**Barron County**

**Public Health**

****

**Performance**

**Management**

**Plan**

**Section I. Scope and Structure**

**A. Mission**

Performance Management is the active and strategic use of performance standards, measures, progress reports and ongoing quality improvement efforts to ensure an agency achieves desired results.

The mission of Performance Management at Barron County Public Health (BCPH) is:

To actively use performance data to improve the health of Barron County residents by using performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to make needed changes in policy or program directions to meet goals, and to improve the quality of public health practice. Performance management will drive our quality improvement processes.

**B. Performance Management Framework**

The Performance Management System for Barron County Public Health has four components:

**1. Performance Standards**

* Define the performance standards pertinent to evaluating the performance of the program
* Set goals/targets (include outcomes that are measurable and the target deadline for achievement of goal)
* Determine indicators (how will goals be evaluated- factors to monitor)

**2. Performance Measurement**

* Determine source(s) of data (if data will be retrieved from secondary sources, identify source and individual/organization responsible; if primary data collection required, devise and attach data collection form and associated data definitions)
* Decide person(s) responsible for collecting data (either retrieving data from secondary data source or for facilitating the collection of primary data)
* Determine data collection methods (frequency of data collection, process for evaluating data integrity, aggregating and reporting data, how to document missing data)

**3. Quality Improvement**

* Describe the activities that will be implemented to drive improvement to accomplish the stated performance measures
* Determine person(s)/group responsible for leading the QI activities (project facilitator)
* Determine person(s)/group responsible for monitoring improvement and making recommendation for enhancements to the process, as needed (administrative oversight)
* Refer to the Barron County Public Health Quality Improvement Plan for guidance

**4. Reporting of Progress**

* Determine person(s)/group responsible for evaluating the performance management system
* Develop a progress report template (to document the effectiveness of the performance management system, progress towards the established goals, the effectiveness of the measurement system in tracking progress, and documenting recommendations for enhancements, as needed)
* Use data to drive improvement activities

**C. Organizational Structure of the Public Health Improvement Team**

* The Public Health Improvement (PHIT) Team will accountable for carrying out the purpose and scope of the department’s Performance Management System. The PHIT is responsible for oversight of Performance Management projects.
* The Performance Management Team is composed of key BCPH staff: the Health Officer, the accreditation coordinator and two lead staff.
* The PHIT meets as needed and maintains records and minutes of all meetings.
* At least annually the Health Officer or designated PHIT member will provide a report of the performance management program to the Board of Health.

**D. Roles and Responsibilities of the Public Health Improvement Team (PHIT)**

Due to the size of Barron County Public Health, performance management responsibilities and tasks will be integrated into program team meetings and all staff will be expected to have responsibility for PM activities in at least one program. At least one PHIT member will serve on each program team and provide PM leadership to the teams.

All PHIT Members will:

* Incorporate performance management principles into daily work
* Participate in PM projects as assigned
* Participate in PM training
* Identify appropriate staff to participate in program teams
* Provide PM leadership to program teams
* Assist with the development of the annual PM plan
* Review PM reports quarterly with the PHIT and offer feedback to program teams

Health Officer will:

* Convene the PHIT
* Provide vision and direction for the PM System
* Allocate resources for PM projects
* Report (or designee) on PM activities to the Board of Health & Human Services
* Report (or designee) on PM activities to BCPH staff
* Determine appropriate media outlets and messages to communicate selected PM results to the public with public information officer assistance
* Encourage staff to incorporate performance management principles into the work of BCPH

Accreditation Coordinator will:

* Oversee the development and quarterly updating of the annual Performance Management System
* Maintain minutes of PHIT meetings

All Program Staff will:

* Participate in PM projects within program teams and as assigned
* Incorporate PM principles into daily work
* Participate in PM training
* Implement PM projects as requested

**E. Establishing Performance Management Initiatives**

Barron County Public Health will use a standardized Program Scorecard (see appendix A) to complete a systematic review of each program area on a yearly basis. The scorecard will be used to guide the performance management system. Six criteria will be looked at to establish performance standards.

1. Customer Perspective- How do we serve the community?
2. Internal Business Operations- How do we run the program?
3. Managing Resources- How do we plan for and use financial resources?
4. Learning and Growth- How do we develop personnel?
5. Internal Performance- What are the specific internal performance standards identified from answering the previous four criteria and/or from other staff input?
6. External Performance- What are the specific external performance standards (if any) required by partners? (i.e. State, Grants and Contracts, Grants, etc)

Program teams will be responsible for completing the Program Scorecard annually by November. From the completed scorecard, program staff will propose performance measures for the program to the PHIT.

The performance measure proposal will:

* Identify specific indicators
* Define why these indicators were selected to measure performance
* Indicate how the data will be collected
* Assign one staff member to be responsible for collecting and reporting data

The PHIT will review the proposed performance measures annually in November and make suggestions, if appropriate, back to the program team. By December priority performance measures for each program team will be identified and written into the yearly performance management goals. The annual performance management goals will be distributed to staff, administration and the Health & Human Services Board in January.

**F. Performance Management System Process Template**

See Appendix A for the Performance Management System Process Template

Appendix A

**Barron County Public Health Performance Management System**

**Program Scorecard**

**Program:**

**Completed by:**

**1. Customer Perspective- How do we serve the community?**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status**  |
| Who do you serve internal and external |   |  |
| Serving the community in what ways |   |  |
| What’s expected of you when serving customers |   |  |
| # Customers served and in what ways |   |  |
| Demographics of customers you serve |   |  |
| Requirements internal/external for customer service, statutory requirement to serve |   |  |
| How does your customer service affect the community? |   |  |
| Define, expand on what are the externally required Community service requirements |   |  |

**2. Internal Business Operations- How do we run the program?**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status** |
| How do you develop collaborative solutions? |   |  |
| How do your internal operations affect other programs or departments? |   |  |
| How do your internal operations affect potential future costs, i.e. cost avoidance |   |  |
| What cost avoidance measures are you using? |   |  |
|  List Federal or State mandates that control internal operations |   |  |
| How does your efficiently run program affect other programs/departments? |   |  |

**3. Managing Resources- How do we plan for and use financial resources?**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status** |
| Number of Employees |   |  |
| Costs, payroll, fringe benefits, etc |   |  |
| Historically, how have the above costs changed or remained the same |   |  |
| Are there potential large personnel cost increases coming in the future and why |   |  |
| List any long-term financial plans affecting your department |   |  |

**4. Learning and Growth- How do we develop personnel?**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status** |
| Internal training of employees: what is currently required, what are the potential future changes |   |  |
| External trainings: How often, how many, and what’s the cost, now and in the future |   |  |
| Strategic and unique skills required of this program |   |  |
| Needs for developing a skilled and diverse workforce for this program |   |  |

**5. Internal Performance- Are there specific internal performance standards identified?**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status** |
| Staff or the agency specific goals  |   |  |
| Other internal goals |   |  |

**6. External Performance- What are the specific external performance standards (if any) required by partners? (i.e. State, Grants and Contracts, Grants, etc)**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Goal (if applicable)** | **Actual / Current Status** |
| List any external goals required by partners |   |  |
| Other external goals |   |  |

As a result of this process do you see any areas where the quality improvement process is needed at this time? If yes, please list and complete a “Project Screening Criteria for Quality Improvement” form (attached and found in the quality improvement plan) for the programs top priority.