

Introduction to Performance Management

PERFORMANCE MANAGEMENT

Performance management is a systematic process of using data for decision-making by identifying outcomes and standards; measuring, monitoring, and communicating progress; and engaging in quality improvement activities in order to achieve desired outcomes.

BENEFITS

Performance management has a number of benefits:

Promotes better systems, leading to better outcomes

- Results in improved performance: In a survey of state health agencies, 76 percent reported that their performance management efforts resulted in improved performance
- Provides better results for the public

Provides data to illustrate the importance of public health

- Shifts the conversation from wasteful government spending to the value created for citizens
- Provides a better understanding of public health’s importance for employees, decision makers, and the public

Demonstrates greater accountability for funding

Provides meaningful data and benchmarks

- Establishes common standards/indicators and data, to continually measure and improve value

Emphasizes quality, not just quantity

Increases productive teamwork

Improves problem-solving skills

CONTENTS

- Performance Management
- Performance Standards
- Performance Measures
- Monitor and Analyze
- Communicating Progress
- Continuous Improvement
- Terms: Performance Management Workshop
- Resources for Performance Management

AT A GLANCE

Performance Management IS	Performance Management IS NOT
A process	A “thing”
Ongoing	A one-time occurrence
A journey	Built in one day
Good management practice	A software program
An organization-wide view of performance	An individual employee performance appraisal

Public Health Accreditation Board: [Standards and Measures Version 1.5](#)

- Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.

[Minnesota Local Public Health Act](#)

- Minn. Stat. § 145A.04, subd. 1a: The community health board shall... (3) implement a performance management process in order to achieve desired outcomes

COMMON PERFORMANCE MANAGEMENT MODELS

- Turning Point
- Baldrige
- Balanced Scorecard
- CitiStat
- Compstat
- Results-Based Accountability
- Others

COMMONALITIES OF PERFORMANCE MANAGEMENT MODELS

- Leadership role
- Results-focused
- Alignment to vision/mission
- Measurement
- Data collection
- Monitoring and analysis of data
- Reporting
- Continuous improvement
- Customer focus



Minnesota Public Health System
Performance Management Cycle



HEALTH PARTNERSHIPS DIVISION, PUBLIC HEALTH PRACTICE SECTION
www.health.state.mn.us/qi

PERFORMANCE STANDARDS

Performance standards convey the establishment of organizational or system standards, targets, objectives, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines; benchmarking against similar organizations; the public's or leaders' expectations; or other methods.

TIPS AND KEY POINTS

If unsure, go back to the question that the component is asking, and see if it answers the question in the box (see right).

Remember: Some standards are broad, and others are more specific.

Identify and review existing and/or required standards; for example:

- Healthy People 2020, Family Home Visiting, Minnesota Department of Human Services standards and measures
- Laws, regulations, and mandates
- National, state, or scientific standards
- Grants
- Agency expectations



EXAMPLES

[Healthy People 2020: Maternal, Infant, and Child Health](#)

- Improve the health and well-being of women, infants, children, and families
- Objective 8.1: Reduce low birth weight from a baseline of 8.2 percent to a target of 7.8 percent

[Minnesota Department of Health: Family Home Visiting \(FHV\) Evaluation Benchmark Plan \(PDF\)](#)

- Maternal Infant and Early Childhood Home Visiting (MIECHV) objective: Decrease in average reported weeks of pregnancy at engagement in home visiting among women enrolled prenatally

[Centers for Disease Control and Prevention: Environmental Public Health Performance Standards \(PDF\)](#)

- Develop emergency communications plan(s) and procedures to coordinate governmental alerts to the community about possible environmental health threats and disease outbreaks

[Minnesota Department of Health: Strategic Plan \(PDF\)](#)

- Communicate our commitment to advancing health equity
- MDH develops and implements an internal communication plan
- Outgoing communications highlight an expanded narrative about what creates health

PERFORMANCE MEASURES

- Development, application, and use of measures to assess achievement of standards
- Regular collection of data to track work produced and results achieved
- Can be both quantitative and/or qualitative measures of capacities, processes, or results



SOURCES FOR PERFORMANCE MEASURES

Voice of the Customer: Data we collect from the customer.

