



# WELCOME

New Employee Orientation

*Merit*

Healthy People. Healthy Community. Healthy Future.

# WHAT IS CCHD?

- Our Mission - To improve the health of Cecil County and its residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development and assurance of quality health services and education.



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HEALTHY PEOPLE,  
HEALTH COMMUNITY  
HEALTH FUTURE

# WHAT IS PUBLIC HEALTH?



- **Personal.**
- **Global.**
  
- **It protects families.**
- **It improves communities**
  
- **Safety.**
- **Security.**
  
- **Coordination.**
- **Partnerships.**



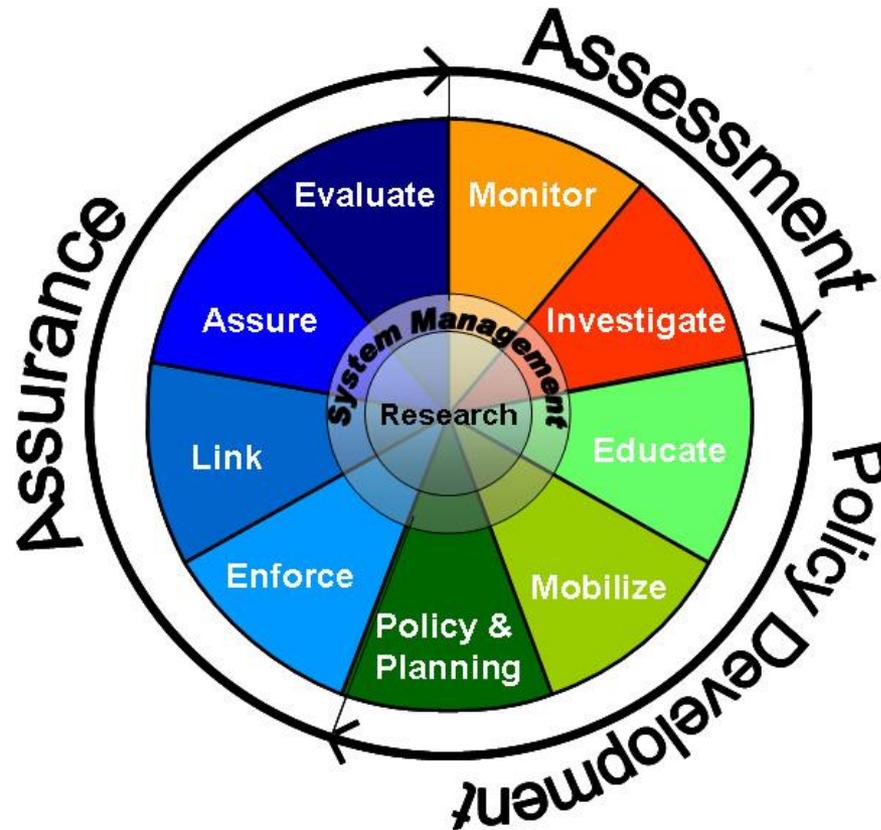
*Video compliments of NACCHO*





## ESSENTIAL PUBLIC HEALTH SERVICES

1. Monitor health status to identify community health problems.
2. Diagnose & investigate health problems & hazards within the community.
3. Inform, educate & empower.
4. Mobilize community partnerships.
5. Develop policies & plans that support individual & community efforts.
6. Enforce laws and regulations.
7. Link people to personal health services and assure provision of care when otherwise unavailable.
8. Assure competent public health & personal health care workforce.
9. Evaluate effectiveness, accessibility, & quality of health services.
10. Research for new insights to health problems.



### 3 CORE FUNCTIONS:

**Assessment**

**Policy Development**

**Assurance**

*Image adapted from the Public Health Functions Project, coordinated by The Local Public Health Institute of Massachusetts and by the New England Alliance for Public Health Workforce Development (Alliance).*



# CASE STUDY

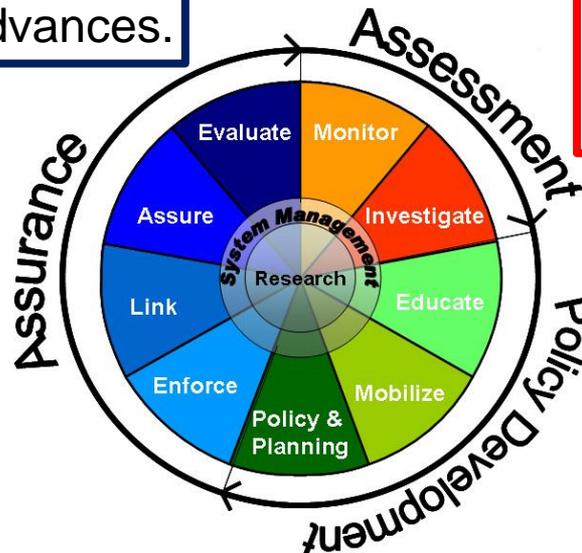
## West Nile Virus:

In partnership with local hospitals, NYC Health Department began to monitor patients being tested for unique diseases.

Monitor annual statistics; anticipate research advances.

Dead birds lead scientists to test birds. As a result, a link was discovered... mosquitoes!

Coordinate efforts for preventative spraying, monitoring businesses & sharing information.



Press conferences held & developed web pages to inform the public,

Establishing policies to regulate business. Environmental Specialists weigh in.

Health Departments work with a variety of groups to address health issues: hospitals, other LHD, veterinarians, neighborhood groups, law enforcement, to name a few.



