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

AT A GLANCE

<table>
<thead>
<tr>
<th>Performance Management IS</th>
<th>Performance Management IS NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A process</td>
<td>A “thing”</td>
</tr>
<tr>
<td>Ongoing</td>
<td>A one-time occurrence</td>
</tr>
<tr>
<td>A journey</td>
<td>Built in one day</td>
</tr>
<tr>
<td>Good management practice</td>
<td>A software program</td>
</tr>
<tr>
<td>An organization-wide view of performance</td>
<td>An individual employee performance appraisal</td>
</tr>
</tbody>
</table>
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

Where do we want to be?
Results & Standards

How will we know?
Measurement

Performance Management

How will we improve?
Quality Improvement

How well are we doing?
Monitoring & Communicating Progress

Minnesota Public Health System Performance Management Cycle

MDH 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**

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

**PERFORMANCE MEASURES: OLMSTED COUNTY, MINNESOTA**

<table>
<thead>
<tr>
<th>% of OCPHS customers report being treated well</th>
<th>% of OCPHS customers report being helped with problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current %</td>
<td>% Change</td>
</tr>
<tr>
<td>96%</td>
<td>0%</td>
</tr>
<tr>
<td>95%</td>
<td>-5%</td>
</tr>
<tr>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>93%</td>
<td>-7%</td>
</tr>
<tr>
<td>94%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**PERFORMANCE MEASURES: WASHINGTON COUNTY, OREGON**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program-Level Performance Measure</th>
<th>Target</th>
<th>Current Value</th>
<th>By When</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable Disease</td>
<td>Percent of contacts to smear+ cases with LTBI who complete treatment</td>
<td>90%</td>
<td>TBD</td>
<td>July 2016</td>
<td></td>
</tr>
<tr>
<td>Health Promotion</td>
<td>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)</td>
<td>TBD</td>
<td>TBD</td>
<td>July 2015</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>Show rate for individual appointments</td>
<td>75%</td>
<td>75%</td>
<td>July 2015</td>
<td></td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>Number of Emergency Preparedness trainings for county staff each calendar year</td>
<td>8</td>
<td>0</td>
<td>July 2015</td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>Number of critical violations among swimming pool/spa owners who participate in the county swimming pool safety course</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCH</td>
<td>Cumulative annual number of field team visits</td>
<td>7,150</td>
<td>6,532</td>
<td>July 2015</td>
<td></td>
</tr>
</tbody>
</table>

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

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**Monitor**

**Analyze**

![Graph showing how HCV is monitored and analyzed]
## MONITOR AND ANALYZE: FICTIONAL

**How**

Pilot referral process between health care and Community Education Organization by April 1, 2016

**Objectives**

*(Where do we want to be?)*

- 200 vouchers will be issued from health care clinics to interested participants between now and April 2016
- 100 vouchers will be redeemed at community education organization between now and April 1, 2016
- Evaluation surveys will be given to 100% of participants who redeem their vouchers at community education organizations between now and April 1, 2016
- 50% of completed surveys will be returned to the community education organization between now and April 1, 2016.
- 50% of completed survey results indicate that participants started to eat healthier or started being physically active between now and April 1, 2016

### Key Performance Measures

**Monitors**

<table>
<thead>
<tr>
<th>Key Performance Measures (How will we know?)</th>
<th>Q1 (Apr-June)</th>
<th>Q2 (Jul-Sep)</th>
<th>Q3 (Sep-Dec)</th>
<th>Q4 (Jan-Apr)</th>
<th>FY 2015-2016</th>
<th>Annual Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td># vouchers issued</td>
<td>42</td>
<td>59</td>
<td>63</td>
<td></td>
<td></td>
<td>200</td>
<td>+</td>
</tr>
<tr>
<td># vouchers redeemed</td>
<td>21</td>
<td>32</td>
<td>40</td>
<td></td>
<td></td>
<td>100</td>
<td>+</td>
</tr>
<tr>
<td>% surveys given to participants</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td>100%</td>
<td>+</td>
</tr>
<tr>
<td>% surveys completed</td>
<td>29%</td>
<td>53%</td>
<td>45%</td>
<td></td>
<td></td>
<td>50%</td>
<td>Monitor Closely</td>
</tr>
<tr>
<td>% survey results indicated that participants started to eat healthier or started being physically active</td>
<td>2%</td>
<td>25%</td>
<td>23%</td>
<td></td>
<td></td>
<td>50%</td>
<td>Action Needed</td>
</tr>
</tbody>
</table>

**Analyze, Possible Action**

- 164 vouchers issued to date – on track to meet target
- 93 vouchers redeemed to date – on track to meet target
- On track to meet target
- 42% overall rate – Check with organizations, incentives possible?
- 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

<table>
<thead>
<tr>
<th>Survey Quarter/Year</th>
<th>Review</th>
<th>Opportunity to Improve (Yes / No)</th>
<th>If Yes, Select the Respective Unit</th>
<th>Story Behind the Data / Notes</th>
<th>Describe Improvement/Actions Needed</th>
<th>Person Responsible</th>
<th>Improvement/Action(s) Taken or Link to Action Plan</th>
<th>Status (Not Started / In Progress / Complete)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>CH</td>
<td>Yes</td>
<td>PM/QI</td>
<td>For the question &quot;I received the information or service that I needed&quot; 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.</td>
<td>TBD - Will discuss at next QI unit meeting (5/21/14)</td>
<td>Chelsie</td>
<td>Since no feedback given we will monitor again next quarter. If low again we will seek feedback from our customers</td>
<td>Complete</td>
<td>9/1/14</td>
</tr>
</tbody>
</table>

**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

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

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.
What are Customers Saying?
OCHPS Customer Service Survey Results

Clinical Services (October 2014)

Overview
In October 2014, customers that visited OCHPS 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 OCHPS staff helped them with their problems and if they learned anything from OCHPS 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 OCHPS 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.

OCHPS Building
Overall customers were satisfied with the OCHPS building. There was a decrease in satisfaction in each category from last quarter.
## Communicating Progress: New Orleans, Louisiana

<table>
<thead>
<tr>
<th>Program:</th>
<th>Choose an item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>Program Lead/Manager:</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

### 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 affecting 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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Management</td>
<td>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</td>
</tr>
<tr>
<td>Goals</td>
<td>Aspirational statements about what you want to achieve. Provide a framework for objectives and strategies.</td>
</tr>
<tr>
<td>Performance Standards</td>
<td>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...</td>
</tr>
<tr>
<td>Objectives</td>
<td>Describe how to meet your goal using SMART criteria.</td>
</tr>
<tr>
<td>Performance Measures</td>
<td>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...</td>
</tr>
<tr>
<td>Target</td>
<td>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.</td>
</tr>
</tbody>
</table>
RESOURCES FOR PERFORMANCE MANAGEMENT

Minnesota Dept. of Health

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