



# Ventura County Public Health

A Division of the Ventura County Health Care Agency

## PERFORMANCE MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT PROCESS PLAN AND CHARTER

January 2014 Update

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### National Public Health Performance Standards and Lean and Six Sigma

The **National Public Health Performance Standards Program (NPHPS)**, (a collaborative effort to enhance the Nation’s public health systems), developed a four factor framework that describes public health systems. The purpose of Public Health is to protect and improve the health of the community. Lean Six Sigma (LSS) provides a system to work more efficiently and effectively for the benefit of the customer. The table below compares the NPHPS standards and Lean Six Sigma Elements.

National Public Health Performance Standards (NPHPS)	Lean Six Sigma Elements
<p>1. <b>Designed around the ten Essential Public Health Services</b> to assure that the standards fully cover the gamut of public health action needed at state and community levels. The community is the primary customer of Public Health;</p>	<p>1. <b>Strategic Vision:</b> Operationalize the department’s strategic vision by creating a performance management system organized by the ten Essential Public Health Service domains, and establish metrics for the domains.</p>
<p>2. <b>Focused on the overall public health system</b> (all public, private, and voluntary entities that contribute to public health activities within a given area), rather than a single organization. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.</p>	<p>2. <b>Organization-wide deployment (acceptance):</b> Vision and methodology must be understood and accepted at all levels. Deployment is top-down with a strong central leadership. Participants represent all programs and are organized by Essential Service domains.</p>
<p>3. <b>Describe an optimal level of performance</b> rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.</p>	<p>3. <b>Process Improvement and Development Model:</b> Data collection and measurement. Apply Lean Six Sigma standards to define current state deficiencies and measure performance baselines to analyze needed changes and implement improvements and controls (DMAIC or for new projects: Define, Measure, Analyze, Design, Implement (DMEDI)).</p>
<p>4. Are intended to <b>support a process of quality improvement</b>. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.</p>	<p>4. <b>Community Empowerment:</b> Community members, system partners, and service recipients will be included as necessary in this performance management system in assessing community health and wellness needs and to improve awareness of available services and resources.</p>

### Ventura County Public Health Plan Performance Management System Deployment Plan

Ventura County Public Health (VCPH) has implemented a Performance Excellence Council that replaces its Continuous Quality Improvement Committee and incorporates a number of other functions, as shown below. The structure integrates with the County Service Excellence Program. Lean Six Sigma implementation began in 2009 and the Performance Excellence Charter describes the current state.

## Accreditation, Strategic Planning, Performance Management System and Quality Improvement Coordination

Public health accreditation requires implementation of a Performance Management System. The Turning Point Collaborative outlines the components of Performance Management Systems as comprising *standards, measurement and reporting systems, and quality improvement processes*. *These four phases are guided by organizational leadership and culture. In Ventura County Public Health, this system is conceptualized as the Performance Excellence Council.*

These components are defined as:

1. **“Performance standards—** establishment of organizational or system performance standards, targets, and goals to improve public health practices.
2. **Performance measures—** development, application, and use of performance measures to assess achievement of such standards.
3. **Reporting of progress—** documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
4. **Quality improvement—** establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.”<sup>1</sup> In addition, continuous quality improvement uses the results of the objective data gathered in the first three stages of the Performance Management System to make improvements in organizational processes. Improvements are defined from the perspective of internal and external “customers” and given the diversity of our customer base, must include a cultural competence perspective.



### Public Health Accreditation Board Standards for Performance Management Systems

**PHAB Domain 9:** Evaluate and continuously improve health department processes, programs, and interventions.<sup>2</sup> Domain 9 focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department’s practice, programs, and interventions.

<sup>1</sup> Source: (the graphic is an update from) [http://www.turningpointprogram.org/toolkit/pdf/Silos\\_to\\_Systems.pdf](http://www.turningpointprogram.org/toolkit/pdf/Silos_to_Systems.pdf)  
Note: Distinctions between performance management, performance improvement, quality improvement, and similar phrases varies across authors and sources. The four categories used here are established as four components in a cycle of a comprehensive performance management system.

<sup>2</sup> PHAB Domain 9 is used here as the equivalent of “Systems Management” in the Ten Essential Public Health Services, providing overall guidance to the essential services.

## Domain 9 Standards

- Standard 9.1: Use a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions
  - 9.1.1: Engage staff at all organizational levels in establishing or updating a performance management system
  - 9.1.2: Implement a performance management system
  - 9.1.3: Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system
  - 9.1.4 : Implement a systematic process for assessing customer satisfaction with health department services
  - 9.1.5: Provide staff development opportunities regarding performance management
- Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions
  - 9.2.1: Establish a quality improvement program based on organizational policies and direction
  - 9.2.2: Implement quality improvement activities

## Performance Management System Rationale

For a health department to improve population health most effectively and efficiently, it must monitor the quality of public health processes, programs, interventions and other activities. Our performance management system completely integrates the following into daily practice at all levels:

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

## The Performance Management System Deployment Plan

Ventura County Public Health (VCPH) is a diverse and intricately connected system of programs with the common goal to promote health and prevent disease, illness, and disability within the community. VCPH has an average of 30 programs with more than 300 employees. Within these programs, approximately 76 grants fund the programs; each grant has objective expectations with measurements.

Performance improvements are a critical dimension that to achieve the mission of the National Public Health Performance Standards Program (NPHPSP). Within recent years many have already been incorporated within VCPH. This plan builds on previous Continuous Quality Improvement efforts and represents a major step forward by aligning the department into a culture of performance excellence with a standardized, disciplined approach that will achieve effective and efficient results.

The Performance Excellence Council (PEC) represents implementation of performance management and quality improvement.

Public Health depends on collaboration with community agencies to protect the health of the community (NPHPSP concept 2). Lean Six Sigma analytic tools are incorporated into effort to interact with our communities (e.g., “Voice of the Customer”) to increase efficiency and effectiveness.

### **PHAB Quality Improvement Definition**

“A goal of public health department accreditation is to promote high performance and continuous quality improvement. Domain 9 focuses on the evaluation of all programs and interventions, including key public health processes, and on the implementation of a formal quality improvement process that fosters a culture of quality improvement. Additionally, PHAB has incorporated the concept of continuous quality improvement in the standards and measures and in the accreditation process.”

Quality improvement is not a free-standing activity or process in this approach. It is an integrated component of the Performance Management System. In addition this approach shifts the focus of improvement. While individual programs and services are a unit of assessment, the focus becomes on assessing the integration of individual, program and service, and overall systems performance.

