



Program Review Partner Survey: Results

Background

In 2009 the Health Unit embarked on a Program Review and Prioritization Process. One component of the Program Review's Situational Assessment is an assessment of the partnerships/collaborations required to implement interventions. To complete this component, a Partner Survey was developed in consultation with the Program Review Team and the Program Review Steering Committee. The purpose of the Partner Survey was to assess partners':

- Perceptions of the effectiveness of partnerships and relationships with the Health Unit
- Capacity to participate in partnerships with the Health Unit
- Perceptions of duplication between their programs/services and Health Unit programs/services
- Suggestions for making partnerships with the Health Unit more effective

Once the survey was finalized, it was set up in Survey Monkey to enable electronic completion (see Appendix One for copy of survey).

Members of the Program Review Team developed lists of existing and potential partners for the interventions that they had identified in the Need and Impact portion of the Situational Assessment. These lists were sent to a Program Assistant who developed distribution lists in Microsoft Outlook as well as fax distribution lists for partners without email. An initial letter with background information about the Health Unit's Program Review Process and instructions for accessing the survey was sent from the Medical Officer of Health by email and fax (see Appendix Two for copy of letter). One reminder email/fax was sent to partners to remind them of the survey and inform them of the deadline for completion.

Approximately 300 faxes were sent to physicians and dentists with approximately 10 failures, and approximately 330 emails were sent to partners with approximately 40 failures, giving an estimate of 580 surveys successfully sent to partners. Fax and email recipients were instructed to forward the survey throughout their organization as more than one individual within an organization could complete the survey.

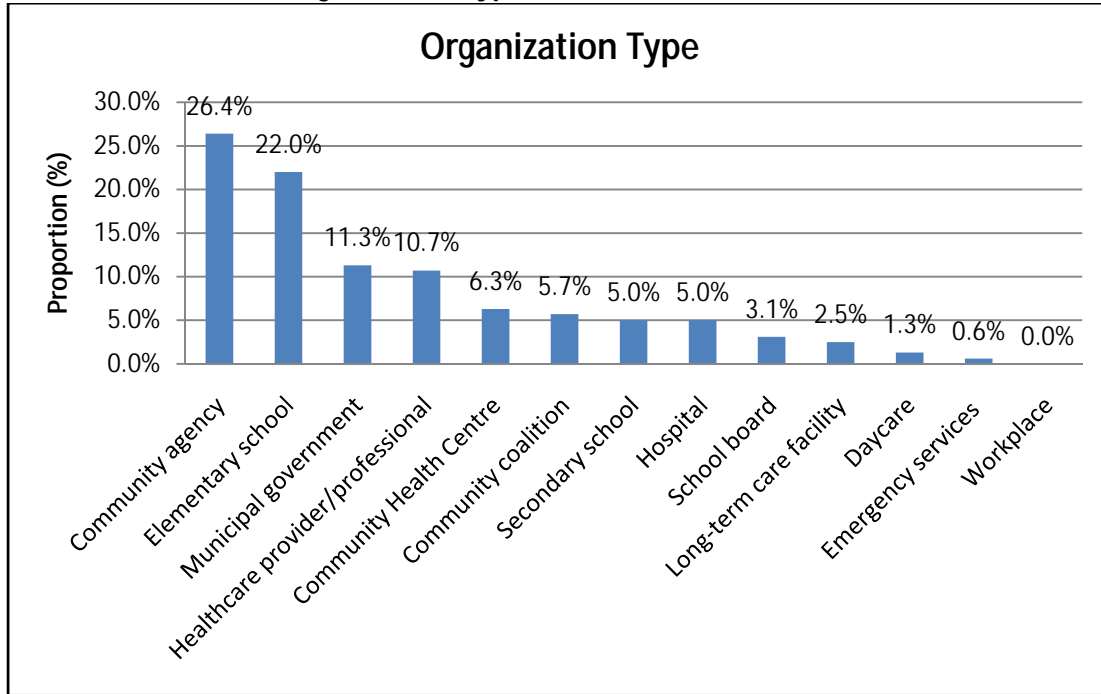
Results

A total of 193 partners completed the Partner Survey. Since recipients were instructed to forward the survey within their organization, it is not possible to determine an accurate denominator or response rate.

