

POLICY AND PROCEDURE	
SUBJECT/TITLE:	Organizational Strategic and Performance Management System
APPLICABILITY:	All Staff, Division Leaders, Health Commissioner, Board of Health
CONTACT PERSON & DIVISION:	Terri Dzienis, APC Director
ORIGINAL DATE ADOPTED:	11/7/2018
LATEST EFFECTIVE DATE:	11/7/2018
REVIEW FREQUENCY:	3 years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	800-034-P

A. PURPOSE

The purpose of the Organizational Strategic and Performance Management System (the PM System) at Canton City Public Health (CCPH) is to provide a framework for strategic planning, performance planning, and performance monitoring activities within the organization.

B. POLICY

CCPH will use the system described in this document to:

- Establish measurable strategic priorities, goals, and objectives for the organization.
- Utilize the system to identify actual results against planned or intended results to ensure that progress is being made toward established goals.
- Identify opportunities to improve the efficiency of program processes and services using quality improvement tools and techniques.
- Identify and measure customer input and satisfaction.

CCPH will use a systematic approach for collecting and analyzing data to track the actual performance results to compare against planned or intended results to monitor achievement of department goals; and to identify opportunities for improvement. This document specifies the details of this system.

The CCPH Strategic Plan establishes organizational goals that are focused on the priorities and strategies that are responsive to community needs and improving population health; as well as improving the department's practices, programs, and interventions.

C. BACKGROUND

CCPH is committed to developing a culture of continuous quality improvement and excellence throughout the organization. CCPH will utilize this plan, as well as the Quality Improvement Plan (800-015-P Quality Improvement Plan), as an aid in creating, implementing, and maintaining sustainable programming efforts to advance the mission, vision, and values of the organization.

Inspired by the values of the organization, the following are the basic principles that guide the strategic planning and performance management activities at CCPH (Based on the Public Health Foundation, Turning Point Model, 2015):

- **Visible Leadership** – Leadership that promotes *transparency* in its actions, *strategic alignment* with the needs of the community, fosters a *culture of quality* in all work done by the organization, a *focus on the customer*, and *engages staff* at all levels.

- **Performance Standards** – Programming that is *evidence based*, identifies relevant *performance standards*, based on *measurable goals and outcomes*.
- **Data Driven Performance Measurement** – Performance indicators that are *measurable, repeatable*, based on *reliable data systems*, and *clearly articulated*.
- **Quality Improvement** – A system that uses data for *decision making*, focuses on a *culture of quality, manages change* for the better, and fosters a *learning organization*.
- **Reports Progress** – Communication that is *clear, concise*, based on *data, reliable*, and *useful* to all.

Historically, Canton City Public Health has engaged in performance management of individual programs as required by grants, contracts, and regulations. The establishment of this organizational strategic plan and performance management system align these program efforts with the organizational strategic plan and provides for centralized organizational level performance monitoring.

This plan will improve the performance management system at Canton City Public Health by:

- Providing written policies and protocols in a formal, organization wide, performance management system.
- Establish guidelines for the development and monitoring of performance management goals, objectives, and measures.
- Link the performance management system with the organizational quality improvement plan to foster an organization wide culture of quality improvement.

This document meets the requirements of PHAB standard 9.1 and 5.3 by describing the adopted and implemented performance management system and strategic planning process, staff involvement and responsibilities, customer feedback, and documentation.

D. GLOSSARY OF TERMS

Performance Management: The practice of actively using performance data to improve the public's health. It involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [PHF Turning Point Model]

Performance standard: Objective standards or guidelines that are used to assess an organization's performance. May be set based on national, state, local, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations; or other methods. Specific examples include: Healthy People 2020, Grant or contract requirements, regulation requirements, PHAB requirements, SHA/SHIP, CHA/CHIP, and Strategic Priorities. [PHF Turning Point Model]

Strategic plan Action plan: An action plan for the strategic plan that consists of individual action steps (e.g. activities, tactics, etc.), the timeframe for completion of each action step, the responsibility for each action step, the measure of success (e.g. the measure to know the step has been achieved) for each action step, and the measure of success for the overall strategic priority objective and goal. Also known as operational plan or program plan.

Dashboard: The summary of data that is a visual display of the data that communicates progress and gaps visually.

