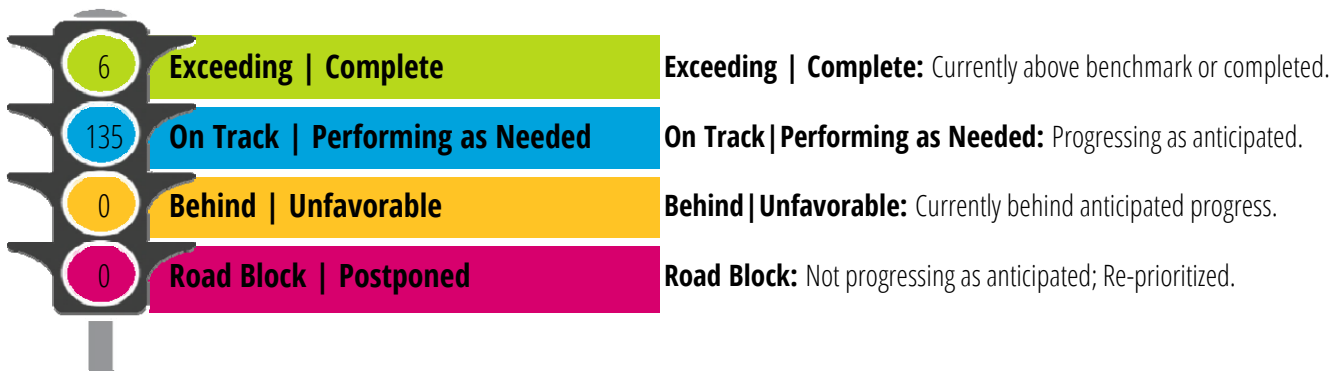


# Program Implementation Plan

## Results: 1st Quarter, 2019

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2019. It assigns responsibilities and dates for the work to be completed. Output targets are determined by 3-year output data or grant, contract, and state administrative guidelines. This plan was developed by directors and staff, reviewed by the Plan of Work Workgroup and approved by the Performance Management Council and Hamilton County Board of Health.

### Program Implementation Plan Agency Summary



### Program Implementation Plan Agency Narrative

The 2019 program implementation plan has been updated to reflect newly assigned metrics and programs for 2019. All strategic plan metrics within the dashboard have been updated to match the third year requirements for the strategic plan. New this year, the plan tracks additional Syphilis and HIV metrics and updated grant deliverables. Overall, HCPH had a successful first quarter of 2019. There were 96 percent of all metrics that performed as "On Track | Performing as Needed."

Throughout the year, as staff complete program metrics, there will be an increased focus on HCPH's 100 year celebration. To commemorate this special occasion, staff will be working to increase awareness of public health achievements. This work will further strength community relationships that staff have worked so hard to establish.

### Program Implementation Plan Index

Page	Division / Program	Page	Division / Program
1	Administration	8	Health Promotion and Education
2	Strategic Plan	9	Plumbing
3	Disease Prevention	10	Waste Management
4	Environment Health	11	Water Quality
5	Emergency Preparedness	12	Performance Management Work Groups
6	Epidemiology	13	Performance Management Action Items
7	Harm Reduction Program		



**Exceeding | Complete:** Currently above benchmark or completed.

**On Track | Performing as Needed:** Progressing as anticipated.
















**Behind | Unfavorable:** Currently behind anticipated progress.

**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

Administration had a productive first quarter. The customer service group has issued 6,961 licenses and permits. This represents over 57 % of all licenses and permits expected for 2019. A large portion of this volume is food service renewal licenses for 2019 which were due to be paid by March 1. Vital Statistics issued over 9,000 birth and death certificates. Administration submitted the 2019 annual report to the Public Health Accreditation Board and started working on the reaccreditation process. All required reporting and emergency preparedness activities are currently on track or exceeding expectations.