Partners were first asked to provide the name of their organization and to classify their organization type. Table One, below, illustrates that partners completing the survey represented a variety of different organization types. Community organizations and elementary schools represented close to half of respondents, which makes sense given the large numbers of these types of organizations. As well, 41 partners selected "other" and indicated organizations such as public libraries, health units and provincial organizations.

Partners completing the survey also represented a variety of job types: administration (27.7%), service delivery (27.2%) and management (45.1%). 32 respondents described their job type as “other” including combinations of all three job types listed above.

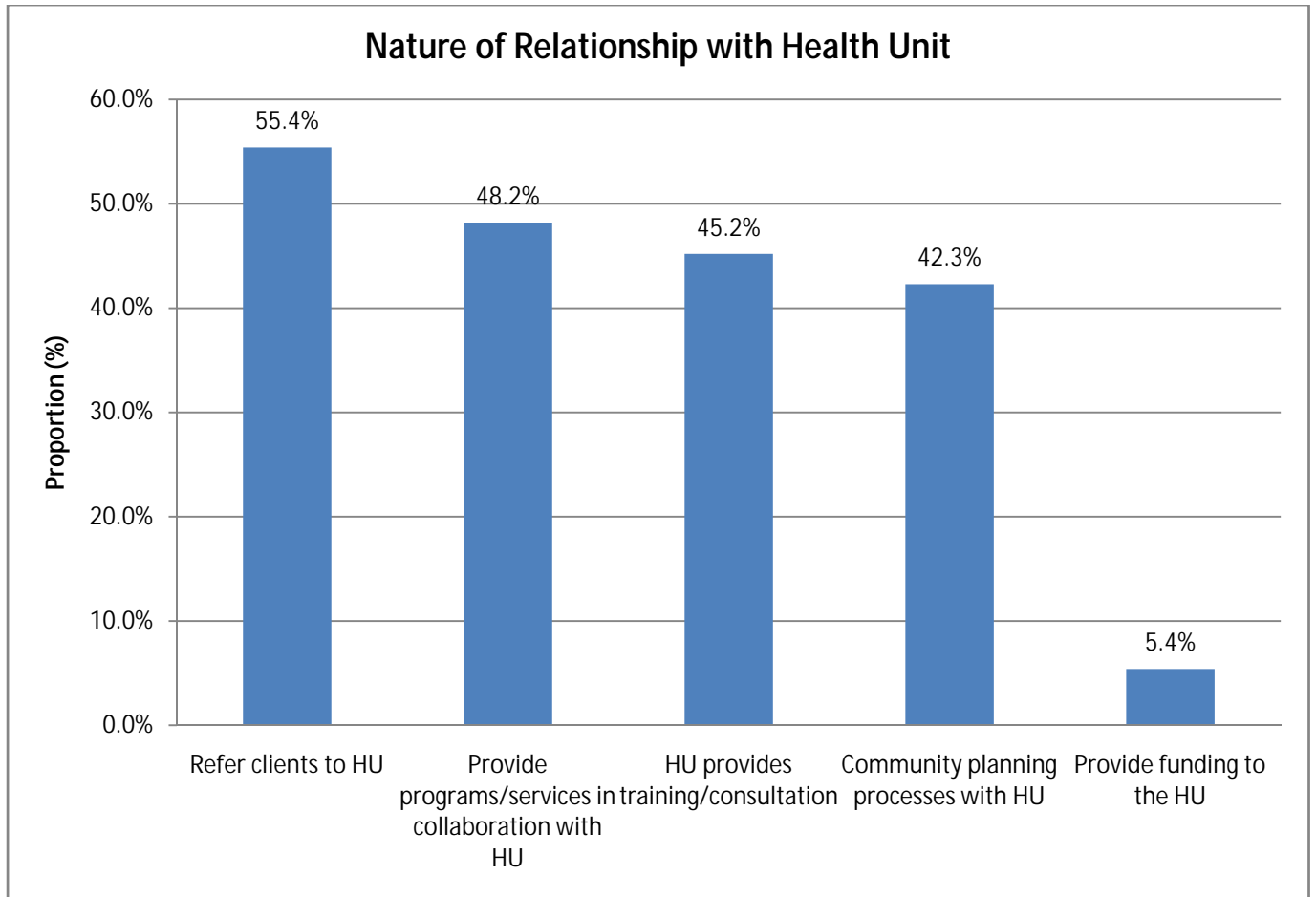
Table One: Partners’ Organization Type



Next, partners were asked to indicate the nature of their relationship with the Health Unit. Partners could select more than one of the following options:

- I/we refer clients to the Health Unit
- I/we provide programs/services in collaboration with the Health Unit
- I/we engage in community planning processes with the Health Unit
- The Health Unit provides training/consultation to us
- We provide funding to the Health Unit for the delivery of programs and services
- Other

Table Two, below, illustrates a variety of relationship types with partners. As well, 29 partners selected “other” including providing training/support or resources to the Health Unit.