Performance metrics or measures: Quantitative indicators of capacities, processes, or outcomes. Used to assess how well an organization is achieving its desired objectives or performance standards. [Tews et al., 2012; Business Dictionary, 2017]

Goal: A broad statement describing the desired future condition or achievement without being specific about how much or when. Often intangible or non-quantitative. [Moran & Duffy, 2012]

Objective: A specific statement of a desired short-term condition or achievement; includes measureable end results to be accomplished within time limits. Objectives are narrow, focused, precise, and tangible. [Moran & Duffy, 2012]

Target: A desired number or level related to a performance measure. Targets are the performance objectives an organization is striving to reach. [National Performance Management Advisory Commission, 2010]

Organization: Canton City Public Health as a whole, who provides particular services. Also known as agency.

Division Leadership Team (DLT) and members: The Division Leader positions make up the Division Leadership Team along with the Health Commissioner, Accreditation Coordinator (i.e. Administrative Executive Assistant), Epidemiologist, and THRIVE Program Manager. The Division Leadership Team meets regularly to make decisions that affect CCPH and to review/approve new/revised policies. Current division leaders that make up the membership are the following job positions: APC Director, EH Director, Fiscal Officer, Laboratory Director, Nursing Director, and WIC Director. The Health Commissioner position serves as the OPHI division leader.

E. STANDARD OPERATING GUIDELINES

1. STRATEGIC PLANNING

- A. Canton City Public Health (CCPH) will develop an organizational strategic plan every three years. This plan will be used to manage the various program activities of the organization. The current plan expires on June 30, 2020.
- B. At least 9 months prior to the CCPH Strategic Plan expiration, a Strategic Planning Workgroup will be established by the Health Commissioner. The workgroup will be comprised of at least one member from each division and at least one member from each level of the organization (see 800-015-P Quality Improvement Plan for definitions of divisions and levels). Staff interested in participating on the workgroup will be given preference for membership. The Division Leadership Team (DLT) will decide the final membership to the workgroup.
- C. The Strategic Planning Workgroup is responsible for the development of the draft organizational strategic plan using the following guidelines:
 - i. The Strategic Planning Workgroup will follow the guidelines in the resource "*Developing a Local Health Department Strategic Plan: A How-To Guide*" from National Association of County and City Health Officials (NACCHO) for this effort.
 - ii. As part of this effort, the workgroup will develop, revise, or retain the organization's Mission, Vision, and Values (MVV) statements. The goal is to have the MVV be representative of the organization's role and purpose in the community, the organization's future view, and the organization's guiding principles.
 - iii. As part of this effort, the workgroup will complete a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the organization.
 - iv. The workgroup will review performance standard resources, including but not limited to the most recent Ohio Community Health Needs Assessment (SHA), Ohio State Health Improvement Plan

- (SHIP), Stark County Community Health Needs Assessment (CHA), Stark County Community Health Improvement Plan (CHIP), and Healthy People 2020 (HP2020).
- v. The workgroup will perform brainstorming to generate ideas for priorities. The workgroup members will use the information in the MVV, SHA, SHIP, CHA, CHIP, SWOT, HP2020 and other performance standard resources to inform their list of ideas.
 - vi. The workgroup will utilize appropriate quality improvement and decision-making tools to organize their ideas. The workgroup will use the "*Foundational Public Health Services Model*" from Public Health National Center for Innovations to categorize priorities. This model provides the following categories: Communicable, Environmental, Chronic, Maternal, Access, Foundational, and Staff.
 - vii. The workgroup will select ideas as priorities that are aligned with the needs of the community and the health priorities documented in the most recent SHA, SHIP, CHA, and CHIP. The ideas selected shall also reflect CCPH's role in implementing the CHIP to ensure sustained CHIP implementation. Ideas selected as priorities will also reflect those that help strengthen the organization. Priorities will be selected so that at least one priority is selected for each foundational services category.
 - viii. The workgroup will engage key community stakeholders in the development of the draft strategic plan using survey tools, focus groups, advisory groups, or a combination of means to elicit meaningful and thoughtful input from the community. Every effort will be made to utilize community input that is reflective of the diversity of Canton and the populations that are served by CCPH in its current programming.
 - ix. The workgroup is also encouraged to gather input from all staff of CCPH in the development of the draft strategic plan using survey tools, focus groups, advisory groups, or a combination of means to elicit meaningful and thoughtful input from the community
- D. The workgroup will complete the draft organization strategic plan, following the strategic plan structure listed below, and submit it to the DLT for review.

