

# Performance Management

Barron County HD

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# Agenda today

- Overview & guidelines
- Morning – All Staff
  - Performance Management – What the heck is it?
  - Performance Management – Where does it all fit?
- Noon – Hour Break
- Afternoon – PHIT Team ( others?)
  - It's all about the Data : Measurement & Key Indicators
- Reporting Progress - Methods for Tracking Data
- Where are we stuck?
- Next steps/ Next Training(s)



# Guidelines

- Start and end on time
- Pace is flexible
- All opinions honored/ Everyone has air time
- Adapt to needs of the group
- Electronics off
- Any Others?



# Performance Management

“Managing” a “System”

## sys·tem

'sistəm/

*noun*

1. a set of connected things or parts forming a complex whole, in particular.

a set of things working together as parts of a mechanism or an interconnecting network.

noun: **system**; plural noun: **systems**

2. a set of principles or procedures according to which something is done; an organized scheme or method.

# Performance Management

“Managing” a “System”

**sys·tem**, 'sistəm/

*Noun*

[synonyms: structure, organization, arrangement, complex, network](#)

## Examples:

"the state railroad system"

"a system of canals"

"a multiparty system of government"

"the digestive system"

the human or animal body as a whole

# PM – A Familiar Analogy

“Taking the Temp” of  
Your Organization

Let’s Brainstorm..



# Performance Management – Why?

- Using performance data to improve...
- Improve what?



# Performance Management

- Using performance data to improve...



- Improve what?

Typical suggestions are:

- Customer service
- Outcomes
- Process efficiency
- Client satisfaction
- Use of resources
- Competence...
- Others?



# Performance Management

- Where does all the data we deal with “fit”?
- Do all the necessary data items go into the Performance Management measurements?
  - Program data/grant data
  - Workforce statistics
  - Employee Performance Data – Annual reviews
  - Strategic Plan goal data
  - County Balanced Scorecard

# Performance Management

Program/Management Data



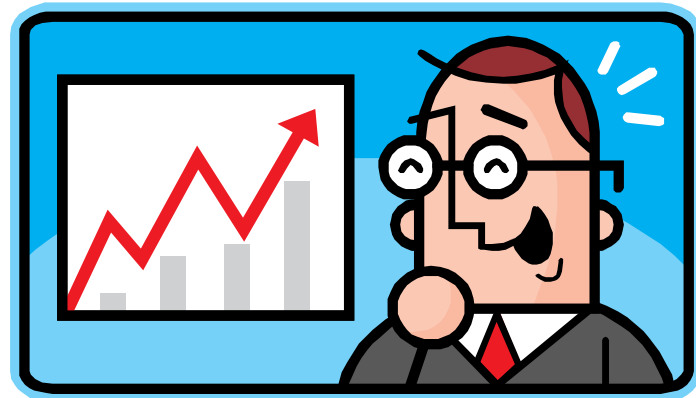
Performance Management Data

But... can be a part of, basis for....



# Performance Management

- Where does QI come into all of this?



# It boils down to four critical pieces

- **Identify standards** - The required level of achievement (may be externally or internally determined)
- **Choose measures** - Choose reasonable ways to measure if the standard is being met (take the temp....)
- **Managing change** – Using data to improve processes
- **Report Progress** – Reporting on data and results to those to whom you must respond (internal and external)



# Performance management system



# Organizational “Will” ....

- Mission
- Vision
- Values
- Strategic Plan



# Break



# What is a Performance Standard? (the 1<sup>st</sup> Component)

- A performance standard is a generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared.
- A performance standard establishes the level of performance expected.
- There are two types of performance standards:

Descriptive

Numerical





# Descriptive Standards

- Characterizes certain infrastructure capacities or processes that are expected to be in place. For example:
  - 1) A system for communicable disease surveillance and control shall be maintained.
  - 2) The local/tribal public health system is actively involved in the development and review of public health policies.
  - 3) The information systems in use enable the collection, use, and communication of data.

