

Canton City Public Health

1st 6-mth 2019 Report (Meeting 05/20/19)

STRATEGIC PLAN PROGRESS

On a 6-month basis, the DLT will provide a written update to the Board of Health of the organization's progress toward completing its strategic priorities, including a copy of the Performance of Organization Strategic Priorities Status Summary Dashboard, in accordance with policy 800-034-P Organizational Strategic and Performance Management System.

PERFORMANCE UPDATE:

Each 6-month period (April-September and October-March), the DLT monitors and assesses the progress of all strategic priorities towards reaching their objectives, and decides next steps. On the following page is a copy of the Performance of Organization Strategic Priorities Status Summary Dashboard for 1st 6-month 2019 ending March 31, 2019. As can be seen, of the 51 strategic priority objectives, 11 objectives have been completed, 14 objective targets were achieved, 9 objectives are close to the targets, 9 objectives are below target, 7 objectives have not started yet, and 1 objective has been deleted since it was a duplicate. As the Dashboard shows, the trend in performance for the 51 strategic priority performance measures is 7 have improved performance compared to last quarter, 26 have maintained the same performance compared to last quarter, 15 have declined performance compared to last quarter, and 3 are n/a since not started.

The 11 objectives that have been completed either entirely or for 2018 (if a multi-year objective) and so all necessary progress has been made.

The 14 strategic priority objectives that achieved their targets are on track to be completed as scheduled.

The 9 strategic priority objectives that are close to the targets are still considered on track and the DLT determined no additional actions were necessary.

For the 9 strategic priority objectives that are below target:

- 3 of these are also strategic priority performance measures and their update is included in the separate 1st quarter 2019 performance update report.
- Environmental Objective 2.1 “Increase public access to APC/EH enforcement information”: This objective is below target since the 2018 annual report has not been completed/published, which is one of the ways the APC/EH enforcement information is shared with the public. Additionally, the food program enforcement plan that was completed in March 2019 has not yet been communicated to the food operators as planned. It is planned to complete both these items by 2nd quarter 2019 end.
- Access Objective 2.1 “Partner with program providing transportation services”: The Transportation Study report has been analyzed. An attempt to partner with Uber to provide transportation services did not have a feasible outcome, so other partnerships are being evaluated. This is below target since further progress was planned. THRIVE will continue to pursue partnership opportunities.
- Foundational measure 2.2 “Implement Kronos activities reporting module”: Administration has been working diligently with the Kronos programming team to test and explore the capabilities of the Kronos activity reporting. 1st round of testing has occurred and feedback provided to Kronos. Kronos is working on programming changes so final testing can occur. Planned to be completed by 3rd quarter 2019.

- Foundational measure 4.2 “Highlight QI projects during annual all staff meeting”: The all staff meeting isn’t scheduled until October 2019, so the planning for the QI presentation hasn’t occurred yet, which is why this is below target. The planning will occur closer to the meeting date.
- Foundational measure 5.1 “Implement a department intranet”: The department intranet was implemented in late 2018. However, the objective action plan includes performance of a staff survey to determine effectiveness of the intranet in improving internal staff communication. This is planned to be completed by 2nd quarter 2019 end.
- Foundational Objective 5.4 “Health Commissioner all staff communications”: Communications have been more random than intended, but some improvement made. The Health Commissioner plans to develop a schedule and topics of communication and a better tracking system to assure compliance with this objective.
- Foundational Objective 8.1 “Implement safety drills”: The safety committee does not have a leader for more than 1 year now (since Mark Adams left). There are plans in place to have the leader be the Emergency Preparedness Coordinator position, who hasn’t been hired yet. Once hired, this will be underway.

For the 7 strategic priority objectives that have not started yet, they will be started by the start dates in the action plan to continue progress as planned.



Canton City Public Health - Performance of Organization Strategic Priorities 2020

Status Summary Dashboard for 6-month period ending March 31, 2019
of all strategic priority performance measures

