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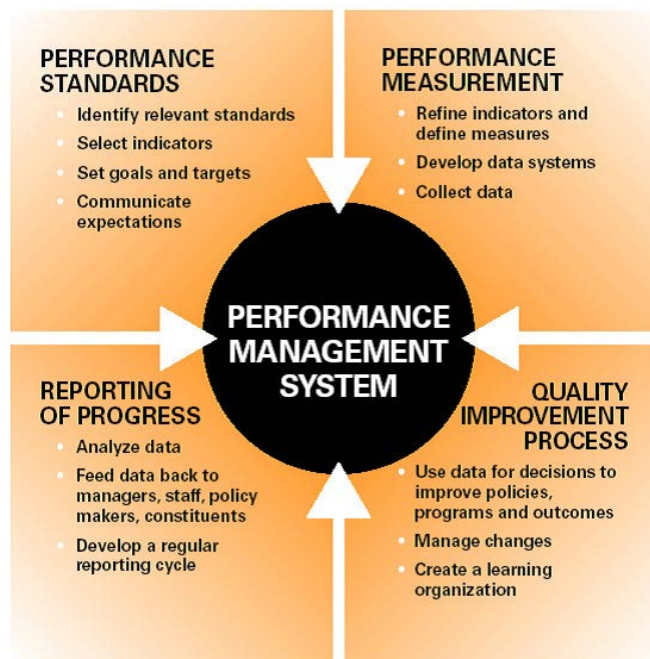
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This document is a performance management assessment report based on a survey adapted from Turning Point materials to get a baseline assessment of performance management practices in the agency. The report identifies opportunities to strengthen the PM culture within the agency.							
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# Connecticut Department of Public Health Performance Management Assessment Results

Conducted January to February 2013

July 2013



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This report was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under 5U58CD))1324-03 Disclaimer: The contents of this report are based on Connecticut Department of Public Health employees survey results and a quality improvement project inventory and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention or any other participating entity.



# Connecticut Department of Public Health Performance Management Assessment Results January to February 2013

## Introduction

During January and February 2013 the Connecticut Department of Public Health (DPH) conducted a performance management assessment to obtain a baseline of performance management practices throughout the organization. The assessment sought to determine which standards, measures, quality improvement and reporting practices, and policies DPH already had in place as a foundation upon which to build. Further, it sought to identify gaps in the DPH performance management system and assess staff quality improvement training and technical assistance needs.

The survey was adapted from the Performance Management Self- Assessment Tool developed by the Turning Point Performance Management National Excellence Collaborative in 2004 based on the performance management system framework adopted widely by public health practitioners around the country.<sup>1</sup> The tool is organized around each of the four components of a performance management system including: 1) Performance Standards, 2) Performance Measurement, 3) Reporting of Progress, and 4) Quality Improvement (Figure 1). The tool assessed whether or not DPH had the necessary resources, skills, accountability, and communications to be effective in each component.

Figure 1: Turning Point Performance Management System Framework, 2003



<sup>1</sup> From Silos to Systems: *Using Performance Management to Improve the Public's Health*, prepared by the Public Health Foundation for the Turning Point Performance Management Excellence Collaborative, 2003.

In addition, the assessment examined leadership and culture as they relate to supporting a performance management system. Questions were added to ascertain what types and methods of training on quality improvement would be most useful and valuable to staff.

An inventory of active quality improvement projects was conducted as an adjunct to the assessment to provide a richer and more detailed picture of quality improvement practices in DPH. A more in-depth [assessment of the quality culture](#) in DPH was conducted in February 2013 with DPH leadership and is summarized in a separate report.

DPH intends to reassess the performance management system and the culture of quality in 2015 to measure progress towards institutionalization of a performance management system.

## **Methodology**

The assessment was conducted using two different approaches. A link to an on-line survey (see Appendix 1 for staff survey) was sent to all staff to complete individually. The staff survey was comprised of 5 sections with a total of 47 questions. The responses for the first 4 sections were based on a 3-point Likert scale: “Never/Almost never”, “Sometimes”, “Almost always/Always”. There were also “I don’t know” and “Not applicable” responses available for each question. The final section focused on training needs with the responses on 3-point Likert scales: “Not useful”, “Useful”, “Very useful” or “Minimally valuable”, “Moderately valuable”, or “Most valuable”. Staff was provided with definitions and descriptions of quality improvement and performance management systems reference materials to assist in answering the questions.

In addition to the survey sent to all staff, the DPH Performance Improvement Manager and the Public Health Systems Improvement Epidemiologist met with section and branch chiefs from 11 sections across DPH to complete the assessment for their divisions (see Appendix 2 for management survey). The sections/branches were: Emergency and Public Health Preparedness; Infectious Diseases; Public Health Laboratory, Office of the Commissioner programs (Government Relations, Affirmative Action, Public Health Systems Improvement); Regulatory Services; Administrative Services; Population Health Statistics and Surveillance; Health Care Quality and Safety; Community Health and Prevention; Family Health; and the Office of Healthcare Access. Meetings were held with each division because it was an educational opportunity to explain the Turning Point model of the performance management system to the management groups. The definitions of quality improvement and the performance management system and the purpose of the survey were explained to the chiefs and managers in person. The questions and response choices were the same as in the staff survey; however, there were six additional questions about financial resources available to carry out performance management.

For each survey question, managers voted using a color voting card corresponding to their selected answer. The answer with the majority of votes was considered to be the group response. In the event of a tie vote, the question was discussed and a second vote was taken to achieve consensus for the final answer. It should be noted that this type of voting technique among peers is subject to inflation bias, causing responses to appear better than they really are. However, this method was chosen because it is an efficient and commonly used method to arrive at consensus within a group setting.

The responses to both the manager group surveys and the individual staff surveys are presented in the Results section below. Although, the surveys were conducted differently, it is useful to show and compare the responses side by side to understand the general perceptions and trends of each group of employees regarding performance management. The real test will be to see how the perceptions change over time for each of the employee groups in the next round of performance management assessment surveys being planned for 2015.

## Results

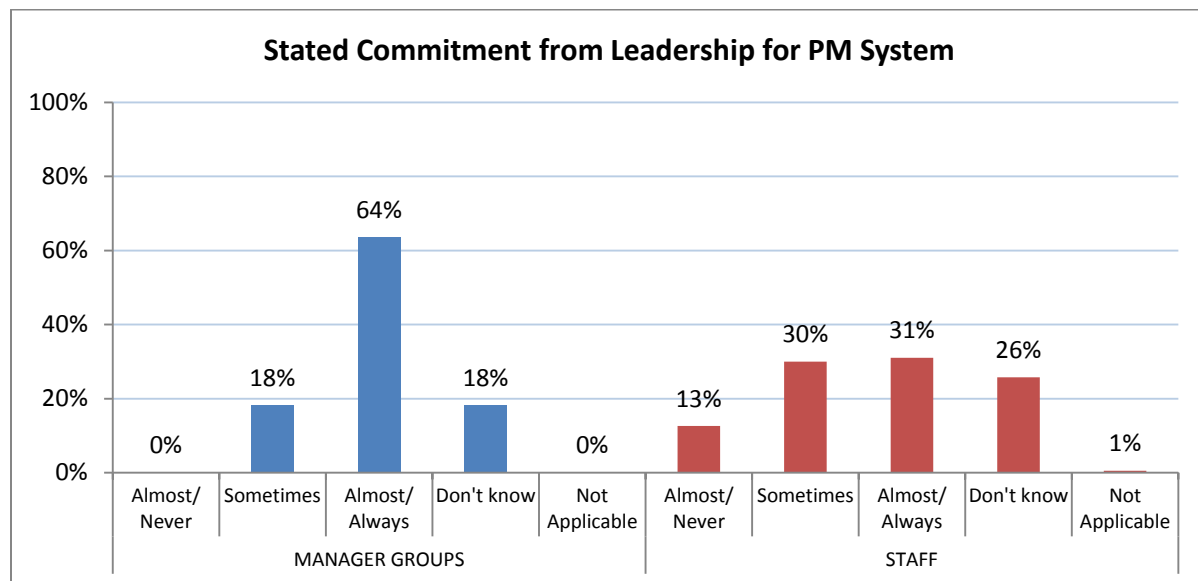
A total of 248 employees logged into the staff survey and answered at least one question. Assuming 800 active DPH employees, this is about a 31% response rate. Of those beginning the survey, 153 (62%) completed it.