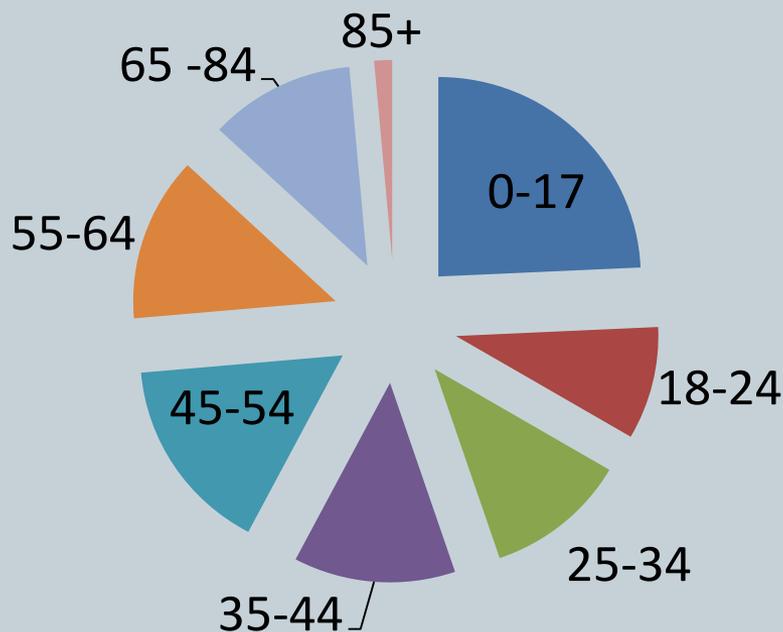
**CECIL COUNTY  
HEALTH  
DEPARTMENT**

# WHO IS CECIL COUNTY?

*Population: 102,349*

*88.19% White;  
6.76% Black/African American*

**Population by Age**



*Life expectancy:  
76.9 years*

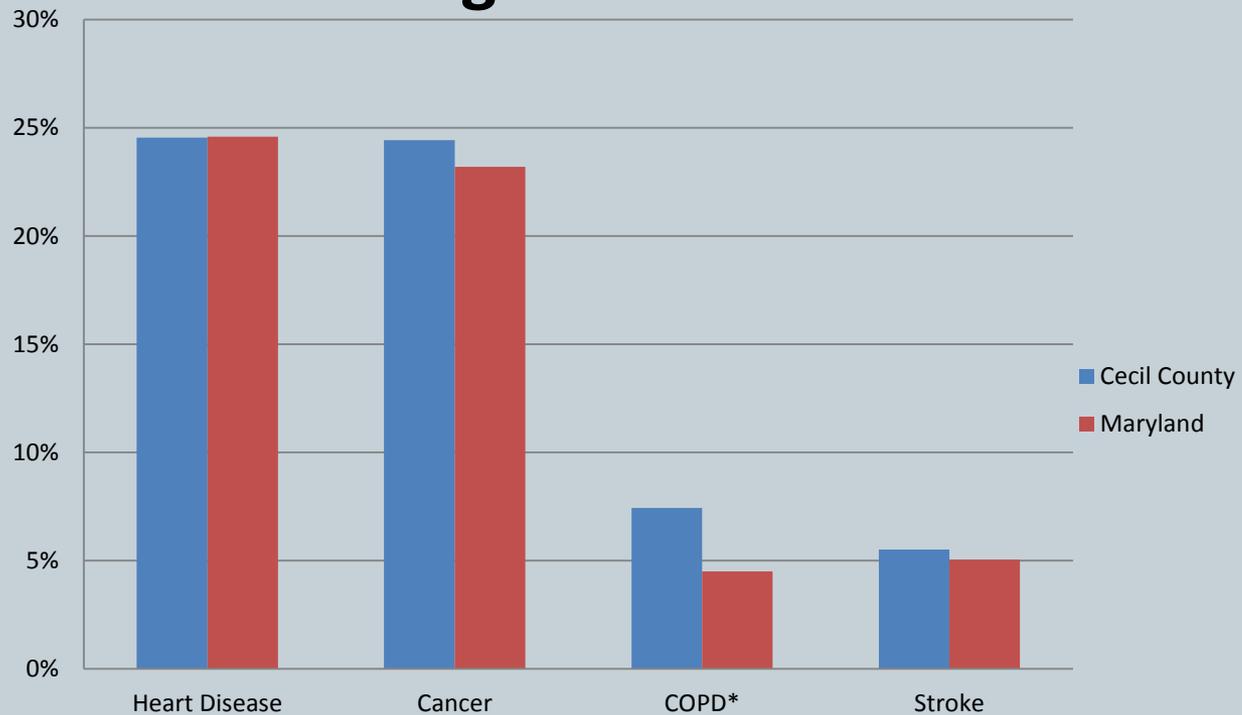
*Median Income: \$62,660*



# Community Health Needs Assessment



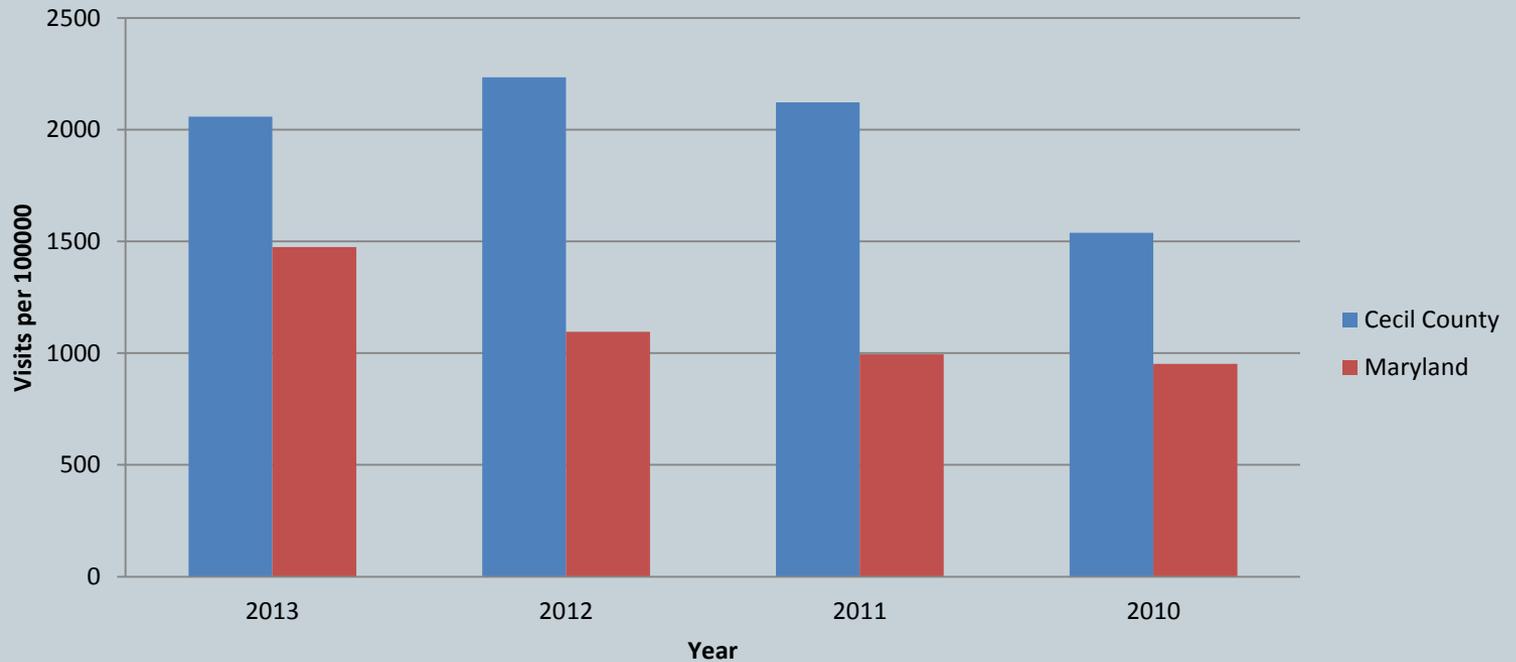
## Leading Causes of Death



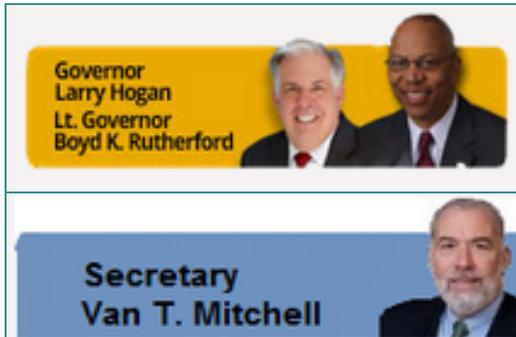
# Community Health Needs Assessment



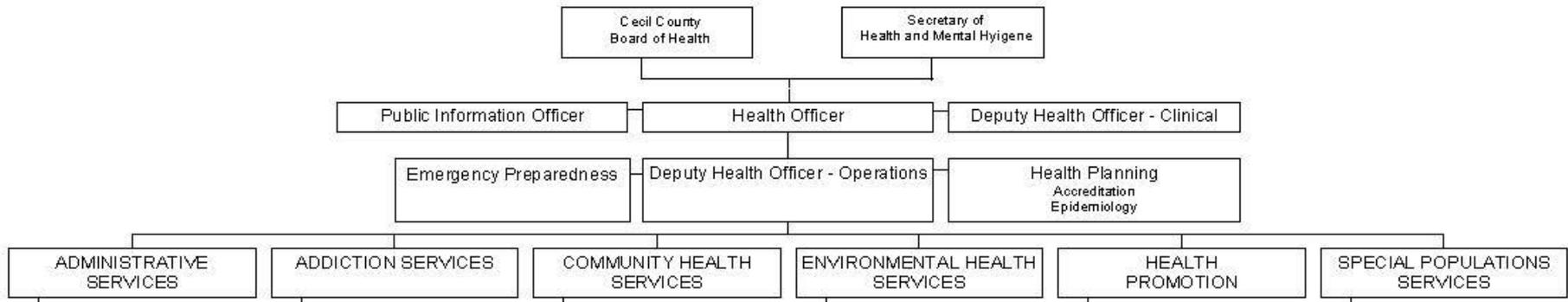
## Emergency Department Visits For Addictions-Related Conditions



# Organization



Cecil County Executive  
Tari Moore



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# LEADING THE WAY

## **Stephanie Garrity, MS Health Officer**

- 12 yrs. at CCHD
- 7 yrs. as Health Officer
- Empowering
- Open door

## **Robin Waddell, RN, MSN, CRNP Deputy Health Officer, Ops**

- 32 yrs. at CCHD
- Experienced
- Resourceful

## **Henry Taylor, MD Deputy Health Officer, Clinical**



# Alcohol & Drug Recovery Center

**Ken Collins, Program Administrator and Mike Massuli, Clinical Director**



# Administrative Services

## **Laurie Humphries, Director**

- Budget & Fiscal Management
- Human Resources & Information Technology
- Vehicle fleet & Building Maintenance
- Training & Quality Improvement
- VITAL STATISTICS (Birth & Death Certificates)
- MEDICAL AID TRANSPORTATION (non-emergency)
- HEALTH INSURANCE (MD Children's Health Insurance Program & Eligibility Determination)



# Community Health Services

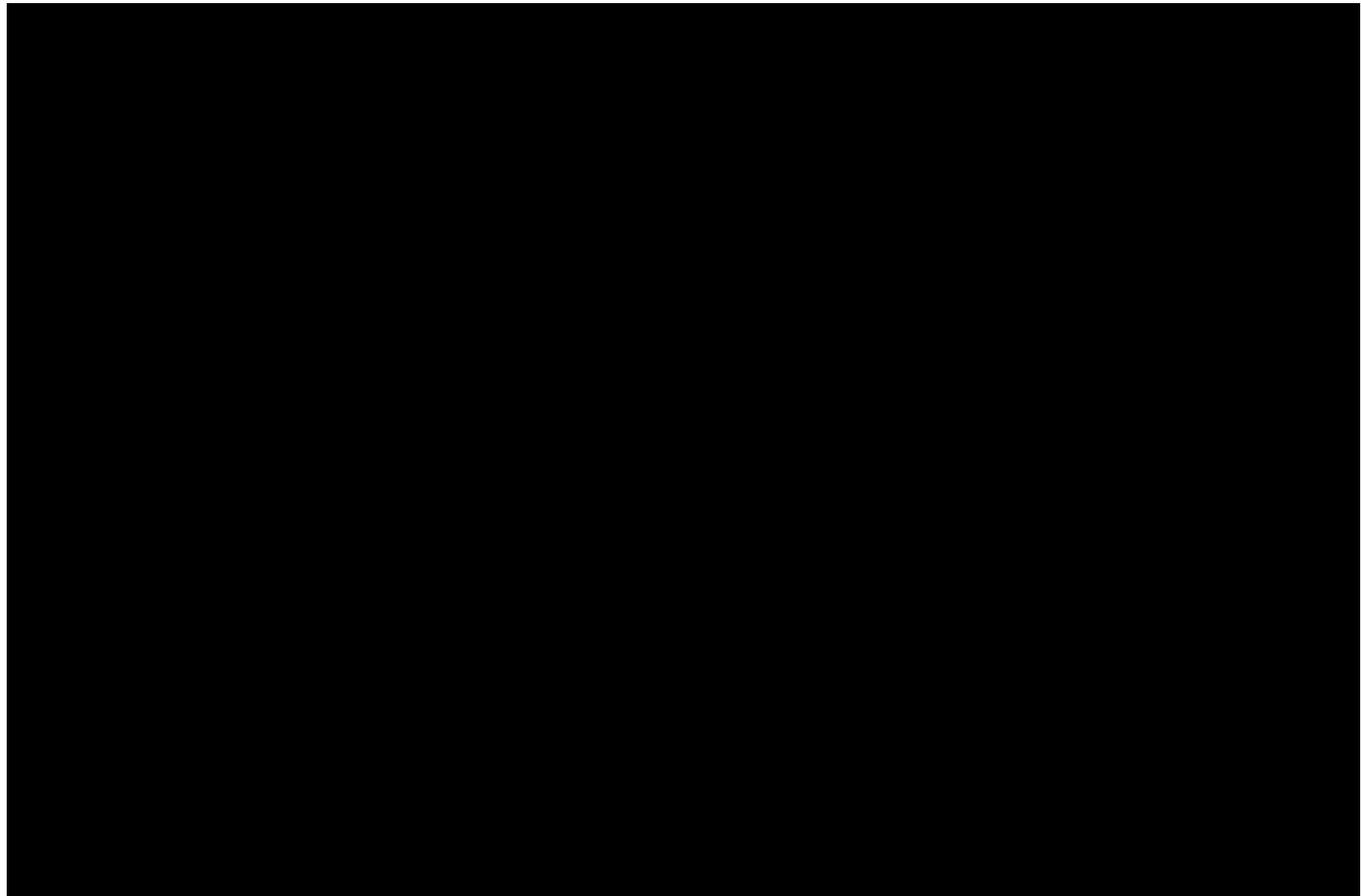
**Judi Rodemich**  
**Director**

- **Maternal Child Health**
  - Immunization Tracking
  - Infant & Toddlers Program
  - Case Management
- **Communicable Disease Control**
  - Disease Surveillance & Investigation
  - TB Screening & Treatment
  - Rabies Exposure Follow-up
  - AIDS/HIV Testing & Counseling
  - Vaccination Clinics
- **Family Planning/STD**
  - Birth Control & Exams
  - Emergency Contraception
  - STD Screening & Treatment
  - Pregnancy Counseling



# Environmental Health Services

**Fred vonStaden, Director**



# Health Promotion

## **Mary Ellen Rapposelli, Director**

- Health Education & Community Outreach Programs
  - Cancer Control
  - Cardiovascular Risk Reduction
  - Childhood Immunization Awareness
- Improved Pregnancy Outcomes
  - Community Action Teams
  - Fetal & Infant Mortality Review Board
- MD Cigarette Restitution Fund
  - Tobacco Use Prevention & Smoking Cessation



# Special Population Services

Gwen Parrack,  
Director



# COMMUNITY PARTNERSHIPS

DEPT OF  
JUVENILE  
SERVICES

PUBLIC  
SCHOOLS

DEPT OF  
EMERGENCY  
SERVICES

UNION  
HOSPITAL



DEPT OF  
SOCIAL  
SERVICES.