### **Performance Excellence Council Structure**

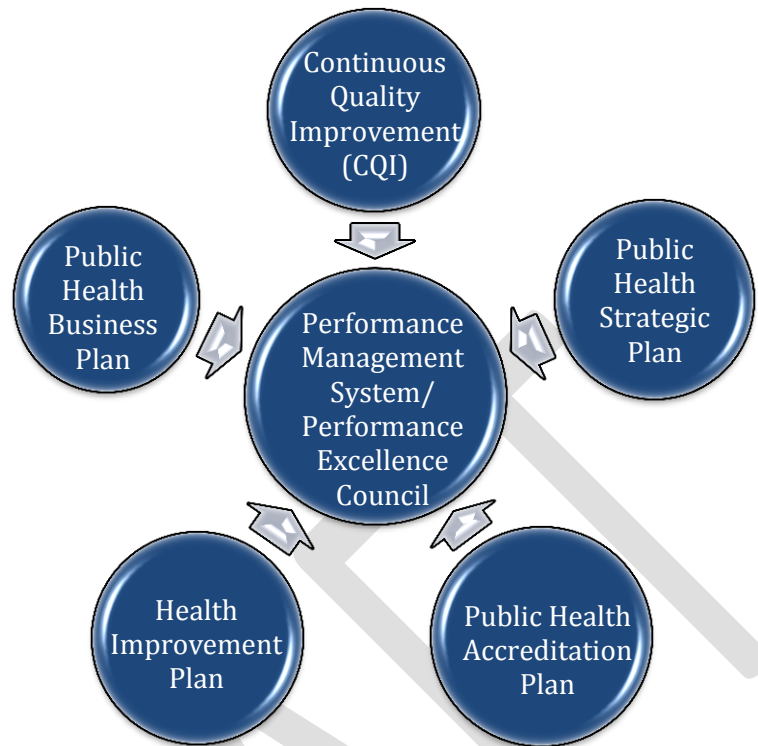
The Performance Excellence Council (PEC) is Ventura County Public Health’s approach to implementing a Performance Management System (Domain 9 of PHAB standards). The PEC integrates all four Performance Management functions outlined by the Turning Point model into a single structure. It operates under a charter (see attached) that is reviewed at least annually. The PEC will continually integrate and streamline performance management, reporting, process and quality improvement activities. The PEC additionally implements action items components of Public Health plans: the Public Health Strategic Plan, Public Health Business Plan, Health Improvement Plan, and Accreditation Plan.

The PEC provides a mechanism for identifying and assigning projects to implementation teams and getting results back to the PHAB Steering Committee to assure that we are engaged in continuous process and quality improvement. Until the Accreditation plan is submitted, PHAB Domain Team Leads will report their progress to their PHAB Steering Committee deployment champion.

The PEC manages projects for the PHAB Steering Committee. The proposed project workflow:

- Recommendations that come out of PHAB SWOTs are prioritized for action by PHAB Steering Committee/PEC Deployment Champions. PHAB recommendations prioritized by the PHAB Steering Committee are assigned as PEC process improvement projects. These prioritized projects are given to the Performance Excellence Council Leads for implementation.
- The Performance Excellence Council Leads will assign projects to the appropriate PEC Domain Team. Domain Champions will report progress at Domain Team Lead bi-monthly meetings and document progress on the VC Teaming PEC Reporting Tool. The PHAB Coordinator will serve as the PHAB/PEC Coordinator to keep PHAB process improvements on track.
- The Performance Excellence Council Leads report to Steering Committee/Deployment Champions on progress and receive new assignments as they arise.
- Strategic Plan projects are managed by PEC Domain Champions and their teams and are currently reporting progress on the VC Teaming PEC Reporting Tool.

## Performance Management System and Quality Improvement Roles and Responsibilities

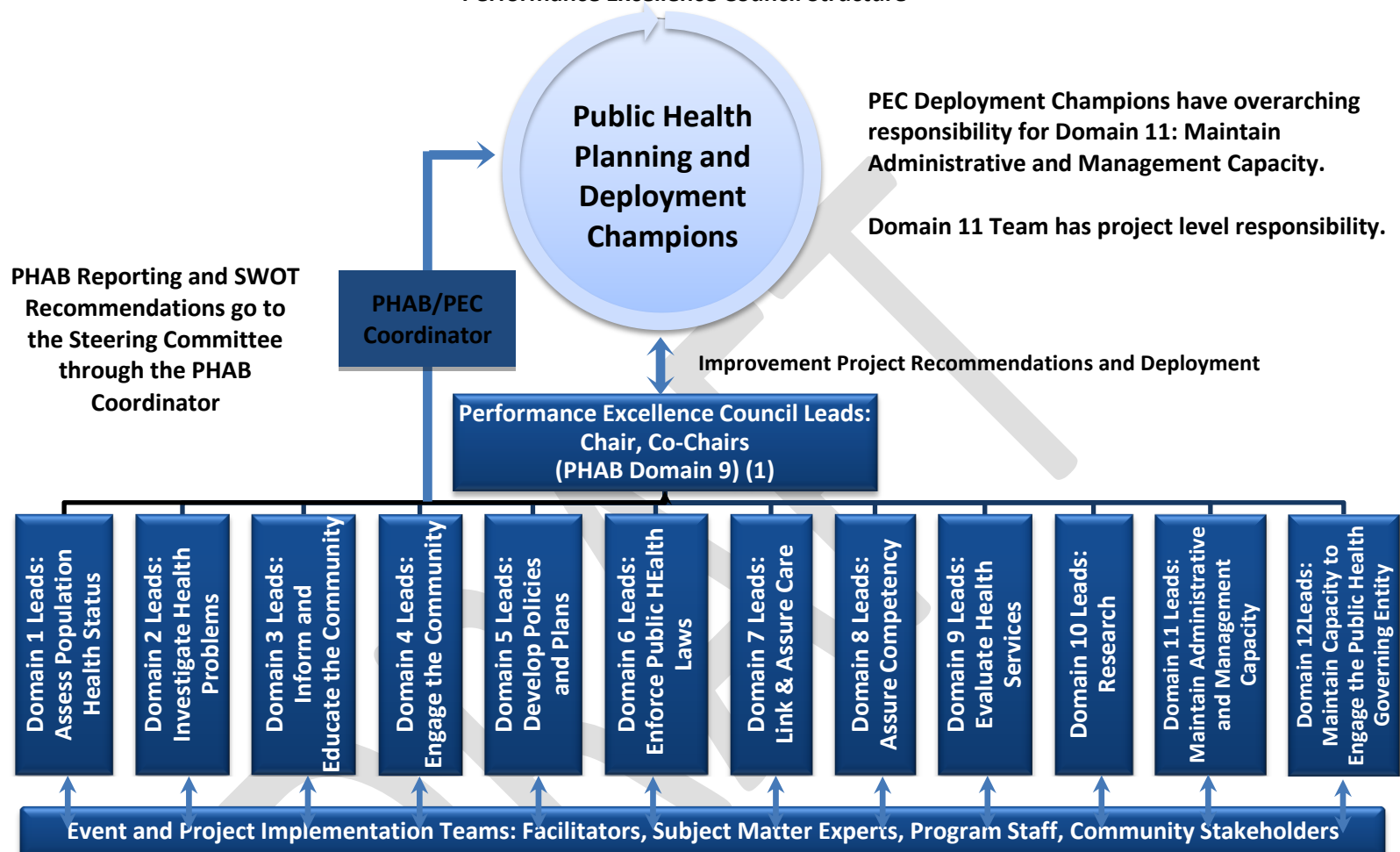


Planning, performance measurement and quality improvement roles and responsibilities are coordinated through Ventura County's Performance Management System, organized as a Performance Excellence Council (PEC) that comprises:

- **Planning and Deployment Champions** (incorporates PHAB Steering Committee and Strategic Plan Steering Committee). Review needs and proposals and prioritize projects to be implemented. Establish development plans and deploy them to the PEC Leads and Coordinator. PHAB Accreditation reporting is direct from PHAB Domain Teams to PHAB Steering Committee.
- **PEC Council Leads** (Chair, Co-Chairs and Coordinator). Organize and assign projects to Domain Champions. Write project charters, review with Deployment Champions, and assign to Domain Champions upon approval.
- **Domain Teams Leads:** Organized according to the Public Health Ten Essential Services. Perform functions of Lean Six Sigma Champions. Domain teams comprise Domain Champions (at least two assigned managers/staff and team members). Responsibilities: Clarify project requirements, organize project teams and launch projects. Research and identify health issues that may need to be addressed and make recommendations to the PEC Council Leads for projects to be conducted. Review functional areas (see definitions below) and work to identify areas that may need performance improvement.
  - **Event and Project Implementation Teams:** Implement performance management projects. Teams are formed for specific projects and tasks and comprise facilitators, subject matter experts, program staff, stakeholders and other participants as required by the project.
- **PHAB/PEC Coordinator.** Provides support for the Performance Managements System. Tracks projects, refers proposals, coordinates across all relevant groups.
- **Managers, Staff Members, Coalitions, Community Members/Stakeholders:** All have input into performance management and quality improvement activities, may be called upon to participate in project teams.

This structure is shown in the following graphic.

Ventura County Performance Management System  
Performance Excellence Council Structure



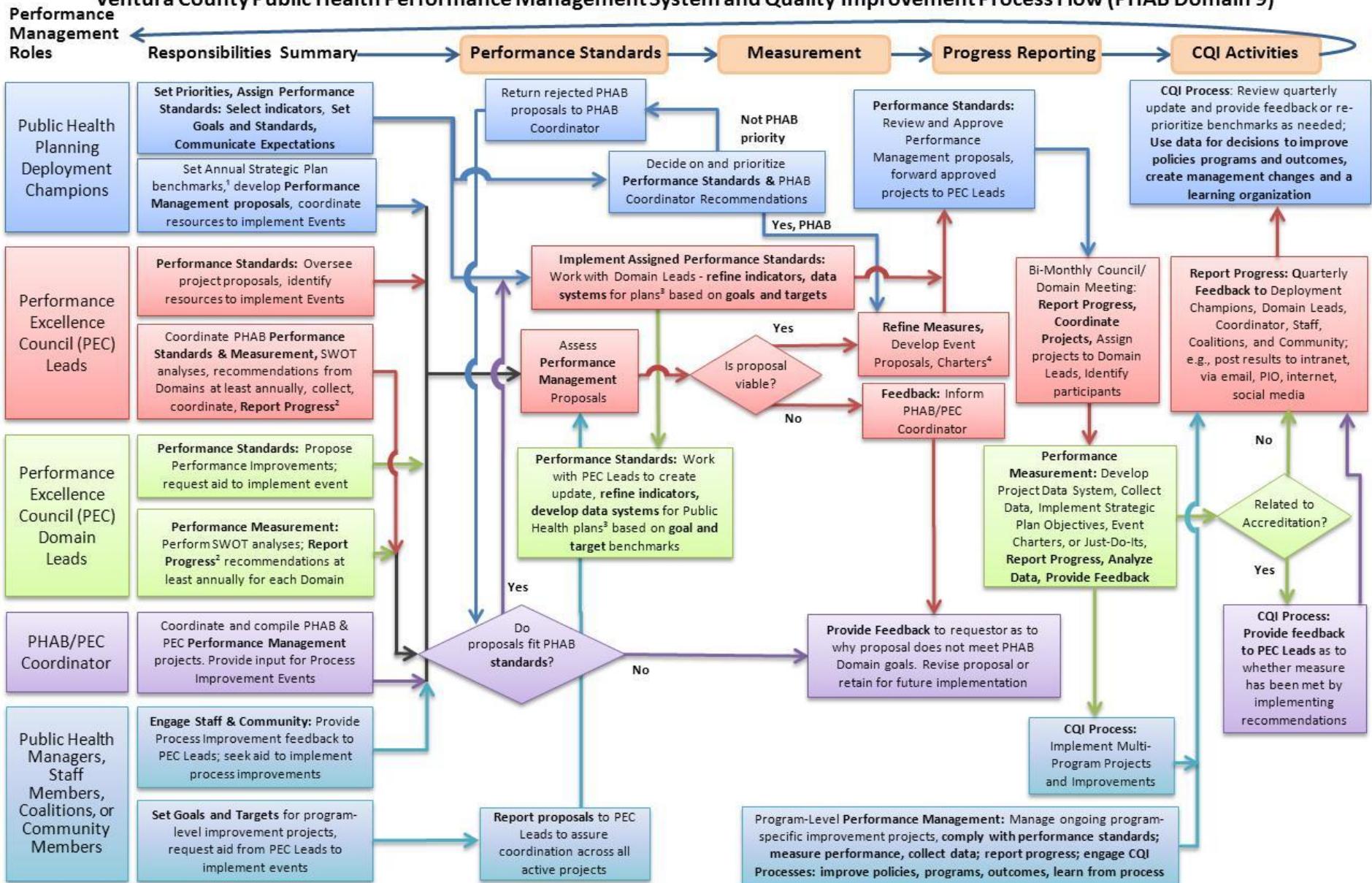
Performance improvement procedures:

1. PHAB SWOT and planning recommendations are deployed by the PEC Deployment Champions to the Performance Excellence Council Leads who assign projects to appropriate Domain teams. Domain Leads develop Project Teams to implement events and projects.
2. Performance Management and Continuous Quality Improvement Projects can be recommended by anyone: Deployment Champions, all Public Health managers, supervisors and staff, community members or other public health stakeholders. Proposals are taken to the Performance Excellence Council Leads. They consult with the Deployment Champions for prioritization and implementation.

The information, decision, and action flow process resulting from this structure is outlined in the following flow chart.



