***Performance Management Plan***

## Berrien County Health Department

2018

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# Overview

* Performance management is a forward‐looking process for setting goals in alignment with strategic priorities and regularly checking progress toward achieving those goals.
* State accreditation has provided a solid foundation of performance standards, measures, quality improvement, and reporting of progress. The focus on performance has been largely at the program level.
* This plan outlines how Berrien County Health Department (BCHD) integrates performance management into both program and department‐wide operations to ensure we are building systems aligned with our strategic priorities and resulting in better outcomes.
* Performance management in this context does not refer to reviewing and managing the performance of individual employees. Instead, the focus is on measuring achievement of organizational goals.

# Key Terms

**Performance Management** is what you do with the information you’ve developed from measuring performance.[[1]](#footnote-1) It is a forward‐looking process for setting goals and regularly checking progress toward achieving those goals. In practice, an organization sets goals, looks at the actual data for its performance measures, and acts on results to improve the performance toward its goals. Performance management strives to align subsystems of an organization to achieve results.[[2]](#footnote-2)

**Performance Standard**: objective standards or guidelines that are used to assess an organization’s performance[[3]](#footnote-3)

**Wildly Important Goal (WIG)/ Big Audacious Goal (BAG)**: A goal essential to carrying out the organization’s mission or strategy.[[4]](#footnote-4)

**Performance Measurement** is a process by which an organization monitors important aspects of its programs, systems, and processes. Data is collected to reflect how its processes are working, and that information is used to drive an organization’s decisions over time. Typically, performance is measured and compared to organizational standards.[[5]](#footnote-5)

A **Performance Measure** is the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance. [[6]](#footnote-6)

**Lead Measure**: the measure of an action planned and taken as a means to achieving a WIG. Lead measures are influenceable by the team and predictive of the goal. The lead measures constitute the team’s “strategic bet” that if they take these measures they will execute the goal with excellence.[[7]](#footnote-7)

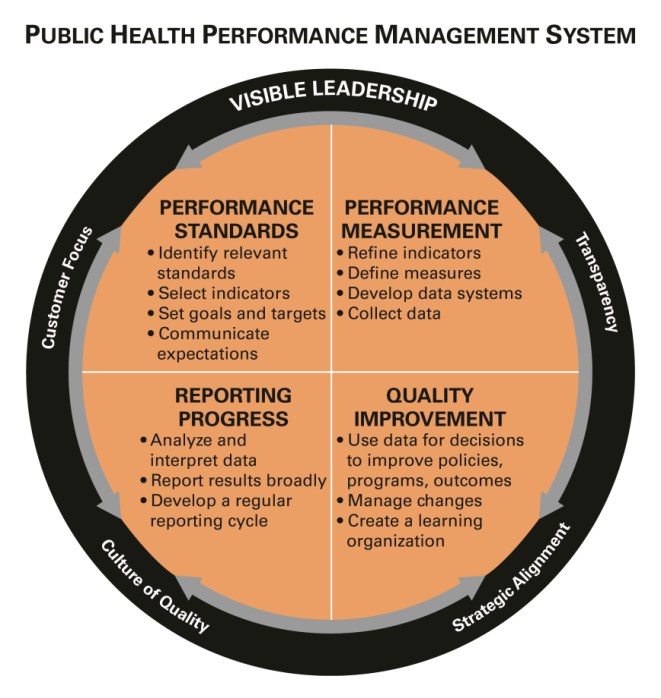
**Lag Measure**: the measure of goal or WIG achievement. A historical measure of performance, e.g., end-of year revenue, quality scores, customer satisfaction numbers. Lag measures are typically easy to measure but difficult to influence directly. A lag measure is always expressed in terms of *from X to Y by when.[[8]](#footnote-8)*

**Performance Improvement (PI)** is demonstrated through positive changes in capacity, process, and outcomes of public health.[[9]](#footnote-9)

**Strategic Planning (SP)** is a process for defining and determining an organization’s roles, priorities, and direction over a period of time; frequently 3 to 5 years.

**Quality Improvement (QI)** is the use of a deliberate and defined improvement process, such as Plan‐Do‐Check‐Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.[[10]](#footnote-10)

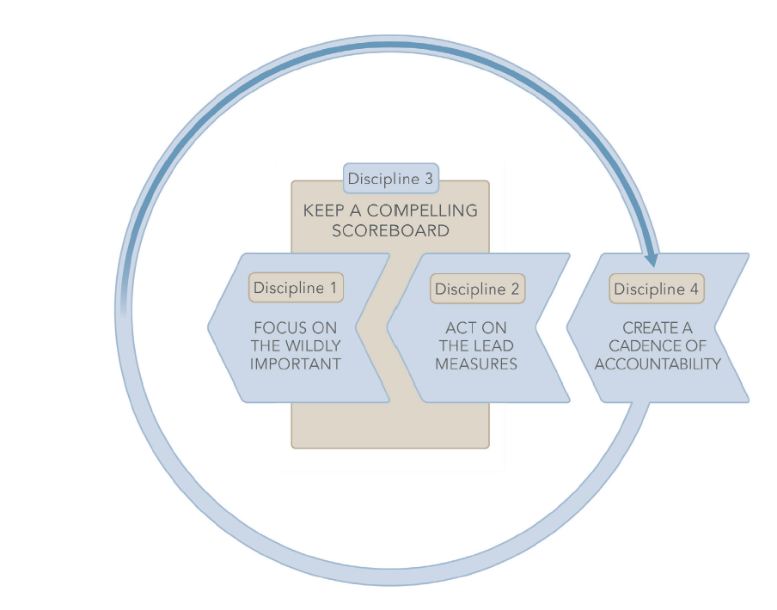
# Framework

BCHD will use the model of performance management developed by the Turning Point National Excellence Collaborative on Performance Management as a framework for performance management in the organization. Following this model, performance management components include:[[11]](#footnote-11)

