Guidelines for the Implementation of a Performance Management System

The effective implementation of a performance management system will involve several processes and factors. Based on years of successful (and a few unsuccessful) implementations of the VMSG Dashboard Public Health Performance Management System, we would like to outline many of these. In this document, we'll cover these topics.

Topics
(click for topic detail)

1) Lessons learned implementing performance management systems

Here are some of the lessons learned in past implementations:

- You will get **push back** from some people in the department:
    a. I don't have time to update anything
    b. I'm not technical
    c. We've always done it another way
    d. I'm retiring soon and don't want to learn anything new
    e. I'm just a xxxxxxxxxx, this doesn't apply to me

  80% - 90% of the people in the department will only be "occasional users". They will only need to update their assigned Objectives or Activities in response to the system-generated email notification. On average, their entire update process will take less than **5 minutes per month**. Very few people can say that they can't spare 5 minutes a month for the benefit of the department.

- **Senior management sponsors** need to be involved from day one. Their continuous support of the process will show everyone that this is not just a new fad, but a tool to help the department to get better at the jobs of public health.

- Start from the **top down**. Directors & Managers usually understand the need for planning and performance management. Once they buy in, they can promote the positive aspects to their team.

- Promote a little "**team spirit**" about becoming the next health department in your state to become accredited or reaccredited. Use the performance management system to monitor progress toward accreditation or reaccreditation. Assign Activities and Objectives to all staff to get them completely involved in the process and success.

- **Critical**: Promote the Green, Yellow, Red & Gold flags as status and, potentially, a request for help from management. As soon as staff believes that they are punitive, every flag will be green.

- Promote the fact that you want to **involve everyone** in the department and external partners in the success of Public Health in your community. Let them see how their activities contribute to the bigger picture by showing how everything flows up the "pyramid" and are directly related to the department strategic priorities.

- Show them how an operational plan can help them to plan and execute their daily functions at the department. "If you don't know where you're going, how do you know when you've arrived?"

- Work with those, initially, who love using technology and tools like the Dashboard. They will become advocates to their peers.

- There will be some who don't like change for any reason. Sometimes until they retire 😊.

- Everyone in the department will, eventually, be assigned to Objectives or Activities. If not, why are they there?

- It is a process. It won't happen overnight.

2) Technical issues for implementation

The VMSG Dashboard is a completely cloud/web based system which requires no program installation on your systems or in your network. By carefully following the following guidelines and suggestions, you can assure the best user experience with the Dashboard.

Web Browsers: To implement the VMSG Dashboard, you need only to use one of the preferred web browsers to access the system:
a. Google Chrome – latest version
b. Firefox – latest version
    We have found the Chrome and Firefox browsers to be the best and fastest browsers for the implementation of the Dashboard. Both of these browsers are available, free, for most computer platforms.
c. Apple Safari – latest version
    Safari works well with the Dashboard. There are a few noted minor issues with font size on some screens.
d. Microsoft Internet Explorer (IE) and Edge browsers are **NOT RECOMMENDED** for use with the Dashboard. We have found many issues with speed and the rendering of screens. Therefore, unfortunately, we cannot support Microsoft browsers with the Dashboard.
e. NOTE: If pop-up blocker is active on your browser, please add https://LA.VMSGDashboard.com as an exception to allow pop-ups for dialog boxes from the Dashboard.

Network and Firewalls: It is highly recommended that you work with your IT team to assure that there is a robust network connection through the firewall to our servers at https://LA.VMSGDashboard.com.

Shared Internet Connections: If your Internet connection is shared with a heavy bandwidth application like a Voice Over IP phone system or lots of video streaming, please work with your IT department to assure that the connection from your users to our servers is not affected.

3) User Types

The VMSG Dashboard was created with a variety of user classes in mind.

- **Normal Users** (planning updates and management)
    - Access to all planning functions
    - Cannot delete higher level planning elements
    - Cannot add Groups
    - Can limit read/write and read-only access by Group
    - Cannot see hidden services
    - Access to most reports

- **Managers** (planning updates and management)
    - Access to all planning functions
    - Can delete higher level planning elements
    - Cannot delete Groups
    - Can limit read/write and read-only access by Group
    - Can see hidden services
    - Can activate Partners
    - Access to most reports

- **Partner Users** (planning element status updates and reporting)
    - Access to selected Groups
    - Cannot edit planning elements
    - Can only update Goal/Objective/Activity status

- **System Administrators (Org Admin)** (manage all background functions in the Dashboard)
    - Access to all system functions
    - Can add/edit/delete Groups
    - Manage Users
    - Manage Categories & Sub-Categories
    - Can see hidden services
    - Can activate Partners
    - Access to all reports
    - Access to **VMSG Public** for creating public interface web pages

- **Read-Only Users** (reporting, status monitoring)
    - Can see selected Groups but not edit anything
    - Can run some reports

- **Occasional Users** (update assigned Activities and Objectives)

- o Generally only access assigned Objectives and Activities through the Quick Update system

4) Training

The different classes of users require different training courses. For that reason, the Dashboard has 4 built-in, video-based training curriculums for all types of users.

