Greetings from the OSPHP Performance Improvement and Accreditation Team!

We thank you once again for participating in this self assessment. Your feedback will be the key to improving upon the already exceptional work done here at HDHHS, and will serve as a guide in our endeavors to become a nationally accredited health department.

This self-assessment tool will help you and your division/program identify the extent to which you have components of a performance management system. Each section will take between 15 and 45 minutes to complete.

It is important to allow enough time to complete the self assessment in its entirety. If you have to leave the self assessment, do not exit from the SurveyMonkey or close your browser. If you exit from SurveyMonkey, you will need to start the self assessment over again.

To ease the completion of the online self assessment, we recommend reading the directions attached to the email and consulting with other staff to better understand performance management in your division/program. After engaging in open discussion with your colleagues, complete the self assessment providing your own perception of your division/program's readiness for performance management, guality improvement, and accreditation.

If any questions or concerns arise, please feel free to contact Robert Hines at 832-393-4606 or at robert.hines@houstontx.gov.

*1. Overall Performance Management Readiness & Accountability

	No	Somewhat	Yes (Fully operational)	N/A
1) Is there a stated commitment from high-level leadership to develop a performance management system?	0	O	0	0
2) Is performance being managed for at least some priority areas that are critical to your program/divisions' mission and function?	0	0	O	0
3) Is performance actively managed in the following areas? (PLEASE SELECT N/A FOR LINE 3 AND BELOW CHECK ALL [A-H] THAT ARE APPLICABLE TO YOUR DIVISION/PROGRAM; IF NOT APPLICABLE SELECT N/A)	0	0	O	O
3A. Health Status (e.g., diabetes rates)	0	0	\circ	0
3B. Public Health Capacity (e.g., communities served by a health department or program)	0	0	O	0
3C. Human Resources Development (e.g., workforce training in core competencies)	0	0	\circ	0
3D. Data Information Systems (e.g., injury report lag time, participation in intranet report system)	0	0	O	0
3E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)	0	O	0	0
3F. Financial Systems (e.g.,frequency of financial reports, reports that categorize expenses by strategic priorities)	0	0	0	0
3G. Management Practices (e.g., communication of vision to employees, projects completed on time)	O	0	0	0
3H. Service Delivery (e.g., clinic no-show rates)	0	0	0	0
4) Is a program/division team or individual responsible for integrating performance management efforts across the areas listed in 3A - H?	0	O	0	0
5) Are managers trained to manage performance?	0	0	0	0
Are managers held accountable for developing, maintaining, and improving the performance management system?	0	O	0	0
7) Are there incentives for performance improvement?	0	0	0	0
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)?	O	O	C	0
9) Is there a process or mechanism to align your performance management system with your strategic plan?	0	0	0	0
10) Is there a process or mechanism to align your performance priorities with your budget?	0	0	O	0
11) Do leaders nurture an organizational culture focused on performance improvement?	O	0	O	0
12) Are personnel and financial resources assigned to performance management functions?	0	O	O	0

Performance Standards - objective standards or guidelines that are used to assess an organization's performance.

*2. Performance Standards

	No	Somewhat	Yes (Fully operational)	N/A
1) Do you use performance standards that are relevant to your activities?	0	0	0	0
2) Do you set specific performance targets to be achieved in a certain time period?	0	\circ	O	\circ
3) Are managers and employees held accountable for meeting standards and targets?	0	0	O	0
4) Have you defined processes and methods for choosing performance standards, indicators, or targets?	0	O	O	0
4A. Do you use existing performance standards, indicators, and targets when possible (e.g., PHAB Standards, Leading Health Indicators, Healthy People 2020)?	0	0	O	0
4B. Do you benchmark (compare yourself) against similar programs/divisions within the department, statewide, or nationally?	0	0	0	O
4C. Do you use scientific guidelines?	0	0	O	\circ
4D. Do you set priorities?	0	\circ	O	\circ
4E. Do your standards cover a mix of capacities, processes, and outcomes?	0	0	O	0
5) Are your performance standards, indicators, and targets communicated throughout the organization and its stakeholders or partners?	0	0	0	0
5A. Have individual performance expectations been communicated?	0	0	0	0
5B. Do you relate performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)?	0	0	0	0
6) Do you test your standards and targets so you are sure people understand them?	0	0	O	0
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)?	O	0	O	O
8) Is training available to help staff use performance standards?	0	0	0	0
9) Are personnel and financial resources assigned to make sure efforts are guided by relevant performance standards and targets?	0	O	O	0

Performance Measures - quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator

*3. Performance Measurement

	No	Somewhat	Yes (Fully operational)	N/A
1) Do you have specific measures for all or most of your established performance standards and targets?	0	0	0	0
1A. Does every measure have a clear definition?	0	0	0	0
1B. Is a clear unit of measure defined for quantitative measures?	0	0	0	0
1C. Has inter-rater reliability been established for qualitative measures?	0	0	0	0
2) Are measures selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection?	0	O	O	0
3) Have you defined methods and criteria for selecting performance measures?	0	0	0	0
3A. Do you use existing sources of data whenever possible?	0	0	0	0
3B. Do you use standardized measures (e.g., national program or health indicators) whenever possible?	0	O	O	0
3C. Do your measures cover a mix of capacities, processes, and outcomes?	0	0	0	0
4) Do you collect data for your measures?	0	0	0	0
5) Is training available to help staff measure performance?	0	0	0	0
Are personnel and financial resources assigned to collect performance measurement data?	0	0	0	0

Reporting of Progress - documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback

*4. Reporting of Progress

	No	Somewhat	Yes (Fully operational)	N/A
Do you document your progress related to performance standards and targets?	0	0	0	0
2) Do you make this information regularly available to the following? (PLEASE SELECT N/A FOR LINE 2 AND BELOW CHECK ALL [A-E] THAT ARE APPLICABLE TO YOUR DIVISION/PROGRAM; IF NOT APPLICABLE SELECT N/A)	0	O	O	O
2A. Managers and leaders	0	0	0	0
2B. Staff	0	\odot	O	0
2C. Governance boards and policy makers	0	0	0	O
2D. Stakeholders or partners	0	\circ	\circ	0
2E. The public, including media	0	0	0	0
3) Are managers at all levels held accountable for reporting performance?	0	0	0	0
3A. Is there a clear plan for the release of these reports(i.e., who is responsible, methods, how often)?	0	0	0	0
3B. Is reporting of progress part of your strategic planning process?	0	0	0	0
4) Have you decided the frequency of analysis and reporting on performance progress for the following types of measures? (PLEASE SELECT N/A FOR LINE 4 AND BELOW CHECK ALL [A-H] THAT ARE APPLICABLE TO YOUR DIVISION/PROGRAM; IF NOT APPLICABLE SELECT N/A)	0	О	O	O
4A. Health Status	0	0	0	0
4B. Public Health Capacity	0	0	0	0
4C. Human Resource Development	0	0	0	0
4D. Data and Information Systems	0	0	0	0
4E. Customer Focus and Satisfaction	0	0	0	0
4F. Financial Systems	0	0	0	0
4G. Management Practices	0	0	0	0
4H. Service Delivery	0	0	0	0
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)?	0	O	O	0
6) Is training available to help staff effectively analyze and report performance data?	0	0	0	0
7) Do you test your reports so you are sure people understand them and can use them for decision-making?	0	0	0	0
8) Are personnel and financial resources assigned to analyze performance data and report progress?	O	0	0	0

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

*5. Quality Improvement (QI) Process

	No	Somewhat	Yes (Fully operational)	N/A
1) Do you have a process(es) to improve quality or performance?	0	0	0	0
1A. Is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)?	0	O	0	0
1B. Is there a regular timetable for your QI process?	0	0	0	0
1C. Are the steps in the process communicated?	0	\circ	0	\circ
2) Are managers and employees evaluated for their performance improvement efforts (i.e., is performance improvement in their job descriptions)?	0	0	0	0
3) Are performance reports used regularly for decision-making?	0	0	0	0
4) Is performance information used to do the following? (PLEASE SELECT N/A FOR LINE 4 AND BELOW CHECK ALL [A-C] THAT ARE APPLICABLE TO YOUR DIVISION/PROGRAM; IF NOT APPLICABLE SELECT N/A)	0	0	0	0
4A. Determine areas for more analysis or evaluation	0	0	0	0
4B. Set priorities and allocate/redirect resources	0	0	0	0
4C. Inform policy makers of the observed or potential impact of decisions under their consideration	0	O	0	0
5) Do you have the capacity to take action to improve performance when needed?	0	0	0	0
5A. Do you have processes to manage changes in policies, programs, or infrastructure?	0	0	0	0
5B. Do managers have the authority to make certain changes to improve performance?	0	0	0	O
5C. Does staff have the authority to make certain changes to improve performance?	0	\circ	O	\odot
6) Does the organization regularly develop performance improvement or QI plans that specify timelines, actions, and responsible parties?	0	0	0	0
7) Is there a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets?	0	O	0	0
8) Is QI training available to managers and staff?	0	0	0	0
9) Are personnel and financial resources allocated to your QI process?	0	\circ	0	0

Public Health Accreditation Readiness

Public health accreditation is a process used to determine the capacity of public health departments to deliver the three public health core functions and the Ten Essential Public Health Services. It measures health departments' performance against the Public Health Accreditation Board (PHAB) standards.