As managers from eleven branches/sections completed the management-level assessment as a group, there was a 100% response rate for the group.

### Section I – Leadership and Culture

Section I of the survey, Leadership and Culture, assessed how leadership supports a culture of performance management within DPH. Sixty-four percent of management groups responded that a stated commitment always or almost always exists from high-level leadership for a performance management system, while only 31% of staff responded that a stated commitment to performance management always or almost always exists among their leaders (Figure 2).

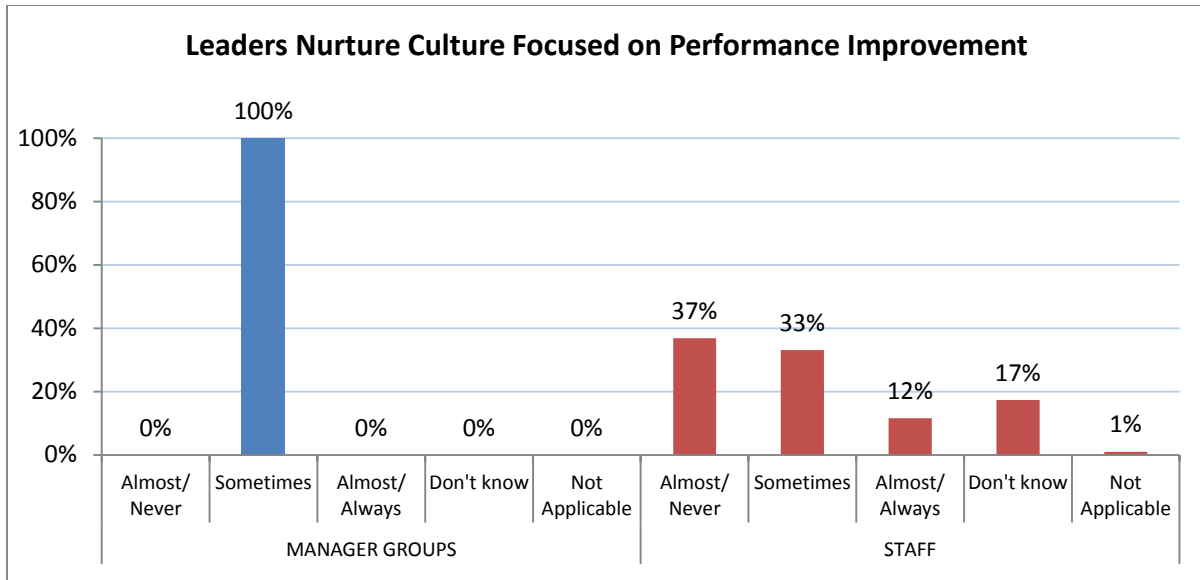
Figure 2: Stated commitment from leadership for a performance management system



When asked if their leaders nurture an organizational culture focused on performance improvement, 100% of the management groups responded sometimes. Staff provided a mixed response with 33%

stating sometimes and almost 37% indicated that the leaders never or almost never nurture a culture of performance improvement (Figure 3).

Figure 3: Leaders nurture a culture focused on performance improvement



The management of performance within many areas of the agency was assessed. The focus areas were: health status; human resources development; data and information systems; customer focus and satisfaction; financial systems; and management practices. Financial systems (mean=1.6) received the lowest ratings among managers. Customer satisfaction (mean=1.9) received low ratings among the managers and staff. The active management of performance for health status received the highest rating from both staff and management (means of 2.4 and 2.5). (Table 1)

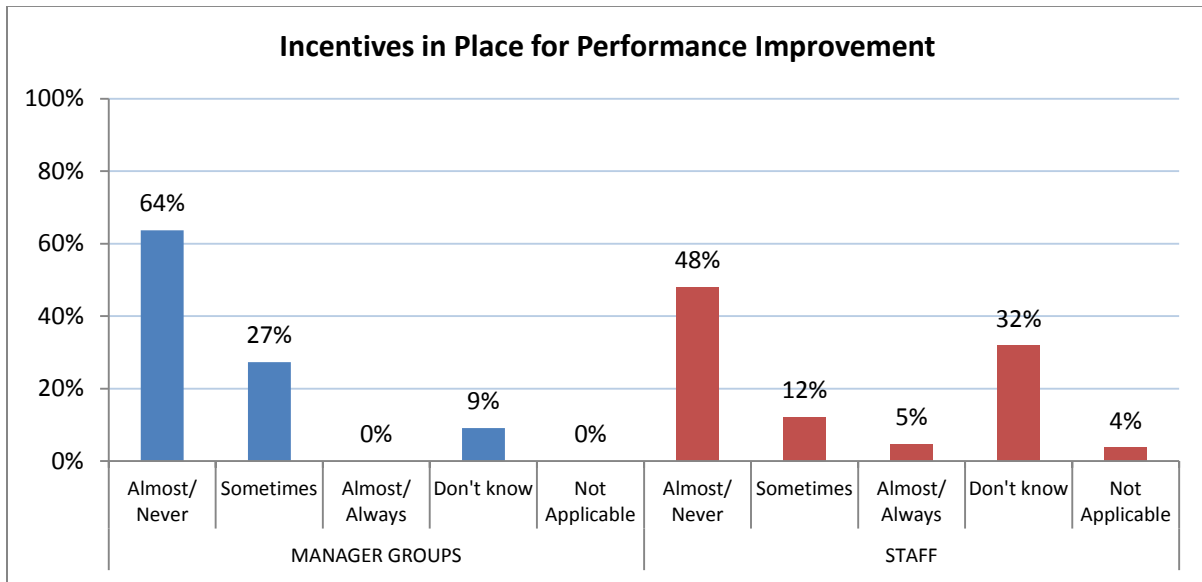
Table 1: Management of performance in selected business focus areas

Performance Management Area	Managers	Staff
	Mean*	Mean
Health Status (e.g. diabetes rates)	2.4	2.5
Human Resources Dev't (WF training)	2.0	2.0
Data and Information Systems	2.1	2.1
Customer Focus/Satisfaction	1.9	1.9
Financial Systems (financial rpt)	1.6	2.0
Management Practices	2.0	2.0