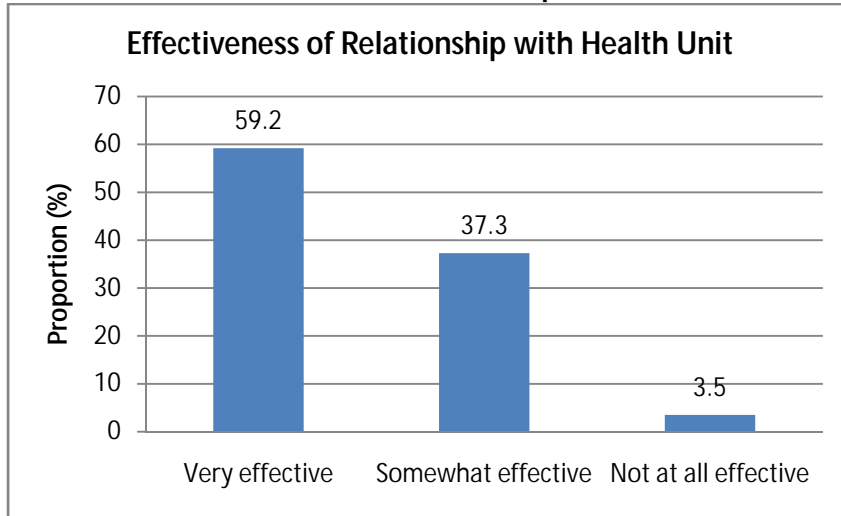
**Note: Respondents could select more than one option therefore total >100%*

The next section asked partners to list up to 5 programs/services they provide in collaboration with the Health Unit or up to 5 community planning groups they participate in with the Health Unit. Partners were then asked to assess the effectiveness (not at all effective, somewhat effective, very effective) and their capacity to partner with the Health Unit (no capacity, limited capacity, capacity to fully participate in providing programs/services or planning) for the programs/services or planning groups they had listed. This information will be used by the Program Review Team in the completion of the Partnership/Collaboration Situational Assessment Questionnaires (SAQs). The majority of partners felt that their partnerships were “very effective” and that they had the capacity to “fully participate in providing programs/services or planning.”

When partners were asked if they felt that any programs/services they provide were being duplicated by the Health Unit, 8.5% said yes and 14.2% were unsure. Partners who answered yes were asked to identify areas of duplication and suggest strategies to reduce duplication. In some instances, partners felt that the duplication was necessary, or positive (i.e. sexual education, immunizations). Examples of duplication provided by partners included home visiting, Baby Talk/playgroups, travel immunization, and smoking cessation.

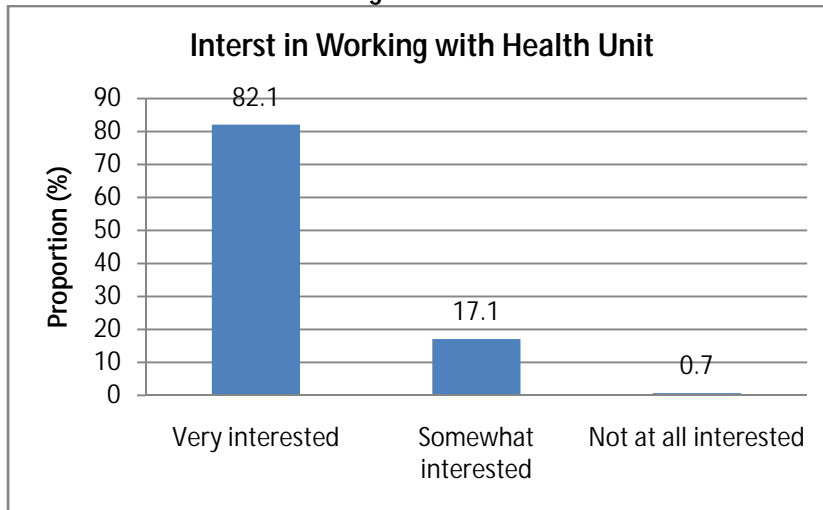
Next, partners were asked to assess the overall effectiveness of their relationship with the Health Unit. As illustrated in Table Three, below, over half (59.2%) of participants rated the relationship as “very effective” and 37.3% rated the relationship as “somewhat effective.”