Public health accreditation challenges health departments to identify their performance improvement opportunities, encourages greater accountability, and stimulates quality improvement in the department.

*6. How did you first hear a	about public health	accreditation w	ithin the Heal	th
Department?				

De	partment?
0	Executive Leadership Meeting
0	Department Leadership Meeting
0	Division Leadership Meeting
0	Staff Meeting
0	Pulse Newsletter
0	Conversation with co-workers
0	This is my first time hearing about public health accreditation
*7	'. Are you currently participating in the Health Department's accreditation process?
0	Yes
0	No
If ye	s, please briefly explain how:
*8	3. Which of the following accreditation groups are you currently working on? Please
	ose all that apply.
	Accreditation Workgroup/Domain Team
	Measure Managers
	Executive Sponsors
	Mock Site Reviewers
	None of the above

	9. How often do you participate in accreditation related activities within the Health
	partment?
0	Very Frequently
0	Frequently
0	Occasionally
0	Rarely
0	Never
*1	10. How important do you think accreditation is to the Health Department?
0	Extremely important
0	Very important
0	No Opinion
0	Slightly unimportant
0	Unimportant
	Yes No
O	No .
If ye	es, who?

*1	2. Which Public Health Accreditation Board (PHAB) domains do the activities of your
pro	gram/division address? (Please select all that apply)
	Domain 1 - Assess
	Domain 2 - Investigate
	Domain 3 - Inform and Educate
	Domain 4 - Community Engagement
	Domain 5 - Policies and Plans
	Domain 6 - Public Health Laws
	Domain 7 - Access to Care
	Domain 8 - Workforce
	Domain 9 - Quality Improvement
	Domain 10 - Evidence Based Practice
	Domain 11 - Administration and Management
	Domain 12 - Governance
*1	3. Have you ever been contacted for any accreditation purposes?
0	Yes
0	No
.	
本1	4. If yes, what was the purpose of the contact? Please choose all that apply:
	Documentation collection
	Workgroup meeting participation
	Community Health Assessments
	Community Health Improvement Plan
	Health Department Organizational Strategic Plan
	Quality Improvement Plan
	Mock Site Visit
	Other (please specify)

15. Accreditation Readiness			_		
How would you rate your understanding of the	Excellent	Above Average	Average ©	Below Average	Poor
rpose of public health accreditation?		V			
How would you rate your understanding of the public alth accreditation process?	O	O	0	0	O
How would you rate your understanding of the public alth accreditation domains?	0	O	О	0	0

Take the Next Step and Demographic Information

We will be collecting demographic and follow up information to better help us address performance improvement and accreditation. This will be used for internal purposes only and to follow up for additional information.

16. Please share any identified areas of impro	vement to which Performance Management
and Quality Improvement could be applied:	

Office of Inform Office of Admin Office of Health Office of Survei Children and Fa Community Hea Environmental		
Office of Inform Office of Admin Office of Health Office of Survei Children and Fa Community Hea Environmental Please specify which *18. Which I Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	hich Office/Division are you s	ubmitting this survey on behalf of?
C Office of Admin C Office of Health C Office of Survei C Children and Fa C Community Hea C Environmental Please specify which *18. Which I C Director C Assistant Director C Bureau Chief C Division Manag C Program Manag C Supervisor C Program/Team C Other	br's Office	
C Office of Health C Office of Survei C Children and Fa C Community Hea Environmental Please specify which *18. Which I C Director C Assistant Director C Bureau Chief C Division Manag C Program Manag C Supervisor C Program/Team C Other	of Information Technology	
Children and Fa Community Hea Environmental Please specify which *18. Which I Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	of Administration Services	
Children and Fa	of Health Planning Evaluation and Program De	velopment
Community Heat Environmental II Please specify which *18. Which II Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	of Surveillance and Public Health Preparedness	;
*18. Which I Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	en and Family Services Division	
*18. Which I Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	unity Health Services Division	
*18. Which In Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	nmental Health Division	
 Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other 	ify which program or bureau:	
 Director Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other 		
Assistant Director Bureau Chief Division Manag Program Manag Supervisor Program/Team Other	hich level of leadership do you	u represent?
Bureau ChiefDivision ManagProgram ManagSupervisorProgram/TeamOther	ır	
Division ManagProgram ManagSupervisorProgram/TeamOther	nt Director	
Program ManageSupervisorProgram/TeamOther	ı Chief	
SupervisorProgram/TeamOther	n Manager	
Program/TeamOther	m Manager	
C Other	isor	
	m/Team Lead	
If other (please specif		
	se specify):	

Performance Management Self-Assessment Tool	
*19. Please provide your email address:	
Email Address:	