The first training task is to classify users. We have found that Dashboard users fall into the following classes with the following percentages (approximate):

1) **System Administrators/SuperUsers – 5%** - These users have full access to all features of the system. There is typically an admin user at each division/bureau in the department. These users also become the in-house trainers and support by default. They can manage users, categories, groups, etc. All admin users should communicate with each other regularly, since they have the authority to edit/change/delete anything in the system. These users should take:
   a. **User training**
   b. **Administrator training**
   c. **Operational Planning Process training**

2) **Management and "Normal" Users – 10%** - These users typically create, edit, assign leaders and categorize plans for their divisions, bureaus, offices or programs. Anyone who will be developing, editing or managing plans in the system should be classified as a Management or Normal user. Once the initial plans are created/entered, they are typically updated quarterly or as needed based on the current public health environment (flu, Zika, etc.). These users should take:
   a. **User training**
   b. **Operational Planning Process training**

3) **Occasional Users – 85%** - These users typically have been assigned as Objective and/or Activity leaders. Most often, these users merely respond to the regularly scheduled system status emails by clicking on the link in the message, logging into the Quick Update function and updating the status of their assigned Objectives and Activities. These users should take:
   a. **Occasional User training**

The following training curriculums are available via these links or from the Help/Info system in the Dashboard.

User Training
     https://www.youtube.com/playlist?list=PLtakD9sONPaokUIxxe2P1KVELqZ4p3Q4B
     1 Hour, 32 minutes total
     27 modules
          Average 3 minutes

Administrator Training
     https://www.youtube.com/playlist?list=PLtakD9sONPar-Vxk24EeApPvimo72tfQS
     23 Minutes total
     8 Modules
          Average < 3 minutes

Occasional User Training
     https://www.youtube.com/playlist?list=PLtakD9sONParie50U3PiElGfBhCuxc8ZF
     27 minutes total
     8 modules
          Average ~3 minutes

Operational Planning Process
     https://www.youtube.com/playlist?list=PLtakD9sONParVmx1MYRLV7oYxLSFYn0Pq
     45 minutes total
     4 Modules
          Average ~ 11 minutes

Video-based training curriculums are broken down in to short modules. These may be taken all at once or over the course of time, depending on the specific user. Users are typically assigned to complete their required training modules in a specified time frame before scheduling the live, web-conference based training session(s). Training can be completed individually or in groups.

Some departments bring the user classes together into a training or conference room to review the video-based training modules together. This can be done in 3 sessions:

1) **User Training and Operational Planning Process Training** for admins, management and normal users.
2) **Administrator Training** for the designated system admins
3) **Occasional User Training** for the occasional users

NOTE: If you plan on doing interactive training on computers in a training environment, please contact KCA to setup a training group and sub-groups for each user to avoid all users writing into the same Group and overwriting each other.

In addition to the video-based training, KCA will provide live (via web-conference) training to answer any questions and go through some actual examples in the system.

5) Operational Plan implementation and/or development:

The VMSG Dashboard, at its core, is an operational planning and execution system. Performance Management is the guided and detailed execution of your department's plans. These plans generally include:

a. **Strategic Plan** – Long term plans for the evolution of the health department. Strategic plans are, typically, developed at a higher level and don't always include specific activities to execute the plan. These activities are often developed in the other departmental operational plans.

b. **Operational Plans:** Each Group (Bureau, Division, Office, Program, etc.) will typically have an operational plan. The operational plan is the "project plan" for the Group including the Services the group provides to the department, community and partners as well as the Initiatives the Group plans to provide in the future. The Services and Initiatives are the "**What** we do or plan to do". The Goals, Objectives and Activities define "**How** we do or will do" the Services or Initiatives.

c. **Other Plans:** Workforce Development Plan (**WFD** Plan), Quality Improvement Plan (**QI** Plan), Community Health Assessment Plan (CHA Plan), Community Health Improvement Plan (**CHIP**), State Health Improvement Plan (**SHIP**). These are some of the other plans typically developed by health departments. These plans are also required for PHAB accreditation.

