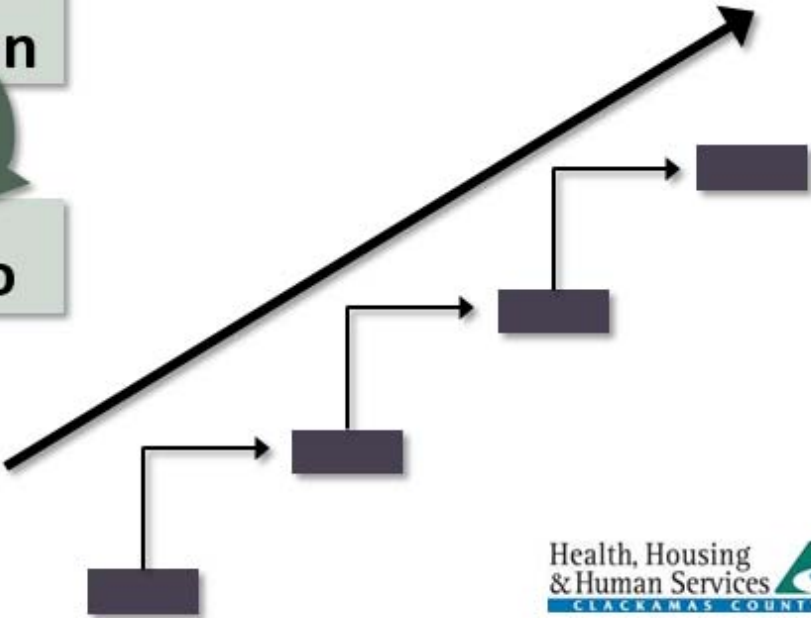
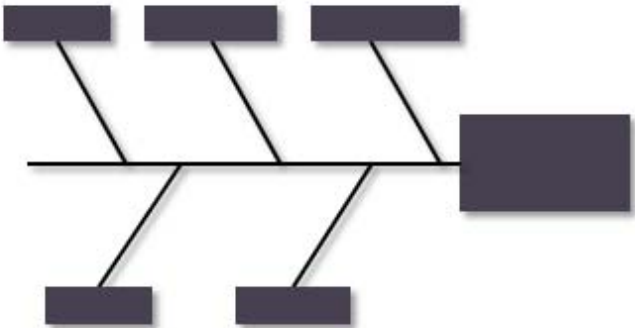
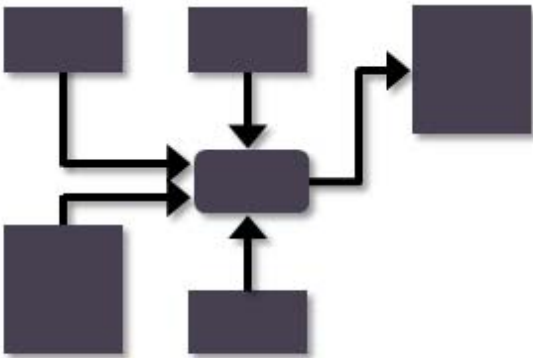


CLACKAMAS COUNTY PUBLIC HEALTH DIVISION

PERFORMANCE MANAGEMENT PLAN

Last updated: July 19th, 2016



Clackamas County Public Health Division

Performance Management Plan

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I. Performance Management Plan Overview

The Clackamas County Public Health Division's (CCPHD) Performance Management Plan assists in achieving the organization's strategic goal to *evaluate and continuously improve CCPHD's processes, programs and interventions in order to protect and promote health in Clackamas County*. This 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 stewardship of public resources.

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

1. Performance Standards
2. Performance Measures
3. Report of Progress
4. 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 or changes in policy or program directions to meet goals; and
- develop reports that track the progress of meeting performance goals.¹

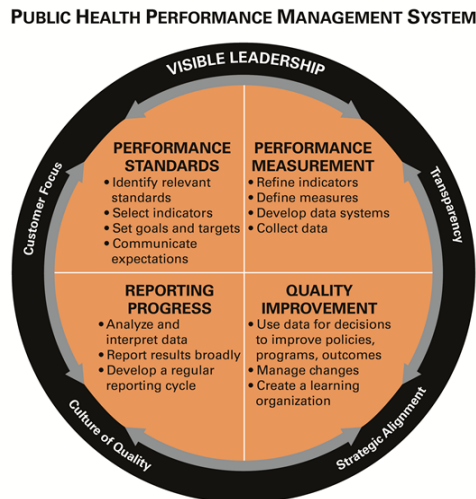
This plan provides the infrastructure for CCPHD's Performance Management System. The Performance Management Plan aligns with CCPHD's strategic plan goal to evaluate and continuously improve CCPHD's processes, programs and interventions in order to protect and promote health in Clackamas County. Using the input and strengths of staff, leadership and the community, it provides clear direction related to the division's efforts to achieve measurable improvements in the quality of processes and services provided.²

¹ "Performance Management Collaborative." Turning Point Resources, February 10, 2006.

² "Quality Improvement in Public Health Definition." Accreditation Coalition Quality Improvement Subgroup Consensus, March 26, 2009.

III. Public Health Division Performance Management System Background

The performance management system used by CCPHD was developed by the Turning Point National Excellence Collaborative on Performance Management.³ 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. Many of CCPHD's programs work 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 B, the Public Health Division Performance Measures Dashboard, contains current performance measures being tracked by CCPHD and its programs. To develop the tracking of new performance measures, CCPHD staff and managers are required to submit the Performance Measure Tracking Proposal Form to the QI Committee (available in Appendix C).
- C. **Reports of Progress** provide information and documentation about QI activities across the division. The QI Committee will update members of the organization as described in Section V of this plan. See Appendix D for the Quality Improvement Reporting Calendar, which provides a current listing of formal QI activities reviewed by the QI Committee and Public Health Managers.