1. **Performance Standards** ‐ Establishment of organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.
2. **Performance Measurement** ‐ Application and use of performance indicators and measures.
3. **Reporting of Progress** ‐ Documentation and reporting of progress in meeting standards and targets and sharing such information through feedback.
4. **Quality Improvement** ‐ Establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

BCHD’s performance management values include:

* Visible leadership
* Transparency
* Strategic alignment
* Culture of quality
* Customer focus



Within the Turning Point model, BCHD will utilize the model for goal setting and measurement outlined in “4 Disciplines of Execution” (4DX). The four disciplines outlined in this framework supports execution on the most important strategic priorities in the midst of staff’s day-to-day tasks.

The *4 Disciplines of Execution* include:

* **Focusing on the Wildly Important** – defining crucial goals and narrowing the team’s focus to those goals;
* **Acting on Lead Measures** – The practice of consistently carrying out and tracking results on activities that will lead to achievement of organizational goals;
* **Keeping a Compelling Scoreboard** – The practice of visibly tracking key success measures on a goal; and
* **Creating a Cadence of Accountability** – the practice of regularly and frequently planning and reporting on activities intended to move the measures on the scoreboard.

# Self-Assessment

In November 2017, the leadership team--including department administration, management, and supervisors --at BCHD completed the “Performance Management Self‐Assessment Tool” by Turning Point Performance Management National Excellence Collaborative. The results of the 2017 assessment are included in Appendix III of this plan. The results of this self-assessment informed development of the performance management goals and objectives outlined in the next section of this plan.

Moving forward, BCHD will complete the Performance Management Self-Assessment Tool every two years to measure progress and re-evaluate priorities, goals, and objectives related to the performance management system. The next time the leadership team will conduct the assessment again is in late 2019.

# Performance Management Goals and Objectives

Berrien County Health Department has the following goals and objectives, related to priorities identified through the self-assessment process, in the first year of implementing a performance management system. Expanded Work Plans can be found in Appendix I.

|  |  |
| --- | --- |
| Goal 1 - Identify and track strategic plan measures and key program measures based on performance standards and strategic plan goals and objectives. | |
| Objective 1 | BCHD’s leadership team will develop measures relating to strategic plan goals by May 30, 2018. |
| Objective 2 | BCHD program/service areas will each develop one key measure for their program area to be included in the performance management system by June 30, 2018 |
| Objective 3 | BCHD will begin tracking identified performance measures in the performance management system by June 30, 2018 |

|  |  |
| --- | --- |
| Goal 2 - Implement a documenting and reporting process to communicate results on a regular basis to stakeholders of interest. | |
| Objective 1 | By June 30, 2018 BCHD’s leadership team will input the final measures into the identified performance management system tracking tool. |
| Objective 2 | BCHD’s leadership team will create a user-friendly, graphic heavy, score card to display the identified measures by August 30, 2018. |
| Objective 3 | By August 30, 2018, BCHD leadership will establish a schedule for reporting, including inputting data into the tracking tool and developing reports for stakeholders. |
| Objective 4 | By August 30, 2018, BCHD will identify what stakeholders will receive the report and how the report will be communicated. |

|  |  |
| --- | --- |
| Goal 3 - Involve all employees in the Performance Management System according to their stated role. | |
| Objective 1 | By June 2018 all BCHD employees will receive training on the basics of BCHD’s performance management system. |
| Objective 2 | BCHD employees will be able to identify their role in the performance management system by June, 2018. |
| Objective 3 | By June 30, 2018 staff will establish program-level measures and begin tracking. |

# Performance Management Implementation

**Performance Standards**

BCHD selects performance standards related to stated organizational priorities. These include priority areas identified in the strategic plan, community health needs assessment, and accreditation recommendations, as well as program area priorities. The leadership team provides opportunities for staff feedback and input into strategic priorities through the strategic planning process, and other planning processes.

The performance management team, with input from other staff as needed, will develop targets for performance based on national standards, accreditation and grant requirements, and discussion on realistic goals for the agency’s performance.

**Performance Measurement**

To identify performance measures related to each performance standard, BCHD provided a worksheet for program area leaders to brainstorm measures related to administrative and programmatic priorities. Measures were refined and tentatively selected through a consensus process during an all-day meeting in February 2018 with members of the leadership team participating. The leadership team then had an opportunity to refine and finalize the measures for inclusion in the performance management system.

