Turning Point Performance Management
National Excellence Collaborative, 2004

Performance Management Self-Assessment Tool

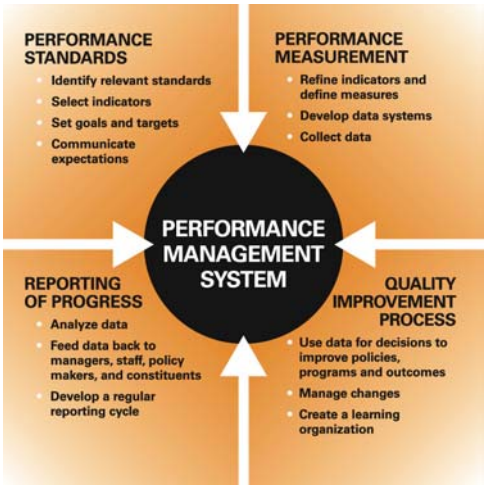
How well does your public health organization or partnership manage performance within its jurisdiction? Take this test to find out if you have the necessary systems in place to achieve results and continually improve performance.

Using This Tool

This self-assessment tool will help you and your team identify the extent to which you have components of a performance management system. Developed by and for public health agencies, this tool is organized around each of the four components of performance management identified in the Turning Point Performance Management National Excellence Collaborative's model (see right).

- Performance Standards
- Performance Measurement
- Reporting of Progress
- Quality (or Performance) Improvement Process

For each component, several questions serve as indicators of your performance management capacity. These questions cover elements of your capacity such as having the necessary resources, skills, accountability, and communications to be effective in each component.



Source: Turning Point. *From Silos to Systems: Using Performance Management to Improve the Public's Health*, 2003.

Contents

Choose the Best Response

Choose the response that is closest to your stage of development as follows:

- "Yes (fully operational):" You explicitly do this activity or have this capacity in place.
- "Somewhat:" You explicitly do this or have this capacity, but have a way to go.
- "No:" You do this barely or not at all. What occurs is not the result of any explicit strategy.

In this tool, "you" does not refer to you as an individual. Rather, you can choose to answer the tool's questions for your

- Individual program or division
- Organization as a whole
- Public health system for your jurisdiction—including governmental health departments (state, local, territorial, or tribal), other government agencies partnering in public health functions, and private system partners (non-profit, academic, or business)

Because performance improvement is a shared responsibility throughout a public health system,[1] we encourage you to involve internal and external partners as you examine ways to better manage performance.

Tips:

- ***Preview the entire tool and definitions before you begin.*** The detailed questions in Sections II - V may help you better understand performance management and more accurately complete Section I, "Overall Readiness & Accountability."
- ***Be honest about what you are currently doing or not doing to manage performance***. If you are doing very little in an area, it is better to say "No" than to overstate the attention and resources allocated to it. For questions marked "No," decision makers can then choose to invest resources, shift priorities, or determine that you will not be accountable for the activity. Using information for such decision making is a basic tenet of performance management.
- ***Indicate the unit (e.g., program, organization, jurisdiction) for which you are completing this assessment*** at the top of the tool in the space provided.
- **If you are unsure, leave it blank until you can find the answer**.

Take the Next Step

In public health, we continually strive for better health for all Americans. In the same spirit, we can continually strive for better ways to manage performance and learn from our efforts. By answering the questions in this self-assessment, your team can identify together the most important areas to improve.

Although this tool will help you and your team answer the questions, *"Are we really managing performance?"* and *"Do we have specific components of a performance management system?"* it is only the first step to improved performance. As you complete this assessment, or as a next step, your team should also discuss important questions such as:

- "For those components we are doing, how well are we doing them?"
- "In which quadrants do we need to invest more time and resources to manage performance more successfully?"
- "What steps could we try out this month (or this week!) to improve our performance management system?"

Use the "Notes" section at the bottom of each page to write down your improvement ideas, your insights, or any qualifications to your answers. Your individual or group responses will help you interpret the results and choose follow-up actions to the assessment.

[1] See also the National Public Health Performance Standards Program, www.cdc.gov/od/ocphp/nphpsp.

