

# Performance Management Annual Report 2015

Updated 4/16/15



# OVERVIEW

The City of St. Louis Department of Health's Performance Management System is systematic process used to regularly analyze our performance to identify areas or weakness so we are better able to focus our improvement efforts. The system itself is comprised of a visible leadership team, performance standards, performance measures, reports of progress, and quality improvement. This annual report on performance management is meant to compliment the many established reports of progress and focuses primarily on the initiatives within our annual Performance Management Plan and our goal of developing a culture of quality throughout the organization. Included in this document:

- A matrix chart listing the goals of the 2014 Performance Management Plan, the strategies implemented to meet those goals, and the current status of those strategies.
- An analysis of our Performance Management System showing an overall improvement of 13.1% in self-assessment scores. The assessment covers the areas of Visible Leadership, Performance Standards, Performance Measures, Reporting of Progress, and Quality Improvement. The public health performance management assessment tool is a best practice model developed through a national improvement initiative, "Turning Point Performance Management".
- An analysis of our Quality Culture showing a 56% improvement in survey scores. This survey is given to all employees of the Department of Health to monitor our culture of quality from the perspective of the employee.

## Annual Report on Performance Management 4/1/15

PM Plan Goal	Strategies	Measures	Target or Status Date	Target Value	Status	Lead
<b>Performance Management Team</b>						
By November 2013, meet with senior staff to develop our performance management team	Performance Management Training for Senior Staff	powerpoint presentations	5/29/13 & 10/29/2013	Complete	Completed	Rhonda
	Brainstorm How to become Performance Management leaders	affinity diagram	10/29/2013	Complete	Completed	Rhonda
	Refine logic model of a quality culture	logic model	10/29/2013	Complete	Completed	Rhonda
	Review PHAB standards and Identify barriers to a quality culture	fishbone diagram	10/29/2013	Complete	Completed	Rhonda
	Embracing Quality in Public Health- online class for all leadership	certificates	7/1/2013	Complete	Completed	Rhonda
	Identify goals and strategies for PM Team	included in PM Plan	10/29/2013	Complete	Completed	Rhonda
	Self Assessment the PM Team on performing their responsibilities	% improvement in scores	3/23/2015	+10%	New	Rhonda
By March 2014, develop a performance management plan which describes our performance management system and goals for 2014	Develop Conceptual Model of the PM system	model of our system	10/29/13 updated 3/1/2014	Complete	Completed	Rhonda
	Establish committees necessary to support performance management efforts using staff at all levels	team member list	10/29/2013	Complete	Completed	Rhonda
	Develop 2014 goals for the established committees to help us meet accreditation standards by the end of April 2014.	included in PM Plan	3/7/2014	Complete	Completed	Rhonda
	Develop Performance Management Plan	written plan	4/1/2015	Complete	Completed	Rhonda
	PDSA our Performance Management Plan in one year	updated PM Plan 2015	3/26/2015	Complete	Complete	Rhonda
	Develop annual report on performance management Plan	written reports shared with staff, governing entity, partners, & community	4/1/2015	Complete	In Progress	Rhonda
By December 2013, develop monthly reporting on performance measures for each program using a standardized template built off our conceptual model of our performance management system.	Standardized template developed	monthly report- performance measures	12/19/2013	Complete	Complete	Rhonda
	Create shared location for sharing of data	Google Drive file	12/22/2013	Complete	Complete	Rhonda
	Performance measures identified for each program	monthly reports	12/30/2014	Complete	ongoing refinement	Rhonda
	Data collection systems put in place	data collection	12/30/2014	Complete	ongoing data collection improvements	Rhonda
	Begin monthly reporting for all program areas	monthly report- performance measures	1/10/2014	Ongoing	Ongoing	Rhonda
By December 2013, develop monthly reporting on strategic plan and monitor its progress, and update the strategic plan annually in August 2014.	Standardized reporting template developed	monthly report-strategic plan	12/19/2013	Complete	Complete	Rhonda
	Create shared location for sharing of report on Google Drive	Google Drive file	12/19/2013	Complete	Complete	Rhonda
	Begin monthly reporting on all strategic initiatives	% reports turned in by 10th	1/10/2014	Ongoing	Ongoing- 50% on time	Rhonda
	Maintain a Gantt chart of strategic initiatives	Gantt Chart updated monthly	10/29/2013	Ongoing	ongoing	Rhonda
	PDSA the strategic planning process	lessons learned	10/29/2013	Complete	Complete	Rhonda
	Update strategic plan annually	updated plan	10/29/2013 8/25/14	Complete	Complete	Rhonda
	Develop annual progress report on the strategic plan	progress report	8/15/2014	Complete	2014 Completed	Rhonda
	Develop second biannual progress report to meet the requirements of 2 progress reports	progress report	2/25/2015	Complete	Complete	Rhonda
By June 2014, perform self-assessment of our performance management system using Turning Point's self-assessment tool and develop performance management plan.	Begin strategic planning process again in June/July 2015- survey stakeholders, schedule retreat	strategic planning meeting scheduled survey analysis	Jun-15		New	Rhonda
	Self-assess our Performance Management System with Turning Point's Self Assessment Tool	analysis of results	12/30/2014	Complete	Complete	Rhonda
	Group results for commonality	affinity diagram	1/23/2014	Complete	Complete	Rhonda
	Develop strategies of improvement	matrix with targets/timeframes	3/7/2014	Complete	Complete	Rhonda
	Repeat self-assessment with Turning Point tool	analysis of results	6/1/2014	+10%	Complete, +13.1%	Rhonda

