Performance Management in Public Health: NACCHO/CDC Accreditation Support Initiative (ASI) Webinar

Tuesday, February 25, 2014

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MarMason Consulting, LLC

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Houston Department of Health and Human Services, TX
Webinar Logistics

• The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:
  • To **unmute** your own line, **press** *7
  • To **mute** your own line, **press** *6.

• Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk’s ‘raise your hand’ feature or use the chat box to indicate you have a question. The moderator will call your name and ask for your question.
Goal

• Explain how health departments can develop and use a performance management system.
Agenda

• Implementing Performance Management

• Case Example: Local Health Department Perspective

• Questions and Answers
Presenters

Marni Mason, MarMason Consulting, LLC

Robert Hines, Houston Department of Health and Human Services, TX
Implementing Performance Management Systems
NACCHO Webinar
February 25, 2014

Marni Mason, MarMason Consulting, LLC
Robert Hines, Houston HD
Today’s Learning Objectives:

- Upon completion participants should be able to:
  - Review several examples of Performance Management Plans, including processes for performance management and reporting
  - State how performance management relates to community health assessment, health improvement plans, strategic plans, and QI plans
  - Review PM self-assessment tools and process
  - Describe at least two processes key to effective performance management
  - Review methods for establishing effective outcome measures for PM
It’s a jumble of concepts and terminology!
Why Is Managing Systematically Important?

- All work, including management, consists of linked processes forming a system, even if the system was not designed and is not understood.

- Every system is perfectly aligned to achieve the results it creates. **Process determines performance.**

- The results of an aligned system far exceed a system that fights against itself.

- Integrated management systems ensure that performance excellence happens by design, not by chance.
**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.”

**PH Performance Management Self-Assessment Tool**
Public Health Foundation  June 2013
PHF’s Performance Management System

This graphic of the Turning Point PM System was refreshed in 2012 by PHF to include:

- Visible Leadership
- Transparency
- Strategic Alignment
- Culture of Quality
- Outcome Focus
6 Performance Management Principles*

- Results focus permeates strategies, processes, organizational culture and decisions
- Information, measures, goals, priorities and activities are relevant and aligned to health improvement and strategic initiatives
- Information is transparent – easy to access, use and understand
- Decisions and processes are driven by timely, accurate, and meaningful data
- Practices are sustainable over time and organizational changes
- Performance management is transformative to the agency, its management and the policy-making process

* A Performance Management Framework from the National Performance Management Advisory Commission 2010
Form and name can be different, Function matters: how performance management is built into the plans and operations of local and state health departments:

- Kitsap County “Strategic Management System”
- Montana Public Health Services Division “Integrated Management System”
- Clakamas County Public Health Division Performance Management System
Adapted from KCHD Strategic Management System
Adapted from the KCPH Strategic Management System Policy

**PLAN**
- Executive Leadership Team
  - Strategic Planning Committee
  - Quality Council

**DO**
- QI Plan

**CHECK**
- Performance Database holds goals, objectives, measures, targets & results
- Measurement, analysis & reporting
- Review actual-to-target performance
  - Results reported in multiple venues

**ACT**
- Leaders work with staff to design & implement improvements and update plans
- New CQI Cycle Begins

**Carry Out All Plans**
- Division & Program work plans are drafted with SMART measures

**Public Health Performance Management Centers for Excellence**

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Montana’s PHSD Integrated Management System

Define the Problems and Priorities

Needs Assessment

Strategic Planning

Plan Required Work Tasks & Resources

Operational Planning

Allocate Dollars To Do Planned Work

Do The Work

Budget

Evaluation

Management

Have We Attained High Level Outcomes? Why or Why Not?