2. STRATEGIC PLAN STRUCTURE, APPROVAL, AND REVISION

- A. The strategic plan will contain the following elements.
 - i. A listing of the organizational mission, vision, and values.
 - ii. A narrative of the organization's risk (SWOT) analysis.
 - iii. A listing of the organizational priorities, by priority area, that includes relevant, strategies, goals and objectives with measurable and time-framed targets.
 - iv. Description of how the organizational strategic plan links with the most current SHIP, CHIP, relevant PHAB standards, and other relevant planning documents in the community (as needed).
 - v. A communication plan for the Strategic Plan.
 - vi. An evaluation plan for the Strategic Plan.
 - 1) Note that all goals and objectives within the strategic plan will be tracked using the Performance Monitoring Plan as described later in this document.
- vii. Appendices as needed:
 - 1) List of individuals (with organizations and titles) that participated in the planning process.
 - 2) Summary or overview of the planning process, including the dates of all meetings, and the duration of the planning process.

- 3) Description of the method of review by community stakeholders.
 - 4) Description of the various steps in the planning process (SWOT analysis, environmental scan, stakeholder analysis, and other steps).
 - 5) Summary of major revisions to the plan.
 - 6) Description, summary or overview of the strategic plan action plan with measurable and time-framed targets
- B. The DLT will review the draft organization strategic plan developed by the strategic planning workgroup. The DLT may revise priorities listed in the draft strategic plan to assure alignment with relevant performance standards and available data, while retaining the intent of the priorities that were originally drafted. The DLT may also reduce the number of priorities to be a more manageable list, keeping those priorities that are most aligned with the needs of the community and the organization. The updated organization strategic plan will be submitted to the Board of Health (BOH) for final approval.
- C. The BOH will review and approve the organization strategic plan, requesting any revisions it deems necessary. Once the plan receives approval from the BOH, the plan is considered final.
- D. The strategic plan will be reviewed on an annual basis by July 1 of each year by the DLT and the Board of Health. During the annual review, the plan may be amended as needed including revision, deletion, or addition of strategic priorities.

3. STRATEGIC PLAN ACTION PLAN

- A. Once the organization strategic plan is approved, the DLT develops the action plan for each strategic priority goal and objective listed in the plan.
- B. The action plan consists of individual action steps (e.g. activities, tactics, etc.), the timeframe for completion of each action step, the responsibility for each action step, the measure of success (e.g. the measure to know the step has been achieved) for each action step, and the measure of success for the overall strategic priority objective and goal.
 - i. The development of the measures meets the guidelines established in section E.5.L of this document.
- C. Each strategic priority is assigned to a DLT member to develop the action plan. The assignments are typically based which division is primarily responsible for the program the priority relates to.
 - i. The DLT members include their division staff in the development of the action plan for their assigned priorities. This typically includes holding division staff meetings to discuss the priority and ideas for how to accomplish and measure the priority. This assures that staff are engaged in the process.
- D. The action plan takes several months to develop and will be a working document. As time progresses, the action plan will be updated as the needs of the organization require. This usually will occur during the regular monitoring of the strategic plan priorities as discussed later in this document.
- E. The action plan is documented within the performance monitoring spreadsheet as part of the performance management system described later in this document.

4. PERFORMANCE MANAGEMENT SYSTEM STRUCTURE AND FRAMEWORK

- A. Canton City Public Health utilizes a combination of the current version of the Turning Point Public Health Performance Management System (Public Health Foundation, 2015) (see Figure 1) and the Ohio State

University Performance Management System for Public Health Agencies 6-Step Model (OSU PM 6-step model) (see Figure 2) as the framework for its performance management system.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