# Numerical Standards

- Establishes a quantifiable level of achievement. For example:
  - 1) At least 80% of public health clients and their families will be satisfied with the public health services received.
  - 2) Numerical standards are often used as minimum standards. They sometimes look very much like goals or objectives.

The difference is you are evaluated on whether you are making **progress** toward achieving them rather than whether or not you have **achieved** them.

# Why Do Performance Measurement? (the 2<sup>nd</sup> Component)

- In order to improve something you have to be able to change it. In order to change it you have to be able to understand it. In order to understand it you have to be able to measure it.
- And, what gets measured gets done.
- An effective performance measurement process gives you useful, credible information for assessing:
  - 1) Your capacity to undertake your work.
  - 2) The quality of your efforts.
  - 3) The outcomes of your efforts.

# What are Performance Measures?

- First we need to understand what performance measurement is: *Performance measurement is the regular collection and reporting of data to track work produced and results achieved*
- So a performance measure measures something

# How About Some Examples

- Percentage of children with age-appropriate immunization levels at age two.
- Percentage of clients reporting “satisfactory” ratings.
- Availability of effective patient and family support programs.
- Length of time between a request for services and an actual meeting with a service provider.
- Percentage of target audiences that recall content of public service announcements, brochures, posters, or presentations.
- Increase to 65% the proportion of healthcare facility and services inspections completed within established timelines.

# To Summarize Measurement

- A performance measure measures something.
- It can measure your **capacity** to undertake public health services
- The specific **things you do** to provide the services, and
- The **consequences** of having provided the services.
- It is a **quantitative representation** of public health activities.



# The 3<sup>rd</sup> Component: Managing Change

- QI Plan/QI Committee
- QI Projects
- Building a QI Culture
- Change Management Skills
- Project Management Skills



# The 4th Component: Reporting Progress

- Data systems to collect/analyze and report
- We'll come back to this later today or next session





# What are some uses for Performance Management?

Performance management practices can be used:

- to prioritize and allocate resources;
- to inform managers about necessary adjustments or changes in policies or programs;
- to frame reports on success in meeting performance goals; and
- to improve the quality of public health practice.

# This Sounds Like a Lot of Work. What's in it for Us and Our Agency?

PM helps answer these types of questions

- How well is our health department performing?
- Do we all know where we are headed?
- Are we all pulling in the same direction?
- Are we making progress as an organization?
- Are we achieving what we set out to do?
- Are we accountable and demonstrating results?
- Do we need to do something different?

# Lunch!



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# Data Measurement & Display



# Use Data to Make Decisions



- Use data to monitor performance outcomes
- Use data analysis tools to develop information
- Analyze data to identify root cause
- Use performance assessment data to target improvement

# What is your Data Telling You?

- Do you have sufficient or too much information to monitor your agency's performance?
- Am I using "key" indicators?
- How does it compare to your performance standards?
- Are there trends over time?
- Can you explain the outliers?
- Does it point to OFIs?
  - Opportunity For Improvement



# Other Considerations

Who will:

- Collect
- Compile
- Analyze
- Report

Set a timeline for these activities and stick to it



# Let's Write some Key Indicators



## Components:

- Program Name
  - Program Manager
  - Performance Standard
  - Indicator = how will you know it when you see it?
  - Measure = how you count/measure the data, including numerator & denominator
  - Description – explain, why this?
- Who collects?
  - When/how often?
  - Source of Data?
  - Formula for measure as a reference, even if obvious





