

Performance Management: Working with Local Health Departments in the San Joaquin Valley

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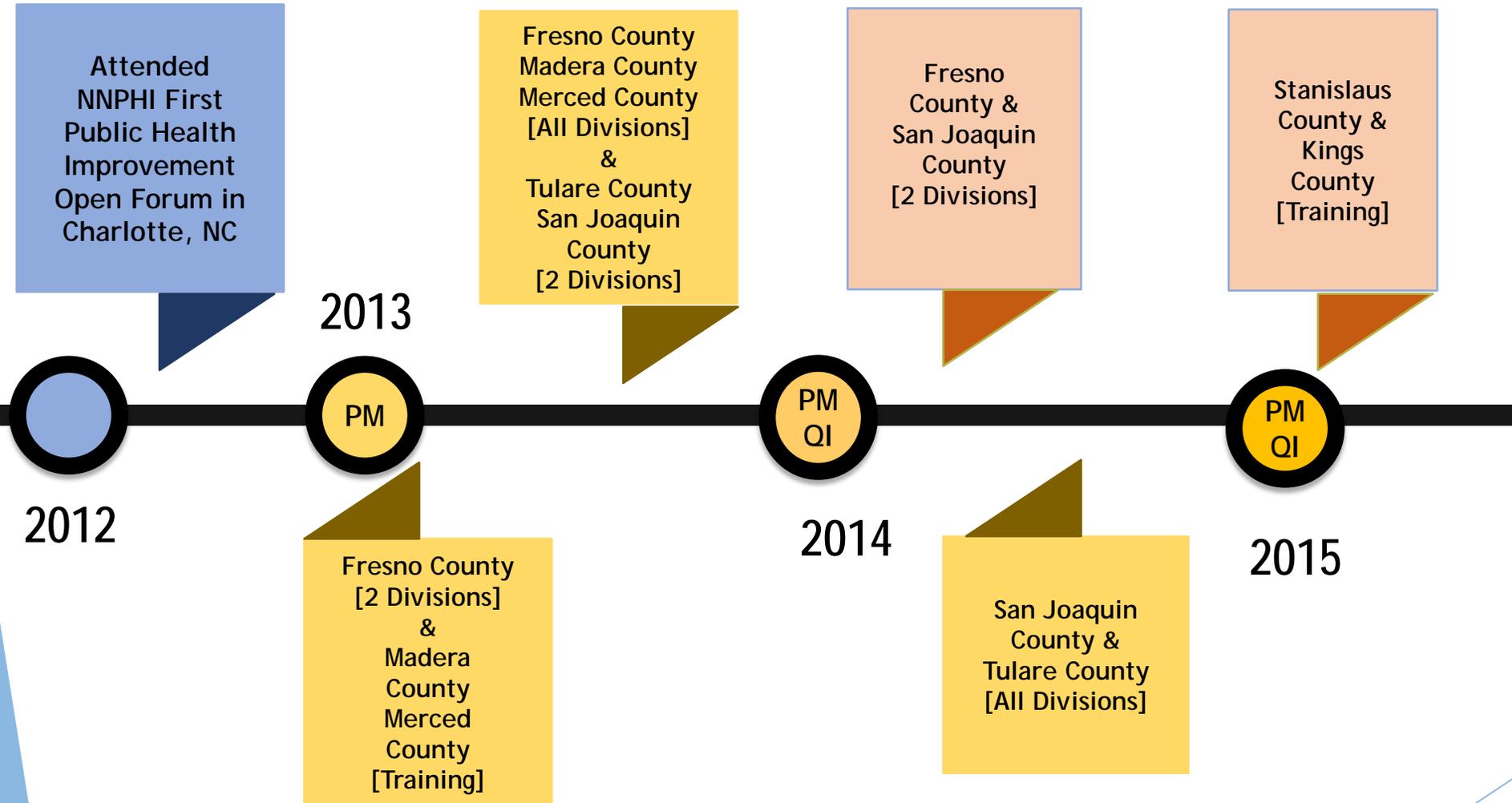