WEST  
CECIL  
HEALTH  
CENTER



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# STRATEGIC PLAN 2014-2019

## COMMUNITY HEALTH NEEDS ADVISORY COMMITTEE (CHAC)

1. Drug & Alcohol Abuse Council
2. Cancer Task Force
3. Tobacco Task Force
4. Health Lifestyles Task Force
5. Mental Health Core Service Agency Advisory Board
6. Child Maltreatment Task Force

## PRIORITIES

1. Expand the number of behavioral health provider options.
2. Offer preventative health services.
3. Ensure optimal access to and utilization of..services and funding.
4. Address top health issues in Cecil County.



# Employee Health

## FACT SHEETS

AIDS and HIV

Hepatitis B

Hepatitis C

Tuberculosis

- **Day 1: 1<sup>st</sup> Step PPD (TB)\***
- **Day 10:**
  1. Employee Skin Test Questionnaire
  2. Employee Health Form
  3. Blood borne Pathogen Quiz
  4. Infection Control Training Form
- **Day 14: 2<sup>nd</sup> Step PPD (TB)\***

\* *SCHEDULE:*

*Monday, Tuesday, & Friday*

*8-11AM and 1-4PM*



# Employee Health

**DHMH Policy on Influenza Vaccination for DHMH Employees working in ...Local Health Department Clinical Buildings.**

- **Safety is our priority!**
- Policy mandates:
  - Annual vaccinations for all staff.
  - Declination:
    - Medical
    - Bona Fide religious beliefs
  - Anyone not vaccinated may be required to wear masks during direct patient contact, provided by CCHD.



# JOHN M. BYERS BUILDING

## 401 Bow Street





## SECURITY

- ✓ Security Officer
- ✓ Panic Alarm
- ✓ Badges
- ✓ Hours:

M-Th 8A – 8:30PM

F 8AM - 5PM

## Tobacco Free Building

The following are prohibited: cigarettes, cigars, cigarillos, hookah, oral tobacco and vaping products.

Smoking permitted across Bow Street.

Smoking cessation: 410-996-5168

## Parking

No parking on Bow Street.

Reserved spaces are for Medical Transportation.

Access to Cecil College, Elkton Station.



# HUMAN RESOURCES

1. Probation
2. Performance
3. Compensation
4. Benefits
5. Time Away



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# PROBATION PERIOD

- 90 day written evaluation by supervisor
- 6 month minimum
  - Limited access to leave
  - Written evaluation
  - Possible 3 – 6 month extension of probation



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# PERFORMANCE EVALUATION PROCESS (PEP)

To evaluate an employee's performance;

To increase communication between employees and supervisors;

To determine training and development needs.

- 6 month intervals  
(mid- & end- cycle)
- Appraisal by supervisor, joint review & discussion, rating.
- 3 Tier (outstanding, satisfactory, unsatisfactory)
- Participate



# COMPENSATION

- Timesheets
- 8.0 hours/day
- Mandatory lunch taken during the day
- Overtime: comp time or cash
  - Based on 40 hr/week (Wed – Tues)
  - Depends on classification; see supervisor
  - PRIOR approval required



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# COMPENSATION

- 1<sup>st</sup> PAYCHECK IS PAPER
- Direct deposit thereafter, if applicable
- CHECK # FOR ACCESS TO POSC



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## MANDATORY DEDUCTIONS

- Federal withholding tax
- State withholding tax
- Social Security
- Retirement Pension
  - 7% contribution
  - Vested at 10 yrs.
- Employee organization dues, if applicable



## OPTIONAL DEDUCTIONS

- Credit Union
- Health insurance
- Deferred compensation
- Charity
- 401K (Nationwide, phone: 443-886-9402)
- Death Benefit
- Employee Assistance



## SALARY SCALE

BASE

20 INCREMENTS

INCREMENTS MAY BE  
DENIED

- Step Increase
  - Statewide increase
  - Budget availability
  - Based on start date
  - Satisfactory & outstanding ratings required
- COLA
  - Cost of Living Adjustment
  - Approved by General Assembly



# TIME AWAY

## Holidays

- Based on calendar year
- Mandated by DHMH
- See Onboarding Toolkit

## Sick Leave

- Accrue 1.5 hr sick/26 hrs worked; max 15 days/yr
- Access as accrued
- Personal or immediate family illness
- Medical appointments
- Monitor occurrences: w/o doctors notes, max. 6/yr
- Conserve



# TIME AWAY

## Personal Leave

- Access immediately
- Prorated upon start date
- Use it or lose it
- Maximum – 6 days

## Annual Leave

- Available after probationary period
- Accrue from start date
- Rolls over to next year
- 6 mth – 5 yrs = 10 days  
(accrue 1 hr leave = 26 hrs work)



# TIME AWAY

- Bereavement
- FMLA
- Leave Bank



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# EMERGENCY PREPAREDNESS



**CCHD EMPLOYEES ARE FIRST RESPONDERS**

***BE PREPARED***

**CALL DOWN EXERCISES**

***BE PREPARED***

**FEMA TRAINING**

***BE PREPARED***



**CECIL COUNTY  
HEALTH  
DEPARTMENT**

**DISASTER KIT AT WORK AND AT HOME**

# Plan

# 9

## You can do this!

Collect these nine essential items to help you shelter-in-place in the event of an emergency.

Start here

### 1 Water



One gallon per person, per day for three days.

### 2 Food



Non-perishables such as canned or packaged food.

### 3 Clothes



One change of clothes and footwear per person.

### 4 Medications



Three days' worth of prescription medications.

### 5 Flashlight



A bright flashlight and extra batteries.

### 6 Can Opener



Manual can opener in case there's no electric power.

### 7 Radio



Battery-powered radio and extra batteries.

### 8 Hygiene Items



Basics like soap, toilet paper and a toothbrush.

### 9 First Aid



Basics like antiseptic, bandages, and non-prescription medicines.

Done!



**CECIL COUNTY  
HEALTH  
DEPARTMENT**

# REQUIRED EMERGENCY PREPAREDNESS TRAINING

due (3 months) \_\_\_\_\_



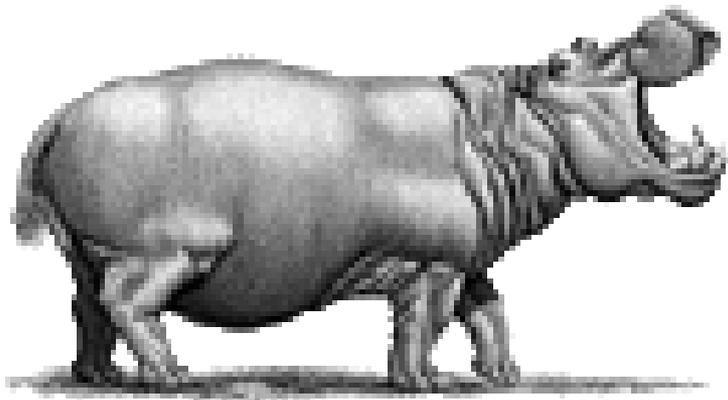
- **FEMA EMERGENCY MANAGEMENT INSTITUTE**
  - Welcome letter from EP provides links and hints.
  - IS-100.b – Introduction to Incident Command System, ICS100
  - IS-200.b – ICS for Single Resources and Initial Action Incidents
  - IS-700.a – National Incident Management System (NIMS) An Introduction
  - IS-703.a – NIMS Resource Management
- **ADDITIONAL TRAINING**
  - New Employee EP Training scheduled January/June.
  - Watch for invitation.



# POLICIES

- Dress Code
- Substance Abuse
- Sexual Harassment
- Building Policy
- AWOL
- Emergency Release
- Confidentiality
- Telephone Policy





HIPAAA!



Health Insurance Portability and Accountability Act

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# What is “HIPAA”?

- Federal legislation that requires health care entities to:
  - standardize certain electronic healthcare transactions and identifiers
  - ensure the privacy rights of patients
  - ensure security protections to maintain the confidentiality of personal health information



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# HIPAA Privacy Principles for Protected Health Information (PHI)

**Always keep patient information confidential  
and secure.**

- Treatment – OK
- Payment – OK
- Healthcare Operations
  
- Use and release the minimum necessary PHI to accomplish each purpose.



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# What Is Confidential?

*Any information about a patient in any form – written on paper, saved on a computer, spoken, etc. – is confidential. Any information that can be tied to an individual is called **Protected Health Information (PHI)** including:*

- Name & Address
- Age
- Social Security number
- Phone number
- E-mail address
- Medical record number
- Diagnosis
- Medical history
- Medications
- Observations of health
- And more...



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# Protect Patient Privacy

- **Don't** leave patient records lying around.
- **DO PUT FILES IN LOCKED DRAWERS OR PUT IN CROSS-CUT SHREDDER**
  
- **Don't** discuss patients in public areas or in front of family & friends.
- **DO MOVE TO PRIVATE SPACE.**
  
- **Don't** leave information about a patient's health voice mail.
- **DO REQUEST CALL BACK.**
  
- **Don't** leave computer screens "unlocked" with active connections to client databases when you are not at your desk.
- **DO LOG OFF COMPUTERS WHEN FINISHED**



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# Notice of Privacy Practices (NPP)

## WHAT

- Use and disclosure of patient information.
- Patients' rights regarding their PHI, and how to use those rights.

## ACCESS

- Handed to every new patient (acknowledgement of receipt)
- Posted prominently in our facility & website.



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# Summary of Patients' Rights

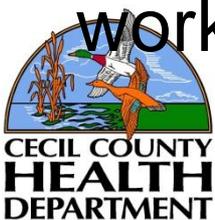
- To view and keep a copy of the facility's **NPP**
- To view and copy their own PHI
- To request amendments to information
- To request confidential communications (such as through a post office box)
- To ask for restrictions on uses and disclosures of their PHI for treatment, payment, and healthcare operations
- To receive a report of certain disclosures (releases) of their PHI
- To complain about privacy violations
- To opt out of the patient directory



# What Is Information Security?

Information security protects PHI . . .

- **Confidentiality**—Only people with a “need to know” have access to patient records.
- **Integrity**—Lab results, etc., aren’t changed or destroyed accidentally or maliciously.
- **Availability**—Patient records are there when you need them . . . computer systems are up and running, your user ID and password are working, etc.



