

Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 9 Standard 1 Measure 3**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Dashboard Goals and Objectives						
Document Date:	2015						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	9	Standard:	1	Measure:	3	Required Documentation:	2
Short description of how this document meets the Standard and Measure's requirements: Goals and objectives for the Office of Public Health Systems Improvement quality improvement program are here in the annual work plan from the Quality Plan. On page PDF page 4, goals, objectives and time frames for implementing the agency performance dashboard are highlighted.							
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Appendix 6

Goals and objectives for the Office of Public Health Systems Improvement quality improvement program are here in the annual work plan from the Quality Plan. On page PDF page 4, goals, objectives and time frames for implementing the agency performance dashboard are highlighted.



Annual Goals, Objectives and Measures

The agency quality and performance related goals and annual work plan for 2016 follow.

Goals

The goals for performance management for CT DPH come directly from the organizational Strategic Plan priorities. They are:

- *Foster a Culture of Performance Management and Quality Improvement.* (Cross-cutting Objective G from the Strategic Plan)
- *Strengthen Approaches and Capacity to Improve Population Health* (Strategic Priority A from the Strategic Plan)
- *Build a Sustainable, Customer- Oriented Organization* (Strategic Priority E from the Strategic Plan)

Objectives and Measures 2016

Objective 1 – Implement relevant and essential activities to achieve accreditation (Aligned Strategic Plan Objective A-2 Achieve National Public Health Accreditation)		
Measures /Activities	Person(s) Responsible	Time Frames
1.1 100% documentation collected	Public Health Systems Improvement staff, Domain Teams, DPH leadership and subject matter experts	March 2016
1.2 Review of documentation conducted to assure conformity with measures and standards	Internal review team	January 2016

<p>1.3 Identify accreditation site visit teams</p> <ul style="list-style-type: none"> • Site visit team members take PHAB orientation on-line 	<p>Public Health Systems Improvement staff, Domain Teams, DPH leadership and subject matter experts, PHAP</p>	<p>January 2016 February 2016</p>
<p>1.4 Organize site visit</p> <ul style="list-style-type: none"> • Identify community partners • Identify governing board members • Agency clean up • Mock site visits • Schedule conference rooms • Develop site visit materials 	<p>Public Health Systems Improvement staff, PHAP</p>	<p>May 2016 May 2016 May 2016 May 2016 May 2016 June 2016</p>
<p>1.5 Submit final documentation</p>	<p>Accreditation coordinator</p>	<p>March 2016</p>
<p>1.6 Accreditation site visit</p>	<p>All</p>	<p>Approximately June 2016</p>
<p>Objective 2 - Identify gaps in meeting and/or conformity with PHAB and organize the agency workforce and documentation for accreditation and engage in quality improvement to address a deficiency in meeting a PHAB standard or measure. (Aligned Strategic Plan Objective A-2 Achieve National Public Health Accreditation)</p>		
<p>2.1 Address all items on gaps list</p>	<p>Public Health Systems Improvement staff, PHAP</p>	<p>February 2016</p>

Objective 3 Identify and implement one or more performance or quality improvement initiatives (Aligned with Strategic Plan Cross-cutting Objective G Foster a Culture of Performance Management and Quality Improvement)		
<p>3.1 Facilitate or coordinate a quality improvement/Lean process with one or more programs</p> <ul style="list-style-type: none"> • Reach out to DPH programs to offer assistance 	<p>Public Health Systems Improvement staff</p>	<p>January –December 2016</p>
<p>3.2 Work with Food Protection Project to measure and report on progress towards performance measures</p> <ul style="list-style-type: none"> • 100% of new food inspector candidates will complete a microbiology class by 1/2016 • 30% of Certified Food Inspectors will complete course by 1/2016 • Risk Factor Frequencies will improve by 10% in 2016 and 20% in 2017 • Assist in completing a project storyboard 	<p>Public Health Systems Improvement staff</p> <p>Food Protection Quality Improvement Team</p> <p>Local Food Inspectors</p>	<p>January 2016 and beyond</p>