San Joaquin Valley Performance Management Counties



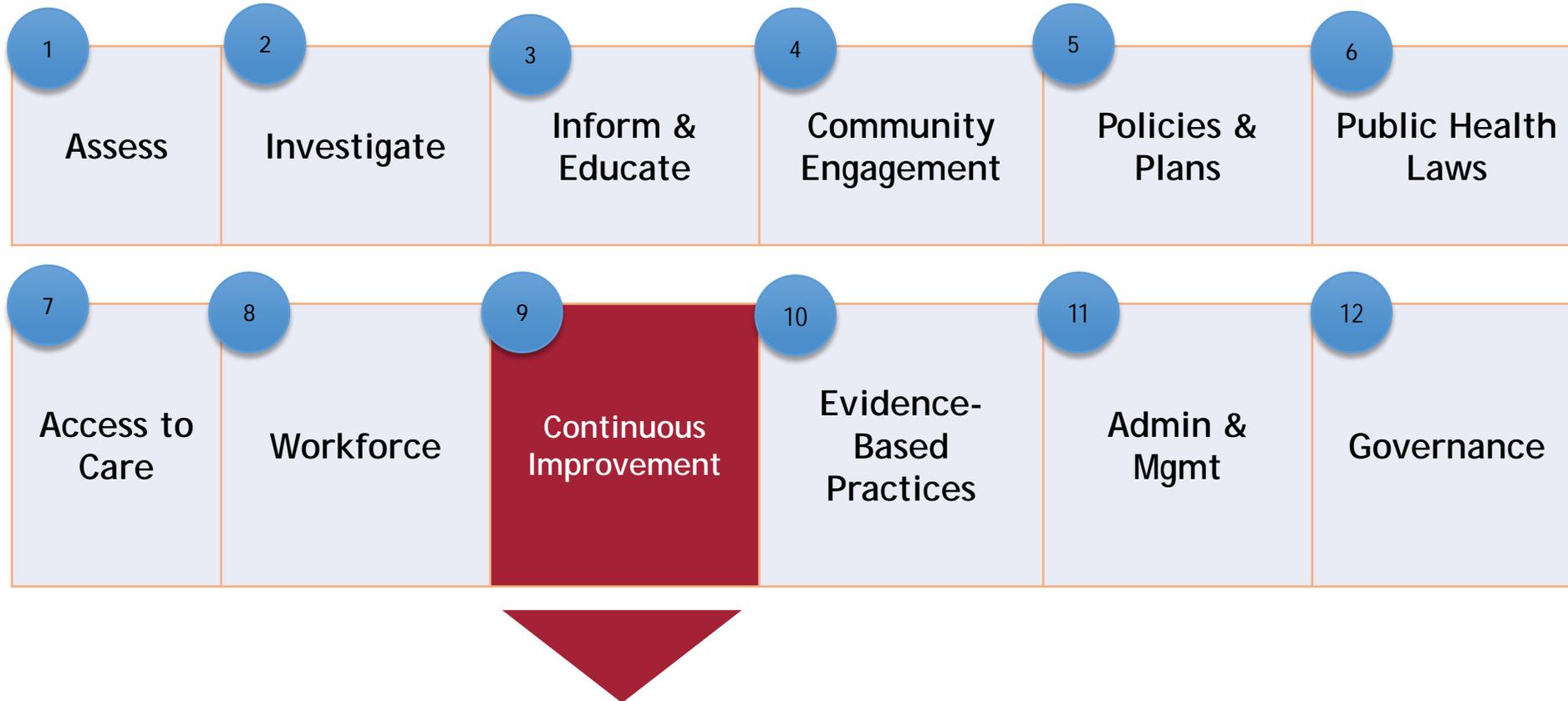
- ▶ Fresno County
- ▶ Kings County
- ▶ Madera County
- ▶ Merced County
- ▶ Tulare County
- ▶ San Joaquin County
- ▶ Stanislaus County

Our Journey



What's Required for Accreditation?

Public Health Accreditation Domains



Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions

Focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

Standard 9.1	Use a Performance Management System to Monitor Achievement of Organizational Objectives
Standard 9.2	Develop and Implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions

Why do Performance Management?

“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.”

- Setting Aims & Developing Goals
- Assigning Accountability
- Improving Work Quality
- Tracking Progress
- Reporting Out
- To Achieve National Accreditation

What is a Performance Management System?