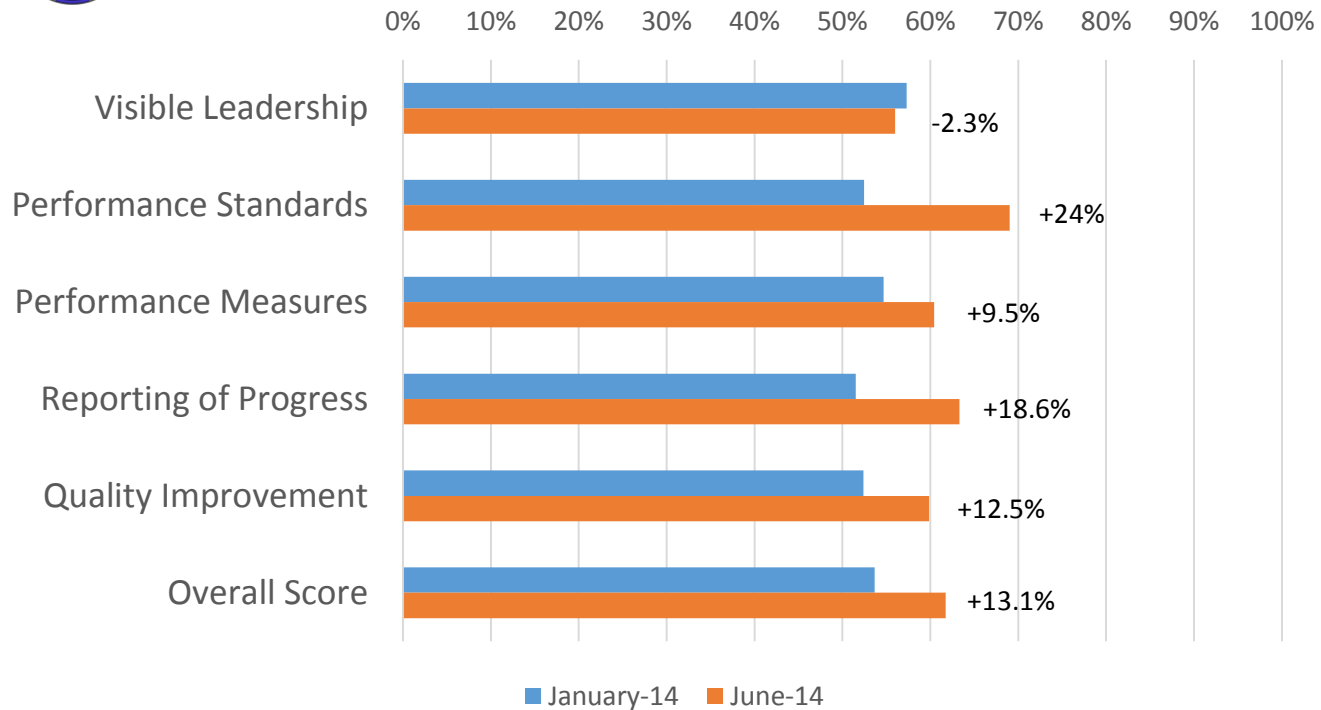
	PM meeting to review self-assessment and update strategies	updated matrix with targets/timeframes	3/23/2015	Complete	Complete	Rhonda
	Update Performance Management Plan with strategies	annual PM Plan	3/26/2015	Complete	Complete	Rhonda
Improve performance measures, data collection, and monthly reporting for all programs by the end of March 2014.	Evaluate performance measures, streamline, ensure quality measures are included	updated monthly report-performance measures	3/23/2015	Ongoing	Ongoing	Rhonda
	Monthly reports measures are assigned to staff. Data is obtain from State or other partners when available.	monthly/annually reporting	1/1/2014	Ongoing	Completed	Rhonda Carl
	Monthly Reports on Performance Measures are turned in by the 10th of the month	% reports turned in by 10th	Ongoing	100%	Ongoing- 50% on time	Rhonda
	Performance Management Team will meet quarterly to look at data and discuss improvement projects and areas to focus resources.	4/yr	7/30/2015	4/yr	Completed	Rhonda
Assure the Department is on track with strategic initiatives and is ready for PHAB accreditation. Submit PHAB application by the end of June 2014.	Assure that all final documentation being submitted to PHAB is properly labeled and electronically stored on the H drive in the "Accreditation" folder by October 31, 2014.	supportive documentation for all measures	10/31/2014	Complete	Completed	Rhonda
	Establish a mock "site visit" and evaluate the department on PHAB standards by the end of November 2014.	Completed assessment	4/1/2015	Complete	Completed	Pam
<b>Quality Improvement Steering Committee</b>						
Conduct self-assessment evaluations of services, programs, and staff in relation to performance and competency standards and identifies areas for quality improvement.	Core Competency/Training Needs Assessment	% improvement in core competency scores	2/20/2016	+5%	2014 Completed	Rhonda
	NACCHO's Self Assessment of a Quality Culture	% indicators met	Ongoing	Phase 6	Ongoing-Phase 3&4	Rhonda
	Staff survey on a Quality Culture	survey analysis	4/4/13 5/20/14 10/28/14	+10%	Completed	Rhonda
	Employee Satisfaction Survey	% improvement in survey results	1/31/2016	+5%	2014 Completed	Rhonda
	Workforce Development Survey	% improvement in survey results	3/30/2016	+5%	2014 Completed	Rhonda
	Develop survey to evaluate QI project teams	team survey	11/1/2014	Complete	Completed	Rhonda
Assist program areas with customer satisfaction surveys and analysis of results.	Survey Software purchased	Software obtained	Jan-15	Complete	Completed	Tory
	WCACH- Schools	# surveys # Responses to Surveys % improvement in survey scores	3/29/2015	Complete	Completed	Courtney
	Ryan White Program	# surveys # Responses to Surveys % improvement in survey scores	3/30/2015	Complete	In Progress	Maggie
Develop and administer quality improvement tools and processes for the public health system so that demonstrated gaps can be addressed.	Performance Management Training at All Staff meeting	% trained	11/20/2013	Complete	Completed	Rhonda
	Increase use of logic models, graphs, and other tools	# logic models	Ongoing	5/yr	Completed	Rhonda
	Increase the number of QI projects	# QI projects	Ongoing	5/yr	Completed	Rhonda
	Develop QI Project Proposal Form	# forms turned in	1/1/2014	Complete	Completed	Rhonda
	Quality Culture Training to all staff	% trained	4/4/13 5/20/14	90%	Completed	Rhonda
	Performance Management and development measures Training to CD staff	powerpoint presentation	11/20/2013	Complete	Completed	Rhonda
	QI Tools 1 training	% staff completing QI Tools 1	7/9/2014	90%	2014 Completed	Rhonda
	QI Tools 2 training	% staff completing QI Tools 2	8/27/2014	90%	2014 Completed	Rhonda
	Create a QI project starter kit	kit	7/14/2014	Complete	Completed	Rhonda
Review and update the Quality Improvement Plan annually and assures compliance with PHAB Domain 9.	PDSA the QI Plan and revise	lessons learned/updated plan	7/17/13 6/27/14	Complete	Completed	Rhonda
	Updated Performance Standards	% employee's performance standards include QI/performance management	3/28/2015	100%	Ongoing	Rhonda
	Update/improve Quality Improvement toolkit	updated forms/tools	6/27/2014	Complete	Completed	Rhonda
Facilitate Quality Improvement Teams and QI Projects and monitor all quality improvement activities.	QI Project: Performance Management	% improvement in assessment score	2016	+10%	Complete, +13.1%	Rhonda
	QI Project: Quality Culture	% improvement in assessment score	2016	+10%	Completed, +56%	Rhonda
	QI Project: Disease Investigations	% improvement in case closure of Shigella	4/1/2015	+10%	Completed- Improved 20%	Rhonda

