

Houston Department of Health and Human Services



Turning Point Self-Assessment Tool

How well does the Houston Department of Health and Human Services (HDHHS) manage performance within the City of Houston?

Take this test to find out if you have the necessary practices in place to achieve results and continually improve performance.

This self-assessment tool will help you and your division/program 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 division/program 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.

Using This Tool

In order to obtain a well rounded perspective, all HDHHS leadership should complete the survey. This can include assistant directors, bureau chiefs, managers and program/team leads.

Complete all of the sections. 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 these directions 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 readiness for performance management and accreditation. The SurveyMonkey self assessment is available at: <http://www.surveymonkey.com/s/BH8V9W8>.

Choose the Best Response for Sections 1-5

Choose the response that is closest to your division/program's stage of development as follows:

- **Yes (fully operational)** Your division/program explicitly does this activity or has the capacity in place.
- **Somewhat** Your division/program explicitly does this or has the capacity, but has a way to go.
- **No** Your division/program does this barely or not at all. What occurs is not the result of any explicit strategy.
- **N/A** Your division/program does not address those areas of public health (e.g. health status, public health capacity, service delivery, etc.)

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Performance Management Self-Assessment Tool

Accreditation Readiness

Accreditation ensures quality through the adoption of set standards, and provides a process to measure performance. It will also provide recognition for the great work that HDHHS does within the communities we serve!

***6. Is your program/division prepared to name a person to act as a liaison to provide information and/or documentation to the Performance Improvement and Accreditation Team during accreditation activities?**

- ☐ Yes
☐ No

***7. Which Public Health Accreditation Board (PHAB) domains do the activities of your program/division address? (check all that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community | <input type="checkbox"/> Domain 6: Enforce public health laws | <input type="checkbox"/> Domain 11: Maintain administrative and management capacity |
| <input type="checkbox"/> Domain 2: Investigate health problems and environmental public health hazards to protect the community | <input type="checkbox"/> Domain 7: Promote strategies to improve access to health care services | <input type="checkbox"/> Domain 12: Maintain capacity to engage the public health governing entity. |
| <input type="checkbox"/> Domain 3: Inform and educate about public health issues and functions | <input type="checkbox"/> Domain 8: Maintain a competent public health workforce | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Domain 4: Engage with the community to identify and address health problems | <input type="checkbox"/> Domain 9: Evaluate and continuously improve health department processes, programs and interventions | |
| <input type="checkbox"/> Domain 5: Develop public health policies and plans | <input type="checkbox"/> Domain 10: Contribute to and apply the evidence base of public health | |

***8. Does your program/division have documentation readily available to demonstrate that the domains selected above are being addressed?**

- ☐ Yes
☐ No

Please provide an example(s) of available documentation:

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Houston's Turning Point Self-Assessment Tool, adapted into an online survey, added an accreditation readiness and demographic section to address internal capacity on performance improvement and accreditation

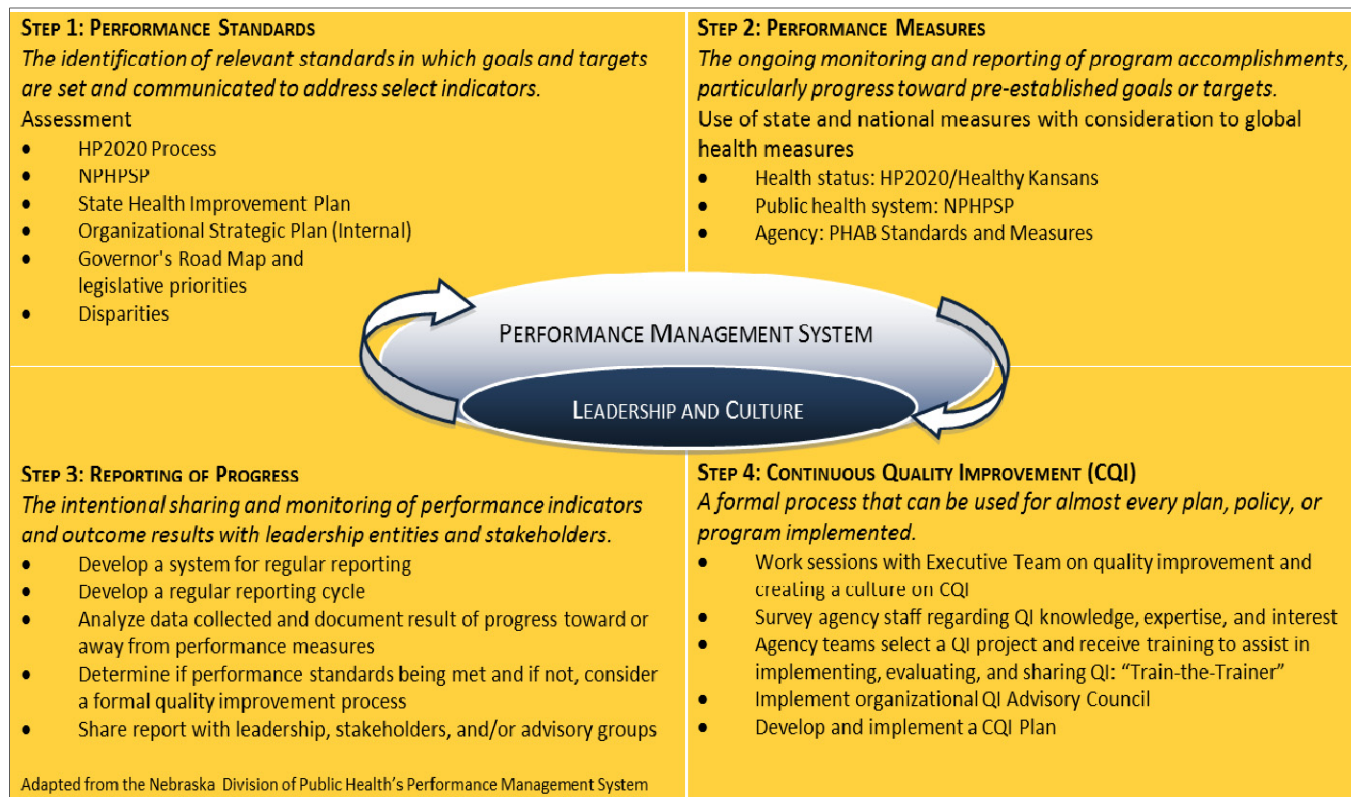
About Houston's Turning Point Self-Assessment Tool