- ▶ Our LHDs began with the Turning Point Model
 - ▶ Easy to understand for those with very little PM experience
 - ▶ Start with what you know before reinventing the wheel
 - ▶ The continuous use of all the practices so that they are integrated into an agency's core operations

Source: Turning Point, From Silos to System, "Embracing Quality in Public Health: A Practitioner's Performance Management Primer"

How does it all link together?

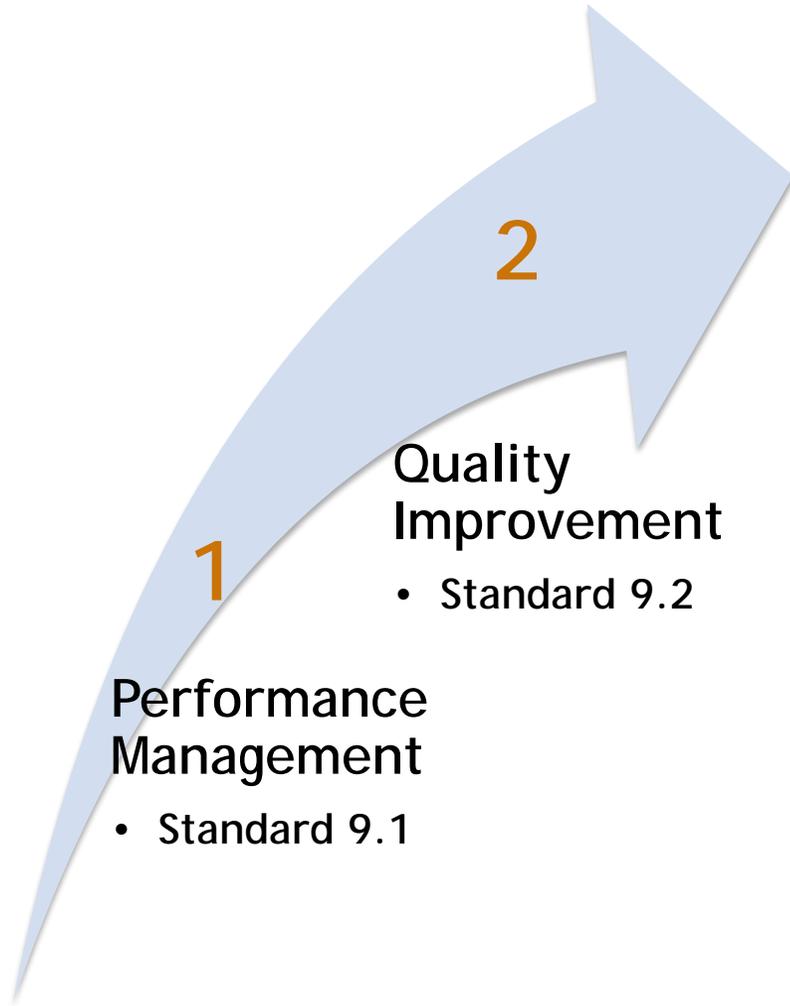
Performance Management System



Quality Improvement