# Ventura County Public Health Performance Management System and Quality Improvement Process Flow (PHAB Domain 9)



## Performance Management System and Quality Improvement Procedures: Submit questions and proposals to PEC@ventura.org

- Benchmarks may be set based upon Healthy People 2020, County Health Rankings, County and State indicators, Census products, syndromic surveillance, data from county programs, budgeting, etc.
- Domain Leads are responsible for keeping up with document collection for accreditation. This is a continual process.
- This applies to the Strategic Plan, Business Plan, Community Health Improvement Plan, COOP, etc. The PHAB/PEC Coordinator focuses on PHAB-related issues to assure accreditation compliance.
- PEC Leads assure Performance Measurement charters are developed from priorities set by the Deployment Champions. They assign projects to PEC Domain Leads, PH Managers or Staff Members as appropriate. This includes refining proposed projects, indicators and measures and collecting data.
- This structure and process is based on: [http://www.turningpointprogram.org/toolkit/pdf/Silos\\_to\\_Systems.pdf](http://www.turningpointprogram.org/toolkit/pdf/Silos_to_Systems.pdf)



### **Performance Management System Process**

As shown in the above graphic, the Performance Management System Quality Improvement Process is organized into five major components. These are:

1. Public Health Planning Deployment Champions
2. Performance Excellence Council (PEC) Leads
3. Performance Excellence Council Domain (PEC) Leads
4. PHAB/PEC Coordinator
5. Public Health Managers, Staff, Coalitions, or Community Members

Each group has unique responsibilities, with assigned responsibilities and decision processes. The graphic shows the staffing and administrative support roles. Project goals, objectives, measures and timeframes are established using a charter template that includes all of these criteria and more.

### **Continuous Quality Improvement**

Also shown in the graphic above, Continuous Quality Improvement is achieved through implementing improvement projects and then a feedback process that assures improvements are implemented and maintained. PEC Domain Leads are responsible for the first stages of CQI. First, they fulfill basic continuous quality improvement activities by identifying issues, concerns, problems, areas for improvement and making recommendations for process improvement projects. Teams have team leads and assigned members who fulfill these functions. SWOT recommendations that come out of the teams go to the PHAB Coordinator who sends them to the Deployment Champions.

Second, Domain Team Leads are responsible for implementing process improvement projects, and assuring the results are implemented as ongoing improvements. In this role, Domain Team Leads serve as Lean Six Sigma Champions. Domain Team Leads thus also need to have taken Lean Six Sigma training. When projects are assigned, Domain Leads organize the relevant participants to conduct the project following the Lean Six Sigma model. Upon completion of a project they work with the relevant management and staff members to assure changes are implemented.

Both the PEC Domain Leads and the PHAB/PEC Coordinator provide continuous quality improvement feedback to the PEC Council Leads and the Public Health Planning Deployment Champions.

### **Ventura County Knowledge Sharing Network**

The formation of "*Knowledge Sharing Groups*" (Councils and the Teaming web site) has been developed by the Ventura County Continuous Improvement Office. The County's Service Excellence Council roundtable will become a regular component of the VCPH PEC meetings cycle. This will create synergy of execution and learning among VCPH Performance Management activities.

### **Quality Improvement Communications and Feedback**

It is critically important that the communications with all programs and levels of VCPH remain open and honest so the workforce and management are fully aware of the status and plans of the LSS efforts in order to get the best value from the improvement effort. Performance Management updates are

provided at regular management and staff meetings and department-wide at a quarterly all staff meeting called the "Speakeasy."

1. **Communication Plan:** VCPH communicates general information, schedules, events and results of quality improvement efforts within its existing CQI structure and through program coordinator meetings. Communication methods include, but are not limited to, briefings at departmental division manager meetings and staff meetings, external and internal newsletter articles, posters, bulletin boards, e-mail, and intranet web sites. The Public Information Officer is responsible for coordinating these communications. A weekly internal newsletter has been established to keep all staff members up-to-date. Agendas and meeting minutes are posted on the internal web site for staff to review.
2. **Web-Site:** VCPH has incorporated past CQI data and information to create and maintain a quality improvement site as part of its intranet web page to facilitate communication of information regarding transformation and projects. The site contains the implementation plan, local metrics and results. Information such as training modules, lessons learned, reporting forms, county-wide metrics, lists of recommended reading and other resources are available on the County's Service Excellent site. Outcomes are also posted on the County's Service Excellence site at: <https://countyofventura.qs.spiderstrategies.com/cms/spring/authenticate?database=database1316659720606&username=public&password=public>
3. **Quality Improvement Feedback Plan:** The PEC will assess the effectiveness of quality improvement plans and activities including a review of the process, progress toward goal achievement, strengths and areas for improvement, customer satisfaction and related outcomes.

### **VCPH Management and Staff Development and Training Requirements**

All department managers will take Lean Six Sigma Green Belt or Champion Training within a year of this plan or new hire. All staff will take at least a Yellow Belt class. All managers, supervisors, and staff are encouraged to take additional Lean Six Sigma classes.

A schedule of LSS training, Kaizen and Green Belt projects will be developed with a measured pace to reduce lead times, reduce variation, and eliminate bottlenecks. Regular grassroots improvement processes will continue to allow programs to continue process improvement efforts. The internal infrastructure will be continue to be developed to sustain LSS improvement efforts with decreasing reliance on an outside contractor with the eventual goal of self-sustenance.

The County of Ventura has developed a training series entitled "Nuts and Bolts Management Training." This series targets new and or less experienced managers. Their performance reviews will include recommendations to take courses deemed relevant to their needs.

All new staff members are required to take the Health Care Agency's New Employee Orientation. Technical and specialty roles also are provided with training in their specific areas of responsibility. Individualized recommendations for training will be provided to every employee according to individual needs that arise during the course of performance management.

**Appendices**

Brief review and revision as needed for Leads. Also, review and discussion regarding “active” team members.

**Public Health Performance Excellence Council: Staffing and Support**

Membership is updated at least annually and as staff members change.

**Performance Excellence Council Deployment Champions:** Rigoberto Vargas, Steve Carroll, Patty Chan, Dr. Daniel Jordan, Dr. Robert Levin, Megan Steffy

**Performance Excellence Council Leads: Chair, Co-Chairs:** Lauri Plunkett, Evy Criswell and Laura Flores

**PEC Consultants and Coordinator:** Dr. Dan Jordan, Bev Hansen, Erin Slack and Erika Soltero-Perez

**PEC Domain Leads**

- 1. Assess Population Health Status**  
Erin Slack, Steve Johnston
- 2. Investigate Health Problems**  
Brett Austin, Barbara Spraktes-Wilkins
- 3. Inform and Educate the Community**  
Selfa Saucedo, Linda Bays
- 4. Engage the Community**  
Evy Criswell, Adrienne Stephens
- 5. Develop Policies and Plans and Administration**  
Dan Wall
- 6. Laws and Governance**  
Linda Kodman, Tom Underwood
- 7. Link and Assure Care**  
Laura Flores, Craig Webb
- 8. Assure Competency**  
Colleen Schulze, Katie Rowe
- 9. Evaluate Health Services**  
Dr. Dan Jordan, Bev Hansen, Lauri Plunkett
- 10. Research**  
Katy Haddock and Nancy Ballard
- 11. Maintain Administrative and Management Capacity**  
Susan Klein, Silvia Lopez-Navarro and Tan Kohler
- 12. Build a Strong and Effective Relationship with Governing Entity**  
Chris Rosa, Patti Sheldon

**Active PEC Members**

All Public Health staff members are PEC members. The staff members listed below are actively involved in PEC operations and projects. Any Public Health staff member who wants to participate is welcome and will be added to the Active PEC Members list.

