

**Raising the Bar with a New Performance Management System**  
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**What are some of the key ingredients that a novice to quality improvement (QI) could obtain to start developing a performance management system?**

We used the turning point model to provide a foundation for our performance management efforts. That model has an assessment that you can do for your health department, and we did that assessment with managers, supervisors, and division directors as we began developing our performance management system. The turning point model has been helpful. I also mentioned the Public Health Accreditation Board (PHAB) standards and measures that provide a nice framework for what should be included. The standards and measures also provide a lot of latitude in how a performance management system is implemented.

**Could you provide an example of the spreadsheets your agency was previously using? Or could an example be made available on the PHQIX website when the other materials are posted?**

Stephen Johnson will share an example that will be available on [www.phqix.org](http://www.phqix.org).

**Did you create a template for the operational plan for program staff to use and submit to you?**

We used a spreadsheet to lay out the work we were doing and used another tool that identifies the type of information that needs to be at the objective level. Using those tools, it takes about two sessions with a group to fill out the information. That information can then be imported into the system. Change to “We took a couple years to develop the template, but depending on the amount of time a department spends, it can be done quickly because the tools have been developed.

Fred Erickson (Knowledge Capital Alliance [KCA]): The amount of time matters when it comes to getting people to gather and agree on the operational plan. Spreadsheets are available that are identical to what is in the system, and we can add that information and set up the users and organizational structure for you.

**Do you have some ideas for training staff in performance management?**

We are still working on developing big-picture performance management, and we had included that with our training and rollout of the performance management system. We are still developing something that employees can receive upon entering the department. It is more than just a dashboard; it is a tool to help us manage our performance as a department. The turning point model and PHAB standards provide a good picture of performance management. We used Camtasia recording software to create trainings for our system. It is very easy to use, and we found it helpful for creating user trainings and tips and tricks for working with the performance management system.

User comment: The Public Health Foundation’s site, <http://www.train.org>, is a good source for free online training in performance management.

**At what point in the process do you train all staff on performance management?**

That’s a good question and one that we’d approach differently if we were to do it again. When we developed the system, each group had developed an operational plan that outlined goals, objectives, and activities. We put all those plans into a system and rolled it out. We trained some staff when developing the plans and when we rolled out the system. I wish we had done a pilot test of the system

and training with just one division, fine-tuned the training and the system, then rolled them out to the department. I think we took a little longer to get everyone up to speed because of the amount of time that it took to work with each office to straighten out the problems instead of working with just one division.

**Can you share what you think was the most effective strategy you used to gain leadership buy-in?**

As we've done trainings and rolled out the system, we tried to show leadership and staff what the system can do and how it can save time and effort. We ask the champions who are getting the benefit to share their success across the department. It has taken continuous effort over the last year to follow up with groups and show them the benefits of this system. This is a culture change and a different system, so it takes buy-in.

In terms of buy-in, the strategy we've had the most success with is being able to show what the system can do for someone—for a manager or supervisor. For example, we need to know what we are doing in my division related to a health priority, and that information is needed regularly and updated often. Being able to give a report to a manager or supervisor and tell him or her that this information can be easily obtained has been helpful. Also, the dashboard screen that lays out objectives and status has been very helpful for staff and management. As we've been able to demonstrate the features with leadership, it has helped with buy-in. Most of our managers had some form of performance monitoring in place before, but having it on a system that is easily accessible and user friendly has been helpful for staff. As we've rolled the system out, and staff become more informed about the system, it has helped get buy-in.

**Can you provide a cost estimate for purchasing the system and contractor services?**

Our process of developing this system and the work we've done was more expensive than it will be for you now that the tool has been developed. Maricopa County has around 500 users.

Fred Erickson (KCA): I have productized the system so it can be used for health departments. It's completely cloud based, so there is no software to purchase—just an annual fee. If you have 50 users or fewer, the cost is \$4,800 per year including technical support. For health departments with up to 250 users, the cost is \$7,400 per year. The unlimited plan (more than 250 users) costs \$9,900 per year.

**Does the software offer a trial period?**

Fred Erickson (KCA): We'd be happy to work with anyone, so we can set up a trial and input information. Contact me if you'd like to be set up. We'd like to walk you through a training for the system, and you can play with it as long as you need.

**Is there a recap page that provides a quick view of the progress of the agency as a whole (e.g., an easy recap for Board of Health updates)?**

There are reports that can be used, and there isn't necessarily a graph that shows the overall status of the department, but if I go into "Reports" in the system and print the operational plan for all groups within the department, I can view a report at the goal, objective, or activity level.

Fred Erickson (KCA): You can view the department-level dashboard, which is meant to display an overview.

**Who ensures that each group's activity status is updated regularly?**

I do this at the department level, and we have division- and office-level dashboard administrators who update their office's information. The administrator can go into the system and produce a report to see whether the information is up to date.

Fred Erickson (KCA): The system also has e-mail notifications that you can set up with parameters, so if someone has a delinquent activity, he or she can receive an e-mail monthly, weekly, or whatever he or she selects as a preference.

**Did your department establish a performance management policy to support the use of the performance management system?**

We have not established a department-wide policy, but throughout the process, we've had approval from the management team to use this system. But that is a great idea for something we should be doing.

**Have you linked any QI projects to the performance management system?**

We have not done that yet. I showed the charting feature, and we plan to be able to use that to track data over time. In terms of QI, that information can provide baseline data that we can enter into performance measures for a given QI initiative in the system. We can then use the system to track data throughout the QI process. We haven't yet done this because our QI plan is also new. We have done only a couple of isolated QI projects, but we are building the system and using it with the intent that QI projects would be linked.