## Programs

Customer Service & Vital Statistics							
	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued							
G. Varner	15,495	3,191				21%	
Number of death certificates issued							
G. Varner	26,512	5,957				22%	
Number of EHS permits issued							
G. Kesterman	8,254	4,418				54%	
Number of EHS licenses issued							
G. Kesterman	3,936	2,543				65%	
Board of Health Training							
	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours							
T. Ingram	2.00	0.42				21%	
Accreditation							
							Status
Annual accreditation report created and submitted							
G. Kesterman						Yes	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)						Yes	
C. Davidson						Yes	
A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response (Measure 2.4.2 A)							
M. Samet	Tests Completed by Quarter:	2	0	0	0	25%	
Implement culturally competent initiatives to increase access to health care services for those with barriers due to cultural, language, or literacy (Measure 7.2.3 A)							
M. Samet						In Progress	
Administration							
	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete)							
G. Varner	100%	25%				25%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete)							
G. Varner	100%	25%				25%	
Human Resources - Number of new hires that have completed orientation							
S. Taylor	100%	4				100%	
Human Resources - Number of HCPH personnel policies reviewed							
S. Taylor	76	20				26%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications)							
M. Samet	50%	54%				54%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists							
M. Samet	8	2				25%	



**Exceeding | Complete:** Currently above benchmark or completed.










**On Track | Performing as Needed:** Progressing as anticipated.

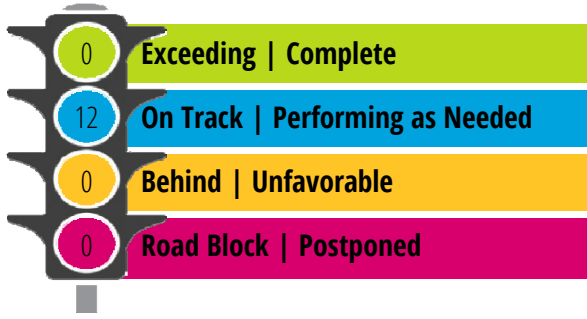
**Behind | Unfavorable:** Currently behind anticipated progress.

**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

Year three of the Hamilton County Public Health Strategic Plan has been loaded into the Program Implementation Plan. HCPH continues to seek partnerships with the Hamilton County Mental Health Board and Cincinnati Children's Hospital to assist with youth suicide prevention. The Substance Abuse initiative is now fully operationalized having completed its first full year of operations. For additional details, see page 7 of the program implementation tab. The newly formed Oral Health Coalition is on track. The Coalition has adopted its strategic plan and recommendations for addressing major gaps in oral health in Hamilton County. The Public Information Officer has updated all website forms into html format. This allows forms to be quickly translated for all customers directly on our website. The Information Technology staff have focused on implementing and utilizing a new Microsoft System Center Configuration Manager. This will improve PC deployment times.

Programs:	Year 3	Status
<b>Mental Health</b>		
Support and collaborate with partners in youth suicide prevention workgroup. <small>C. Davidson &amp; R. Stowe</small>	In Progress	
<b>Substance Abuse</b>		
Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details) <small>L. McCreadie</small>	In Progress	
<b>Obesity</b>		
Target schools identified, school implementation launched <small>B. Stowe</small>	In Progress	
Program outcomes developed and data points determined <small>B. Stowe</small>	In Progress	
Evaluation plan developed <small>B. Stowe</small>	In Progress	
<b>Oral Health</b>		
Action plan adopted and work plan developed <small>T. Ingram</small>	Yes	
Progress on work plan implementation <small>T. Ingram</small>	In Progress	
<b>Administration</b>		
Workforce - Assess capacity <small>(S. Taylor)</small>		
Complete report showing status of positions and support of new workloads	Yes	
Information Technology - Assess division and agency needs <small>(E. Moser)</small>	In Progress	
Develop response plan	In Progress	
Service delivery - Languages, signage and printed materials identified <small>(M. Samet)</small>	Yes	
Messages identified and developed	Yes	
Selected materials distributed and posted	Yes	
Public Information - Survey key audience groups <small>(M. Samet)</small>	Yes	
Update communications plan based on input from surveyed groups	Yes	
Emergency Preparedness - Update staff training plan as needed to ensure emergency readiness <small>(J. Sherrard)</small>	Yes	
Implement emergency readiness training plan as needed for staff	In Progress	



**Exceeding | Complete:** Currently above benchmark or completed.

**On Track | Performing as Needed:** Progressing as anticipated.

**Behind | Unfavorable:** Currently behind anticipated progress.

**Road Block:** Not progressing as anticipated; Re-prioritized.

## Program Narrative

All Disease Prevention performance metrics are on track and the staff had a very busy 1st quarter in 2019. The division continued to grow and expand programs, and increased staffing to support program growth. Our vaccine program is active, and has been able to offer influenza and hepatitis vaccines throughout the quarter. We have hired an additional nurse to work in tuberculosis and assist with HIV/STD clinical needs. New protocols and procedures continue to be developed with our physician staff, including Dr. Moises Human MD for tuberculosis, and Dr. Steve Feagins MD as our agency medical director. We continue to serve adult and pediatric patients in our tuberculosis control, BCMH, HIV/STD, and Immunization programs.