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# Can I disclose a substance abuse patient's information?

- Be careful!
- With the patient's written consent
- Without consent:
  - 1) To medical personnel to the extent necessary to meet a bona fide emergency.
  - 2) With a court ORDER (not a subpoena).
  - 3) For limited research and evaluation purposes.
  - 4) If state law requires you to report suspected child abuse or neglect.



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# What else should I know about substance abuse patient privacy?

- Privacy rules are in effect even if the patient leaves the program.
- Fine for the **PERSON** who violates substance abuse patient privacy is:
  - \$500 for the first offense; and
  - No more than \$5,000 for each subsequent offense
- In most cases, patient records can not be used in criminal proceedings.



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# Rules for Including PHI in Email

- CCHD's policies and procedures for including PHI in e-mail messages is as follows:
  - Protect **ALL** e-mail messages that contain PHI using encryption.
- Be aware that laws may prohibit sending sensitive health information (such as information regarding mental health or substance abuse) in e-mail.



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# Rules for Faxing Patient Information

## ***BEFORE SENDING –***

- Call the intended recipient.
- Double-check the fax number.
- If you send a fax to the wrong number, contact the recipient to destroy the document, and let your privacy or security official know what happened. This is a security incident to be recorded and reviewed



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# Rules for Receiving Patient Info Faxes

- ***ANTICIPATING FAXES –***
- Request a call to warn of faxes.
- Remove faxes from machines immediately.
- Do not let faxed patient information lie around unattended.
- Pull the paper drawer out of the fax machine after hours to ensure PHI it is not unattended.



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# What is the HITECH Act?

- The Health Information Technology for Economic and Clinical Health (HITECH) Act was passed on February 17, 2009.
- The HITECH Act:
  - Provides incentives for the adoption of electronic health records (EHRs).
  - Places both the Privacy Rule and the Security Rule as front and center issues for health care providers.



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# Enforcement

- HIPAA was implemented but not enforced
- HITECH is the enforcement and strengthening of HIPAA.
- The Federal Government will be conducting audits of covered entities AND they have increased penalties for non-compliance.



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# How is HITECH changing HIPAA?

## Key provisions related to HIPAA

- Business Associates
- Breach
- Notification
- Enforcement
- Penalties



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# Breach – HIPAA v. HITECH

- Substantially the same
- Privacy violations that compromise the security of the protected health information
- Must be significant risk of harm to the individual.



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# So if you see something.....

- You notice people having confidential conversations where others can hear them.
- You notice the file room isn't being locked
- You notice an unauthorized person looking through medical records.
- You lose a flash drive with PHI on it.



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# Report an incident

- Report ANY suspected violations to your local HIPAA Officer.
- Don't wait.
- Even if you aren't sure if something is a violation it's better to be safe.



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# Notification

- 60 days from the date they knew or should have known of the breach to notify the individual(s) involved.
- Begins the date ANY employee or agent discovers the breach.
- Only applies to “unsecured” PHI.
- Breach < 500 people in covered entity
  - Individuals breached
  - Log to report to HHS annually
- > 500
  - HHS
  - Individuals breached
  - Media
  - Post on our website.



# Penalties

| Kind of Breach                             | HIPAA                                  | HITECH                                       |
|--|--|--|
| Reasonable Cause<br>(not willful neglect)* | \$100 a violation<br><br>Max: \$25,000 | \$1000 a violation<br><br>Max: \$100,000     |
| Willful Neglect -<br>Corrected             | \$100 a violation<br><br>Max: \$25,000 | \$10,000 a violation<br><br>Max: \$250,000   |
| Willful Neglect –<br>Not corrected         | \$100 a violation<br><br>Max: \$25,000 | \$50,000 a violation<br><br>Max: \$1,500,000 |



# Going forward. . .

- Increased awareness of what constitutes a violation of privacy.
- Internal audits.
- Enhanced policies and procedures.
- Security Mentor training for all our employees.



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# What do you need to do?

- Be personally responsible
- Report any possible breaches to your local HIPAA officer.
- Be aware of your actions and conversations
- Realize that DHMH will be cracking down on privacy.
- Ask if you have any questions.



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# Final Tips - HIPAA

- Be sure you know who your privacy and security officials are, and how to contact them.
  - Privacy Officer, Robin Waddell, e-mail: [robin.waddell@maryland.gov](mailto:robin.waddell@maryland.gov), ext. 3794
  - Security Officer, Lisa Pennell, e-mail: [lisa.pennell@maryland.gov](mailto:lisa.pennell@maryland.gov), ext. 3748
- Be sure to ask if you're not sure what's the "right" thing to do—whether it's about releasing PHI, disposing of an old disk, or anything else related to privacy or security.
- Be sure to report any suspected privacy or security violation or breach.



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# General Computer Information

- **Electronic Information Systems**
  - Provided to employees for business purposes only.
  - DO NOT install any software on agency owned computers or related equipment.
  - NO one except state employees should use state provided equipment.
  - DO NOT move agency owned computers and related equipment. Only the IT staff is permitted to move equipment.
  - DO NOT connect personal computer equipment to agency owned computers or related equipment.



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# Workstation Security

- Log off when no longer needed for use (end of day).
- Lock your system whenever leaving the area.
- DO NOT download software and install to the workstation.
- DO NOT share your login and password with anyone.



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# Password Management

- All accounts will have a password
- Synced with Active Directory password
- Must be at least 8 characters long.
- Must contain at least 1 number.
- Must contain at least 1 upper case letter.
- Changed every 45 days.
- Lock-out account after 3 failed login attempts.



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# Password Management Security Measures

- DO NOT...
  - write down your password(s)
  - share your password
  - use personal data such as names, dates, places for your password that may be traced to you.



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# Password “Best Practices”

- Strong passwords are complex and often hard for users to create.
- A good password length is 8 to 15 characters.
- Contain a combination of upper and lower case letters, numbers, punctuation, symbols and underscore.
- New passwords must differ from old passwords by at least 6 characters.



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# Virus Protection

- Always use anti-virus software on your home or work computer.
- All CCHD computers use Symantec Endpoint Protection.
- Virus definitions are updated daily on all CCHD computers.



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# Internet Usage

- Is monitored by CCHD and DHMH.
- Internet usage is a privilege and may be revoked at anytime.
- Downloading software of any type is prohibited.
- CCHD does permit limited personal usage of the internet as long as it is not inappropriate.
- **DO NOT** access any Social Networking website for personal use.



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# Internet – Inappropriate Use

- Examples of inappropriate use:
  - Listening to web radio
  - Viewing music or other streaming videos
  - Auction sites (e.g., e-bay)
  - Shopping sites (buying or browsing)
  - Wagering or betting (except for the State Lottery)
  - Pornography sites
  - Sports sites
  - Playing games
  - Using internet-based instant messaging services
  - Downloading unauthorized programs – including screen savers
  - Composing and sending inappropriate e-mail.
  - Downloading pictures (even family ones)
  - Sending protected health information (PHI) without approved encryption or password protection



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HEALTHY  
PEOPLE,  
HEALTHY  
COMMUNITY,  
HEALTHY  
FUTURE

- **ENGAGE**
  - Welcome
  - Team
- **EDUCATE**
  - Training
  - Quality Improvement
- **EMPOWER**
  - Toolkit
  - Bulletin Board Service



HEALTHY  
PEOPLE,  
HEALTHY  
COMMUNITY,  
HEALTHY  
FUTURE

- **EMPOWER**
  - Toolkit
  - Bulletin Board Service
- **EDUCATE**
  - Training
  - Quality Improvement
- **ENGAGE**
  - Team
  - Why are we here?



# GOOGLE MAIL

- ❖ Tutorials are helpful
- ❖ Consistency
- ❖ Efficiency
- ❖ Groups
- ❖ Teamwork
- ❖ Shared Drive
- ❖ Google Docs
- ❖ Standard Signature

- ## Standard Signature

-  Settings

- Signature:

No signature



Name  
Title  
Cecil County Health Department  
401 Bow Street  
Elkton, MD 21921  
phone: ### ### ####  
email: first name.last name@maryland.gov

  
CECIL COUNTY  
HEALTH  
DEPARTMENT

[www.cecilcountyhealth.org](http://www.cecilcountyhealth.org)  
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Insert this signature before quoted text in replies and remove the "--" line that precedes it.

-  Add logo (see Links for URL)
-  Add website (see Links for URL)

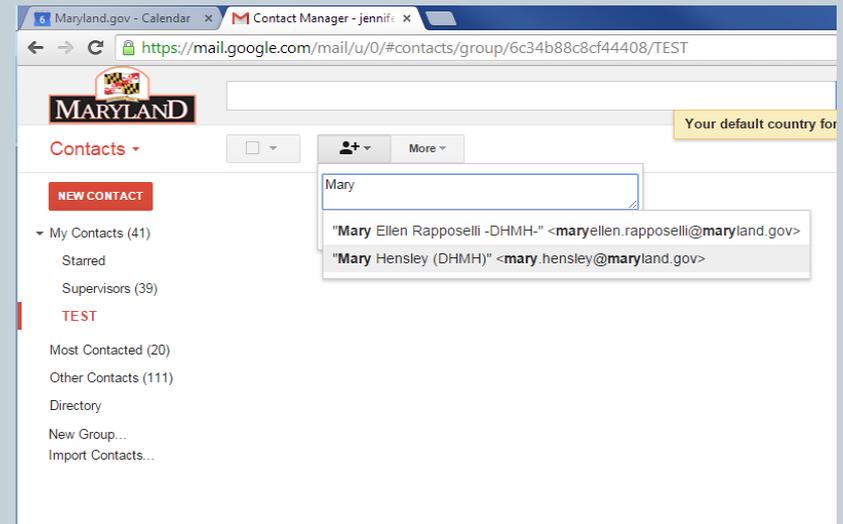
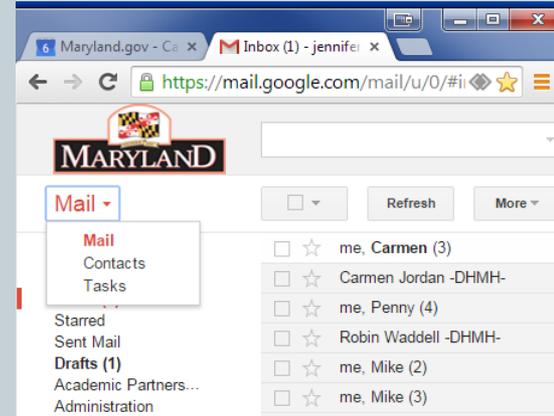


# GOOGLE MAIL



- GROUPS
  - CONTACTS
    - New Group
      - Enter new group name
    - Select Group
      - “Add to GROUP”

