Houston Department of Health and Human Services

Houston’s Turning Point Self-Assessment Tool, adapted into an online survey, added an accreditation readiness and demographic section to address internal capacity on performance improvement and accreditation

About Houston’s Turning Point Self-Assessment Tool

The Houston Department of Health and Human Services (HDHHS) adapted the Turning Point Self-Assessment (2003) into a SurveyMonkey™ data collection tool in 2011. This not only allowed for wide-spread, paperless dissemination but also provided basic analyses using SurveyMonkey.™ Adaptations also included an accreditation readiness section and space to add their program/division’s ideas for performance improvement. The accreditation readiness section 1) asked participants if they had someone they could appoint to the accreditation workgroup, 2) which public health accreditation domains their program/division addressed, 3) if they had supporting documentation and examples, and 4) a list of community partners. An invitation to participate was sent the Direct Reports of all HDHHS Leadership (e.g. Assistant Directors, Executive Level Staff, and Managers) on November 30, 2011. Results were collected until January 3, 2012.

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Kansas Department of Health and Environment

**Step 1: Performance Standards**
The identification of relevant standards in which goals and targets are set and communicated to address select indicators.
- Assessment
  - HP2020 Process
  - NPHPSP
  - State Health Improvement Plan
  - Organizational Strategic Plan (Internal)
  - Governor’s Road Map and legislative priorities
  - Disparities

**Step 2: Performance Measures**
The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals or targets.
- Use of state and national measures with consideration to global health measures
  - Health status: HP2020/Healthy Kansans
  - Public health system: NPHPSP
  - Agency: PHAB Standards and Measures

**Step 3: Reporting of Progress**
The intentional sharing and monitoring of performance indicators and outcome results with leadership entities and stakeholders.
- Develop a system for regular reporting
- Develop a regular reporting cycle
- Analyze data collected and document result of progress toward or away from performance measures
- Determine if performance standards being met and if not, consider a formal quality improvement process
- Share report with leadership, stakeholders, and/or advisory groups

**Step 4: Continuous Quality Improvement (CQI)**
A formal process that can be used for almost every plan, policy, or program implemented.
- Work sessions with Executive Team on quality improvement and creating a culture on CQI
- Survey agency staff regarding QI knowledge, expertise, and interest
- Agency teams select a QI project and receive training to assist in implementing, evaluating, and sharing QI: “Train-the-Trainer”
- Implement organizational QI Advisory Council
- Develop and implement a CQI Plan

Adapted from the Nebraska Division of Public Health’s Performance Management System

Kansas uses an adapted version of the Turning Point Performance Management System Framework to engage employees, and it serves to guide, measure, and improve the agency’s efficiency and effectiveness of services.

**About Kansas’ Performance Management System**
The Kansas Department of Health and Environment (KDHE) is currently engaged in a transformational reorganization and revitalization of its performance management system that includes implementing a three-year strategic plan (2011-2014), planning for a state health assessment through the Healthy People (HP2020) process, assessing the Kansas public health system through NPHPSP, and conducting accreditation readiness activities. The former KDHE performance management system incorporated elements from the Turning Point Performance Management System Framework, the Core Public Health Functions, and the Ten Essential Services. The system was strengthened through participation in the Multi-State Learning Collaborative and engagement with the local health departments, academia, and the Kansas Health Institute. From 2008-2011, iDashboards (E-QIPM) was implemented for the local health departments’ Preparedness Programs. In January 2012, Kansas Health Matters, a statewide dashboard, was implemented that tracks and monitors health indicators selected through Healthy People and priorities of the Kansas Legislature. Through the KDHE Annual Report, Kansas provides transparent reporting of planning and progress towards meeting programmatic and state-level goals. Kansas is committed to coordinating and collaborating with local, state, national, global partners, stakeholders, and policy-makers to create a quality public health system for Kansas.

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Minnesota’s Performance Management Framework uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

**About Minnesota’s Performance Management Framework**

Minnesota’s framework builds on the Turning Point Performance Management Framework and relates to the national standards for state, local, and tribal health departments. State and local public health leaders in Minnesota have elevated this framework to the system level, and are moving toward an integrated cycle of performance management that engages all community health boards around the state. Ideally, each component of the framework will build on and lead into the others.

A statewide committee has focused initial attention on developing new Local Public Act performance measures that align with the national standards. These performance measures will be embedded within this performance management framework, and will be used for the purposes of improvement, accountability, communications, and practice-based research.

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**Performance Management Applications in Public Health**

**Nebraska Division of Public Health**

- **Step 1: Performance Standards**
  - **Assessment**—Identifies strategic priority areas to inform decisions in planning processes and setting standards.
  - Include a public health system assessment (NPHPSP) and a PHAB standards self-assessment.
  - **State Health Improvement Plan**—Sets goals and objectives for entire public health system.
  - **Agency Strategic Plan** (internal)—Sets goals and objectives for state health department and establishes indicators to help track organizational and system capacities, internal processes, and health outcomes.
  - Each plan should establish performance standards for health status, health system, and agency improvements.