## Programs

Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	100%	29%				29%	

Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total number of tuberculosis screenings	1200	231				19%	
Active cases of tuberculosis managed by Disease prevention staff	20	10				50%	

Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total number of flu vaccines administered (3 year average)	120	6				5%	
Total combined number of VFC and 317 vaccines administered (3 year average)	1490	300				20%	
All services compliant with VFC program guidelines and ACIP recommendations	100%	25%				25%	

STD	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	7				78%	
50% reduction in incidence of congenital syphilis cases. Goal is zero cases. (3-Yr Avg.)	5	0				0%	
Reduce 2019 primary / secondary syphilis cases to 15% below 3 year average (2016-2018 P&S syphilis average cases = 79)	68	15				22%	
# of Syphilis clients served (3 Yr Avg) - Increased Treatment	12	53				442%	

HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	9				100%	
Reduce 2019 HIV cases to 15 % below 3 year average (2016-2018 HIV average cases = 174)	148	29				20%	

Continuous Quality Improvement	Current Projects	New Projects Identified
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Scott Puthoff has been assigned to be the project coach for the immunization CQI project identified in the CHIP. The team will be formed and meetings initiated in Quarter 2. Brad Johnson was originally assigned to be the project coach for the pediatric case management CQI project identified in the CHIP. With Brad's resignation, a new coach will be identified for the second project and it will be started after the immunization project is completed.	Yes	Yes
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**0 Exceeding | Complete**
**Exceeding | Complete:** Currently above benchmark or completed.

**14 On Track | Performing as Needed**
**On Track | Performing as Needed:** Progressing as anticipated.

**0 Behind | Unfavorable**
**Behind | Unfavorable:** Currently behind anticipated progress.

**0 Road Block | Postponed**
**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

The Division of Environmental Health is on track or exceeding in all 14 of its 2019 Program Implementation Plan objectives. Food inspection numbers are slightly below 25 % as licensure for 2019/2020 is now just underway. Food education numbers are slightly down in 2019 with 14.5% of the benchmark achieved. The Environmental Health Division continues to promote the educational courses within all food facilities and including courses at Dayton-Montgomery County Public Health. Swimming pool and campground licensing will start May 1 and June 1, respectively, with standard inspections to follow. Public accommodation facilities are also underway with 69% complete. School inspections will begin in March and first round inspections will be complete prior to the school summer break. Smoke Free Ohio inspections has seen an increase above average in first quarter.

## Programs

### Food Safety and Education

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of FSO / RFE inspections completed (License Year: March 1 - February 28)	6,442	1,536				24%	
Number of people educated	1,265	184				15%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	21				43%	

### Housing and Nuisance Inspections

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,659	313				19%	
Average number of days to respond to complaint (Requirement)	3	2				100%	

### Public Swimming Pools and Spas

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,272	21				2%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0				0%	

### Additional Inspection Programs

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
School Inspections - Number of standard inspections conducted per calendar year	344	14				4%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0				0%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	98				78%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	0				0%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	20				47%	

### Rabies Prevention and Control

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of quarantine notices sent	808	124				15%	
Number of samples sent to the Ohio Department of Health for testing	86	7				8%	