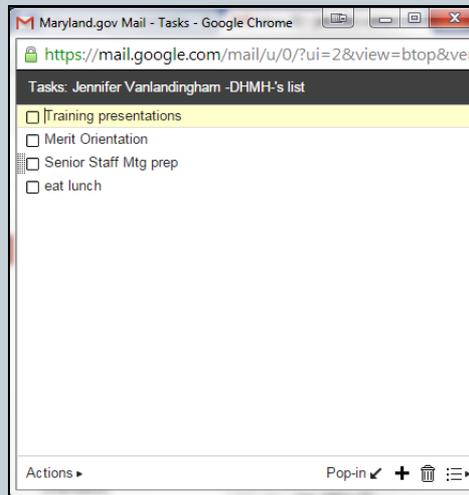
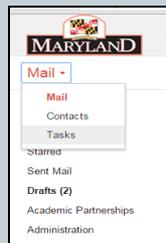
*Enter Group as email address.*



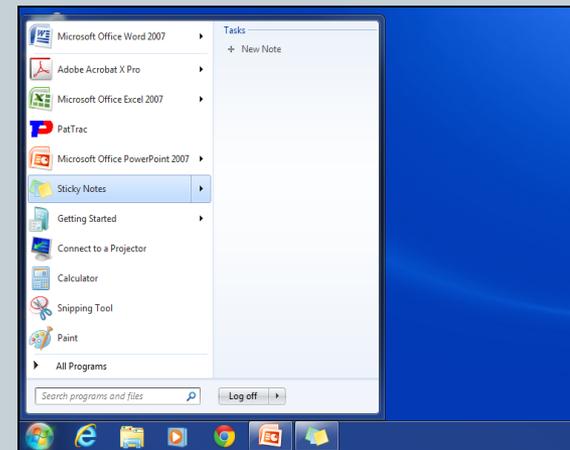
# WORK SMARTER, NOT HARDER

## GOOGLE TASKS

- Track
- Organize



## STICKY NOTES





## CALENDAR

- Organize day, reminders
- Email guests
- Book rooms

The screenshot shows a web interface for creating an event. At the top, there's a search bar and navigation buttons. The event title is "Health Promotions Training". The date and time are set to 1/6/2015 from 2:00pm to 2:30pm. There are options for "All day" and "Repeat...". Below that, there are fields for "Where", "Video call", "Calendar" (set to Jennifer Vanlandingham -DHMH-), and a "Description" box containing "Review Employee Training Guide, HUB, BBS, Google". There are also sections for "Attachment", "Event color", "Notifications" (set to Pop-up for 10 minutes), and "Show me as" (set to Busy). A "Visibility" section is at the bottom. On the right side, there's a "Add: Guests | Rooms, etc." section with a list of rooms to add, including "Outreach", "DHMH", and several "DHMH-Cecil-CR-401Bow-Auditorium" rooms. There are also options to "Show only available", "modify event", "invite others", and "see guest list".

## DOODLE POLL

- Coordinate multiple schedules
- Free with option to set up with email address
- Opt for FREE
- <http://doodle.com/>

The screenshot shows the Doodle website homepage. The headline is "Doodle simplifies scheduling" with the subtext "The scheduling tool you'll actually use. Find a date for a meeting 2x faster". There's a "Free" badge and buttons for "Schedule an event" and "View example". Below that is a calendar interface for January 13, 2015, showing a grid of time slots (9:00, 11:00, 2:00, 4:00, 8:00) and names (Tom, Paula, Chris) with checkmarks indicating availability. The page also mentions "mentioned at" with logos for TNW, TC, BBS, and WSJ. At the bottom, it says "Doodle cooperates with your calendar" and "No switching between your calendar and Doodle". There are logos for Google, Yahoo!, and iCal.

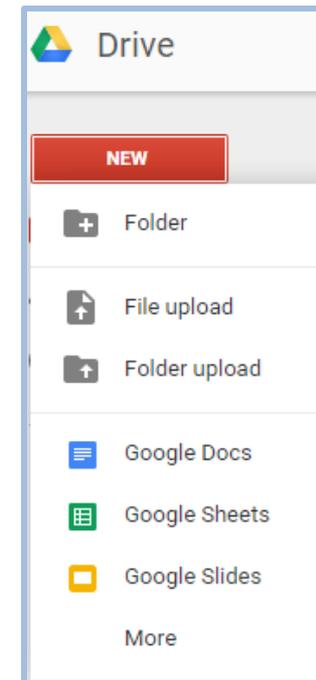
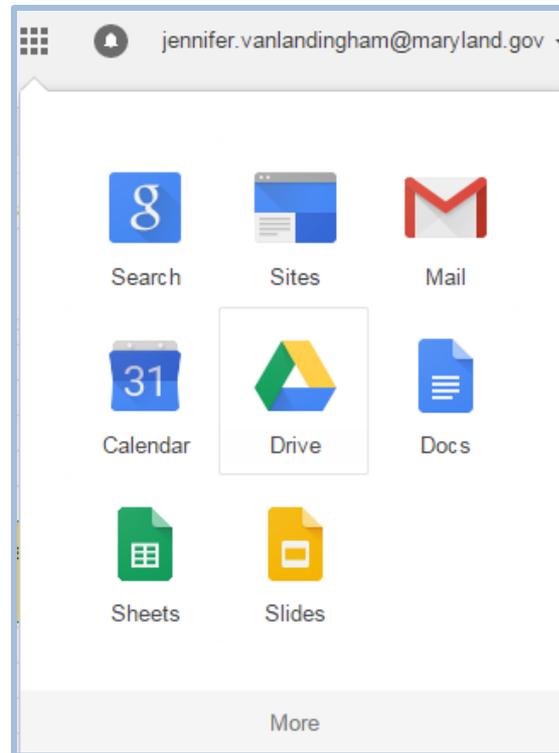
The screenshot shows the "Schedule an event" form on the Doodle website. The form has a progress indicator at the top: "1. General" (selected), "2. Time proposals", "3. Settings", "4. Invite". The form fields include: "Title" (with a question mark icon), "Location (optional)", "Description (optional)", "Your name", and "E-mail address". At the bottom, there are "Back" and "Next" buttons. A small note at the bottom right says: "You will receive the link to administer your poll at the address. This will NOT automatically open any Doodle account."



# GOOGLE DOCS INTRODUCTION

Collaborative tool  
for editing  
documents in real  
time.

- Shared access
- Automatic save feature
- Tracks revision by user



# ONBOARDING TOOLKIT

Progress

Communication

Online

1. CHECKLIST
2. RECOMMENDED LINKS
3. ACRONYMS
4. INSTRUCTIONS

Onboarding Checklist ☆

File Edit View Insert Format Data Tools Form Add-ons Help Last edit was yesterday at 10:41 AM

Cecil County Health Department Onboarding Checklist

| Cecil County Health Department Onboarding Checklist  |             |  |       |  |
|--|-------------|---|-------|--|
| Name   | Start Date: | Division  |       |  |
| Title  | Room:       | Supervisor:   |       |  |
| Type (Merit, SP, TE)   | Extension:  | Mentor:   |       |  |
|  | Owner       | Completed (initials / date)   | Notes |  |
| <b>Selection</b>   |             |   |       |  |
| Employee requiring Trainee status application: letter forwarded to HR with selection document for inclusion in new hire paperwork.             | Director    |   |       |  |
| Schedule appointment for fingerprinting and fill out new hire paperwork  | HR          |   |       |  |
| Requested new employee system access   | Director    |   |       |  |
| <b>Two Weeks Prior/Papers signed with Carmen</b>   |             |   |       |  |
| Assign responsibility for Onboarding in the division.  | Supervisor  |   |       |  |
| Set up workstation   | Supervisor  |   |       |  |
| Copy of current license(s)   | Employee    |   |       |  |
| <b>First Day</b>   |             |   |       |  |
| Welcome to CCHD and Public Health  | Jennifer    |   |       |  |
| Who is Cecil County?   | Jennifer    |   |       |  |
| Introduction to Senior Staff and the Divisions   | Jennifer    |   |       |  |
| Introduction to the Strategic Plan   | Jennifer    |   |       |  |
| Explanation of Probationary Period   | Jennifer    |   |       |  |
| Explanation of Performance Evaluation Process (PEP)  | Jennifer    |   |       |  |
| Compensation, Benefits, and Time Away  | Jennifer    |   |       |  |
| Emergency Preparedness   | Jennifer    |   |       |  |
| Introduction to CCHD Policies  | Jennifer    |   |       |  |
| Google Tutorial  | Jennifer    |   |       |  |
| Employee Health  | Jennifer    |   |       |  |
| HIPAA and Information Technology   | Jennifer    |   |       |  |
| Tour CCHD  | Jennifer    |   |       |  |
| Hazardous waste kits   | Mentor      |   |       |  |
| Job-specific materials and training  | Mentor      |   |       |  |
| Division tour - supply closet, copiers/fax, bathrooms, fire exits, hazardous waste kits, kitchen, panic button, shredders, extra recycling bin | Mentor      |   |       |  |
| Division contact: calling out, tardy   | Mentor      |   |       |  |
| Timesheets: loading, tutorial, due dates and process.  | Mentor      |   |       |  |