- **Step 2: Performance Measurement**
  - The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals or targets.
  - Include performance measures indicators based on goals and objectives (i.e., performance standards) in State Health Improvement Plan and Agency Strategic Plan.
  - Develop data collection system and timeline, document process.
  - Collect data.
  - Look to Healthy People 2020 for health status measures; PHAB for agency measures; and NPHPSP for system measures.

- **Step 3: Reporting of Progress**
  - The intentional sharing and monitoring of performance indicators and outcome results with leadership entities and stakeholders.
  - Develop a regular reporting cycle.
  - Analyze data collected and document results of progress toward or away from performance measures.
  - Share report with leadership entities, stakeholders, and/or advisory group.
  - Determine the extent to which performance standards are being met. If you determine that not enough progress is being made, consider initiating a formal improvement process to make changes.

- **Continuous: Quality Improvement**
  - A formal process that a health department can use for almost every plan, policy, or program that is implemented. (Save for critical issues)
  - Based on the performance progress report, community health assessment, or PHAB self-assessment…
  - Select a quality improvement project.
  - Assemble a quality improvement team.
  - Develop an action statement.
  - Develop measures.
  - Identify change ideas (Plan, Do, Study, Act)
  - Test change ideas (Plan, Do, Study, Act)
  - Sustain and spread improvements.

**Nebraska’s performance management system graphic displays the work that will be accomplished over the 2011-2012 calendar year for each of the performance management components**

**About Nebraska’s Performance Management System**

In 2011, the Nebraska Division of Public Health developed its first Performance Management and Quality Improvement (PMQI) Plan and formed a Performance Improvement Advisory Council to support performance management system development and preparation for voluntary national accreditation. Nebraska used the Turning Point Performance Management System model as a foundation for the development of its PMQI plan. Using the Turning Point model, performance standards are being established based on a comprehensive public health assessment, the priority goals and objectives of the Nebraska Public Health Improvement Plan, and the Division’s strategic plan. The performance measures are being based on the priority goals and targets established during the planning process and progress on the targets will be transparent throughout the state. Finally, to achieve high performance, it is critical to continually improve the quality of programs, services, and activities using the Plan, Do, Study, Act approach.

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New York State Department of Health

About New York State’s Performance Management System Framework

The New York State Department of Health (NYS DOH) programs and local health departments use performance management strategies to routinely evaluate and improve the effectiveness of their organizations, practices; partnerships, programs, use of resources, and ultimately the impact they have on the public’s health. With funding from the CDC National Public Health Improvement Initiative (NPHII), NYS DOH adapted the Turning Point Performance Management Framework to meet its goals. Beginning in early 2011, after conducting an agency assessment on the capacity to implement performance management methodology, the NYS Performance Management Group (PMG) made two main adaptations to the Turning Point model. First, the governance structure was visually displayed under which the PMG operates, which includes leadership from a Performance Improvement Champion, ongoing direction from its Performance Management Guidance Team, and integration with other efforts through public health stakeholders. Secondly, while all of the PMG efforts remain grounded in the four main components of the Turning Point Performance Management Framework, the role of quality improvement was brought forward to make improvement the backbone of each of the other components of PM. The PMG strives to have founded improvement methods practiced in all aspects of business thus promoting a collaborative learning environment approach where internal and external expertise is utilized and a culture of improvement is fostered.
Oklahoma State Department of Health

OSDH Performance Management Model

Quality Improvement

National
- Healthy People 2020
- 3 Core Functions / 10 Essential Services
- Accreditation
- United Health Foundation & Commonwealth Fund Reports

State
- Oklahoma Health Improvement Plan
- Tool: State’s Health Report

Agency
- Strategic Plan
- Tool: Strategic Map
- Strategic Targeted Action Teams/Plans Tool – Step Up
- Core Public Health Priorities Document
- Tool – Business Plan

Service Area & County Health Department
- Service Area / CHO Strategic Plan
- Tool – Step Up
- Community Health Improvement Plans
- Tool – Acting for Action through Planning and Programming ACSP
- Turning Points & Step UP

Individual Employee
- Individual Contribution
- Tool – Agency Individual Performance Management Process (IPM) Foundation

Oklahoma’s performance management model shows how various performance activities align, what main tools accomplish them, and how each area has impact on the others

About Oklahoma’s Performance Management Model

The Oklahoma State Department of Health (OSDH) began its performance management process with an adaptation of the Plan-Do-Check-Act method using the Turning Point Performance Management Framework. The Plan step identifies relevant performance standards and setting goals; the Do phase collects data and measures performance; the Check phase uses data for decisions to improve policies and outcomes; and the Act phase analyzes the data, provides feedback to stakeholders, and establishes standardization. In fall 2010, OSDH adapted this information into the OSDH Performance Management Model, which demonstrates alignment of systems and processes from national to state to agency, to service area and community/county health department, and to the individual employee, through a continuous quality improvement cycle. Alignment among all levels is critical to assure that OSDH is moving in the same direction to have the largest impact. More importantly, by aligning the performance management activities, an employee can see how their individual contribution leads to success in their service area, county health department, or community; which then leads to success in impact at the agency, state, and national levels as each area’s successes builds upon the other.

