

# Performance Management Training



**Presented at All-Staff Meeting on  
10/24/2018**

# What is Performance Management?

- 🛡️ It's a systematic process that involves an organization's staff, both as individuals and as a group, in improving organizational effectiveness in the accomplishment of organization's mission and goals.
- 🛡️ It seeks to answer 3 basic questions on the organization's performance:
  - 🛡️ What results are we trying to achieve?
  - 🛡️ How will we know if we are achieving them?
  - 🛡️ What do we need to do differently to achieve our results?

# What is Performance Management?

- 🛡️ Performance management focuses on measuring how the organization is actually performing in comparison to the results its trying to achieve.
- 🛡️ Focuses more on the results of the organization's work, not just how we do the work.
- 🛡️ Then uses this data to make decisions on how the organization can do better.
- 🛡️ Uses data and facts to drive decision making
- 🛡️ Brings rigor and rationality to the management process.

# Public Sector vs. Private Sector

- Private sector companies and organizations know what services they need to produce and the profit they want to achieve.
- They exist to make profit so there is an obvious, measurable bottom line
- It is easy for them to focus on optimizing bottom line results and manage toward them.
- Government and non-profit organizations (public sector) have different purposes.
- They exist to achieve broader societal goals
- This is difficult to measure, since we are trying to measure prevention. For example: the absence of disease, illnesses prevented, or food safety ensured.
- Historically the public sector has focused its attention on daily tasks and activities, but these are just processes.

# Process vs. Performance Management

- 🛡️ It's important to know the difference between process and performance management.
- 🛡️ Most of us understand process management:
  - 🛡️ Focus on planning, delivering or providing some type of service
  - 🛡️ Monitor and manage day-to-day activities or processes
  - 🛡️ Inputs and activities; work plans; activity outputs
- 🛡️ Performance management focuses on the big picture:
  - 🛡️ Instead of monitoring day-to-day work, Periodically monitor the results of the work we are doing
  - 🛡️ Clear articulation of the desired outcomes and results of the work we are doing