Table Three: Effectiveness of Relationship with Health Unit



As illustrated in Table Four, below, over 80% of partners indicated that they are “very interested” in working with the Health Unit.

Table Four: Interest in Working with the Health Unit



The final two questions on the survey asked partners if they had any suggestions for making the relationship more effective and if they had any additional comments about their relationship with the Health Unit (see Appendix Three for a complete listing of open-ended comments).

In general, partners suggested increased collaboration and communication as ways to make relationships with the Health Unit more effective. They also suggested providing partners with more information about the programs and services offered by the Health Unit. Partners also provided suggestions for specific programs which will be helpful to the Program Review Team members when completing the Partnership SAQs.

Additional comments provided by partners were almost all positive. Many partners commented that they appreciate and value their partnership with the Health Unit and appreciate the support they receive from the Health Unit. Partners also commented on specific programs and specific staff that they value (names of specific staff have been removed). Some partners commented that an increased Health Unit presence is needed in schools and that at times the Health Unit appears to work in silos separate from the community.

Discussion & Conclusions

The Program Review Partner Survey elicited responses from many of the Health Unit's partners. These partners represented a variety of different organization types and position types. The majority of partners felt that their relationship with the Health Unit was effective and felt that their organization had the capacity to fully participate in the partnership. As well, partners expressed high levels of interest in working with the Health Unit. The data from the Partner Survey serves to inform the completion of the Partnership/Collaboration SAQs and it also provides the Health Unit with a general assessment of its partnership activities.

In conclusion, in addition to the use of the Partner Survey data by the Program Review Team, it is recommended that the results of the Partner Survey are shared with the Health Unit's partners and the public.

Respectfully submitted,
Katie Jackson
Planning & Evaluation Consultant

Appendix One: Survey Tool

Program Review Partner Survey

Default Section

The Health Unit is currently undergoing a Program Review and Prioritization Process. In October 2008 the Ministry of Health and Long-Term Care released the new Ontario Public Health Standards (OPHS) which outline the minimum requirements for fundamental public health programs and services. We are assessing the local need, impact, capacity and partnerships/collaboration for each requirement outlined in the OPHS to help us effectively and efficiently deliver the OPHS requirements. We are asking our partners to help us with this process by answering the following questions. Thanks in advance for your help – we greatly appreciate it.

*** 1. Name of organization:**

2. Organization type:

<input type="radio"/> Community agency	<input type="radio"/> Hospital
<input type="radio"/> Community coalition	<input type="radio"/> Long-term care facility
<input type="radio"/> Community Health Centre	<input type="radio"/> Municipal government
<input type="radio"/> Daycare	<input type="radio"/> School board
<input type="radio"/> Elementary school	<input type="radio"/> Secondary school
<input type="radio"/> Emergency services (police, ambulance, fire)	<input type="radio"/> Workplace
<input type="radio"/> Healthcare provider/professional	

Other (please specify)

3. Your job type:

Administration (support delivery of services)

Service delivery/front line (deliver services to clients)

Management (support delivery of services)

Other (please specify)

Program Review Partner Survey

4. Please choose the option(s) that best describe the focus of your relationship with the Health Unit:

- I/we refer clients to the Health Unit
- I/we provide programs/services in collaboration with the Health Unit
- I/we engage in community planning processes with the Health Unit
- The Health Unit provides training/consultation to us
- We provide funding to the Health Unit for the delivery of programs and services

Other (please specify)

5. Please list the programs/services you provide in collaboration with the Health Unit OR list the community planning groups on which you partner with the Health Unit

- 1.
- 2.
- 3.
- 4.
- 5.

6. For each of the programs/services or community planning groups that you listed above, please rate the effectiveness of the partnership with the Health Unit and your organization's capacity to partner with the Health Unit.