\*Mean calculated on responses 1 through 3: Almost never/ Never, Sometimes, Almost always/ Always

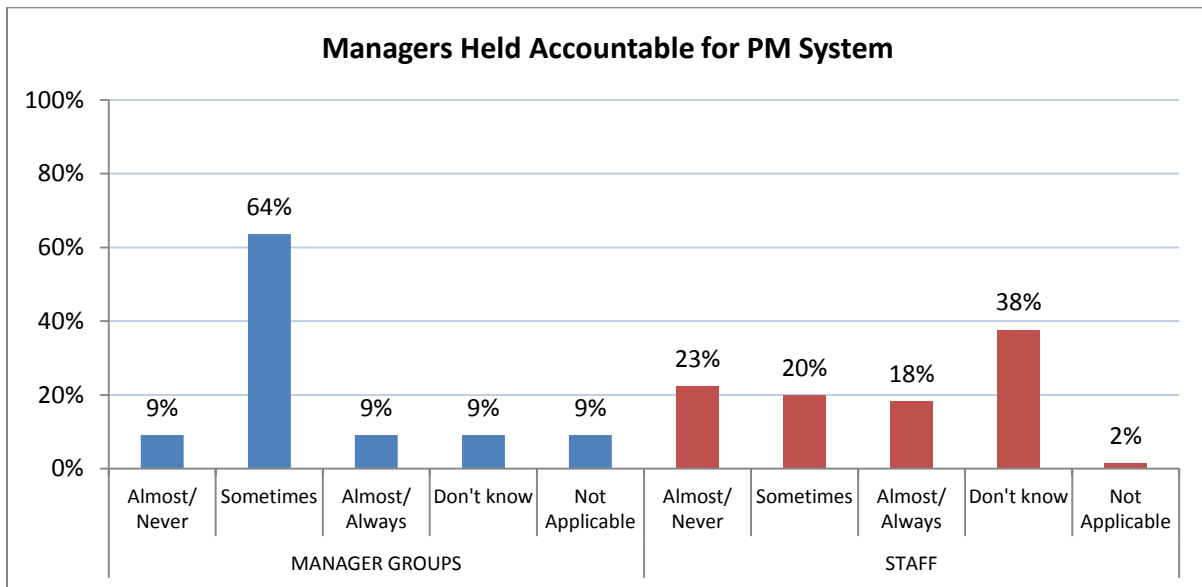
A survey question on incentives for performance improvement showed that both managers and staff agreed that there are never or almost never such incentives in place (Figure 4).

Figure 4: Incentives in place for performance improvement



On the topic of manager accountability, 64% of the management groups stated that managers are sometimes held accountable for developing, maintaining and improving performance management systems. Staff responded that they do not know (38%) or believe that the managers are never or almost never held accountable (23%) for such systems (Figure 5).

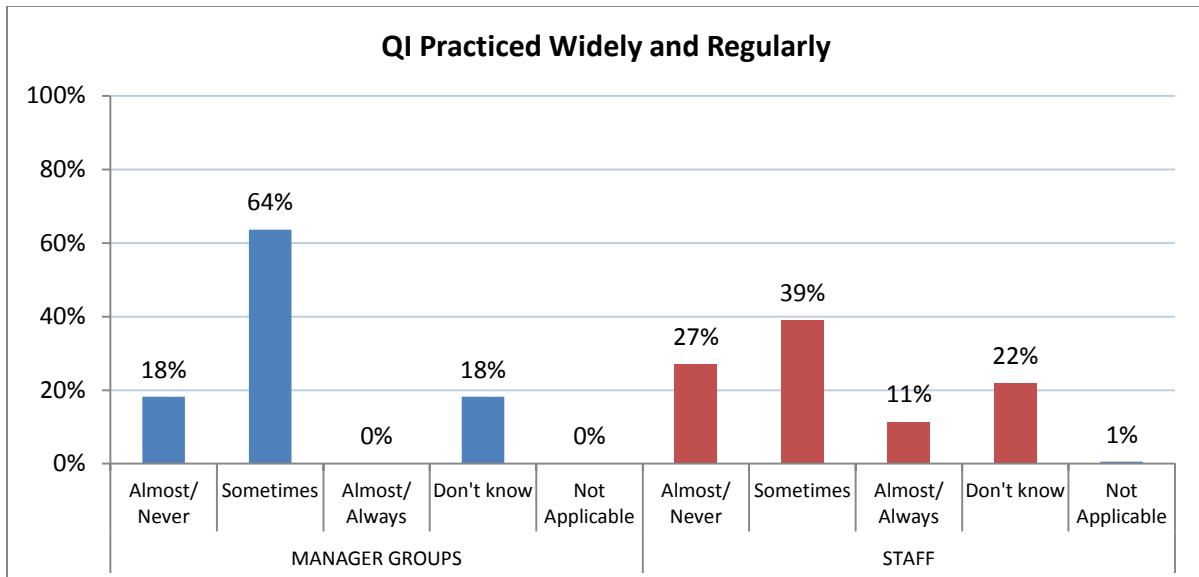
Figure 5: Managers held accountable for the performance management system



Both managers and staff believed that there are some QI efforts across DPH, but few responded that is it always or almost always widely and regularly practiced (Figure 6).



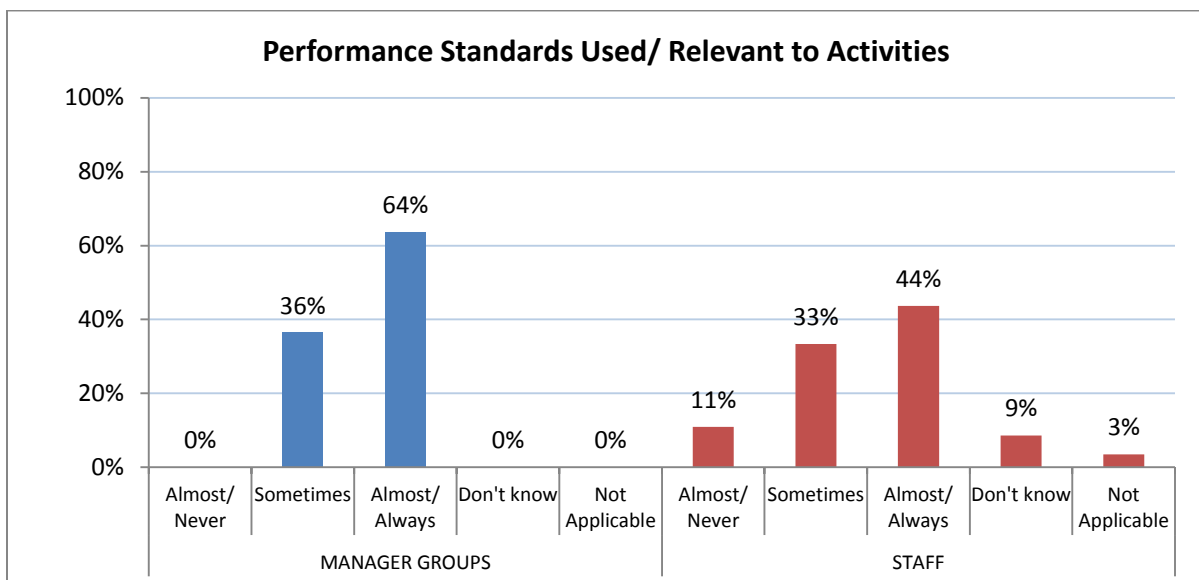
Figure 6: QI is practiced widely and regularly in the agency