The Houston Department of Health and Human Services (HDHHS) adapted the Turning Point Self-Assessment (2003) into a SurveyMonkey™ data collection tool in 2011. This not only allowed for wide-spread, paperless dissemination but also provided basic analyses using SurveyMonkey.™ Adaptations also included an accreditation readiness section and space to add their program/division's ideas for performance improvement. The accreditation readiness section 1) asked participants if they had someone they could appoint to the accreditation workgroup, 2) which public health accreditation domains their program/division addressed, 3) if they had supporting documentation and examples, and 4) a list of community partners. An invitation to participate was sent the Direct Reports of all HDHHS Leadership (e.g. Assistant Directors, Executive Level Staff, and Managers) on November 30, 2011. Results were collected until January 3, 2012.

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Kansas Department of Health and Environment



Kansas uses an adapted version of the Turning Point Performance Management System Framework to engage employees, and it serves to guide, measure, and improve the agency's efficiency and effectiveness of services

About Kansas' Performance Management System

The Kansas Department of Health and Environment (KDHE) is currently engaged in a transformational reorganization and revitalization of its performance management system that includes implementing a three-year strategic plan (2011-2014), planning for a state health assessment through the Healthy People (HP2020) process, assessing the Kansas public health system through NPHPSP, and conducting accreditation readiness activities. The former KDHE performance management system incorporated elements from the Turning Point Performance Management System Framework, the Core Public Health Functions, and the Ten Essential Services. The system was strengthened through participation in the Multi-State Learning Collaborative and engagement with the local health departments, academia, and the Kansas Health Institute. From 2008-2011, iDashboards (E-QIPM) was implemented for the local health departments' Preparedness Programs. In January 2012, Kansas Health Matters, a statewide dashboard, was implemented that tracks and monitors health indicators selected through Healthy People and priorities of the Kansas Legislature. Through the KDHE Annual Report, Kansas provides transparent reporting of planning and progress towards meeting programmatic and state-level goals. Kansas is committed to coordinating and collaborating with local, state, national, global partners, stakeholders, and policy-makers to create a quality public health system for Kansas.

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Minnesota Public Health System



Minnesota's Performance Management Framework uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made

