

### 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](mailto: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.**

<b>Document Title:</b>	Dashboard Discussion Form Next Steps						
<b>Document Date:</b>	2015						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	9	Standard:	1	Measure:	3	Required Documentation:	5
Short description of how this document meets the Standard and Measure's requirements:							
This form is a tool used to analyze progress towards meeting targets and timeframes. It was used at a staff meeting of Public Health Systems Improvement Program Staff on 11/5/2015 to review the performance measure highlighted and identify next steps							
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# Performance Dashboard Discussion Form

This form is a tool used to analyze progress towards meeting targets and timeframes. It was used at a staff meeting of Public Health Systems Improvement Program Staff on 11/5/2015 to review the performance measure highlighted and identify next steps

Please use this form to document the discussions surrounding the indicators and performance measures in the Healthy CT 2020 Dashboard. Below are questions to help guide these discussions. It can be used as a worksheet to track notes, necessary updates, and/or progress for your unit's scorecard.

Reviewers: Joan Ascheim, Kristin Sullivan, Sandy Gill, Britta Cedergren, Belinda Jivapong, Maureen Good, Melissa Touma, Etienne Holder

Date: 11/5/2015

	<b>Result:</b> <i>CT DPH Staff Have Tools to Provide Quality Public Health Services</i>
<b>Discuss questions below for Scorecard Review</b>	<b>Performance Measure(s)</b> <i>% of DPH programs with performance measures and targets in the dashboard</i>
Do we have the most current data?	<i>No, need to input data for Q3. Added a new PM to collect "number of programs". This will help us visualize trend as the number of programs changes as program list is updated.</i>
What is the current data trend? Is it going in the right direction?	<i>31 programs of 116 programs have dashboards; trend is increasing</i>
Are we making progress towards our target? Does the target need to be changed/updated?	<i>Yes, making progress through training and working with groups to get Dashboards complete; No, the current target is sufficient.</i>
Does the Story Behind the Curve thoroughly explain what's happening with the trend? What can be added?	<i>The narrative requires updating. We need to include the changing denominator issue, and make reference to "numbers" Performance Measure</i>
Are the most current evidence-based practices/best standards described and being used? Is there any recent research that might be used?	<i>Any evidence-based framework RBA specifically? If so, add in this language and/or any reference to RBA.</i>
What priority is there to highlight with Managers?	<i>Groups were trained and have nothing in the Dashboard (some going back almost a year )how do we target those groups?</i>
Any other comments, issues, ideas, or programmatic changes to be made?	<i>Go to staff meetings/BC meetings and go through tools; incentives per quarter; create a PM wheel (leadership meetings)</i>
<b>Discussion questions specific to Performance Measures</b>	<b>Performance Measure(s)</b> <b>(reference same as above)</b>
Is there anything we can celebrate?	<i>We have almost hit our target of 30% of agency with PMs in the Dashboard</i>
Any opportunity for a QI Project (i.e. Lean Project)?	<i>Yes, to try and look at barrier and challenges for programs to complete their Dashboards</i>