Selected performance measures and related details are located in the tracking tool, which can be found H Drive/ Community Health Planning. Changes/updates to the tracking tool are the responsibility of the Deputy Health Officer; other staff should not make changes or updates to the tool unless directed to do so by the Deputy Health Officer or if they are assigned responsibility to do so. Assigned staff will be required to provide data related to measures on a regular basis; associated timeframes are outlined in the tracking tool.

**Reporting of Progress**

Progress on performance measures will be reported and tracked in the tracking tool on a monthly basis. Reporting of progress will happen at least quarterly. Assigned staff will analyze data using the tracking tool. Reports of progress will include:

* A staff-facing program and agency score card that provides a compelling summary of targets and current performance.
* Quarterly reports to the Board of Health.
* A summary of the year’s performance in the Annual Report for the community and other stakeholders.

**Quality Improvement**

When performance measures are falling short of targets, not tracking in the right direction, or show a trend in data that predict improvement activities are needed, BCHD will implement quality improvement activities related to the relevant performance measures. Quality improvement activities will be implemented as stated in the agency quality improvement plan.

# Monitoring and Evaluation

The performance management team will review the performance management system at least annually and make changes as necessary. The performance management team will recommend necessary changes and updates based on:

* Any changes to the goals and objectives,
* Lessons learned,
* Customer/stakeholder satisfaction with services and programs
* Strategic priorities of the department,
* Accreditation outcomes and feedback, and/or
* Other emerging priorities.

The performance management team will update all staff and stakeholders as relevant about any changes made to the performance management system.

# Roles and Responsibilities

Specific roles and responsibilities related to performance management involving key groups within BCHD include:

1. BCHD Administrative Lead (Health Officer)

* Provide visible leadership and help set positive tone for performance management efforts.
* Communicate plans, processes and results for improving performance with Board of Commissioners and Board of Health annually.
* Communicate updates on performance management results to the Board of Health on a quarterly basis.

1. Performance Improvement Manager (Deputy Health Officer)

* Work with staff at all levels to develop performance improvement objectives.
* Prepare data summary reports and share with Admin and Leadership Teams as well as the Quality Improvement Team.
* Prepare year‐end report documenting performance results, opportunities for improvement, and next steps for the identified goals and objectives.
* Provide linkage to Quality Improvement Team to facilitate QI project selection and serve as resource for this work by program teams.
* Participate in professional development opportunities and share learning with relevant staff.
* Promote Performance Improvement professional development opportunities for all staff.

1. Performance Management Team (BCHD Leadership Team)

* Discuss and identify performance improvement opportunities based on monthly review of data.
* Provide feedback and guidance to programs/teams working on performance improvement objectives and/or QI.
* Guide and Support Supervisors, Coordinators and Team Leaders to collect, analyze, and evaluate performance data
* Give input when determining performance improvement objectives and annual performance measures, in collaboration with program staff
* Allow time at all staff meetings to discuss performance management and related work (e.g. quality improvement projects)
* Provide access to resources and trainings specific to performance management, as appropriate
* Include relevant performance improvement work on work plans of staff at all levels; hold self and other department staff accountable for meeting standards and targets

1. All Staff

* Identify quality gaps and discuss with supervisor and manager throughout the year and during annual development of performance improvement objectives.
* Be familiar with all performance improvement objectives across the department.
* Actively participate to achieve performance improvement objectives relevant to their program.
* Staff may be asked to participate in an ad hoc QI team focused on performance improvement.

1. Board of Health
   * + Provide high‐level oversight and accountability
     + Provide an outside perspective on performance improvement and QI initiatives
     + Support Health Officer in communicating plans, processes and results for improving performance with Board of Commissioners.

# Performance Management Training

Performance management training will take place department-wide and in the following manners. Initially, the Deputy Health Officer will serve as Department-wide trainer. However, all performance management team members will be given opportunity to increase their knowledge and training abilities to ensure ample support to performance management training is available in the department.

* Performance management training will take place at the all staff meeting on May 18, 2018.
* All new staff will be oriented to the concept of performance management, its roles and process, to the performance management system and to available resources. This will be reflected in the orientation checklist.
* Advanced and continued training will be provided to the performance management committee members on an ongoing basis, through such opportunities as face to face trainings at the State, through webinars, through review of appropriate literature, and by presentations by team members at team meetings.

Possible training resources may be available from, but are not limited to the following: State Health Department, NACCHO, PHQIX, Public Health Foundation, TRAIN, Embracing Quality in Public Health: A Practitioner’s Performance Management Primer, etc. Additional information on performance management trainings available can be found in the BCHD Workforce Development Plan.

# Communication

All staff at BCHD can access this plan at [insert intranet or file system location/hyperlink]. Updates to the plan will be communicated to all staff via department-wide emails. Documentation related to the plan, including the tracking tool, reports, evaluation results, performance management team meeting minutes, and training materials are stored [insert intranet or file system location/hyperlink].

# Sustainability

BCHD is building sustainability for performance management activities in the following manners:

* Leadership for performance management is built into the deputy health officer’s position description. There are also expectations for participation in performance management built into manager and supervisor position descriptions.
* Performance management is a standing item on the leadership team meeting agenda.
* Progress and results of performance management is regularly communicated to the BCHD Board of Commissioners.
* The BCHD workforce development plan provides information on performance management training and expectations.
* Performance management training and communication will be built into the onboarding process for new employees.