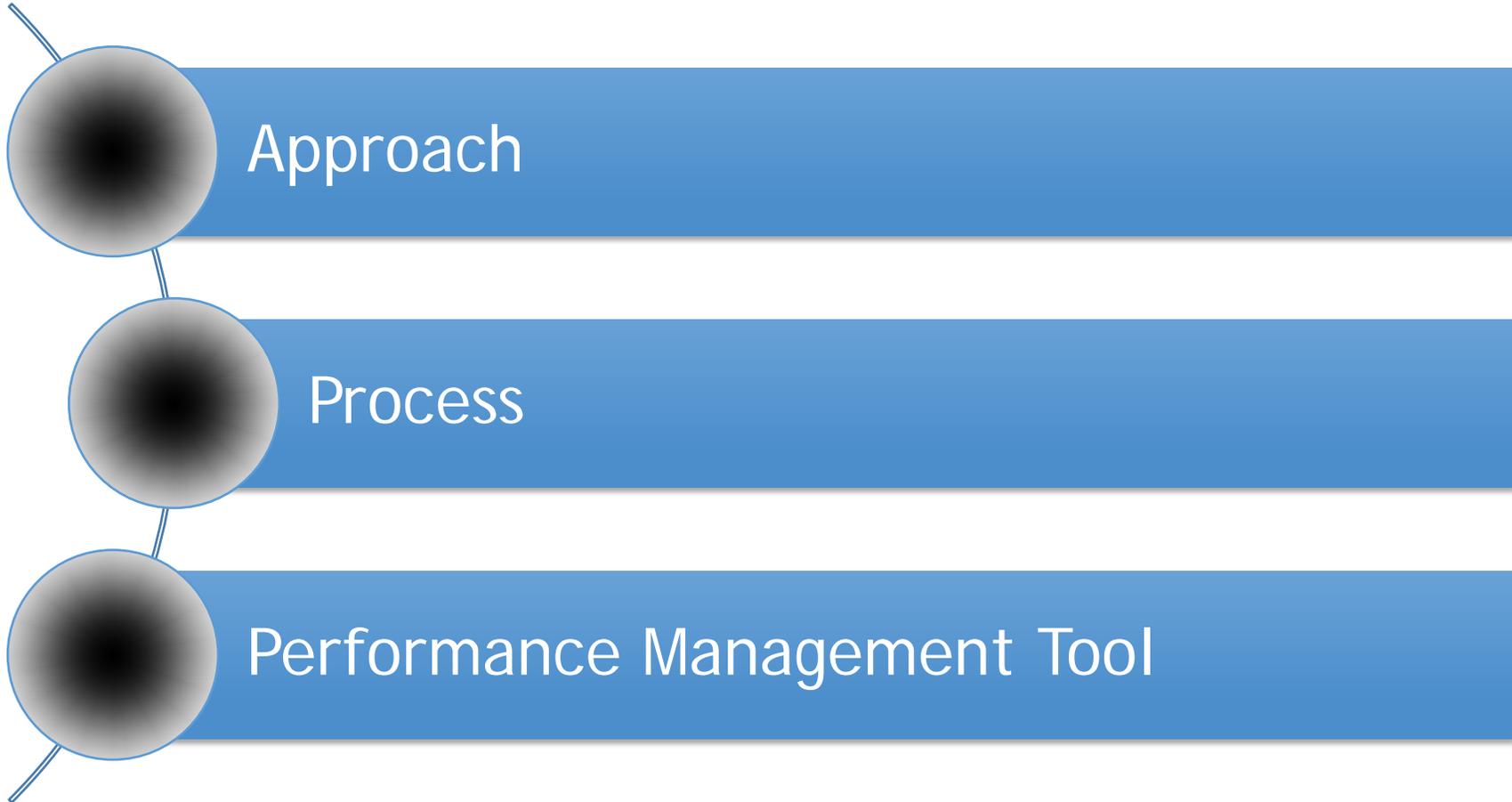
San Joaquin Valley: What Comes First...

Performance Management or Quality Improvement?



- ▶ Domain 9: Quality Improvement
- ▶ Building the PM System was the biggest hurdle for the San Joaquin Valley LHDs to overcome
- ▶ PM System provides a mechanism for QI outcomes to be anchored reinforcing continuous quality improvement

San Joaquin Valley Methodology



San Joaquin Valley: Approach

We chose this one ...

- Robust discussion
- Team building
- Highly collaborative
- Pulse read of activities