## SECTION II: Performance Standards

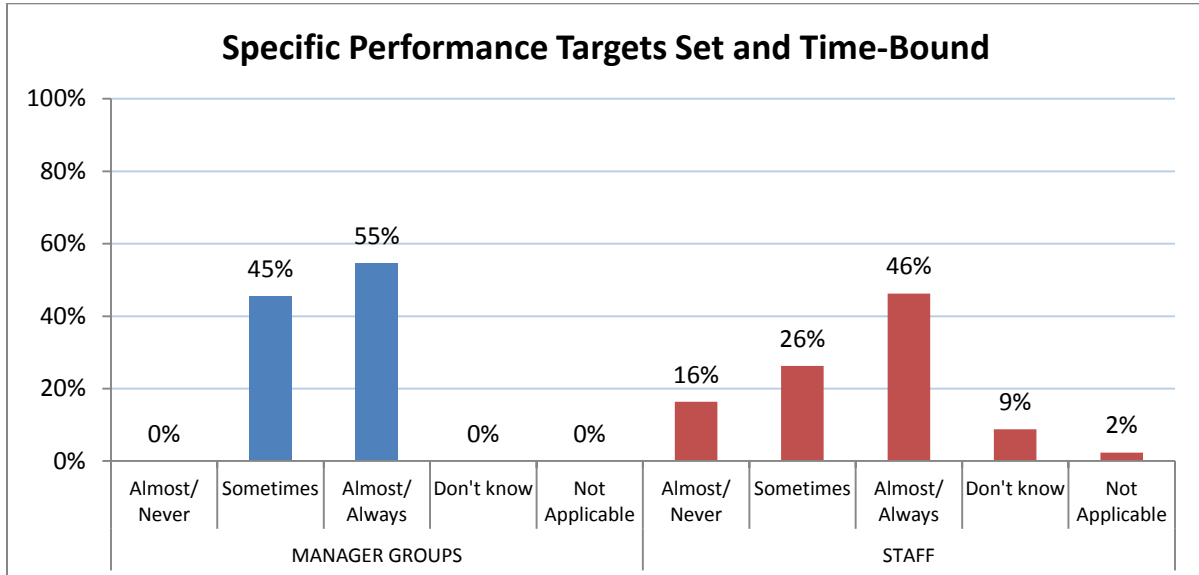
Section II of the assessment focused on the performance standards quadrant of the Turning Point performance management system. This section examined whether or not the agency uses established standards and guidelines to assess performance. The survey asked managers and staff if performance standards are used and relevant to the branch/section or program activities. The majority (64%) of management groups stated that performance standards were used and were relevant to branch/section activities. Fewer staff (44%) stated that they were almost always to always used (Figure 7).

Figure 7: Performance standards are used and relevant to branch/section activities



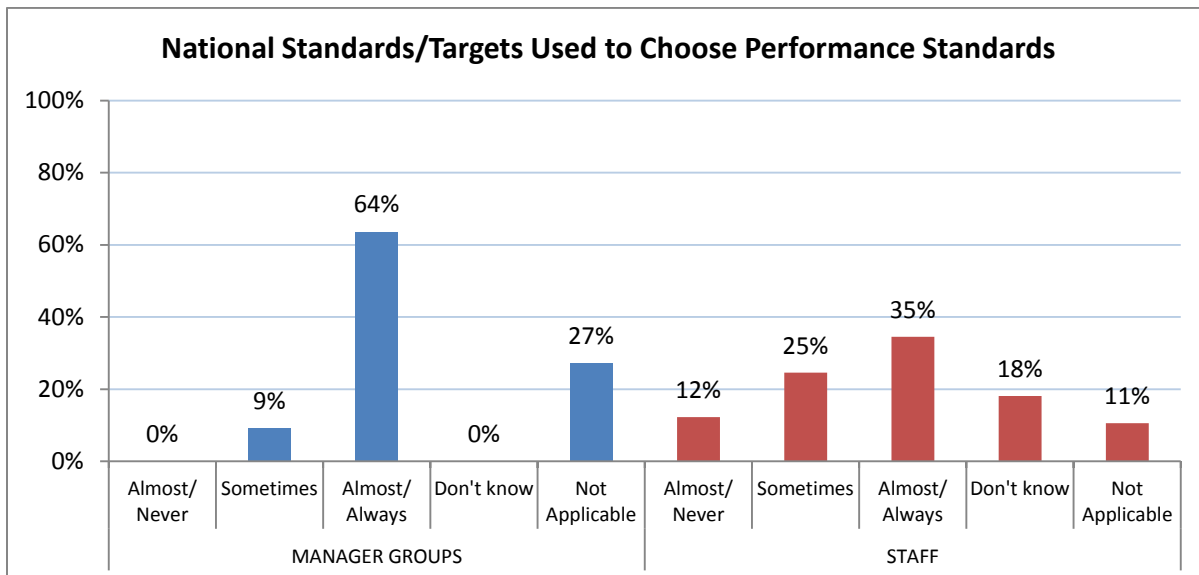
Both management (100%) and staff (72%) responded that performance standards are sometimes or almost always in place and that they are specific and time-bound or set to be achieved in a certain time period. It should be noted that 16% of staff stated that the targets were never or almost never specific and time-bound (Figure 8).

Figure 8: Specific performance targets are set to be achieved in a certain time period



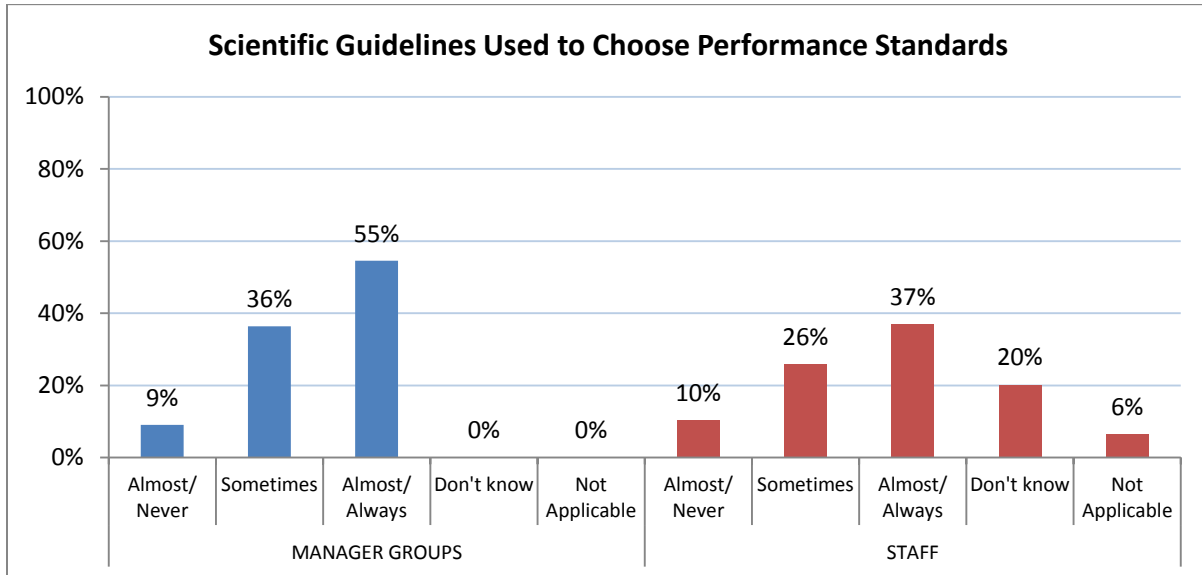
In response to a question on the use of national performance standards (e.g. Healthy People 2020, The Leading Health Indicators, etc.) to choose standards or targets, 64% of managers indicated that national standards and targets were almost always used. This represents a large difference when compared with 35% of staff who stated that national standards are used to choose the state/program standards (Figure 9).