- |           |                 |
|-----------|-----------------|
| Christine | Adam            |
| Letty     | Alvarez         |
| Claudia   | Arias           |
| Lynn      | Bartosh         |
| Claudia   | Benton          |
| Sharman   | Busch           |
| Monique   | Cicccone-Llanos |
| Karen     | Crawford        |
| Seleta    | Dobrosky        |
| Diane     | Emerick         |
| Joanna    | Flores          |
| Vicky     | Gonzales        |
| Rosie     | Herrera         |
| Silvia    | Lopez-Navarro   |
| Maria     | Macias          |
| Adrian    | Manzano         |
| Michelle  | Mitchell        |
| Jeanne    | Munesato        |
| Pauline   | Preciado        |
| Sara      | Rivera          |
| Joanne    | Torres          |
| Sandra    | Tovar           |
| Jason     | Tuazon          |
| Carolina  | Ugarte          |
| Alicia    | Villicaña       |
| Denise    | Von Bargaen     |
| Sheila    | Winters         |



## Performance Management and Quality Improvement Definitions

Source: <http://www.cdc.gov/stltpublichealth/performance/Definitions.html>

- **Quality improvement** in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act [or Define, Measure, Analyze, Implement, Control], which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community.  
(Source: Riley et al., “Defining Quality Improvement in Public Health”, JPHMP, 2010, 16(10), 5-7.)
- **Systems performance improvement** is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making.  
(Source: National Public Health Performance Standards Program)
- **Performance management** is the practice of actively using performance data to improve the public’s health. This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization or system level.  
(Source: Turning Point Performance Management Collaborative, 2003.)

## Public Health Accreditation Domains

### **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community**

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

#### *Domain 1 Standards*

- Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public’s Health
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processed, Programs, or Interventions

## **Domain 2: Investigate health problems and environmental public health hazards to protect the community**

Domain 2 focuses on the investigation of suspected or identified health problems or environmental public health hazards. Included are epidemiologic identification of emerging health problems, monitoring of disease, availability of public health laboratories, containment and mitigation of outbreaks, coordinated response to emergency situations, and communication.

### *Domain 2 Standards*

- Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards
- Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards
- Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

## **Domain 3: Inform and educate about public health issues and functions**

Domain 3 focuses on educating the public. This domain assesses the health department's processes for continuing communication as standard operating procedures.

The population that a health department serves should have accurate and reliable information about how to protect and promote individual and family health. They should have information about healthy behaviors, such as good nutrition, hand washing, and seat belt use. The population should have access to accurate and timely information in the case of particular health risks like H1N1, a food borne disease outbreak, or an anthrax attack. Such information should be communicated in a language and format that people can understand. Public health departments also have a responsibility to educate the public about the value, roles, and responsibilities of the health department and the meaning and importance of the public health.

These educational responsibilities require a continuing flow of information. To be effective, delivery of information should not be a one-way street. For the health department to communicate with the public accurately, reliably, and in a timely manner, it must gather and use information that it receives from federal, Tribal, state and other local health departments. It also needs input from community partners and the population and sub-groups of the population that it serves. Communication requires dialogue with the target population to assure that the message is relevant, culturally sensitive, and linguistically appropriate.

### *Domain 3 Standards*

- Standard 3.1 Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- Standard 3.2 Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

## **Domain 4: Engage with the community to identify and address health problems**

Domain 4 focuses on community engagement. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, developing policies, communicating important information, and implementing public health initiatives. Members of the community offer a unique perspective on how issues are manifested in the community, what community assets can be mobilized, and what interventions will be effective. Public health can broaden

its leverage and impact by doing things with the community rather than doing things to the community. This domain addresses health departments' establishment and maintenance of community relationships that will facilitate public health goals being accomplished.

#### *Domain 4 Standards*

- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
- Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health

#### **Domain 5: Develop public health policies and plans**

Domain 5 focuses on the development of public health policies and plans. Written policies and plans serve as tools to guide the health department's work and bring structure and organization to the department. Written policies and plans provide a resource to health department staff as well as the public. Policies and plans help to orient and train staff, inform the public and partners, and serve as a key component of developing consistency in operations and noting areas for improvement. Policies and plans can be a vehicle for community engagement and shared responsibility for addressing population health improvement.

Policies that are not public health specific may also impact the public's health. Policy makers should be informed of the potential public health impact of policies that they are considering or that are already in place. Policy makers and the public should have sound, science-based, current public health information when policies are being considered or adopted.

#### *Domain 5 Standards*

- Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
- Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a State/Community Health Improvement Plan
- Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan
- Standard 5.4: Maintain an All Hazards Emergency Operations Plan

#### **Domain 6. Enforce Public Health Laws**

Domain 6 focuses on the role of public health departments in the enforcement of public health related regulations, executive orders, statutes, and other types of public health laws. Public health laws are key tools for health departments as they work to promote and protect the health of the population. Health department responsibilities related to public health laws do not start or stop with enforcement. Health departments also have a role in promoting new laws or revising existing laws. Public health related laws should be science-based and protect the rights of the individual, as they also protect and promote the health of the population. Health departments have a role in educating regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws. Health departments also have a role in educating the public about laws and the importance of complying with them.

The term "laws" as used in these standards and measures refers to ALL types of statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the jurisdiction of the health department. For state health departments, not all ordinances are applicable, and therefore ordinances may not need to be addressed by state health departments. Similarly, some statutes are not applicable to local health departments, and therefore some statutes may not need to be addressed by local health departments. For Tribal health departments, applicable "laws" will depend on several

factors, including governance framework and interaction with external governmental entities (federal, state, and local).

Public health laws include such areas as environmental public health (food sanitation, lead inspection, drinking water treatment, clean air, waste-water disposal, and animal and vector control), communicable disease (outbreak investigation, required newborn screenings, immunizations, communicable disease reporting requirements, quarantine, tuberculosis enforcement, and STD contact tracing), chronic disease (sales of tobacco products to youth, smoke-free ordinances, and adoption of bike lanes), and injury prevention (seat belt laws, helmet laws, and speeding limits). Clearly, health departments are not responsible for the enforcement of many or most of these laws. The adoption and implementation of such laws, however, have enormous public health implications. It is important for the health department to be involved in their adoption, monitoring their enforcement, providing follow-up services and/or education, and educating the policy makers and the public about their importance and impact.

