

Canton City Public Health

2nd 6-mth 2019 Report (Meeting 11/25/19)

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 2nd 6-month 2019 ending September 30, 2019. As can be seen, of the 50 strategic priority objectives, 12 objectives have been completed, 19 objective targets were achieved, 4 objectives are close to the targets, 12 objectives are below target, 2 objectives have not started yet, and 1 objective has an unknown status. As the Dashboard shows, the trend in performance for the 50 strategic priority performance measures is 14 have improved performance compared to last 6-month, 24 have maintained the same performance compared to last 6-month, 11 have declined performance compared to last 6-month, and 1 is unknown.

The 12 strategic priority objectives that have been completed means they have been completed either entirely or for 2019 and achieved the necessary progress planned for that strategic priority.

The 19 strategic priority objectives that achieved their targets are on track to be completed as scheduled.

The 4 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 12 strategic priority objectives that are below target:

- 2 of these are also strategic priority performance measures and their update is included in the separate 3rd quarter 2019 performance update report.
- 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 1.2 “Health Dept staff attend at least 4 neighborhood association meetings each calendar year”: This priority is assigned to EH. EH attended 1 neighborhood association meeting in March 2019, but were unable to attend additional meetings due to short staffing. EH plans to resume attendance at meetings when staffing are fully trained.
- Foundational measure 1.4 “Sponsor at least one community event each year”: The Department traditionally participates in Feed the Needy and Light Up Downtown each year. The Department did not participate in Feed the Needy this year, making this priority below target. The Department is planning on participating in Light Up Downtown, which occurs on December 5, and will complete this priority before the end of the year.

- 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 & reporting changes so final testing can occur. Planned to be completed by 4th 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 completion of the QI presentation hasn’t occurred yet, which is why this is below target. The completion will occur closer to the meeting date.
- Foundational measure 5.3 “Each division will hold at least one full or partial staff development day each year”: Two of the seven divisions (Nursing and WIC) have completed their staff development days for 2019. The remaining divisions are scheduled to complete their staff development by the end of the year.
- Foundational Objective 7.1 “Staff training related to customer service will be provided to staff every 2 years by 06/30/2020”: 2018 training occurred for all staff during the all-staff meeting in 2018. No divisions have completed customer service training to date in 2019, and it is not planned to be included in the 2019 all-staff meeting. Divisions will need to prioritize completion of this training by the deadline of 06/30/2020.
- Foundational Objective 7.2 “Convert all microfiche birth and death records to PDF by 06/30/2020”: There are 98 years to convert (from 1902 to 2000). Currently 19 years (1981-2000) are 100% converted and year 1980 is 66% converted, so overall 20.06% have been converted. Since this is planned to be completed by 06/30/2020, the target was to be at 60% by this time of year. Due to other responsibilities, it may be necessary to extend the deadline for this conversion project.
- Foundational Objective 8.2 “Assure that all staff have basic situational awareness training by 06/01/2020”: This priority is assigned to the safety committee. The safety committee has been defunct for more than 1.5 years. The Emergency Preparedness Coordinator position has been assigned to be the leader of the Safety Committee and begin work on this priority, as well as other priorities.
- Staff Objective 1.4 “Revise policy/form to require a written individual development plan in annual performance evaluations for all staff by 01/31/2020.”: The policy and form have been completed as of 9/19/18. This priority is below target due to only 10 of 63 annual performance evaluations being completed by the April 1st deadline. However, of those completed evaluations, 100% contained written individual development plans in accordance with the policy. The annual performance evaluation policy is under revision (Staff Objective 1.5) to make it easier to complete so there is a higher rate of completion of them on an annual basis.

For the 1 strategic priority performance measures that is Unknown, it is also a strategic priority performance measures and its update is included in the separate 3rd quarter 2019 performance update report.