Are We On Track? Tasks – Dollars – Outcomes

Decide How To Attain Desired Outcomes

Support

Build Capacity To Do Work

Performance Management System
Integrated Management System Documents

State Public Health Assessment

State Public Health Improvement Plan

PHS Division Strategic Plan

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

PHSD Program/Activity Operational Plans

Program Activity Metrics

Strategic Objectives & Metrics

Performance Management System

Evaluation

Management

Needs Assessment

Strategic Planning

Operational Planning

Support

Budget
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I. Performance Management Plan Overview

II. Purpose

III. Public Health Division Performance Management System
   A. Performance Standards
   B. Performance Measures
   C. Reports of Progress
   D. Quality Improvement Projects

IV. Roles and Responsibilities
   A. H3S Department Leadership
   B. Public Health Director and Program Managers
   C. Quality Improvement Committee Members
   D. Division Program Teams
   E. Public Health Division All-Staff
   F. Public Health Advisory Committee
I. Quality Improvement Communications across the PH Division

I. All-Staff Quality Improvement/Workforce Training Needs

I. Sustainability of the Plan

I. Supporting Documents

I. Resources

I. Record of Changes to Performance Management Plan

I. Appendices
    A. 2012-2013 Performance Management Work Plan
    B. Public Health Division Performance Measure Dashboard & Big Pages
    A. Performance Measure Tracking Proposal Form
    B. 2012-2013 Quality Improvement Reporting Calendar
    C. Quality Improvement Project Proposal Form
    D. Quality Improvement Project Progress Report/Evaluation Form
    E. 2012-2013 Performance Management Self-Assessment Results
    F. 2012-2013 Health, Housing and Human Services Department Lean Action Plan/Assessment (Public Health Division)
    G. Communication Flow Chart for Quality Improvement
    H. 2012-2013 Quality Improvement and Workforce Training Schedule
Processes Needed to Implement PM*

- Planning process to define mission and set agency priorities that will drive performance
- Community engagement process to identify needs
- Budget process to allocate resources based on priorities
- Measurement process to support entire PM system
- Accountability mechanisms
- Mechanism for collecting, organizing and storing data
- Process for analyzing and reporting performance data
- Processes for selecting and taking action on performance results

*Adapted from A Performance Management Framework from the National Performance Management Advisory Commission 2010
Leadership Roles for PM/QM

- Ensure alignment – connect strategic plan, CHIP and QI plan, especially in implementation plans
- Know and use performance management and quality principles
- Implement a performance measurement system
- Assure adequate infrastructure for quality planning and improvement activities, including training and conducting projects
- Communication plan and reward progress and improvements
Power of Strategic Alignment

No Strategic Alignment

Execution Gap

High Level Goals

Public Health Outcomes

State Health Dept
Local Health Depts
Other Public Agencies
Hospitals
Nonprofits

Employers
Schools
Community Groups
Faith Communities
Families & Individuals

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CHA/CHIP/SP/QI Plan

- **Strategic Plan**
  - Emerging and New Initiatives may not be in other 2 plans

- **CHIP**
  - Health Status and Health Risk Interventions to address Health Assessment may not be in other 2 plans

- **QI Plan**
  - Operational Issues and Current Data on Process Outcomes may not be in other 2 plans

- **Community Health Assessment**
  - informs all three agency plans

Some initiatives or activities overlap 2 or 3 of the Plans
Turning Point PM Assessment Tool

- [http://www.phf.org/focusareas/performance-management/Pages/Access_the_Performance_Management_Self_Assessment_Tool.aspx](http://www.phf.org/focusareas/performance-management/Pages/Access_the_Performance_Management_Self_Assessment_Tool.aspx)
  - For each section, numerous questions serve as indicators of your performance management capacity.
  - These questions cover critical elements of your PM capacity such as visible leadership, having the necessary resources, skills, accountability, and communications to be effective in each component.
# Section 1. Visible Leadership

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<thead>
<tr>
<th></th>
<th>Senior management demonstrates commitment to utilizing a performance management system</th>
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<td></td>
<td>Senior management demonstrates commitment to a quality culture</td>
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<td>Senior management leads the group (e.g., program, organization or system) to align performance management practices with the organizational mission</td>
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<td></td>
<td>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</td>
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<td>Performance is actively managed in the following areas</td>
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<td>(check all that apply)</td>
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<td></td>
<td>A. Health Status (e.g., diabetes rates)</td>
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<td>A. Public Health Capacity (e.g., public health programs, staff, etc.)</td>
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<td>A. Workforce Development (e.g., training in core competencies)</td>
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<td>A. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)</td>
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<td>A. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)</td>
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<td></td>
<td>A. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)</td>
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<td>A. Management Practices (e.g., communication of vision to employees, projects completed on time)</td>
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<td></td>
<td>A. Service Delivery (e.g., clinic no-show rates)</td>
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<td>1</td>
<td>There is a team responsible for integrating performance management efforts across the areas listed in 5 A-I</td>
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<th>Never/Almost Never</th>
<th>Some-times</th>
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Steps to Implement Performance Management