# Process Outputs vs. Performance Outcomes

## Output

## Outcome

Teachers trained



Student academics improved

Community policing conducted



Crime Reduced

Roads widened



Commuting delays decreased

Homeowners counseled



Foreclosures reduced

Elderly vaccinated against flu



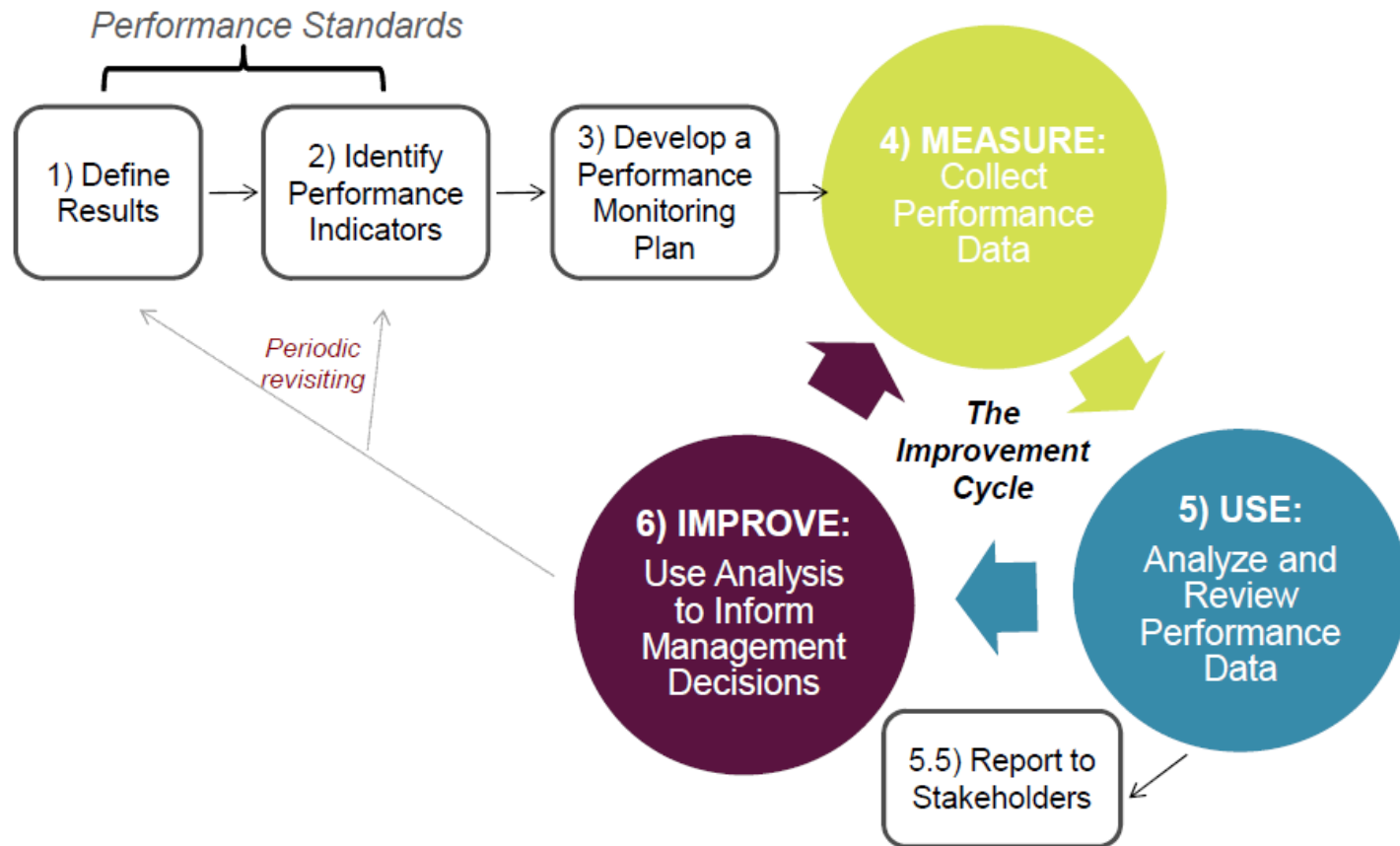
Flu-related deaths diminished

# Performance Management Overview

- 🛡️ Organization is clear on goals and required intermediate outcomes to achieve them
- 🛡️ Use goals and measures to clarify priorities and progress to staff
- 🛡️ Collect performance data regularly to know if reaching intended outcomes and goals
  - 🛡️ Performance management is data based. Data tells you factually if you are having an impact.
  - 🛡️ Data lets you know what is going well and where you need to work harder
- 🛡️ Use the data as a strategic management and decision making tool, reviewing it regularly and making changes as needed
  - 🛡️ Informing decisions about where to invest your money and your staff time
- 🛡️ Communicating results and progress towards achieving those results and performance issues to stakeholders

