



**Public Health**

Prevent. Promote. Protect.

**Franklin County  
Health Department**

Success Metrics Objectives Results Target  
 Performance  
 Improvement Dashboards  
 Qualitative Quantitative  
 Management Measure  
 Goals



**Franklin County Health Department**  
*Performance Management Plan*

**FY16 - FY 20**

**Created December 1, 2015**

**Updated December 11, 2017**

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## Performance Management System



A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)

As part of the Kentucky Health Department Accreditation Coordinators workgroup, Franklin County Health Department (FCHD) researched performance management systems including information from national partners and conferences. When looking for a program to implement at FCHD it was important that it was cost efficient, easily maintained in house, and provided visuals for staff, Board of Health (BOH) members and community partners to easily see if a goal has been achieved and/or the progress being made toward achieving the goal. The program that FCHD decided to use as their performance management system is Klipfolio.

## Klipfolio

Klipfolio dashboard is an online dashboard platform for building powerful, real-time business dashboards for teams and clients. Klipfolio is user friendly, cost-effective and will support the monitoring, tracking, and reporting of the FCHD performance standards, while remaining easy to manage. (<https://www.klipfolio.com/features>) Visually appealing graphic design layouts are easily generated to deliver results which can be communicated to FCHD staff, BOH members, community partners/stakeholders, and the



community at large. Upholding our mission and vision statement is imperative to our organization and implementing the Klipfolio dashboard will allow for the simplicity and flexibility to successfully accomplish this goal. Implementation of the Klipfolio Dashboard was aided by a 2015 Accreditation Readiness Mini-Grant, sponsored by the Kentucky Department for Public Health and funded by the Centers for Disease Control and Prevention through the Preventive Health and Health Services Block Grant.

## Quality Improvement and Strategic Plan Linkages

FCHD has updated Strategic and Quality Improvement (QI) plans for FY15-FY20 and worked diligently to create alignment amongst all three plans. Alignment has been created so that the achievement of goals and objectives, will in turn better the health of our community. The 2015 Performance Management Plan including goals and objectives was created in July of 2015 and helped shape the 2015-2020 FCHD Strategic Plan. Following the finalization of the Strategic Plan, FCHD revised and updated its QI plan in February of 2016. When developing the QI plan both the Performance Management Goals and Strategic Plan were distributed to FCHD's Leadership staff for review and consideration when developing QI goals FCHD would like to focus on in the near future. Teams were then developed and staff involved on those teams then revised the goals or made mini projects to reach the big goals. This allowed for all plans to be strategically aligned so that when working on one goal in one plan you are also helping to achieve a bigger and/

or smaller goal in another plan. This will not only help better our community but also ensures that all staff are aware of the organization's goals and objectives for the next five years.

Evaluation of the performance management goals and objectives is presented in quarterly reports to FCHD Leadership Team and at least annually to all staff, which helps determine the need for quality improvement within the organization. When performance management goals, objectives, and/or targets are not met, Leadership Team and/or the QI Steering Committee will begin discussion concerning the development of a QI project to improve the performance measurements and in turn further enhance the agency-wide strategic goal.