Objective 4. -Implementation of a performance management system focused on Healthy Connecticut 2020 objectives, the Association of State and Territorial Health Officials Dashboard and all other DPH Programs (Aligned with Strategic Plan Cross-cutting Objective G Foster a Culture of Performance Management and Quality Improvement and Objectives A-3 Implementation of the SHIP and DPH Priorities)		
Measures/Activities	Person(s) Responsible	Time Frames
4.1 All SHIP related strategies and action plans added to Healthy CT Performance Dashboard	Public Health Systems Improvement staff DPH Programs	February 2016
4.2 50% of DPH program indicators and performance measures are in the Dashboard (internet or intranet) <ul style="list-style-type: none"> Quarterly reminders sent to programs to provide updates 	Public Health Systems Improvement staff License holders DPH Programs	December 2016 Quarterly updates reminders- March, June, September, December
4.3 30% of programs are using the Dashboard as a management tool <ul style="list-style-type: none"> Dashboard reviews are documented using the Dashboard Discussion Template 	Public Health Systems Improvement staff Commissioner's Office, Supervisors and Managers	December 2016 Quarterly review reminders – January, April, July, October
4.4 Dashboard toolkit is available on the intranet	Public Health Systems Improvement staff	January 2016

4.5 Quarterly dashboard training is offered for all DPH programs	Public Health Systems Improvement staff	February, May, August, November
Objective 5 Provide ongoing performance management, quality improvement and leadership training and resources (Aligned with Strategic Plan Cross-cutting Objective G Foster a Culture of Performance Management and Quality Improvement)		
5.1 50% of all staff will be trained in quality improvement/performance management	Public Health Systems Improvement staff	December 2016
<ul style="list-style-type: none"> Quality improvement training will be provided through various avenues including; Performance management tutorial, coaching in quality improvement collaborative settings, lean basic training, lean certification, performance management, Results Based Accountability and new quality improvement topics All training will be tracked using the TRAIN learning management system. 	Public Health Systems Improvement staff, Lean training through the Office of Policy and Management Contracted trainers	January – December 2016
5.1 25 % of staff will be trained in leadership development	Public Health Systems Improvement staff, Contracted trainers	January – December 2016
5.2 Integrate performance management tutorial as part of mandatory training for all new staff available via TRAIN	Public Health Systems Improvement staff Communications	January 2016
	Public Health Systems Improvement staff	January 2016

5.3 Develop links to on-line quality improvement training and monitor staff participation through TRAIN	Communications	
5.4 Annual Quality Work Plan is updated and reviewed by QI Council	Public Health Systems Improvement staff	January 2016
5.5 Quality Improvement tool kit is available on intranet	Public Health Systems Improvement staff	January 2016
Objective 6 Implement a Customer Service System –(Aligned with Strategic Plan Objective E-2 Foster and Promote a Culture of Customers Service and Accountability)		
6.1 Customer complaint tracking process piloted	Public Health Systems Improvement staff QI Council Public Health Strategic Team	March 2016
6.2 Customer complaint tracking process implemented	Public Health Systems Improvement staff QI Council Public Health Strategic Team	June 2016
6.3 Policy and procedures drafted for customer services system	Public Health Systems Improvement staff QI Council Public Health Strategic Team	August 2016
6.4 Plan to implement customer services system completed	Public Health Systems Improvement staff QI Council Public Health Strategic Team	August 2016
6.5 Customer Service System Plan adopted	Public Health Systems Improvement staff Commissioners Branch and Section Chiefs	December 2016
6.6 Training for DPH staff on customers services system and delivery practices	Public Health Systems Improvement staff QI Council Public Health Strategic Team	January 2017
	Public Health Systems Improvement staff	March 2017

6.7 Customer Service Plan implementation begun	QI Council Public Health Strategic Team	
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September 2016

October 16, 2015

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