+ Checklist Recommended Links Acronyms Instructions

# INFORMATION SHARING

## BULLETIN BOARD SERVICE, BBS Share (U:)

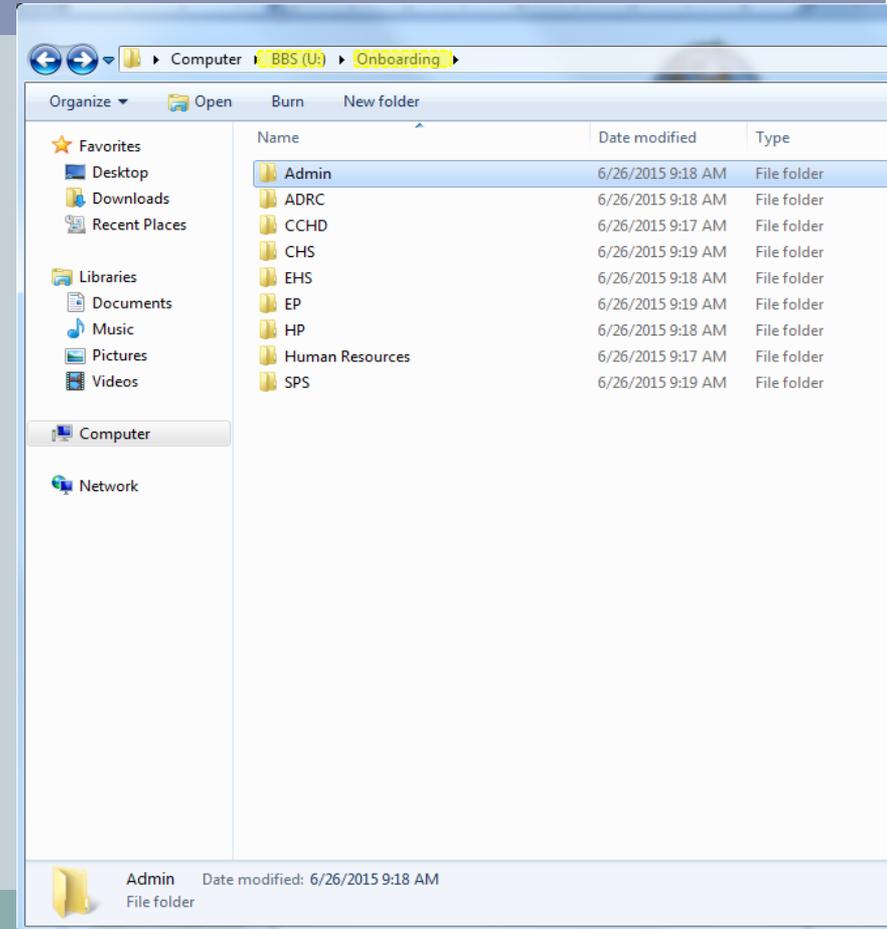
### ➤ COMMUNICATION

- Meeting minutes
- Policies and Procedures
- Templates

### ➤ SEARCH FUNCTIONALITY

- Updated forms
- Living documents

### ➤ ONBOARDING RESOURCE





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HEALTHY PEOPLE.  
HEALTHY COMMUNITY.  
HEALTHY FUTURE.

# TRAINING

## Requirements & Opportunities

# EMPLOYEE TRAINING GUIDE



- “CCHD offers a culture in which employee learning is prioritized as essential to establishing and maintaining a successful workforce. Employees are afforded the means to grow professionally and personally through varied training opportunities. There are two types of training: required and self-directed.”
- Mandatory Training
- Licensure CEU
- Professional Development





## ➤ HUB

- Toolbox of knowledge
- DHMH facilitated series
- Mandatory Online
  - New Hire
  - Varied Frequency
- Annual training
  - Corporate Compliance
  - Nurse Dispensing
- Every 2 years
  - Interview Panel Briefing
- Every 5 years
  - Driver Improvement Program

## ➤ SkillSoft

- Online courses
- Business & personal development
- 1-6 hours
- Jennifer, x3761, for login

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TRAINING SERVICES DIVISION

A - Z Index | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | En Español |

Training Services Division > Home

**Building a Better Workplace**

About Us | On-line Learning | Learning Resources

SkillSoft | Managing Matters | Forms

**THE HUB** Learning Management System **Quick LOGIN**

To learn how to obtain your HUB username click here.

Last Modified: 10/14/2014 12:58 PM  
 Contact the Department | Accessibility | Privacy Notice | Terms of Use  
 | User Login

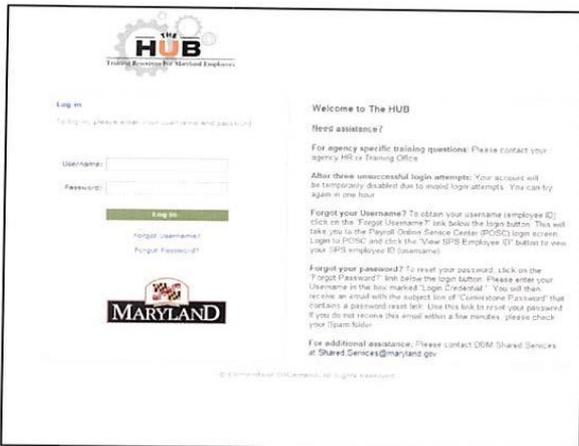
201 West Preston Street - Baltimore, MD 21201 - (410) 767-6500 or 1-877-463-3464

**Living material.  
 Expanding options.  
 Communication.**



# INTRODUCTION TO THE HUB

## LOGGING ON:



The screenshot shows the login interface for 'The Hub' (Training Resource for Medical Engineers). It includes a 'Log in' section with fields for 'Username' and 'Password', and a 'Log In' button. Below the button are links for 'Forgot Username?' and 'Forgot Password?'. To the right, a 'Welcome to The Hub' message provides instructions for new users, including how to obtain a username (Employee ID) and a password (via a 'Forgot Password?' link). The Maryland State Seal is visible at the bottom of the page.

- TO BE CONFIRMED WITH NEW PROCESS...
- Access The Hub at the following web address: <https://stateofmaryland.csod.com>.
- Enter your username in the Username field. NOTE: Your username is the “W” employee ID number. For example, “W1234567”. If you do not know your Employee ID, please see the instructions for New Employees that precedes this section.
- If you have already visited The Hub before, you would have set up a personal and unique password for yourself. If you have not visited before, the default password for The Hub is **“P4ssword”** (capitol P, 4, and zero). You will be asked to change this password to your personal password upon entry to the website.
- Click the Log In button to access The Hub home page



- Options: Curriculum, Online and Event.
- Certificates – Save as file and email as attachment.

The screenshot displays the 'The Hub' website interface. At the top left is the logo for 'The Hub', which features a red and yellow checkered pattern with the words 'The' and 'Hub' in white. Below the logo is a dark navigation bar with the following menu items: HOME, HUB ANNOUNCEMENTS, LEARNING (highlighted), KNOWLEDGE, SP'S HELP CENTER, and THE HUB HELP CENTER. Below the navigation bar is a breadcrumb trail: View Your Transcript | Browse for Training | Events Calendar.

The main content area is divided into two columns. The left column contains a 'Show All' link, a 'Training' section with a 'Clear' button and a grid of icons representing various training topics, and a 'Certifications' section. The right column features a 'Global Search' section with a search input field, a dropdown menu set to 'Training', and a 'Search' button. Below the search bar, the text 'Training results (64)' is displayed. The search results list the following items:

- PowerPoint 2007: Up to speed with PowerPoint 2007**  
External Online | External Training  
This course includes: Three self-paced lessons and two practice sessions for hands-on experience. Practices require PowerPoint 2007. A short test at the end of each lesson; tests are not scored. A Quick Reference Card you can take away from the course.
- DHMH-The Hub Portal Introduction**  
Curriculum | DHMH
- DHMH-Nurse Dispensing Program**  
Curriculum | DHMH  
Annual. Required of Nurses who need to dispense medications.
- DBM-Disability and the ADA in the Workplace**  
Online Class | State of Maryland  
This course will help you become familiar with the Americans with Disabilities Act. You will learn about working with and managing disabled employees. This course is informational only. This course is not intended to make you an expert in the field. You are encouraged to inquire with the Department of Disabilities anytime you are in doubt of the co...



# REQUIRED DHMH TRAINING

due (1 month) \_\_\_\_\_



- **HUB**

- DHMH – New Employee Corporate Compliance (ANNUALLY)
- DHMH – Domestic Violence (ONCE)
- DHMH – Drug Testing Policy (ONCE)
- DHMH – Driver Improvement Program (5 YEARS)
- DHMH – Limited English Proficiency (ONCE)

- **SUPERVISORS**

- *DHMH – Supervisor Training (ONCE)*
- *DHMH – Americans with Disabilities Act (ONCE)*
- *DHMH – PEP for Supervisors (ONCE)*

- **ADDITIONAL**

- DHMH- Interview Panel Briefing (2 YEARS)
- DHMH - Nurse Dispensing Program (ANNUALLY)
- DHMH - Corporate Purchasing Card (ONCE)



# REQUIRED EMERGENCY PREPAREDNESS TRAINING

due (3 months) \_\_\_\_\_



- **FEMA EMERGENCY MANAGEMENT INSTITUTE**

- Welcome letter from EP provides links and hints.
- IS-100.b – Introduction to Incident Command System, ICS100
- IS-200.b – ICS for Single Resources and Initial Action Incidents
- IS-700.a – National Incident Management System (NIMS) An Introduction
- IS-703.a – NIMS Resource Management

- **ADDITIONAL TRAINING**

- New Employee EP Training scheduled January/June.
- Watch for invitation.





## ➤ OUT SERVICE

- BBS/TRAINING
- Allocation
- Signatures
- Out of State Travel, see Jennifer



**OUT-SERVICE TRAINING REQUEST -- CCHD FORM 1000**  
 Training Services Division, Jennifer VanLandingham  
 443-245-3761 jennifer.vanlandingham@maryland.gov

---

**Employee Information:**

|                                       |                  |                                |
|---------------------------------------|------------------|--------------------------------|
| Last Name _____                       | First Name _____ | Applicant Signature/Date _____ |
| Division/Unit _____                   | Work Phone _____ | Percent Employed _____         |
| Job Classification/Salary Grade _____ | SSN _____        | Date Entered Service _____     |

---

|             |              |                             |                          |
|-------------|--------------|-----------------------------|--------------------------|
| ALLOCATION: | INDEX: 20007 | Program Cost Account (PCA): | Object or Line # (AOBT): |
|-------------|--------------|-----------------------------|--------------------------|

---

| Course Title<br><i>attach brochure or course description</i> | Tuition \$ | Conference # CEUs | Online Y/N | DHMH / External | # Credits | Start Date | End Date |
|--|------------|-------------------|------------|-----------------|-----------|------------|----------|
| 1 _____  |            |                   |            |                 |           |            |          |
| 2 _____  |            |                   |            |                 |           |            |          |
| 3 _____  |            |                   |            |                 |           |            |          |

---

**Justification for Training:**  
**Work Study (# of hours requested):**

|                        |                                      |   |   |                  |
|------------------------|--------------------------------------|---|---|------------------|
| PAYMENT                | Credit Card <input type="checkbox"/> | Purchase Order <input type="checkbox"/> | Check (allow min. 2 weeks) <input type="checkbox"/> | Reason Check Req |
| TOTAL AMOUNT           | Check Payable to                     |   |   |                  |
| <i>Admin Use Only:</i> | Date Processed:                      |   | Mail to   |                  |

---

**SIGNATURES:**

|                              |                       |   |                                     |
|------------------------------|-----------------------|---|-------------------------------------|
| Division Director/Date _____ | Supervisor/Date _____ | Laurie Humphries, Fiscal Officer/Date _____ | Registration Coordinator/Date _____ |
|------------------------------|-----------------------|---|-------------------------------------|

CCHD-1000; 11/2015

## ➤ COURSE SYNOPSIS

- BBS/TRAINING
- Training database
- Alternative to certificates



**COURSE SYNOPSIS**

Employee: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Department/Unit: \_\_\_\_\_ Position: \_\_\_\_\_

