



Public Health
Prevent. Promote. Protect.

Performance Management Procedures

For the

Montgomery Township Health Department

Also Serving the Boroughs of Hopewell, Pennington, and Rocky Hill

Approved by their Respective Boards of Health, March 2016

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I. Purpose

The purpose of this plan is to establish policies and procedures for *improving the quality and measuring the performance* of the **Montgomery Township Health Department**. This Plan defines a process for linking strategic priorities to daily workflow, and ensures that improvement efforts are appropriately focused, successfully implemented, and publicly communicated.

II. Policy

The Boards of Health of the Township of Montgomery, and the Boroughs of Hopewell, Pennington, and Rocky Hill are committed to the principles of ***transparency, accountability, and quality improvement*** for the Public Health Services of the communities we serve.

The Boards endorse the use and integration of performance management and quality improvement practices for the continuous improvement of the Health Department's practices, programs, and interventions.

Performance Management identifies actual results against planned or intended results. Performance Management systems ensure that progress is being made toward department goals by ***systematically collecting and analyzing data to track results and identify opportunities for improvement***.

Under requirements of the Public Health Accreditation Standards, the Health Department will develop a performance management system to

1. Set organizational objectives across the department
2. Identify indicators to measure progress toward achieving objectives on a regular basis,
3. Identify responsibility for monitoring and reporting progress
4. Identify areas for focused quality improvement efforts, and
5. Providing visible leadership for sustaining performance management

Policy adopted December 9, 2015 at the Annual Joint Boards of Health meeting

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Graphic: Public Health Foundation

III. Performance Management Self-Assessment

In November and December of 2015, Staff members and Boards of Health representatives completed the **Public Health Performance Management Self-Assessment Tool** (Public Health Foundation, 2013). A total of 8 surveys were completed.

The results of the assessment were compiled and presented to the Boards of Health in February, 2016. A copy of the presentation is on file with the Board of Health minutes. Key findings from the self-assessment include:

Areas of strength

- + We meet Project Deadlines
- + Financial Reporting is timely, and linked to our outputs
- + We use existing sources of data whenever possible (activity tracking is already in place; we seek to link our activities with our outcomes and community priorities)

Areas for Improvement

- Customer focus and satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes). Customer Service standards are being incorporated into the Department's Standards and Measures.
- Documenting Progress in a structured PM System
- Regularly develop performance improvement or QI plans that specify timelines, actions, and responsible parties. (Current QI is ad hoc)

IV. Alignment with Other Plans: Performance Management in Context

There are six interrelated planning documents to improve health in our communities:

1. Montgomery Health Department participated in the development of the 2016-18 **Community Health Needs Assessments** for both Somerset and Mercer Counties—*What factors are impacting the health of our residents?*
2. Montgomery Health Department also participated in developing the **Community Health Improvement Plans** for both Somerset and Mercer Counties—*What steps can we take as a region to improve those identified health factors?*
3. The **Agency Strategic Plan** identifies goals and objectives within our Department’s control to improve the identified health factors, and to provide the necessary infrastructure to protect public health and safety in our jurisdiction. The priorities in our Strategic Plan align with those of the CHIPs--*What must our agency do to assure our residents’ health on a continuing basis?*
4. The **Performance Management System** allows us to measure progress in reaching our stated health improvement goals. Performance Standards and measures will be developed to reflect the priority areas in the MTHD Strategic Plan (2016-2018) Annual Work Plans—*How can we tell if we are succeeding in reaching these goals?*
5. The **Quality Improvement Plan** sets up a process for identifying where we can do better at reaching our goals and protecting health, using the data from the Performance Management System—*How can we do a better job of reaching these goals and solving emerging issues? APPROVED APRIL, 2016*
6. The **Workforce Development Plan** identifies the skills sets, training, and staffing needs required to get all of this done—*What are the “boots on the ground” people and skills we need to protect our residents? (Under Development)*