1-on-1
Training

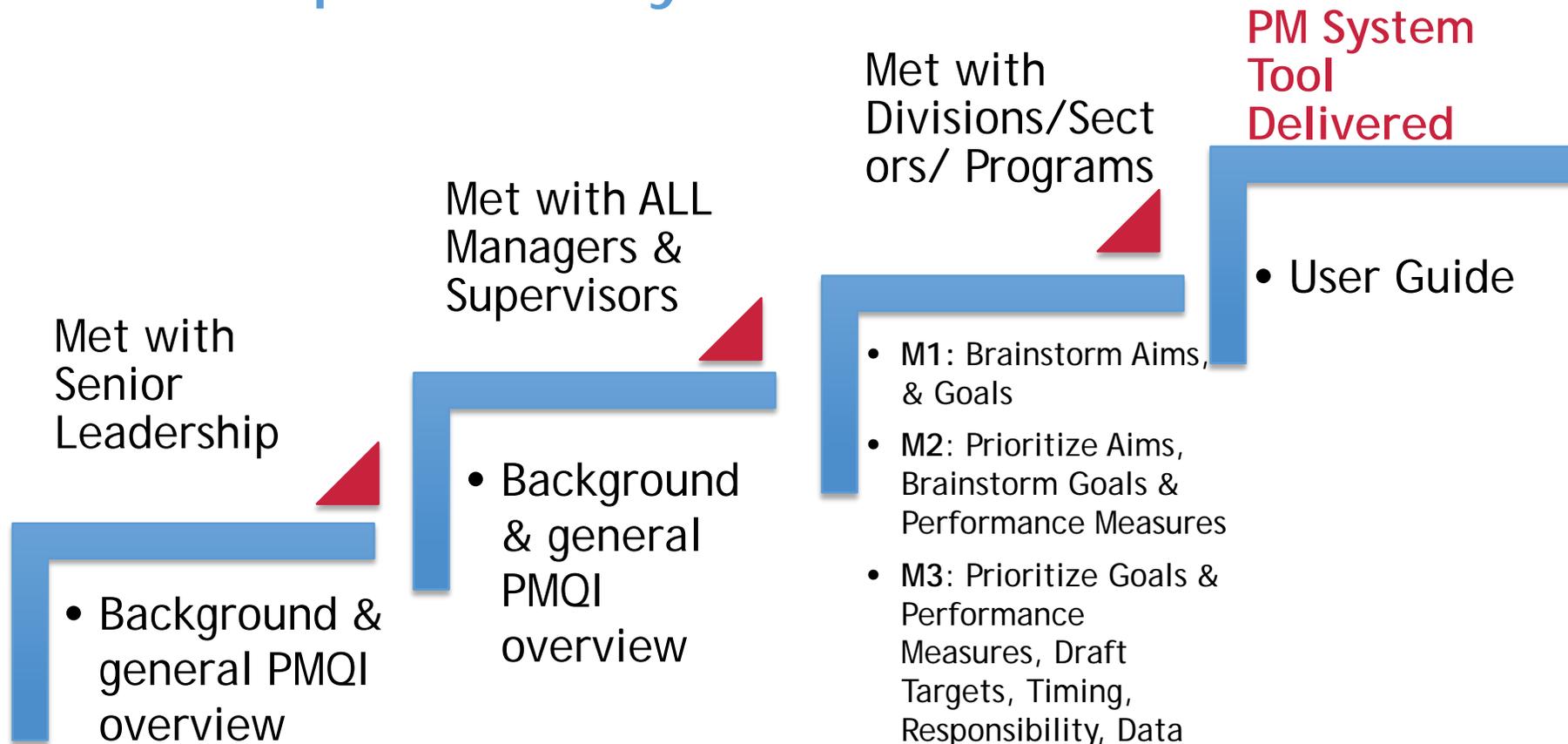
Webinars

Conference
Calls

- Accommodates flexible schedules
- Remote accessibility

- Accommodates flexible schedules
- Easily accessible

San Joaquin Valley: Process



M1: 1st Meeting
M2: 2nd Meeting
M3: 3rd Meeting
M4: 4th Meeting

Department Leadership Support

- ▶ Building, implementing, and sustaining a performance management system requires department leadership support
- ▶ Leadership support provided our LHDs with the space to develop a cohesive system that increased program and department transparency, and ultimately provided real-time information

Leadership engagement and support is essential

San Joaquin Valley: Setting Aims, Goals, Objectives, and Performance Measures

- Establishes a common language so everyone understands how we are interpreting an Aim Statement, a Goal Statement, and a Performance Measure



- Leverage what you are measuring now
- Not ALL of your performance measures need to be in the PM System - just the important and relevant ones that accurately illustrate how well we are achieving our Aims

Performance Management Data Collection Tool

DIVISION:

	AIM	Goal Standard	Performance Measures	Target Annual target measure	Datasource(s) Where will the data come from?	Baseline Measure Where we are right now?	Redline Target What is an unacceptable value?	Timing What is the freq of preparing the measure?	Responsible Who is responsible for the measure?
Example	Public Health Nursing supports and maintains a diverse and excellent workforce	Promote cultural and organizational diversity	Increase the # of Spanish Speaking nurses	7%	Personnel Records	5%	3%	Quarterly	Division Manager
1									
2									
3									
4									