Resources to Help

If you're ready to start working on better ways to manage performance, there are a number of resources from Turning Point that can help, including the following:

- *From Silos to Systems: Using Performance Management to Improve the Public's Health*
- *Guidebook for Performance Measurement*
- *Performance Management in Action: Tools and Resources* (online only)

View online at www.phf.org/infrastructure – click "Search," then type "Performance Management" (no quotes)

Order print copies at
www.phf.org – click "Bookstore"
or call toll-free 877-252-1200

For more information about the Turning Point Performance Management National Excellence Collaborative, please visit our web site, http://turningpointprogram.org/Pages/perfmgt.html.

Section I. Overall Readiness & Accountability

Assessment Questions	Stage of Development: No	Somewhat	Yes (Fully operational)
1. Is there a stated commitment from high-level leadership to a performance management system?	☐	☐	☑
2. Is performance being managed for at least some priority areas that are critical to your mission and function?	☐	☐	☑
3. Is performance actively managed in the following areas? (check all that apply)			
A. Health Status (e.g., diabetes rates)	☐	☑	☐
B. Public Health Capacity (e.g., communities served by a health department or program)	☐	☐	☑
C. Human Resource Development (e.g., workforce training in core competencies)	☐	☐	☑
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)	☐	☐	☑
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)	☐	☐	☑
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)	☐	☐	☑
G. Management Practices (e.g., communication of vision to employees, projects completed on time)	☐	☑	☐
H. Service Delivery (e.g., clinic no-show rates)	☐	☐	☑
I. Other	☐	☐	☐
4. Is a team responsible for integrating performance management efforts across the areas listed in 3A - I?	☐	☐	☑
5. Are managers trained to manage performance?	☐	☑	☐
6. Are managers held accountable for developing, maintaining, and improving the performance management system?	☐	☑	☐
7. Are there incentives for performance improvement?	☑	☐	☐
8. Is there a process or mechanism to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)?	☐	☐	☑
9. Is there a process or mechanism to align your performance management system with your strategic plan?	☐	☐	☑
10. Is there a process or mechanism to align your performance priorities with your budget?	☐	☑	☐
11. Do leaders nurture an organizational culture focused on performance improvement?	☐	☑	☐
12. Are personnel and financial resources assigned to performance management functions?	☐	☑	☐

Notes:

Section II. Performance Standards

Assessment Questions	Stage of Development: No	Somewhat	Yes (Fully operational)
1. Do you use performance standards that are relevant to your activities?	☐	☐	☑
2. Do you set specific performance targets to be achieved in a certain time period?	☐	☐	☑
3. Are managers and employees held accountable for meeting standards and targets?	☐	☑	☐
4. Have you defined processes and methods for choosing performance standards, indicators, or targets?[2]	☐	☐	☑
A. Do you use existing performance standards, indicators, and targets when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2010)?	☐	☑	☐
B. Do you benchmark (compare yourself) against similar organizations?	☑	☐	☐
C. Do you use scientific guidelines?	☐	☑	☐
D. Do you set priorities?	☐	☐	☑
E. Do your standards cover a mix of capacities, processes, and outcomes?[3]	☐	☑	☐
5. Are your performance standards, indicators, and targets communicated throughout the organization and its stakeholders or partners?	☐	☑	☐
A. Have individual performance expectations been communicated?	☑	☐	☐
B. Do you relate performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)?	☐	☐	☑
6. Do you test your standards and targets so you are sure people understand them?	☐	☑	☐
7. Do you coordinate so multiple programs, divisions, or organizations use the same performance standards and targets (e.g., same child health standard is used across programs and agencies)?	☐	☐	☐ n/a
8. Is training available to help staff use performance standards?	☐	☐	☑
9. Are personnel and financial resources assigned to make sure efforts are guided by relevant performance standards and targets?	☐	☐	☑

Notes:

[2] For guidance on various methods to set challenging targets, refer to the "Setting Targets for Objectives" tool (p. 93) in Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999. www.health.gov/healthypeople/state/toolkit. Additional target setting tools are available in the State Healthy People Tool Library at www.phf.org/HPtools/state.htm.