Figure 9: National performance standards, indicators, and targets are used when possible



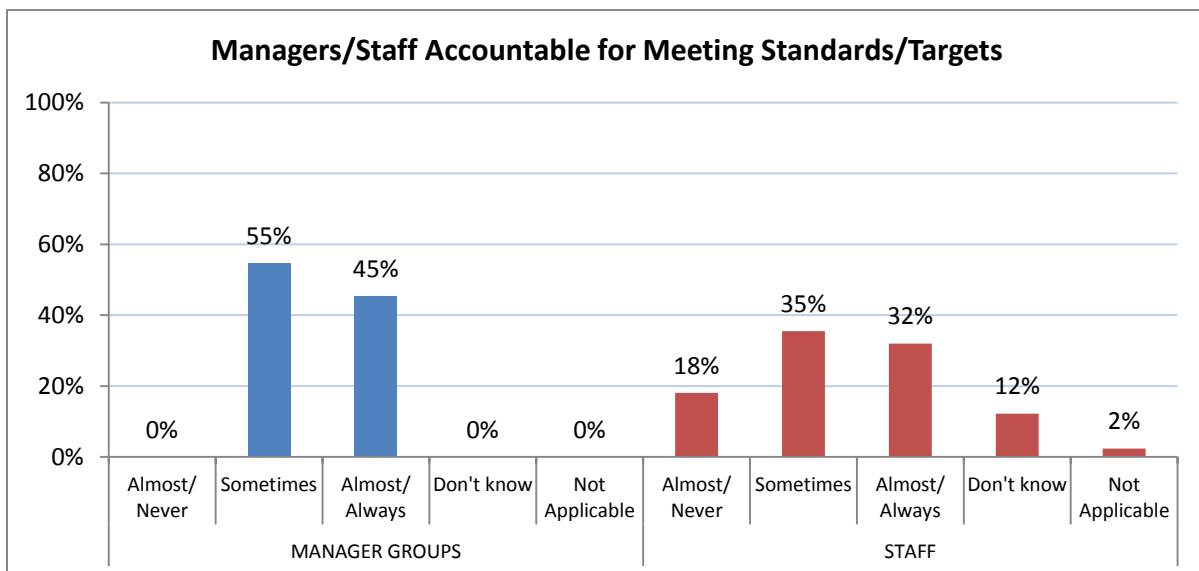
55% of managers reported they almost always chose performance standards based on scientific guidelines. Staff less often (37%) reported the consistent use of scientific guidelines to select standards (Figure 10).

Figure 10: Scientific guidelines are used to choose performance standards, indicators, and targets



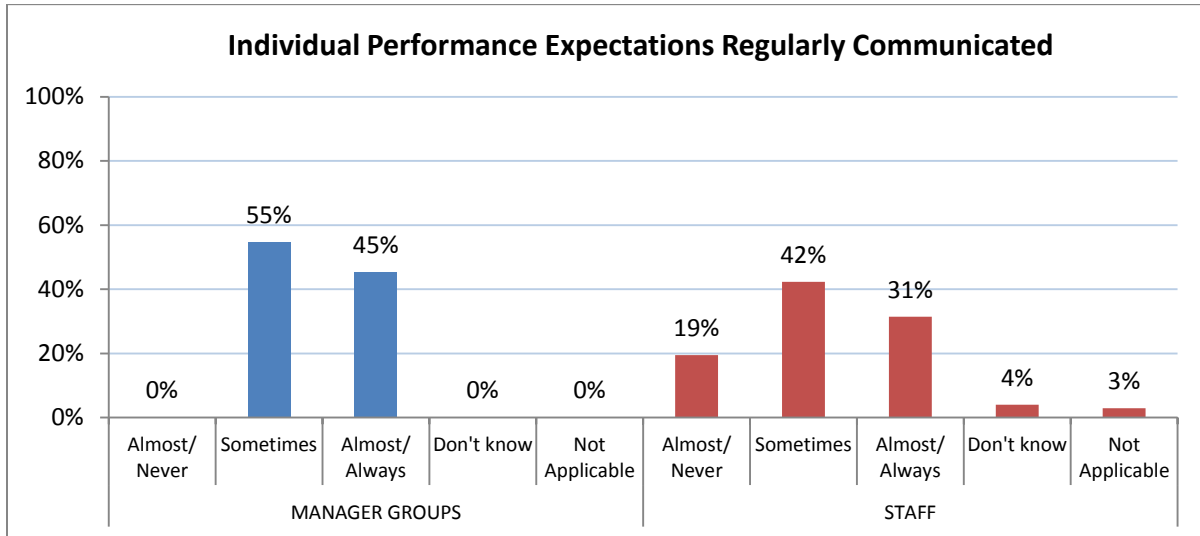
One of the key principles of performance management and national accreditation is accountability for public health services and organizations. To that end one of the survey items asked if managers and staff are held accountable for meeting standards and targets. Both groups responded that managers and staff are sometimes to always held accountable for meeting the program's standards. However, almost 20% of the staff responded that staff and managers are almost never held accountable for meeting standards or targets (Figure 11).

Figure 11: Managers and employees are held accountable for meeting standards and targets



One hundred percent (100%) of managers perceived that they either sometimes or almost always communicate performance expectations to staff. Fewer (73%) staff reported this to be the case with nearly 20% stating that this never or almost never occurs (Figure 12).