	Effectiveness of partnership	Capacity to partner with Health Unit
Program/service or planning group 1	<input style="width: 60px; height: 18px;" type="text"/>	<input style="width: 60px; height: 18px;" type="text"/>
Program/service or planning group 2	<input style="width: 60px; height: 18px;" type="text"/>	<input style="width: 60px; height: 18px;" type="text"/>
Program/service or planning group 3	<input style="width: 60px; height: 18px;" type="text"/>	<input style="width: 60px; height: 18px;" type="text"/>
Program/service or planning group 4	<input style="width: 60px; height: 18px;" type="text"/>	<input style="width: 60px; height: 18px;" type="text"/>
Program/service or planning group 5	<input style="width: 60px; height: 18px;" type="text"/>	<input style="width: 60px; height: 18px;" type="text"/>

Program Review Partner Survey

7. Are there any programs/services which you currently provide that are being duplicated by the Health Unit?

- Yes
- No
- Unsure

IF YES, which ones, and how do you suggest we can work together to reduce this duplication?

8. Overall, how effective do you feel your relationship with the Health Unit is?

- Not at all effective
- Somewhat effective
- Very effective

9. How interested is your organization in working with the Health Unit?

- Not at all interested
- Somewhat interested
- Very interested

10. Do you have any suggestions for making the relationship more effective?

11. Do you have any additional comments about your organization's relationship with the Health Unit?

Appendix Two: Letter Sent to Partners



March 4, 2010

Dear Partner:

In October 2008, the Ministry of Health and Long-Term Care released the new Ontario Public Health Standards (OPHS) which outline the minimum requirements for fundamental public health programs and services in the province. Implementation of the OPHS will require decisions regarding the elimination/modification of existing programs and services and the development of new programs and services. A sound decision making and priority-setting method, based on multiple sources of evidence and proper documentation, is required in order to ensure that decisions made have a strong and documented rationale and resources are allocated in the most effective and efficient manner.

In light of the new OPHS, as well as a motion passed by the Board of Health to complete a comprehensive programs and services review, the Health Unit has begun a comprehensive program review and prioritization process. The program review process is based on 4 foundational principles outlined in the OPHS document: need, impact, capacity and partnership/collaboration. We want to ensure that the programs and services we deliver will have an impact on local health needs, that we have the organizational capacity to deliver them properly, and that we are working in collaboration with our partners in the most effective and efficient manner possible.

Currently, we are conducting a situational assessment of the 4 foundational principles. To complete the situational assessment, a Program Review Team consisting of one or two staff members from each department in the Health Unit has been formed. These staff are responsible for identifying potential interventions to meet OPHS requirements and collecting and documenting data on need, impact, capacity and partnership/collaboration for each OPHS requirement.

In order to manage the review internally, the Health Unit has had to suspend new program development throughout 2009, and in some cases we may have decreased routine service delivery. As a partner organization, you may have felt the impact of the program review process. Permanent changes to programs and services will not be made until the program review process is complete. Every attempt will be made to keep you informed of the progress of the review and the results once they are available. We have posted information regarding our program review on our website at www.healthunit.org.

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- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> MAIN OFFICE:
458 Laurier Blvd,
Brockville, ON
K6V 7A3
(613) 345-3685
FAX: (613) 345-2879 | <input type="checkbox"/> SMITHS FALLS OFFICE
52 Abbott St. N.
Unit #2
Smiths Falls, ON K7A 1W3
(613) 283-2740
FAX: (613) 283-1679 | <input type="checkbox"/> KEMPTVILLE OFFICE
Box 343
2685 Concession Rd.
Kemptville, ON K0G 1J0
(613) 258-5941
FAX: (613) 258-1407 | <input type="checkbox"/> ALMONTE OFFICE
79 Spring St.
Unit #3
Almonte, ON K0A 1A0
(613) 256-1203
FAX: (613) 256-1217
<i>(Closed as of Feb 2009)</i> | <input type="checkbox"/> GANANOQUE OFFICE
375 William St. S.
Suite 200
Gananoque, ON K7G 1T2
(613) 382-4231
FAX: (613) 382-7599 |
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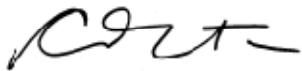
As part of the partnership assessment, your organization is being asked to complete a partner survey. The purpose of the survey is to assess the scope and quality of partnership activities and the capacity of your organization to collaborate with the Health Unit into the future. The survey is to be completed electronically through Survey Monkey, and can be accessed in one of 2 ways:

1. Copy and paste this link into your Internet browser: <https://www.surveymonkey.com/s/RDC2MRS>
2. Click on the link.

Thank you for your time, and we look forward to working with you and your staff to ensure that our programs and services meet the health needs of our community.