[3] Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

Section III. Performance Measurement

Assessment Questions	Stage of Development: No	Some-what	Yes (Fully operational)
1. Do you have specific measures for all or most of your established performance standards and targets?	☐	☐	☑
A. Does every measure have a clear definition?	☐	☐	☑
B. Is a clear unit of measure defined for quantitative measures?	☐	☐	☑
C. Has interrater reliability been established for qualitative measures?	☐	☐	☑
2. Are measures selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection?	☐	☐	☐ n/a
3. Have you defined methods and criteria[4] for selecting performance measures?	☐	☐	☑
A. Do you use existing sources of data whenever possible?	☐	☐	☑
B. Do you use standardized measures (e.g., national program or health indicators) whenever possible?[5]	☐	☐	☑
C. Do your measures cover a mix of capacities, processes, and outcomes?[6]	☐	☑	☐
4. Do you collect data for your measures?	☐	☐	☑
5. Is training available to help staff measure performance?	☐	☐	☑
6. Are personnel and financial resources assigned to collect performance measurement data?	☐	☐	☑

Notes:

[4] For an excellent list of criteria and guidance on selecting measures, refer to Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999:65. http://www.turningpointprogram.org/Pages/pmc_guide.pdf (3/12/04)

[5] For examples of sources of standardized public health measures, refer to "Health and Human Services Data Systems and Sets" (p. 103) in the *Healthy People 2010 Toolkit: A Field Guide to Health Planning* at www.health.gov/healthypeople/state/toolkit or "Major Data Sources for Healthy People 2010" at http://www.healthypeople.gov/document/html/tracking/THP_PartC.htm.

[6] Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

Section IV. Reporting of Progress

Assessment Questions	Stage of Development: No	Some-what	Yes (Fully operational)
1. Do you document your progress related to performance standards and targets?	☐	☐	☑
2. Do you make this information regularly available to the following? (check all that apply)			
A. Managers and leaders	☐	☐	☑
B. Staff	☐	☐	☑
C. Governance boards and policy makers	☐	☐	☑
D. Stakeholders or partners	☑	☐	☐
E. The public, including media	☑	☐	☐
3. Are managers at all levels held accountable for reporting performance?	☐	☑	☐
A. Is there a clear plan for the release of these reports (i.e., who is responsible, methods, how often)?	☐	☐	☑
B. Is reporting of progress part of your strategic planning process?	☐	☐	☑
4. Have you decided the frequency of analysis and reporting on performance progress for the following types of measures?[7] (check all that apply)			
A. Health Status	☐	☐	☑
B. Public Health Capacity	☐	☐	☑
C. Human Resource Development	☐	☐	☑
D. Data and Information Systems	☐	☐	☑
E. Customer Focus and Satisfaction	☐	☐	☑
F. Financial Systems	☐	☐	☑
G. Management Practices	☐	☐	☑
H. Service Delivery			☑
I. Other	☐	☐	☐
5. Do you have a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)?	☐	☐	☑
6. Is training available to help staff effectively analyze and report performance data?	☐	☐	☑
7. Do you test your reports so you are sure people understand them and can use them for decision-making?	☐	☑	☐
8. Are personnel and financial resources assigned to analyze performance data and report progress?	☐	☐	☑

Notes:

[7] See Section I, question 3 for examples of each type of measure.

Section V. Quality Improvement (QI) Process

Assessment Questions	Stage of Development: No	Somewhat	Yes (Fully operational)
1. Do you have a process(es) to improve quality or performance?	☐	☐	☑
A. Is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)?	☐	☐	☑
B. Is there a regular timetable for your QI process?	☐	☑	☐
C. Are the steps in the process communicated?	☐	☐	☑
2. Are managers and employees evaluated for their performance improvement efforts (i.e., is performance improvement in their job descriptions)?	☑	☐	☐
3. Are performance reports used regularly for decision-making?	☐	☑	☐
4. Is performance information used to do the following? (check all that apply)			
A. Determine areas for more analysis or evaluation	☐	☐	☑
B. Set priorities and allocate/redirect resources	☐	☐	☑
C. Inform policy makers of the observed or potential impact of decisions under their consideration	☐	☐	☑
5. Do you have the capacity to take action to improve performance when needed?	☐	☑	☐
A. Do you have processes to manage changes in policies, programs, or infrastructure?	☐	☑	☐
B. Do managers have the authority to make certain changes to improve performance?	☐	☐	☑
C. Does staff have the authority to make certain changes to improve performance?	☐	☐	☑
6. Does the organization regularly develop performance improvement or QI plans that specify timelines, actions, and responsible parties?	☐	☐	☑
7. Is there a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets?	☐	☐	☐ n/a
8. Is QI training available to managers and staff?	☐	☐	☑
9. Are personnel and financial resources allocated to your QI process?	☐	☐	☑

