

Performance Management in Public Health: From Conceptualization to Implementation

NACCHO's Accreditation Preparation & Performance Improvement (PI) Webinar Series
Wednesday, June 26, 2013

In June 2013, NACCHO hosted a webinar entitled "Performance Management in Public Health: From Conceptualization to Implementation." This webinar featured Heather Reffett, Performance Improvement Manager for the District of Columbia Department of Health (Washington, DC). The presenter talked about the process she used to set up her agency's performance management system, while considering issues related to accreditation, technology, and staffing. The recording is available online at www.naccho.org/accreditation/webinars.

The questions below were posed during the webinar.

Frameworks, Models & Software

What is the new Turning Point Model that was mentioned in this webinar?

The model is a 'refreshed' Turning Point. Many organizations were involved in the initial Turning Point work, and the Public Health Foundation (PHF) updated some of the materials with funding from CDC; the model itself has not changed significantly. Additional information about the Turning Point refresh is available [here](#).

Why did DC choose to utilize the Turning Point performance management system? What other systems did you look at?

The department had been through several processes over the years including Balanced Scorecard. The reason that Heather selected Turning Point was that when she first viewed it, it made sense to her. She appreciated the fact that the model lays out the four functions that should be present. The nine performance activities that Heather mentions in this webinar relate to the quadrants in Turning Point, but are not dictated by the framework.

What are some popular performance management software systems?

Before you select a software or develop your system, it is important to conceptually understand what performance management will look like in your agency, understand the big picture and how all the 'pieces' of performance management fit together, consider what aspects of performance management you have in place, and what is missing; and develop a plan to manage performance department-wide. After you have laid the foundation for performance management, you will need to consider how best to organize, collect, analyze, and report on your data using an information system. Prior to selecting software or investing in a piece of technology, it is important to conduct a requirements gathering process to ensure that your investment will be meet your performance management needs.

NACCHO and the Public Health Informatics Institute created a document called [All Systems Go](#) that provides high level guidance on conducting a requirements gathering process, including an initial planning checklist. Once you have completed this process, there are several options for technology including, but not limited to, [Microsoft Excel](#), [Microsoft Access](#), [Results Scorecard](#), [My Strategic Plan](#), and [wePlanWell](#). The DC DOH uses [QuickBase](#), which is the software used by the entire DC Government for viewing and analyzing dashboards. NACCHO does not endorse any particular commercial software.

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Performance Management Related to Other Initiatives

Could you please describe the logical sequence of development of the Strategic Plan, Performance Management System, Quality Improvement (QI) Plan, and Workforce Development Plan?

According to Heather, there might be an ideal order for these documents, but when considering the reality of the agency environment, it is important to understand where you are starting from and build upon that. For the DC DOH, the workforce and employee development plans were already in place before quality improvement and performance management became strategic priorities for the agency. Because of city rules and regulations, workforce and employee development plans need to be finalized by the month of October, which is when the employees begin to use their employee performance plans to lead their work. Therefore, it was logical for the department to connect the QI plan and the strategic plan to these already existing employee and workforce development plans. The Performance Management System became a way to conceptualize the entire process after the other items were in place. It is important to note that the strategic plan should be foundational to your performance management system as it outlines your strategic priorities, goals, and objectives. It is recommended to have a completed strategic plan to help build and formalize your performance management system. No matter what order your agency chooses (PHAB does not require or prescribe a specific sequence), it is important to be thoughtful about what you have in place already and how you can link them all appropriately.

Can you talk more about how you integrated legislated, mandated, and program funds compliance into the strategic plan for the agency?

Heather did not have any challenges doing this. The city council and regulatory agencies were involved from the beginning in the performance management process and helped identify the performance measures and the way the framework would be set up.

Is PHAB open to the use of performance management systems that originated in healthcare?

PHAB is not prescriptive of which framework or model health departments use. Be sure to review the guidance provided in the [Standards and Measures Version 1.0](#) before you select a system, so that you can ensure compliance.

Staffing and Employee Issues

Have there been any union issues with the employee performance evaluations connected to your agency performance plan?

So far, the DC DOH has not encountered any problems with unions due to the employee development work.

Are there any key training issues you've encountered? How have you addressed these?

There were some issues with staff not having basic computer skills, which surprised Heather and required her to adjust her training plan. Another challenge has been presenting the concept of performance management to front line staff; she has recruited certain staff to "translate" the concepts of accreditation, quality improvement, etc. to different levels of employees.

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Please explain your role and your team's roles in this work: is this your full-time position? What is the size of the staff the DC DOH has committed to the process? Who else is involved?

DC DOH has a budget for 700 FTEs, with about 600 total employed at any given time. When this initiative began, Heather was the only person working on Performance Management and Quality Improvement, and it was her full time job (she was funded through the CDC's National Public Health Improvement Initiative). In 2012, the department was able to hire a full time Accreditation Coordinator as well.

All the rest of the participants have been involved through a system of teams to help with the various performance improvement processes. For the Healthy People Plan, there is a workgroup of eight people who meet to look at data and create objectives. For accreditation activities, there are thirteen people that compose the team: the accreditation coordinator and the leads for each of the twelve domains. Each domain leader has a workgroup of staff, creating a total of seventy staff members who work on these domains. There is a ten-person document review panel and a 30-person champions group, creating a total of 107 staff members who actively engage in accreditation work.

For the performance management system, there are eight people who lead the work on the agency administrations; this group meets each quarter. There is a monitoring and evaluation group who work to track objectives and report on them. The Quality Improvement work is done by fifteen staff members who were trained by the Public Health Foundation and meet biweekly.

Therefore, overall, about a quarter of the DC DOH's staff plays a role in performance improvement work. The agency chooses to involve so many individuals because it understands the importance of having as many staff as possible fully aware of the twelve accreditation domains and the concepts of performance improvement. This principle assures that agencies of all sizes can use the same thought process when structuring their work in this area.

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Miscellaneous

How do you reconcile agency activities with long-term health improvement performance measures?

According to Heather, this question goes back to linking the strategic plan with the Community Health Improvement plan and the Healthy People Plan. These plans look at the entire public health system, so it can easily delineate the individual contributions of the agency to the bigger picture of health in the community.

How do you recommend reporting results?

DC DOH is required by law to submit an accountability report annually to the city council. It is accessible to the public and it is also available to the managers as they develop individual and workforce development plans. They recommend transparency and engagement with the governing entity.

Could you share resources you mentioned: The CHA, the CHIP, the Strategic Plan, the QI Plan, the videos used to promote accreditation, etc?

The CHA is [available online and visible](#) for public comment currently. The CHIP will be available after input from the CHA is incorporated. Please contact Heather for access to other documents: heather.reffett@dc.gov.

The videos created by the DC DOH mentioned in this webinar are available in the NACCHO Toolbox [here](#).