**Any evidence yet that the performance management system is improving actual public health outcomes? Or is it more about having more and better management information?**

Right now, it's more about better management and access to information. The system has been rolled out for about a year and a few months, so we don't yet have real outcome data. We have process outcome data that show that the system is helping, and we have some qualitative data that show that staff have a better understanding of evaluation and how the work they do fits into their programs' plans and goals. The real outcome data will come later.

**How viable would this be for a small health department?**

Very viable. There would probably be less information in the system, making data management a little easier. The system is scalable, so both small and large health departments can use it and be successful.

**What do the medics and nurses think about using the system?**

Because the system focuses more on process and short-term outcome measures and not as much on individual patient outcomes, the best word to describe how they feel about it would be... indifferent. The managers/supervisors and administrators of our clinical and nursing staff are more interested in the system for how it can be used to measure the program's or clinic's overall performance. In fact, some of the nurses and medics don't have much to do with this system directly unless they are in a managerial or supervisory position.

**How would you comply with Health Insurance Portability and Accountability Act (HIPAA) regulations using your KCA system?**

The Vision, Mission, Services and Goals (VMSG) Dashboard performance management system does not typically contain any electronic protected health information (ePHI). Thus, the system would not have to

comply with HIPAA. If the jurisdiction would like to house ePHI, the system and all communications to and from the system are encrypted with a Secure Sockets Layer (SSL/HTTPS), so any information stored would meet HIPAA requirements for ePHI.

**How long have you used this system for Maricopa County? What are some challenges that you encountered before launching the VMSG system?**

We officially rolled out the system in January 2014, so we have been using it for a little over a year. Before launching the system, our performance management–related challenges had to do with the inability or difficulty to access performance data and information from across the health department and inconsistencies among programs, offices, and divisions within the department in how performance was measured. We also had some major communication challenges within the department; for example, the groups that were working with schools didn't always know who else in the department was working with schools. We were missing important opportunities for collaboration and, in some cases, were duplicating efforts. This system, in addition to other department efforts, is helping us to overcome some of these challenges.

**How would you describe the difference between a performance management plan and a strategic plan?**

One of the main differences between a strategic plan and an operational plan or a performance management plan is the time frame. Strategic plans cover a time frame of several years, and the operational plans focus on the work that will be done this fiscal year (or grant year for some of our programs). There are also some differences in the degree of detail and scope contained in both plans. The success of the operational plans led to the achievement of the strategic plans.

**In addition to IT challenges, what other difficulties have you encountered, and how have you addressed them? More specifically, what have you experienced in terms of lack of buy-in?**

As we show leadership and management access to important performance information from the system, they are interested in implementing it. Their biggest concern seems to be how much time it will take staff to work with the system. Giving live demonstrations helped them to see how usable the system is and has helped with their buy-in. It hasn't been too much of a challenge for management to understand the importance of a system like this one.

For staff members who are actually providing updates in the system, some of the challenges related to buy-in have been related to the learning curve for using the system (especially for those who are less computer savvy). We have recorded user trainings using Camtasia, which explain step by step how to navigate the system and perform the tasks that are required to update objectives or activities. We have provided additional training to a dashboard administrator in each of our five divisions and to another dashboard administrator in each office to provide technical assistance when staff members need help.

Another challenge with staff, managers, and supervisors is ensuring that the information they are collecting is useful for them. Part of this challenge is providing appropriate measurement tools, and the other part has to do with building program evaluation capacity. To address the tools challenge, we have developed three different measurement types (quality assurance, project-based, and quantitative measurement) as I discussed in the webinar. To address the other part of the challenge of building capacity within our department, two staff members from our Office of Performance Improvement have spent time with each of the offices to help them develop their goals, objectives, and activities for the system. Some groups have needed more help than others, but we are improving it as we continue to

work on it. We are also working on a video that will provide a big-picture overview of performance management and QI that we hope will help with building understanding and capacity.

Finally, system glitches and speed issues have been a challenge for getting staff buy-in. As I said in the webinar, a smaller, more structured “pilot test” phase would have helped with some of this. Since rolling out the system, we are continually working on finding glitches and improving system usability. KCA, which helped build the system, has been excellent about responding to system bugs that need addressing and our suggestions for system improvements. As the system continues to improve, buy-in continues to increase.

**Can one group or office view the goals, objectives, and activities of another group, or is each group’s information protected?**

We have set it up so that users can see only the information that pertains to their work. They can see the goals, objectives, and activities for their office and have read-only access for their parent group (division). That being said, they are able to run reports and would be able to see information from across the department as it appears on a report. For example, I showed the category tag report, which pulled information related to “obesity” and the “education sector,” and that report had information from all groups across the department related to “obesity prevention” and the “education sector.”

**Would it matter what type of e-mail we use (GroupWise, Outlook, etc.)?**

The type of e-mail you use would not have any effect on the system.

**Out of curiosity, how many QI projects are being worked on annually?**

QI is new for us here at the Maricopa County Department of Public Health. We formed our QI council about 6 months ago, and except for a couple of members on the team, there is little to no experience with QI. We are still working on training the team and building capacity. Our Office of Performance Improvement has done 2 or 3 isolated QI projects in the last 2 years, and that number should increase as we increase our capacity to perform QI over the coming year.

**Question for Fred: How quickly can this performance management system be implemented?**

Implementation of the VMSG Dashboard performance management system can be thought of in two phases. Phase 1 would be the implementation of the system itself, which would entail the following steps:

- Establish the organization (health department) in the system.
- Establish the groups (organizational chart) in the system.
- Establish the users in the system.

KCA can easily complete Phase 1 in a day.

Phase 2 entails developing and entering the operational plans. If the jurisdiction already has a similar operational plan, the data can be easily entered into the system. If not, the operational plans must be developed and entered into the system. The timeline for this depends on the jurisdiction’s focus.

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