Notes:

Definitions

Performance management is the practice of actively using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. 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.

Performance management includes the following components: (see also definitions below)

1. **Performance standards**—establishment of organizational or system performance standards, targets, and goals to improve public health practices.
2. **Performance measures**—development, application, and use of performance measures to assess achievement of such standards.
3. **Reporting of progress**—documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
4. **Quality improvement**—establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

The Four Components of Performance Management Can Be Applied to…

- Human Resource Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems
- Management Practices
- Public Health Capacity
- Health Status

A **performance management system** is the continuous use of all the above practices so that they are integrated into an agency's core operations (see inset above, right). Performance management can be carried out at multiple levels, including the program, organization, community, and state levels.

Performance standards are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as "good" or "excellent"). Standards may be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations (e.g., 100% access, zero disparities); or other methods.

Performance indicators summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists available to investigate, percentage of clients who rate health department services as "good" or "excellent").

Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Source: Turning Point. *From Silos to Systems: Using Performance Management to Improve the Public's Health*, 2003.

QI Council Meeting
December 5, 2016 * 8:45 – 9:45

Agenda

Agenda Item/ Topic	Key Points	Action Items	Responsible Party/ Timeline
QI topics: Surveys	• Environmental survey - slow results	-waiting on 50 surveys or end of December	EH/ Donna
PM dashboard	• PM 3rd quarter data reviewed and progress noted. • Some have been trained to enter data, waiting on one • Board report by February	-responsible staff enter data/ QI reviews -Donna/Christina will train last 1 -Donna will do board report	-quarterly -this week, hopefully -QI meet to prepare report
PM	• Self-assessment	-QI Team performed the PM self-assessment during this meeting -Donna will e-mail LT results	-all in attendance
Next meeting	• Next meeting will be:	-QI Project (grant funding processes) start: 1-23-17 @ 8:45 until at least 10:15 -QI Team Summarize PM results into report for March board: 2-13-17 @ 8:45 until at least 10:15	-all QI Team

☐ **Attendees** or ☒ **Refer to sign-in sheet**
☐ **Attachments:**

Notes Generated By: Christina Bramlage

Champions of a safe and healthy community

Logan County Health District

310 S. Main Street, Bellefontaine, Ohio 43311

Title	QI / PM Council		
Date	Monday, December 05, 2016		
	Name	**Signature**	**Department**
	Christina Bramlage	Christina Bramlage	WIC
	Donna Glunt	Donna Glunt	Admin.
	Kay Schroer	Kay Schroer	Admin
	Matt Stonerock		
	Kelly Reaver	Kelly S Reaver	PH

LEADERSHIP TEAM MEETING – December 7, 2016

ATTENDANCE: Dr. Hoddinott, Craig, Steve, Corinne, Donna, Kay, Lisa
GUEST: Bob Harrison

11/30/16 minutes were reviewed

- Craig has the fee proposal for emergency public water samples for the City of Bellefontaine ready for Board action today.

Out of County Travel

- None

Board of Health meeting agenda for today was reviewed with no surprises expected.

WIC will hold a Christmas Party for the Breastfeeding Support Group at the Knowlton Library on December 12 to hopefully encourage more future participation.

Corinne is working on a Norwegian scabies after action report patterned after the anthrax report.

QI/Performance Management team has completed a self-assessment and feel we are doing well using the tool. Domains 1 and 6 remain the problem areas for accreditation.

Kay's new voice display telephone was defective and is in the process of being replaced.

Evaluations for Cathy and Matt were reviewed and approved.

Next meeting: Wednesday, December 14, 8:30 a.m.

Lgb