Figure 12: Individual performance expectations are regularly communicated

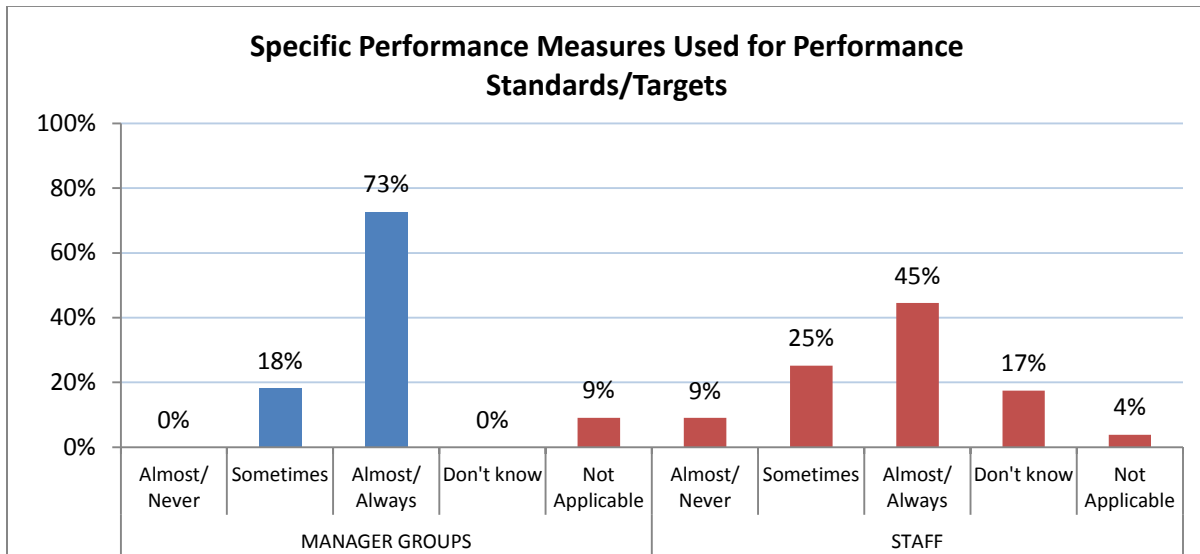


### SECTION III: Performance Measures

Section III focused on the performance measures quadrant of the Turning Point performance management system. Performance measures are quantitative measures used to determine if standards or targets are being met. In this section, managers and staff assessed how well measures are defined and whether data are collected for the performance measures in their respective areas.

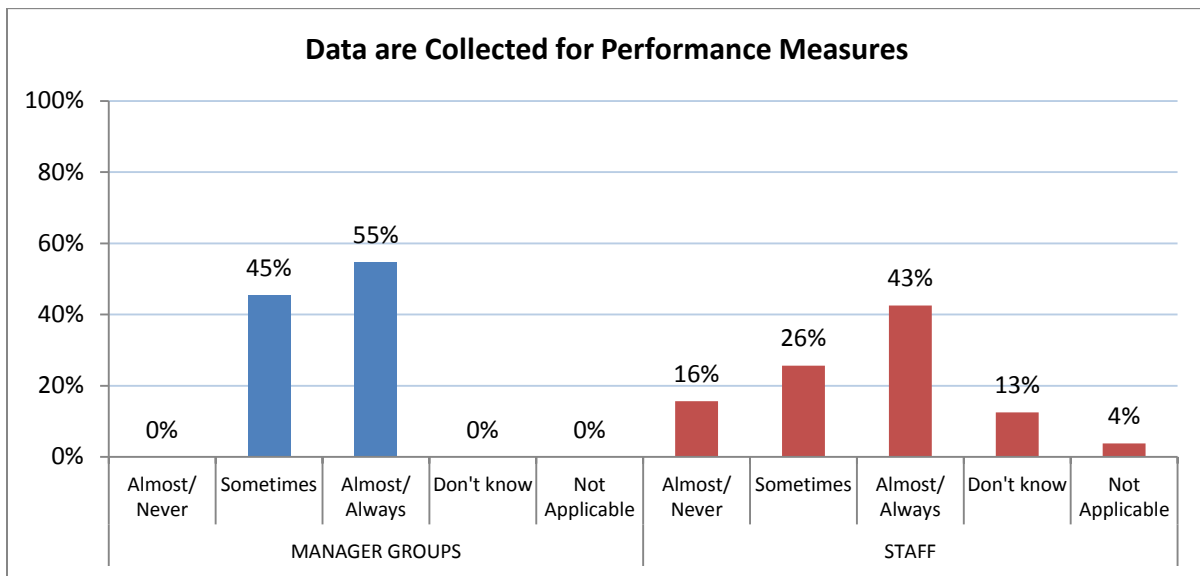
Most managers (73%) believed that performance measures are almost always in place to measure progress towards standards or targets, but only 45% of staff believed this to be the case (Figure 13).

Figure 13: Specific measures are used for all or most of the established standards and targets



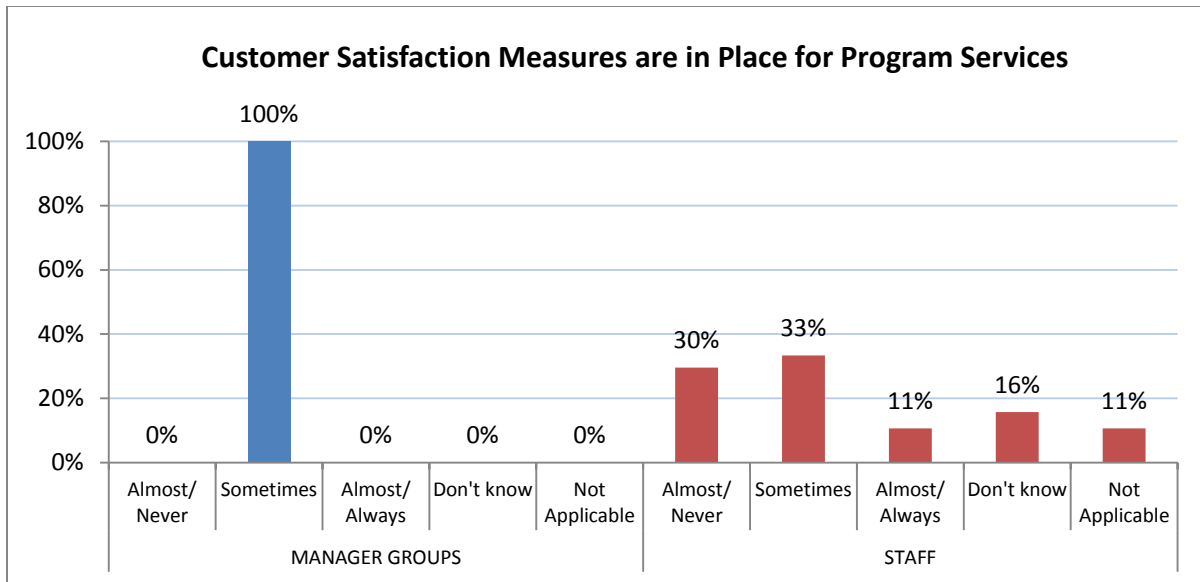
Both managers and staff stated that data are collected for performance measures sometimes or almost always, though staff stated this to be the case less often. Twenty-nine percent (29%) of staff responded that data are collected to measure performance almost never, never, or they did not know (Figure 14).