³ <http://www.phf.org/resourcestools/Documents/silosystems.pdf>

- 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 Retreat. See Section IV below for additional information.

IV. Annual Improvement Planning

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 an annual basis provided in Appendix F. This assessment helps the QI Committee identify potential areas needing to be address during 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 is gathered and analyzed. Examples of data includes a comprehensive review of: strategic plan & community health improvement plan implementation, client feedback, employee satisfaction, budget information, program performance measures and population-based health indicators. Priority outcomes and drivers (projects) are then identified and cascaded to project teams with teams creating their project measures, problem solving approach, resources, timeline, and project plans. See Appendix E for the 2016-2017 Quality Improvement Plan.

Lean Action Plan

In addition, CCPHD quality improvement activities are in alignment with the Health, Housing and Human Services (H3S) Department Administration's Lean initiative. A Lean Action Plan is developed for the division on a regular basis by the QI Committee and Program Managers. The Lean Action Plan is a tool used to document and monitor the annual improvement activities that have been prioritized throughout the year. See Appendix G for CCPHD's most recent Lean Action Plan. Updates on progress are reported and adjusted on a quarterly basis.

V. Roles and Responsibilities

All CCPHD staff, from front-line staff to managers, and department leadership to the advisory committee, participates in developing, using, and updating the Performance Management Plan. The following contains specific roles and responsibilities for key groups within the division.

A. **H3S Department Administration**

The department's administration will:

- provide high-level oversight and accountability;
- remain aware of final outcomes of projects that affect CCPHD;
- provide an outside perspective on QI initiatives;

- facilitate the implementation of projects in other areas of the department, as needed; and
- provide access to resources and trainings (such as Lean initiatives), as appropriate.

B. Public Health Director and Program Managers

In addition to above, the Public Health Director will:

- be apprised of all current projects;
- allow time at all staff meetings to discuss ongoing and completed projects; and
- approve the work of the committee.

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.

The Public Health Director and Public Health Managers are often relied upon to facilitate communication between the division's Quality Improvement Committee and the H3S Department Administration.

C. Quality Improvement Committee Members

The QI Committee members will:

- provide a forum for all members of CCPHD to provide input on 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. Division Programs (All-Staff)

It is expected division staff will:

- discuss and develop QI opportunities;
- implement and evaluate projects; and
- engage in QI opportunities (includes suggesting ideas, providing feedback to their QI Committee representative, participating in projects and encouraging other staff to participate).

E. Public Health Advisory Committee

This committee of community partners will:

- identify public health services in need of quality improvement and areas of focus from an outside community prospective;

- provide feedback for completed and ongoing projects; and
- analyze project outcomes and make recommendations.

VI. Quality Improvement Communications across the Public Health Division

The QI Committee's 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.

Public Health Advisory Committee Meetings

The Public Health Advisory Committee meets bi-monthly and is responsible for overseeing the implementation of the Clackamas County Community Health Improvement Plan. In addition, they provide a community voice to the division and feedback on CCPHD's programs and services.

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 provide staff with valuable information regarding 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 meeting on at least a quarterly basis to discuss updates on QI projects and progress related to the Performance Management Plan.

See Appendix I for a visual representation of quality improvement communications across the division.

VII. All-Staff Quality Improvement/Workforce Training Needs

A workforce development assessment took place in August 2015 using the Core Competencies for Public Health Professionals. Results of the assessment and additional feedback from staff and management indicate a need for further training and development in the following areas:

- **Communications** – clear, consistent, accurate and timely health information provided to the public in a variety of formats.
- **Emergency Preparedness & Response** – working with response partners to develop a resilient community which is prepared and able to recover from public health threats.
- **Health Equity & Cultural Responsiveness** – policies, programs and strategies in place to respond to the factors within culture that impact health.
- **Assessment & Epidemiology** – apply principles and skilled practice of epidemiology, investigation and program evaluation.
- **Policy & Planning** – implement policies, systems and environmental changes that meet the community's changing needs, are aligned with partners and eliminate health disparities.
- **Community Partnership Development** – relationship with diverse partners to achieve collaborative public health goals.
- **Leadership & Organizational Competencies** – team-based leadership necessary to achieve the agency's and community's goals.

The above priority areas for workforce training and development are aligned with the Foundational Capabilities contained in HB 3100 (Public Health Modernization). See Appendix H for CCPHD's 2016-2017 Quality Improvement & Workforce Training Schedule.

VIII. Sustainability of the Plan

The QI Committee will review and recommend necessary updates of the Performance Management Plan for managers' approval on an annual 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:
<http://www.clackamas.us/publichealth/documents/strategicplan.pdf>
2. Clackamas County Public Health Division, Workforce Development Plan Final Report:
Available on the Public Health Intranet site under Data & Reports:
<http://web1.clackamas.us/h3s/>

X. Resources

1. Oregon Healthy Authority, Performance Management Program:
<http://public.health.oregon.gov/PHD/Directory/Pages/program.aspx?pid=78>
2. Public Health Foundation, Performance Management & Quality Improvement:
<http://www.phf.org/focusareas/pmqi/Pages/default.aspx>
3. Public Health Quality Improvement Exchange: <https://www.phqix.org/>
4. Turning Point Performance Measurement Collaborative, Performance Management Framework: <http://www.turningpointprogram.org/Pages/perfmgt.html>
5. NACCHO's Roadmap to a Culture of Quality Improvement: <http://qiroadmap.org/>

XI. Record of Changes to Performance Management Plan

Date	Description of Change	Page #	Made By:	Rationale