- Present case for Performance Management to decision makers
- Identify key purposes and objectives to initiate PM
- Define PM process
- Communicate plan to gain support from stakeholders
- Build agency capacity through training, hiring and/or in-house expertise; providing tools, and building a common terminology
- Monitor implementation process and adjust as necessary

* A Performance Management Framework from the National PM Advisory Commission 2010
# Section II: Performance Standards

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never/Almost Never</th>
<th>Sometimes</th>
<th>Always/Aliost Almost Always</th>
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<tbody>
<tr>
<td>1. The group (program, organization or system) uses performance standards</td>
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<td>1. The performance standards chosen used are relevant to the organization’s activities</td>
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<td>1. Specific performance targets are set to be achieved within designated time periods</td>
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<td>1. Managers and employees are held accountable for meeting standards and targets</td>
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<tr>
<td>1. There are defined processes and methods for choosing performance standards, indicators, or targets</td>
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<tr>
<td>A. 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)</td>
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<tr>
<td>A. The group benchmarks its performance against similar entities</td>
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<td>A. Scientific guidelines are used</td>
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<td>A. The group sets priorities related to its strategic plan</td>
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<tr>
<td>A. The standards used cover a mix of capacities, processes, and outcomes</td>
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<td>1. Performance standards, indicators, and targets are communicated throughout the organization and to its stakeholders and partners</td>
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</table>
Good way to start performance management activities related to “standards” is to conduct a self-assessment against the PHAB standards or selected Domains of the PHAB standards, including the three pre-requisites; CHA, CHIP and Strategic Plan.
Effective Performance Management

- Establishing and implementing performance management systems helps:
  - Align agency plans to reduce duplication and increase efficiency and effectiveness
  - Prioritize planning and improvement efforts
  - Address specific PHAB Standards requirements
  - Demonstrate the results of Public Health programs and services through performance measurement and reporting
Let’s Discuss

What specific aspects of performance management could you apply in your agency?

What questions do you have about alignment of your agency policies and practices?
Establishing Effective Performance and Outcome Measures
Performance Measurement Definitions

- **Performance measurement** is the “regular collection and reporting of data to track work produced and results achieved”
- **Performance measure** is “the specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance”
- **Performance standard** is “a generally accepted, objective standard of measurement such as a rule or guideline against which an organization’s level of performance can be compared”
Performance Management Definitions

- **Performance management** is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”

- **Performance measurement is “NOT punishment”**

*Guidebook for Performance Measurement*, Turning Point Project
## PHF PM Assessment: Section III. Performance Measurement

<table>
<thead>
<tr>
<th></th>
<th>Never/Always Never</th>
<th>Sometimes</th>
<th>Always/Almost Always</th>
<th>Note details or comments mentioned during the assessment</th>
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<tbody>
<tr>
<td>1.</td>
<td>The group (program, organization, or system) uses specific measures for established performance standards and targets</td>
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<tr>
<td>A.</td>
<td>Measures are clearly defined</td>
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<tr>
<td>A.</td>
<td>Quantitative measures have clearly defined units of measure</td>
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<tr>
<td>A.</td>
<td>Inter-rater reliability has been established for qualitative measures</td>
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<tr>
<td>1.</td>
<td>Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection</td>
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<tr>
<td>1.</td>
<td>There are defined methods and criteria for selecting performance measures</td>
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<tr>
<td>A.</td>
<td>Existing sources of data are used whenever possible</td>
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<tr>
<td>A.</td>
<td>Standardized measures (e.g., national programs or health indicators) are used whenever possible</td>
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<tr>
<td>A.</td>
<td>Standardized measures (e.g., national programs or health indicators) are consistently used across multiple programs, divisions, or organizations</td>
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<tr>
<td>A.</td>
<td>Measures cover a mix of capacities, processes, and outcomes</td>
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<tr>
<td>1.</td>
<td>Data are collected on the measures on an established schedule</td>
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<tr>
<td>1.</td>
<td>Training is available to help staff measure performance</td>
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<tr>
<td>1.</td>
<td>Personnel and financial resources are assigned to collect performance measurement data</td>
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</table>