- Who are our customers?
- What do they need and want?
- Are we meeting their requirements?
- Are they satisfied with our services/products?

Program Data: Historical data, but still important.

- What do our numbers look like?
- How many people are we serving?
- Are we meeting our program's performance objectives?

Process Data: Describes the efficiency and effectiveness of the program itself. For example:

- Cost per unit
- How long a process takes, or total time the process takes

TIPS AND KEY POINTS

- Identify and review existing and/or required measures
- Focus on measures that:
 - Tell us if we are meeting our objectives
 - Are actionable
 - Are easily understood
 - Tell us how we are performing our work
- Find or develop a stand-in or proxy measure if needed
- Recognize your data capacity
- As a general rule, have no more than seven performance measures per program/team/group
- Select a measure before setting a target

PERFORMANCE MEASURES: FLATHEAD CITY-COUNTY, MONTANA

Immunization program: Population health measures

- Rate of Flathead County children aged 19-35 months who are fully immunized with...
- Rate of Flathead County adolescents who are fully immunized with...

Immunization program: Performance and/or program measures

- Number of providers reporting to the state registry
- Percent of standing orders reviewed annually
- Number of months vaccine is ordered by the deadline

PERFORMANCE MEASURES: SEATTLE AND KING COUNTY, WASHINGTON

Issue	Measures
Retail compliance	# checks target # checks completed / % of target # of sales / % of sales
Secondhand smoke compliance	# of complaints received # of establishments in complaints # of establishments with 2 nd complaint, prompting check # of checks % checks done within two weeks of 2 nd complaint
Smoke-free policy	# of housing calls responded to # of smoke-free policies in progress and adopted
Cessation	# new trainings # refresh trainings # trainees % training type

PERFORMANCE MEASURES: OLMSTED COUNTY, MINNESOTA

% of OCPHS customers report being treated well				% of OCPHS customers report being helped with problems			
Current %	% Change	YrToDate %	Trend	Current %	% Change	YrToDate %	Trend
96%	0%	96%	To be developed	97%	3%	95%	To be developed
95%	-5%	95%		95%	-1%	94%	
100%	0%	100%		100%	4%	99%	
93%	-7%	92%		93%	-7%	91%	
94%	1%	95%		97%	0%	93%	

PERFORMANCE MEASURES: WASHINGTON COUNTY, OREGON

Program Name	Program-Level Performance Measure	Target	Current Value	By When	Status
Communicable Disease	Percent of contacts to smear+ cases with LTBI who complete treatment	90%	TBD	July 2016	
Health Promotion	Percent of key community partners to the program has "meaningful" engagement or collaboration with out of the total number of key community partners (identified through the Health Promotion network map)	TBD	TBD	July 2015	
WIC	Show rate for individual appointments	75%	75%	July 2015	
Emergency Preparedness	Number of Emergency Preparedness trainings for county staff each calendar year	8	0	July 2015	
Environmental Health	Number of critical violations among swimming pool/spa owners who participate in the county swimming pool safety course	TBD	TBD		
MCH	Cumulative annual number of field team visits	7,150	6,532	July 2015	

How will we know?

MONITOR AND ANALYZE

- How public health tracks, observes, and analyzes progress over time on measures
- Gaps identified based on comparisons to national, state, or local standards or benchmarks



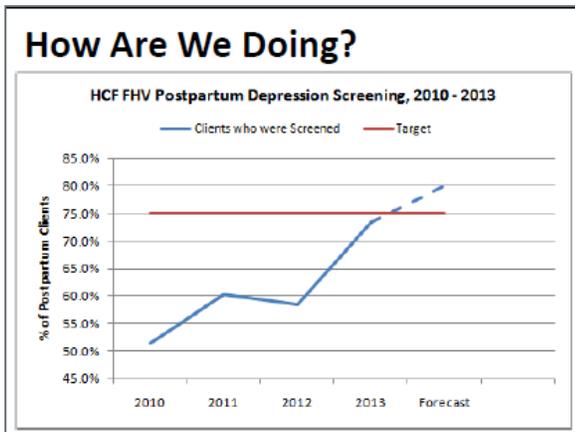
TIPS AND KEY POINTS

1. Track data = Monitor
 - Enables you to determine progress (or lack thereof) over time
 - Identify areas of strength, challenges
 - Identify trends
2. What does the data mean = Analysis
 - How does actual performance compare to standard or target?
 - Why is this happening?
 - How have existing conditions changed?
 - What is contributing to or impeding progress?
 - What does this mean?
 - Is corrective action necessary?
3. Develop a schedule and assign responsibility
4. Identify and document what has contributed to or impeded progress
5. Use information for action and improvement

