# 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.

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#### Choose the Best Response

Choose the response that is <u>closest</u> to your stage of development as follows:

- "Always/Almost Always:" You explicitly do this activity or have this capacity in place.
- "Sometimes:" You explicitly do this or have this capacity, but have a way to go.
- "Never/Almost Never:" 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, 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 <u>this month</u> (or <u>this week!</u>) 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.



#### 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 http://www.phf.org/resourcestools/Pages/ Turning\_Point\_Project\_Publications.aspx

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

#### 2012 Refresh

The Public Health Foundation (PHF) has completed an initial refresh the Turning Point Performance Management Framework and related resources through funding from the *Affordable Care Act Capacity Building Assistance to Improve Public Health Infrastructure Investments* through a cooperative agreement with the Centers for Disease Control and Prevention. The following updates have been made to this refreshed version of the Self-Assessment Tool:

- Assessment questions were turned into statements
- The response scale was changed to agree/disagree
- A question was added related to QI practice in the organization (Section I. Question 12)
- · Website links and references were updated

Further refreshing will be completed in 2012, including the creation of a Self-Assessment Tool - Short Form with automated scoring and a next steps action key will be released on the PHF website.



Section I. Overall Readiness & Accountability				
		Stage of Development		
		Never/ Almost Never	Some- times	Always/ Almost Always
1.	A stated commitment exists from high-level leadership for a performance management system			
2.	Performance is managed for at least some priority areas that are critical to the organization's mission and function			
3.	Performance is actively managed in the following areas (check all that apply)  A. Health Status (e.g., diabetes rates)	П	П	П
	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)			
	<ul> <li>E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)</li> </ul>			
	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.	There is a team responsible for integrating performance management efforts across the areas listed in 3A - I			
5.	Managers are trained to manage performance			
6.	Managers are held accountable for developing, maintaining, and improving the performance management system			
7.	There are incentives for performance improvement			
8.	A process or mechanism exists 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.	•			
10.	A process or mechanism exists to align your performance priorities with your budget			
11.	Leaders nurture an organizational culture focused on performance improvement			
12.	QI is practiced widely and regularly in the organization			
	Personnel and financial resources are assigned to performance management functions			



Section II. Performance Standards				
		Stage of Development		
		Never/ Almost Never	Some- times	Always/ Almost Always
1.	Performance standards are used and relevant to the organization's activities			
2.	Specific performance targets are set to be achieved in a certain time period			
3.	Managers and employees are held accountable for meeting standards and targets			
4.	There are defined processes and methods for choosing performance standards, indicators, or targets <sup>1</sup>			
	A. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)			
	B. The organization uses benchmarks against similar organizations			
	C. Scientific guidelines are used			
	D. The organization sets priorities			
	E. The organization's standards cover a mix of capacities, processes, and outcomes <sup>2</sup>			
5.	The organization's performance standards, indicators, and targets communicated throughout the organization and its stakeholders or partners			
	A. Individual performance expectations are regularly communicated			
	B. The organization relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)			
6.	Standards and targets are regularly tested to assure they are understood			
7.	The organization coordinates regularly 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)			
8.	Training available to help staff use performance standards			
9.	Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets			

<sup>&</sup>lt;sup>2</sup> Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.



<sup>&</sup>lt;sup>1</sup> 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 http://www.phf.org/resourcestools/Pages/Healthy\_People\_2010\_Toolkit.aspx

Section III. Performance Measurement				
		Stage of Development		lopment
		Never/ Almost Never	Some- times	Always/ Almost Always
1.	The organization uses specific measures for all or most of the established performance standards and targets			
	Every measure has a clear definition			
	B. Each quantitative measure has a clear unit of measure defined			
	C. Interrater reliability has been established for qualitative measures			
2.	Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection			
3.	There are defined methods and criteria <sup>3</sup> for selecting performance measures			
	A. existing sources of data are used whenever possible			
	B. Standardized measures (e.g., national program or health indicators) are used whenever possible <sup>4</sup>			
	C. Measures cover a mix of capacities, processes, and outcomes <sup>5</sup>			
4.	Data are collected for the measures			
5.	Training is available to help staff measure performance			
6.	Personnel and financial resources are assigned to collect performance measurement data			

<sup>&</sup>lt;sup>5</sup> Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.



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<sup>&</sup>lt;sup>3</sup> 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.phf.org/resourcestools/Documents/PMCguidebook.pdf (4/30/12)

<sup>&</sup>lt;sup>4</sup> 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 http://www.phf.org/resourcestools/Pages/Healthy\_People\_2010\_Toolkit.aspx.

Section IV. Reporting of Progress				
		Stage of Development		
		Never/ Almost Never	Some- times	Always/ Almost Always
1.	The organization documents progress related to performance standards and targets			
2.	The information is regularly made available to the following (check all that apply)			
	A. Managers and leaders			
	B. Staff	Ш	<u> </u>	
	C. Governance boards and policy makers	Ш		
	D. Stakeholders or partners			
	E. The public, including media			
3.	Managers at all levels held accountable for reporting performance			
	A. There is a clear plan for the release of these reports (i.e., who is responsible, methods, how often)			
	Reporting of progress is part of the organization's strategic planning process			
4.	A decision has been made on the frequency of analysis and reporting on performance progress for the following types of measures <sup>6</sup> (check all that apply)			
	A. Health Status			
	B. Public Health Capacity	H	Ħ	
	C. Human Resource Development	H	Ħ	
	D. Data and Information Systems	H	Ħ	
	E. Customer Focus and Satisfaction	H	Ħ	
	F. Financial Systems		<del>-</del> <del>-</del> <del>-</del> -	
	G. Management Practices	i i	$\overline{}$	
	H. Service Delivery	_		
	I. Other	П		
5.	The organization has 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.	Training is available to help staff effectively analyze and report performance data			
7.	Reports are tested so people understand them and can use them for decision-making			
8.	Personnel and financial resources are assigned to analyze performance data and report progress			

 $<sup>^{\</sup>rm 6}$  See Section I, question 3 for examples of each type of measure.



7

Section V. Quality Improvement (QI) Process				
	Stage of Development			
	Never/ Almost Never	Some- times	Always/ Almost Always	
1. A process(es) exists to improve quality or performance				
<ul> <li>A. There is an entity or person responsible for decision- making based on performance reports (e.g., top management team, governing or advisory board)</li> </ul>				
B. There a regular timetable for your QI process				
C. The steps in the process are communicated				
<ol> <li>Managers and employees are evaluated for their performance improvement efforts (i.e., is performance improvement in their job descriptions)</li> </ol>		Ш		
3. Performance reports are used regularly for decision-making				
4. Performance information is used to do the following (check all that apply)				
A. Determine areas for more analysis or evaluation				
B. Set priorities and allocate/redirect resources				
<ul> <li>Inform policy makers of the observed or potential impact of decisions under their consideration</li> </ul>				
<ol><li>The organization has the capacity to take action to improve performance when needed</li></ol>				
A. Processes exist to manage changes in policies, programs, or infrastructure				
B. Managers have the authority to make certain changes to improve performance				
Staff have the authority to make certain changes to improve performance				
6. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties				
<ol> <li>There is a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets</li> </ol>				
8. QI training is available to managers and staff				
9. Personnel and financial resources are allocated to the organization's QI process?				



#### **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)

- Performance standards—establishment of organizational or system performance standards, targets, and goals to improve public health practices.
- Performance measures—development, application, and use of performance measures to assess achievement of such standards.
- 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.