# Wood County Health Department

## Nationally Accredited

| DEPARTMENT   |  | Wood County Health Department   |                    |                 |                                |                                    |              |         |
|--|--|---|--------------------|-----------------|--------------------------------|------------------------------------|--------------|---------|
| PROGRAM  |  | Family Health / Injury Prevention   |                    |                 |                                |                                    |              |         |
| PROGRAM MNGR   |  | Ty Zastava  |                    |                 |                                |                                    |              |         |
| Indicators and Measures  |  | Description   |                    | Data Collection |                                |                                    |              |         |
| 1. % of Wood County MCH clients who have current immunizations   |  | Client's immunizations are tracked to assure the proper immunizations are given at the appropriate ages. This indicator also provides insight as to whether the child is receiving their health exams. Previous data on health exams received and immunizations up-to-date have been extremely similar. Many clients receive their immunizations at their provider's office, thus receiving the health  |                    | <b>Who?</b>     | Erica Sherman                  | <a href="#">Back to Data Entry</a> |              |         |
| 1.1 # of MCH clients with up-to-date immunizations for their child(ren)  |  |   |                    | <b>When?</b>    | Quarterly                      |                                    | <b>What?</b> | Percent |
| 1.2 # of MCH clients   |  |   |                    | <b>Source</b>   | SPHERE                         |                                    |              |         |
|  |  | <b>Formula</b>  | 1.1 divided by 1.2 |                 |                                |                                    |              |         |
| 2. % of families participating in the Cribs for Kids program that demonstrate safe sleep practices all of the time/most of the time their 2 month evaluation |  | All Cribs for Kids recipients receive two phone evaluations. The first survey is done one week postpartum/or after crib is distributed, and the other is done at 2 months. At the end of the survey the MCH staff person decides for themselves (based on the clients answers and experience working with the client) as to whether they feel the client is following the safe sleep guidelines: all of the time, most of the time, some of the time, not at all. |                    | <b>Who?</b>     | Ty Zastava                     | <a href="#">Back to Data Entry</a> |              |         |
| 2.1 # of families demonstrating safe sleep all the time/most of the time at 2 month evaluation   |  |   |                    | <b>When?</b>    | Quarterly                      |                                    | <b>What?</b> | Percent |
| 2.2 # of families surveyed   |  |   |                    | <b>Source</b>   | Crib database (client surveys) |                                    |              |         |
|  |  | <b>Formula</b>  | 2.1 divided by 2.2 |                 |                                |                                    |              |         |
| 3. % of WIC mothers breastfeeding infants at 6 months of age   |  | The AAP recommends mother's exclusively breastfeed their infants until 6 months of age.   |                    | <b>Who?</b>     | Amber France                   | <a href="#">Back to Data Entry</a> |              |         |
| 3.1 # of WIC mothers breastfeeding infants at 6 month of age   |  |   |                    | <b>When?</b>    | Quarterly                      |                                    | <b>What?</b> | Percent |
| 3.2 # of WIC mothers with infants 6 months old   |  |   |                    | <b>Source</b>   | ROSIE                          |                                    |              |         |
|  |  | <b>Formula</b>  | 3.1 divided by 3.2 |                 |                                |                                    |              |         |

**Birth to 3**

| Source                             | Program Name | Performance Standard  | Performance Measure   | Baseline | Goal | Staff Responsible | Status /Date             | QI Needed Y/N |
|------------------------------------|--------------|---|---|----------|------|-------------------|--------------------------|---------------|
| Program Participation System (PPS) | Birth to 3   | By DATE, 100% of infants and toddlers with an IFSP will demonstrate improved child outcomes | Percent of infants and toddlers with IFSPs who demonstrated improved child outcomes in the following areas: <ul style="list-style-type: none"> <li>Positive social emotional skills</li> <li>Acquisition and use of knowledge and skills</li> <li>Use of appropriate behaviors to meet their needs</li> </ul> | 100%     | 100% | Dawn Larson       | As of August 2011 = 100% | N             |

**Reproductive Health**

| Source            | Program Name        | Performance Standard  | Performance Measure   | Baseline | Goal | Staff Responsible               | Status /Date    | QI Needed Y/N |
|-------------------|---------------------|---|---|----------|------|---------------------------------|-----------------|---------------|
| Badger Care Audit | Reproductive Health | By 12/31/12, 70% of PCHD Reproductive Health clients completing the enrollment for Badger Care Family Planning Only Services (FPOS) will follow through to complete process for Continuous enrollment in FPOS | Based on the Badger care audit, the percentage of eligible new clients who receive continuous enrollment for Badger Care FPOS | 59%      | 70%  | Reproductive Health, add Julie? | 59% August 2011 | Y             |

Wood County's first edition



# Where are we Stuck?



# Where are we Stuck?

- We may have gathered data...
- We may have the start of organizing measurements
- We may have gathered a number of QI Projects....
- Here we are with the “cherries”,.....now what?