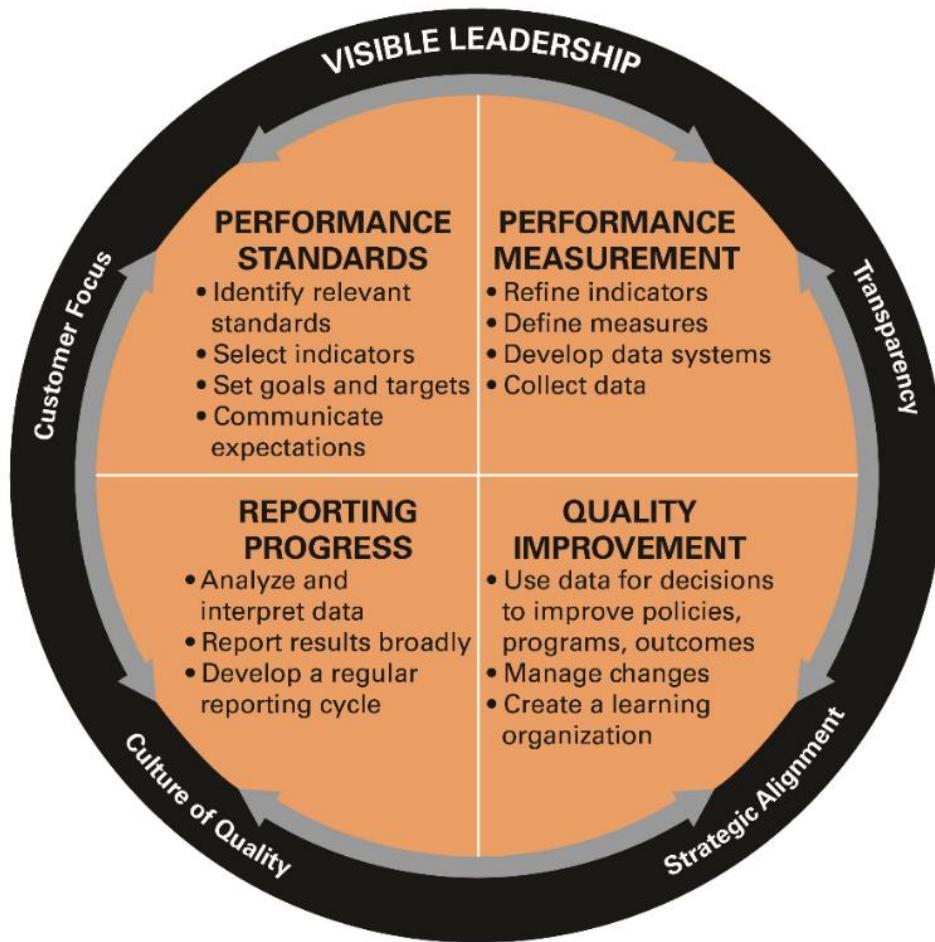


Figure 1: Turning Point Public Health Performance Management System (Public Health Foundation, 2015)

PM System: 6 Steps

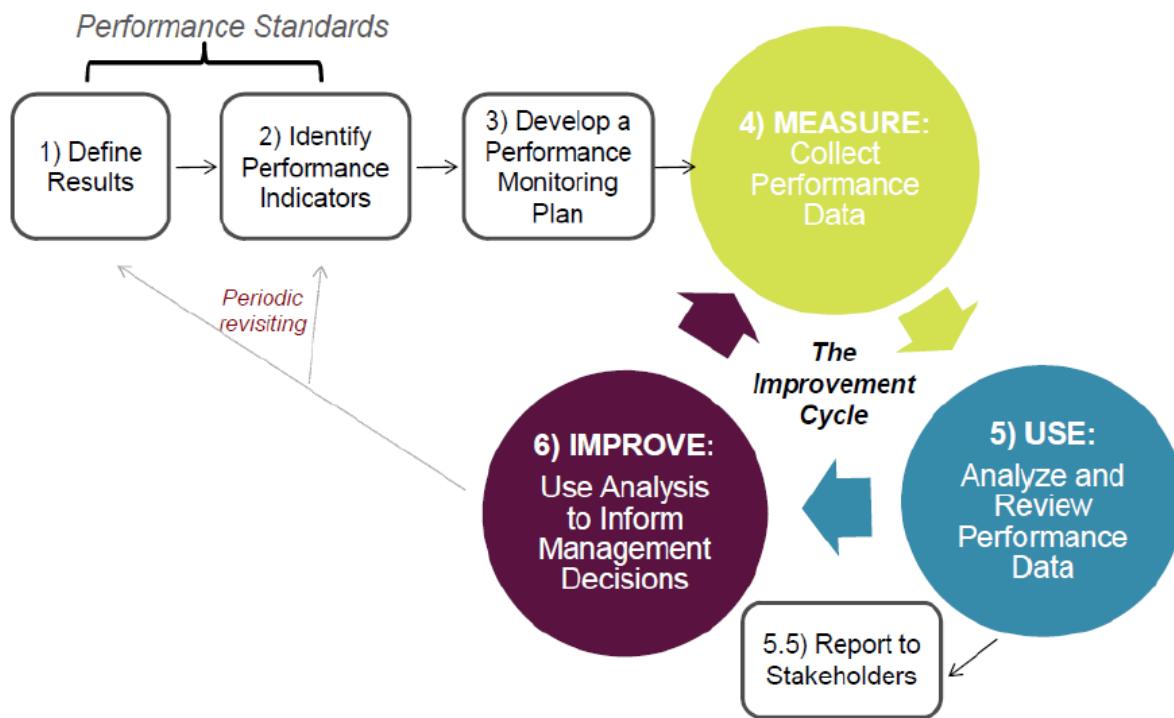


Figure 2: Ohio State University Performance Management System for Public Health Agencies 6-Step Model

D. Both these frameworks are similar and outline the core components of successful performance management system, as described below.

i. From the turning point framework:

- **Visible Leadership:** The commitment of senior management (e.g. division leaders and Health Commissioner) to a culture of quality that aligns performance management practices with the organization's mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.
- **Performance standards:** Establishment of organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.
- **Performance Measurement:** Development, application, and use of performance measures to assess achievement of performance standards.
- **Reporting Progress:** Documentation and reporting of progress in meeting standards and targets and sharing such information through appropriate feedback channels.
- **Quality Improvement Process:** Establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measures, and reports.

