Due to the COVID-19 pandemic, the Annual Report template has been modified.
- Eight questions are completely optional. If you don't have the time or capacity to address/answer these questions, please do not feel obligated to do so. It will not be held against the health department in any way.
- Questions 5-9 ask for a QI project, if you have a project related to your COVID-19 response, you can include it here.
- For questions such as 16, 17, 18, 19 – you can include descriptions of your current COVID-19 efforts. Perhaps some of those responses can be modified from documents/press releases/board of health reports that have already been created.

Your Annual Report will be reviewed, and you will receive feedback specific to your health department's responses to this form. In addition, in order to help facilitate learning among accredited health departments, PHAB may take what we are learning from you and your peers, particularly related to COVID-19 response, to develop resources that are shared with all accredited health departments (for example, PHAB may develop resources identifying how COVID-19 related examples could be used for reaccreditation documentation).

On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

There are different Section II forms for each year of the Annual Report process between initial accreditation and reaccreditation. Please be sure you are using the correct form.

Throughout this form you will see references to Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department begin thinking about the types of items that are addressed in the reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

Health Department Name
Portage County Combined General Health District (PCHD)
Month and Year Submitted
August 2020

Performance Management/Quality Improvement (PM/QI)

1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you were accredited? (Optional)
PCHD has identified Clear Impact as the Performance Management System. Clear Impact will allow PCHD to link the Divisional Workplans, the PCHD Strategic Plan, and the Community Health Improvement Plan.

2) What internal and/or external factors have constrained your health department's progress in PM/QI since you were accredited? (Optional)

PCHD has been actively responding to COVID-19 since January 24, 2020. The following is an overview of PCHD COVID-19 response activities:

- January 24, 2020: Daily/weekly briefings with Ohio Department of Health
- February 5, 2020: Start of Kent State University COVID-19 Task Force (continual)
- March 2, 2020: Daily Unified Department of Operations (DOC) meetings between PCHD, Kent City Health Department (KCHD), and Portage County Emergency Management Agency (EMA)
- March 2, 2020: Daily internal DOC meetings with PCHD Incident Command Staff
- March 11, 2020: Meeting with Portage County Superintendents (continual-12 meetings to date)
- March 20, 2020: Weekly Emergency Operations Center (EOC) meetings with EMA as the lead
- March 21, 2020: Start receiving Strategic National Stockpile of PPE (continual)
- March 22, 2020: Portage County has first COVID-19 positive case
- March 23, 2020: PCHD closes to public for walk-in services; serves by appointment only
- March 24, 2020: Weekly Elected Officials meetings with EMA as the lead
- March 27, 2020: PCHD worked with Ohio Department of Health Strike Team in a congregate care setting
- March 30, 2020: Portage County has first death due to COVID-19
- April 1, 2020: Unified DOC meetings include UH Portage Medical Center (Portage County's only hospital)
- April 2, 2020: Daily Governor DeWine press conferences
- April 10, 2020: Regional meetings start to discuss Alternate Care Sites within Portage County
- April 13, 2020: Hattie Larlham (Congregate Care Setting) joins Unified DOC
- April 21, 2020: First meeting of the Long-Term Care Coalition (continual)
- May 11, 2020: PCHD utilizes Continuity of Operations Plan (COOP) and reopens some services according to the COOP
- June 3, 2020: Meeting with Hiram College for reopening
- June 15, 2020: Meeting with Northeast Ohio Medical university (NEOMED) for reopening
- July 8, 2020: Meeting with Fair Board on planning for Jr. Fair to be held in August.
- July 21, 2020: Pop-up testing with PCHD, NEOMED, Ohio National Guard, Portage County EMA.
- July 23, 2020: Pop-up testing with PCHD, NEOMED, Ohio National Guard, Portage County EMA.
- July 25, 2020: Pop-up testing with PCHD, NEOMED, Ohio National Guard, Portage County EMA.
- July 29, 2020: Meeting with Superintendents on reopening plans for Fall.
- April 23 to date: Media Briefings in partnership with EMA and Portage County Commissioners (16 media briefings to date)

Community relations included:

- PPE training, conservation and correct use of for PARTA (Portage County's public transportation system), Job and Family Services, Children's Services, law enforcement, congregate care settings, Portage County Jail, Family and Community Services, Portage County Veterans Services
- N-95 Fit Testing for staff and community partners
- COVID-19 education
- Education provided on essential vs. non-essential businesses
- Enforcement of Stay at Home Order from Ohio Department of Health
- Education on safe reopening of Ohio
- Signage for businesses (including mask usage, signs and symptoms, building capacity, etc.)
- Social media messaging
- Media requests/interviews
- Press releases

3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below, to the best of your ability, to indicate the concrete steps the health department has taken since you were accredited to improve each element listed, the results of those steps, and one step it plans to take next year. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.			
Elements	**Steps health department has taken since you were accredited**	**Results of those steps**	**Steps health department plans to take before next year's Annual Report**
Staff ownership of the performance management system (Measure 9.1 RD2.1)	PCHD has taken initiative to utilize the Clear Impact system for PM. The Population Health Coordinator worked with all division directors to update their Division Workplans to be implemented into the Clear Impact system.

A Division Workplan is created for each division (Environmental Health, Finance, Health Education, and Nursing) by the division. It consists of programs and concepts, subprograms and measures, targets and goals, reporting frequency, and responsible reporting person/program. The Division Workplan will be entered into Clear Impact with "tags" that will connect the division goals to the PCHD strategic plan and the CHIP. | Due to COVID-19 response, PCHD was not able to complete the goal of inputting division workplans and the CHIP strategies and goals into Clear Impact.

With limited results, the Population Health Coordinator met with each division directors and staff to create a structural planning grid that identifies programs and concepts, subprograms and measures, targets and goals, reporting frequency, and responsible reporting person/program. "Tags" were also created to develop the link between divisional workplans and CHIP priorities. | Input Division Workplans and CHIP strategies and goals into Clear Impact (Performance Management System). |
| **Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)** | The Health Commissioner, Accreditation Coordinator, and Population Health Coordinator attended training on the Clear Impact System hosted by the Ohio Department of Health. The Performance Management Team is made up of the agency leadership (Health Commissioner, Division Directors, Personnel Officer, and Accreditation Coordinator). The Accreditation Coordinator introduced | Division Directors were tasked with meeting with their staff to determine Division Workplans. Staff engagement in the planning process of the Divisional Workplan provided the opportunity for staff to have ownership and understanding of the PMS. The programs within the Divisional Workplans were broken into sub-programs and measures with targets and goals and reporting frequency. "Connectors" were also | The Performance Management Team will meet to review and discuss the implementation of the Clear Impact System for performance management. The goal is for the Clear Impact System to be in full use January 1, 2021 as PCHD's PMS. *This deadline may be subject to change based on COVID-19 response. |

	the Clear Impact System to the Performance Management Team during a Directors Meeting (also included were the Environmental Health Supervisors). The PM Team determined that the Clear Impact System would meet the needs of the divisions as well as the agency as a whole.	determined to show the linkage between programs and outcomes within the agency as well as within the Community Health Improvement Plan.	
Leadership support for performance management (Measure 9.1 RD3)	The Health Commissioner and the Board of Health have approved the Clear Impact System as the PMS for PCHD. The Health Commissioner has worked with the Population Health Coordinator to ensure the goals and objectives for the department are included in the PMS. These objectives will also be linked with the CHIP goals and strategies to ensure linkage of the health districts activities with those identified in the CHIP. The Health Commissioner, Population Health Coordinator, and Accreditation Coordinator attended Clear Impact Training in December 2019.	Due to COVID-19 response, PCHD was not able to complete the goal of inputting division workplans and the CHIP strategies and goals into Clear Impact. The Population Health Coordinator met with each division directors and staff to create a structural planning grid that identifies programs and concepts, subprograms and measures, targets and goals, reporting frequency, and responsible reporting person/program. "Tags" were also created to develop the link between divisional workplans and CHIP priorities.	Input Division Workplans and CHIP strategies and goals into Clear Impact. PCHD will share the PMS Scorecard with the Board of Health upon completion.
Revision of QI plan (Measure 9.2 RD1)	The Quality Improvement Plan was reviewed and revised by the QI Team in June 2019 and was approved by the PCHD Board of Health on June 18, 2019.	The QI Team utilized the updated QI Plan for the integration of programmatic and operational aspects of the health district.	The QI Team will review and update the QI Plan in 2020. The updated plan will be implemented and will be used to guide the health districts policies and strategic direction in the Strategic Plan and Community Health Improvement Plan.
QI training (Measure 9.2 RD2.b)	PCHD New Employee Orientation Curriculum includes a QI training (CQI for Public Health: The Fundamentals). New employees also must meet with the QI Committee	In October 2019, PCHD acquired two Women, Infant, Children (WIC) programs: Portage and Columbiana Counties. Through this process, we acquired 17 staff. As of June 24,	The QI Committee will attend a QI training. This will ensure that new QI Committee members are fully trained.