These six plans are available for public review on the Health Department website at <http://www.twp.montgomery.nj.us/departments/health/> , at the Health Department during regular business hours, or at the following libraries:

- Mary Jacobs Library, 64 Washington Street, Rocky Hill
- Pennington Borough Library, 30 N. Main Street, Pennington
- Hopewell Library , 13 E. Broad Street, Hopewell Borough

V. **Structure of the Multi-Functional Accreditation Subcommittee (including Performance Management)**

A standing Subcommittee of Boards of Health Members is established to meet oversight and working group requirements to achieve Public Health Accreditation. The work of volunteers are essential to our success in achieving Accreditation, for a Department of 5 FTE staff. The responsibilities of this unified Subcommittee are multi-functional, based on the continuing needs of the Department:

- Quality Improvement process development and monitoring,
- Performance Management process development and monitoring,
- Strategic Plan work plan development and monitoring, and
- Other monitoring roles required for Accreditation.

The Subcommittee will consist of:

- Up to 3 members of Montgomery Board of Health
- Rocky Hill Representative
- Hopewell Borough Representative
- Pennington Borough Representative
- Accreditation Coordinator
- Environmental Staff representative (Rotating)
- Administrative Staff Representative (rotating)
- Health Officer (*ex officio*)

Members will be appointed for a three-year term (to coincide with Board appointment terms when possible).

The Subcommittee will meet **Quarterly, two weeks before the Boards' scheduled meetings** (e.g. January, April, August, and November) in order to report its findings to the Boards. Additional meetings may be scheduled to address special projects.

VI. Performance Management Procedures/Responsibilities of the Subcommittee

- a. Priorities, Goals and Objectives embedded within the Performance Management System will be drawn from the county-wide Community Health Improvement Plans, and the Agency Strategic Plan (linked above).
- b. Performance Standards aligned with these objectives will be based on the "New Jersey Public Health Practice Standards", regulatory requirements, and identified Best Practices.
- c. Performance Measures will quantify activities done to meet the Standards, to measure actions within the scope of control of the Health Department.
- d. All Standards and their Measures will be tracked at least quarterly (monthly where indicated) in the "Montgomery Health Department Performance Management Tracking System" (Excel spreadsheet, Adapted from COPHI—Gaining Ground Initiative. Located on the Health Server, Health/PHAB Accreditation/Performance Management).
- e. After Year One evaluation, the Subcommittee may recommend upgrades or revisions to the tracking system, as well as additional standards and measures.
- f. The Subcommittee will meet Quarterly, two weeks before the Boards' scheduled meetings (e.g. January, April, August, and November). Additional meetings may be scheduled to address special projects. Agenda will include:
 - i. Quarterly evaluation of the measures, to determine whether the Department is on track for meeting its annual targets; to acknowledge success; and to identify areas for improvement.
 - ii. Create a list Action Items for staff to address by the next quarterly meeting.

- iii. Develop recommendations for focus areas for Quality Improvement.
- iv. Address planning, processes, and actions required to reach Accreditation Benchmarks
- v. Develop Annual Work Plan and related standards and measures
- g. New measures will be added to the performance management system based on annual review and process evaluation.

VII. Staff Roles and Responsibilities for Performance Management

- a. A staff representative (in addition to the Accreditation Coordinator) will attend each Subcommittee meeting, on a rotating basis so that all staff may participate within the year.
- b. All staff are expected to provide reporting data monthly for their designated measures.
- c. Staff are also expected to provide recommendations for additional measures, and identify opportunities for quality improvement, to the Subcommittee one week prior to its scheduled quarterly meetings.
- d. The Health Officer will assure that Accreditation and Performance Management briefings are included in the agenda of the monthly staff meetings.
- e. Training opportunities on performance management and quality improvement are included in each staff member's individual development plan (i.e. Rutgers on-line training; Gaining Ground Accreditation initiative trainings).

Measure monthly, evaluate quarterly, plan annually