Existing Plans: Most health departments have some or all of these plans already developed in some form. Often, it is just a matter of reorganizing the plans into the Dashboard structure (Services/Initiatives -> Goals -> Objectives -> Activities) and entering them into the system in the proper place. Many times, this is just a copy/paste operation. Other than the standard format utilized by the VMSG Dashboard, one of the most common variants we see uses the same structure, but slightly different terminology:

Common Planning Structure		VMSG Dashboard Plan Structure
Goals	=	Services/Initiatives
Strategies	=	Goals
Objectives	=	Objectives
Action Steps	=	Activities

NOTE: If your plans follow a different structure, please contact KCA to assist you in mapping the planning elements from your existing plans to the Dashboard structure.

Plan Development: If these plans are not yet developed or are due for update, the Dashboard can guide you through the entire planning process. The typical steps for developing operational plans are:

1) **Services/Initiatives**: For each Group (bureau, division, office, program, etc.), first determine the Services provided or the Initiatives to be provided to the constituents, partners or the

department. Services and Initiatives are merely a short description of the Service to be provided or Initiative to be developed. Some examples might be:

- a.   Services for WIC
    - i.   Provide nutrition consultations to WIC clients
    - ii.   Issue WIC checks to WIC clients
- b.   Initiative for WIC
    - i.   Transition from WIC paper checks to Electronic Benefits Transfer/Electronic payments
- c.   Services for Public Health Emergency Preparedness (PHEP)
    - i.   Perform table-top exercises
    - ii.   Perform full-scale exercises
    - iii. Perform bio-hazard training
- d.   Initiatives for PHEP
    - i.   Work with Epidemiology to determine upcoming threats

2) **Goals, Objectives and Activities**: For each Service and Initiative, determine the Goals, their Objectives and the Activities which will define how the department will execute the Service or Initiative. Objectives are typically developed in the SMART format (Specific, Measurable, Attainable, Realistic, Time-based). An example of a Goal, one SMART Objective and some Activities for the above WIC Initiative might be:

- a.   INITIATIVE: Transition from WIC paper checks to Electronic Benefits Transfer/Electronic payments
    - i.   GOAL: Develop a project plan to transition to WIC EBT
        - 1.   OBJECTIVE: By June 30, 2017, contact 3 health departments who have implemented WIC EBT for advice on best practices.
            - a.   ACTIVITY: Contact abc health department
            - b.   ACTIVITY: Contact xyz health department

At the Objective and Activity levels, you will assign timeframes, leaders/team members and external partners for the execution of the plans.

Operational Plan Development Training: Please follow this link to review the training modules on operational plan development. These 4 training modules will walk you through the plan development process using actual examples:

https://www.youtube.com/playlist?list=PLtakD9sONParVmx1MYRLV7oYxLSFYn0Pq

Real-Time Planning: Once your plan is in the Dashboard, you can establish automated eMail reminders to each person assigned as an Objective or Activity leader. If the Objectives or Activities are lagging or overdue, the leader will get an email reminder to update their information through the "Quick Update" feature in the Dashboard. This process only takes 3 – 5 minutes to complete for the assigned leader.

3-Dimensional Planning allows you to categorize specific elements of any or all of the plans against a set of standards. Standard categories in the system are Essentials of Public Health, PHAB Accreditation Domains, Standards and Measures, Strategic Priorities, etc. The Categories and Sub-Categories can be added and edited as desired by the department. Once the planning elements are categorized, you can look across all of the plans in the system to see commonalities, gaps and overlaps in the plans.

6) Rolling out the Dashboard to the department

The implementation of a performance management system is generally done in an incremental approach. There are many factors which will determine the timeframe of the rollout. Some of these are:

a. **Plan Status** - Are most of your plans already developed?
   a. Are they in a similar format to the Dashboard (Services/Initiatives, Goals, Objectives and Activities)?
b. **Technophiles** – These people generally like to use technology to make their job easier and/or better for their constituents. These are often the best people to start with.
c. **Technophobes** – Some people just don't like technology or even afraid of technology. We have found that these folks are a much more difficult "sell".
d. **Change-phobes** – Some people like things to remain the same. "doing it the way it's always been done". They don't like or are concerned about any changes.
e. **Not my job** – Even if it only takes 5 minutes a month to update plans in the Dashboard, some people don't want to participate.
f. **Too busy** – Everyone in public health is busy. A performance management system can help everyone organize their positions and, actually, make them less busy. With a finite plan of execution, it's more difficult to get off track.
g. **Senior Management support** – It is critical to have the support of the senior management staff in the implementation of a performance management system. When the Health Director/Chief Health Officer/Health Commissioner and their senior staff are "bought-in" to performance management, most of their subordinates will quickly fall in line.
h. **Accreditation/Reaccreditation** – Health departments in this process are required to implement a performance management system of some type (PHAB Standard 9.1). The VMSG Dashboard has been proven to be "Fully Demonstrated" by PHAB for 9.1.
i. **Quality Improvement/Performance Improvement** – These folks usually have a good understanding of the value of a performance management system in the planning and execution process.
j. **Information Technology (IT)** – You will need the support of your IT staff to assist with issues related to browser installation, network bandwidth, firewall related issues, security, etc.
k. **Getting Started** – Choose a small team including Senior Management representatives, Quality Improvement/Performance Improvement folks, IT, and Technofiles.
   a. **Self-Paced Training** – Each team member should go through the video-based training modules for their assigned user type:
      i. **Normal, Management, Read-Only or Partner User** – User Training and Operational Plan Development training (approximately 2 hours)
      ii. **Admin Users** – User Training, Admin Training and Operational Plan Development training (approximately 2 hours 20 minutes)
   b. **Live Training** – Once the video-based training is completed, schedule a live/Go2Meeting training session with KCA to answer questions and review some live examples.