---

|                  |       |
|------------------|-------|
| COURSE TITLE     | _____ |
| COURSE LOCATION  | _____ |
| COURSE SPONSOR   | _____ |
| COURSE DATE/TIME | _____ |

1. Please summarize the course and how it directly applies to your role at CCHD.
  
2. Please assess the quality of the course, clearly identifying your likes and dislikes.
  
3. Would you recommend this training? To whom would you recommend the course?

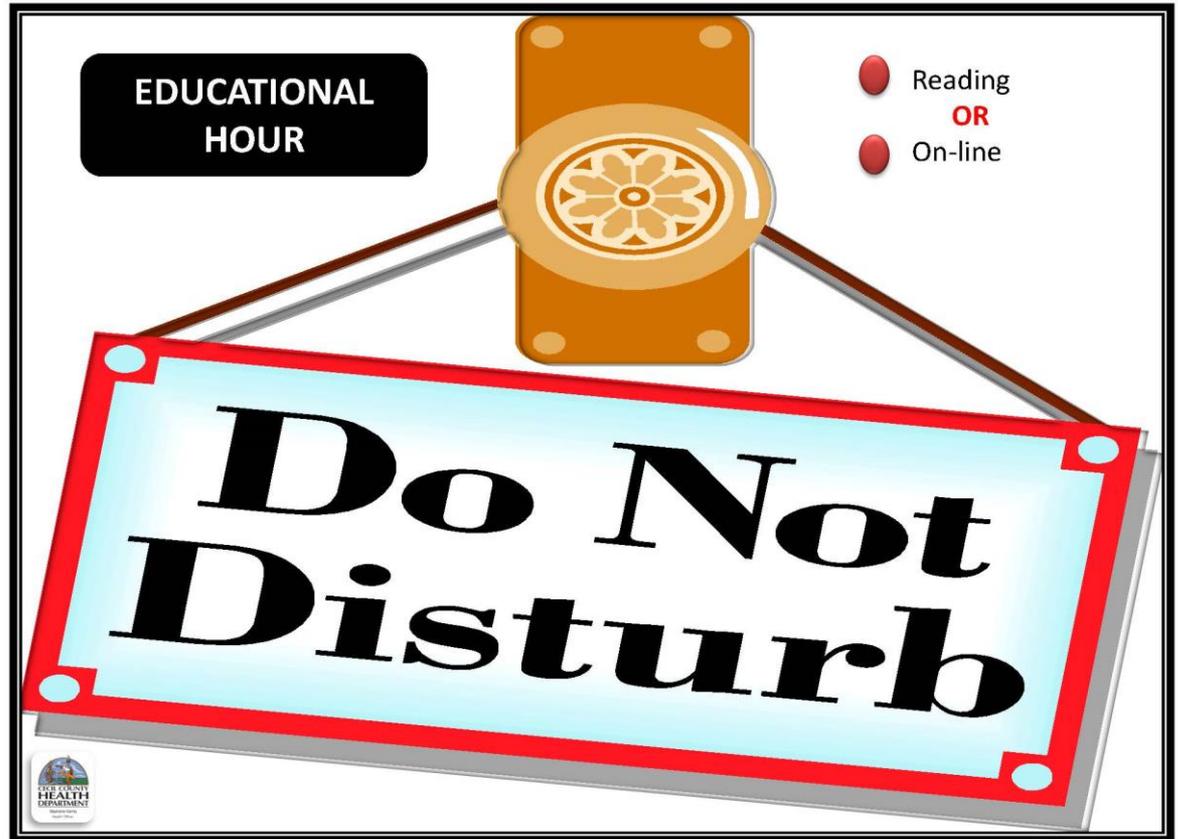
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_





## ➤ Educational Hour

- BBS/Policies and Procedures; dated 9/8/06
- 1 hour per week
- Track per division policy
- Approved by supervisor
- Reading
- Self-study courses
- Educational meetings
- Other job related activities





**CECIL COUNTY  
HEALTH  
DEPARTMENT**

# QUALITY IMPROVEMENT CULTURE

Healthy People. Healthy Community. Healthy Future.

# IMPROVEMENT

## QUESTION

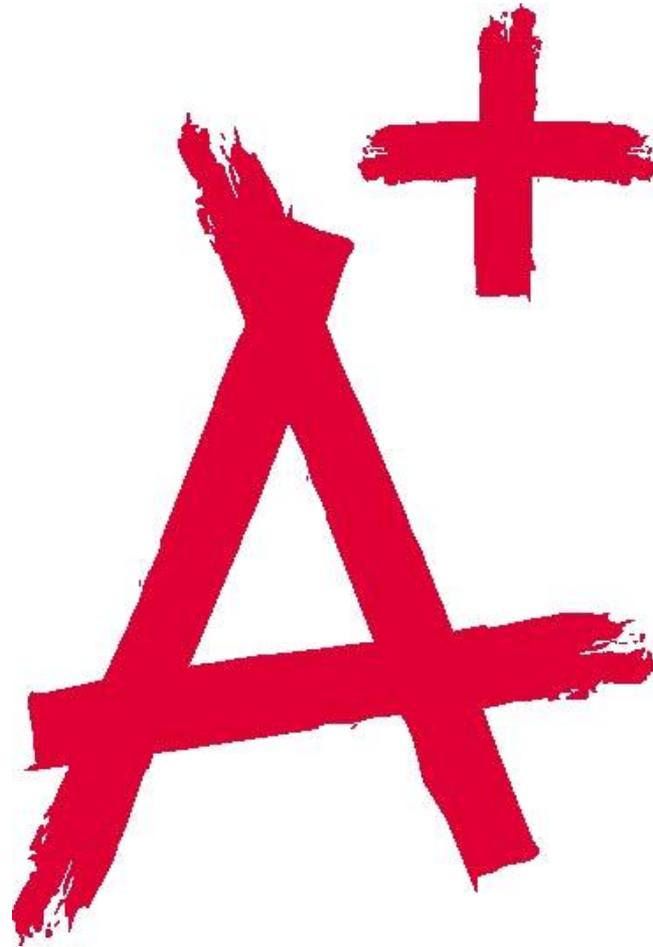
- Directions or navigate aimlessly?
- Proactive or reactive?
- Micromanaged?
- Pass/Fail or A+?

## ANSWER

- Directions
- Proactive
- Participate; share your voice
- ...



of course,



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# They are not the same...

## QUALITY ASSURANCE

- Reactive
- Works on problems after they occur
- Led by management
- Responds to a mandate or crisis
- Meets a standard –

**PASS / FAIL**

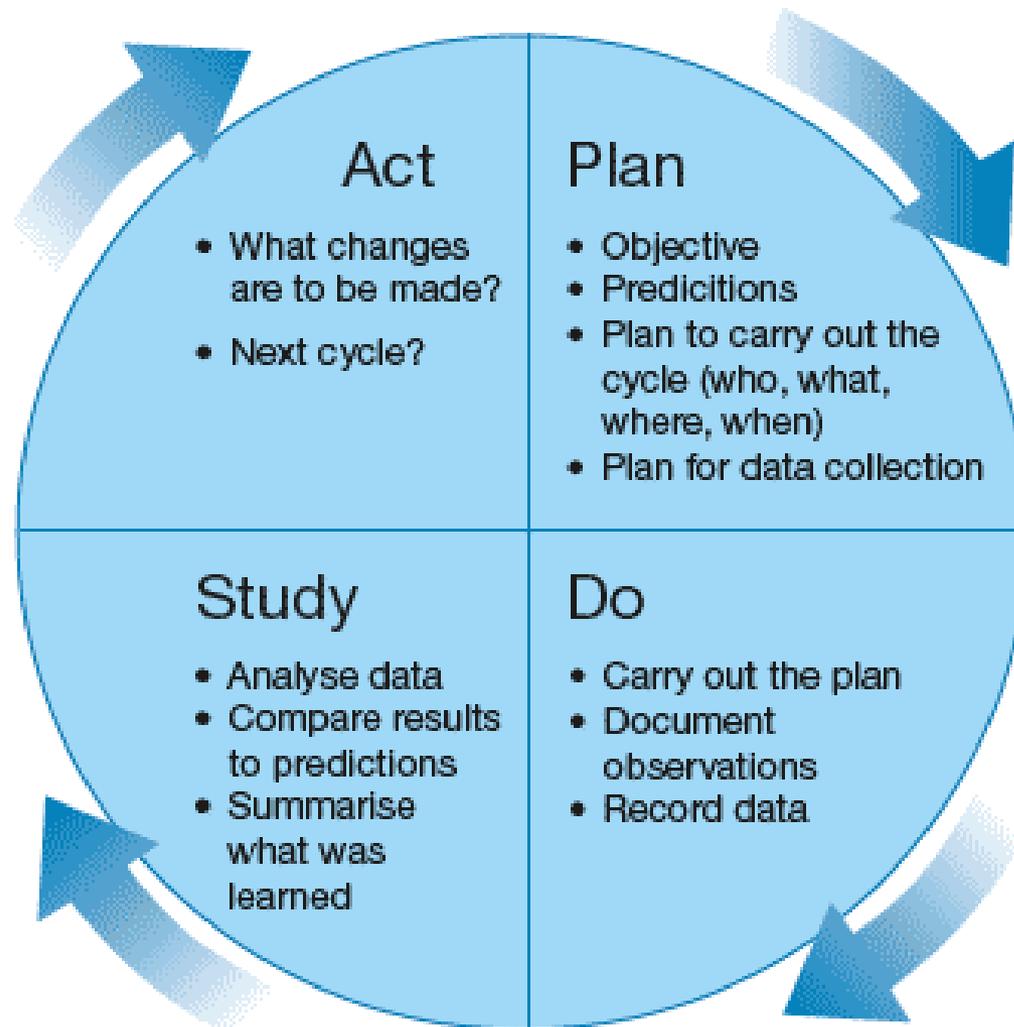


## QUALITY IMPROVEMENT

- Proactive
- Works on processes
- Led by staff
- Proactively selects a process to improve
- Exceeds expectations –

**A +**

# Plan Do Study Act



# W. Edward Demming

- Considered by many to be the father of modern quality control.
- Developed the PDSA, learning and improvement cycle.



Healthy People. Healthy Community. Healthy Future.