MONITOR AND ANALYZE: OLMSTED COUNTY, MINNESOTA

Monitor

Analyze



Story Behind the Baseline:

Depression negatively impacts the parent-child relationship. PPD screening has increased due to recognizing the importance of the screening, implementing it as a standard of practice, and participating in a quality improvement project. KBS are rated at opening and closure of client services. Significant increases in KBS ratings for effectiveness and for parent knowledge in

MONITOR AND ANALYZE: FICTIONAL

How	Pilot referral process between health care and Community Education Organization by April 1, 2016
Objectives <i>(Where do we want to be?)</i>	<p>200 vouchers will be issued from health care clinics to interested participants between now and April 2016</p> <p>100 vouchers will be redeemed at community education organization between now and April 1, 2016</p> <p>Evaluation surveys will be given to 100% of participants who redeem their vouchers at community education organizations between now and April 1, 2016</p> <p>50% of completed surveys will be returned to the community education organization between now and April 1, 2016.</p> <p>50% of completed survey results indicate that participants started to eat healthier or started being physically active between now and April 1, 2016</p>

Monitor

Analyze, Possible Action

Key Performance Measures <i>(How will we know?)</i>	Monitor				Analyze, Possible Action			
	Q1 (Apr-June)	Q2 (Jul-Sep)	Q3 (Sep-Dec)	Q4 (Jan-Apr)	FY 2015-2016	Annual Target	Status	Performance Narrative
# vouchers issued	42	59	63			200	+	164 vouchers issued to date – on track to meet target
# vouchers redeemed	21	32	40			100	+	93 vouchers redeemed to date – on track to meet target
% surveys given to participants	100%	100%	100%			100%	+	On track to meet target
% surveys completed	29%	53%	45%			50%	Monitor Closely	42% overall rate – Check with organizations, incentives possible?
% survey results indicated that participants started to eat healthier or started being physically active	2%	25%	23%			50%	Action Needed	17% overall rate – Is the target unrealistic, check with organizations, what is feedback from customer, would in-person meeting make a difference, ask subject matter experts...

MONITOR AND ANALYZE: MINNESOTA DEPT. OF HEALTH

Survey Quarter/Year	Review	Opportunity to Improve (Yes / No)	If Yes, Select the Respective Unit	Story Behind the Data / Notes	Describe Improvement/Actions Needed	Person Responsible	Improvement/Action(s) Taken or Link to Action Plan	Status (Not Started / In Progress / Complete)	Date
Q1	CH	Yes	PM/QI	For the question "I received the information or service that I needed" we did not reach our 80% target for Strongly agree or Agree. There were no requests for follow-up and no additional insights in the survey comments.	TBD - Will discuss at next QI unit meeting (5/21/14)	Chelsie	Since no feedback given we will monitor again next quarter. If low again we will seek feedback from our customers	Complete	9/1/14



Monitor



Analyze



What will be done as a result of analysis

COMMUNICATING PROGRESS

- Documentation and communicating progress in meeting standards and measures
- Sharing information with all stakeholders
- Getting information out to those who need it and will use it for improvement



TIPS AND KEY POINTS

- Identify how, when, and with whom information/communication is shared
- Recognize this is not just “reporting” data
- Communicate progress in a clear, accessible, and transparent way if possible (Transparency = Easy to access, well organized, and easy to understand)
- Train and/or support staff

COMMUNICATING PROGRESS: ONEIDA COUNTY, WISCONSIN

Performance Standard	Performance Measure	Baseline	Goal	Actual
Reduce youth access to tobacco by conducting WI WINS compliance checks in 6 county MJC which includes...	% of sales to minors	Illegal sale rate by county:	0%	Illegal sale rate by county:
		Florence – 0%		Florence – 0%
		Forest – 22.2%		Forest – 4.7% ↓
		Lincoln – 12.9%		Lincoln – 3% ↓
		Oneida – 18.3%		Oneida – 10.53% ↓
		Price – 31.6%		Price – 7% ↓
		Vilas – 22.9%		Vilas – 15.9% ↓