# Performance Management Overview

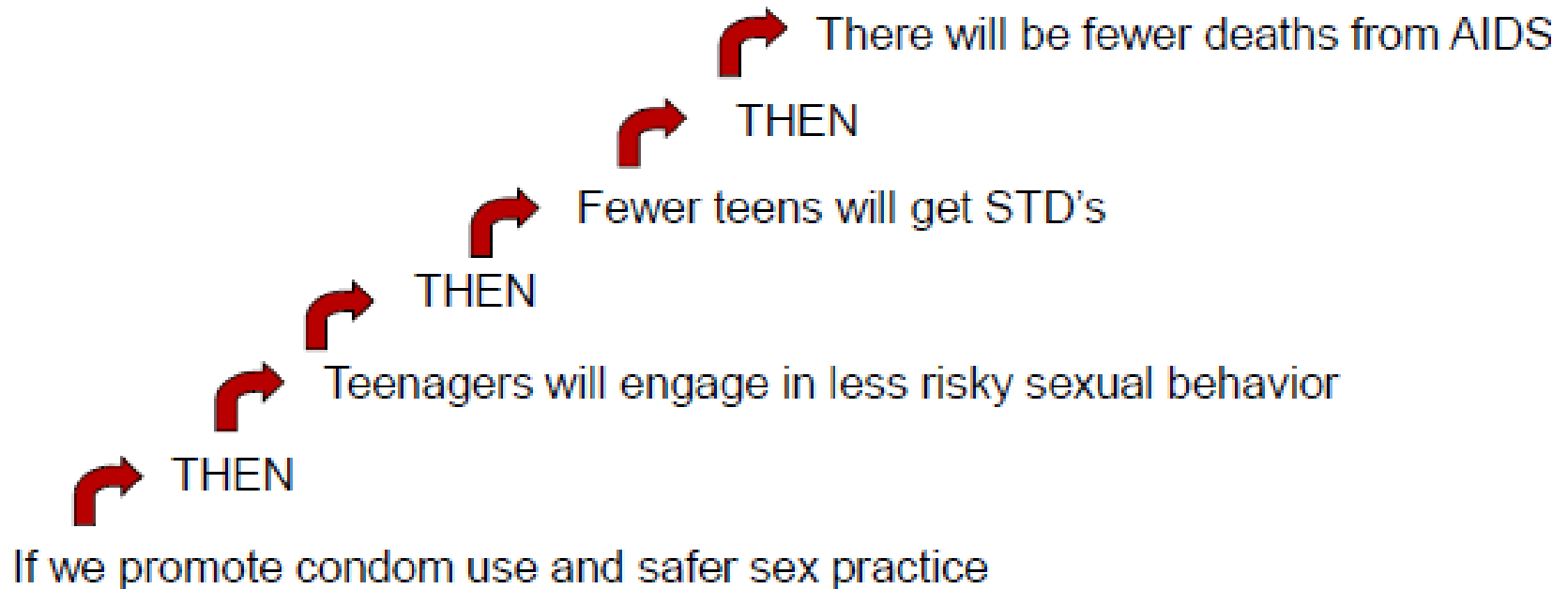
## PM System: 6 Steps





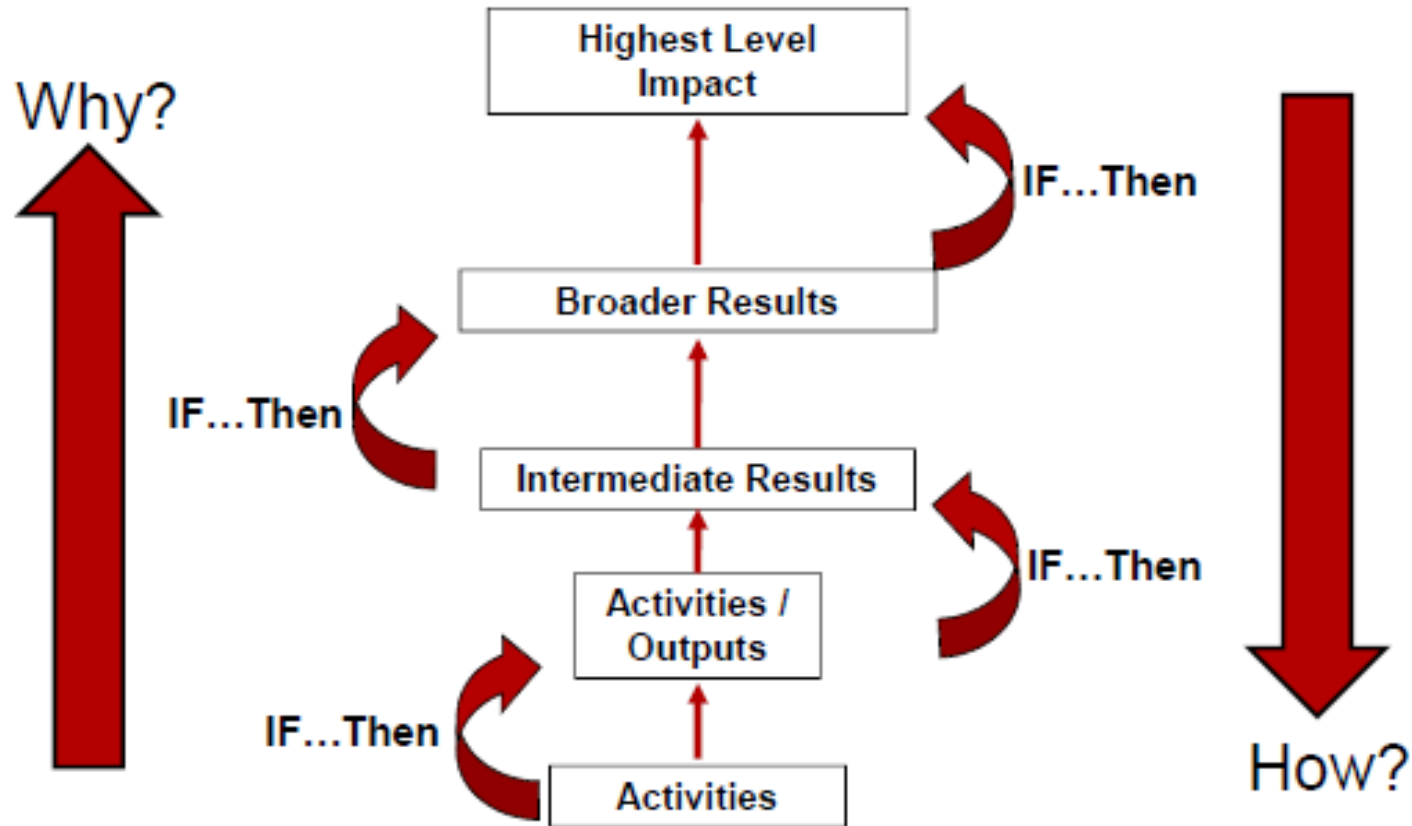
# Performance Management Results

- 🛡️ Step 1 Define results is the most crucial step.
- 🛡️ One way to complete this is to think of an “If, then” scenario.



# Performance Management Results

🛡️ Another way to complete this is to think of a “Why and How” scenario.



# What should we be asking?

- 🛡️ The bottom line is that organization's should be asking specific questions about their operations to achieve successful performance management:
  - 🛡️ 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?

# Establishing CCPH Performance Mgmt

- 🛡️ To establish CCPH's initial performance management system, we started with the question: What results are we trying to achieve?
- 🛡️ The results we are trying to achieve have already been defined.
- 🛡️ There are existing documents and performance standards that establish the results that public health agencies are trying to achieve. Some examples are:
  - 🛡️ Ohio's State Health Improvement Plan (SHIP)
  - 🛡️ Stark County's Community Health Improvement Plan (CHIP)
  - 🛡️ Healthy People 2020 (national standard)
  - 🛡️ ODH Grant requirements; Law requirements (local, state or federal standards)
  - 🛡️ PHAB Requirements (national standard)
- 🛡️ These performance standards were then used to establish the CCPH's strategic priorities, which are included in CCPH's Strategic Plan, which are the priority results the organization is trying to achieve.