Public Health Performance Management Tool

Aims, Goals, and Measures	Description Why have we selected this measure?	Who's Who is for pre meas
Aim 1: The division supports and maintains a diverse and excellent workforce		
Goal 1.1: Clerical staff will meet/exceed job standards		
1.1.1 % of clerical staff that have completed (6) month job rotation	This is a measure of the effectiveness of clerical staff cross-training.	Supervi Supervi
1.1.2 % of clerical staff that are current in selected trainings		
Goal 1.2: Promote cultural and organizational diversity		
1.2.1 % of Bilingual Staff	This is a measure of the effectiveness of organizational policy.	Division Division
1.2.2 % of multi-ethnic division staff		
Aim 2: Promote the health of women, children and the community through systems of care		
Goal 2.1: Maintain service levels to toll-free hotline linking community participants		
2.1.1 # of calls	This is a measure of the	Health E

2013-2014 YTD	Annual Target	On Red When	Quick Chart 2013-2014
99%	100%	80%	
92%	100%	80%	
5%	6%	12%	

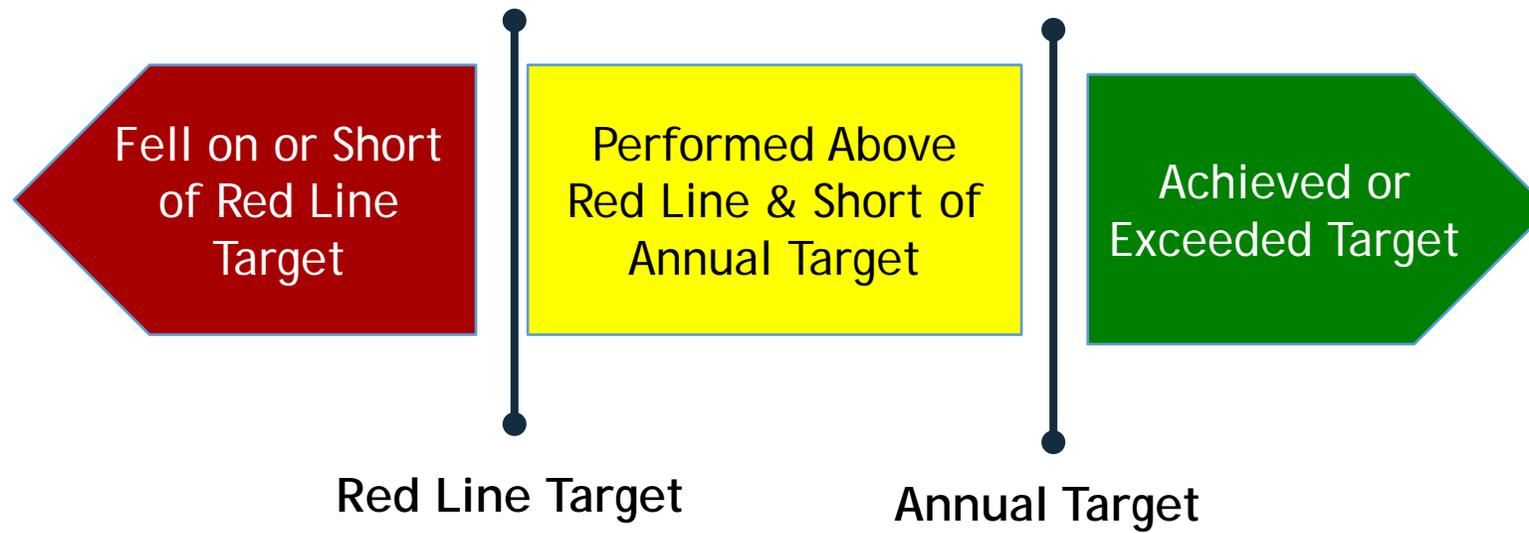
	2013-2014 YTD	2014-2015 YTD	2015-2016 YTD	Annual Target	2013-2014 Status	2014-2015 Status	2015-2016 Status
	99%	99%	99%	100%	~	~	~
in	92%	96%	96%	100%	~	~	~
	5%	6%	6%	6%	+	~	~
	14	8	8	15	+	+	+
	615	420	420	600	+	-	-

Aim	Performa
Aim 1: The division supports and maintains a diverse and excellent workforce	
Aim 2: Promote the health of women, children and the community through systems of care	
Aim 3: Promote the health and wellbeing of women, children and communities across the lifespan	
Aim 4: Reduce health disparities among women of childbearing age and their infants	
Aim 5: Use innovative strategies to maximize current and potential resources	
Aim 6: The division is recognized as a collaborative leader and voice of the community in maternal, child and adolescent health	
TOTAL DEPARTMENT	

Annual Targets & Red Line Targets

In addition to annual targets, Red Line targets are just as important because they help determine the **minimum level of acceptability**.