Figure 14: Data are collected for performance measures



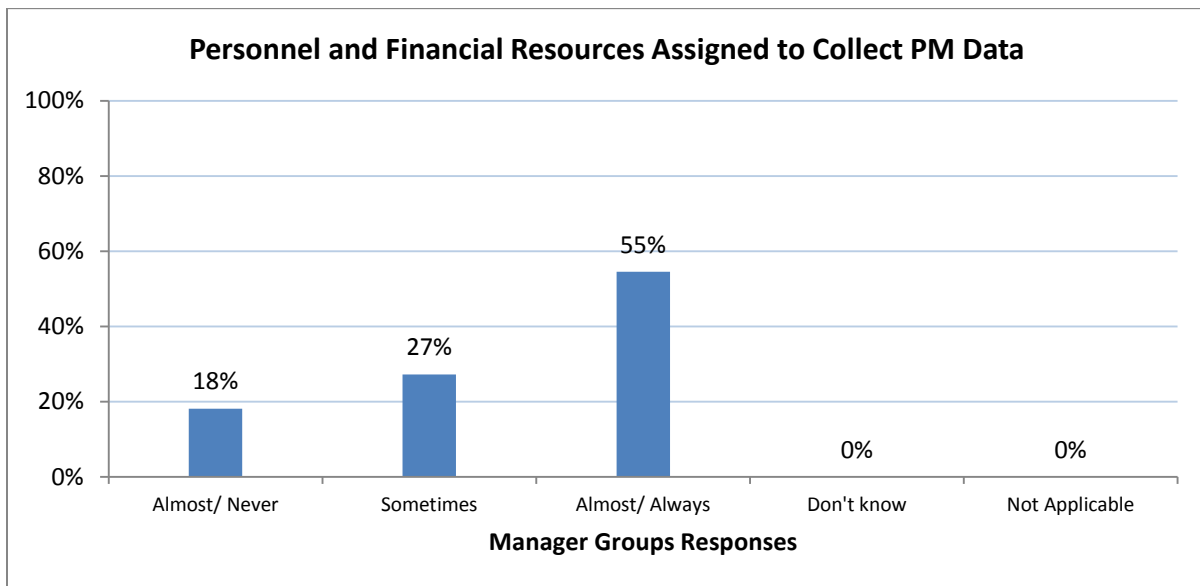
Staff considered customer satisfaction measures to be in place sometimes (33%) or never or almost never (30%), while 100% of managers believed customer satisfaction measures are in place sometimes (Figure 15).

Figure 15: Customer satisfaction measures in place for program services



Only managers were asked questions relative to available resources assigned to carry out performance management activities. Fifty-five percent (55%) believed that personnel and financial resources are almost always or always available to collect performance measures (Figure 16).

Figure 16: Personnel and financial resources are assigned to collect performance measurement data

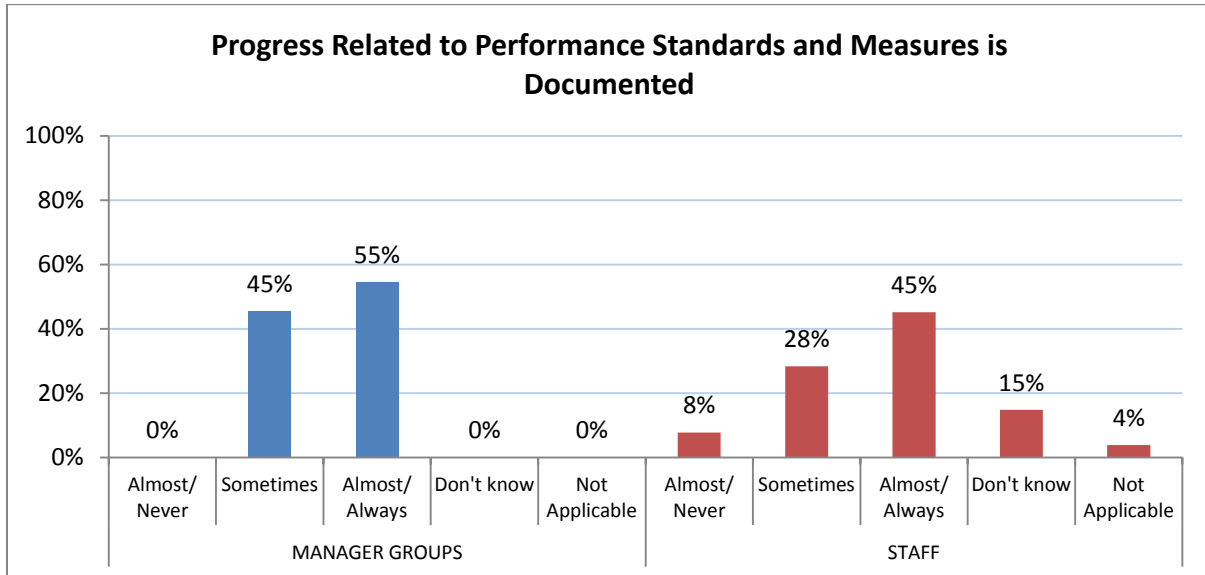


#### SECTION IV: Reporting of Progress

The fourth section of the assessment asked about the reporting of progress in meeting standards and targets and sharing this information with a variety of audiences. The Turning Point performance management system framework defines the reporting of progress as: analyzing and interpreting data; reporting results broadly to multiple audiences; and developing a regular reporting cycle. The majority

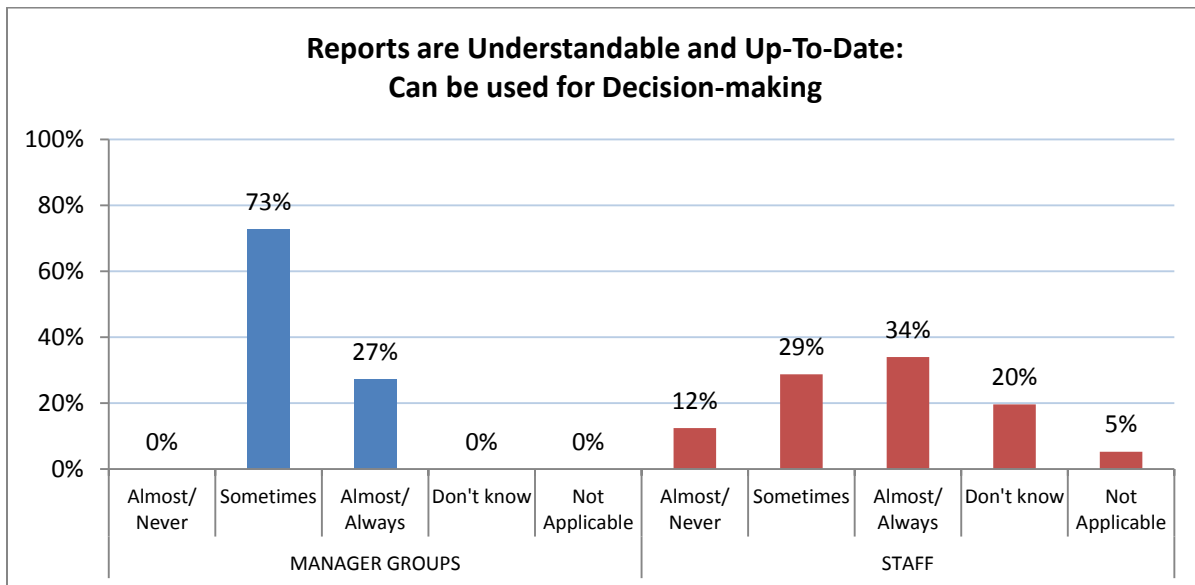
of managers (100%) and staff (73%) stated that documentation of progress related to standards and targets is done sometimes, almost always or always. However, some staff (23%) did not know or believed this is never done (Figure 17).