# CCPH Strategic Plan Overview

- 🛡️ The strategic plan was created by a workgroup of staff from all levels of the organization.
- 🛡️ The workgroup revised the organization's Mission, Vision, and Values, with the input of all staff (via survey).
- 🛡️ Mission: The organization's purpose
  - 🛡️ CCPH Mission: Working together to prevent the spread of disease, promote health, and protect the public from harm.
- 🛡️ Vision: What the organization aspires to change or create
  - 🛡️ CCPH Vision: The leader in advancing population health
- 🛡️ Values: Principles that guide the organization. CCPH Values are:
  - 🛡️ Quality – Excellence in all we do
  - 🛡️ Service – Ask, listen, and respond to the needs of the community
  - 🛡️ Equity – Assure access to opportunities for all to maximize health
  - 🛡️ Trust – Open and transparent in all our actions

# CCPH Strategic Plan Overview

- 🛡️ The Strategic Planning Workgroup then completed a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the organization.
- 🛡️ Below lists a couple of each:
  - 🛡️ **Strengths:** quality patient care; meeting grant requirements; dedicated workforce
  - 🛡️ **Weaknesses:** Building/facility out-of-date; categorical funding; potential low morale
  - 🛡️ **Opportunities:** seek other funding sources; increase use of community partnerships
  - 🛡️ **Threats:** reduction in staff; increased workload; decreased funding
- 🛡️ The workgroup also reviewed the SHIP, CHIP for Stark County and Healthy People (HP) 2020 (national standard).
- 🛡️ The Strategic Planning Workgroup then brainstormed to generate the list of ideas for strategic priorities that were aligned with the SHIP/CHIP/SWOT/HP.

# CCPH Strategic Plan Overview

- 🛡️ The final list of strategic priorities are contained in the approved 2017-2020 Strategic Plan (located on the CCPH website).
- 🛡️ The priorities are grouped in 7 categories:
  - 🛡️ Communicable
  - 🛡️ Chronic
  - 🛡️ Environmental
  - 🛡️ Maternal
  - 🛡️ Access
  - 🛡️ Foundational
  - 🛡️ Staff
- 🛡️ There are 21 priority goals and 50 priority objectives
- 🛡️ This list answers the performance management fundamental question of “what results we are trying to achieve.”

# CCPH Strategic Plan - Action Plan

- 🛡️ The Division Leadership Team (DLT) then developed an action plan for each strategic priority detailing the responsibilities and steps/strategies on how we were going to accomplish the priority.
- 🛡️ Several division leaders involved their staff in the development of the strategic priority action plans their division was responsible for.
- 🛡️ The action plan also established how we were to measure the successful accomplishment of the priority.
- 🛡️ The action plan answers the performance management fundamental questions of:
  - 🛡️ “What strategies are we using to achieve them?” and
  - 🛡️ “How will we know if we are achieving them?”
- 🛡️ The DLT monitors and reports the progress toward the achievement of the strategic priorities every 6 months.



# Overview



# CCPH Performance Management

- 🛡️ To establish the initial CCPH performance management system, the DLT started with the 50 strategic priorities objectives list as the performance standards/results CCPH was trying to achieve.
- 🛡️ This was the Domain 9 team's recommendation for the PM system.
- 🛡️ Since that is a long list, the DLT decided to narrow the list for the CCPH performance measures to include at least one strategic priority objective from each of the 7 categories and so each division had one priority selected as its performance measure.
- 🛡️ Each division leader selected the strategic priority that best represented their divisions highest priority.
- 🛡️ This established a list of 11 priority objectives to be the performance measures for CCPH.

# CCPH Performance Management

Strategic Priority			Division / Committee
Category	Goal	Objective	
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
Chronic	Goal 1. Increase access to healthier lifestyle choices in the community		
		Objective 1.1. Decrease the incidence of youth initiation of smoking by 5% by the year 2020 through implementation of T-21 program in Canton.	Admin / EH
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
Environmental	Goal 2. Keep community informed of environmental laws and rules		
		Objective 2.2 To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.	APC
		Objective 2.3 Develop Legionella water testing plan by 3/31/2019 <del>12/31/2018</del> .	Lab
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
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
		Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC	WIC
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
Foundational	Goal 2. Increase use of fiscal services and tools provided by the City of Canton.		
		Objective 2.1. Implement paperless leave and reporting system by 12/31/2018.	Admin / CCPH-wide
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

# CCPH Performance Management

- 🛡️ The DLT then established the details of what data will be used to measure each performance measure and what metrics each performance measure will use to determine achievement (baseline, quarter targets and final target).
- 🛡️ Based on information gathered by and recommendations from Domain 9 team.
- 🛡️ These details answers the performance management fundamental questions of “what results we are trying to achieve” and “how will we know if we are achieving them”
- 🛡️ The DLT then established the spreadsheet format to use to record the data and status of the performance measures and established the frequency of monitoring/measuring progress as quarterly.
- 🛡️ Based on a combination of examples reviewed by Domain 9 team.
- 🛡️ Incorporates the action plan details of the strategic priority performance measure to be reviewed at the same time.