1. Quality improvement is an important component of performance management. This performance management policy will work in conjunction with the organization's Quality Improvement Plan (800-015-P) to achieve performance standards and measures and create quality initiatives when improvement needs are identified.
- ii. The OSU PM 6-step model framework (see figure 2) follows a simple results-based performance management model that focuses on the organization answering the following questions for their performance management system:
 - What results are we trying to achieve?
 - How will we know if we are achieving them?
 - What strategies are we using to achieve them?
 - Are these strategies working?
 - What do we need to do differently to achieve our results?
- E. The CCPH established performance management system is described throughout this document.
- F. The DLT serves as the performance management team and is responsible for implementing and overseeing the performance management system at CCPH. The DLT appointed the APC Director as the Performance Management (PM) Lead based on their knowledge, skills, and abilities. The DLT and PM Lead responsibilities are further detailed in the "Roles and Responsibilities" section of this document.

5. PERFORMANCE GOALS, OBJECTIVES, AND MEASURES

- A. The Canton City Public Health performance management system defines the "results it is trying to achieve", or its performance standards, as the strategic priority goals and objectives listed in the most recent strategic plan, which aligns with the SHIP and CHIP. Therefore, all strategic priority goals and objectives are included in the performance management system.
 - i. The DLT developed performance measures for strategic priority objectives as part of the strategic plan action plan process described earlier in this document.
- B. The CCPH performance management system defines "what strategies are we using to achieve them" as the strategic plan action plan.
- C. The CCPH performance management system defines "how will we know if we are achieving them", or its performance measures, as the strategic plan action plan measure of success.
- D. The CCPH performance management system establishes 3 tiers of monitoring and measurement frequency for the performance measures:
 - i. Tier 1: Quarterly monitoring and measurement of a limited set of strategic priority objective performance measures that best represent the organization and divisions.
 - ii. Tier 2: 6-month monitoring and measurement of the entire list of strategic priority objective performance measures
 - iii. Tier 3: Annual or Plan Expiration (i.e. 3-year) monitoring and measurement of the entire list of strategic priority goals performance measures
- E. The DLT selected the Tier 1 performance measures based on the following criteria:
 - i. At least one strategic priority objective performance measure from each priority category of the current strategic plan
 - ii. At least one strategic priority objective performance measure for each division at CCPH from the current strategic plan

- 1) Each division leader was responsible to select the strategic priority objective from the current strategic plan that best represented its division's highest priority.
 - iii. This established a list of 11 priority objectives for Tier 1. A summary of these objectives is included in attachment 800-034-02-A of this document.
- F. Starting with the strategic plan action plan, the DLT further refined what metrics will be used for each performance measure to determine achievement, including a baseline, quarter targets, and final target metrics.
- G. Starting with the strategic plan action plan, the DLT further refined what data was to be used to measure each performance measure/metric.
- H. The goals, objectives, performance standards, performance measures/metrics, and data source selected above are all documented in the performance monitoring plan discussed later in this document.
- I. Organization and Program level goals, objectives, and measures are jointly developed by leadership and staff as described above for existing and when developing new. Goals and objectives are developed first, then appropriate performance measures for monitoring achievement of goals and objectives are selected as described above for existing and when developing new. Tools such as a logic model, causal "if...then" relationship model, or results framework tree (as provided by Ohio State University) should be utilized to visualize the selection. Criteria for the goals, objectives, and measures are:
- i. Organization and Program goals and objectives should be:
 - Based on performance standards from national, state, local, scientific, regulation, grant/contract standards, expectations or requirements. Also, can include benchmarking against similar organizations.
 - Aligned with the current organizational strategic plan.
 - Meaningful to program activities and staff.
 - Framed as a "SMART" objective or goal. (specific, measurable, actionable, relevant, time-bound)
 - ii. Performance measure selection should be guided by the following:
 - Data for the measure should be quantifiable (able to be expressed as a numeric value) and easily available.
 - Data should be reliable, in that we are confident in the accuracy of the data and that it measures what is intended to measure.
 - The measure should clearly tie to the objective or goal that it is intended to monitor, reflecting how well the program is working toward its priorities or achieving its intentions.
 - The measure should provide useful feedback to improve processes.
- J. Any new performance goals, objectives, and measures developed shall be in accordance with this policy and submitted to the DLT. The DLT will make the final determination of the performance measures to be included in the performance monitoring plan.