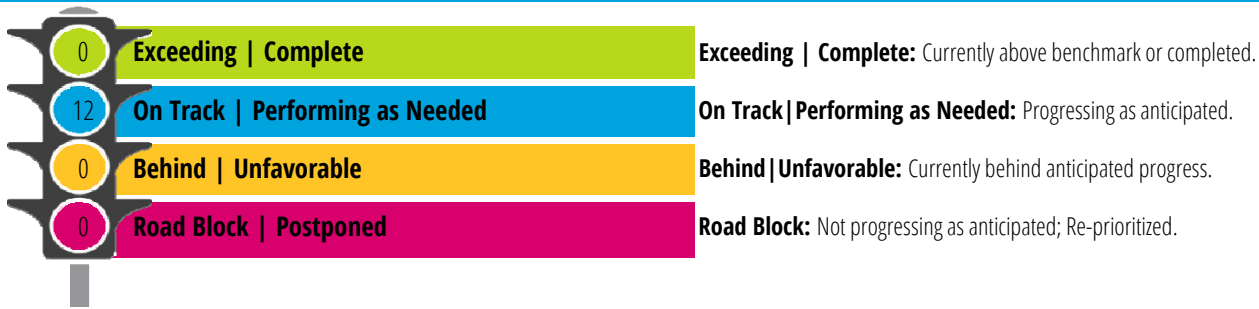
### Continuous Quality Improvement

Current Projects	New Projects Identified
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The Division has identified a new project involving pools and standardizing current enforcement process. The project will include an update for the inspection standard operating guidelines. The project is in its preliminary stages of the CQI process and may change when data is gathered.

In Progress

Yes



## Programs Narrative

The Emergency Preparedness (EP) Program is on track and performing as needed for all metrics and has been working to complete required grant deliverables for the PHEP and the CRI grants. The EP Program received approval from Ohio Department of Health (ODH) to promulgate its Emergency Response Plan and its Mass Fatality Response Annex. The EP Program was required to revise each of the two plans according to rubrics provided by ODH. In February, the EP Program received the final report from ODH on its Operation Readiness Review Site Visit. ODH identified only two pieces of information which needed to be added to its plans to ensure the EP Program meets the CDC requirement that all local health departments receiving CRI monies reach the "Established" rating by 2022. The EP Program is in strong position to meet that rating requirement 3 years early.

## Programs

### Public Health Emergency Preparedness

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	23	7				30%	
Regional PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	8	2				25%	
Local PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	8	NA				0%	
Regional PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	3	NA				0%	

### Cities Readiness Initiative

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
2018-2019 Grant - # of deliverables completed (grant ends 6/30/19)	1	0				0%	
2019-2020 Grant - # of deliverables completed (grant begins 7/1/19)	4	NA				0%	

### Points of Dispensing (POD) Sites

	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
# of POD orientation trainings completed	5	1				20%	
# of POD drills/exercises completed	3	1				33%	

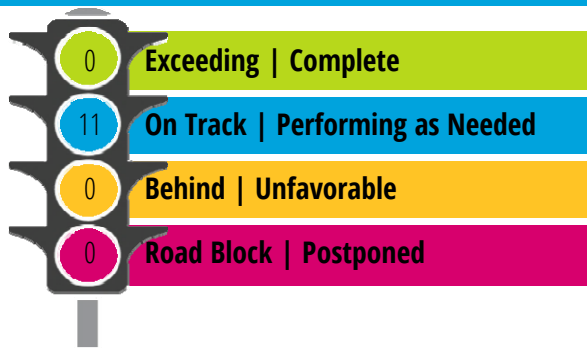
### Accreditation Standard 1.2.1 (24/7 communication; Requirement)

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete 1 per quarter after hour checks on HCPH phone system	4	1				25%	
Complete 1 per quarter after hour check on HCPH fax system	4	1				25%	
Complete 1 per quarter after hour check on HCPH website	4	1				25%	
Complete 2 annual checks of HCPH panic and lockdown buttons	4	0				0%	

### Continuous Quality Improvement

	Current Projects	New Projects Identified
There have been no current or planned quality improvement projects identified.	No	No




**0 Exceeding | Complete**
**Exceeding | Complete:** Currently above benchmark or completed.

**11 On Track | Performing as Needed**
**On Track | Performing as Needed:** Progressing as anticipated.

**0 Behind | Unfavorable**
**Behind | Unfavorable:** Currently behind anticipated progress.

**0 Road Block | Postponed**
**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

The Epidemiology Division is on track and performing as needed for all of metrics. In February 2019, the division hired in a new epidemiologist to continue working on our overdose surveillance data and customer feedback workgroup. The division is still working on finishing the collection of 2015-2017 injury data, with only one hospital left to collect information from. Collection of 2018 injury data will begin during Q3 of 2019. 2019 so far has been a busy year in regards to outbreak investigations, primarily driven by a large number of influenza-like illness outbreaks. As the influenza season begins to end, it is likely we will see fewer outbreaks reported in Q2 and Q3. The MCH epidemiologists continue to perform their work as needed for the OEI, CFR, and FIMR programs. Although no activities have been implemented by the Community Action Team team at this time, the team is currently working towards several different activities by gathering patient experience data from hospitals, developing schools surveys and working with coaches around mental health issues.