# Appendices

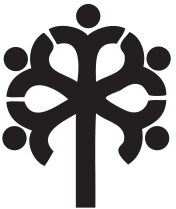
1. Performance Management Standards and Measures
2. Performance Management Reporting Template
3. BCHD’s “Performance Management Self‐Assessment Tool” by Turning Point Performance Management National Excellence Collaborative.

## APPENDIX I: 2018 Performance Management Goals and Objectives

|  |  |  |  |
| --- | --- | --- | --- |
| Goal 1: Identify and track strategic plan measures and key program measures based on performance standards and strategic plan goals and objectives. | | | |
| Objective 1: BCHD’s leadership team will develop measures relating to strategic plan goals by May 30, 2018. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| PM Measure Workshop | Identification of starting performance measures based on program focus and strategic plan | March-April,2018 | MPHI (consultant) |
| Objective 2: BCHD program/service areas will each develop one key measure for their program area to be included in the performance management system by June 30, 2018 | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| Completion of performance measure activity | Identification of 1 to 3 PM for each program | May – June, 2018 | Deputy Health Officer |
| Objective 3: BCHD will begin tracking identified performance measures in the performance management system by June 30, 2018 | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| Set measures into tracking tool | Tracking Tool ready for use at BCHD | June, 2018 | Deputy Health Officer |
| Build Tracking Templates for Staff | Tool to collect information for performance measures | June, 2018 | Deputy Health Officer |
| Utilization of the data collection templates | Implementation of performance management system | June, 2018 | Managers & Supervisors |
| Goal 2: Implement a documenting and reporting process to communicate results on a regular basis to stakeholders of interest. | | | |
| Objective 1: By June 30, 2018 BCHD’s leadership team will input the final measures into the identified performance management system tracking tool. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Objective 2: BCHD’s leadership team will create a user-friendly, graphic heavy, score card to display the identified measures by August 30, 2018. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Objective 3: By August 30, 2018, BCHD leadership will establish a schedule for reporting, including inputting data into the tracking tool and developing reports for stakeholders. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Objective 4: By August 30, 2018, BCHD will identify what stakeholders will receive the report and how the report will be communicated. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Goal 3: Involve all employees in the Performance Management System according to their stated role. | | | |
| Objective 1: By June 2018 all BCHD employees will receive training on the basics of BCHD’s performance management system. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Objective 2: BCHD employees will be able to identify their role in the performance management system by June, 2018. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |
| Objective 3: By June 30, 2018 staff will establish program-level measures and begin tracking. | | | |
| Activities | Outcome(s) | Timeframe | Responsible Persons |
| TBD |  |  |  |

## APPENDIX II: Performance Management Reporting Template

|  |
| --- |
| **PM Monthly Reporting Form** |

****

**Date of Report:**

**Name of Submitter:**

**Phone Ext.:**

**Performance Measure Data Updates**

Performance Measure Data is collected monthly. Please complete information below for the performance measures within your responsibility:

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** |  | | |
| **Numerator:** | |  |  |
| **Denominator:** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** |  | | |
| **Numerator:** | |  |  |
| **Denominator:** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** |  | | |
| **Numerator:** | |  |  |
| **Denominator:** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** |  | | |
| **Numerator:** | |  |  |
| **Denominator:** | |  |  |

**Other Notes**

Please outline any supporting information for data report and/or any concerns you may have with the specific performance measures.

|  |
| --- |
|  |

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**FOR PERFORMANCE MANAGEMENT TEAM USE ONLY**

**Should this measure be referred to the Quality Improvement Team for consideration?**

Please place an ‘x” in the box that appropriately reflects the decision of the PM Council

|  |  |
| --- | --- |
|  | Yes |
|  | No |

## Appendix III: Self-Assessment Prioritization

Berrien County Health Department’s management team completed a Performance Management Self-Assessment (included in Appendix IV) as a group in November 2017. This self-assessment includes scale items in five categories related to the different facets of performance management, including: visible leadership, performance standards, performance measurement, reporting progress, and quality improvement. For each scale item respondents ranked how often related activities occur, using the answer choices, “Never/Almost Never,” “Sometimes,” and “Always/Almost Always.” The following radar chart presents the percent of scale items where the group selected “Never/Almost Never.”

Based on the results of the assessment, BCHD prioritized items related to Reporting Progress, by including a related goal in the performance management plan: Goal 2 – Implement a documenting and reporting process to communicate results on a regular basis to stakeholders of interest. Other areas where a higher percent of items were indicated as occurring “Never/Almost Never,” included Visible Leadership (55%) and Performance Measurement (46%). These items are also represented in the Performance Management Goals and Objectives.