6. COLLECTION, ANALYSIS, MONITORING, AND REPORTING OF PERFORMANCE DATA

- A. The progress toward achievement of the strategic priority goals and objectives is assessed by the DLT based on the frequency of the measures.
- i. For Tier 1 quarterly measures: Quarterly in the month following the calendar quarter (e.g. in April for quarter January-March, in July for quarter April-June, in October for quarter July-September, and in January for quarter October-December)

- ii. For Tier 2 6-month measures: Every 6-months, or 2 times per year, in the month following the 6-month periods of October-March and April-September.
 - 1) Since the strategic plan begins in July 1, the first monitoring of progress after plan finalization occurs after 9-months, or to reflect the period ending in March (for the period of July-March).
 - iii. For Tier 3 measures: In the month following the end of the frequency period. For annual frequency, annual refers to calendar year January-December. For plan expiration frequency, this is the strategic plan expiration.
- B. The PM Lead is responsible to create the appropriate performance monitoring spreadsheet for the periods and provide it to the DLT by the frequency end period end date.
- C. Data will be collected from the sources identified in the performance monitoring plan by program staff identified as responsible in the performance monitoring plan (typically DLT members). Each DLT member is responsible for entry of the progress and assessment data into the performance monitoring spreadsheet. They may involve their staff in the collection of data for the spreadsheet as necessary.
- i. If there is a person assigned to a performance measures that is not a DLT member, the DLT member that is that person's supervisor is responsible to gather the data from that person to enter into the spreadsheet.
- D. The assessment/data entry is completed by the second week or by the second DLT meeting in the month following the frequency period, whichever is later.
- E. During the second DLT meeting in the month following the frequency period, the DLT reviews and discusses the status of each performance measure and determines consensus of next steps and if quality improvement is needed of each performance measure. This is all documented in the performance monitoring spreadsheet and the DLT meeting minutes, as appropriate.
- i. Next steps may include: revising action plan to better achieve objective or to better reflect actions planned; revising objective to better define intention; revising timeframes; updating data source; and updating metric so it better matches the objective intention. Any of these next steps are based on the needs of the objective to be achieved.
 - ii. If quality improvement is determined to be needed, the DLT will assign a member to submit a QI project idea to the Quality Improvement Committee in accordance with the 800-015-P QI Plan.
 - iii. This addresses the framework performance monitoring elements of "are these strategies working" and "what do we need to do differently"
- F. The final data will be summarized in the appropriate dashboard format by the PM Lead. The dashboard format for quarterly data and 6-month data are different. An example of the 2 dashboards are included in attachment 800-034-04-A. The dashboards will be posted to the PM section of the CCPH website by the PM Lead. The dashboard is a visual display of the data that communicates progress and gaps visually.
- G. A written summary report of the status of the performance measures and the dashboard will be provided to and reviewed with the Board of Health (BOH) during their monthly meeting in the same month the assessment is completed. The PM Lead will draft the written report based on the data entered into the spreadsheet, will get input from the division leaders on the draft report, and then finalize the report. Copies of the final reports will be posted to the PM section of the CCPH website by the PM Lead.
- i. This report satisfies the strategic plan progress report requirement from PHAB standard 5.3.3.
- H. Each division leader is responsible to share the dashboard and progress with staff during their regular division staff meetings.

7. CUSTOMER FOCUS DATA

- A. The organizational values for Canton City Public Health are quality, service, equity, and trust. As an organization we should be focused on the customer and what the customer has to say about or programs and services. To assure that we hear the “voice of the customer”, Canton City Public Health includes customer performance measures as part of its performance management system.
- B. Measuring customer satisfaction:
 - i. Every division shall collect customer satisfaction data from at least one of its program areas each calendar year starting no later than 06/30/2020 (this is a QI Plan goal). Collection of data can be for the entire year or for a specific period.
 - ii. A general organizational wide collection of customer satisfaction data may be substituted for one of the division requirements.
 - iii. Data collection may be in the form of a survey (paper or digital), focus group, or other method targeting the population served by the organization or program area.
 - iv. Customer satisfaction data collected will be maintained with performance management data and used to inform quality improvement projects and selection of strategic priorities.

