

Performance Management Case Study: Maine CDC

Brynn Riley, John Moran, Sheila Pinette DO, Lori Wolanski, Nancy Birkhimer and Lisa Sockabasin

Introduction:

Public Health Agencies need to establish robust Performance Management Systems (PMS) to effectively manage their organizations, to maximize their ability to provide better services to their communities, and to identify where to improve program performance through Quality Improvement. A PMS can help an organization develop a culture of quality at all levels by providing timely and accurate information to those who can make change and improvement in the organization. PMS are the back bone of a quality-centric approach to managing an organization. A PMS helps the organization's leadership to make informed and sound decisions through the use of current data. These decisions are the building blocks of ensuring great performance. Employees with timely, actionable data make better decisions to develop or adjust operational plans that meet the needs of their customers.

The case studies presented in this paper show how a few Public Health Agencies initiated a process to develop a Performance Management System with the Public Health Foundation's facilitation through its Performance Management Workshop and follow-up technical assistance.

This case study describes the approach taken, lessons learned, and hints for a successful implementation.

Approach Taken:

Maine CDC leadership initiated the implementation using a one day introductory workshop that explained the purpose, value and steps to developing a public health performance management system. Program managers and leadership attended the workshop and drafted a high level strategy map that tied programs to Public Health Accreditation Board (PHAB) and the 10 essential public health services. Following the training a team of three program managers partnered to develop an implementation timeline, lists of tasks, and assignments. They worked with PHF to identify key programs that needed specific technical assistance which was accomplished through webinars. They offered their expertise for additional technical assistance to program managers who needed help.

The roll-out of the PMS was led by the senior management team. In the first phase, program managers were asked to identify key measures using the tools provided in the workshop. Parameters were provided including, for example, the actionability of the measures and how well they represent the goals of the program. The second phase focused on identifying the sources of data,

frequency of the measures, and other logistics that would make it feasible and sustainable within the health department's limitations. Lastly, programs were required to provide baseline data to measure against both the goal and the starting point. During all three phases, information was loaded onto a tracking tool which was an on-line system designed internally by the IT department.

A sustainability plan was developed following the implementation of phase three which included the roles and timelines of checks and balances to ensure the appropriate and timely use of the data.

Lessons Learned:


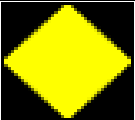


- Programs needed much more specific direction than originally anticipated and therefore the Technical Assistance Team members who were assigned to assist with the set-up devoted more time to it than originally anticipated.
- There was resistance to the concept of a performance management system. People initially saw this as more work and another way to be measured. This was addressed by implementing a system that reflected the work they were already doing rather than creating additional measures.
- Many process measures that would be ideal for a PMS did not exist.
- Many programs struggled with the challenge of identifying short term measures within their scope of control which were specifically related to long term health outcomes. Most measures are not more frequent than quarterly and many are annually. This is challenging when looking for trends.
- Without an external driver (PHAB) and an implementation team dedicated to its success, the PMS would not have made it off the ground.

Hints for a Successful Implementation:

1. Start an implementation team composed of users, IT, and managers to develop the approach to be taken. Develop a communication plan to inform the programs, and ensure the full transition to the PMS process.
2. Leadership needs to provide the general direction, vision, and parameters for the measures to be developed. For example, leadership suggested that selected program's measures should align with the strategic map and PHAB standards and grant pre-approval measures to reflect current work.
3. Leadership and programs partnered to determine the specific measures with program managers driving the final decisions as to which measures were included and identified data sources.
4. Expect that there will be mistakes and have a schedule to review the measures annually to ensure they are measuring the right goal appropriately.

5. Assign technical experts who understand the performance management system goals and objectives of the programs to offer individual guidance as they developed measures.
6. Develop and institute a sustainability plan agreed upon by all involved:
 - Periodically compare targets to identify any trending or benchmarking
 - Revise targets as needed to be realistic but challenging
 - Encourage programs to meet and discuss the measures to assess why performance is varying from expectations (in either positive or negative directions).
 - Ensure programs meet to identify opportunities to share their learnings at all-managers' meetings.
 - Bi-annual reporting, to the senior leadership team of results and trends to look for by the Office of Performance Improvement .
 - Ensure leadership is the driver to see that these steps are implemented

Below is a sample of the scorecard established for Maine CDC's PMS. This scorecard is an internally based reflection of the reported data. It can be viewed by everyone in the health department which improves communication and the cross pollination of improvement ideas.

Objective	Strategy	Performance Metric	Previous Period	Current Period	Target	Trend Direction	Frequency
Contribute to and Apply Evidence base.	Track all necessary and reported radon testing and mitigation records.	Number of Radon testing and mitigation data collected (with address).					Quarterly
Develop Public Health Policies and Plans.	Develop and implement SOP's to standardize public health policies and plans.	Number of Controlled SOPs and Policies.					Quarterly
Enforce Public Health laws.	RCP inspectors track dates and due dates of all radioactive materials inspections.	Percentage of priority 1 and 2 inspections conducted on schedule.					Quarterly
	RCP inspectors track outcomes of all MQSA inspections.	Percentage of violations to number of inspections ratio.					Quarterly