#### ***Domain 6 Standards***

- Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
- Standard 6.2: Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
- Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

#### **Domain 7. Promote Strategies to Promote Access to Health Services**

Domain 7 focuses on the link between public health activities and health care services. The health care sector provides many preventive services, such as immunizations, cholesterol screening, screening for breast cancer, high blood pressure management, and prenatal care. Patient counseling on health promotion, disease prevention, and chronic disease management is an important link between health care and public health. Linkages between health care and public health ensure continuity of care and management for the population.

An important role of public health is the assessment of (1) the capacity of the health care system to meet the health care needs of the population, and (2) community members' access to health care services. Public health also works to increase access to needed health care services.

#### ***Domain 7 Standards***

- Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services
- Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

#### **Domain 8: Maintain a competent public health workforce**

Domain 8 focuses on the need for health departments to maintain a trained and competent workforce to perform public health duties. Effective public health practice requires a well prepared workforce. A multi-disciplinary workforce that is matched to the specific community being served facilitates the interdisciplinary approaches required to address the population's public health issues. The manner in which services are provided to the public determines the effectiveness of those services and influences the population's understanding of, and appreciation for, public health. Continuous training and development of health department staff is required to ensure continued competence in a field that is making constant advances in collective knowledge and improved practices.



### *Domain 8 Standards*

- Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers
- Standard 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

### **Domain 9: Evaluate and continuously improve health department processes, programs, and interventions**

Domain 9 focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

### *Domain 9 Standards*

- Standard 9.1: Use a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions
- Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

### **Domain 10: Contribute to and apply the evidence base of public health**

Domain 10 focuses on the role that health departments play in building and advancing the science of public health. Public health is strengthened when its practitioners continually add to the body of evidence for promising practices -- those practices that have the potential to become evidence-based over time. Health departments should employ evidence-based practices for increased effectiveness and credibility. Health departments also have important roles in developing new evidence. Health departments should apply innovation and creativity in providing public health services appropriate for the populations they serve.

### *Domain 10 Standards*

- Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

### **Domain 11: Maintain Administrative and Management Capacity**

**Note:** In the Performance Excellence Council, Domain 11 is fulfilled by the Deployment Champions.

Domain 11 focuses on health department management and administration capacity. Health department leaders and staff must be knowledgeable about the structure, organization, and financing of their public health department and other agencies and organizations that provide public health services. Health departments must have a well-managed human resources system, be competent in general financial management, and knowledgeable about public health authorities and mandates.

### *Domain 11 Standards*

- Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
- Standard 11.2: Establish Effective Financial Management Systems

**Domain 12: Maintain Capacity to Engage the Public Health Governing Entity**

Domain 12 focuses on the health department’s capacity to support and engage its governing entity in maintaining the governmental public health infrastructure for the jurisdiction served. Governing entities play an important role in the function of many public health departments. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.

A governing entity, as it relates to the accreditation process, should meet the following criteria:

4. It is an official part of Tribal, state, regional, or local government.
5. It has primary responsibility for policy-making and/or governing a Tribal, state, or local, health department.
6. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.
7. It is the point of accountability for the health department.
8. In the case of shared governance (more than one entity provides governance functions to the health department), the governing entity, for accreditation purposes, is the Tribal, state, regional, or local entity that, in the judgment of the health department being accredited or PHAB site reviewers, has the primary responsibility for supporting the applicant health department in achieving accreditation.

***Domain 12 Standards***

- Standard 12.1: Maintain current operational definitions and statements of the public health roles, responsibilities, and authorities
- Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity
- Standard 12.3: Encourage the governing entity’s engagement in the public health department’s overall obligations and responsibilities

## Quality Improvement Terms

Note that Ventura County Public Health employs Lean Six Sigma strategies at macro, meso, and micro levels of performance management efforts. This list is not exhaustive, additional terms will be added over time.

**Analyze Stage** - The third stage of the LSS DMAIC where data is statistically analyzed and/or maps are analyzed for waste.

**Baseline Conditions** - A snapshot of the state of a process frozen at a point in time.

**Black Belt** – An individual who has met the LSS training criteria to lead Lean Six Sigma Projects. Black Belts have demonstrated mastery of the subject matter through the completion of project(s) and an exam.

**Brief out** – Meetings held by team members/leads and belts with Value Stream Champions at scheduled intervals of a Kaizen or Project to review status of open improvement actions, roadblocks, and assignments. The final brief-out addresses before and after conditions, improvements realized and projected, and highlights the actions that must be completed to achieve the projected improvements.

**CTQ** – Critical to Quality process. Understanding the customers standard of quality.

**Complexity** – The number of different types of products, services, options, features, etc., that your processes have to handle.

**Control Stage** – The fifth and final stage of the Lean Six Sigma DMAIC where improvements are controlled through the design of a control plan, training plan, and communication plan.

**Cycle Time** – The time it takes to successfully complete the tasks required for a work process.

**Define Stage** – The first stage of the Lean Six Sigma DMAIC that identifies the problem that needs to be solved. Several Lean Six Sigma tools are utilized to adequately define the problem, such as the Charter and Newspaper.

**Delays/queue time** – The time work is “waiting” to be worked on when you have WIP. It is in the queue.

**Deployment** – The function of positioning Lean Six Sigma County or Agency-wide.

**Deployment Champion** – The individual who owns the communication, coordination, integration, and alignment of LSS deployment and implementation. In VCPH, this person is the Agency Director.

**DMAIC** – Refers to a data-driven quality strategy for improving processes. It is an acronym for “Define, Measure, Analyze, Improve, and Control”

**DMADV** – Data driven quality strategy for developing a process. It is an acronym for “Define, Measure, Analyze, Design, and Verify”

**Executive Leadership** – The VCPH Executive Leadership consists of the Agency Director and Division Directors and where appropriate, Managers. They are responsible for the successful implementation of the LSS efforts.

**Executive Planning Sessions** – A two to three day session where success is defined in the eyes of the Executive Leadership, and the level of commitment and resources required to achieve a successful LSS implementation effort are identified.

**Future State Map** – A representation of an improved process.

**Get to Excellence Plans (GTEP)** – The primary product of a Value Stream Analysis. A document that lists the various activities that would LSS to the future state of a value stream. Activities are organized as Projects, Kaizens, or Just-Do-Its.

**Green Belt** - An individual who has met the Lean Six Sigma training criteria to lead Lean Six Sigma Kaizens. The green belt employee plays an important role in executing the Six Sigma process at an organization level.

**Handoffs** – A count of the number of time a document or product changes hands.

**Implementation** – The process by which Lean Six Sigma is put into practice.

**Improve Stage** - The fourth stage of the Lean Six Sigma DMAIC that identifies the solutions to the process being studied.