# CCPH PM Spreadsheet snapshot

Objective 2.3 Develop Legionella water testing plan by <del>8/31/2019</del> <del>12/31/2018</del>																							
Performance Standard Source: Organizational standard, Strategic Priority												Quarter Period Action Step Target		Quarter Period Action Step Results		Quarter Period Status & Analysis		Quarter Period Actions Next Steps					
Action Steps		Complete Action By		Responsibility/Division		Action Step Measure of Success						Value	Description	Value	Description & data source								
Complete 2 rounds to proficiency testing with grade of 100%.		7/1/2017 - 9/30/2018		Christina Henning (Lab)		Completed 2 tests						50	1st and 2nd test to be completed by 9/30/18.	50	2nd round of PT sample results are due to Wisconsin State Laboratory of hygiene (WSLH) on 11/02/2018, then 6 weeks for results. 1st PT completed previously.	In Progress		Complete PT					
Complete community testing to develop capacity		7/1/2017 - 7/15/2018		Christina Henning (Lab)		completed 26 tests						100.0	Action step end date is 7/15/18, which is prior to period end date (9/30/18), so target is 100%	103.8	Legionella Testing Log shows 27 of 26 tests completed.	Completed		n/a - completed					
Develop cost-methodology		7/1/2018 <del>- 11/30/2018</del> <del>9/30/2018</del>		Christina Henning (Lab)		Completed document						100	Action step end date is 9/30/18, which is equal to period end date (9/30/18), so target is 100%	50	All relevant data for cost methodology obtained from Human Resources and IDEXX. Calculations incomplete; estimated effort completed	In Progress		Update deadline to next November. Prioritize Complete Cost Meth by new deadline.					
Develop written water testing plan/procedures		10/1/2018 <del>- 11/30/2018</del> <del>12/31/2018</del>		Christina Henning (Lab)		Completed document							n/a - action step not started until 10/2/18, after the period end date (9/30/18).		Not measured during this period								
Implement plan		1/1/2019 <del>- 12/31/2018</del> <del>3/31/2019</del>		Christina Henning (Lab)		documentation of water testing conducted per plan							n/a - action step not started until 12/1/18, after the period end date (9/30/18).		Not measured during this period								
Metric Type	Update Frequency	Baseline (Start)				Objective				Objective Measure of Success (End Target)				Quarter Period Objective Target		Quarter Period Objective Results		Quarter Period Objective Status & Analysis	Status Color & Statement	Quarter Period Objective Next Steps	QI needed?	Reported by	
		Value	Units	data source & date range		Start & End Date	Total Qtrs	End Value	Units	Qtr Increment	Description & data source		Value	Description	Value	Description & data source							
Action	Quarterly	0	% objective complete	Didn't have program before 7/1/17, so 0% complete is baseline.		7/1/2017- <del>12/31/2018</del> <del>3/31/2019</del>	6	100	% objective complete	16.7	Completion of objective by having documentation of water testing conducted per completed plan		83.33	5 quarters from start to period end (7/1/17-9/30/18), so 5 increment increase from baseline.	71.5	Weighted average of action steps results listed above	Comparing results to target values, results are below target by more than 10%.	below target	PT is close to completion; need to prioritize efforts to complete by deadline.	No	Christina Henning		

Metric Type	Update Frequency	Baseline (Start)			Objective		Objective Measure of Success (End Target)				
		Value	Units	data source & date range	Start & End Date	Total Qtrs	End Value	Units	Qtr Increment	Description & data source	
Action	Quarterly	0	% objective complete	Didn't have program before 7/1/17, so 0% complete is baseline.	7/1/2017- <del>12/31/2018</del> <del>3/31/2019</del>	6	100	% objective complete	16.7	Completion of objective by having documentation of water testing conducted per completed plan	

Quarter Period Objective Target		Quarter Period Objective Results		Quarter Period Objective Status & Analysis	Status Color & Statement	Quarter Period Objective Next Steps	QI needed?	Reported by
Value	Description	Value	Description & data source					
83.33	5 quarters from start to period end (7/1/17-9/30/18), so 5 increment increase from baseline.	71.5	Weighted average of action steps results listed above	Comparing results to target values, results are below target by more than 10%.	below target	PT is close to completion; need to prioritize efforts to complete by deadline.	No	Christina Henning

# CCPH Performance Management

- 🛡 Quarterly, each division leader updates the status of the performance measures their division is responsible for within the spreadsheet.
- 🛡 Then the DLT reviews the status of all measures as a group to decide next steps and if quality improvement is needed.
  - 🛡 This includes answering the performance management fundamental questions of “are these strategies working” and “what do we need to do differently”
- 🛡 The quarterly performance data results are summarized in a dashboard format to provide a concise snap-shot of the information and reported both internally and externally.
  - 🛡 This is uploaded to the CCPH website for everyone’s access
  - 🛡 This is reported to the Board of Health in their meeting packets quarterly
  - 🛡 This is reported to staff by being on the CCPH website and during their division staff meetings.
- 🛡 The DLT reviews uses the data to make decisions during regular meetings.