About Minnesota's Performance Management Framework

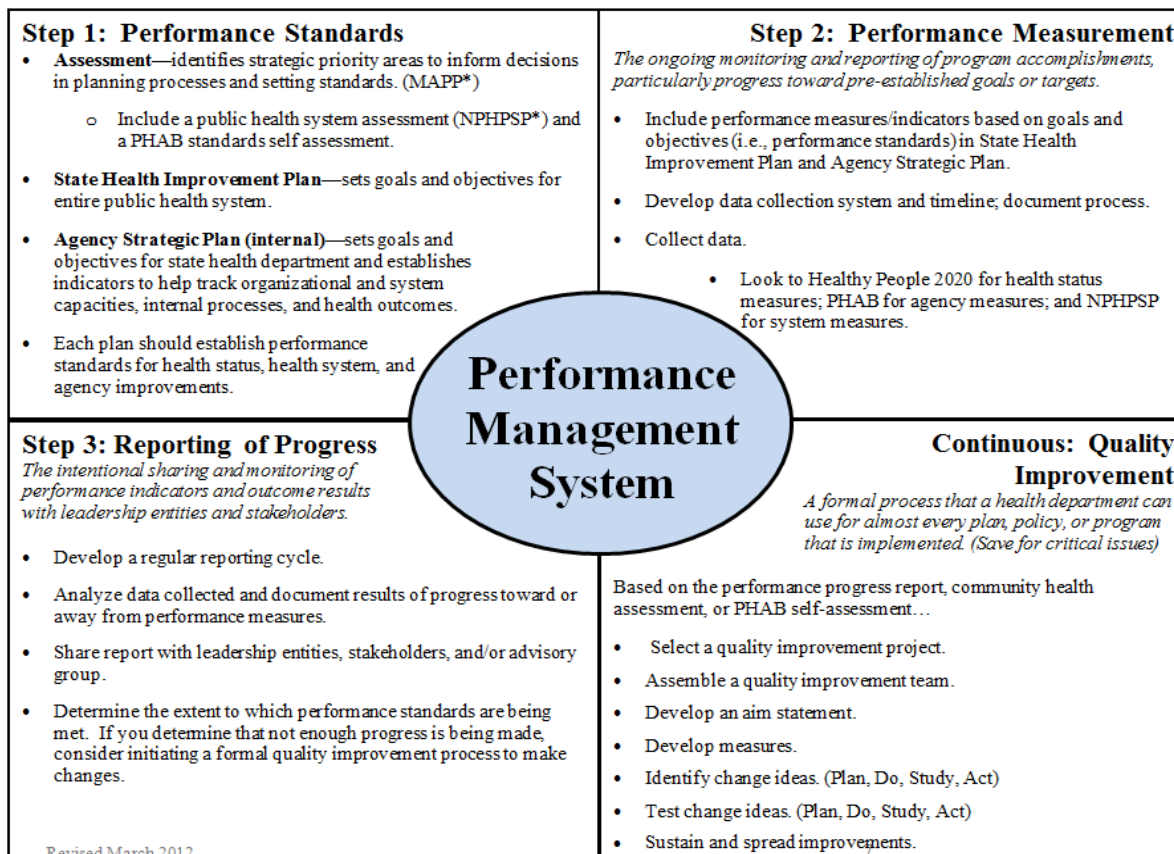
Minnesota's framework builds on the Turning Point Performance Management Framework and relates to the national standards for state, local, and tribal health departments. State and local public health leaders in Minnesota have elevated this framework to the system level, and are moving toward an integrated cycle of performance management that engages all community health boards around the state. Ideally, each component of the framework will build on and lead into the others.

A statewide committee has focused initial attention on developing new Local Public Act performance measures that align with the national standards. These performance measures will be embedded within this performance management framework, and will be used for the purposes of improvement, accountability, communications, and practice-based research.

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Nebraska Division of Public Health



*MAPP—Mobilizing for Action through Planning and Partnerships; NPHPSP—National Public Health Performance Standards Program

Nebraska's performance management system graphic displays the work that will be accomplished over the 2011-2012 calendar year for each of the performance management components

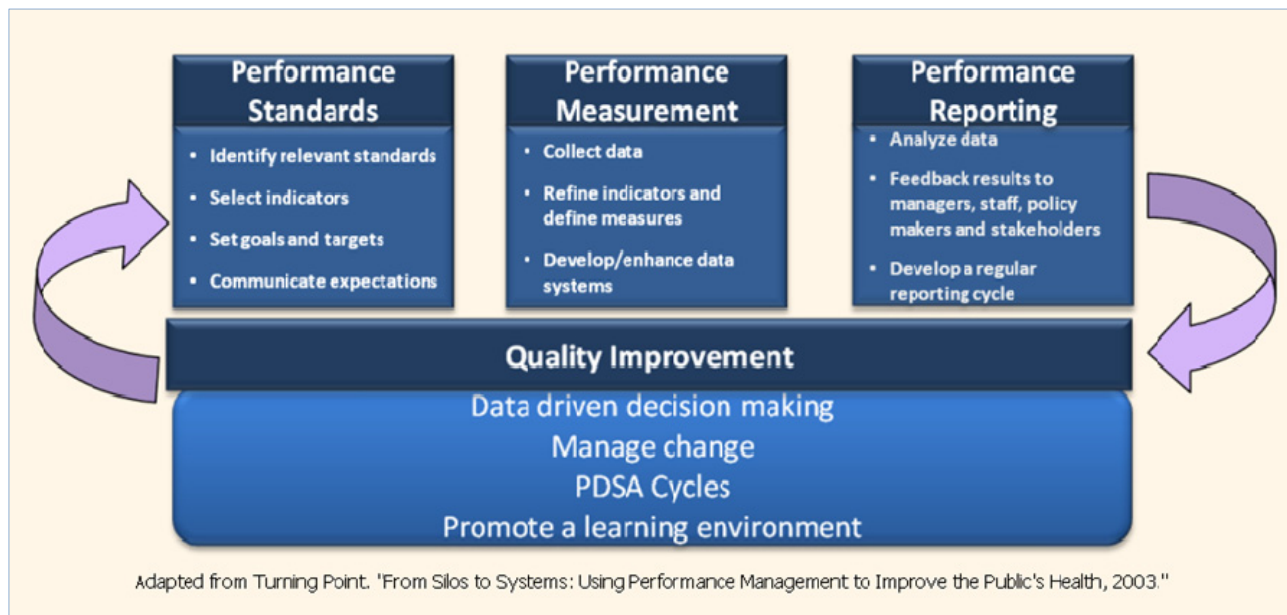
About Nebraska's Performance Management System