Based on the individual scale items ranked as “Never/Almost Never,” the following recommendations also emerged from self-assessment results:

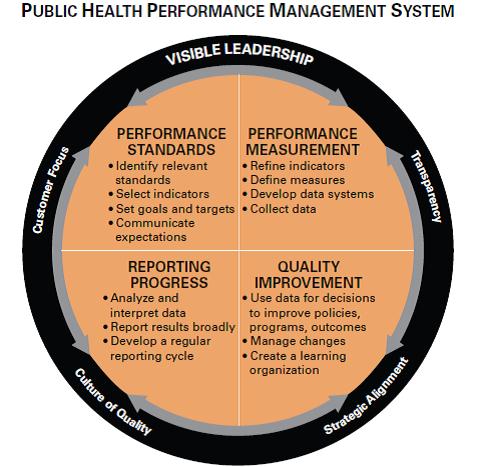
* Engage in regular communication about the performance management system as it is developed and implemented. It may be useful to incorporate performance management as an agenda items at all meetings;
* Assign responsibility for data collection and reporting, and provide training to those who will be responsible so they understand their role, the measures for which they are responsible, and performance management specifics;
* Provide additional training on system specifics for managers/responsible staff;
* Establish a feedback loop for employees to provide input on the system throughout implementation;
* Officially designate personnel and financial resources to this work and incorporate in job descriptions; and
* Wherever possible, tie results from performance management system to organizational effectiveness.

## APPENDIX IV: BCHD’s “Performance Management Self‐Assessment Tool” Results

**Public Health Performance Management**

**Self-Assessment Tool**

How well does your public health team, organization, or system manage performance? Use this assessment to find out if you have the necessary components in place to achieve results and continually improve performance. This self-assessment tool is a guide that was designed to be completed as a group, and can be adapted to fit an organization or system’s specific needs.

**Using This Tool**

This self-assessment tool will help public health teams, organizations, and systems identify the extent to which the components of a performance management system are in place. It is intended to generate group discussions about building and improving a performance management system. Use it to help manage performance and prepare for voluntary public health department accreditation, if desired. Developed by and for public health agencies, the tool is organized around five components (framework at right).

* Visible Leadership
* Performance Standards
* Performance Measurement
* Reporting Progress
* Quality Improvement

For each component, several questions serve as indicators of performance management capacity. These questions cover the elements, resources, skills, accountability, and communications to effectively practice each component.

**Contents**

|  |  |
| --- | --- |
| Using This Tool…………………………………………………………………..……………  Section I. Visible Leadership…………………………………………….….…………..  Section II. Performance Standards……………………………….....................  Section III. Performance Measurement………………………….…….…………  Section IV. Reporting Progress……………………………………….……….………  Section V. Quality Improvement…………………………………….……….………  Resources to Help, Take the Next Step, Definitions…….………….……… | 1  3  4  6  7  8  *Developed in 2013, adapted from the 2003 Turning Point*  *Performance Management System Framework*  10 |

**Benefits of this Tool**

***Tips:***

* ***Preview the entire tool and definitions before you begin.*** The detailed questions in Sections II - V may help you better understand performance management and more accurately complete Section I, Visible Leadership.
* ***Be honest about what you are currently doing or not doing to manage performance****.* If you are doing very little in an area, it is better to say "Never" or “Sometimes” than to overstate the attention and resources allocated to it. For questions marked "Never," decision makers can determine the activity’s relevance, and if appropriate, choose to shift priorities or invest resources. Using information for such decision making is a basic tenet of performance management.
* **If you are unsure how to answer a question, the leave it blank until you can find the answer**.
* **Use the *Notes* section at the bottom of each page.** Write down improvement ideas, insights, or any qualifications to self-assessment answers. Your individual or group responses will help you interpret the results and choose follow-up actions to the assessment.
* *Teams or programs* can use this tool to assess relative performance management strengths and weaknesses in their areas of work
* *Organizations* can use this tool to assess relative performance management strengths and weaknesses across divisions and programs
* *Systems* composed more than one organization can use this tool to assess how well they are managing across the different parts of the system

**Choose the Best Response**

Choose the response that best describes your current practice:

* *Never/Almost Never:* You rarely if ever do this (by choice or because you do not have capacity in place); what occurs is not the result of any explicit strategy
* *Sometimes:* You explicitly do this or have this capacity in place, but it is not consistently practiced
* *Always/Almost Always*: You have this capacity in place and consistently do this activity

In this tool, “you” does not refer to you as an individual. Rather, when answering questions, “you” can refer to the responding:

* Team, program, or division
* Organization as a whole
* Public health system under your jurisdiction where there is authority to control and influence — including government-al health departments (state, local, territorial, or tribal), other government agencies partnering in public health functions, and private system partners (non-profit, academic, or business)

Because performance management is a shared responsibility throughout a public health system,

involvement of internal and external partners in examining ways to better manage performance is encouraged.

**About the 2012-2013 Update**

In 2012-2013, the Public Health Foundation (PHF) refreshed the Turning Point Performance Management Framework and related resources. This activity was funded through the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support through the National Public Health Improvement Initiative. The update the Turning Point Framework was a field-driven process incorporating input from Performance Improvement Managers, users in the field, CDC and national partners. Visit the PHF website at [www.phf.org/PMtoolkit](http://www.phf.org/PMtoolkit) for more information on the update.