	QI Project: Training Log	% staff with PPDP % staff with training records updated	4/1/2016	100%	In Progress	Rhonda
Initiate quality improvement activities to improve new employee orientation.	Develop powerpoint presentation to introduce new staff to strategic plan, accreditation, quality improvement, and performance management	powerpoint presentation	10/29/2013	Complete	Completed	Rhonda
<b>Workforce Development Committee</b>						
Ensure that employees receive formal and informal training through such avenues as orientations, mentoring, web-based learning, distance learning, etc.	Facilitate Personal Professional Development Plans	% employees with documented annual PPDP	3/30/2016	100%	In Progress- 5%	Rhonda
	Develop training record and policy for tracking employee training.	% staff with training records up to date	4/30/2015	100%	In Progress- 10%	Rhonda
Develop Workforce Development Plan in accordance with PHAB Domain 8, which identifies a training curriculum to ensure staff development in core competencies.	Workforce Development Plan	written plan	3/29/2014	Complete	2015 Completed	Rhonda
	Use assessment data from PHAB Standards, National Public Health Standards, Core Competency Surveys, and other workforce assessments tools to identify and prioritize training needs.	training curriculum	3/26/2015	Complete	Completed	Rhonda
Establish the criteria for well-constructed job descriptions and develop and implement a plan to incorporate Core Competencies for Public Health Professionals into job descriptions.	Benchmark other Health Departments and research ways to incorporate core competencies into job descriptions	written plan of action	7/1/2015	Complete	In Progress	Rhonda
Evaluate and improving the department's orientation of new employees.	Develop Employee Orientation Checklist	% of new employee checklist completed within 30 days	6/30/2015	Complete	In Progress	Rhonda
Develop employee recognition and appraisal techniques and opportunities for rewards.	"12 Days of Quality" celebration	Annual celebration	12/30/2014	Complete	Completed	Rhonda
	Quality Improvement Champion Award	Annual awards	12/30/2014	Complete	Completed	Rhonda
<b>Policy Committee</b>						
Develop a system to effectively and efficiently review and update departmental policies on an annual basis.	Table of contents with dates, and establish monitoring	% updated on time	Apr-15	Complete	Completed	Patty
Develop a local depository of departmental policies and assure staff are aware of how to access departmental policies.	H drive policy folder	accessible to all staff	Apr-15	Complete	In Progress	Patty
Provide training to staff on health department policies. Maintain a record system on training and receipt of policies.	Cultural Competency Training/CLAS	% trained	Apr-15	Complete	Completed	Melba
	HIPAA/Confidentiality Policy	% trained	10/28/2014	Complete	Completed	Meredeth
	Media/Communications Policy	% trained	5/30/2014	Complete	Completed	Warren
<b>Communications Committee</b>						
Review and update the department's Communications Policy annually and assure compliance with PHAB standards 3.2 and 2.4.	Update Communication Policy	written plan	3/28/2015	Complete	Completed	Warren
Develop innovative marketing strategies to promote public health initiatives.	Marketing plan	% strategies complete	3/28/2015	Complete	Completed	Warren
Assist with monitoring and updating web pages for program areas and in response to customer needs.	Updated Website Information	Ongoing Review	Ongoing	Ongoing	In Progress	Staci
Develop protocols for the release of public health data.	Policy on public access to restaurant inspections	written policy	Mar-15	Complete	Completed	Warren
<b>Grants Committee</b>						
Facilitate program departments to identify local, state, and federal funding opportunities.	regular searching for grant opportunities	opportunities identified	Ongoing	Ongoing	Ongoing	Joan
Assist with grant writing and expanding the grant writing capacity throughout DOH.	staff trained on grant writing	# employees trained	Ongoing	Ongoing	two trainings held on grant researching and grant writing	Joan
Evaluate grant applications and enhance grant writing skills to improve the potential for grant application awards.	grant applications reviewed by team for improvements	grants reviewed	Ongoing	Ongoing	Ongoing	Joan

