

## SPECIAL POINTS OF INTEREST

- Performance management is a forward-looking process for setting goals and regularly checking progress toward achieving those goals.
- Washtenaw County Public Health has a long history of achieving specific performance targets in public health programs through our State of Michigan Accreditation Program.
- Public Health is fully integrating performance management and quality improvement processes into our work to ensure we are monitoring and delivering efficient, effective programs and services.

## Performance Management

Performance management is a systematic process that helps an organization achieve its mission and strategic goals. It involves monitoring organizational objectives and leads to the application of quality improvement processes in order to achieve desired results. Washtenaw County Public Health has utilized performance management concepts in our work to meet state accreditation requirements for the past 15 years. With our pursuit of becoming nationally accredited through the Public Health Accreditation Board, we wanted to further embed these systems into our work. As such, Public Health developed a Performance Management Plan, which aligns with our 2015-2019 Strategic Plan objective, “Improve the effectiveness and efficiency of public health programs, services and systems through a comprehensive and ongoing performance management system and quality improvement initiatives.”

Whether developing, using or updating the plan and annual performance improvement objectives, all Public Health staff, from front desk staff to managers, as well as County leadership and the Board of Health, participates in our performance management system.

Our performance management values are:

- Visible leadership
- Transparency
- Strategic alignment
- Culture of quality
- Customer focus
- Data drives questions, not judgment

We use the preferred model of performance management developed by the Turning Point National Excellence Collaborative on Performance Management. Following this model, our performance management system includes establishing organizational performance goals, objectives and targets; using performance indicators to track progress; reporting progress at monthly managers and supervisors meetings; and selecting QI projects to achieve quality improvement.

For fiscal year 2015, Washtenaw County Public Health selected 19 performance improvement objectives based on areas where staff saw specific opportunities for a process or program improvement. After tracking monthly progress toward meeting identified targets, we prioritized four of these objectives for focused QI efforts. Quality improvement processes utilize the Plan, Do, Study and Act (PDSA) cycle, wherein staff determine root causes of problems, establish hypotheses for improvement, carry out activities designed to result in desired improvements and analyze the results. Based on the evaluation results, changes are then fully integrated or the activities are re-worked.

At the end of the fiscal year, results of the 19 performance improvement objectives and four quality improvement projects will be presented to staff, the Board of Health and Board of Commissioners.

**PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM**



# Washtenaw County Public Health Post

## Performance Improvement Objectives for FY 2015

### Health Status

- Decrease the incidence of high maternal weight gain among WIC clients from 30% to 28%.

### Preventive Behavior

- Increase the number of children aged 1 to 6 years who are tested for lead poisoning by 25% from 2,743 to 3,443.
- **Increase the proportion of children with WIC 19-35 months who are fully vaccinated from 77% to 80%.**
- **Increase the proportion of radon kits distributed that are returned for testing by December 2015 from 66% to 75%.**

### Service Delivery

- **Increase the number of Plans of Care written for enrollees by 40%. (Children's Special Health Care Services (CSHCS))**
- Increase outreach, case finding and referral activities by 300%. (CSHCS)
- Increase the proportion of the new enrollees who receive a welcome call from a nurse to 80%. (CSHCS)
- Increase the program renewal rate per month for enrollees from 3-20 years of age to 80%. (CSHCS)
- Decrease the proportion of Prescription for Health program participants who visit the market 0-3 times from 25% to 13% by December 2015.

### Data and Information Systems

- Decrease the median days for completion of foodborne cases in MDSS from 17 to 9.
- Increase the designation of testing site for chlamydia in MDSS from 73% to 95% of cases.
- Increase the treatment verification of chlamydia cases ages 25 years and under in MDSS from 87% to 95%.
- Increase the frequency that opioid overdose surveillance data are updated on website to four times per year.

### Customer Focus and Satisfaction

- **Increase the number of customer satisfaction survey responses collected to 100 per year.**

### Human Resource Development

- Increase the proportion of employees who maintain a current individual employee workplan from 76% to 100%.
- Increase the proportion of staff current on required emergency preparedness trainings from 50% to 100%.
- Increase proportion of (non-medically excluded) employees annually vaccinated for flu from 92.5% to 100%.

### Financial Systems

- Increase immunization and adult clinic billing revenue (paid) by 75% from \$15,396 to \$26,943.
- Increase public health nursing participation in qualifying Medicaid outreach time from 2 to 7 nurses per quarter.



***The four measures highlighted above are slated for comprehensive quality improvement projects this fiscal year.***

#### For more information:

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