Success can be Measured in Stages

1. Short term
   “Process Outcome”
   - Percent of planned materials distributed to increase provider awareness (Goal: 100%)
   - Percent of children with records kept in the immunization registry (Goal: increase % from year to year)

2. Mid-range
   “Results Outcome”
   - Percent of children 0 to 24 mo. completing the recommended series on time (Goal: increase %)

3. Long term
   “Health Status Indicator”
   - Disease rates related to the series are very low or approaching none (such as Pertussis, measles)

Health Issue/Goal:
Improve Childhood immunization rates of 2 year olds
Decrease the percent of Best Health County youth who are overweight or obese to 25% by 2016.

Statement of Objective
Decrease the percent of Best Health County youth ages 11–19 who are obese to 25% by 2016.
Decrease the percent of Best Health County youth ages 11–19 who are obese to 25% by 2016.
Decrease the percent of Best Health County youth ages 11–19 who are obese to 25% from the baseline of 32% by 2016.
Decrease the percent of Best Health County youth ages 11–19 who are obese to 25% from a baseline of 32% by December 31, 2016.

Direction  Performance measure  Target  Time frame
### Data Description & Collection Form

<table>
<thead>
<tr>
<th>Performance measure:</th>
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<tbody>
<tr>
<td>Target population:</td>
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<tr>
<td>Numerator:</td>
<td></td>
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<tr>
<td>Denominator:</td>
<td></td>
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<tr>
<td>Which are you using—a target or benchmark?</td>
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<tr>
<td>What is the target/benchmark?</td>
<td></td>
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<tr>
<td>SMART objective:</td>
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<tr>
<td>Source of data:</td>
<td></td>
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<tr>
<td>Who will collect the information?</td>
<td></td>
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<tr>
<td>How often will the data be analyzed?</td>
<td></td>
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<tr>
<td>How often, by what mechanism and who reports these data and analysis?</td>
<td></td>
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<tr>
<td>Baseline measurement data and date(s):</td>
<td></td>
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<tr>
<td>Definitions, such as accuracy and validity, and other comments:</td>
<td></td>
</tr>
<tr>
<td>Performance measure:</td>
<td>The rate of Chlamydia (CT) positivity at provider clinic sites.</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Target population:</td>
<td>People being tested for Chlamydia</td>
</tr>
<tr>
<td>Numerator:</td>
<td>Positive CT tests at clinic sites</td>
</tr>
<tr>
<td>Denominator:</td>
<td>All CT tests at clinic sites</td>
</tr>
<tr>
<td>Which are you using—a target or benchmark?</td>
<td>Target</td>
</tr>
<tr>
<td>What is the target/benchmark?</td>
<td>6.5% (goals based on past performance)</td>
</tr>
<tr>
<td>SMART objective:</td>
<td>Decrease the rate of CT positivity at clinic sites from 8.1% to 6.5% by the end of 2013.</td>
</tr>
<tr>
<td>Source of data:</td>
<td>DOH records</td>
</tr>
<tr>
<td>Who will collect the information?</td>
<td>Jim Smith</td>
</tr>
<tr>
<td>How often will the data be analyzed and reported?</td>
<td>quarterly</td>
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</tbody>
</table>
| Baseline measurement data and date(s): | 2005: 10.1%  
2006: 9.3%  
2007: 10.5%  
2008: 8.6%  
2009: 8.2%  
2010: 8.1%  |
| Definitions and other comments: | Provider clinics, Planned parenthood sites and others. |
Selection of Work Process Measures

Ask the following questions:

- Is it meaningful?
- Is it focused on customer requirements/needs?
- Is it accurate and are reliable data available?
- Is it simple enough to be understood?
- Is it cost effective to collect and report the data?
- Can the data be compared over time?
- Is the measure useful?
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<th>Never/Almost Never</th>
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<th>Always/Almost Always</th>
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<tbody>
<tr>
<td>1.</td>
<td>The group (program, organization or system) documents progress related to performance standards and targets</td>
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<td>1.</td>
<td>Information on progress is regularly made available to the following (check all that apply)</td>
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<tr>
<td>A.</td>
<td>Managers and leaders</td>
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<td>A.</td>
<td>Staff</td>
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<td>A.</td>
<td>Governance boards and policy makers</td>
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<td>A.</td>
<td>Stakeholders or partners</td>
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<td>A.</td>
<td>The public, including media</td>
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<tr>
<td>A.</td>
<td>Other (Specify):</td>
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<tr>
<td>1.</td>
<td>Managers at all levels are held accountable for reporting performance</td>
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<td>A.</td>
<td>There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency)</td>
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<td>A.</td>
<td>Reporting progress is part of the strategic plan</td>
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<td>1.</td>
<td>A decision has been made on the frequency of analyzing and reporting performance progress for the following types of measures (check all that apply)</td>
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Reporting & Monitoring

- Reporting structure
  - Quarterly (Division/Program) and annually (Agency) to QI Council
  - Dashboard annually to Board of Health

- Performance measurement
  - roles/responsibility matrix

- Measures linked to financial dashboards

- Performance management policy
Establish an Agency Measurement System

- The most important monitoring action you can take is the development of program-level reports that are made available to every staff person in the organization on a regular basis.
- Supervisor and program manager reports that work with the same data elements.
- These reports should be used on a regular basis to understand whether the program activities are performing as expected (cost, utilization, outcomes, etc.).
Why We Measure Performance?

› Help guide management and decision-making processes
› Help to align with the department’s mission, vision, and strategic directions
› Provide employees with feedback on the work they are performing
› Predict future performance
› Facilitate learning and improvement
Performance Measures

- Agency level measures (between 12–18)
  - Modeled after Healthy People 2020 Leading Health Indicators or County Health Rankings. . . plus any key additional

- Approx. 10–20 performance measures per division and/or program
  - Percent of solid waste complaints responded to within 20 days
  - Reduce the rate of positivity at Infertility Prevention Project (IPP) sites
  - Percentage of Positive Steps clients who engage in services for 30. days or more who have a 10% reduction on three youth violence risk factors
# Performance Measure Template

<table>
<thead>
<tr>
<th>Measure Description:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actual:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Status:</strong></td>
<td>😊 ▲ □ △</td>
</tr>
<tr>
<td><strong>Outcome Owner:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Link to Strategic Plan:</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Key Insights
- *Why are we getting the results we are getting?*
- *Are we progressing toward our target?*
- *Have we achieved our target?*
- *Are there any unintended consequences of our actions?*

## Next Actions
- *What is likely to happen in the future?*
- *What are possible areas for improvement?*
**Small Drinking Water Systems**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Percent of population served by smaller water systems that do not meet drinking water standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>Actual:</strong></td>
<td>22% (12,179/55,034)</td>
</tr>
<tr>
<td><strong>Status:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome Owner:</strong></td>
<td>Brad Harp</td>
</tr>
<tr>
<td><strong>Data Source:</strong></td>
<td>Wash. St. Dept. of Health and Envision Database</td>
</tr>
<tr>
<td><strong>Link to Strategic Plan:</strong></td>
<td>SD 1, 3 and 4: Pierce County has access to safe &amp; reliable water resources</td>
</tr>
</tbody>
</table>

**Key Insights**

- Small water system managers face numerous challenges due to lack of water system management experience.
- Through education and technical assistance, water systems are better able to meet system standards.
- Line of Sight: division level PM not met, program level PM met.

**Next Actions**

- Ongoing education and technical assistance is critical due to the high level of turnover in small water system managers and operators.
- QI needed to evaluate effectiveness of current assistance strategies.
Three limitations to performance measurement

- Performance data do not, by themselves, tell why the outcomes occurred; they do not reveal the extent to which the program caused the measured result.
- Some outcomes cannot be measured directly—proxies can help here.
- Performance measures provide just part of the information needed to make decisions.
Performance Measurement Development
A sequence

Goal
A broad organizational intention

Logic
Processes/Outputs
Near term/long term outcomes

Objective
Measure, direction, target, timeframe

Measure
quantitative measure of performance related to your objective

Get a baseline if you can!