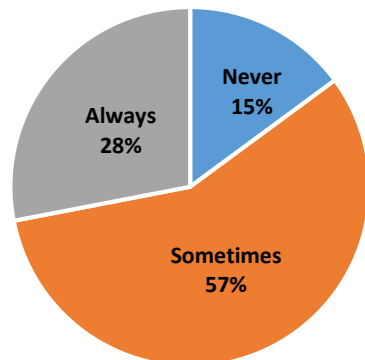
Public Health Laws Committee						
Research evidence-based practices and make recommendations for new or revised policies and ordinances to support evidence-based initiatives.	Review ordinances once every three years against evidence-based research.	# ordinances reviewed	Ongoing	Ongoing	Air pollution idling ordinance, tire ordinance, and Administrative Fine ordinance reviewed	Jeanine
Establish a scheduled review of local public health ordinances a minimum of once every three years.	Develop a 3year schedule	% reviewed on time	Ongoing	Ongoing	In Progress	Jeanine
Assist with the development of presentations for promoting policies and ordinances for public health and safety.		# presentations	Ongoing	Ongoing	Ongoing	Jeanine
Assure written records are maintained showing that education is provided to regulated entities concerning their responsibilities for compliance with public health laws, as required in PHAB standard 6.2.3.	Educate once every 5 years or as needed	documented training	Ongoing	Ongoing	training provided to daycares on state regulations, and hospitals/disease investigators on reportable diseases	Jeanine
Assist with training staff on laws and assure training is documented in accordance with PHAB Standard 6.2.1.	Applicable staff must be trained every 2 years	documented training	Ongoing	Ongoing	Food Inspectors standardized on Food Code, Disease investigations & nurses trained in reportable disease law and HIPAA, Environmental Health Officers trained in Administrative Fine Ordinance	Jeanine
Community Assessment Committee						
Identify assessment needs for the next five years, and create an assessment plan and timeline.	Understanding Our Needs	every 3 years	12/15/2015	Complete	2012 Completed	Carl
	Community Health Assessment	every 5 years	2012 updated 2014	Complete	Completed	Carl
	Obesity Plan	written reports shared with staff, governing entity, partners, & community	4/1/2016	Complete	In Progress	Carl
	Youth Violence Prevention Plan	written reports shared with staff, governing entity, partners, & community	4/1/2016	Complete	In Progress	Carl
	CHIP	written reports shared with staff, governing entity, partners, & community	4/2/2015	Complete	In Progress	Carl
Implement 2014 assessment activities per plan and timeline.	Monitor assessment implementation.	progress reports	Apr-15	Complete	Completed	Carl
Ensure that all relevant divisions and managers have assessment results.	Disseminate assessments via Department of Health website.	web posting	Ongoing	Complete	Understanding Our Needs, CHA, and CHIP posted	Carl
	Data on Sustainability Initiatives is shared with Mayor's Green Team.	complete/ongoing	Ongoing	Ongoing	Completed	Rhonda
	Data on the Function Needs Registry is shared between Health and Human Services	complete/ongoing	Ongoing	Ongoing	Completed	Shontae
	Partnership created with the Dept. of Motor Vehicles to collect data on obesity.	complete/ongoing	Ongoing	Ongoing	Completed	Carl