# Performance Management Overview

Example performance standards:

Healthy People 2020

Grant requirements

Rule requirements

PHAB standards

CHA/CHIP

Strategic Priorities





# CCPH PM Dashboard 3<sup>rd</sup> Quarter 2018



Public Health  
Prevent. Promote. Protect.  
Canton City Public Health

## Canton City Public Health - Performance of Organization Strategic Priorities 2020

Status Summary Dashboard for 3rd Quarter 2018 (as of September 30, 2018)  
*of select strategic priorities performance measures*

Strategic Priority Category	Division	Organizational Performance Measure	Unit of Measure	Where did we start? (Baseline)	Where do we want to go? (Goal)	Where should we be now? (Quarter Target)	Where are we now? (Quarter Metric/Status)
Communicable	Nursing	1.1 Successfully link new HIV cases to care in 90 days	% success	69	85	73	60 below target
Chronic	EH	1.1 Implement Tobacco 21 program in Canton (starts 09/01/18)	% of completion	0	100	6.2	13 target achieved
Environmental	APC	2.2 Decrease the # of backlogged air operating permits	# backlog permits	29	0	20	19 target achieved
Environmental	EH	1.1 Decrease % of critical food safety violations	% of critical	11.1	10.0	10.6	10.1 target achieved
Environmental	Lab	2.3 Implement Legionella water testing plan	% of completion	0	100	83	72 below target
Maternal	Thrive	1.1 Decrease infant mortality rate	# deaths per 1,000 live births	9.0	6.0	7.8	6.9 target achieved
Maternal	WIC	2.1 Decrease # of participants certified without current benefits	# of participants	309	263	294	324 below target
Maternal	WIC	2.2 Complete 25 WIC outreach activities per year	% of activities/yr completed	0	100	100	120 target achieved
Access	Nursing	1.1 Develop funding strategy for STI clinic services (starts 03/01/19)	% of completion	0	100	n/a	n/a not started
Foundational	Admin	2.1 Implement electronic leave reporting	% of completion	0	100	83	87 target achieved
Staff	Admin	2.1 Implement strategy to address employee satisfaction survey results (starts 11/01/18)	% of completion	0	100	n/a	n/a not started

### Status Key:

Target Achieved = status metric equal to or better than quarter target (highlighted green);

Close to Target = status metric worse than quarter target, but within 10% of quarter target (highlighted yellow);

Abbreviations: n/a = not applicable % = percent # = number

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

Below Target = status metric more than 10% worse than quarter target (highlighted red)

Date Reported: 10/18/2018





# CCPH Performance Measure Details

- 🛡️ Here's the alignment details of a CCPH performance measure:
- 🛡️ CHA: Identified need to decrease infant mortality
- 🛡️ CHIP: Identified community health priority of “decrease the overall infant mortality rate to less than 6.0”
  - 🛡️ SP: Established strategic priority Maternal Goal 1 of “Decrease the rate of infant mortality and disparities in birth outcomes in Stark County”
    - 🛡️ SP: Established strategic priority Maternal Objective 1.1 of “By 2020, the overall infant mortality rate in Stark County will decrease to less than 6 infant deaths per 1,000 live births”
      - 🛡️ PM: Established Maternal Objective 1.1 strategic priority as a performance measure for the organization & THRIVE division
        - 🛡️ Potential individual staff performance goal would be related to the action plan steps for this strategy they are responsible for. So possibly in relation to the FIMR Board or HUB Coordination.

# CCPH Performance Measure Details

- 🛡️ Here's the alignment details of a CCPH performance measure:
- 🛡️ Performance Standards: ODH HIV Grant requirement; HP2020 HIV-1 and HIV-19
- 🛡️ SP: Established strategic priority Communicable Goal 1 of “Reduce the risk of bloodborne pathogen infection in the community”
  - 🛡️ SP: Established strategic priority Communicable Objective 1.1 of “85% of newly identified HIV cases are linked to care within 90 days of diagnosis”
  - 🛡️ PM: Established Communicable Objective 1.1 strategic priority as a performance measure for the organization and Nursing division.
    - 🛡️ Potential individual staff performance goal would be related to the action plan steps for this strategy they are responsible for. So possibly in relation to the completion of face-to-face meeting with new HIV case patients or completion of HIV cases treatment referrals.

