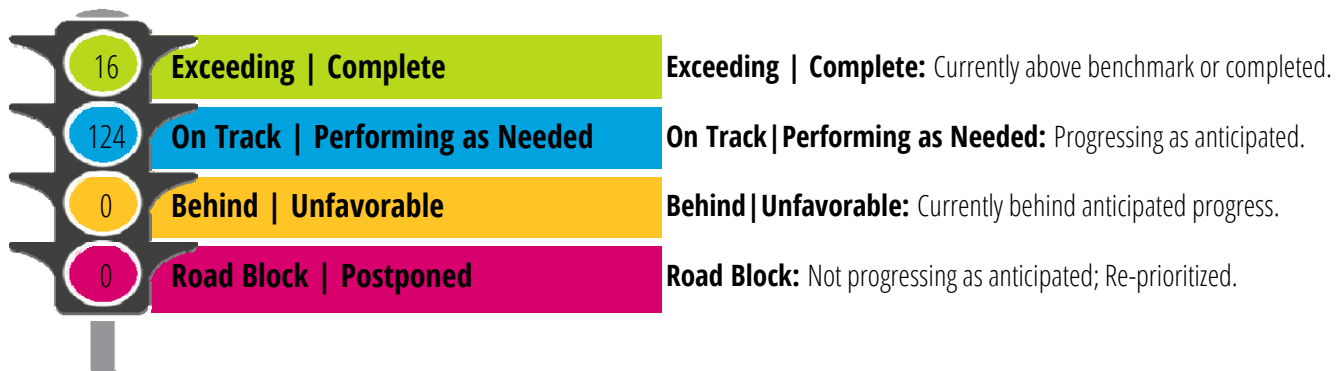


Program Implementation Plan

Results: 2nd 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

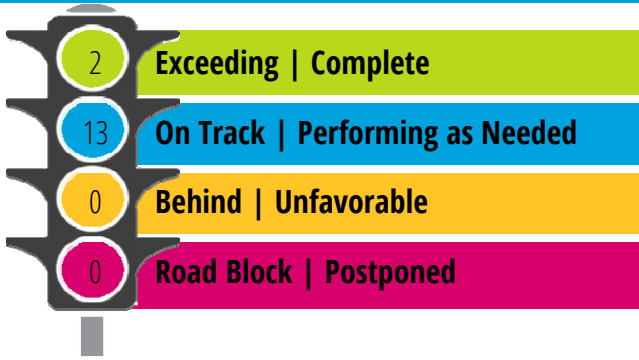


Program Implementation Plan Agency Narrative

Hamilton County Public Health has completed the second quarter with all programs on-track or exceeding their assigned metrics. There are several accomplishments by the divisions, including efforts to enhance the substance abuse objective in the strategic plan by applying for a \$5.3 million grant from the Centers for Disease Control and Prevention; efforts by the Division of Epidemiology to manage the high number of outbreak reports; and celebrating Golf Manor becoming the 25th WeTHRIVE! community to join. Additional details on each of these can be found on the division pages throughout the packet. Throughout the year, as staff complete program metrics, there will be an increased focus on HCPH's 100 year celebration. We look forward to continued successes as we complete our 100th year of providing public health services to the citizens of Hamilton County.

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 has completed a productive first half of 2019. The customer service group has issued 12,372 licenses and permits. This represents nearly 100% 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 and May 1. Vital Statistics issued over 18,100 birth and death certificates. Administration submitted the 2019 annual report to the Public Health Accreditation Board (PHAB) and has received positive feedback from PHAB on our progress. Work is well underway 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	3,079			40%	
Number of death certificates issued G. Varner	26,512	5,957	5,879			45%	
Number of EHS permits issued G. Kesterman	8,254	4,418	4,550			109%	
Number of EHS licenses issued G. Kesterman	3,936	2,543	861			86%	

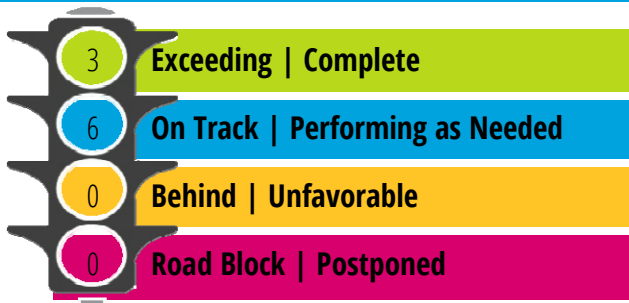
Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours T. Ingram	2.00	0.42	0.33			38%	

Accreditation

					% Complete YTD	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) J. Mooney					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 (8 required):	2	3	0	0	63%	
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%			50%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) G. Varner	100%	25%	25%			50%	
Human Resources - Number of new hires that have completed orientation S. Taylor	100%	4	3			100%	
Human Resources - Number of HCPH personnel policies reviewed S. Taylor	76	20	20			53%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) M. Samet	50%	54%	35%			45%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists M. Samet	8	2	3			50%	



Exceeding | Complete: Currently above benchmark or completed.



