In 2011, the Nebraska Division of Public Health developed its first Performance Management and Quality Improvement (PMQI) Plan and formed a Performance Improvement Advisory Council to support performance management system development and preparation for voluntary national accreditation. Nebraska used the Turning Point Performance Management System model as a foundation for the development of its PMQI plan. Using the Turning Point model, performance standards are being established based on a comprehensive public health assessment, the priority goals and objectives of the Nebraska Public Health Improvement Plan, and the Division's strategic plan. The performance measures are being based on the priority goals and targets established during the planning process and progress on the targets will be transparent throughout the state. Finally, to achieve high performance, it is critical to continually improve the quality of programs, services, and activities using the Plan, Do, Study, Act approach.

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New York State Department of Health



New York State's performance management system framework brings the role of quality improvement forward to make improvement the backbone of each of the performance management components

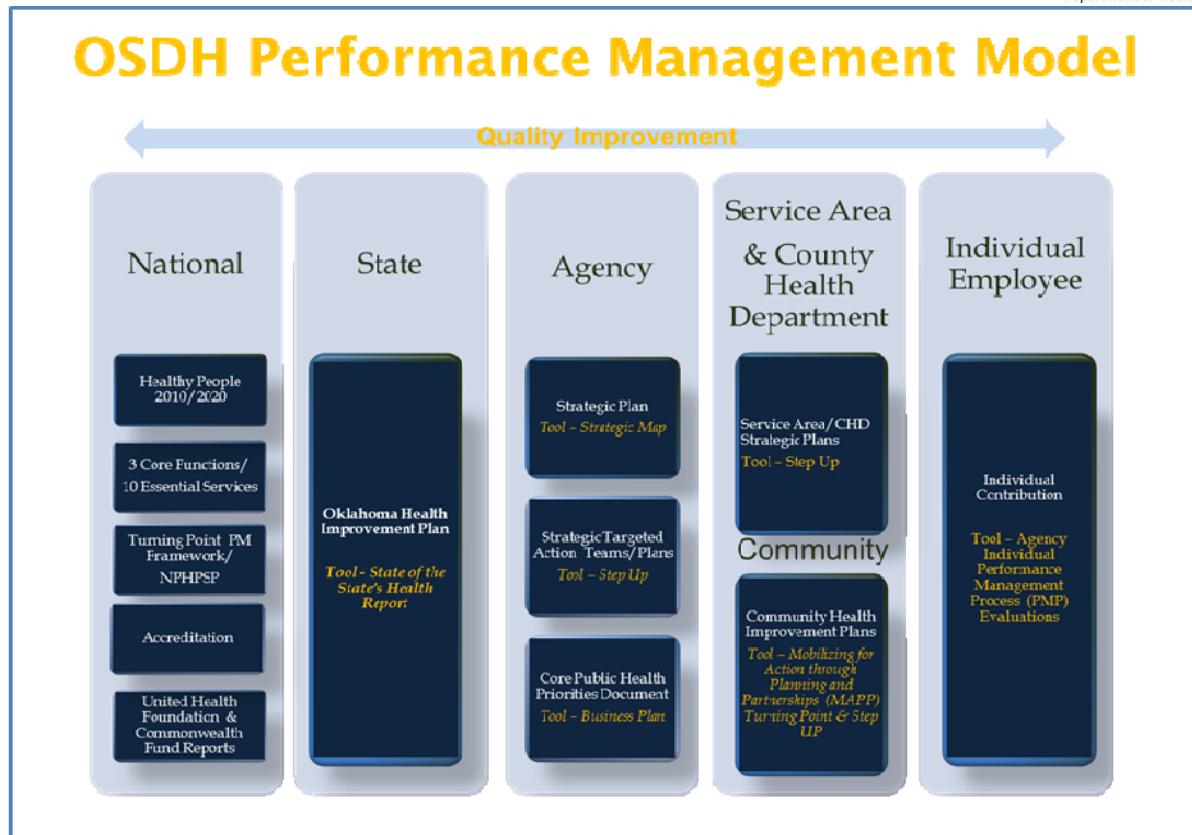
About New York State's Performance Management System Framework