## Programs

### Surveillance

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete injury surveillance activities (annual injury data collection and AHEAD tool updates)	100%	0%				0%	
Complete daily and monthly overdose reports for Hamilton County	377	76				20%	

### Communicable Disease

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete weekly and monthly communicable disease surveillance reports	64	13				20%	
Complete monthly contract reports and attend quarterly lab network and infection prevention meetings	44	11				25%	
Number of communicable diseases reported to Epidemiology (3 Year Avg)	1853	491				26%	
Number of communicable disease outbreak investigations (3 Year Avg)	40	20				50%	

### Maternal and Child Health

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Completion of OEI 2.0 Grant Metrics related to surveillance/reporting	100%	25%				25%	
Completion of Deliverable 3 of FIMR component of MCH Grant (review at least 15% of all fetal deaths 10/2017-9/2018)	11	2				18%	
Number of CFR case review team meetings conducted	7	1				14%	
Number of activities implemented by CAT due to CFR and FIMR recommendations	3	0				0%	
Number of FIMR case review team meetings conducted	6	1				17%	

### Continuous Quality Improvement

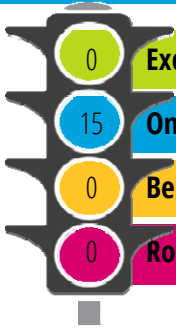
Current Projects      New Projects Identified

There have been no current or planned quality improvement projects identified.

No

 No  
Page 6

# HARM REDUCTION



**0 Exceeding | Complete**

**Exceeding | Complete:** Currently above benchmark or completed.

**15 On Track | Performing as Needed**

**On Track | Performing as Needed:** Progressing as anticipated.

**0 Behind | Unfavorable**

**Behind | Unfavorable:** Currently behind anticipated progress.

**0 Road Block | Postponed**

**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

All metrics for the Harm Reduction program are on track and performing as needed. Every week, new clients access the syringe exchange at all 6 sites of service. The Narcan Distribution Collaborative has been renewed through October 2019, and is active in community events throughout Hamilton County. We have presented at the University of Cincinnati Opioid Symposium, and continue to distribute Narcan (c) in the Hamilton County Justice Center. Implementation of dispensing Narcan in hospital emergency departments is progressing, with an additional hospital system coming on board. The Prescription Drug Overdose (PDO) grant continues to meet 8 of 8 grant metrics, and PDO staff are engaged in community education and health care policy change.

## Programs

### The Exchange Project

	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of clients served	10,462	3,043				29%	
Number of unique client visits	3,400	870				26%	
Number of new clients (would be included above, as well)	1,517	406				27%	
Syringes exchanged	337,000	75,498				22%	
Hepatitis C Testing	261	49				19%	
HCV+	139	25				18%	
HIV Testing	351	80				23%	
HIV+	1	1				100%	
Treatment Referral	49	4				8%	
Medical Referral	16	2				13%	
Narcan (doses Distributed)	8,372	3,834				46%	
Pregnancy Tests Provided	854	214				25%	

### Narcan Distribution Collaborative

	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Narcan doses distributed (includes Exchange Project)	29,380	3,908				13%	
Individuals provided Narcan use education	15,000	3,010				20%	

### Prescription Drug Overdose Grant

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
8 of 8 grant metrics are meeting or exceeding targets (Grant ends 8/31/2019)	8	8			NA	100%	

### Continuous Quality Improvement

	Current Projects	New Projects Identified
There have been no current or planned quality improvement projects identified.	No	No