On Track | Performing as Needed: Progressing as anticipated.

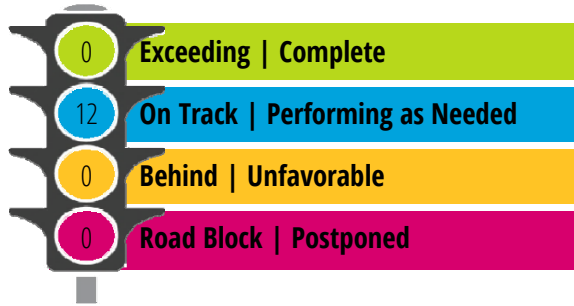
Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

Staff have been active working on year three of the Hamilton County Public Health Strategic 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. To further enhance this work, HCPH has applied for a \$5.3 million grant funding from the Centers for Disease Control and Prevention. A funding decision is expected in August, 2019. The newly formed Oral Health Coalition is currently seeking approval of its strategic plan from the Hamilton County Board of County Commissioners. The plan will begin to address 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, which has reduced new computer deployment times.

Programs:	Year 3	Status
Mental Health		
Support and collaborate with partners in youth suicide prevention workgroup. <small>J. Mooney & R. Stowe</small>	In Progress	
Substance Abuse		
Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details) <small>L. McCreddie</small>	In Progress	
Obesity		
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	
Oral Health		
Action plan adopted and work plan developed <small>T. Ingram</small>	Yes	
Progress on work plan implementation <small>T. Ingram</small>	In Progress	
Administration		
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 have continued to have a very busy 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 increased the availability of hepatitis A vaccines throughout the community, including on The Exchange Project, and in addiction treatment centers throughout Hamilton County. We continue to work on policy and programmatic improvements 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 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%	26%			26%	

Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total number of tuberculosis screenings	1200	231	302			44%	
Active cases of tuberculosis managed by Disease prevention staff	20	10	14			120%	

Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total number of flu vaccines administered (3 year average)	120	6	9			13%	
Total combined number of VFC and 317 vaccines administered (3 year average)	1490	300	345			43%	
All services compliant with VFC program guidelines and ACIP recommendations	100%	25%	25%			50%	

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	7			78%	
50% reduction in incidence of congenital syphilis cases. Goal is zero cases. (3-Yr Avg.)	5	0	0			0%	
Reduce 2019 primary / secondary syphilis cases to 15% below 3 year average (2016-2018 P&S syphilis average cases = 79)	68	15	24			57%	
# of Syphilis clients served (3 Yr Avg) - Increased Treatment	12	53	16			575%	

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	8			89%	
Reduce 2019 HIV cases to 15 % below 3 year average (2016-2018 HIV average cases = 174)	148	29	44			49%	

Continuous Quality Improvement	Current Projects	New Projects Identified
--------------------------------	------------------	-------------------------

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


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 all 14 of its 2019 Program Implementation Plan objectives at the conclusion of second quarter. Food inspection numbers are currently at 46.9% with staff now shifting their inspection focus to the public swimming pool program. Food education numbers are currently below the benchmark at 36.2%. Staff continues to promote the program during food service inspections. In addition, staff will be providing ServSafe at Dayton-Montgomery County Public Health. Kroger Corporation has also invited HCPH to provide the classes at its corporate office. Swimming pool and campground inspections are on track and staff will remain focused on completing these inspections over the next several months. Public accommodation facility inspections and manufactured home park inspections are complete for 2019. School first-round inspections have been completed and are at 51.5%. Inspections will resume in the program after summer break.