**Section I. Visible Leadership -** *Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.*

|  | Never/  Almost Never | Some-times | Always/  Almost Always | Note details or comments mentioned during the assessment |
| --- | --- | --- | --- | --- |
| 1. Senior management demonstrates commitment to utilizing a performance management system |  |  |  | Mostly, however not all have a clear understanding of what this fully entails |
| 1. Senior management demonstrates commitment to a quality culture |  |  |  | QI Team, Staff Time designated, Training Prioritized |
| 1. Senior management leads the group (e.g., program, organization or system) to align performance management practices with the organizational mission |  |  |  |  |
| 1. Transparency exists between leadership and staff on communicating the   value of the performance management system and how it is being used  to improve effectiveness and efficiency |  |  |  |  |
| 1. Performance is actively managed in the following areas   (check all that apply) |  |  |  |  |
| 1. Health Status (e.g., diabetes rates) |  |  |  |  |
| 1. Public Health Capacity (e.g., public health programs, staff, etc.) |  |  |  |  |
| 1. Workforce Development (e.g., training in core competencies) |  |  |  | Assessing, not yet using |
| 1. Data and Information Systems (e.g., injury report lag time, participation in intranet report system) |  |  |  |  |
| 1. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes) |  |  |  | Sporadic use in department, unclear use after completion in decision and program work |
| 1. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities) |  |  |  |  |
| 1. Management Practices (e.g., communication of vision to employees, projects completed on time) |  |  |  |  |
| 1. Service Delivery (e.g., clinic no-show rates) |  |  |  |  |
| 1. Other (Specify): |  |  |  |  |
| 1. There is a team responsible for integrating performance management efforts across the areas listed in 5 A-I |  |  |  | This could be encompassed by the Department Leadership team, but hasn’t to date |
| 1. Managers are trained to manage performance |  |  |  |  |
| 1. Managers are held accountable for developing, maintaining, and improving the performance management system |  |  |  |  |
| 1. There are incentives for effective performance improvement |  |  |  |  |
| 1. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things) |  |  |  |  |
| 1. A process or mechanism exists to align performance priorities with budget |  |  |  |  |
| 1. Personnel and financial resources are assigned to performance management functions |  |  |  |  |

**Section II. Performance Standards** - *Establishment of organizational or system performance standards, targets, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public’s or leaders’ expectations, or other methods.*

|  | Never/  Almost Never | Some-times | Always/  Almost Always | Note details or comments mentioned during the assessment |
| --- | --- | --- | --- | --- |
| 1. The group (program, organization or system) uses performance standards |  |  |  | Varies program to program and mostly dependent on if standards are defined by grantors |
| 1. The performance standards chosen used are relevant to the organization’s activities |  |  |  |  |
| 1. Specific performance targets are set to be achieved within designated time periods |  |  |  |  |
| 1. Managers and employees are held accountable for meeting standards and targets |  |  |  |  |
| 1. There are defined processes and methods for choosing performance standards, indicators, or targets[[12]](#footnote-12) |  |  |  | Nothing documented or written |
| 1. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020, Public Health Accreditation Board Standards and Measures) |  |  |  |  |
| 1. The group benchmarks its performance against similar entities |  |  |  |  |
| 1. Scientific guidelines are used |  |  |  |  |
| 1. The group sets priorities related to its strategic plan |  |  |  |  |
| 1. The standards used cover a mix of capacities, processes, and outcomes[[13]](#footnote-13) |  |  |  |  |
| 1. Performance standards, indicators, and targets are communicated throughout the organization and to its stakeholders and partners |  |  |  | Sometimes, but not in a strategic or consistent manner |
| 1. Individuals’ performance expectations are regularly communicated |  |  |  |  |
| 1. The group relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services) |  |  |  | Not in a formalized manner; not understood by staff |
| 1. The group regularly reviews standards and targets |  |  |  |  |
| 1. Staff understand standards and targets |  |  |  |  |
| 1. Performance standards are aligned across multiple groups (e.g., same child health standard is used across programs and agencies) |  |  |  |  |
| 1. Training is available to help staff use performance standards |  |  |  |  |
| 1. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets |  |  |  |  |

**Section III. Performance Measurement** *- Development, application, and use of performance measures to assess achievement of performance standards.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never/  Almost Never | Some-times | Always/  Almost Always | Note details or comments mentioned during the assessment |
| 1. The group (program, organization, or system) uses specific measures for established performance standards and targets |  |  |  |  |
| 1. Measures are clearly defined |  |  |  |  |
| 1. Quantitative measures have clearly defined units of measure |  |  |  |  |
| 1. Inter-rater reliability has been established for qualitative measures |  |  |  |  |
| 1. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection |  |  |  | Has been discussion, but no action |
| 1. There are defined methods and criteria[[14]](#footnote-14) for selecting performance measures |  |  |  |  |
| 1. Existing sources of data are used whenever possible |  |  |  |  |
| 1. Standardized measures (e.g., national programs or health indicators) are used whenever possible |  |  |  |  |
| 1. Standardized measures (e.g., national programs or health indicators) are consistently used across multiple programs, divisions, or organizations[[15]](#footnote-15) |  |  |  |  |
| 1. Measures cover a mix of capacities, processes, and outcomes[[16]](#footnote-16) |  |  |  |  |
| 1. Data are collected on the measures on an established schedule |  |  |  |  |
| 1. Training is available to help staff measure performance |  |  |  |  |
| 1. Personnel and financial resources are assigned to collect performance measurement data |  |  |  | There are Department roles that this could be included within though |