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S. C. Department of Health and Environmental Control

S. C. DHEC’s Performance Dashboard allows customizable data entry, monitoring, and reporting of measures linked to PHAB standards and measures and Healthy People 2020

About South Carolina DHEC’s Performance Dashboard

South Carolina DHEC’s Health Services web-based system allows users department-wide to share performance data and documents and easily create customizable dashboards and reports to track progress toward achieving program goals. Performance measures are “linked” within the system to the Public Health Accreditation Board (PHAB) standards and measures and Healthy People 2020 topics and objectives, for organization and to align measures with national performance standards. As the new system goes live, staff will receive job-based training and support so that they can customize the system to suit their needs, including data entry, monitoring, or reporting. The Performance Dashboard, development of which was made possible by funding from Centers for Disease Control and Prevention National Public Health Improvement Initiative, gives DHEC staff unprecedented accessibility of performance data across regions, program areas, and disciplines to encourage collaboration and transparency.

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Performance Management Components

Through implementation of the above components, Vermont has developed a comprehensive performance management system that aligns department efforts around priority health outcomes.

About Vermont’s Performance Management Framework

In 2011, with the support of the CDC’s Strengthening Public Health Infrastructure for Improved Health Outcomes cooperative agreement, the Vermont Department of Health (VDH) established a comprehensive performance management system that works to improve the health status of Vermonters by ensuring the efficacy and evidence-base of services delivered. This framework has helped to establish and manage systems at VDH to identify and regularly report on population objectives and performance measures, perform quality improvement activities, and assess and emphasize the need to fund and implement evidence based practices to change population outcomes. Central to this comprehensive performance management system is Public Health Stat, a management tool that facilitates data-driven decision making. Through cross-divisional content based meetings, key decisions makers come together to do program planning and resource allocation around high priority Department-wide goals. Through these performance management components, VDH strives to align efforts across all levels of the organization around priority health outcomes and then hold all accountable for achieving programmatic and population level change.

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Washington State Department of Health

They Are All Linked

Washington’s They Are All Linked graphic shows how numerous performance management activities and the data gathered in the state are linked in a continuous flow.

About Washington’s They Are All Linked Model

The Malcolm Baldrige Framework underlies the Washington State Department of Health (WSDH) performance management system. Starting on the left of the diagram, WSDH annually reviews all data, including results from employee surveys, customer surveys, standards reviews, accreditation reviews, audits, other assessments, and input from partners and stakeholders. This data contributes to how well WSDH is serving customers and conducting day to day business, and helps to identify the gaps and opportunities to improve WSDH service delivery. The strategic plan feeds into the development of the new budget, a renewed set of performance measures, and a policy change agenda. WSDH builds its measurement dashboard on a balanced perspective taken from the Balanced Scorecard model. Each performance category is important, so the dashboard contains categories of customer expectations, product and service quality, finances, human resources, operating systems, and external requirements. The budget feeds performance measures and policy initiatives into the implementation cycle, which includes process improvements, continuing operations, and implementation of strategies highlighted in the strategic plan. WSDH collects and analyzes data and builds monthly reports into a cycle of management reviews. WSDH goes through an annual update process outlined in the large box at the bottom of the diagram, which feeds important improvement opportunities back into the cycle where it begins all over again.

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Results That Matter Team: Triple Loop Learning Model

In the Triple Loop Learning Model, the inner, middle, and outer loops go through Check: Measure & Assess Results to assure that performance information drives improved decision making.

About the Triple Loop Learning Model

This model exemplifies how quality improvement (QI) can be integrated into a performance management system. The model begins with the inner or small loop, which includes a basic Plan-Do-Check-Act QI cycle, which is applied to any process or practice of a given program or service to improve it based on measured results. The QI cycle should be repeated frequently to make incremental improvements. The middle loop moves QI from individual process improvements to large scale policy, practice, and program improvements driven by measurement, strategic priorities, and budget in the outer loop. The outer “strategic” cycle influences the middle cycle to ensure that program designs and service plans stay relevant to current strategies and resources. Triple Loop Learning will be achieved if all three loops can be managed to work together smoothly, which is the hallmark of a high-achieving organization. This model is being used by the Delaware Division of Public Health and is consistent with Washington State’s “They Are All Linked” performance management model and some entire government’s performance management systems such as that of Prince William County, Virginia. More information on this model can be found in Chapter 17 of the Public Health Quality Improvement Handbook.

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