

# Agency Performance Management

## Policy

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Consistent with organizational best practices, MDH engages in performance management at all levels of the agency. All MDH employees have a role in identifying and making continuous improvements that allow MDH to effectively fulfill its mission. This policy specifically addresses the following:

- Agency performance
- Division/Office performance
- Section/Unit/Program performance

Rationale: Use of performance management not only facilitates the achievement of improved health outcomes for all Minnesotans, it is good business practice. It uses results from both population indicators and from program performance measures to drive improvement. Benefits of performance management include:

- Organizational alignment and the ability to identify, examine and address issues with department-wide implications;
- Increased ability to use data to communicate successes and tell our story
- Specific improvement projects resulting in increased efficiencies
- Increased customer satisfaction

## Standard

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Performance management at MDH is the practice of using data for decision-making by establishing results and standards; measuring, monitoring and communicating progress toward those results; and engaging in quality improvement activities when desired progress is not being made. Performance management includes the following components:

- **Results and Standards – Where do we want to be?**
- **Measurement – How will we know?**
- **Monitoring and Communication Progress – How well are we doing?**
- **Quality improvement – How will we improve?**

### Agency Performance

- The Executive Office and Health Steering Team (HST) are responsible for monitoring agency performance.
- The Executive Office and HST will maintain a set of key agency performance measures. Those performance measures are intended to monitor performance on topics that are agency

wide in nature (e.g. the MDH strategic plan, creating a culture of quality within MDH, timeliness of employee performance evaluations) or that pertain to a topic of particular significance.

- MDH will maintain a current organizational strategic plan; at a minimum the department will engage in a strategic planning process every five years, as outlined in the Public Health Accreditation Board (PHAB) Standards and Measures. The strategic plan will include objectives and measures to track progress towards the objectives. Responsibility for implementation and reporting on activities and measures within the strategic plan will be assigned to a responsible individual or the chair/convener of an appropriate committee or group.
- Divisions/Offices will submit up to 7 performance measures to the Executive Office/HST on an annual basis. Those measures will be reviewed for potential inclusion in the set of key agency performance measures and/or strategic plan.
- At a minimum, progress on key agency performance measures will be reviewed biannually and opportunities for improvement identified.
- MDH's key agency performance measures and the results of the biannual review will be communicated to employees.
- Identified opportunities for improvement will be referred to the MDH Quality Council, appropriate HST subcommittee, or other appropriate MDH group or committee. Opportunities for improvement will be prioritized and acted upon as outlined in MDH's Quality Improvement Plan.

### **Division/Office Performance**

- Division/Office Directors are responsible for monitoring the performance of their divisions/offices and are expected to actively use performance measures to manage the work of the division/office.
- It is expected that staff at all levels are engaged in the development and monitoring of performance measures.
- When selecting performance measures, customer satisfaction should be considered.
- The person in the Executive Office with oversight responsibility for a division/office is responsible for reviewing division/office performance annually. The purpose of this review is to provide the Executive Office with information about division/office performance, reasons for performance and future opportunities for improvement. The review is also to ensure accountability with this policy.
- Identified opportunities for improvement should be acted upon internally or referred to the MDH Quality Council or other appropriate MDH group or committee.

### **Section/Unit/Program Performance**

- Section/Unit/Program managers and supervisors should use performance measures to make data-driven decisions. They should also engage their staff in the development and monitoring of performance measures. At a minimum, managers and supervisors are expected to adhere to the performance management expectations of their respective divisions/offices.
- All managers, supervisors and staff are expected to identify and put forward opportunities for improvement.

## Results

- The Executive Office and HST will establish the population result(s) to which all MDH activities should contribute.
- The Executive Office and HST will also establish and monitor a set of indicators that quantify the result(s); these indicators will be reviewed annually.
- The results and indicators will be made available and posted on the agency's website.

## Coordination and Support

- The Office of Performance Improvement will support performance management at MDH by providing training and technical assistance; developing reporting templates and resources; and providing facilitation and coordination of organizational efforts.
- MDH will charter a Quality Council who will establish and maintain a Quality Improvement (QI) Plan. The Quality Council will integrate performance management into the QI Plan and the Council's operations.
- In the spirit of continuous improvement, the director of the Office of Performance Improvement will initiate an annual performance management assessment and engage the Executive Office, HST and the Health Operations Team to update this policy as necessary.

## Key Terms

**Result:** A condition of well-being for children, adults, families or communities.

**Indicator:** A measure which helps quantify the achievement of a result.

**Performance Measure:** A measure of how well a program, agency or service system is working. Performance measures can be categorized into three main categories:

- How much did we do?
- How well did we do it?
- Is anyone (the customer) better off?

**Quality Improvement:** The use of a deliberate and defined improvement process & the continuous and ongoing effort to achieve measurable improvements. MDH has adopted the following principles of continuous quality improvement:

- Intentionally and continually looking for ways to do our work better and adapt to change
- Meeting the needs of our customers
- Empowering employees to identify and make improvements
- Using data and information for decision-making

**Public Health Accreditation Board (PHAB):** PHAB is a non-profit entity which was formed in 2007 to oversee national public health department accreditation.

**PHAB Standards and Measures:** These are the official standards, measures, and required documentation for PHAB national public health department accreditation.

## Procedure

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### **Division/Office Director**

1. Establish processes and set expectations for division/office performance management including performance measure development, data collection, monitoring, and identification of opportunities for improvement.
2. Initiate the division/office performance management process; review and modify as necessary, no less than annually.
3. Prepare for and participate in an annual review of division/office performance initiated by Deputy Commissioner/Assistant Commissioner.
4. Submit up to 7 performance measures to the Office of Performance Improvement by June 1 each year.
5. Participate in agency performance management activities (i.e. key performance measure selection and monitoring) through HST.
6. Assign staff to collect data and report on performance measures/indicators as appropriate.

### **Office of Performance Improvement**

7. Collect and organize division/office performance measures and other relevant performance measures (i.e. from strategic plan or past agency-wide QI initiatives) for consideration by the Executive Office/HST.
8. Present performance measures to the Executive Office/HST and facilitate a process for key agency performance measure selection in July of each year.
9. Facilitate the selection of indicators.
10. Facilitate the strategic planning process.
11. Establish a reporting schedule and coordinate the collection and presentation of performance measure data and analysis to the Executive Office/HST.
12. Initiate an annual assessment of the agency's performance management activities.

### **Deputy Commissioner/Assistant Commissioner**

13. Review the performance of each divisions/office on an annual basis.
14. Participate in in agency performance management activities (i.e. key performance measure selection and monitoring) through HST.
15. Approve key agency performance measures, strategic plan objectives and associated measures, agency results and associated indicators and any other metrics used to monitor department performance.

### **Responsible**

#### **Manager(s):**

Chelsie Huntley, Office of Performance Improvement

### **Contact**

#### **Person(s):**

Chelsie Huntley, Office of Performance Improvement

### **Revision Dates:**

5/13/2014

***Related Policies, Information and Standards***

This policy is consistent with the Public Health Accreditation Board, Results Based Accountability, the Association of State and Territorial Health Officials' (ASTHO) Performance Management Position Statement, and Results Management at MMB.

More information, tools and resources can be found on the Office of Performance Improvement's intranet site.

**Agency Signature:**

*/s/Jim Koppel*

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