**Exceeding | Complete**
**Exceeding | Complete:** Currently above benchmark or completed.

**On Track | Performing as Needed**
**On Track | Performing as Needed:** Progressing as anticipated.

**Behind | Unfavorable**
**Behind | Unfavorable:** Currently behind anticipated progress.

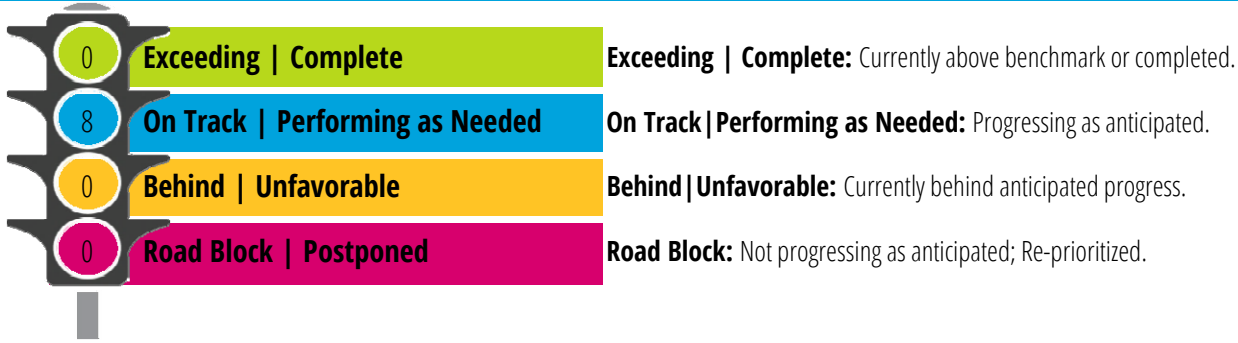
**Road Block | Postponed**
**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

All measures for Health Promotion and Education are on track and performing as needed. Highlights included the following: a Community Health Assessment was presented in Green Township; one additional Neighborhood Navigator was hired for the Ohio Equity Institute (OEI) grant; OEI developed a Facebook page that has garnered numerous intakes of pregnant mothers that would not have otherwise be identified (visit @OEIHamCo on Facebook); and six new child care providers adopted wellness policies and are engaged in the WeTHRIVE! child care initiative as part of the Maternal and Child Health grant (exceeding deliverable expectations). Staff have begun implementing a communication plan in celebration of the WeTHRIVE! initiative's 10th year (see WatchUsThrive.org for stories, reflections, etc.) Detailed grant reports are available upon request for the MCH, OEI, and Tobacco grants.

## Programs

Tobacco	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Cessation: 4 of 4 grant metrics are meeting or exceeding targets (grant begins 7/1/2018)	4	4				100%	
Prevention: 4 of 4 grant metrics are meeting or exceeding targets (grant ends 6/30/2019)	4	4				100%	
Prevention: 6 of 6 grant metrics are meeting or exceeding targets (grant begins 7/01/2019)	6	N/A				100%	
Maternal & Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
3 of 3 grant metrics are meeting or exceeding targets (grant ends 9/30/2019)	3	3				100%	
15 of 15 OEI 2.0 grant metrics are meeting or exceeding targets (grant ends 9/30/2019)	15	14				93%	
WeTHRIVE!						Status	Status
Maintain engagement of 24 existing WeTHRIVE! Communities						In Progress	
Maintain engagement of 6 existing WeTHRIVE! School Districts						In Progress	
Complete Community Health Assessments in partnership with Division of EPI						In Progress	
Accreditation Standard 5.3.2A (Alignment of CHIP)							Status
HCPH should consider building in linkages from Community Health Improvement Plan to Strategic Plan						In Progress	
Continuous Quality Improvement						Current Projects	New Projects Identified
The division continued its quality improvement (QI) project aimed at standardizing the WeTHRIVE! Process (from recruitment to recognition) in an effort to simplify data collection, improve communication between communities and HCPH, and to allow replication of the WeTHRIVE! process across sectors. During the progress quarter, the team started to finalize the pilot and begin to standardize the process. It is anticipated that the project will be wrapped up by the end of the second quarter. A second quality improvement project is anticipated to start during the third quarter. In addition to the formal QI project, staff that are not actively involved in a formal quality improvement project are working on mini process improvements (or PDSA's) that impact their day-to-day work.						In Progress	Yes




## Programs Narrative

The Plumbing Division is on track for 8 of 8 measures at the end of the first quarter. Historically, first quarter for plumbing is slower than other quarters. Many new construction projects are expected this spring and in the summer months. Medical gas permits and inspections were strong, in large part to the construction occurring at Cincinnati Children's Medical Center. The new backflow inspector is now being trained and should be ready to meet projected targets for the program throughout the remainder of the year.