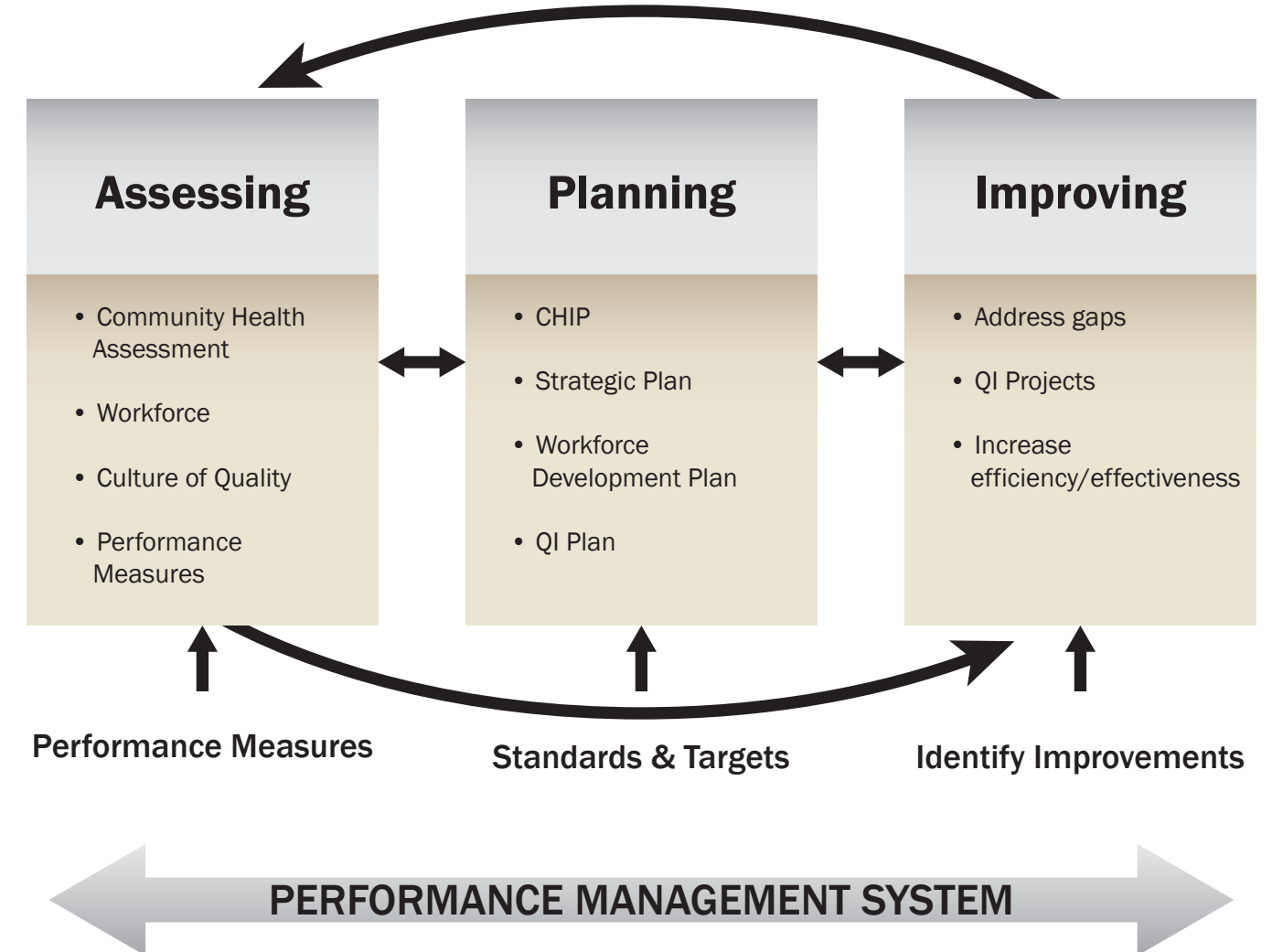
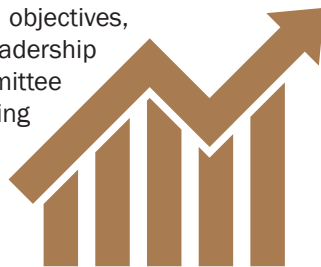


Figure 1 – Performance Management System Diagram (NACCHO)

## Identifying and Developing Performance Standards

FCHD identified performance standards for all departments within the organization. Performance standards have been created and developed for:

- HANDS (Health, Access, Nurturing, Development Services)
- Environmental Health
- School Health
- Financial
- Administration
- Accreditation/QI
- Clinic
- Community Health Education
- Billing
- Emergency Preparedness

During the March 31, 2015 Leadership Team meeting department managers and supervisors were presented with a performance management 101 PowerPoint and were given example goals and objectives from a neighboring local health department. FCHD Leadership Team were tasked with involving their staff in the development of goals and objectives and to have at least two per department identified by June 4, 2015. The performance management 101 training was presented at the June 25, 2015 staff meeting. Staff at all levels were provided time during this meeting to further review and revise goals for their internal departments. Please see Appendix A for a list of current performance management goals and Appendix B for an example of a Klip.