	Leader after the initial training to discuss the role of QI within PCHD. Since PCHD became accredited in June 2019, PCHD has had twenty new employees; 17 of which are in the WIC program. (PCHD acquired the WIC program for both Portage and Columbiana Counties in October 2019.) To ensure equal representation from all divisions, the QI Committee has representatives from all divisions within the health district. The QI Committee became a QI Team to address customer satisfaction. Although this was not a formal training, this project provided the QI Committee the opportunity to be reacquainted with the Kaisen method for quality improvement. Due to COVID-19 response, PCHD has not been able to provide a staff QI training (outside of the new employee orientation).	2020, 18 of the 20 new employees have taken the CQI for Public Health online training and have met with the QI Committee Leader. This allowed for discussion of how QI can be integrated within programs to better meet the needs of our clients.	A QI training will be provided to all staff. *This will be determined based on COVID-19 response and activities.
Consideration of customer feedback (Measure 9.2 RD2.d)	PCHD conducted a QI project on customer feedback. The mission was to solicit customer feedback and document, analyze, and determine conclusions in order to address customer expectations. Customer feedback is gathered though survey postcards, a survey link on the PCHD website, and	Customer feedback continues to be an important aspect of the health district. PCHD is slated to purchase iPads to be used in all divisions including the two WIC locations. Postcards will continue to be used as well.	The QI Committee/Team will continue to meet to review and improve the survey as needed.

	surveys completed within the health district after services rendered via an iPad. Feedback is analyzed by the QI Committee using SurveyMonkey reports. Results are used to identify staff trainings within the Workforce Development Plan. The results are also shared with the staff.		
Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)	9.1 RD1.e: Tracking and communication about concerning measures (ex: benchmarks not being met) were addressed with staff responsible for the measures throughout the year. A midyear meeting with leadership staff was held in July to go over the PMS at the halfway point. An annual report was compiled by the Population Health Coordinator and provided to the QI Committee to ensure alignment between the PMS and QI.	Meeting with staff directly responsible for the PM measures allowed for staff to address barriers in order to meet the defined goals.	The use of Clear Impact in 2021 will allow for easy access for staff to view and track their measures.
	9.2 RD2.e: QI activities are shared via email to PCHD staff and Board of Health members upon completion. The storyboard is printed 24"x36" and displayed in the main campus hallway on the Quality Improvement wall. This allows for all staff and customers to review past, present, and future QI projects. QI storyboards and Team Charters are also posted on the PCHD website.	Having the QI storyboards prominently displayed provided the opportunity for staff to review QI projects, but also provides a learning opportunity to show staff the benefits of QI for themselves and their programs.	PCHD will continue to communicate QI activities with the Board of Health and staff. PCHD will plan to include communication of QI activities in the two other locations (WIC Columbiana and Portage County).

	QI updates are provided to the Board of Health yearly.		
Institutionalized continuous quality improvement (Measure 9.2, RD5)	Quality Improvement continues to be paramount objective for our agency. Due to COVID-19 response, PCHD has not been able to be a primary focus. PCHD has completed after actions after events such as COVID-19 Pop-Up Testing. This process allows PCHD to utilize a Plan, Do, Study, Act process.	PCHD is using the results of the after action for Pop-Up Testing to make changes in the planning process for the next event (Pop-Up Testing and/or Mass Vaccinations for COVID-19).	PCHD will continue to review processes performed for potential QI within the agency.