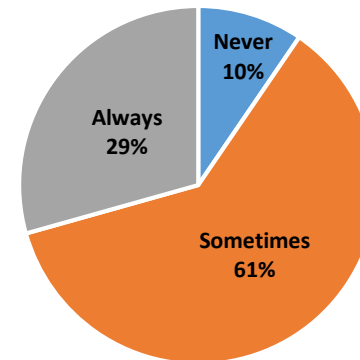
## Performance Management Self Assessment Comparison of January 2014 and June 2014 Scores



January 2014 Counts for Never,  
Sometimes, Always



June 2014 Counts for Never,  
Sometimes, Always



<b>Biggest Improvement &gt;15%↑</b>	<b>Top Scores &gt;65%</b>
There is a team responsible for integrating performance management efforts across the areas listed in 5 A-H	Senior mngt leads the group to align PM practices with the organizational mission
There are defined processes and methods for choosing performance standards, indicators, or targets	The program/organization uses performance standards
B. The group benchmarks its performance against similar entities	The performance standards chosen used are relevant to the organization's activities
Performance standards, indicators, and targets are communicated throughout the organization, stakeholders, & partners	Specific performance targets are set to be achieved within designated time periods
Training is available to help staff use performance standards	There are defined processes and methods for choosing performance standards, indicators, or targets
There are defined methods & criteria for selecting performance measures	A. National performance standards, indicators, & targets are used when possible
Training is available to help staff measure performance	B. The group benchmarks its performance against similar entities
Group has a reporting system that integrates performance data from programs or management areas	There are defined processes and methods for choosing performance standards, indicators, or targets C. Scientific guidelines are used
Training is available to help staff effectively analyze and report performance data	D. The group sets priorities related to its strategic plan
Personnel and financial resources are assigned to analyze performance data and report progress	Training is available to help staff use performance standards
Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars	Information on progress is regularly made available to: A. Managers and leaders
One or more processes exist to improve quality or performance	B. Reporting progress is part of the strategic plan
B. There is a regular timetable for QI processes	A decision has been made on the frequency of analyzing and reporting performance progress for: A. Health Status
C. The steps in the QI process are effectively communicated	One or more processes exist to improve quality or performance
There is a process or mechanism to coordinate QI efforts among groups that share the same performance targets	A. There is an entity or person responsible for decision-making based on performance reports (e.g., top management team)
QI training is available to managers and staff	QI training is available to managers and staff