FY 17:

During the April 20, 2016 Leadership Team meeting department managers and supervisors were presented a recap of FY16 goals and progress. They were also presented with examples of new performance management goals from other local health departments. FCHD Leadership were asked to please take these ideas back to their individual staff meetings and ask for feedback in developing goals and objectives for their department. They were to develop at least two goals per department and identify those by June 9, 2016. The FCHD QI Steering Committee has been overseeing these goals and getting feedback from their departments on performance measures. Please see Appendix A for a list of FY 17's performance management goals.

FY 18:

During the July 11, 2017 Leadership Team meeting department managers and supervisors were presented a recap of FY17 goals and progress. They were also presented with examples of new performance management goals from other local health departments. Additionally, they were asked to review FCHD's strategic plan, QI plan, CHA, CHIP and annual budget to ensure goals and measures aligned with other plans in the agency. FCHD Leadership were asked to please take these ideas back to their individual staff meetings and ask for feedback in developing goals and objectives for their department. They were to develop at least two goals per department and identify those by next Leadership Team meeting on August 10, 2017. The FCHD QI Steering Committee has been overseeing these goals and getting feedback from their departments on performance measures. Please see Appendix A for a list of FY 18's performance management goals.

## Communication

Updates on performance management metrics will be distributed to all staff (internal News & Views newsletter and/or all-day staff meetings), BOH members (Quarterly BOH Reports), and accessible on the health department website for public view. Klipfolio dashboards will be the main form of communication distributed for updates. Communication of

updates will be dependent on how often some performance metrics are measured i.e. monthly, quarterly, annually, etc. Evaluation of the performance management goals and objectives is presented in quarterly reports to FCHD Leadership Team and at least annually to all staff after fiscal year closes and last data points have been submitted.

## Data Collection and Analysis

Data collection for each performance standard will vary based on the standard and the department collecting the data. Some data will be from internal e-reports, excel spreadsheets, tracking in house, reporting logs, BRFSS, CDC, etc. It will be the responsibility of each department to collect and monitor data pertaining to their performance standard. A master copy of the excel sheet with all performance standards and data

collected will be maintained by the Accreditation Coordinator. A reminder for data is sent quarterly to each department to please send updated information to place in the master excel sheet for upload into Klipfolio and may also be discussed during Leadership Team meetings. Data analysis is displayed in each klip showing whether percentage increases or decreases have occurred, target numbers reached, etc.

## Appendix A – Performance Management Goals, Targets and Indicators FY16

Goal	Data Owner	Data Source
Increase the number of private schools in Frankfort/Franklin County with comprehensive 100% Tobacco Free Policies from 1 to 3 by June 30, 2016.	D. Bell	Health Education
By June 30, 2016 integrate Worksite Wellness and Safety Programs into 5 different KEHP/Non-KEHP sites.	D. Bell	Health Education
By June 30, 2016 FCHD will have one DPP course completed in Franklin County with a KEHP worksite.	D. Bell	Health Education
By June 30, 2016 adult smoking rates in Franklin County will decrease by 2% from 28% to the Kentucky rate of 26%.	D. Bell	County Health Rankings
The FCHD HANDS Program will meet 62% (461 Services) of the initial allocation of services to multi-gravida families by June 30, 2016.	J. Reynolds	HANDS 2.0
The FCHD HANDS Program will serve 62% of the initial projection of MG families (20 families) from July 1, 2015 to June 30, 2016.	J. Reynolds	HANDS 2.0
An average of 5% or less of students who visit the school nurse during the school year 2015-2016 will be sent home by school nurse.	M. Searcy	School Nurse Tracking Excel
By March 31, 2016 all 605-607 establishments will have one completed inspection.	K. Palmer	EHMIS
Decrease the number of late payers by 30% by June 30, 2016.	K. Palmer	EHMIS
Update Food Handler class content and test by June 30, 2016.	K. Palmer	EHMIS
Increase the use of new peer evaluation survey by 100% by June 30, 2016.	B. Casey	Admin Tracking Excel
Improve employee understanding of evaluation process to 55% Very Familiar by June 30, 2016.	B. Casey	Employee Satisfaction Survey/Survey Monkey
Increase employee satisfaction of evaluation process by 15% by June 30, 2016.	B. Casey	Employee Satisfaction Survey/Survey Monkey
Increase unrestricted reserve from the current 47% of state recommended level to 52.5% of state recommended level by the close of FY16.	C. Weddington	FY 16 Closeout Budget Sheet
By June 30, 2016 have 60% of accreditation documentation in hand.	B. Parker	2015 FCHD PHAB Documentation Excel
Complete two Kaizen events by June 30, 2016.	B. Parker	QI Plan
Have 5 completed QI projects across FCHD by June 30, 2016.	B. Parker	QI Plan
Treatment will be provided to 90% of infected patients within 14 days of specimen collection. Treatment will be provided to 98% of infected patients within 30 days of specimen collection.	L. Aubrey	Tracking Excel Sheet
100% of those who receive MNT services and complete the provided survey will indicate an improved understanding of their medical condition.	M. McLin	Survey Results