c. **Existing Plan Conversion** – If some or all of your existing plans are already in a format similar to the Dashboard structure (Services/Initiatives, Goals, Objectives and Activities), start entering the plans into the Dashboard under the appropriate Group. If the plans are in a similar structure, this should be, primarily, a copy & paste process. KCA is there to help guide you through this process.

If your plans are not in a similar format to the Dashboard structure, you will need to convert them to the Dashboard structure before entering them into the Dashboard.

If you do not have the plans developed yet, follows the instructions in the Operational Plan Development training modules to develop the new plans under the appropriate Group.

You don't have to enter all of your plans in the beginning. Sometimes it's better to start with one Group that is very supportive of the performance management process and work completely through the operational plan(s) for the Group. Entering or developing the department's strategic plan is often a good place to start the process. Eventually, you can work your way around to all of the Groups and plans and get them entered/developed.

Once the plan or plans are entered into the Dashboard, you can assign Objective and Activity Leaders to all Objectives and Activities. These people will own the responsibility for completion of the plan element.

Next, you can Categorize the planning elements in all of the plans against the standard (or your own) Categories and Sub-Categories. This will allow you to look across all of the plans for commonalities, overlaps and gaps.

7) "Selling" the usefulness and engaging employees in performance management

The implementation of a performance management system is easier if the team believes that the system is of value to the department and not just additional "busy work" for them. Some of the selling points are:

a. 80-90% of the users of the system will only spend 3 - 5 minutes a month updating their assigned Activities and Objectives. When they are assigned as an Objective or Activity leader, the system will email them on a regular basis to update their specific planning elements. The "Quick Update" feature of the Dashboard makes regular updates to the planning element status quick and easy.

b. When staff are assigned to Objectives and Activities, they can immediately see how their assigned activities contribute to the overall health department.
    a. Their Activities support one or more Objectives
    b. These Objectives support specific Goals which support specific Services or Initiatives

c. Performance Management is a requirement for PHAB accreditation and reaccreditation (Standard 9.1).
    a. There are many cited benefits to accreditation. See the section "Accreditation and reaccreditation implications"

d. Operational plans provide guidance of specific Activities for the team members
    a. It's easy to see your progress against the plan in real-time at any time.

e. Operational plans help form and manage teams to implement the plans

8) Accreditation and reaccreditation implications

Accreditation: PHAB accreditation Standard 9.1 *"Use a Performance Management System to Monitor Achievement of Organizational Objectives"* and its related measures 9.1.1 A through 9.1.5 A provide specific guidance for the implementation and complete integration of a performance management system across the entire department.
In each case, the VMSG Dashboard has been designated as "**Fully Demonstrated**" by PHAB for Standard 9.1.

Reaccreditation: PHAB reaccreditation Measure 9.1 "*The achievement of goals and objectives is monitored by the health department using a performance management system*" drives the performance management system implementation deeper into the department and all of the PHAB required plans.

PHAB accreditation has many cited benefits:
Health departments have reported the following benefits of accreditation:
- Stimulated quality and performance improvement opportunities,
- Allowed the health department to better identify strengths and weaknesses,
- Improved management processes, and
- Stimulated greater accountability and transparency within the health department.
- Identifies strengths and areas for improvement
- Strengthens internal and external partnerships
- Encourages health departments to prioritize and address long-standing concerns
- Acts as a "stimulus…for continuous quality improvement and performance management in our daily practice."
- Accountability to external stakeholders,
- Competitiveness for funding opportunities, and
- Communication with the governing entity.

9) Transparency

It seems like there is a big push within public health to be very transparent with the status of public health programs.

The **VMSG Public** interface allows your department to share any or all of your performance indicators with the public, partners, constituents and your community. Simply choose the performance indicators you'd like to share then publish them to a web page (or pages) for your department website. Couldn't be easier.