		Strategic Priority	Division / Committee	What is the Status?	Trend
Category	Goal	Objective			
Chronic	Goal 1. Increase access to healthier lifestyle choices in the community				
		Objective 1.1. Evaluate feasibility of Tobacco-21 program implementation in Canton by 12/31/2018 to decrease the incidence of youth initiation of smoking, decrease the incidence of youth initiation of smoking by 5% by the year 2020 through implementation of T-21 program in Canton.	Admin / EH	objective complete	↔
		Objective 1.2. Work with community partnerships to increase the number of tobacco free outdoor areas by 3 by the year 2020.	Admin	target achieved	↑
		Objective 1.3. Work with community partnerships to increase the access to fresh food choices in identified community food deserts by 2 by 2020.	Admin	target achieved	↑
Chronic	Goal 2. Decrease the rate of unintentional injuries.				
		Objective 2.1 Decrease the rate of reported animal bites in Canton City by 10% by 2020	EH	target achieved	↔
Communicable	Goal 1. Reduce the risk of bloodborne pathogen infection in the community				
		Objective 1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis.	Nursing	close to target	↑
		Objective 1.2. Implement a risk reduction program to decrease the number of new Hepatitis C infections in the community by 5% by 2020	Nursing	close to target	↓
Communicable	Goal 2. Decrease the prevalence of STI infections in the community.				
		Objective 2.1 Decrease the rate of Chlamydia infections in Canton city by 5% by 2020 by effectively treating CCPH cases within 60 days.	Nursing	target achieved	↑
		Objective 2.2 Increase the amount of educational outreach programs in the community by 10% by 2020. Baseline is one program quarterly.	Nursing	close to target	↓
Communicable	Goal 3. Increase the number of children immunized in Canton City				
		Objective 3.1. Children between the ages of 0 and 35 months of age receiving vaccinations at the health department will have their vaccination record accessed, caregiver will receive education, and receive recommended vaccinations (as permitted by caregiver).	Nursing	target achieved	↔
Environmental	Goal 1. Increase compliance with environmental health laws and rules				
		Objective 1.1: Decrease the percentage of critical food safety violations divided by total violations (RFE/FSO) by a total of 10% by 2019 and another 10% (totalling 20%) by 2020.	EH	below target	↓
		Objective 1.2. Decrease the number of open burning violations in Stark County by 10% by 2020.	APC	target achieved	↔
Environmental	Goal 2. Keep community informed of environmental laws and rules				
		Objective 2.1 Increase public access to APC/EH enforcement information including summaries of complaints and enforcement actions	APC / EH	below target	↓
		Objective 2.2 To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.	APC	target achieved	↔
		Objective 2.3 Evaluate feasibility of Develop Legionella water testing plan by 3/31/2019 4/23/2018.	Lab	objective complete	↑
		Objective 2.4 Complete an update and revision of Canton City Health Code section 205.04 Laboratory Service Fees	Lab	Not started; New	n/a
Maternal	Goal 1. Decrease the rate of infant mortality and disparities in birth outcomes in Stark County.				
		Objective 1.1. By 2020, the overall infant mortality rate in Stark County will decrease to less than 6 infant deaths per 1,000 live births.	THRIVE	target achieved	↔
		Objective 1.2. By 2020, decrease by more than 50% the disparity between black and white infant mortality rates	THRIVE	target achieved	↔
		Objective 1.3. By 2020, reduce the number of preterm births to less than 9.4% of all live births.	THRIVE	close to target	↓
Maternal	Goal 2. Promote WIC services throughout Stark County to increase total WIC caseload by 2%.				
		Objective 2.1. Decrease the # of participants certified without current benefits by at least 15% for Canton WIC.	WIC	below target	↔
		Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC	WIC	target achieved for 2019	↔
Access	Goal 1. Increase use of billable clinic services.				
		Objective 1.1. By October 1, 2019 analyze funding for STI clinic and provide written recommendations to Health Commissioner.	Admin / Nursing	Not started	↔
Access	Goal 2. Improve access to transportation services.				
		Objective 2.1. Partner with at least one program providing transportation services to individuals needing transportation for preventative medical care.	THRIVE	below target	↓
Foundational	Goal 1. Increase marketing of the department and its services.				
		Objective 1.1. Publish articles about the health department in print and online media of general circulation and/or conduct local radio show at least four times each year starting in 2018.	EH / CCPH-wide	Objective completed for 2018 and target achieved for 2019	↔
		Objective 1.2. Health department staff attend at least four neighborhood association meetings each calendar year.	EH / CCPH-wide	target achieved for 2019	↑
		Objective 1.3. Implement a comprehensive department communication plan that includes a branding policy and use guidelines by 9/1/2018.	Admin / Domain 3	Objective completed	↔
		Objective 1.4. Sponsor at least one community event (like a food collection day) for staff participation each year starting by 12/31/2017.	Admin	Objective completed for 2018	↔
				Not started for 2019	n/a
	Goal 2. Increase use of fiscal services and tools provided by the City of Canton.				