## Programs

Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	4,193	692				17%	
Number of plumbing inspections completed	8,920	1,734				19%	
Number of residential plan reviews completed	3,575	580				16%	
Number of commercial plan reviews completed	613	112				18%	

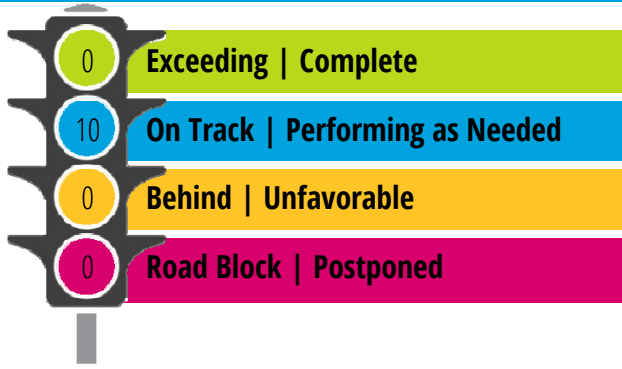
Medical Gas Permits	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	22	5				23%	
Number of medical gas inspections completed	113	27				24%	

Backflow Prevention	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	37				12%	
Number of backflow / cross connections surveys completed	133	17				13%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There have been no current or planned quality improvement projects identified.	No	No



**Exceeding | Complete:** Currently above benchmark or completed.

**On Track | Performing as Needed:** Progressing as anticipated.



**Behind | Unfavorable:** Currently behind anticipated progress.


**Road Block:** Not progressing as anticipated; Re-prioritized.





## Programs Narrative

The Division of Waste Management is on track to achieve all of their performance measures. Though scrap tire and compost facility inspections for the year have not begun, this is normal as we attempt to inspect those facilities in quarters 2 and 3 to better target mosquito breeding season. 1st quarter is generally report writing season from the previous years sampling at closed and active landfills. Also the report on Rumpke odor complaints was completed and a meeting held with the odor control workgroup to discuss the findings. We have not received any new cases of lead poisoning greater than 10 ug/dL this year as of yet. These referrals tend to be sporadic in nature.

## Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	8				19%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	1				33%	

Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	30				19%	

Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	11				26%	
Number of scrap tire facility inspections completed	60	0				0%	
Number of compost facility inspections completed	24	0				0%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	28				22%	

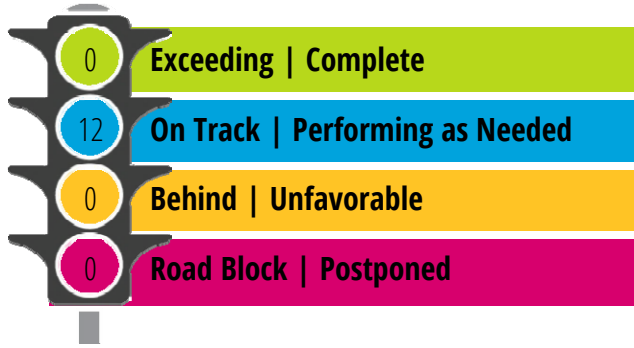
Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	4				16%
Number of newly identified children with blood levels greater than 10 µg/dL	15	0				0%
Number of public health lead poisoning investigations completed	15	0				0%

Continuous Quality Improvement	Current Projects	New Projects Identified
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There have been no current or planned quality improvement projects identified.

No

No



**Exceeding | Complete:** Currently above benchmark or completed.

**On Track | Performing as Needed:** Progressing as anticipated.

**Behind | Unfavorable:** Currently behind anticipated progress.

**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs Narrative

The Division of Water Quality (WQ) is successfully on track with achieving 12 of 12 of its 2019 performance measures. STS initial and follow up inspections are slightly behind the three year average resulting from having three open supervisor and inspector positions that will be filled in the coming months. There are several stormwater metrics that have minimal winter progress. All are expected to be fully achieved during the spring, summer and fall months and after full staffing occurs.