COMMUNICATING PROGRESS: DISTRICT OF COLUMBIA

**Department of Health
DOH (HC)
FY 2012 Performance Accountability Report**

LIST THREE MAJOR ACCOMPLISHMENTS

- DOH improved the quality and safety of the emergency medical services available to D.C. residents by increasing its surveillance of ambulances. In FY 2012, the Department completed 66% more inspections than it did in FY 2011. In total 464 inspections were done, this is 26 more than our fiscal year target.
- The number of D.C. youth accessing prevention and treatment services for alcohol and other drugs has increased. In FY 2012, the city saw a 252% increase in the number of youth referred into care by District government agencies as a result of increased collaboration and data sharing. The total number of youth referred was 1,848.
- DOH has given youth a greater chance to monitor their health and seek care when necessary by increasing the number of youth screened for STD's by 37%. In FY 2011, there were 4,274 youth screened. In FY 2012, that number was increased to 5,870.

COMMUNICATING PROGRESS: OLMSTED COUNTY, MINNESOTA

What are Customers Saying?

OCPHS Customer Service Survey Results

Clinical Services (October 2014)

Overview

In October 2014, customers that visited OCPHS for clinic services and environmental consults were asked to complete a customer service survey. The purpose of the survey was to gauge customer satisfaction with the services they are provided. Customers completed questions on how well they were treated, if OCPHS staff helped them with their problems and if they learned anything from OCPHS staff. The survey also offered an opportunity to provide suggestions for improvement and additional information about the Olmsted County Public Health Services building. In total 22 customers completed the survey. The majority of customers that completed the survey came to OCPHS for the Immunization Clinic.

Treated Well

Front Desk customers completing the survey agreed/strongly agreed they were treated well by the front desk (95%) and during their visit (95%). This is decrease from last quarter for the front desk but slight increase for during the visit. Customers noted that Public Health staff were courteous and hospitable. One customer reported, "My compliments! Your Immunization office for staff are superb!! Staff friendly and approachable!!"

Helped with Their Problems

The majority of the customers strongly agreed that they were provided the health services and information they needed (95%). This is about the same from last quarter.

Learned Something

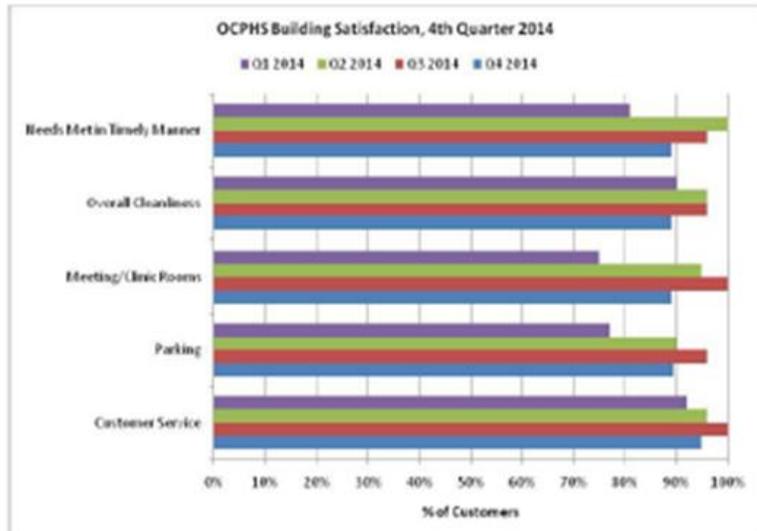
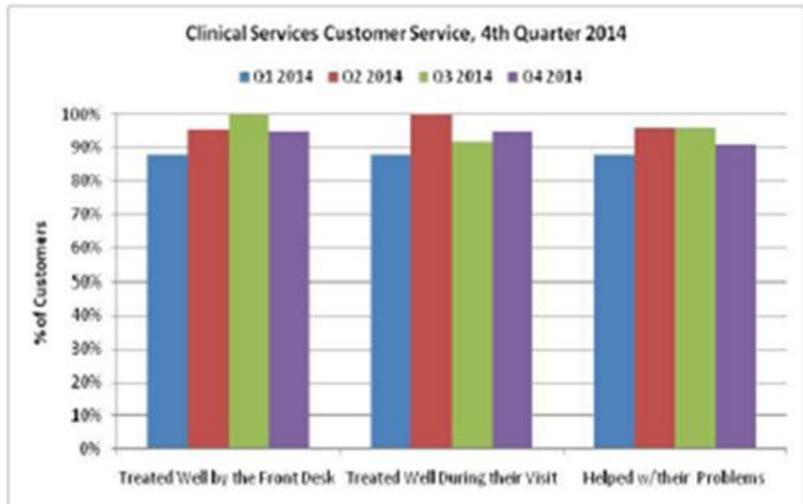
This quarter 71% of customers reported learning something during their visit. This is an increase from last quarter (48%). Customers mentioned they learned that prevention is good and possible side effects of immunizations.