**Section IV. Reporting Progress** - *Documentation and reporting progress in meeting standards and targets, and sharing of such information through appropriate feedback channels.*

|  | Never/  Almost Never | Some-times | Always/  Almost Always | Note details or comments mentioned during the assessment |
| --- | --- | --- | --- | --- |
| 1. The group (program, organization or system) documents progress related to performance standards and targets |  |  |  |  |
| 1. Information on progress is regularly made available to the following (check all that apply) |  |  |  | 1. – G. All of these are very sporadic and differ program to program within the Department |
| 1. Managers and leaders |  |  |  |  |
| 1. Staff |  |  |  |  |
| 1. Governance boards and policy makers |  |  |  |  |
| 1. Stakeholders or partners |  |  |  |  |
| 1. The public, including media |  |  |  |  |
| 1. Other (Specify): |  |  |  |  |
| 1. Managers at all levels are held accountable for reporting performance |  |  |  |  |
| 1. There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency) |  |  |  |  |
| 1. Reporting progress is part of the strategic plan |  |  |  | Linking into communication in general |
| 1. A decision has been made on the frequency of analyzing and reporting performance progress for the following types of measures[[17]](#footnote-17)   (check all that apply) |  |  |  |  |
| 1. Health Status |  |  |  |  |
| 1. Public Health Capacity |  |  |  |  |
| 1. Workforce Development |  |  |  |  |
| 1. Data and Information Systems |  |  |  |  |
| 1. Customer Focus and Satisfaction |  |  |  |  |
| 1. Financial Systems |  |  |  |  |
| 1. Management Practices |  |  |  |  |
| 1. Service Delivery |  |  |  |  |
| 1. Other (Specify): |  |  |  |  |
| 1. The group has a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction) |  |  |  |  |
| 1. Training is available to help staff effectively analyze and report performance data |  |  |  |  |
| 1. Reports on progress are clear, relevant, and current so people can understand and use them for decision-making (e.g., performance management dashboard) |  |  |  |  |
| 1. Personnel and financial resources are assigned to analyze performance data and report progress |  |  |  |  |
| 1. Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars |  |  |  |  |

**Section V. Quality Improvement (QI)** -*In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.*

|  | Never/  Almost Never | Some-times | Always/  Almost Always | Note details or comments mentioned during the assessment |
| --- | --- | --- | --- | --- |
| 1. One or more processes exist to improve quality or performance |  |  |  |  |
| 1. There is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board) |  |  |  | Could be QI Team and Leadership Team |
| 1. There is a regular timetable for QI processes |  |  |  |  |
| 1. The steps in the QI process are effectively communicated |  |  |  |  |
| 1. Managers and employees are evaluated for their performance improvement efforts (i.e., performance improvement is in employees’ job descriptions and/or annual reviews) |  |  |  |  |
| 1. Performance reports are used regularly for decision-making |  |  |  |  |
| 1. Performance data are used to do the following   (check all that apply) |  |  |  |  |
| 1. Determine areas for more analysis or evaluation |  |  |  |  |
| 1. Set priorities and allocate/redirect resources |  |  |  |  |
| 1. Inform policy makers of the observed or potential impact of decisions under their consideration |  |  |  |  |
| 1. Implement QI projects |  |  |  |  |
| 1. Make changes to improve performance and outcomes |  |  |  |  |
| 1. Improve performance |  |  |  |  |
| 1. The group (program, organization, or system) has the capacity to take action to improve performance when needed |  |  |  |  |
| 1. Processes exist to manage changes in policies, programs, or infrastructure |  |  |  |  |
| 1. Managers have the authority to make certain changes to improve performance |  |  |  |  |
| 1. Staff has the authority to make certain changes to improve performance |  |  |  | Majority of staff don’t feel like they can take this authority |
| 1. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties |  |  |  |  |
| 1. There is a process or mechanism to coordinate QI efforts among groups that share the same performance targets |  |  |  |  |
| 1. QI training is available to managers and staff |  |  |  | Beginning to be, not always prioritized |
| 1. Personnel and financial resources are allocated to the organization’s QI process (e.g., a QI office exists, lead QI staff is appointed) |  |  |  |  |
| 1. QI is practiced widely in the program, organization, or system |  |  |  | QI Team exists, so this is staged to begin more |

**Resources to Help**

If you are ready to start working on better ways to manage performance, the following resources can help:

* **The Public Health Foundation’s Performance Management Toolkit** (<http://www.phf.org/PMtoolkit>) – Access current current performance management resources applicable to public health, including:
* **Talking Points:** **Achieving Healthy Communities through Performance Management Systems**– A communications document to help generate leadership, employee, and community buy-in
* **Performance Management Applications in Public Health** – Examples of how health departments have been successful in applying a customized approach to strategically improve the performance of their agency to better serve and improve the health of the community
* **2003 Turning Point Performance Management Publications** – The Performance Management National Excellence Collaborative developed a package of resource materials specific to helping public health systems manage performance. Historical documents such as the *Guidebook for Performance Measurement and Performance Management in Action – Tools and Resources* contain information still relevant today.<http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx>
* **Public Health Accreditation Board (PHAB) Materials** – *Locate the Standards and Measures document, glossary, assessment guide, readiness checklist, and other resources to help public health departments prepare for accreditation*  <http://www.phaboard.org/accreditation-process/accreditation-materials/>

**Take the Next Step**

In public health, we continually strive for better health for all people. In the same spirit, we can continually strive for better ways to manage performance and learn from one another’s efforts. Using this self-assessment, your group can identify areas of performance management which may need improvement, as well as areas that are already strong, and should be maintained leveraged to strengthen other areas.