Apply S.M.A.R.T.

Slide courtesy of TPCHD and WA Center for Excellence
HDHHS QI & PERFORMANCE MANAGEMENT SYSTEM

Houston Department of Health and Human Services (HDHHS)
Office of Surveillance and Public Health Preparedness (OSPHP)
Performance Improvement and Accreditation Team (PIAT)

Robert A. Hines, MSPH

February 25, 2014
Robert A. Hines, Jr.

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

NO RELATIONSHIPS TO DISCLOSE
HDHHS PERFORMANCE MANAGEMENT SYSTEM
THE PERFORMANCE MANAGEMENT SYSTEM
Conceptual Model

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING OF PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- Create a learning organization

Turning Point Model
2011
• Began revision of Strategic Plan

Spring 2012
• Mayor implements strategic priorities

Summer 2012
• Developed performance metrics for each program
TRAINING OUR STAFF

Performance Improvement and Accreditation

WORKFORCE DEVELOPMENT
HDHHS Public Health Accreditation
Standard 8.2.1

Houston Department of Health and Human Services

Instructions:
1. Select your **job title** from the employee job titles dropdown cell.
2. Select at least 2 competencies from the **core competency** dropdown cells to determine core competencies to assign employee.
3. Use the text boxes to create your own SMART Objectives

1. **Please select your job title:**
   Associated Workforce Category: ____________________________

2. **Please select at least 2 Competencies:**

<table>
<thead>
<tr>
<th>Selection #1:</th>
<th>Recommended Core Competency</th>
<th>Core Competency Category:</th>
</tr>
</thead>
</table>

   | Selection #2: | ____________________________ | __________________________|

3. **Please create your own SMART Objectives Below**

<table>
<thead>
<tr>
<th>SMART Objective #1:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SMART Objective #2:</th>
</tr>
</thead>
</table>
TRAINING OUR STAFF

Use the drop down menu to select a job title

1. Please select your job title:
   Associated Workforce Category: 

2. Please select at least 2 Core Competencies:

   Selection #1:

   Recommended Core Competency
   Competency Category:

   Selection #2:

3. Please create your own SMART Objective #1
   SMART Objective #1:
TRAINING OUR STAFF

| 1 | Please select your job title: | LABORATORY SUPERVISOR |
|   | Associated Workforce Category: | WA-1 |

| 2 | Please select at least 2 Competencies: |

<table>
<thead>
<tr>
<th>Selection #1:</th>
<th>Recommended Core Competency</th>
<th>Core Competency Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communicates effectively</td>
<td>Communication Skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selection #2:</th>
<th>Recommended Core Competency</th>
<th>Core Competency Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prepares and implements emergency response plans</td>
<td>Policy Development / Program Planning Skills</td>
</tr>
</tbody>
</table>

Use the text fields below to begin drafting your SMART Objectives specific to the job function and expectations

| 3 | Please create your own SMART Objectives Below |
|   | SMART Objective #1 |
|   | SMART Objective #2 |
These performance measures should come from established programmatic or grant driven objectives to avoid duplicative efforts.

Performance measures may be qualitative or quantitative.

Performance measures should be related to the Division/Department strategic plan.

Performance measure should capture your programmatic goals and add value.

The performance data will feed into a department dashboard, allowing leadership to have reporting capabilities.

Performance data must be routinely available from accessible and current data sources. The measurement period for performance measure may be different between program
EXAMPLES OF MEASURES

- 95% of TB cases complete the recommended course of treatment within 12 months of initiation of treatment.

- Achieve 85% immunization coverage rate for children who receive vaccinations in HDHHS safety net clinics by June 30, 2013.

- Conduct at least 2 bio-terrorism Points of Dispensing (POD) exercises and 1 pandemic influenza response exercise during fiscal year 13.