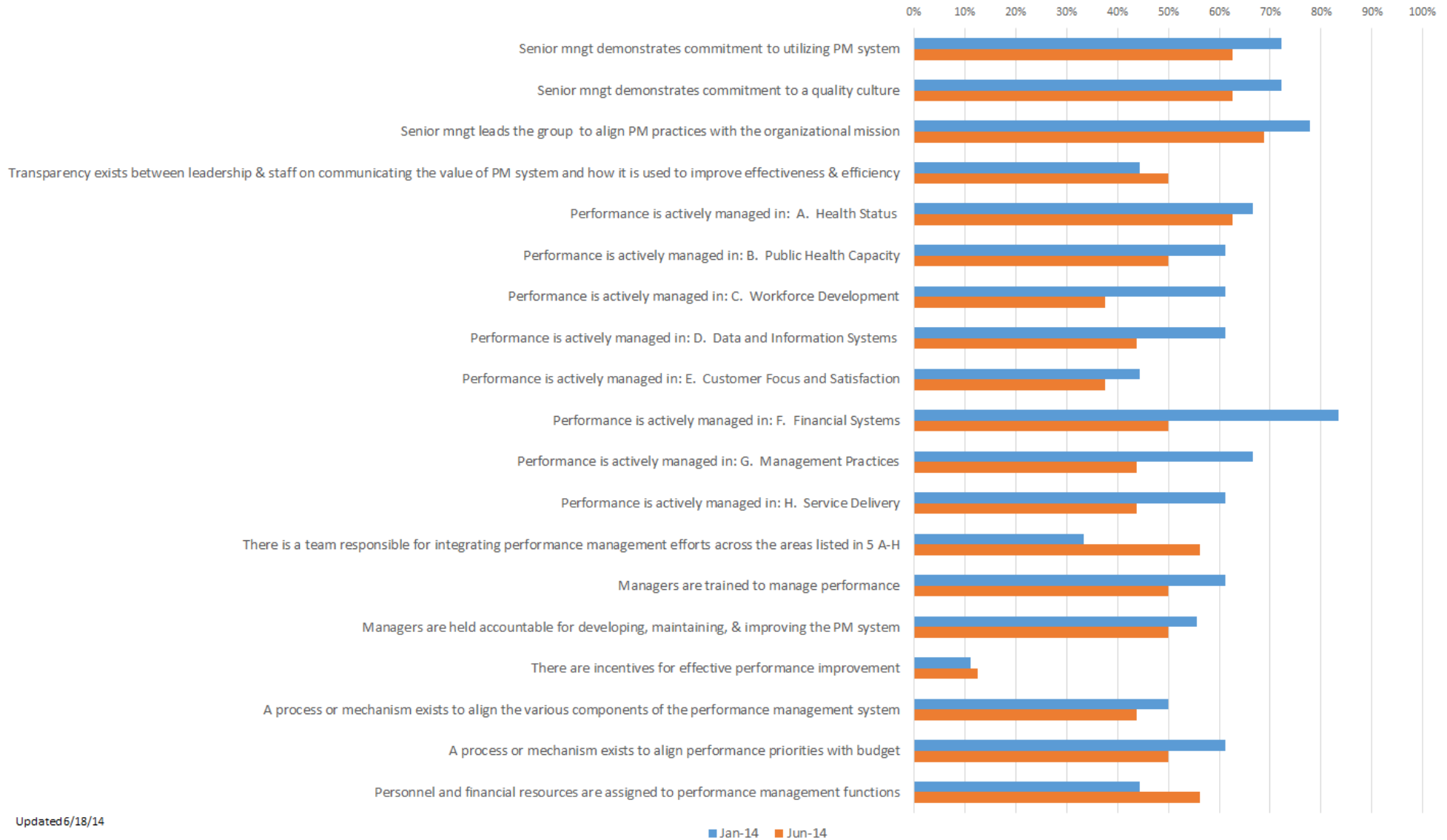
<b>Biggest Declines &gt;15%↓</b>	<b>Bottom Scores &lt;45%</b>
Performance is actively managed in: C. Workforce Development	Performance is actively managed in: C. Workforce Development
Performance is actively managed in: D. Data and Information Systems	Performance is actively managed in: D. Data and Information Systems
Performance is actively managed in: F. Financial Systems	Performance is actively managed in: E. Customer Focus and Satisfaction
Performance is actively managed in: G. Management Practices	Performance is actively managed in: G. Management Practices
Performance is actively managed in: H. Service Delivery	Performance is actively managed in: H. Service Delivery
Staff understand standards and targets	There are incentives for effective performance improvement
The program/organization uses specific measures for established performance standards and targets	A process or mechanism exists to align the various components of the performance management system
A. Measures are clearly defined	Performance standards, indicators, and targets are communicated throughout the organization, stakeholders, & partners
Data are collected on the measures on an established schedule	A. Individuals' performance expectations are regularly communicated
A decision has been made on the frequency of analyzing and reporting performance progress for D. Data and Information Systems	The group regularly reviews standards and targets
A decision has been made on the frequency of analyzing and reporting performance progress for F. Financial Systems	Staff understand standards and targets
Performance data are used to: A. Determine areas for more analysis or evaluation	Performance standards are aligned across multiple groups
Performance data are used to: B. Set priorities and allocate/redirect resources	C. Inter-rater reliability has been established for qualitative measures
Performance data are used to: C. Inform policy makers of the observed or potential impact of decisions under their consideration	Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection
Performance data are used to: F. Improve performance	Data are collected on the measures on an established schedule
	A decision has been made on the frequency of analyzing and reporting performance progress for E. Customer Focus and Satisfaction
	A decision has been made on the frequency of analyzing and reporting performance progress for H. Service Delivery
	Reports on progress are clear, relevant, and current so people can understand and use them for decision-making
	Managers and employees are evaluated for their performance improvement efforts (PM is in job descriptions/ratings)
	Performance reports are used regularly for decision-making
	Performance data are used to: D. Implement QI projects
	Performance data are used to: E. Make changes to improve performance and outcomes
	Performance data are used to: F. Improve performance
	C. Staff has the authority to make certain changes to improve performance
	QI is practiced widely in the program, organization, or system