# CCPH Performance Measure Details

- 🛡️ Here's the alignment details of a CCPH performance measure:
- 🛡️ Performance Standards: HP2020 FS-6; PHAB 2.1.1
  - 🛡️ SP: Established strategic priority Environmental Goal 1 of “increase compliance with environmental health laws and rules”
    - 🛡️ SP: Established strategic priority Environmental Objective 1.1 of “Decrease the percentage of critical food safety violations divided by total violations by a total of 10% by 2019 and another 10% (totaling 20%) by 2020”
      - 🛡️ PM: Established Environmental Objective 1.1 strategic priority as a performance measure for the organization and EH division.
        - 🛡️ Potential individual staff performance goal would be related to the action plan steps for this strategy they are responsible for. So possibly in relation to local education program for food operators and compliance with food enforcement plan.

# CCPH PM Dashboard on website



**BOARD OF HEALTH**  
Board of Health  
Meetings



**HEALTH COMMISSIONER**  
► Health Commissioner

**HEALTH DEPARTMENT**  
► Air Pollution Control  
► Environmental Health  
► Food Protection  
► Laboratory  
► Nursing  
► Enfermería  
► Preparedness  
► Office of Public Health Information  
► THRIVE - Infant Mortality  
► Vital Statistics Birth/Death Certificates  
► Women, Infants and Children (WIC)  
Healthy Lifestyle - NEW  
Special Projects  
Performance & Quality Improvement

Home


Select language:    

## Welcome to the Canton City Public Health website!

**Canton City Public Health will be closed all day on Wednesday, October 24, 2018.**

### Did You Know...

- Canton City Public Health's Nursing Division is hiring a Staff Nurse II? Applications must be submitted to the City of Canton Civil Service Office no later than 3 PM on Thursday, November 1, 2018. Details can be found [here](#).
- Funding is available from Canton City Public Health for 2019 HIV Prevention projects? Click [here](#) for the funding announcement and application, which must be submitted by 4:00 pm on November 9, 2018.
- Individuals interested in making a donation to the **Stark Wide Approach to Prevention (SWAP)** project can access the SWAP Amazon Wish List [here](#)?
- The Health Department now has a [Healthy Lifestyle page](#)? You can check out links to healthy recipes, how to quit smoking, local parks, suicide prevention and Farmer's markets.
- Canton City Public Health publishes a report on its activities annually. The 2017 report is now available and can be seen [here](#).
- SWAP (Stark Wide Approach to Prevention), a needle (syringe) access program, is available **Fridays** from **2:00pm** to **4:00pm** (except legal holidays). Click [here](#) for more information.



**Public Health**  
Prevent. Promote. Protect.

**CANTON CITY  
PUBLIC HEALTH**  
JAMES M. ADAMS, RS, MPH  
HEALTH COMMISSIONER

**(330) 489-3231**  
**(330) 489-3335 Fax**  
Monday - Friday  
8:00 am - 4:30 pm  
(Excluding [Holidays](#))

**Office Address**  
Canton City Public Health  
420 Market Avenue, North  
Canton, Ohio 44702  
[Driving Directions](#)

Employee E-mail Access  
Employee Information

# CCPH PM Dashboard on website

**BOARD OF HEALTH**

Board of Health

Meetings

Healthy Lifestyle

**HEALTH COMMISSIONER**

▶ Health Commissioner

**HEALTH DEPARTMENT**

▶ Air Pollution Control

▶ Environmental Health

▶ Food Protection

▶ Laboratory

▶ Nursing

▶ Enfermería

▶ Preparedness

▶ Office of Public Health Information

▶ THRIVE - Infant Mortality

▶ Vital Statistics Birth/Death Certificates

▶ Women, Infants and Children (WIC)

Healthy Lifestyle - NEW

Special Projects

Performance & Quality Improvement

Leadership Team

**GENERAL INFORMATION**

About Us

Contact Us

Home > Performance and QI Select language:

**Organizational Performance**

How Canton City Public Health (CCPH) performs as an organization is an important part to improving the overall health of the community. CCPH has established a performance management system to monitor and assess its progress toward meeting its goals and objectives and its desired community health improvement outcomes. Progress is assessed quarterly. Below is the most recent quarterly update on CCPH's organizational performance. Click [here](#) to view reports for past quarters and strategic plan progress.