	4) Did your health department track any QI projects related to the following areas since you were accredited? *(Select all that apply. Place an X in the column to the left of the area.)*
X	Data
	Financial management
	Workforce
	Governance
	Other administrative/management
X	Community engagement
	Health equity
X	Programs
	Other: please describe

	Description of One QI Project **Select one formal QI project to describe in greater detail below.**
	5) How was the need for the QI project determined? Check all that apply.
X	Site Visitors/Site Visit Report
	Accreditation Committee letter about accreditation status
	Customer feedback
	Performance management system
	Health status gathered through community statistics, focus groups, etc.
	Staff suggestion
	Other: please describe
	6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity? *If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding questions 6-9 in this section.*
	See attached storyboard.
	7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.
	See attached storyboard.
	8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.
	See attached storyboard.
	9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?
	PHAB 9.1.4

	10) What PM/QI topics would you like guidance on? (Optional)
	Gaining buy-in for QI
X	Finding and/or providing training on PM/QI
	Sharing PM/QI information with staff and governing entity
	Developing or revising QI plan
	Assessing QI culture
X	Diffusing QI throughout health department
	Determining when to implement a QI project

	Implementing QI projects
	Selecting performance measures
	Tracking performance measures over time
	Identifying resources
	Working with data
	Other: please describe

11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (Optional)

N/A

Continuing Processes to Prepare for Reaccreditation

12) Describe how your health department has strengthened its collaborative working relationships. The health department may provide narrative describing collaborative working relationships that have been established or maintained due to COVID-19. Provide one example of how you have strengthened relationships either
   a. With community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or
   b. With other levels of public health departments (Tribal, state, and local)?

COVID-19 response has led to the strengthening of collaboration between PCHD and other agencies including but not limited to:
- Portage County: Emergency Management Agency, Kent City Health Department, Job and Family Services, Family and Community Services, Prosecutor's Office, County Commissioners, Superintendents, Fair Board, Portage Parks, UH Portage Medical Center, NEOMED, Hiram College, Kent State University, Portage County Congregate Care facilities, PARTA (Portage County's transportation system), Mental Health & Recovery Board

PCHD leads the Unified Department of Operations (DOC) meetings daily in collaboration with Kent City Health Department (KCHD), University Hospitals Portage Medical Center, Portage County Emergency Management Agency (EMA), and Hattie Larlham DOC's. Situational updates are provided by PCHD's Epidemiologist. She provides the epidemiologic surveillance report that includes US, Ohio, and Portage County data on number of confirmed cases, number of probable cases, number of hospitalizations, number of long term care cases, demographics of cases, and the rate of increases of positive cases. Situational updates, challenges, and goals for the next operational period are reported by Communication PIO, Liaison, Safety, Technology, Logistics, Finance, Operations, Planning, Incident Commanders, and Health Commissioners from each DOC. The PCHD Women, Infant, and Children's (WIC) satellite locations also participate.

PCHD, in partnership with EMA, worked with Family and Community Services to provide housing for COVID-19 positive patients who could not return to their homes while sick. This partnership also provided housing for homeless residents who were COVID-19 positive.

PCHD provided PPE training to congregate care facilities, Job and Family Services staff, Family and Community Services staff, PARTA staff, and law enforcement.

PCHD communicates via email and conference call weekly with congregate care facilities, local universities, and Portage County superintendents to provide updates for COVID-19, testing, reopening, etc.

- State of Ohio: Ohio Department of Health, Ohio Department of Education, Ohio Department of Medicaid, National Guard, neighboring local health departments (Summit County, Trumball County, Mahoning County, Medina County, Lorain County, etc.)

PCHD Health Commissioner actively participates on weekly Association of Ohio Health Commissioners (AOHC) meetings. Topics include but are not limited to: essential vs. non-essential businesses, mask use, reopening of schools, county fairs, reopening of retail, contact tracing for COVID-19 patients and contacts, school sports, etc.

PCHD works collaboratively with other local health departments along with the Ohio Department of Health on the ReStart Ohio plan. PCHD environmental health division communicates daily with neighboring health departments to ensure equity in enforcement measures on items such as essential vs. non-essential businesses, mask use, graduation/wedding ceremonies, and the reopening of businesses and schools.

PCHD participates on the Ohio Department of Health Public Information calls, the Ohio Department of Health daily/weekly briefings, and the daily/weekly Governor DeWine press conferences. This allows PCHD to gain knowledge and information that can be timely shared with the public. It also allows for planning of events such as testing, contact tracing, etc.

PCHD Health Commissioner actively participates in weekly calls with the Ohio Department of Health, Governor Mike DeWine, and all Ohio Health Commissioners.