# Where are we Stuck?

- Getting started?
- Selling the process/PM System?
- Setting standards/key indicators?
- Needing data collection tools?
- Who does what? When?
- Keeping the energy?
- Your ideas?



# OK, So How Do We Get Started?

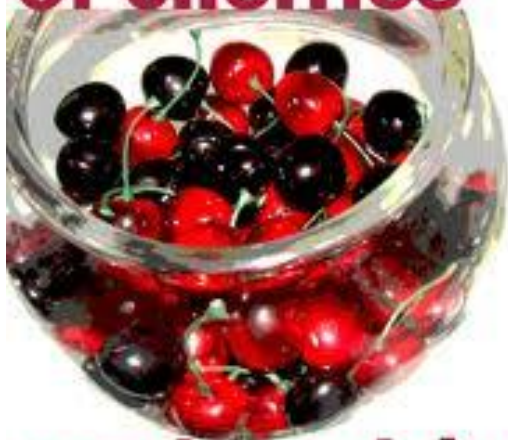
- Review the Performance Management Frameworks available.
- Become familiar with Performance Management Terminology and Definitions.
- Complete the PHAB Self-Assessment Tool.
- Review the PHAB Standards and Measures
- Update if needed the Department Strategic Plan, Community Health Assessment and Community Health Improvement Plans
- Begin/Continue to develop performance standards, measures, targets and indicators
- Scrutinize for “Key” Indicators
- Continue to expand QI within the agency – Manage it!
- **Provide time** for staff to work on Performance Management Tasks including Quality Improvement
- Support the inclusion of Performance Management and Quality Improvement into day-to-day work, including Employee Performance Appraisals

# Lesson Learned

- It is ok to start small with PM.
- Select a few key standards/measures and add to them as the agency becomes proficient with PM.
- You don't need big expensive software to start small.
- Involve everyone.
- Celebrate your Success.

# Next steps

**life is a bowl  
of cherries**



**maybe solving  
problems  
should be too.**

Open discussion

How do we keep  
this alive?



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# Your turn!



Suggest ways to organize in the next three months

- How will you document?
- How can you avoid being overwhelmed?
- How & when will you evaluate your pilot?

# Selected References

- American Society for Quality <http://asq.org/index>
  - Membership
  - Publications such as *Leveraging Continuous Process Improvement to Build Better Governments* by [Brandon Cole and The Quality Improvement Handbook, 2nd Edition, Bauer et al.](#)
- [NIATx Website](http://www.niatx.net/) [www.niatx.net/](http://www.niatx.net/)
  - [Training resource for HS](#)
  - [Resource center and promising practices](#)

| Promising Practices  | Priority* | Reduce Costs | Increase Revenue | Increase Staff Retention |
|--|-----------|--------------|------------------|--------------------------|
| <a href="#">Add Beds or Provide Housing</a>                      | A3        |              | X                |                          |
| <a href="#">Adjust Staff Schedules to Meet Client Demand</a>     | A2        |              | X                |                          |
| <a href="#">Ask Clients to Participate in Treatment Planning</a> | A1        |              | X                | X                        |
| <a href="#">Assign Appropriate Clinician</a>                     | A1        |              | X                |                          |

- Public Health Foundation [www.phf.org/resourcestools](http://www.phf.org/resourcestools)
- Publications such as *Public Health Quality Improvement Encyclopedia* and *Top “10” Problems Encountered By Quality Improvement Teams*
- Classic texts
  - *Mail & Internet Surveys...* Don A Dillman
  - *The Survey Handbook* (series) Sage Publications [www.sagepub.com/books/Book225646](http://www.sagepub.com/books/Book225646)
  - [Focus Groups: A Practical Guide...](#) Richard Krueger

# Acknowledgement

IWHI Model for Excellence and Endurance developed by Nancy Young, IWHI Executive Director

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