Sincerely,

THE CORPORATION OF THE LEEDS, GRENVILLE
AND LANARK DISTRICT HEALTH UNIT



Anne O. Carter, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

Appendix Three: Open-Ended Comments

“Do you have any suggestions for making the relationship more effective?”

- If rural libraries have the space, the Health Unit could bring programs/services to the smaller L&G rural communities when there is an identified need and as funding allows
- Allowing the staff to be more involved in the running of volunteer based programs
- The situation at the moment is very effective. We appreciate the information and share it with our community.
- There is always good communication
- Do more together instead of separately
- I am sure that our Lifeline Response Service would be very useful to some of the Health Unit's clients.
- On the BPL website, www.brockvillelibrary.ca, we have a link to the Health Unit website. Perhaps you in turn could link to libraries in Lanark, Leeds & Grenville. We could display your service brochures @ our library.
- Our Local Flavours Programme committee would probably explore collaborative initiatives with the local health units.
- Triple P is a very good fit with the Health Unit because of their understanding of population health.
- There are so few opportunities to work with the Health Unit in supporting student wellness.
- If we could be provided with an update on services/supports/information/ (newsletter/brochure) more often about the Health Unit initiatives, we could provide this to our volunteers. Currently, we rely on the Where to Turn Directory and the Internet for updates on any changes to what is available.
- Visibility of Health Unit in the local community.
Communications via electronic documentation.
- Increase contact information to the general public on health unit mandate.
- Continue the service you did do before. Provide sex ed for the schools grade 5 to 8. Make anti-bullying presentations to the schools. Students respond well to guest presenters.
- Common concerns around protection from second-hand smoke could increase capacity for bylaws in smoke-free parks and patios.
- I believe student lead programs are not effective. The students do not have the time or commitment level to pull this off and it appears that this is the format that most programming venues have taken.
- Enhanced communication, partnering on certain projects
- Planning as an agency not just front line workers planning
- Developing stronger trust relationships.
Working together from the outset.
Health Unit staff have a better understanding of good community development practices that encourage engagement and ownership of programs and outcomes.
- We were very disappointed when the Health Unit moved out of Almonte as we felt very strongly that our students did not have the same immediate access to services.
- We have the facility to offer exercise and nutrition and stress reduction programs that are medically supervised. We would like to offer cardiac rehab, pulmonary rehab and stroke prevention clinics and programs as well.
- Collaboration in Brockville could be improved

- Our program could greatly benefit from a sexual health clinic.
- Better planning built on collaboration and meeting the needs of communities. Need to work on more integrated service delivery. Reduce silos of service.
- Continued collaboration
- Find opportunities/ways/time to share information with each other about outreach activities in which we might collaborate (health fairs, presentations, etc.)
- There needs to be more information about the programs which are available and discussion about what schools need assistance with.
- Health Unit to provide all travel info and immunizations with no suspension of services during a new outbreak of disease even if they have to reduce hours as we are just as over come as they are
- More dialogue re: educational in-services available for students in health care programs
- The College can continue to work with the Health Unit to facilitate successful student learning experiences.
- Yes, please provide paid time for dietetic internship preceptors at your Health Unit to attend professional development opportunities for preceptors such as our "Focus on Feedback" workshop which is free of cost.
- Allow Health Unit staff to provide service delivery to at these sites.
- Better funding for cessation services.
- In the past, we were regularly requested to attend Baby Talk groups-this has decreased with the recent changes in PHN's who run the group- there is a continual change in which PHN runs the group
- Time seems to be the biggest factor. Therefore more time that the health nurse can be in the school, the better.
- Our addiction services suffer from the common fault of inadequate funding; we are therefore short on liaison and co facilitation resources to use in partnering with the Health Unit. Proper provincial funding to the addictions sector and to public health units would enable partnership improvements.
- Perhaps an open house for community service providers and government agencies would help to highlight your mandate and referral processes to aid professionals when trying to make contact on behalf of clients.
- More time...that is difficult, given the mandates and workload for both agencies
- Learn about each other's services for starters
- We work well together but we recognize the limits on the Health Unit this past year due to H1N1 have impacted time they might normally have to come to schools for programming.
- More visibility of health nurse
- Not that would do any good. It is not the Health Unit that needs to hear my concerns, it is the MOH.
- May be able to 'coordinate' activities on a region-wide basis, activities that individual municipalities cannot accomplish alone
- It would be helpful to know what workshops and programs you offer so that we can maximize on our relationship. We get a lot of correspondence and transmit in our newsletter, but we would love to expand our knowledge of how we could make use of your services more extensively.
- More understanding of potential collaborations at management level
- We have had and continue to have some difficulties in working with the PHU in the past (we have also had many success over the last 16 years). So I believe there are some hard feelings,