The New York State Department of Health (NYS DOH) programs and local health departments use performance management strategies to routinely evaluate and improve the effectiveness of their organizations, practices; partnerships, programs, use of resources, and ultimately the impact they have on the public's health. With funding from the CDC National Public Health Improvement Initiative (NPHII), NYS DOH adapted the Turning Point Performance Management Framework to meet its goals. Beginning in early 2011, after conducting an agency assessment on the capacity to implement performance management methodology, the NYS Performance Management Group (PMG) made two main adaptations to the Turning Point model. First, the governance structure was visually displayed under which the PMG operates, which includes leadership from a Performance Improvement Champion, ongoing direction from its Performance Management Guidance Team, and integration with other efforts through public health stakeholders. Secondly, while all of the PMG efforts remain grounded in the four main components of the Turning Point Performance Management Framework, the role of quality improvement was brought forward to make improvement the backbone of each of the other components of PM. The PMG strives to have founded improvement methods practiced in all aspects of business thus promoting a collaborative learning environment approach where internal and external expertise is utilized and a culture of improvement is fostered.

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Oklahoma State Department of Health



Oklahoma's performance management model shows how various performance activities align, what main tools accomplish them, and how each area has impact on the others

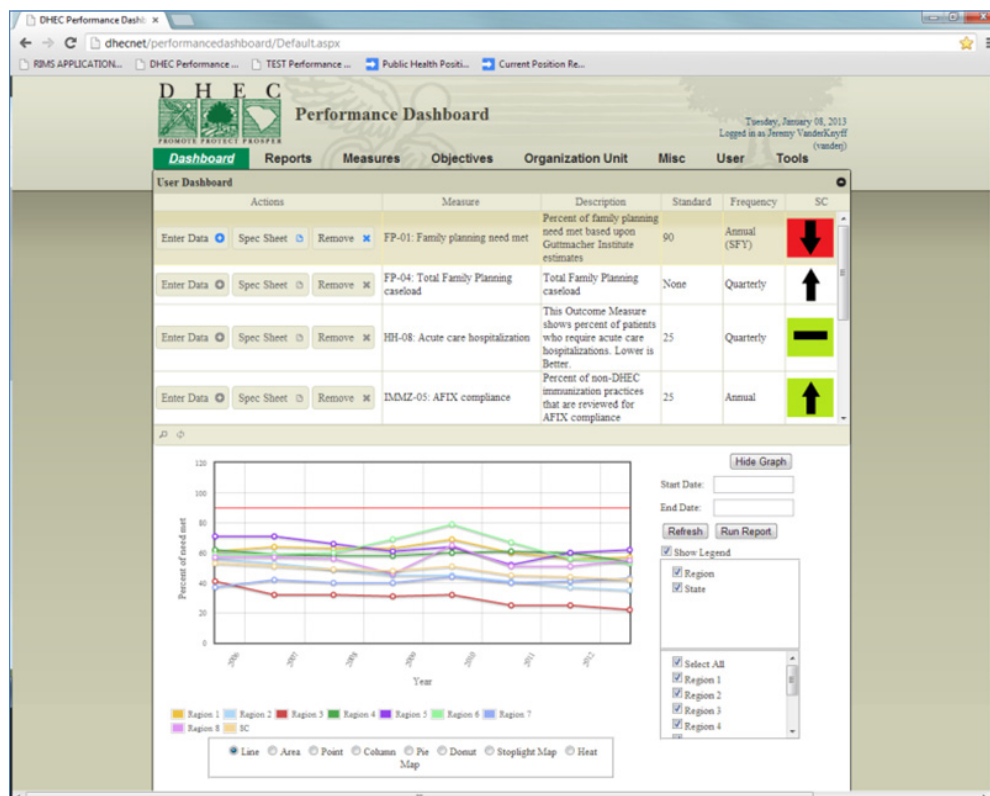
About Oklahoma's Performance Management Model

The Oklahoma State Department of Health (OSDH) began its performance management process with an adaptation of the Plan-Do-Check-Act method using the Turning Point Performance Management Framework. The *Plan* step identifies relevant performance standards and setting goals; the *Do* phase collects data and measures performance; the *Check* phase uses data for decisions to improve policies and outcomes; and the *Act* phase analyzes the data, provides feedback to stakeholders, and establishes standardization. In fall 2010, OSDH adapted this information into the OSDH Performance Management Model, which demonstrates alignment of systems and processes from national to state to agency, to service area and community/county health department, and to the individual employee, through a continuous quality improvement cycle. Alignment among all levels is critical to assure that OSDH is moving in the same direction to have the largest impact. More importantly, by aligning the performance management activities, an employee can see how their individual contribution leads to success in their service area, county health department, or community; which then leads to success in impact at the agency, state, and national levels as each area's successes builds upon the other.