<b>Color Key</b>	
<b>Visible Leadership</b>	
<b>Performance Standards</b>	
<b>Performance Measures</b>	
<b>Reporting Progress</b>	
<b>Quality Improvement</b>	



## Performance Management Self Assessment Visible Leadership Scores





## Performance Management Self Assessment Performance Standards Scores





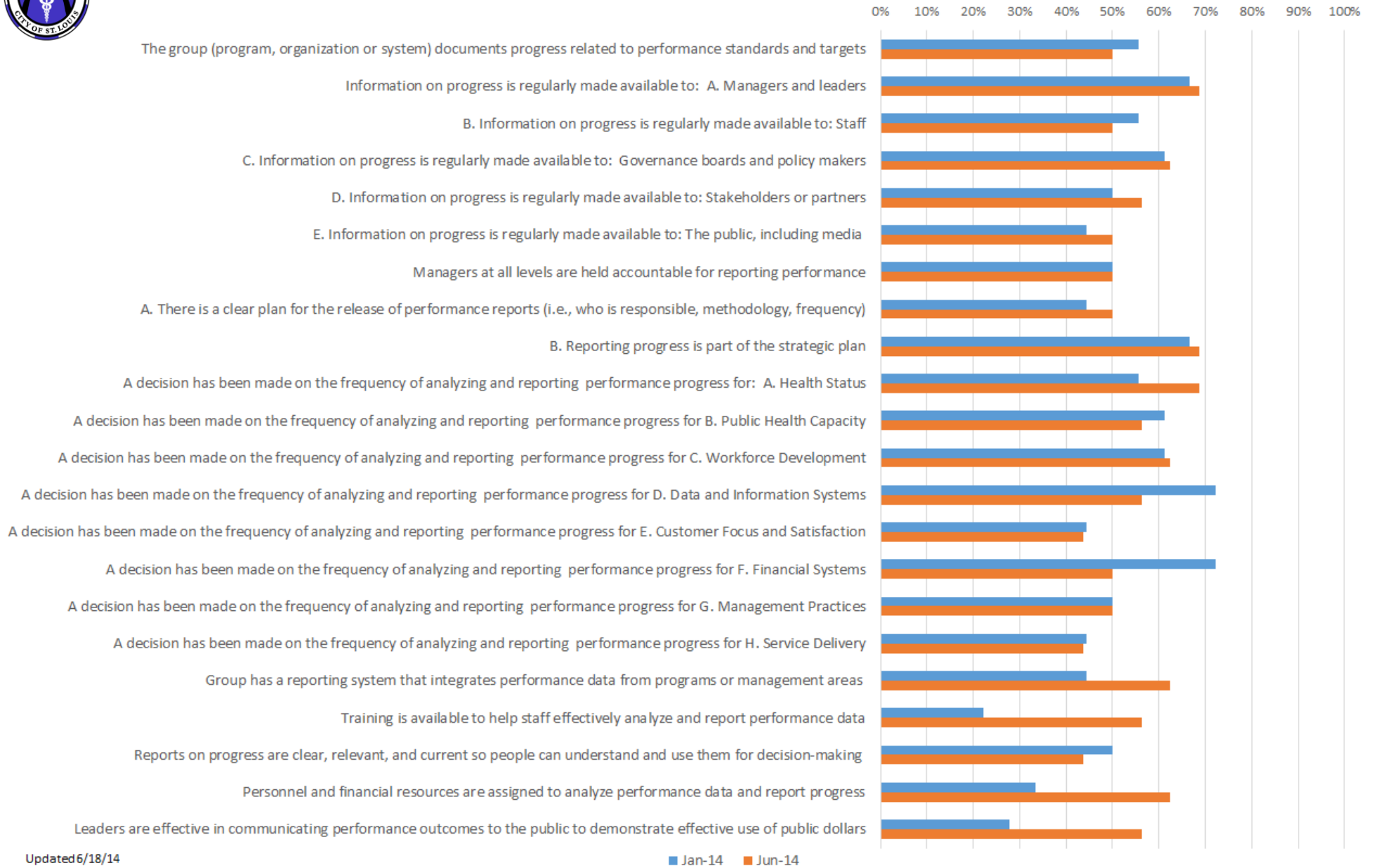
## Performance Management Self Assessment Performance Measures Scores