**This is really  
what we  
already do  
every day.**



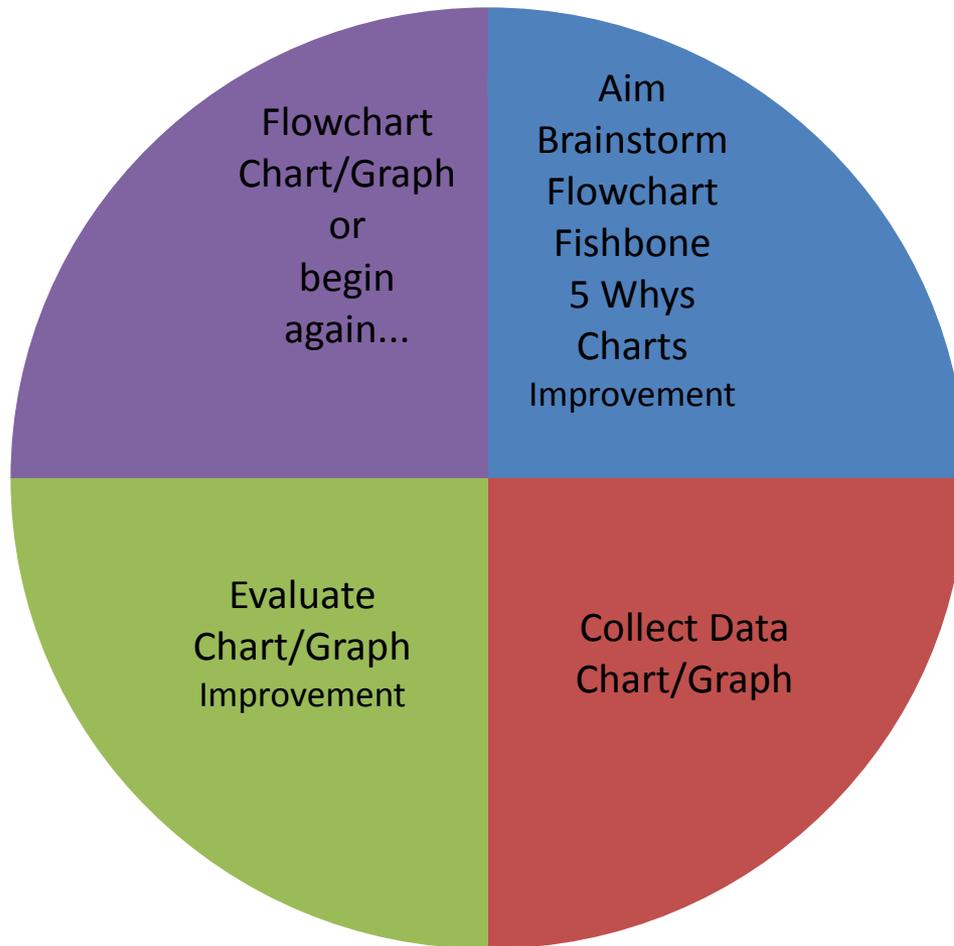
# P D S A

**ACT**

**PLAN**

**STUDY**

**DO**



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# CCHD QI TOOLBOX



*BBS/QUALITY IMPROVEMENT/TEMPLATES*



# QI TOOLBOX

## BBS/QUALITY IMPROVEMENT/TEMPLATES

- Aim Statement
- Fishbone Diagram
- Affinity Diagram
- Flowchart
- 5 Why's
- Force Field Diagram
- Matrix
  - Control Influence
  - Impact Effort
- Gant Chart
  - (under construction)
- Storyboard
- Sign-In Sheet
- Agenda
- Minutes
- Encyclopedia
- ...expanding



# BASIC QI TOOLS

## People - centric

- Aim Statement
- Brainstorm
- Affinity Diagram
- Flowchart
- Fishbone Diagram
- Force Field
- Gant Chart

## Data – centric

- Charts and graphs:
  - Pareto Chart
  - Histogram
  - Scatter Plot
  - Pie Chart



# HANDS-ON

## SCENARIO

Percentage of school children being vaccinated each flu season is decreasing. Use QI tools to address this negative trend.

### Data:

2011, 3009

2012, 2493

2013, 2345

2014, 2298

- AIM STATEMENT
- 5 Why's
- Fishbone Diagram



# AIM STATEMENT

It is very important to have a clearly defined and measureable goal. The success of the project is determined by the ability to meet this aim statement.

Specific?

Measureable?

Achievable?

Relevant?

Time-sensitive?

- a) By (Date), (quantifiable value) of (name of process to be addressed) will be (desired action).
- b) An opportunity exists to improve / redesign (name of process) for (the customer). The process starts at (value) and ends at (value) (boundaries). Success will be measured by achieving (outcome) by (date).
- c) (Measure of change) + (in what) + (by whom) + (by when).



# 5 WHY'S

DEFINE THE PROBLEM:

**Why is that happening?**

1.

Why is that?

2.

Why is that?

3.

Why is that?

4.

Why is that?

5.



# FISHBONE DIAGRAM



Process Input

Primary Cause

Secondary Cause

Problem Statement



Date Completed:

# FOCUS ON PROCESSES

- 85% of poor quality is a result of poor work processes, not of staff doing a bad job.
- Processes often ‘go wrong’ at the point of the ‘handoff’.
- Some of the most complex processes are the result of creating a ‘work around’.



*Walton, Mary. (1986) The Demming Management Method. NY Berkeley Publishing Group  
MARMASON Consulting: Quality Improvement in Public Health: It's Not Another Program*

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# HANDS-ON

## SCENARIO

Your department is addressing the process of managing information as it flows through to ensure it is efficient.

- Flowchart
- Improvement Theory



# FLOWCHART

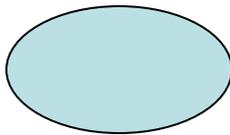
Flowcharts illustrate processes and programs. Visualizing the individual steps can highlight opportunities for improvement: delays, unnecessary steps, bottlenecks, etc.

When processes involve multiple people, department or organizations a swim lane version is recommended.

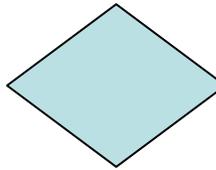
Flow runs top to bottom or left to right.

## LEGEND:

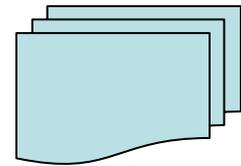
Start/Stop



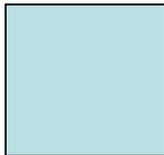
Decision



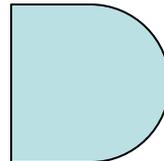
Forms



Action



Delay



Data



# QI PROJECT MASTER LIST

| CECIL COUNTY HEALTH DEPARTMENT<br>QUALITY IMPROVEMENT PROJECT |  |             |               |   |                      |                 |              |                     |   |
|---|--|-------------|---------------|---|----------------------|-----------------|--------------|---------------------|---|
| Division  | Opportunity or Aim Statement   | Team Leader | Kick-Off Date | Status  | Long-Term Short-Term | Completion Date | CQUIC review | Project Review Date | Perf Measure / Strategic Plan reference |
| Admin   | An opportunity was presented to improve and formalize the Cecil County Health Dept's Professional Development for Employees; beginning with the orientation and training program and continuing with professional development. This training regimene should increase educational levels, improve job skills and etend knowledge of the staff, which affects customers | Laurie/ Jen |               | Training funds budgeted; Training Specialist hired; Employee Training Guide implemented. To review storyboard at CQUIC meeting.   |                      |                 | 6/17/2015    |                     | 3.3.2                                   |
| Admin   | SECOND PORTION OF #1. Implementing an onboarding program to establish a cohesive and consistent process to effectively educate and engage new individuals entering CCHD, including but not limited to new hires, volunteers and student interns. The process starts on their first scheduled day and ends two months later.  | Jen         |               | Orientation presentation completed for merit, SP/TE and student/volunteers. Pilot - check. Handouts - drafted; ready for team review. Onboarding - checklist and online reference materials ready for final review. To be done - BBS online ref by division to be compiled. |                      |                 |              |                     | 3.3.2                                   |
| Admin   | Streamline clinic flow to improve data integrity and increase customer satisfaction prior to implementation of nurse despending in PatTrac.  | Tina Magnum |               | Analysis of three possible solutions. Flow chart of new process envisioned  |                      | 6/1/2014        |              | 6/1/2015            | 3.1                                     |

- COMMUNICATION
- TRACKING PROGRESS
- MOMENTUM



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# Quality Improvement Plan

- BBS/Quality Improvement/Quality Improvement Plan/
- Organizational Culture



# High Performance Teams

## What is a team?

- Offers opportunity for individual employee growth
- Members who are empowered to accomplish task
- Individual and group accountability to goals

### Characteristics of an Effective Team

Alignment (Common vision)

Interdependence

Shared leadership/ Followership

Trust/Respect

Problem solving skills

Confrontation/Conflict handling skills

Common terms/Language

Experimentation/Creativity

Assessment/Action

Celebration (Reward/Recognition)



## Who makes a team?

- Management/Sponsor
- Leader
- Facilitator
- Recorder/Scribe
- Timekeeper
- Members



# QI MYTHS VS. TRUTHS

- Myth: If I don't achieve my goal, I've failed.
- Truth: When doing QI there is no such thing as failure.



# QI MYTHS VS. TRUTHS

- Myth: QI is about weeding out the bad apples.
- Truth: QI is about processes – series of steps or actions performed to achieve a specific purpose.



# QI MYTHS VS. TRUTHS

- Myth: All change = improvement
- Truth: All improvement = change



# ACCREDITATION



- **WHAT IS ACCREDITATION\*?**

- The development and acceptance of a set of national public health department accreditation standards;
- The development and acceptance of a standardized process to measure health department performance against those standards?
- The periodic review, refining and updating...accreditation standards and the process for measuring and awarding accreditation recognition.

- **INFORMATIONAL RESOURCES**

- Local Health Improvement Plan (BBS/Accreditation/PHAB Documentation/Prerequisite Documents)
- Quality Improvement Plan (BBS/Quality Improvement/Quality Improvement Plan)
- Performance Management (BBS/Performance Management)





Continuous Quality Improvement-

*CQI is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.*

Domain –

A sphere of knowledge identified by a name; a field of action, thought or influence.

Learning Organization:

A Learning Organization is one in which people at all levels, individually and collectively, are continually increasing their capacity to produce results and improve efficiencies.

Performance Management –

1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis and 3) identifying responsibility for monitoring progress and reporting and 4) identifying areas where achieving objectives require focused quality improvement processes.

PDSA (Plan, Do, Study, Act) –

PDSA is a way to test a change that is implemented. By going through the prescribed four steps, it guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.

Quality Improvement Plan (QIP):

QIP identifies specific areas of current operational performance for improvement within the agency. A quality improvement initiative that is in the QIP may also be in the Strategic Plan These plans can and should cross-reference one another.

Workforce Development:

enhancing the training, skills and performance of public Health workers.

\* PHAB Acronyms and Glossary of Terms, 2011



# PILOT

- Evaluation
- Enhancements
- Division-specific Onboarding



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