perhaps on both sides. Our interest should be high as we serve many of the same families. Our relationship was best with the PHU when they did not offer a similar service. At that time they really appreciated that we were doing this work and we worked co-operatively together. When HBHC started it changed the relationship to a program owned by the PHU. We have different styles of program delivery and this caused a clash. In order to work together we need to know the individuals, we need to respect each other's approach and mandates and we need to be able to open and change the communication to one of respect, support and co-operation.

- We could help in supporting local food production and consumption.
- Our programs are only limited by the amount of staff time LGLDHU is able to provide to programs we collaborate on, and local implementation of programs and activities
- Provide an office of the Health Unit in Lanark County
Provide meaningful sexual health clinics for all women (not at the high school)
- We have a great relationship with the employees of the Health Unit, they are very helpful but their hands are tied and have too many logistics and procedures to follow before treatment can be confirmed.
- I would like visit the Health Unit with my youth maybe once a year so they know where the facility is - they have a chance to ask questions and receive new relevant information. Also it is nice when the health nurse comes to our facility because the youth are in an environment where they feel comfortable and are more receptive to the information they are receiving.
- The Tri-County Health Unit seems to focus more on Leeds and Grenville. We would like to see more emphasis in Lanark. The value of the partnership is totally dependent on the HU employee assigned, and hence the level of commitment changes. This is especially noticeable when comparing programs between Lanark and Leeds Grenville.

“Do you have any additional comments about your organization's relationship with the Health Unit?”

- Keep up the good work!
- Sometimes the bureaucracy of the Health Unit makes it difficult to partner with them
- Over the past many years the Health Unit and its staff have been instrumental in moving a community health and wellness agenda forward. Though handicapped by board member anosognosia, by a mandate not sufficiently funded and by unanticipated crisis. They have persevered in engaging with other community agencies in pursuit of vision and mission.
- Brockville Public Library provides information services about health and wellness through our collections and databases. With the addition of a new staff person who is responsible for community outreach, volunteers and adult programming we are beginning to plan an adult guest speaker program. It would be very helpful to us to have speakers from the Health Unit to talk about issues of concern to our customers; for example, disease prevention, diet and nutrition, seniors' health, your healthy babies program, support for our young parents and single parents in raising healthy kids, alcohol and substance abuse, support for our young adults, etc. Thank you for this opportunity to give feedback.
- Would be great to continue and formalize this relationship through a staff secondment from Health Unit to Triple P
- No.
- We have also been a guest speaker on behalf of the Early Years Centre and have talked with

parents on certain topics such as The Importance of Play, Infant Sign Language, & Home made Infant Toys. The Health Unit is a wonderful resource and the staff are very helpful and accommodating.

- If we could have the expertise of the Health Unit staff within our classroom settings - on a programming preventative nature, I feel our partnership would strengthen as well as the benefits for the students.
- Being a Public Place, The Health Unit assisted us in the prevention and control of H1N1.
- Due to the limited staff at ARCC it is difficult at times to take on new projects.
- There is a lot of people to work with and it depends on the issue
- I believe our relationship is a positive one. We sometimes feel the PHU's largeness and comprehensiveness leads its staff to working in 'silos' distinct from other community. Needs to be greater recognition of community capacity.
- We have established an excellent rapport with our Health Unit and have appreciated the incredible support we have received from [PHNs] on many levels - presenting, resource materials, references, educational services etc. Awesome!
- We very much appreciate the support of the Health Unit in teaching our students and informing our school community about a variety of health issues.
- [PHN and] colleagues have made very significant contributions to the development of the MDS.
- There hasn't always been a relationship of professional trust - I believe this has been resolved
- This is an essential service to our students who have limited knowledge, parental support, and physical and personal resources. Many of them are young single parents as well.
- Very impressed with the Health Unit's commitment to Triple P and its proactive approach in general with respect to programs
- Good working relationship and supportive agency for continued ventures
- There used to be more consistent support for the delivery of health related programs for students. Those programs were very effective and professionally delivered. They seem to be slowly eroded by lack of resources or emphasis on other aspects of your mandate. Those programs provided valuable preventative information for the long term health of the community.
- My relationship is mainly through [PHNs] who are all great colleagues and a terrific resource.
- Having a central contact person would be useful i.e. someone responsible for particular schools.
- [Tobacco Coordinator] is the representative whom we work with and has made this partnership very worthwhile and has supported our regional campaigns and programs to their fullest extent. It is a pleasure working with him and we hope to continue for many years.
- LGL Health Unit has always been a strong partner in regional efforts to promote cancer prevention and screening.
- They are always very helpful and proactive and we appreciate their support.
- Very supportive in providing excellent learning environment for our students. Preceptors (frontline PHN) have been excellent role models for our nursing students demonstrating excellence in providing care to individuals, families, groups and the community. We look forward to continued partnership in the future.
- We look forward to our continued involvement with the Health Unit to build on our positive working relationship.
- We are grateful to the ongoing support of your agency to provide rotation experiences for our interns. Thank you