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	1,484			47%	
Number of people educated	1,265	184	274			36%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	21	19			82%	

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	253			34%	
Average number of days to respond to complaint (Requirement)	3	2	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	480			39%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0	20			125%	

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	163			51%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0	6			30%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	98	23			96%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	0	118			137%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	20	14			79%	

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	225			43%	
Number of samples sent to the Ohio Department of Health for testing	86	7	19			30%	

Continuous Quality Improvement

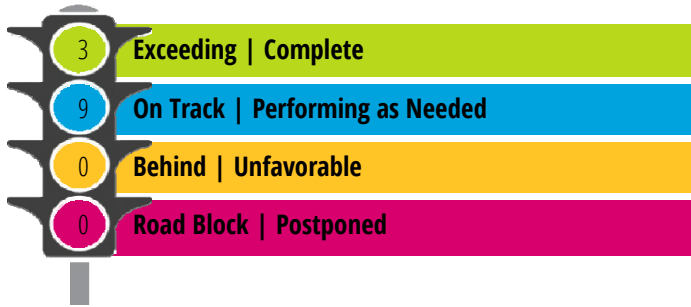
Current Projects New Projects Identified

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. Data has been initially gathered and changes made to the enforcement process. Data gathering for the final phase of the project will start in August / September.

In Progress

Yes

Page 4



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 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 promulgated its Emergency Response Plan and its Mass Fatality Response Annex. These were two important plans that were updated during this past grant year. The EP Program submitted two pieces of additional information to ODH from its Operation Readiness Review Site Visit and final report. ODH will conduct another review and determine if HCPH has reached the "established" rating with CDC. If so, HCPH will be the first LHD in the state of Ohio to receive that rating designation. The EP Program conducted Emergency Preparedness outreach at a neighborhood event in Cheviot. EP materials were passed out to local residents. The EP Program continues to conduct point of dispensing (POD) training to locations around the County that are set up to act as POD sites in the event of a public health emergency.

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	16			100%	
Regional PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	8	2	6			100%	
Local PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	8	NA	NA			0%	
Regional PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	3	NA	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	1			100%	
2019-2020 Grant - # of deliverables completed (grant begins 7/1/19)	4	NA	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	2			60%	
# of POD drills/exercises completed	3	1	0			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	1			50%	
Complete 1 per quarter after hour check on HCPH fax system	4	1	1			50%	
Complete 1 per quarter after hour check on HCPH website	4	1	1			50%	
Complete 2 annual checks of HCPH panic and lockdown buttons	2	0	1			50%	

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 Epidemiology Division is on track and performing as needed for all of metrics. 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. Outbreaks identified in Q2 of the PIP were less than those in Q1, however for the year we are already at 95% of the number of outbreaks based on a 3 year average. This is likely due to increased awareness of schools, daycares, and other facilities with reporting requirements for outbreaks. The Maternal and Child Health epidemiologists continue to perform their work as needed for the OEI, CFR, and FIMR programs. Although the indicator for number of fetal death reviews shows only three cases reviewed so far in 2019, there are eight fetal deaths that will be reviewed over the course of the next three months. The Community Action Team (CAT) is being restructured to allow for two separate committees to deal with CFR and FIMR respectively, to implement new programs/recommendations. The FIMR CAT team is currently working on collecting information for an information clearing house regarding cultural competency resources for providers.

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%			0%	
Complete daily and monthly overdose reports for Hamilton County	377	76	91			44%	

Communicable Disease

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete weekly and monthly communicable disease surveillance reports	64	13	16			45%	
Complete monthly contract reports and attend quarterly lab network and infection prevention meetings	44	11	11			50%	
Number of communicable diseases reported to Epidemiology (3 Year Avg)	1853	559	519			58%	
Number of communicable disease outbreak investigations (3 Year Avg)	40	24	14			95%	

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%			50%	
Completion of Deliverable 3 of FIMR component of MCH Grant (review at least 15% of all fetal deaths 10/2017-9/2018)	11	2	1			27%	
Number of CFR case review team meetings conducted	7	1	2			43%	
Number of activities implemented by CAT due to CFR and FIMR recommendations	3	0	0			0%	
Number of FIMR case review team meetings conducted	6	1	2			50%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
The epidemiology division is currently working on a CQI project involving the disease prevention, waste management, and health promotion divisions related to work on pediatric related programs. Specifically, the epi division does follow up/case	Yes	Yes