- ▶ Red line targets are **unacceptable** outcomes at any point and time that require immediate program or organizational attention and intervention.
- ▶ Setting redline targets is essential, and often left out, to help your organization gauge and prioritize your program improvement efforts.



Public Health Performance Management Tool

Go to Dashboard	2013-2014								Annual	On Red	Quick Chart
Go to Measure Definitions	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD	Target	When	2013-2014
3.1.1 % of home visits within 30 days of social worker request	100%	100%	100%	100%	90%	100%	100%	99%	100%	80%	
3.1.2 % Write ups completed within 5 business days of visit	92%	92%	94%	95%	99%	100%	100%	92%	100%	80%	
3.2.1 % of unnecessary HR infant/child reho	6.0%	7.0%	8.0%	8.0%	7.0%	2.0%	5.0%	5%	6%	12%	
3.2.2 # of unnecessary rehospitalizations	1	2	1	1	1	1	1	14	15	30	
3.2.3 # of clients	45	50	55	60	65	70	75	615	600	450	

San Joaquin Valley: We Built It...Now What?

- ▶ Implement it - **IMMEDIATELY**
- ▶ Allow the teams to become comfortable navigating through the system
- ▶ Embed the process such that it involves all employees within an organization
- ▶ Set a date from which all designated performance measure data will be inserted into the PM System
- ▶ Programs to provide updates on their dashboards monthly, quarterly, and annually -- reinforces LHDs commitment and importance of maintaining the PM system



San Joaquin Valley: Where the Magic Happened!

- ▶ Built a community of practice
- ▶ New collaborations occurred
- ▶ Improved internal awareness
- ▶ Potential for maximization of resources
- ▶ Asking the right questions to propel community impact
- ▶ Ownership in the performance management system

Results in Fresno County

- ▶ Cohesive system
- ▶ Increased communication
- ▶ Increased cross division projects
- ▶ Integration of aims, goals and measures into department strategic planning
- ▶ Increased accountability
- ▶ More information available for reports and presentations

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Office of Policy, Planning and Communication
Fresno County Department of Public Health

Use of Technology: Lessons Learned

- ▶ Levels of technology experience and comfort in applications varied widely in the LHDs
- ▶ Navigating beyond LHD firewalls was a significant challenge for our LHDs
- ▶ Our approach was to start with Microsoft Excel, software that everyone can access from their shared drives
- ▶ The PM tool was designed to be simple, straightforward, and scalable

San Joaquin Valley: Lessons Learned

- ▶ Scheduling the sessions was complex
- ▶ Would have expanded the implementation timeline to allow LHDs more time to become more familiar with the San Joaquin Valley Performance Management Tool
- ▶ Basic level of Microsoft Excel experience was much lower than anticipated
- ▶ Underestimated the amount of time required to facilitate the journey from strategic aims to performance measures and targets
- ▶ Essential to have the groups working together in a room to discuss and collaborate with one another
- ▶ Requires a culture change from the top down

Maintaining Momentum

- ▶ Leadership models PM and QI behaviors
- ▶ Leverage the PM System to identify potential QI projects
- ▶ Staff are actively involved in maintaining the PM System and QI identification and prioritization process
- ▶ Annually evaluate and adjust system goals, measures, and targets
- ▶ Strive for continuous quality improvement

Celebrate improvements along the way!

Thank You

- ▶ Fresno County
- ▶ Madera County
- ▶ Merced County
- ▶ Tulare County
- ▶ Kings County
- ▶ San Joaquin County
- ▶ Stanislaus County
- ▶ San Joaquin Valley Public Health Consortium
- ▶ National Association of City and County Health Officials
- ▶ California Department of Public Health