Strategic Priority			Division / Committee	What is the Status?	Trend
Category	Goal	Objective			
Foundational		Objective 2.1. Implement paperless leave and reporting system by 04/30/2019 12/31/2018 .	Admin / CCPH-wide	close to target	↓
		Objective 2.2. Implement time and activity reporting module in Kronos system to replace current T&E system within 90 days of Auditor making system available.	Admin / CCPH-wide	below target	↓
Foundational	Goal 3. Improve information sharing for internal staff use on department's community partnerships				
		Objective 3.1. Complete inventory of community partnerships that health department staff are participating in.	Admin / Domain 4	Objective completed	↔
		Objective 3.2. Create an agency wide database or list of community partnerships and relevant contact information by October 1, 2018.	Admin / Domain 4	Deleted since duplicate of objective 3.1	↔
Foundational	Goal 4. Foster a "Culture of Quality" in the department				
		Objective 4.1. Fully implement the department quality improvement plan by October 1, 2017	QI	Objective complete	↔
		Objective 4.2. Highlight at least two quality improvement projects at annual all staff meeting.	QI	Objective completed for 2018 below target for 2019	↑ ↓
Foundational	Goal 5. Provide high quality and relevant internal staff communication				
		Objective 5.1. Implement a department Intranet by March 31, 2018 December 31, 2018.	Admin / IT	below target	↓
		Objective 5.2. Hold at least 1 all staff meetings each calendar year.	CCPH-wide	Objective completed for 2018 and target achieved for 2019	↔
		Objective 5.3. Each division will hold at least one full or partial staff development day each calendar year starting on January 1, 2018.	CCPH-wide	Objective completed close to target for 2018 Not started for 2019	↓ n/a
		Objective 5.4. Health Commissioner will post at least 2 "all staff" communications each month starting on July 1, 2017.	Admin	below target	
Foundational	Goal 6. Effectively utilize technology services within the department				
		Objective 6.1. Utilize Office 365 services by July 31, 2018	CCPH-wide	Objective complete	↔
		Objective 6.2. Fully catalog and document databases in use in department.	Admin / IT	Objective complete	↔
Foundational	Goal 7. Provide excellent customer service.				
		Objective 7.1. All staff will complete at least one staff training related to customer service (as approved by their supervisor) every two years.	CCPH-wide	Not started	↔
		Objective 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Completed by 6/30/2020.	Vital Statistics	close to target	↓
Foundational	Goal 8. Provide a facility that can better serve the public and enhance work environment for staff.				
		Objective 8.1. Implement a schedule for regular staff safety drills (fire, active shooter, severe weather) by August 1, 2018 December 31, 2019	Admin / Safety	below target	↓
		Objective 8.2. Assure that all staff have basic situational awareness training by January 1, 2020.	Admin	Not started	↔
		Objective 8.3. Improve the external and internal signage for the department, by August 31, 2018.	Admin / Domain 3	Objective complete	↔
		Objective 8.4. Provide paint updates to most areas of department and update the floor carpet by December 31, 2018	Admin	Objective complete	↔
Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020	Admin	target achieved	↑		
Staff	Goal 1. Streamline training and development programs for employees.				
		Objective 1.1. Develop a new hire training guide by December 31, 2020 (in line with WFD Plan)	Admin / WFD	Not started	↔
		Objective 1.2. Document a plan for staff training to include required and optional training modules by January 31, 2020 (in line with WFD Plan)	Admin / WFD	Not started	↔
		Objective 1.3. Complete at least 90% of annual staff performance reviews within 30 days of the employee's anniversary date.	CCPH-wide	close to target	↓
Objective 1.4. 85% of all staff will have a written individual development plan documented in their annual evaluation by June 30, 2018 December 31, 2019.	CCPH-wide	close to target	↓		
Staff	Goal 2. Promote staff morale.				
		Objective 2.1. Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2018 and implement strategy to address results.	Admin / WFD	below target	↓
		Objective 2.2. Implement a policy to complete staff exit interviews by June 30, 2019	Admin / WFD	Not started	↔

Status Key:

Target Achieved = objective metric equal to or better than intermediate period (6-month) target (highlighted green)

Close to Target = objective metric worse than intermediate period (6-month) target, but within 10% of intermediate period (6-month) target and not worse than baseline (highlighted yellow)

Below Target = objective metric more than 10% worse than intermediate period (6-month) target (highlighted red)

Objective Complete = Objective has been successfully completed (highlighted green)

Not Started = The start date for the Objective has not occurred yet (highlighted gray)

Light Blue highlighting is for objectives that are also organizational performance measures

Trends (arrows): ↑ Improved performance compared to last intermediate period (6-month)

↔ Same performance as last intermediate period (6-month)

↓ Declined performance compared to last intermediate period (6-month)