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S. C. Department of Health and Environmental Control



S. C. DHEC's Performance Dashboard allows customizable data entry, monitoring, and reporting of measures linked to PHAB standards and measures and Healthy People 2020

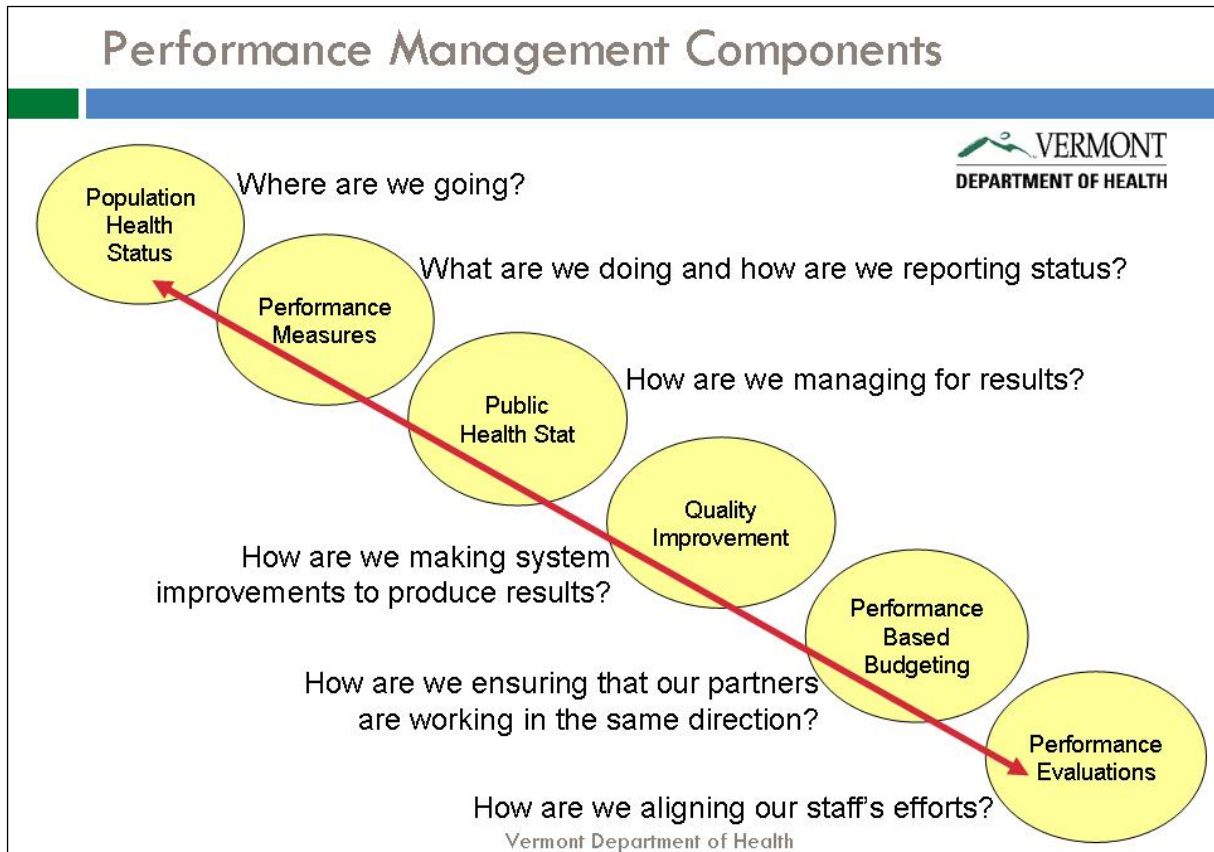
About South Carolina DHEC's Performance Dashboard

South Carolina DHEC's Health Services web-based system allows users department-wide to share performance data and documents and easily create customizable dashboards and reports to track progress toward achieving program goals. Performance measures are "linked" within the system to the Public Health Accreditation Board (PHAB) standards and measures and Healthy People 2020 topics and objectives, for organization and to align measures with national performance standards. As the new system goes live, staff will receive job-based training and support so that they can customize the system to suit their needs, including data entry, monitoring, or reporting. The Performance Dashboard, development of which was made possible by funding from Centers for Disease Control and Prevention National Public Health Improvement Initiative, gives DHEC staff unprecedented accessibility of performance data across regions, program areas, and disciplines to encourage collaboration and transparency.