8. DESCRIPTION OF PERFORMANCE MONITORING PLAN

- A. The performance monitoring plan is in the form of a spreadsheet. Also known as the performance monitoring spreadsheet.
- B. The following details are documented in the performance monitoring plan spreadsheet:
 - i. Goals and objectives
 - ii. Action plan for each objective, including action step measure of success
 - iii. Performance standards source for each goal and objective.
 - iv. Type of performance measure/metric for each goal and objective
 - v. Frequency for monitoring/measurement the performance measure/metric for each goal and objective
 - vi. Baseline, quarter/frequency targets, and final target metrics/values for each goal and objective
 - vii. Actual results data for the frequency period for objective (and action steps as necessary)
 - viii. Status and analysis of actual results
 - ix. Status color & statement for objective/measure
 - x. Objective Next steps
 - xi. Determination of if QI is needed for objective
 - xii. Responsibility for goals and objective and who reported the data
 - xiii. Data description and data source for each metric/value
- C. Instructions for completing the performance monitoring spreadsheet are included in attachment 800-034-01-A.
- D. The performance monitoring spreadsheet is saved on the CCPH Performance Monitoring SharePoint site.

9. EXPANSION OF THE INITIAL PERFORMANCE MANAGEMENT SYSTEM

- A. The initial performance management system will be expanded to CCPH has a more robust performance management system as follows:
 - i. As part of the QI Plan goals, each division will work to develop additional goals, objectives, and performance measures so that at least 25% of the division programs have at least one

measure/metric by 12/31/2020 (a list of divisions and programs is included in attachment 800-034-03-A). Division leaders are responsible to complete this effort in accordance with this policy and submit the selected measures to the DLT.

- ii. Staff evaluations and work plans: By 12/31/2020, supervisors shall review applicable organizational goals and objectives with staff during regular staff performance evaluations and identify work goals that are in alignment with the CCPH strategic plan and the performance measures.
- iii. By the general revenue funds (GRF) and grant budgets for calendar year 2020, budget planning will take into account the strategic priorities and performance measures.
- iv. By 12/31/2020, integrate performance data from programs and divisions, workforce development, and quality improvement, that are collected for purposes outside of the organizational performance monitoring plan, into one common location so all data is available for management decision making.

10. ROLES AND RESPONSIBILITIES

Everyone at Canton City Public Health has a critical role to play in performance management. Specific roles and responsibilities include:

Role	Responsibilities
All Staff	<ul style="list-style-type: none"> • Develop a basic understanding of performance management and quality improvement through participation in training and staff meetings. • Participate with leadership by providing input in the development of relevant performance metrics and strategic priorities. • Contribute input to the development, monitoring, and evaluation of the performance management system, as necessary.
Health Commissioner	<ul style="list-style-type: none"> • Promote a culture of quality within the organization. • Report on performance management and quality improvement activities to the Board of Health, City of Canton administration and leadership, and the community. • Assure that relevant performance measures are developed, monitored, and analyzed for the organization. • Allocate resources for performance management and quality improvement, assuring that staff have access to resources needed to conduct performance measurement, quality improvement projects, and training activities.
Performance Management Lead	<ul style="list-style-type: none"> • Preparation of the performance monitoring spreadsheets • Review of the data in the performance monitoring spreadsheets and update as necessary with the input of the responsible staff • Preparation of the performance data summary dashboard based on the data in the monitoring spreadsheets • Preparation of the performance status reports for the BOH based on the spreadsheet data. Draft reports provided to DLT for input prior to finalizing and submission for the BOH meeting packet.

Role	Responsibilities
	<ul style="list-style-type: none"> Serve as technical expert to provide technical assistance to the DLT in updating the spreadsheet and development of performance measures and data collection plans.
Division Leadership Team (DLT) serving as Performance Management Team	<ul style="list-style-type: none"> Participate in setting the vision and direction for the organization for strategic planning, performance management and quality improvement activities. Oversee the development and maintenance of the strategic planning and performance management system. Plan and implement appropriate strategies to develop and sustain a culture of quality in the organization. Actively learn about performance management, quality improvement, and change management, as available. Evaluates the performance management system periodically and implements changes as necessary. Identifies quality improvement (QI) project needs based on performance management results and strategic plan implementation and submits QI project ideas to the QI Committee. Collect, analyze, and evaluate performance data
Division Leaders and Program Managers	<ul style="list-style-type: none"> Include staff in the development of strategic plan action plan for program strategic priorities and in the development of program performance measures. Reports performance management and strategic plan progress to staff Collect, analyze, and evaluate performance data Facilitate the implementation of performance management and quality improvement activities at the program level. Oversee the establishment of program-level performance metrics. Ensure the regular monitoring and reporting of established performance metrics. Support staff in their work with performance management and quality improvement. Foster a culture of learning within their respective program areas.
Board of Health	<ul style="list-style-type: none"> Receive regular reports on the performance of the organization. Support the organization's efforts for performance management and quality improvement by assuring accountability for established performance metrics. Contribute to the monitoring of the performance management system. Make recommendations for areas of focus from an outside community perspective

11. COMMUNICATION

- A. The previous sections include details of how the strategic plan and performance management are communicated to staff, the Board of Health, and the public. In summary, this includes:
- Division leaders responsible to communicate any strategic priorities assigned to them or their division and the progress/status of performance measures to their division staff. This is typically done during division staff meetings.