13) Describe the ongoing community collaborative process for continuous enhancement of the community health assessment. In particular:
   a. **How does the health department determine which specific population groups with greater or particular health issues and health inequities to address? (Measure 1.1 RD2.b)**
   b. **How does the health department identify and analyze factors that contribute to specific populations' health issues (including social determinants of health and community factors or contributors)? (Measure 1.1 RD2.c & Measure 1.3 RD5)**
If CHA activities have decreased due to COVID-19, please indicate if any work has been completed or planned.

During COVID-19 response, PCHD's epidemiologist provides surveillance reports that includes U.S., Ohio, and Portage County data on number of confirmed cases, number of probable cases, number of hospitalizations, number of long term care cases, and the rate of increase of positive cases. She also provides a breakdown of age, gender, and race of COVID-19 cases to address specific population groups with greater health issues and experience greater health inequalities. These surveillance reports help guide the activities and goals for the Incident Command Team within PCHD.

PCHD utilizes surveillance data to determine health inequities for Black Americans that are contributing to higher rates of hospitalization for COVID-19 patients. As of July 2, 2020, 9% of Portage County COVID-19 positive cases are Black Americans. 4.57% of Portage County residents are Black/African American. In comparison, this shows a higher rate of Black/African American Portage County residents who are contracting COVID-19, thus providing data that directs activities to address this population within Portage County. The data of COVID-19 positive cases compares with the overall race demographics identified in the 2019 CHA.

To achieve ongoing community collaborative process for continuous enhancement of the CHA, PCHD partnered with The Center for Health Affairs on the building of the "Healthy Northeast Ohio" website in collaboration with Lorain, Medina, Ashtabula, and Cuyahoga Counties (found at www.healthneo.org). This collaborative website provides access to population health date, evidence-based practices, and information about regional health resources and activities.

14) Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation. *(Select all that apply. Place an X in the column to the left of the activity.)* **(Optional)**

	Submitted an example to a national database of best practices	X	Gave a presentation at a meeting
X	Provided one-time consultation to staff at another health department	X	Provided ongoing assistance to staff at another health department
	Published an article in a journal		None
	Submitted a story to Accreditation Works!		Other (please specify):

15) Please describe one of the activities above (question 14) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below. (Optional)

N/A

Emerging Public Health Issues and Innovations

16) Has the health department conducted work in any of the following areas? *(Select all that apply. Place an X in the column to the left of the issue.)*

X	Data for decision making	X	Emerging infectious diseases (other than COVID-19)
	Health equity		Climate change
	Health strategist		Behavioral health
	Public health financing modernization	X	Environmental bio-monitoring
X	Public health systems transformation		Genomics
X	Public health/health care integration	X	Adoption of emerging technology (specify): Ohio Contact Tracing System, cell phones for remote work (including GIS software), laptops for remote work-over 50% of staff working remotely during COVID-19
X	Emergency preparedness and response (other than COVID-19)	X	COVID-19
			Anti-racism
	Community resilience		Other (please specify):

17) If the health department is engaged in work in an emerging area, such as COVID-19, please tell the story of the health department's work in one area.

As stated above, PCHD has been the lead agency in COVID-19 response. We have utilized our Emergency Response Plan for Pandemic Flu in responding to the emerging infectious disease Coronavirus (COVID-19). An outline of PCHD COVID-19 activities and partnerships is under question #2.

18) PHAB defines public health innovation as the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

N/A

Overall Improvements

19) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)
What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.

In December 6, 2019, PCHD completed its second Community Health Assessment in partnership with University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County. The Community Health Assessment was released on December 19, 2019. The CHIP Planning Committee ensured the priorities aligned with the state and national priorities. Portage County will be addressing the following priorities within the 2020-2022 CHIP: mental health, substance abuse, and addiction; chronic disease; and maternal, infant, and child health.

Reminders about Reaccreditation Preparation

Year 1: As you prepare for reaccreditation, here are some items you may want to focus on this year:
- Read reaccreditation guide (http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf)
- Watch training modules on Bridge, PHAB's online learning center
- Begin building support for reaccreditation among the health department director and staff
- Continue to review the comments in the Site Visit Report from Initial Accreditation
- Review requirements that are new to Version 1.5 (http://www.phaboard.org/wp-content/uploads/Version-1.5-changes-and-clarifications-FINAL1.pdf)
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Read the template for the Annual Report for 2nd year after initial accreditation