- The Health Unit staff are valued partners- we require their participation to make these programs succeed. There has recently been less involvement for these programs from the Health Unit staff and we would welcome renewed participation.
- I find that the Health Unit staff have helped our organization, youth and myself above and beyond. SF FOCUS was the best partnership for the YC one meeting a month however the impact for us was better partnerships and programs. When new programs or services were provided I knew that someone for the Health Unit would forward the info ASAP. I thank the group of professional women and men at the LGL Health Unit for all they have done and I hope there will be another venue to continue this partnership.
- We always enjoy our collaborations with the Health Unit. Their creativity and professionalism are of great value to us and others.
- We value our partnership with you
- We look forward to increased opportunities to collaborate with the Health Unit with regards to families and their children, aged 0-6 years
- This is a very new relationship, beginning February 2008 with the submission of a grant. Since that time we have become more aware of services and resources and are doing a better job working in collaboration with the Health Unit.
- The health needs in the school are growing in part due to societal shifts. Poor eating habits, mental health wellness, family dynamics and drugs & alcohol issues are all factors that need to be addressed on an on going basis. A closer partnership would be beneficial.
- Our lack of resources obstructs improving public access to such services as needle exchange programs. Confusion about including tobacco in the addictions mandate (and lack of resources to do that) complicates our capacity to assist smoking cessation services provided by the Health Unit. Generally, see the Health Unit as supportive of community partnerships, and we see our own role as being unable to participate as actively as we would like.
- I enjoy working with the members of the Health Unit
- I like the info you provide families via newsletters, More programming in schools would be helpful
- No
- We have an excellent relationship with Health Unit
- The Health Unit is an extremely important resource to us.
- As the Early Years Nurse I relay on, and appreciate the Health Unit for all the great resources and teaching materials, including Triple P tip sheets
- Our "paths " rarely cross
- It has been very helpful to strengthen interagency relationships at these planning tables. HU participation has been critical to overall planning for children and youth. Our services are complementary and we share common goals.
- Excellent personnel. [PHN] has been a critical player in the success of this relationship! Positive and proactive!! Highly supportive of young people in our community.
- It should be better. We should cross paths more. We are operating in isolation from one another right now in the Home Visiting and Group Programs. It will be easy to continue in this way however it is not in the best interest of Lanark children and families.
- [Tobacco Coordinator] is very valued within the TCAN steering committee and his contributions are greatly appreciated and needed. His enthusiasm and motivation to help with regional activities and connections is refreshing!
- We have always had a very co-operative and collaborative working relationship with the Health Unit.

- I would like the Health Unit to be less antagonistic and more open, and to follow through on promises
- We are the only dental practice in our city who will accept Ontario Works and CINOT patients due do not receiving the full fee charged therefore we have to limit how many we see in a day or we would have to close our office doors as the Ontario Dental Association Fee Guide fees are not offered to us. It would be nice if other offices were forced to participate or the full fee for treatment was paid.
- [PHN] is a wonderful liaison. She provides inserts for our monthly newsletter, collaborates with staff, sits on our Safe School Team, and provides Risk Watch lessons to primary classes via nursing students. During N1H1, she was a valuable asset.
- The HU is often responsive to requests for information and collaboration, but employees are often unable to commit because of confusion about their job function. I really hope that changes following this review.
- Very pleased with responsiveness, communication and follow-up