For the 2 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 September 30, 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.	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 / EH	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 / EH	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	close to target ↓
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	below 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	target achieved ↑
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	Unknown
		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	close to target ↑
		Objective 2.2 To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.	APC	below target ↓
		Objective 2.3 Evaluate feasibility of Legionella water testing plan by 3/31/2019.	Lab	objective complete ↔
		Objective 2.4 Complete an update and revision of Canton City Health Code section 205.04 Laboratory Service Fees	Lab	target achieved ↑
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	target achieved ↑
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 5% for Canton WIC.	WIC	target achieved ↑
		Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC.	WIC	objective complete for 2019 ↑
Access	Goal 1. Increase use of billable clinic services.			
		Objective 1.1. By June 1, 2020 October 1, 2019 analyze funding for STI clinic and provide written recommendations to Health Commissioner.	Admin / Nursing	target achieved ↑
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.	OPHI / CCPH-wide	target achieved for 2019 ↔
		Objective 1.2. Health department staff attend at least four neighborhood association meetings each calendar year.	EH / CCPH-wide	below target ↓
		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	below target for 2019 ↓

Strategic Priority			Division / Committee	What is the Status?	Trend
Category	Goal	Objective			
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 4/30/2019.	Admin / CCPH-wide	Objective completed	↑
		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 and after 2.1 is completed.	Admin / CCPH-wide	below target	↔
		Objective 3.1. Complete inventory of community partnerships that health department staff are participating in.	Admin / Domain 4	Objective completed	↔
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	below target for 2019	↔
		Objective 5.1. Implement a department Intranet by December 31, 2018.	Admin / IT	Objective complete	↑
Foundational	Goal 5. Provide high quality and relevant internal staff communication	Objective 5.2. Hold at least 1 all staff meeting each calendar year.	CCPH-wide	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	below target for 2019	↓
		Objective 5.4. Health Commissioner will post at least 1 "all staff" communications each month starting on July 1, 2017.	Admin	target achieved	↑
		Objective 6.1. Utilize Office 365 services by July 31, 2018	CCPH-wide	Objective complete	↔
Foundational	Goal 6. Effectively utilize technology services within the department	Objective 6.2. Fully catalog and document databases in use in department.	Admin / IT	Objective complete	↔
		Objective 7.1. Staff training related to customer service will be provided to all staff at a minimum of once every two years with the first training occurring in 2018 and the second training occurring no later than 06/30/2020.	CCPH-wide	below target for 2019	↓
Foundational	Goal 7. Provide excellent customer service.	Objective 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Complete by 6/30/2020.	Vital Statistics	below target for 2019	↓
		Objective 8.1. Implement a schedule for regular staff safety drills (for example fire, active shooter, severe weather) by June 30, 2020.	Admin / Safety	target achieved	↑
Foundational	Goal 8. Provide a facility that can better serve the public and enhance work environment for staff.	Objective 8.2. Assure that all staff have basic situational awareness training by June 1, 2020.	Admin	below target	↓
		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 June 30, 2020	Admin	Objective complete	↔
		Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020	Admin	close to target	↓
		Objective 1.1. Develop a new hire onboarding/training guide by December 31, 2020 (in line with WFD Plan)	Admin / WFD	target achieved	↑
Staff	Goal 1. Streamline training and development programs for employees.	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. REMOVED AND REPLACED WITH 1.5			
		Objective 1.4. Revise policy/form to require a written individual development plan documented in annual performance evaluation's for all staff by January 31, 2020.	CCPH-wide	below target	↓
		Objective 1.5. Revise staff performance evaluation form to be simpler and more focused on necessary performance measures by 6/30/2020.	CCPH-wide	target achieved	↑
		Objective 2.1. Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2017 and implement strategy to address results.	Admin / WFD	target achieved	↑
Staff	Goal 2. Promote staff morale.	Objective 2.2. Implement a policy to complete staff exit interviews by June 30, 2020	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 blue)
Not Started = The start date for the Objective has not occurred yet (highlighted gray) Unknown = Data isn't available to determine status (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)