## Programs

<b>Sewage Treatment Systems</b>	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,681	2,565				22%	
Number of STS Operation Permit Follow-up Inspections	4,465	651				15%	
Number of Improvement / Modifications Inspections Completed	238	60				25%	
Number of Requests for Variances (Includes STS & PWS)	25	8				32%	
<b>Private Water Systems</b>	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
New / Replacement PWS Inspections Completed	5	2				40%	
PWS Sealing Inspections Conducted	12	4				33%	
<b>Stormwater</b>	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Conduct outfall investigations in accordance with the contract and abate pollution	67	0				0%	
Number of nuisance complaint investigations completed	411	46				11%	
Number of HSTS's Mapped	904	261				29%	
Number of sanitary sewer connection orders issued	48	4				8%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	37	0				0%	
Train Government Employees	296	0				0%	

## Continuous Quality Improvement

Current Projects      New Projects Identified

A potential Stormwater CQI Project has been identified and an initial meeting has been scheduled for April 3, 2019. The proposed project relates to Septage Hauler audits as part of the illicit discharge illegal dumping program.

In Progress

Yes



**Exceeding | Complete:** Currently above benchmark or completed.




**On Track | Performing as Needed:** Progressing as anticipated.

**Behind | Unfavorable:** Currently behind anticipated progress.


**Road Block:** Not progressing as anticipated; Re-prioritized.

## Programs




### Workforce Development Workgroup

Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of staff who have completed training as required by the workforce development training plan	99	75			76%	
Assess staff knowledge of core competencies					Status	Status
Review staff training feedback					In Progress	
Training curriculum updated based on staff feedback					In Progress	




### Health Equity Workgroup

	Status	Status
Disability Etiquette Training will be provided to all staff during an all staff meeting (1.1.3)	Status: <i>Not Started</i>	
Implement strategies to retain a more diverse workforce (1.2)	Percent Complete: <i>15%</i>	
Complete agency wide Equity Assessment and make recommendations for improvements (1.3)	Percent Complete: <i>10%</i>	
Update most frequently used materials into other languages (Goal = 2)	# Complete: <i>0</i>	
Develop process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete: <i>15%</i>	
Assess five documents per year for readability at a 4th grade reading level (1.4.3)	# Complete: <i>0</i>	
Workgroup will coordinate an updated accessibility audit for HCPH offices (1.6.1)	Status: <i>Not Started</i>	



### Customer Service Feedback





	Status	Status
Implement 2019 surveys (Requirement)	<i>In Progress</i>	
Finalize 2020 survey and audit schedule (To start in 4Q)	0%	
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council	<i>In Progress</i>	

### Program Implementation Plan

	Status	Status
2019 Program Implementation Plan adopted by the HCPH BOH and dashboard completed	<i>In Progress</i>	
2019 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	<i>In Progress</i>	
2020 Program Implementation Plan adopted by the HCPH BOH (To start in 4Q)	<i>Not Started</i>	


### Community Health Improvement Plan

	Status	Status
2019 progress reporting to the Public Health Advisory Council and other key stakeholders	<i>In Progress</i>	
Begin development of the 2020 -2023 Community Health Improvement Plan that is aligned with the State plan	<i>Not Started</i>	


	<b>1 Exceeding   Complete</b>	Exceeding   Complete: Currently above benchmark or completed.
	<b>2 On Track   Performing as Needed</b>	On Track   Performing as Needed: Progressing as anticipated.
	<b>0 Behind   Unfavorable</b>	Behind   Unfavorable: Currently behind anticipated progress.
	<b>0 Road Block   Postponed</b>	Road Block: Not progressing as anticipated; Re-prioritized.

## Programs

### Performance Management System Goal Plan Status

Performance Management System will establish and maintain agency wide participation in Performance Council and Workgroups	In Progress	
Performance Management System will engage staff in quality improvement and ensure training opportunities are available	In Progress	
Promote communication of HCPH's performance management system to staff, partners and the public	<i>In Progress</i>	


### Customer Feedback Workgroup - Food Safety Class Status

EH will provide information to customers about obtaining a ServSafe textbook in advance of the class. Website will be updated.	<i>Yes</i>	
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Notes

Servsafe textbook is currently available to class participants in advance with payment. HCPH website has been updated to show that books can be obtained in advance of the class once payment is made, upon request.

### Customer Feedback Workgroup - School Inspection Program Status

EH will develop flyers on pest management and chemical safety and disposal to be distributed to schools during inspections and linked on website.	<i>In Progress</i>	
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Notes

EH will review current educational information for schools and work to develop flyers that follow CDC health literacy guidelines and highlight the most common public health issues that schools face in these categories and how the school should address these issues. There is also the possibility of collaborating with the Hamilton County Solid Waste District for chemical disposal. The plan is to have these flyers developed ahead of 2019 school inspections.