This tool will help you answer the questions, *“Are we really managing performance?”* and *“Do we have specific components of a performance management system?”* However, it is only the first step to improving performance. As you complete this assessment, or as a next step, your team should also discuss other important questions:

* What are examples of work that fall within a performance management system? Do we call them performance management?
* For those components of performance management we are doing, how well are we doing them?
* In which areas do we need to invest more time and resources to manage performance more successfully?
* What can leadership and staff do to make the performance management system work?
* What steps could we try out this month (or this week) to improve our performance management system?

**Definitions**

**Performance management** is the practice of actively using performance data to improve the public’s health. It involves strategic use of performance measures and standards to establish performance targets and goals. In alignment with the organizational mission, performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice. Performance management includes the following components:

**Performance Management Components Can Be Applied to…**

• Health Status

* Public Health Capacity
* Workforce Development
* Data and Information Systems

• Customer Focus and Satisfaction

• Financial Systems

• Management Practices

• Service Delivery

* **Visible Leadership—**Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance against targets between leadership and staff.
* **Performance Standards—**Establishment of organizational or system performance standards, targets, and goals to improve public health practices. (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as “good” or “excellent”). Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public’s or leaders’ expectations (e.g., 100% access, zero disparities), or other methods.
* **Performance Measurement—**Development, application, and use of performance measures to assess achievement of performance standards.
* **Reporting Progress—**Documenting and reporting progress in meeting standards and targets, and sharing of such information through appropriate channels.
* **Quality Improvement—**In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: <http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx>)

**A performance management system** is the continuous use of all the components above so that they are integrated into an agency’s core operations (see inset above, right). Performance management can be carried out on multiple levels, including the program, organization, community, and state levels.

**Performance improvement (or systems performance improvement)** is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: <http://www.cdc.gov/nphpsp/performanceimprovement.html>)

**Performance indicators** summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

**Performance measures** are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists, or the percentage of clients who rate health department services as “good” or “excellent”).

**Performance targets** set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

**Strategic Plan** results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Source: <http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>)

1. Turning Point National Excellence Collaborative on Performance Management [↑](#footnote-ref-1)
2. US Health Resources and Services Administration, Performance Management and Measurement, 2011 [↑](#footnote-ref-2)
3. Turning Point Performance Management National Excellence Collaborative, 2004 [↑](#footnote-ref-3)
4. McChesney, Chris; Covey, Sean; & Huling, J. “The 4 Disciplines of Execution.” Free Press (2012). [↑](#footnote-ref-4)
5. US Health Resources and Services Administration, Performance Management and Measurement, 2011 [↑](#footnote-ref-5)
6. Turning Point National Excellence Collaborative on Performance Management [↑](#footnote-ref-6)
7. McChesney, Chris; Covey, Sean; & Huling, J. “The 4 Disciplines of Execution.” Free Press (2012). [↑](#footnote-ref-7)
8. McChesney, Chris; Covey, Sean; & Huling, J. “The 4 Disciplines of Execution.” Free Press (2012). [↑](#footnote-ref-8)
9. NACCHO Performance Improvement and Quality Improvement Communications Guide [↑](#footnote-ref-9)
10. Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009).

    Proceedings from Accreditation Coalition Workgroup: Quality Improvement in Public Health. [↑](#footnote-ref-10)
11. http://turningpointprogram.org/Pages/perfmgt.html [↑](#footnote-ref-11)
12. For guidance on various methods to set challenging targets, refer to the “Setting Targets for Objectives” tool (p. 93) in Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999. [www.health.gov/healthypeople/state/toolkit](file://\\server1\DATA\PROJECT\PMQI\CDC-Turning%20Point%20PMS%20Refresh\ACA%20Year%203\AppData\Local\Microsoft\Windows\Users\JGray\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\EReineke.PHF\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\6MYBCC31\www.health.gov\healthypeople\state\toolkit). Additional target setting tools are available in the State Healthy People Tool Library at <http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx> [↑](#footnote-ref-12)
13. Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8. [↑](#footnote-ref-13)
14. For a list of criteria and guidance on selecting measures, refer to Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999:65. [http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf](http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf%20) [↑](#footnote-ref-14)
15. For examples of sources of standardized public health measures, refer to “Health and Human Services Data Systems and Sets” (p. 103) in the *Healthy People 2010 Toolkit: A Field Guide to Health Planning* at <http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx.> [↑](#footnote-ref-15)
16. Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8. [↑](#footnote-ref-16)
17. See Section I, question 6 for examples of each type of measure. [↑](#footnote-ref-17)