**Appendix A – Performance Management Goals, Targets and Indicators FY17**

Goal	Data Owner	Data Source
By June 30, 2017 integrate Worksite Wellness and safety Programs into 2 different KEHP/Non-KEHP sites	D. Bell	Health Education
By June 30, 2017 FCHD will have two DPP course completed in Franklin County with a KEHP worksite.	D. Bell	Health Education
Increase the number of middle schools in Frankfort/ Franklin County participating in the Positive Potential Abstinence Program from 1 to 2 by June 30, 2017.	D. Bell	Health Education
Increase the number of private schools in Frankfort/ Franklin County with comprehensive 100% Tobacco Free Policies from 1 to 2 by June 30, 2017.	D. Bell	Health Education
By June 30, 2017 FCHD will increase the number of DPP courses in Franklin County with a KEHP worksite from 2 to 4.	D. Bell	Health Education
The FCHD HANDS program will adhere to the state recommended percentages of 70% core services and 30% MG services.	S. Rome	HANDS 2.0
An average of 5% or less of students who visit the school nurse during the school year 2016-2017 will be sent home by school nurse.	M. Searcy	School Nurse Tracking Excel
By December 30, 2016 school health will implement new electronic scanning process for school PEFS.	M. Searcy	School Health
Healthy Nutrition and snacks policy passed by SBDM at one East Side County School and one West Side County School	M. Searcy	SBDM
By June 30, 2017 school health will have August-April 2016-2017 school PEFS scanned electronically.	M. Searcy	School Health
Continue having all 605-607 establishments two completed inspections in one calendar year.	K. Palmer	EHMIS
Acquire a debit/credit card reader in the Environmental office.	K. Palmer	Environmental
Update Food Handler class content and test by June 30, 2017.	K. Palmer	Food Handler Content
Increase use of Satisfaction Survey by 100%	K. Palmer	Satisfaction Survey
100% of FCHD Employees Complete Annual Training Plan courses by November 30, 2016.	B. Casey	TRAIN
Increase employee satisfaction of evaluation process by 45% by June 30, 2017.	B. Casey	Employee Satisfaction Survey/Survey Monkey
Improve employee understanding of evaluation process to 55% Very Familiar by June 30, 2017.	B. Casey	Employee Satisfaction Survey/Survey Monkey
Increase the unrestricted reserve from 55% to state recommended level to 60% By June 30, 2017.	C. Weddington	FY 17 Closeout Budget Sheet