Communication

The majority of customers that needed communication assistance reported they received appropriate assistance.

OCPHS Building

Overall customers were satisfied with the OCPHS building. There was a decrease in satisfaction in each category from last quarter.



COMMUNICATING PROGRESS: NEW ORLEANS, LOUISIANA

Program:	Choose an item.
Date:	Click here to enter a date.
Program Lead/Manager:	Click here to enter text.

1. Significant events since the last update:
Click here to enter text.
2. Significant events in the next 30-60 days:
Click here to enter text.
3. Financial Issues within the program:
Click here to enter text.
4. Performance Measure Updates:
Click here to enter text.
5. Issues effecting program performance:
Click here to enter text.

CONTINUOUS IMPROVEMENT

Areas for improvement are identified **when**: measuring, monitoring, and communicating progress toward standards and measures show progress is less than desired or expected.

Sometimes this means:

- Stay the course
- Implement a change/good idea
- Implement new strategies
- Implement evidence-based program/practice
- Address gaps
- Initiate a formal QI project



TIPS AND KEY POINTS

- Continuously look for ways to improve your work
- Note: Not always a formal quality improvement project
- Select QI projects wisely
- Use data for improvement
- Train and/or support staff
- Share successes and challenges

TERMS: PERFORMANCE MANAGEMENT WORKSHOP

Performance Management	Systematic process of using data for decision-making by identifying outcomes and standards; measuring, monitoring, and communicating progress; and engaging in quality improvement activities in order to achieve desired outcomes
Goals	Aspirational statements about what you want to achieve. Provide a framework for objectives and strategies.
Performance Standards	Generally accepted rules or guidelines established by authority. Could also be a basis of comparison or expectation by programs, grants, or leadership. Other terms that may apply: goals, results, objectives, targets, aims...
Objectives	Describe how to meet your goal using SMART criteria.
Performance Measures	Data that determines progress toward a specific program, service, product, or process target. Measures may be expressed in a number, percent, or other standard unit. Other terms that may apply: results, indicators, measures, outcomes...
Target	The desired level of performance you want to see that represents success at meeting your standard, goal, objective, etc. Target is the numerical value in your measure.

RESOURCES FOR PERFORMANCE MANAGEMENT

Minnesota Dept. of Health

- [More Information: Quality Improvement and Performance Management](#)

Baldrige

- [Baldrige Performance Excellence](#) – General overview
- [Criteria for Baldrige Excellence Framework](#)
- [Crosswalk: Baldrige and Public Health Accreditation Board \(PHAB\)](#)

Balanced Scorecard

- [Balanced Scorecard Institute](#) – General overview
- [Video: Balanced Scorecard \(4:00\)](#)

Centers for Disease Control and Prevention (CDC)

- [Performance Management and Quality Improvement](#) – Stories from the field, additional resources, links to sites with data, benchmarks

National Performance Management Advisory Commission

- [A Performance Management Framework \(PDF\)](#)

Public Health Foundation

- [Performance Management Self-Assessment](#)
- [Performance Management Toolkit](#)
- [Performance Management Toolkit Webinar](#)

Results-Based Accountability (RBA)

- [Results Accountability](#) – General overview, “Trying Hard is Not Good Enough” book; RBA workshop video