- Develop and pilot a diabetes and wellness center in three regional sites by June 2013.
HDHHS KLIPFOLIO DASHBOARD

**PRIMARY FUNCTION:** Tracking system for performance metrics

**IMPLEMENTATION:** Programs submit metrics monthly (15th)

**OTHER NOTES:**
- Non-performance indicators included
- Supports outward-facing metrics
REASONS TO UTILIZE SOFTWARE

**UTILITY:**
- User friendly
- Does not require much technical expertise

**COST:**
- Affordable (i.e. $20/user/month)
- Does not require huge amounts of storage space

**ADMINISTRATION:**
- Flexible
- Easy to modify in-house
THINGS TO CONSIDER

- Every department is unique!
- IT capacity
  - Available staffing
  - Technical expertise available vs. needed
  - Data Base Management
- Data Concerns
  - Sources
  - Audience
  - Display
THINGS TO CONSIDER

- Cost
  - Subscriptions
  - Maintenance
KLIPFOLIO WALKTHROUGH
<table>
<thead>
<tr>
<th>Status Legend</th>
<th>Symbol</th>
<th>Meaning</th>
<th>Symbol</th>
<th>Meaning</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>●</td>
<td>No data or no target</td>
<td>●</td>
<td>No data or no target</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○</td>
<td>&gt;2.5% below target</td>
<td>×</td>
<td>Incomplete and late</td>
<td></td>
</tr>
<tr>
<td></td>
<td>●</td>
<td>Within 2.5% of target</td>
<td>−</td>
<td>Incomplete and on time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▼</td>
<td>On or above target</td>
<td>✓</td>
<td>Complete and late</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▲</td>
<td>Below target, non-performance measure</td>
<td>✓</td>
<td>Complete and on time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▼</td>
<td>Above target, non-performance measure</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▲</td>
<td>Exactly on target, non-performance measure</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choose your Fiscal Year:

Fiscal Year: **FY 2013**

**WIC Performance YTD**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Indicator</th>
<th>Target</th>
<th>Monthly Avg</th>
<th>Total YTD</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Participation</td>
<td># of Participants Served</td>
<td>(S) 77,000 Monthly/924,000 Annually</td>
<td>76,025</td>
<td>912,423</td>
<td>▼</td>
</tr>
<tr>
<td></td>
<td>% of Clients who Receive NE</td>
<td>(S) 95%</td>
<td>98%</td>
<td>n/a</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>% of Clients are Enrolled in the 1st Trimester</td>
<td>(S) 20%</td>
<td>40%</td>
<td>n/a</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>% of WIC Clients Receiving Food Benefits</td>
<td>(S) 85.5%</td>
<td>90%</td>
<td>n/a</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>% of Clients with Need Referred to Health Care</td>
<td>(S) 58%</td>
<td>100%</td>
<td>n/a</td>
<td>●</td>
</tr>
<tr>
<td></td>
<td>% up to Date Immunization Coverage Rate at WIC Centers</td>
<td>85%</td>
<td>78%</td>
<td>n/a</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>% of WIC Mothers Initiating Breastfeeding</td>
<td>(S) 63%</td>
<td>82%</td>
<td>n/a</td>
<td>▼</td>
</tr>
<tr>
<td></td>
<td>Outreach Contacts</td>
<td>600 Monthly/7,200 Annually</td>
<td>10,167</td>
<td>122,001</td>
<td>▲</td>
</tr>
</tbody>
</table>

**# of Participants Served**

![Graph showing the number of participants served over months.](image)

**% of Clients who Receive Nutrition Education**

![Graph showing the percentage of clients who receive nutrition education over months.](image)
ADDING CONTENT
1115 Waiver Status Legend

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>Not complete and past due date</td>
</tr>
<tr>
<td>-</td>
<td>Not complete and before due date</td>
</tr>
<tr>
<td>✓</td>
<td>Complete after due date</td>
</tr>
<tr>
<td>✔</td>
<td>Complete on or before due date</td>
</tr>
</tbody>
</table>

All 1115 Waiver Positions

- Not hired and past due date (10)
- Not hired and before due date (6)
- Hired after due date (45)
- Hired on or before due date (26)
- Hiring handled outside of DHHS HR (33)
- On Hold (0)