**Information and Knowledge Management** – A means of organizing information, resources and metrics to create synergy of execution and learning.

**Just-Do-Its** – One of the elements of a Get to Excellence Plan. An activity that can be accomplished without further analysis.

**Kaizens** – A Japanese term that means continuous improvement. One of the elements of a Get to Excellence Plan. An activity that is designed to improve a process that exhibits moderate complexity in one to five days.

**Knowledge Sharing Groups** – Teams that participate in Knowledge sharing utilizing a knowledge management tools such as the County “Teaming Site”.

**Lead Time** - The amount of time to deliver your goods. Lead time = amount of WIP/avg. completion rate.

**LSS Belts** – The team of people trained in Lean Six Sigma to facilitate LSS Events. (The exception is the Yellow Belt who has received the basic information to be a fully participating Team Member.)

**LSS Deployment Team** – Comprised of the Deployment Champion and LSS Belts.

**LSS Events** – A generic term that describes the body of activities whereby teams and belts work towards improving any given process or value stream.

**LSS Metrics** – Financial, behavioral, and core-process measurements that help you monitor your organization’s progress toward achieving the goals of your LSS initiative.

**Lean Six Sigma** – A process improvement model that is a combination of LSS and Six Sigma designed to eliminate waste and reduce variation.

**Lean Targets** – The objectives of a Kaizen, Project, or Value Stream Analysis.

**Master Black Belt** - Six Sigma Quality experts that are responsible for the strategic implementations within an organization.

**Measure Stage** - The second stage of the Lean Six Sigma DMAIC where data is quantified to best represent a process.

**Newspaper** - A Lean Six Sigma tool that lists issues and possible improvement actions.

**Organizational Assessments** - A comprehensive examination of results achieved, LSS deployment, and LSS maturity of the organization. Ideally during the first two years, these assessments are conducted quarterly.

**Process Efficiency** – Ratio of value-added time to total lead time.

**Projects** - One of the elements of a Get to Excellence Plan. An activity that is designed to improve a process that where the “*Root Cause*” of a problem is not readily apparent, or the complexity of the problem exceeds the capability of a “*Kaizen*” to resolve.

**Quad Chart** – A single page report that is designed to capture objectives, metrics, results, and lessons learned from a Project, Kaizen, or Just-Do-It.

**Redeployment** – Steps that leadership takes when process improvements require reassignment and/or retraining of staff.

**Root Cause** - An identified reason for the presence of a defect or problem. The most basic reason, which if eliminated, would prevent recurrence. The source or origin of an event.

**Root Cause Analysis** - Study of original reason for nonconformance with a process. When the root cause is removed or corrected, the nonconformance will be eliminated.

**Team Leader** – The Team Leader is generally a top-level technician who also is a natural leader. They interface closely with the Green or Black Belt to develop the baseline conditions, gather initial metrics, and assure that the event is on track.

**Team Member** - These personnel are the key resources doing the work of process improvement. Their involvement is crucial and the reason LSS efforts succeed. They have the knowledge and motivation to implement improvements.

**Value Stream Analysis** – A process whereby all the steps in a process are examined for waste and opportunities for improvement.

**Value Stream Champion** – People who are responsible for the effective execution of the GTEPs and within their division.

**Value Streams** - All the steps (both value added and non-value added) in a process that the customer is willing to pay for in order to bring a product or service through the main flows essential to producing that product or service.

**Value-added and non-value-added (waste)** – Processes which adds value in the eyes of the customer and processes which do not add value.

**WIP (Work in Process)** – The amount of work that is officially in a process and isn't yet complete.

**Yellow Belt** - A Yellow Belt typically has a basic knowledge of Six Sigma, but does not lead projects. Primarily participates as a core team member.

DRAFT

## VENTURA COUNTY PUBLIC HEALTH

### Performance Excellence Council Charter

*(Note: Signed Charter is a separate Acrobat file.)*



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#### I. PUBLIC HEALTH MISSION

Public Health's mission is to empower the community to promote health and emergency preparedness and prevent disease, injury and disability. Successful performance of this mission demands the development and modeling of strategies that ensure the delivery of quality and cost effective services to the people who live in Ventura County.

#### II. PERFORMANCE EXCELLENCE COUNCIL PURPOSE

The PEC is a component of the Department's performance management system. It continuously assesses the health of Ventura County communities, the development of policies and plans, and evaluates and continuously improves service equity and quality. Such indicators include: efficiency, effectiveness, performance, accountability, and outcomes. The PEC provides leadership, education, oversight, and guidance to achieve measurable improvements in the core public health functions of assessment, assurance and policy development. The PEC:

- Evaluates and continuously assesses performance and identifies improvement opportunities. Uses and continuously integrates a performance management system to improve the department's processes, programs, and interventions.
- Makes recommendations to the Performance Excellence Deployment Champions on methods to standardize, evaluate, and coordinate Public Health performance improvement activities.

#### III. PUBLIC HEALTH PERFORMANCE EXCELLENCE GOVERNANCE

The Performance Excellence Council is governed by Public Health Performance Excellence Deployment Champions who fulfill the purpose of maintaining and managing departmental capacity. The PEC is organized across the ten public health essential functions. Organizing by service functions rather than by programs is a core concept. This will improve the extent to which programs work together, provide opportunities to identify program integration and reduce silos within the department. The PEC uses various analytic approaches, including Lean Six Sigma tools and methods, to improve the Department's efficiency and effectiveness.

The PEC will:

- Engage staff at all levels in the Performance Excellence process. To achieve this, all staff will be trained in Lean Six Sigma and other performance improvement methods.
- Determine and report on achievement of goals, objectives and measures set by the Deployment Champions.

## Ventura County Public Health Performance Excellence Plan

- Assess external customer satisfaction with health department services. Assess internal customer satisfaction with support services provided to maintain and improve operations.
- Provide staff development opportunities regarding performance management and include quality improvement in staff training, including participation by all staff members in Lean Six Sigma and other performance improvement methods.
- Establish a quality improvement program based on organizational policies and direction.
- Write, update and implement a quality improvement plan guided by the department's policies and strategic direction in its mission and vision statements, strategic plan and health improvement plan.
- Implement quality improvement activities and document improvement activities and staff participation based on the overall QI plan.

### IV. PRINCIPLES

The Public Health Performance Excellence Council is guided by the following principles:

- Identify, maintain, and improve community health, safety, and wellness
- Continuously assess and act on opportunities for process improvement and program development
- Improvement strategies are based on data, measurable, and knowledge driven
- Risk assessment is an essential element of performance excellence
- Performance improvement is an ongoing process cycle
- As appropriate, community members and service recipients will be included in assessing community health and wellness needs
- Involve staff members who do the work in creating improvements

### V. PERFORMANCE EXCELLENCE COUNCIL ORGANIZATION AND RESPONSIBILITIES

The PEC is organized into sections that follow the Core Public Health Functions and Services. Deployment Champions are responsible for maintain administrative and management capacity. They assign Performance Excellence Council chairs. Leads and members are assigned to each area. Length of membership may vary with the performance improvement projects that are underway. Members will continue through completion of multi-year projects or projects that span fiscal years.

