Performance Management Gallatin City-County Health Department

Purpose/Objective

The purpose of this document is to provide guidance and direction to the staff of Gallatin City-County Health Department about the use of performance management to monitor and improve the functions within the health department, and improve public health outcomes. It is not intended to be used punitively, but to promote an organizational culture of continuous quality improvement.

Background

Beginning in 2010, program managers were required to create performance plans for their programs. These performance plans have been used to measure and track the progress of selected indicators for each program in each year since.

In 2013, the Gallatin City-County Health Department received a grant through the National Association of County and City Health Officials (NACCHO) to help prepare for national public health accreditation. As part of the accreditation process, a performance management system needed to be in place. The health department had many of the elements of a performance management system, but these elements weren't using a formal system to measure, track, monitor or evaluate on a department-wide scale.

Definitions:

A **performance management system** is the continuous use of the following four practices and is applied to all areas of the health department. Performance management is a data-driven approach to improve the functioning of the health department and, ultimately, improve the public's health.

Performance standards- are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as "good" or "excellent"). Standards may be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations (e.g., 100% access, zero disparities); or other methods.

Performance indicators- summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance measures- are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists available to investigate percentage of clients who rate health department services as "good or excellent").

Performance targets- set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Steering Committee- The steering committee will provide oversight of the performance management system, and will meet quarterly to review all performance measures that fall within the fiscal year. The committee will also recommend quality improvement projects where they deem appropriate.

Steering Committee Governance Structure

A steering committee will be convened whose responsibility will be to provide oversight to programs on the progress of performance plans and strategic plan objectives. This committee will meet quarterly and will be responsible for ensuring linkage of QI initiatives to the programmatic performance plans and the strategic plan.

The membership of the Steering Committee will include the following members:

- Health Officer
- HS Director
- EHS Director
- One Program manager
- One Professional Staff member
- One Administrative Staff member
- Administrative support will be determined by the Health Officer

Membership will be determined to ensure that representation is reflective of the health department. Committee term will be for two years with staggered terms in order to maintain committee knowledge.

For more information on the steering committee as it relates to quality improvement, please refer to the Gallatin City-County Health Department FY14 Quality Improvement Plan.

Alignment

The following plans are all part of the performance management system.

- Agency Strategic Plan
- Community Health Improvement Plan
- Programmatic Performance Plans
- Quality Improvement Plan

Process

The health department will maintain a Steering Committee to guide performance management and quality improvement efforts. This committee will meet quarterly to review performance measures, quality improvement projects, and community health improvement plan progress, and reports progress at the beginning of the fiscal year (July) and again mid-fiscal year (January) to the department and board. A performance measurement tracking tool will be used to track all appropriate strategic plan objectives as well as all programmatic objectives that appear within each programmatic performance plan. The programmatic objectives are determined by the program supervisor and staff and may be objective(s) that requires tracking for other reporting purposes as well, such as grant funded programs, etc. This tracking tool will be used by the steering committee to assist in identifying when a Quality Improvement initiative may be implemented for particular objectives.

Staff at all levels will be involved in determining and tracking indicators and objectives to be used for Performance Management within a process overseen and conducted by the Steering Committee. This data will be reported to the Board of Health twice yearly (July and January) and recommendations for further action or plan revision will be made at these times. These semi-annual Steering Committee reports will be shared with all department staff.

Annually, the steering committee will conduct a performance management self-assessment using the Public Health Foundation's self-assessment tool:

http://www.phf.org/resourcestools/Documents/PM Self Assess Tool.pdf

This tool will allow the steering committee to assess how well the health department is addressing performance management and identify additional components that may help improve the performance of the department.