Goal	Data Owner	Data Source
By June 30, 2017 FCHD will have 6 of 12 domain reaccreditation narratives completed.	B. Parker	FCHD PHAB Reaccreditation Documentation Excel
By June 30, 2017 have 4 completed Storyboards/Prisms for FY16-FY20 QI Plan Projects.	B. Parker	QI Plan
By June 30, 2017 have CHIP goals and objectives entered and tracked into Klipfolio dashboard.	B. Parker	Klipfolio
All 6 Strategic Plan Goals will be entered into Klipfolio dashboard by December 30, 2016.	B. Parker	Klipfolio
Increase the number of community partners and health care providers who offer education and information to new parents about methods to calm crying infants and young children in order to prevent abusive head trauma from 3 to 5 by June 30, 2017.	S. Brunner	Contact Tracking Tool
Decrease the number of women who smoke during and after pregnancy by 10%.	S. Brunner	WIC Report from DPH
Increase WIC participation rates to 90% by June 30, 2017.	M. McLin	WIC Report
The Preparedness Staff will receive a 90% or higher response compliance by notified personnel to each Quarterly Health Alert Network Drill or Exercise within the one hour response requirement.	J. Lile	HAN System
The Preparedness Staff will attend 3 of the Quarterly LEPC Meetings.	J. Lile	LEPC
The Preparedness Staff will conduct 100% of the Quarterly Satellite Radio Test.	J. Lile	Preparedness
The Preparedness Staff will submit an updated inventory and maintenance schedule of preparedness equipment to DPH by December 31, 2016.	J. Lile	DPH
Will submit updated SNS plans to DPH by June 2017.	J. Lile	DPH
The Preparedness Staff will attend 90% of the Joint face to face ITV Meeting held by the Department for Public Health.	J. Lile	DPH
The Preparedness Staff will conduct one full scale SNS exercise and prepare an After Action Report.	J. Lile	After Action Report
Improve home health average for improved mobility from 63.3% (per home health compare) to reach the national average of 66.4%	A. Napier	Home Health Compare
Decrease our current hospitalization rate from 19.7% (home health compare) to reach the national average of 16.0%	A. Napier	Home Health Compare
Update billing manual by June 30, 2017.	M. Bucklew	Billing Manual

Performance Management Goals, Targets and Indicators FY18		
Goal	Data Owner	Data Source
Will implement a fluoride varnish outreach program in all grade levels at all 9 County and Independent Schools for the 2017-2018 school year.	M. Searcy	School Health
An average of 5% or less of students who visit the school nurse during the school year 2017-2018 will be sent home by the nurse.	M. Searcy	School Nurse Tracking Excel
To provide on-site immunization clinic in all schools during the 2017-2018 school year to help bridge the gap of children lacking correct immunizations by the 6 <sup>th</sup> grade.	M. Searcy	School Health
To evaluate HANDS's staff perception of the new HANDS electronic medical records system related to ease of use, work flow and increased efficiency by March 15, 2018.	S. Rome	Survey Monkey Satisfaction Survey
By June 30, 2018 FCHD will increase the number of DPP courses in Franklin County with a KEHP worksite from 4 to 6.	D. Bell	Health Education
By June 30, 2018 25% of DPP participants in current DPP program with FCHD will meet their 5% weight loss goal.	D. Bell	Health Education
By June 30, 2018 10% of MAPP CHIP strategies involving FCHD will be completed.	D. Bell	Health Education
Increase the number of middle schools in Frankfort/Franklin County participating in the Positive Potential Abstinence Program from 1 to 2 by June 30, 2018.	D. Bell	Health Education
Increase the number of private schools in Frankfort/Franklin County with comprehensive 100% Tobacco Free Policies from 1 to 2 by June 30, 2018.	D. Bell	Health Education
By October 31, 2018 FCHD will partner with FRMC to increase number of FFS classes from 4 to 7.	D. Bell	Health Education
FCHD will begin tracking number of individuals calling quit line to establish baseline by June 2018.	D. Bell	Health Education
To improve employee understanding of evaluation process to 55% Very Familiar by June 30, 2018	B. Casey	Employee Satisfaction Survey/Survey Monkey
To increase employee satisfaction of evaluation process by 45% by June 30, 2018.	B. Casey	Employee Satisfaction Survey/Survey Monkey
Decrease the number of employees (not including contract) that do not complete their annual trainings on-time from 4-0 by November 30, 2017.	B. Casey	TRAIN
Develop tracking tool of common mistakes on timesheets by August 18, 2017.	B. Casey	Excel Tracking Documentation