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. There has been an increase in organizations reaching out to us to provide training and Narcan as awareness of the NDC continues to rise throughout the region. Implementation of dispensing Narcan in hospital emergency departments is progressing, with an additional hospital system now on board in the second quarter of 2019. NOTE: First quarter Narcan numbers have been updated. 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	3,132			59%	
Number of unique client visits	3,400	870	1,970			84%	
Number of new clients (would be included above, as well)	1,517	406	404			53%	
Syringes exchanged	337,000	75,498	85,083			48%	
Hepatitis C Testing	261	49	79			49%	
HCV+	139	25	43			49%	
HIV Testing	351	80	123			58%	
HIV+	1	1	0			100%	
Treatment Referral	49	4	4			16%	
Medical Referral	16	2	5			44%	
Narcan (doses Distributed)	8,372	3,834	3,956			93%	
Pregnancy Tests Provided	854	214	237			53%	

Narcan Distribution Collaborative

	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Narcan doses distributed (includes Exchange Project)	29,380	8,290	9,000			59%	
Individuals provided Narcan use education	15,000	2,741	2,952			38%	

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	8		NA	100%	

Continuous Quality Improvement

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


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

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

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

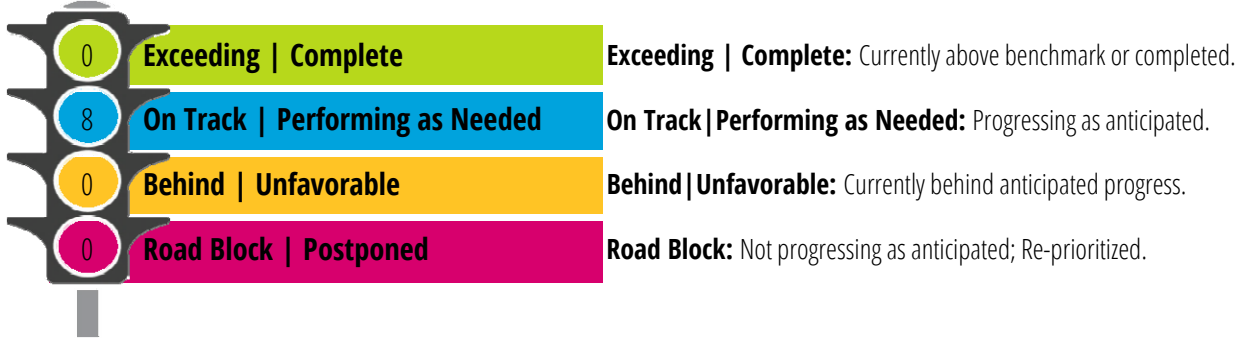
0 Road Block | Postponed
Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

All measures for Health Promotion and Education are on track and performing as needed. Highlights included the following: Northwest Local School District adopted a 100% tobacco-free campus policy on March 18, 2019; Golf Manor became the 25th WeTHRIVE! Community after Council adopted the WeTHRIVE! resolution on May 13, 2019; a Community Health Assessment was presented in St. Bernard on May 14, 2019; and a new Maternal and Child Health (MCH) Coordinator was hired for the Ohio Equity Institute (OEI) grant. Continuation grant applications for FY20 were submitted to ODH for the MCH and OEI 2.0 grants. The notice of award for FY20 funding for the Tobacco Use Prevention and Cessation grant was received. 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	4			100%	
Prevention: 4 of 4 grant metrics are meeting or exceeding targets (grant ends 6/30/2019)	4	4	4			100%	
Prevention: 6 of 6 grant metrics are meeting or exceeding targets (grant begins 7/01/2019)	6	N/A	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	3			100%	
15 of 15 OEI 2.0 grant metrics are meeting or exceeding targets (grant ends 9/30/2019)	15	14	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 began wrapping up 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 quarter, the team finalized the pilot and began to standardize the process; the standard operating guidelines (SOG) document and storyboard are in the process of being finalized. 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 metrics at the end of second quarter. Revenue for the division is hitting budgeted levels. However, construction projects have been delayed slightly due to weather.



The new backflow inspector has made significant progress in completing surveys in the first half of 2019. Many of these backflow surveys have identified needed backflow devices. Staff follows up with homeowners and industry to ensure that the required backflow prevention is adequately installed. The Division anticipates meeting all projected targets by the end 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	1,044			41%	
Number of plumbing inspections completed	8,920	1,734	1,651			38%	
Number of residential plan reviews completed	3,575	580	891			41%	
Number of commercial plan reviews completed	613	112	153			43%	