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Vermont Department of Health



Through implementation of the above components, Vermont has developed a comprehensive performance management system that aligns department efforts around priority health outcomes

About Vermont's Performance Management Framework

In 2011, with the support of the CDC's *Strengthening Public Health Infrastructure for Improved Health Outcomes* cooperative agreement, the Vermont Department of Health (VDH) established a comprehensive performance management system that works to improve the health status of Vermonters by ensuring the efficacy and evidence-base of services delivered. This framework has helped to establish and manage systems at VDH to identify and regularly report on population objectives and performance measures, perform quality improvement activities, and assess and emphasize the need to fund and implement evidence based practices to change population outcomes. Central to this comprehensive performance management system is Public Health Stat, a management tool that facilitates data-driven decision making. Through cross-divisional content based meetings, key decisions makers come together to do program planning and resource allocation around high priority Department-wide goals. Through these performance management components, VDH strives to align efforts across all levels of the organization around priority health outcomes and then hold all accountable for achieving programmatic and population level change.

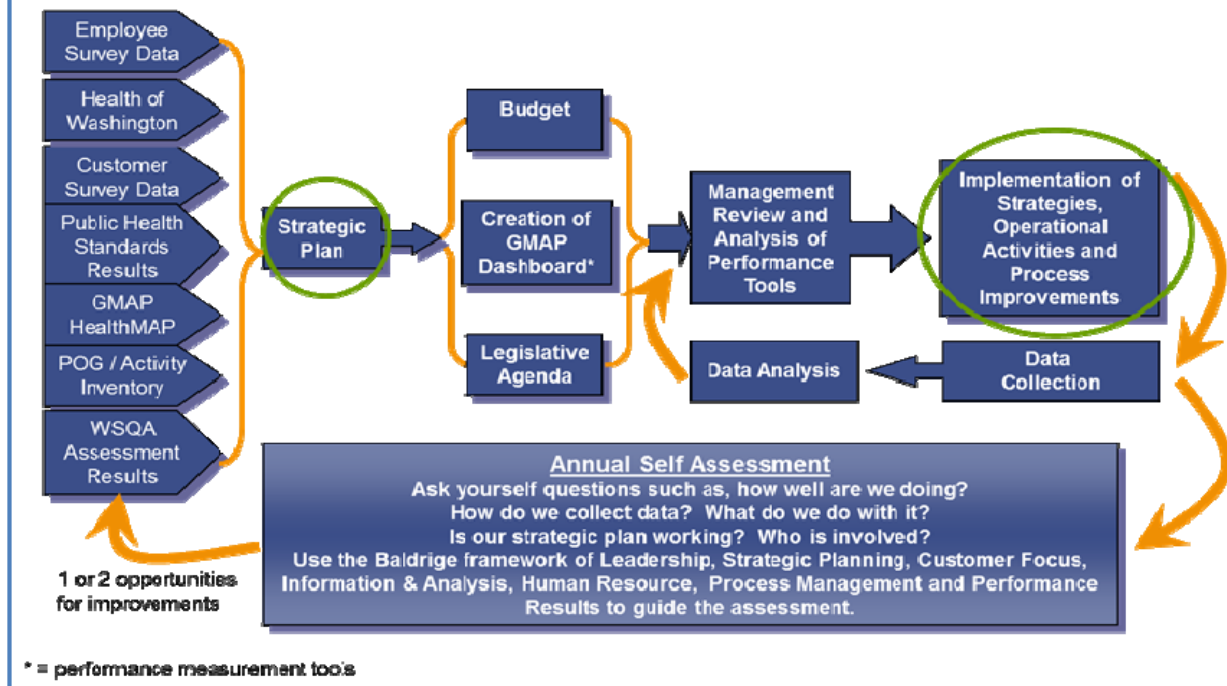
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Washington State Department of Health



They Are All Linked



Washington's *They Are All Linked* graphic shows how numerous performance management activities and the data gathered in the state are linked in a continuous flow