- b. Per the frequencies listed above, report and discuss the status of performance measures and strategic priorities with the Board of Health and document in the meeting minutes of the board.
 - c. Information on the organizational performance management system, including the strategic plan, performance monitoring plan, quality improvement information, and other documentation is posted in a public area of the performance and quality improvement section of the CCPH website.
- B. In addition, this policy will be posted to the Canton City Public Health website and be accessible to all staff and the public.
- C. Other forms of communication include:
- i. PM Lead reviewing the elements of this policy and the performance measures at least once each year for all staff at all-staff meeting.
 - ii. The Health Commissioner will provide an update of the performance monitoring plan and/or performance measures status to Canton City Council in the form of a communication at least once each year.

12. ORGANIZATIONAL PERFORMANCE MANAGEMENT SELF-ASSESSMENT

- A. Performance management self-assessment is a critical step in the development of a performance management system. The DLT completed the initial performance management self-assessment in September 2018 using the Public Health Performance Management Self-Assessment tool provided by the Public Health Foundation (PHF). The results of the assessment were analyzed and discussed by the DLT to determine areas needing improvement to focus efforts in the expansion of the performance management system listed in section E.9 of this document.
- B. The DLT will be responsible for conducting an organizational wide self-assessment of its performance management system at least once every three years, about the time of this policy expiration. The self-assessment may utilize tools recommended by the Public Health Foundation, NACCHO, or others.

13. PERFORMANCE MANAGEMENT TRAINING

- A. Several members of CCPH leadership staff attended training hosted by Ohio State University in August 2017 of Performance Management Systems for Public Health Agencies. All staff, including all leadership staff, attended performance management training held on October 24, 2018 conducted by the CCPH PM Lead covering the basics of performance management, CCPH's initial performance measures and this policy. Leadership will attend additional trainings as available to continue workforce development in performance management. All staff will be further trained regarding performance management as appropriate.
- B. This training is in addition to the quality improvement training provided to staff as defined in the QI Plan. Both the performance management training and quality improvement training work in tandem to develop the workforce in these areas.

14. POLICY REVIEW AND REVISION

- A. The DLT will review this policy every 3 years upon expiration to determine necessary revisions. The DLT will complete the performance management self-assessment and use the results to make necessary revisions to this policy. Other revisions to the policy will be based on lessons learned through the implementation of the policy. The revised policy will be approved by the DLT through the normal policy approval process (described in CCPH policy 800-001-P).

F. CITATIONS & REFERENCES

- “Developing a Local Health Department Strategic Plan: A How-To Guide” from National Association of County and City Health Officials (NACCHO)
- “Measuring What Matters, A Health’s Department Guide to Performance Management” (NACCHO, 2018)
- Ohio State University Performance Management System for Public Health Agencies 6-Step Model provided during August 16-17, 2018 training and from website <https://u.osu.edu/pmtoolkit/performance-management-system-in-6-steps/> (accessed 10/30/2018)
- Jackson County Public Health, Performance Management and Quality Improvement Plan, 2017-2018. (several suggestions for organization and descriptions for this plan were taken from this document. Many thanks to Jackson County for providing their example to NACCHO).
- Foundational Public Health Services Model, Public Health National Center for Innovations, <https://phnci.org/fphs>. (2018)
- Public Health Performance Management Self-Assessment tool provided by the Public Health Foundation http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Self_Assessment.aspx (accessed September 2018)
- 800-015-P Quality Improvement Plan for CCPH accessible at: <http://www.cantonhealth.org/?pg=355>
- Performance and quality improvement section of the CCPH website, which is publically available: <http://www.cantonhealth.org/projects/?pg=381>

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Terri Dzienis, APC Director
2. Jim Adams, Health Commissioner

H. APPENDICES & ATTACHMENTS

800-034-01-A Performance Management spreadsheet Instructions

800-034-02-A: Tier 1 Performance Measures Summary

800-034-03-A: List of divisions and programs

800-034-04-A: Example of the quarterly and 6-month dashboards

I. REFERENCE FORMS

The performance monitoring spreadsheets are located on the CCPH SharePoint site documents for the Strategic Planning workgroup under the folder “performance monitoring”.

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.