Core Team Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th>Posting Date</th>
<th>Interview Completion Date</th>
<th>Selection Date</th>
<th>Target Start Date</th>
<th>Actual/Pending Start Date</th>
<th>Status</th>
<th>Personnel Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Manager (Exo Lev)</td>
<td>2/27/2013</td>
<td>n/a</td>
<td>3/15/2013</td>
<td>7/20/2013</td>
<td>4/11/2013</td>
<td>✔</td>
<td>$148,708</td>
</tr>
<tr>
<td>Sr Staff Analyst</td>
<td>7/22/2013</td>
<td>n/a</td>
<td>n/a</td>
<td>9/30/2013</td>
<td>9/16/2013</td>
<td>✔</td>
<td>$110,562</td>
</tr>
<tr>
<td>Management Analyst IV</td>
<td>9/6/2013</td>
<td>8/21/2013</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>$47,155</td>
</tr>
</tbody>
</table>

Core Team 1115 Waiver Positions

- Not hired and past due date (2)
- Not hired and before due date (0)
- Hired after due date (0)
<table>
<thead>
<tr>
<th>Style</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| 10.20     | **Value**
Best for monitoring a single KPI. Can include a comparison value and threshold colours.
Examples: Margin, ratios, ROI, stock price |
| Table     | **Table**
Perfect for two dimensional data or drill down.
Examples: Sales, pipeline, network status, Sharepoint lists |
| Sparkline | **Sparkline**
Monitor changes to one or more KPIs over time with sparkline, column or win/loss charts.
Examples: Site usage, budget YTD, performance trending |
| Pie Chart | **Pie Chart**
Display a visual breakdown of data. Includes a chart legend.
Examples: Survey results, opportunity breakdown |
| Bar/Line Chart | **Bar/Line Chart**
Show one or more series of data as a bar chart, line chart, or a combination of the two.
Examples: Metrics over time, regional comparisons, trends |
| Scatter/Bubble Chart | **Scatter/Bubble Chart**
Show points on a chart that correlate two values. Add a third dimension for a bubble chart.
Examples: Survey results, test data, demographics |
| Gauge     | **Gauge**
Display a current value relative to a target.
Examples: Goals, benchmarks |
| Map       | **Map**
|
Build a New Klip

What data source will your Klip use?

Create a new data source
Upload a file (Excel, CSV, XML, JSON) or enter a URL to data (RESTful). Or access spreadsheets in Google Drive.

Use an existing data source from the library
Build a Klip that uses a data source that's already in the Klipfolio Dashboard library.

Don't use a data source
Start building your Klip now and add data later.
What kind of data source do you want to set up?

Any type of data source can be updated automatically using the data source API.

Upload a File
Upload an Excel, CSV, JSON, or XML file.

Web Accessible Resource
Enter a URL to any existing resource (including Excel, CSV, JSON, and XML) publicly available on the internet. This includes simple RESTful services and resources that use basic authentication or OAuth.

Google Drive Spreadsheet
Use a spreadsheet you've created or imported into Google Drive as a data source for Klips.

Google Analytics
Use data from your Google Analytics account as a data source for Klips.

Facebook
Use metrics and content associated with a Facebook account.

Email Attachment
Send email attachments in Excel, CSV, XML, or JSON formats to your dashboard for use as a data source. Perfect for services with scheduled email reporting and/or limited APIs.

Dropbox
Set up a data source that uses a file stored in your Dropbox.
DEMO SITE INFORMATION

- https://app.klipfolio.com/login
- Email: nacchodemo@gmail.com
- Password: Tremain
Additional Resources


- Turning Point Performance Management, refreshed: www.phf.org/programs/PMtoolkit/Pages/Turning_Point_Performance_Management_Refresh.aspx


Additional Resources

- Peter Scholtes, The Team Handbook, Joiner, 1988
Additional Resources

- Developed by Michigan Public Health Institute & Debra Tews, PIM at the Michigan Dept. of Community Health
  - Free online training done at your own pace
  - Certificate of completion
  - [http://mphiaccredandqi.org/PMQITraining/](http://mphiaccredandqi.org/PMQITraining/)
What Questions Do You Have?

Robert Hines
832–393–4606
Robert.hines@houstontx.gov

Marni Mason
425–466–7965
marni@marmason.com
Closing

• Please complete the brief evaluation

Thank you!