Updated 6/18/14



## Performance Management Self Assessment Reporting Progress Scores





## Performance Management Self Assessment Quality Improvement Scores





City of St. Louis Department of Health  
**Results of Quality Culture Survey**  
 Given to employees on 10/28/14

	QI part of strategic plan	Education on QI to all staff	QI policies in place	QI processes in place	Sr Mgt supportive of QI	Supervisors supportive of QI	QI part of staff meetings	QI tools used	Staff involved in QI and Strategic Plan initiatives	Policies in place for data collection & reporting	Performance regularly compared to standards/benchmarks	Forums for discussion of audits and outcomes	Accountability systems in place	Appointed staff for QI	Accreditation by appropriate agency	Meetings where Quality outcomes are reviewed
<b>4/4/13 Before Meeting</b> (101 surveys received)	1.6	1.5	1.4	1.4	1.6	1.5	1.5	1.3	1.3	1.8	1.8	1.4	1.4	1.6	1.8	1.2
<b>4/4/13 After Meeting</b> (75 surveys received)	2.3	2.0	2.0	2.0	2.3	2.1	1.9	1.9	1.8	2.0	2.1	2.0	1.9	2.0	2.2	2.0
<b>5/20/14</b> (83 surveys received)	2.5	2.5	2.3	2.4	2.4	2.3	2	2	2.1	2.4	2.3	2	2	2.5	2.2	2.2
<b>10/28/14</b> (78 Surveys received)	2.4	2.7	2.6	2.3	2.5	2.4	2.1	2.2	2.2	2.2	2.1	2.2	2.1	2.5	2.3	2.3
Difference since last survey	-0.1	0.2	0.3	-0.1	0.1	0.1	0.1	0.2	0.1	-0.2	-0.2	0.2	0.1	0.0	0.1	0.1
% Change since last survey	-4.0%	8.0%	13.0%	-4.2%	4.2%	4.3%	5.0%	10.0%	4.8%	-8.3%	-8.7%	10.0%	5.0%	0.0%	4.5%	4.5%
Difference since initial survey	0.8	1.2	1.2	0.9	0.9	0.9	0.6	0.9	0.9	0.4	0.3	0.8	0.7	0.9	0.5	1.1
% Change since initial survey	50.0%	80.0%	85.7%	64.3%	56.3%	60.0%	40.0%	69.2%	69.2%	22.2%	16.7%	57.1%	50.0%	56.3%	27.8%	91.7%

**KEY**  
 0= No awareness or activity in this area  
 1= Awareness and discussion  
 2= Implementation in some areas  
 3= Implementation across the organization  
 4= Implementation and ongoing evaluation

2.3 Average score with 4 being the highest  
 Total Average % Change since last survey 3.0%  
 Total Average % Change since initial survey 56.0%