Medical Gas Permits

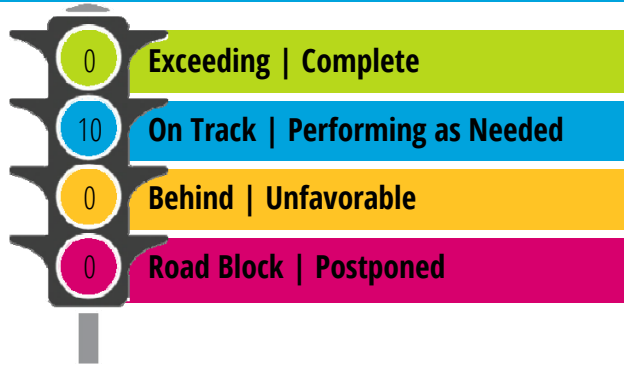
	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	22	5	4			41%	
Number of medical gas inspections completed	113	27	19			41%	

Backflow Prevention

	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	37	71			35%	
Number of backflow / cross connections surveys completed	133	17	35			39%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
Plumbing Division in coordination with customer services has been working on a project to improve the process of payment and submittal of backflow test sheets. Ultimate goal is to reduce the time spent entering the test sheets into the database while maintaining accuracy.	Yes	Yes


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

The Division of Waste Management is on track to achieve all of its performance measures. Compost facility inspections have begun and we have been busy conducting scrap tire inspections in conjunction with the deputy sheriff officer employed by the Solid Waste District. Reports were completed from the previous years sampling at closed and active landfills. We have received fewer new cases of lead poisoning greater than 10 ug/dL compared to previous years for this time period, though 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	6			33%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	1	0			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	41			45%	
Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	11	16			64%	
Number of scrap tire facility inspections completed	60	0	29			48%	
Number of compost facility inspections completed	24	0	9			38%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	28	41			55%	
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	8			48%	
Number of newly identified children with blood levels greater than 10 µg/dL	15	0	3			20%	
Number of public health lead poisoning investigations completed	15	0	3			20%	

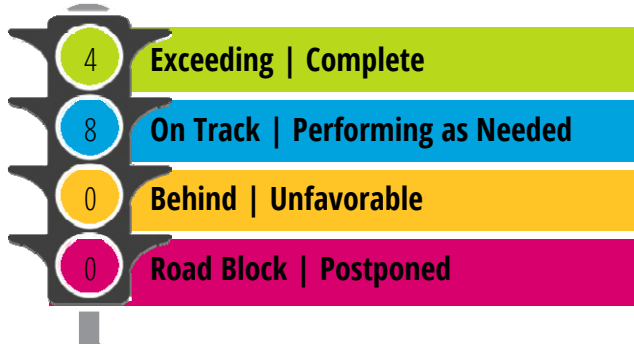
Continuous Quality Improvement

Current Projects New Projects Identified

There are two CQI projects in the "do" stage regarding operating index of MSW landfills and management of certified mailing green cards. There is one possible project identified regarding open dumping and use of cameras; this may be a retroactive documentation and process mapping project. We have also participated in a joint CQI project regarding pediatric case management as it relates to lead poisoning.

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 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 two open supervisor positions, a sanitarian and tech position. There are several stormwater metrics that have minimal winter progress. All are expected to be fully achieved during the summer and fall months and after full staffing and training occurs.

Programs

Sewage Treatment Systems	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	2,846			46%	
Number of STS Operation Permit Follow-up Inspections	4,465	651	594			28%	
Number of Improvement / Modifications Inspections Completed	238	60	71			55%	
Number of Requests for Variances (Includes STS & PWS)	25	8	15			92%	
Private Water Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
New / Replacement PWS Inspections Completed	5	2	1			60%	
PWS Sealing Inspections Conducted	12	4	5			75%	
Stormwater	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	14			21%	
Number of nuisance complaint investigations completed	411	46	89			33%	
Number of HSTS's Mapped	904	261	240			55%	
Number of sanitary sewer connection orders issued	48	4	24			58%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	37	0	2			5%	
Train Government Employees	296	0	18			6%	

Continuous Quality Improvement

Current Projects New Projects Identified

The septage hauler reporting form CQI project is fully underway and data have been collected. Next step is to implement plan and improvements, then study the results. The team is making good progress.

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	1		77%	
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)		
Finalize 2020 survey and audit schedule (To start in 4Q)	<i>In Progress</i>	
	11	0
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council	0%	
	Yes	

Program Implementation Plan

	Status	Status
2019 Program Implementation Plan adopted by the HCPH BOH and dashboard completed	Yes	
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>	


	1 Exceeding Complete	Exceeding Complete: Currently above benchmark or completed.
	1 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

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	In Progress	

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.	Yes	
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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.