#### **Responsibilities (Current Members are listed in the Appendix Below)**

The PEC is responsible to implement and conduct program and process improvement and development projects identified by the Deployment Champion Team. Leads and members are assigned to one of the public health service domains. Since it is likely that different domains will vary in level of activity required at any one time, leads and members may work on projects in other domains as needs and priorities arise.

The functional teams are:

- Monitor health status
- Diagnose and investigate health issues

- Inform, educate, and empowerment
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services/assure care
- Assure a competent workforce
- Evaluate health services
- Research

Leads and members currently assigned to the functional areas are listed in the appendix at the end of this document.

### **Deployment Champion Team Responsibilities**

Review the essential service categories to identify value streams that need either improvement or development (e.g., new programs or services). Work with the Performance Excellence Council Chair and Co-Chairs on prioritizing projects to conduct. Review progress and take action on resulting reports and outcomes. Deployment champions are assigned by the Department Director.

The Deployment Champion Team is responsible to assure a balance across the Department in assignments of Team Leads and Members. If a special focus is established in one or more areas the Deployment Team may assign Leads and Members to assist across domains to assure the performance improvement projects are achieved in required time frames.

The Deployment Champions will make necessary resources available to the PEC (e.g., meeting rooms, staff time, computers, training, etc).

### **Chair, Co-Chairs, and Support Staff Responsibilities**

#### **Position Rotation**

At the end of each year, the senior co-chair will rotate into the chair position, and a new co-chair will be assigned by the Deployment Champions Team. These positions will have one-year term rotating through the roles, with two members always having more than one year's experience and one new member added each year.

#### **Chair and Co-Chair Responsibilities**

- Responsible for the performance of the PEC.
- Liaison with deployment champions to identify value streams to be addressed.
- Establish priorities for implementation.
- Assign performance improvement projects including time frames to appropriate team leads.
- Prepare meeting agenda in coordination with secretary.
- Facilitate meeting.
- Distribute documents.
- May form a planning work group within the Council to assure that meetings, planning and other activities are well-organized and to conduct any work that may need to be done between meetings.
- Co-Chairs decide how to organize responsibilities, who will participate in which team meetings, etc.



- Analyze and approve performance improvement reports to be filed with the County Service Excellence Council.
- Report on ongoing communication about performance excellence with all employees including: lessons learned, storyboards, staff meeting updates, agendas, progress toward goals and objectives, revisions or updates, etc. Maintain an intranet web site for reporting this information.

### **Leads and Members Responsibilities (See Members in Appendix)**

- Leads and members are Performance Excellence Council members and have primary responsibility for their respective essential service domains. Leads and members may be deployed to work in other essential service domains as special priorities arise.
- Analyze performance excellence areas of improvement. Prioritize projects to be conducted within their essential service domain.
- Oversee, plan projects, and report on progress and outcomes to Department management. Submit completed project storyboard summaries to the Chair and Co-Chairs.
- Meet on alternate months and report out results and status on a quarterly basis.
- Identify issues to be addressed.
- Team Leads and Members are trained in Lean Six Sigma methods. They organize and run improvement projects. They meet on months alternate to PEC. A Team Lead may be assigned who will be taking the Green Belt class within six months.
- Team Members identify problems and opportunities and bring them back to the Team Leads. A Team Member may be assigned who will be taking Lean Six Sigma training within six months.

## **VII. MEETINGS AND RESOURCES**

The Department Director and Division Managers serve as the Deployment Champions for the PEC. They meet **monthly** with the PEC Co-Chairs and PEC Administrative Staff Member to plan performance improvement activities, evaluate ongoing projects, and review results.

change to quarterly or as needed.

PEC Co-Chairs, Administrative Staff Member, and PEC Leads meet bi-monthly and as needed. These meetings provide guidance for performance management operations and to develop performance and process improvement plans to be implemented. Leads report on the status of ongoing projects and results of completed projects.

Leads and Members have operational meetings as needed to oversee, develop, implement, and evaluate ongoing process improvement projects.

**In addition, a quarterly PEC meeting will be held that is open to all staff members. This meeting will be held immediately following the quarterly Speakeasy to communicate about projects in process, and to get ideas from staff members regarding performance improvement opportunities.**

Meetings are open to all Public Health staff members. Staff members may also be called on to participate as assigned. Only Public Health Performance Excellence Council members may vote. Cancellation of meetings shall be on an emergency basis only and notification shall go out to the membership in a timely manner.

We have not done this to date but would like to leave in place as a possibility. It may be as simple as making ourselves (the PEC chairs) available after the Speakeasy for questions or presentation of ideas.

**VIII. GUIDING PRACTICES**

- A. The Deployment Champions shall assign the Chair, Co-Chairs, Administrative Staff Members, and PEC Team Leads and Members. Appointments from across the Department shall be staggered for consistency. The Deployment Champions notify the Performance Excellence Council Co-Chairs and the PEC Administrative Staff Member of changes. Performance Excellence Council Co-Chairs are appointed by the Department Director.
- B. A quorum is a majority of committee members present.
- C. **If Performance Excellence Council Leads are unable to attend, they shall notify their alternate in a timely fashion to attend in their place.**
- D. Divisions and programs shall include within their own regular staff meetings time for Performance Excellence Council updates. The Performance Excellence Council shall also communicate with the director, division managers, program managers, supervisors and staff, and PEC planning teams.

I highlighted this only for purposes of discussion regarding revision of the leads list.

**IX. CHARTER APPROVAL AND AMENDMENTS**

- A. Any Performance Excellence Council member may propose Charter amendments.
- B. The Performance Excellence Council Co-Chairs shall assess suggested amendments and lead discussion on them. The Co-Chairs shall present suggested amendments to the Director of Public Health.
- C. The Director of Public Health retains authority for final approval of or amendments to this Charter.

The Ventura County Public Health Performance Excellence Council Charter is granted and approved by:

\_\_\_\_\_  
Rigoberto Vargas, Director  
Ventura County Public Health

\_\_\_\_\_  
Date

The Ventura County Public Health Performance Excellence Council acknowledges receipt of this charter and agrees to abide by the direction so given.

\_\_\_\_\_  
**Lauri Plunkett, Chair** **Date**  
**2013-14 Ventura County Public Health Performance Excellence Council**

\_\_\_\_\_  
**Evy Criswell, Co-Chair** **Date**  
**2013-14 Ventura County Public Health Performance Excellence Council**

\_\_\_\_\_  
**Laura Flores, Co-Chair** **Date**  
**2013-14 Ventura County Public Health Performance Excellence Council**