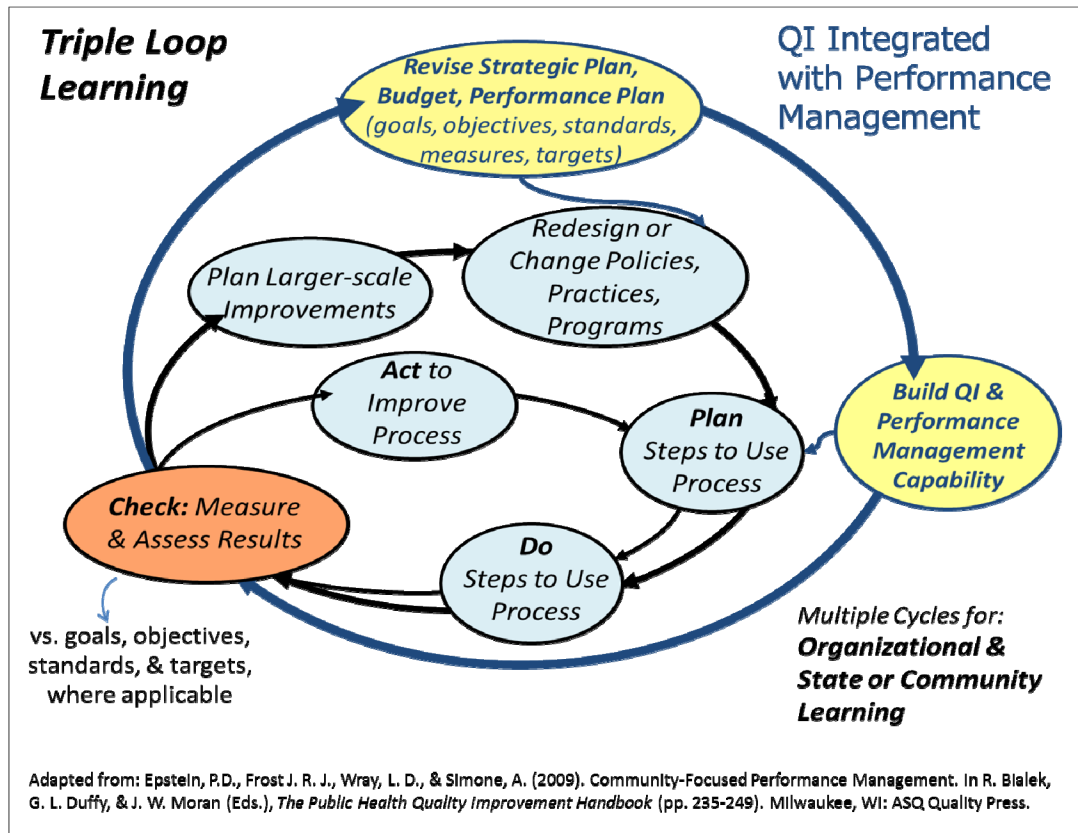
About Washington's *They Are All Linked* Model

The Malcolm Baldrige Framework underlies the Washington State Department of Health (WSDH) performance management system. Starting on the left of the diagram, WSDH annually reviews all data, including results from employee surveys, customer surveys, standards reviews, accreditation reviews, audits, other assessments, and input from partners and stakeholders. This data contributes to how well WSDH is serving customers and conducting day to day business, and helps to identify the gaps and opportunities to improve WSDH service delivery. The strategic plan feeds into the development of the new budget, a renewed set of performance measures, and a policy change agenda. WSDH builds its measurement dashboard on a balanced perspective taken from the Balanced Scorecard model. Each performance category is important, so the dashboard contains categories of customer expectations, product and service quality, finances, human resources, operating systems, and external requirements. The budget feeds performance measures and policy initiatives into the implementation cycle, which includes process improvements, continuing operations, and implementation of strategies highlighted in the strategic plan. WSDH collects and analyzes data and builds monthly reports into a cycle of management reviews. WSDH goes through an annual update process outlined in the large box at the bottom of the diagram, which feeds important improvement opportunities back into the cycle where it begins all over again.

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Results That Matter Team: Triple Loop Learning Model



In the Triple Loop Learning Model, the inner, middle, and outer loops go through Check: Measure & Assess Results to assure that performance information drives improved decision making

About the Triple Loop Learning Model

This model exemplifies how quality improvement (QI) can be integrated into a performance management system. The model begins with the inner or small loop, which includes a basic Plan-Do-Check-Act QI cycle, which is applied to any process or practice of a given program or service to improve it based on measured results. The QI cycle should be repeated frequently to make incremental improvements. The middle loop moves QI from individual process improvements to large scale policy, practice, and program improvements driven by measurement, strategic priorities, and budget in the outer loop. The outer “strategic” cycle influences the middle cycle to ensure that program designs and service plans stay relevant to current strategies and resources. Triple Loop Learning will be achieved if all three loops can be managed to work together smoothly, which is the hallmark of a high-achieving organization. This model is being used by the Delaware Division of Public Health and is consistent with Washington State’s [“They Are All Linked”](#) performance management model and some entire government’s performance management systems such as that of Prince William County, Virginia. More information on this model can be found in Chapter 17 of the [Public Health Quality Improvement Handbook](#).

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