**Canton City Public Health - Performance of Organization Strategic Priorities 2020**

Status Summary Dashboard for 3rd Quarter 2018 (as of September 30, 2018)

*of select strategic priorities performance measures*

Strategic Priority Category	Division	Organizational Performance Measure	Unit of Measure	Where did we start? (Baseline)	Where do we want to go? (Goal)	Where should we be now? (Quarter Target)	Where are we now? (Quarter Metric/Status)
Communicable	Nursing	1.1 Successfully link new HIV cases to care in 90 days	% success	69	85	73	60 below target
Chronic	EH	1.1 Implement Tobacco 21 program in Canton (starts 09/01/18)	% of completion	0	100	6.2	13 target achieved
Environmental	APC	2.2 Decrease the # of backlogged air operating permits	# backlog permits	29	0	20	19 target achieved
Environmental	EH	1.1 Decrease % of critical food safety violations	% of critical	11.1	10.0	10.6	10.1 target achieved
Environmental	Lab	2.3 Implement Legionella water testing plan	% of completion	0	100	83	72 below target
Maternal	Thrive	1.1 Decrease infant mortality rate	# deaths per 1,000 live births	9.0	6.0	7.8	6.9 target achieved
Maternal	WIC	2.1 Decrease # of participants certified without current benefits	# of participants	309	263	294	324 below target
Maternal	WIC	2.2 Complete 25 WIC outreach activities per year	% of activities/yr completed	0	100	100	120 target achieved
Access	Nursing	1.1 Develop funding strategy for STI clinic services (starts 03/01/19)	% of completion	0	100	n/a	n/a not started
Foundational	Admin	2.1 Implement electronic leave reporting	% of completion	0	100	83	87 target achieved
Staff	Admin	2.1 Implement strategy to address employee satisfaction survey results (starts 11/01/18)	% of completion	0	100	n/a	n/a not started

**Status Key:**

Target Achieved = status metric equal to or better than quarter target (highlighted green);

Close to Target = status metric worse than quarter target, but within 10% of quarter target (highlighted yellow);

Abbreviations: n/a = not applicable % = percent # = number

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

Below Target = status metric more than 10% worse than quarter target (highlighted red)

Date Reported: 10/18/2018

# CCPH PM Dashboard on website


**BOARD OF HEALTH**  
Board of Health  
Meetings

Healthy Lifestyle

**HEALTH COMMISSIONER**  
▶ Health Commissioner

**HEALTH DEPARTMENT**  
▶ Air Pollution Control  
▶ Environmental Health  
▶ Food Protection  
▶ Laboratory  
▶ Nursing  
▶ Enfermería  
▶ Preparedness  
▶ Office of Public Health Information  
▶ THRIVE - Infant Mortality  
▶ Vital Statistics  
Birth/Death Certificates  
▶ Women, Infants and Children (WIC)  
Healthy Lifestyle - NEW  
Special Projects  
Performance & Quality Improvement  
Leadership Team

Home > Performance and QI > Performance Reports

Select language: 

## Organizational Performance

How Canton City Public Health (CCPH) performs as an organization is an important part to improving the overall health of the community. CCPH has established a performance management system to monitor and assess its progress toward meeting its goals and objectives and its desired community health improvement outcomes. Progress is assessed quarterly.

Below is a list of quarterly dashboards showing the organizational performance. Below also contains a list of performance update reports provided to the Board of Health that explains the performance dashboard statuses.

Dashboards	Board Reports
<a href="#">2nd Quarter 2018 (ending 6/30/18)</a>	<a href="#">2nd Quarter 2018 (ending 6/30/18)</a>
<a href="#">3rd Quarter 2018 (ending 9/30/18)</a>	<a href="#">3rd Quarter 2018 (ending 9/30/18)</a>

## Strategic Plan Progress Reports

How Canton City Public Health (CCPH) performs an organization toward achieving its strategic priorities is an important part to improving the overall health of the community. CCPH monitors progress toward achieving its strategic priorities on a once every 6-month basis. Below is a list of strategic plan update reports provided to the Board of Health that summarizes and explains the CCPH's progress toward achieving its strategic priorities.

[2nd 6-month 2018 \(ending 09/30/2018\) Strategic Plan Progress Report](#)

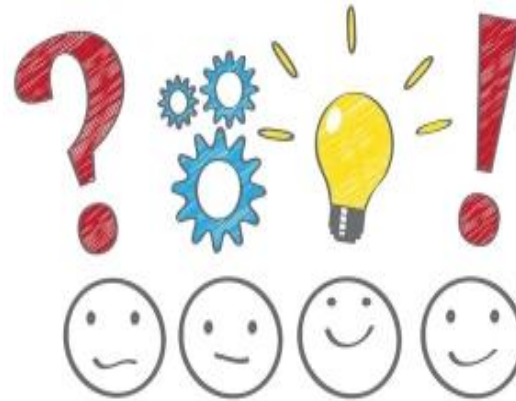


# What's Next?

- DLT will regularly monitor progress of the performance measures and strategic priorities.
- Quality improvement projects made be initiated based on performance of these measures.
- Over the next couple years, each division will work to develop more performance measures so that 25% of the division programs have a measure.
- This is a QI Plan goal to be completed by 12/31/2020
- Over the next couple years, performance measures will be used to develop individual employee performance goals, as appropriate.



# Questions?



Presenter Information:

**Terri Dzienis**

Air Pollution Control Director

(& QIC Chairperson & Performance Management Lead)

Canton City Public Health