>• Lean Practitioner certification</li><li>• Complete 12-hour advanced courses (Value Stream Mapping, Lean Leadership, Facilitation, Conflict Resolution, Speed of Trust)</li><li>• Lead 2 RPI's</li></ul>

Current workforce training needs that have been identified include:

- DashTrain
  - Windows 10
  - Office 2013/2016
- Using office equipment
  - Copy machines and related functions
  - Desk Phones
- Using conference rooms and set up of associated equipment
- Phishing / Spam email
- Send secure email
- Submitting Help Desk Tickets and contacting Technology Services
- Electronic Signature
- PowerDMS

## VIII. Sustainability of the Plan

The QI Committee will review and recommend necessary updates of the Performance Management Plan for managers' approval on a biannual basis. Updates on the plan's progress will be provided on a quarterly basis to the Public Health managers group and discussed at bi-monthly all-staff meetings.

## IX. Supporting Documents

1. Clackamas County Public Health Division, Strategic Plan Final Report Summary:  
*Available at:* <https://clackamas.us/publichealth/reportsanddata.html>
2. Blueprint for a Healthy Clackamas County:  
*Available at:* <https://clackamas.us/publichealth/reportsanddata.html>
3. Clackamas County Public Health Division, Workforce Planning Final Report  
*Available at:* <https://clackamas.us/publichealth/reportsanddata.html>

## X. Resources

1. NACCHO's Roadmap to a Culture of Quality Improvement: <http://qiroadmap.org/>  
*Includes access to Performance Management Self-Assessment*
2. Oregon Healthy Authority, Performance Management Program:  
<https://www.oregon.gov/oha/ph/providerpartnerresources/publichealthaccreditation/pages/qualityimprovement.aspx>
3. Public Health Foundation, Performance Management & Quality Improvement:  
<http://www.phf.org/focusareas/pmqi/Pages/default.aspx>
4. Turning Point Performance Measurement Collaborative, Performance Management Framework:  
<http://www.phf.org/resourcestools/Documents/silosystems.pdf>