FCHD will have collected all documentation for reaccreditation by March 31, 2018.	B. Parker	FCHD PHAB Reaccreditation Documentation Excel
By December 30, 2017 FCHD will have CHIP goals and objectives entered and tracked into Klipfolio dashboard.	B. Parker	Klipfolio
FCHD will upload and submit all Documentation to PHAB by May 31, 2018.	B. Parker	PHAB
2 storyboards will be completed by June 30, 2018.	B. Parker	QI Plan
Increase clinic revenue by 10% for FY18. (Baseline FY17 – \$167,429)	S. Brunner	Clinic Billing – CDP Report
All rebilling will occur within 90 days.	S. Brunner	Clinic Billing – CDP Report
By June 30, 2018 will implement the use of a debit card reader in the office.	K. Palmer	Environmental
Emergency Preparedness will meet the 2018 DPH Deliverables.	J. Bardroff	DPH 2018 Emergency Preparedness Deliverables
To increase the months of operating cash on hand from an average of 2.54 months for FY 2017 to 2.8 months for FY 2018.	K. Fiser	FY18 Budget
To raise the percent of unrestricted reserve from 79% of the state recommended minimum (25% of prior yr. expenditures), on July 1, 2017 to 90% of the state recommended minimum by July 1, 2018.	K. Fiser	FY18 Closeout Budget Sheet
By January 13, 2018 admission packets must be updated to meet CoP requirements including patient rights, transfer, and discharge and complaint policies.	A. Napier	Home Health
By November 13, 2017 the Home Health emergency preparedness program will be in place and patients will be educated on first visit.	A. Napier	Home Health
By January 13, 2018 all new Home Health admissions will be given a copy of their plan of care with patient specific measurable outcomes and goals, visit schedule, including frequency of visits ,any treatments to be administered including therapy, any other pertinent instructions related to patient care and treatment, name and contact number of clinical manager and nurse administrator.	A. Napier	Home Health
By January 13, 2018 all home health staff will be educated and trained on updated infection control program	A. Napier	TRAIN

**Environmental**

Data Owner(s) - K. Palmer

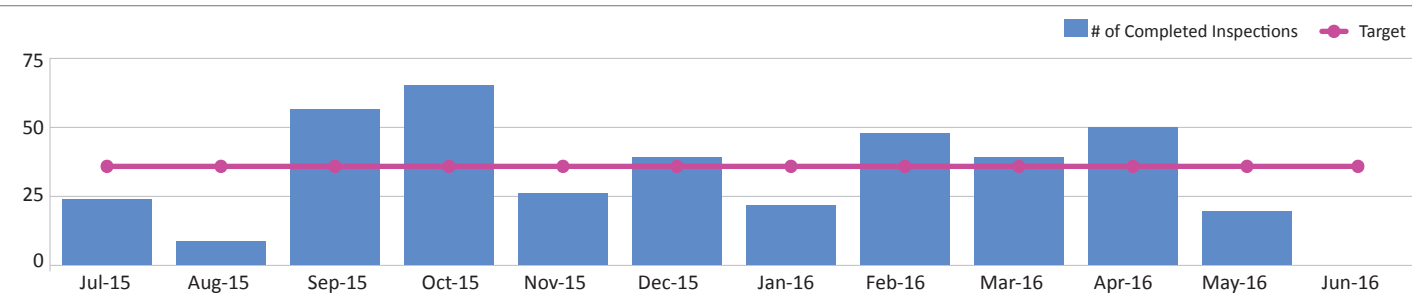
Data Source - EHMIS

PM Data Source - 2015FCHD\_PM.xlsx (SHEET:ENV)

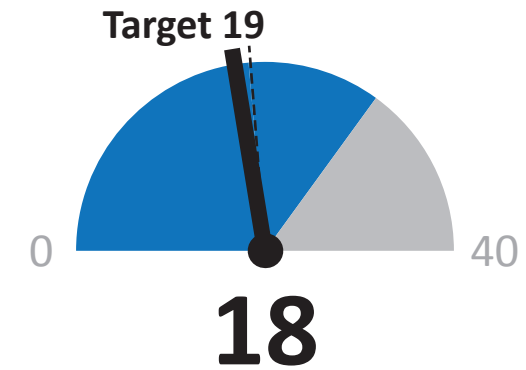
**Performance Management Goal**

1. By March 31, 2016 all 605-607 establishments will have one completed inspection.
2. Decrease the number of late payers by 30% by June 30, 2016.
3. Update Food Handler class content and test by June 30, 2016.

**605-607 Inspections**



**Late Payers**



Baseline of 28 based on FY15 Late Payers on Report 47

**Updated Food Handler Class Content**