Figure 17: Progress related to performance standards and measures is documented



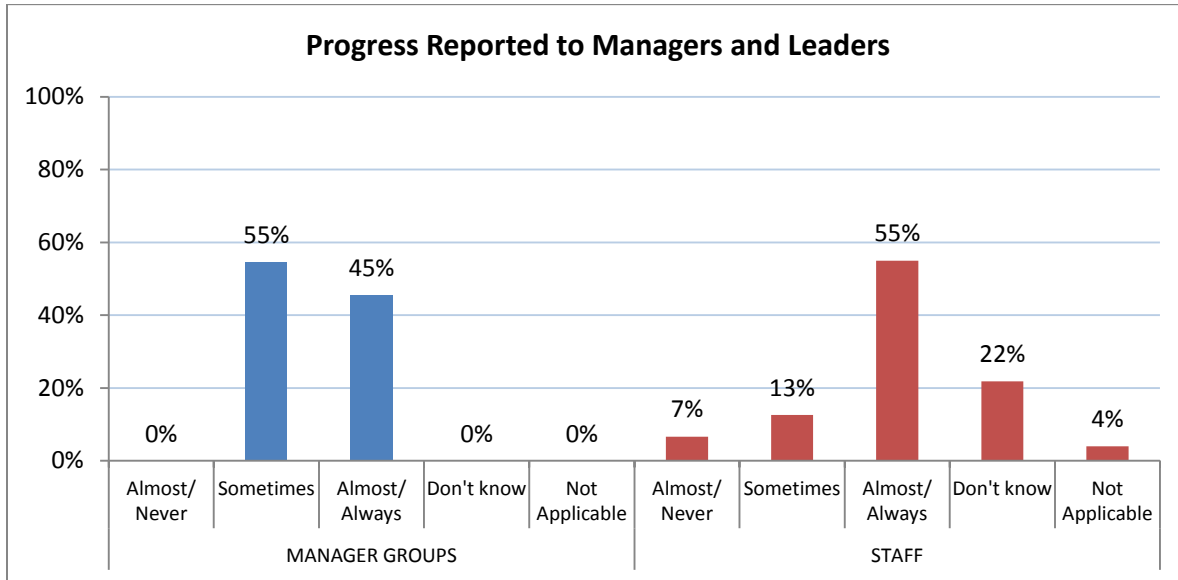
Nearly three quarters of manager groups stated that the reports are sometimes clear, up-to-date and understandable for decision-making and about a fourth believe this to always be the case. While 34% of staff responded that the reports are always to almost always clear and up-to-date, the remaining staff responses were split between sometimes, almost never, and do not know (Figure 18).

Figure 18: Reports are clear, relevant, and up-to-date so people can understand them and use them for decision-making



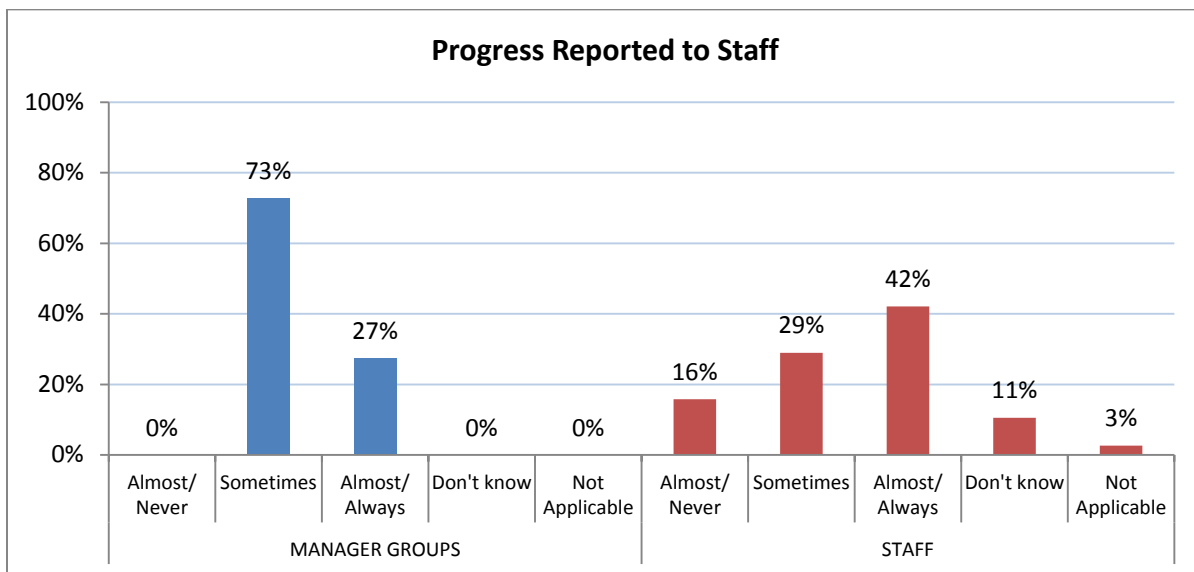
It was found that progress reports are made available to managers and leaders (Figure 19), 45% of managers stated that information is available to leadership whereas 55% of staff stated that the reports are available to leaders.

Figure 19: Progress is reported to managers and leaders



Reports are available to staff to a lesser extent (Figure 20). Twenty-seven percent (27%) of managers said that staff almost always or always are able to access progress reports, but 42% of staff stated that progress is reported and information is regularly made available.

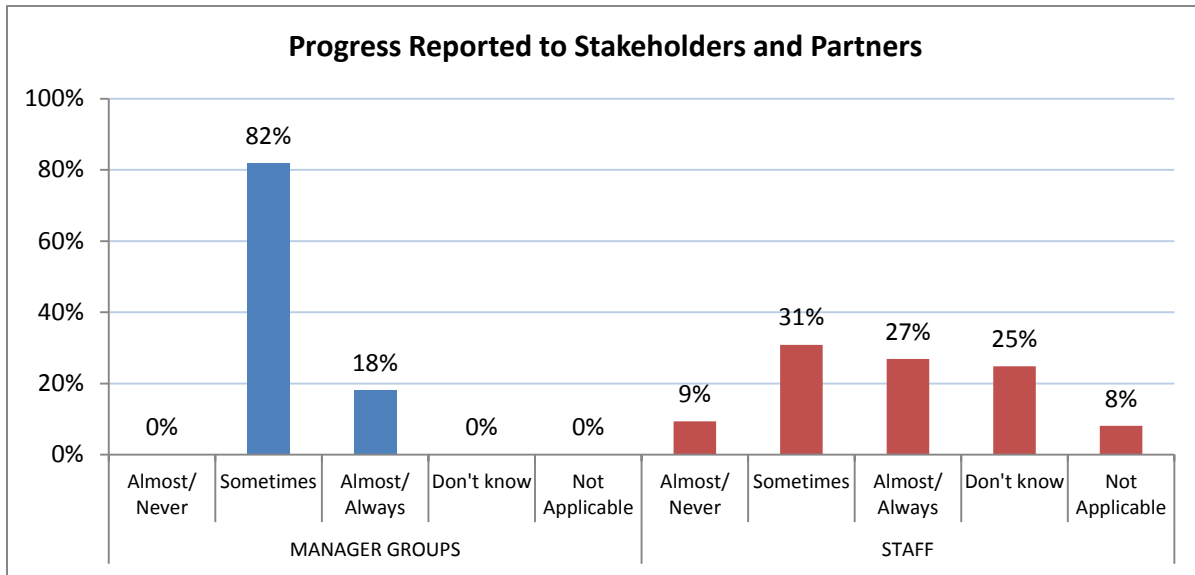
Figure 20: Progress is reported to staff



Regarding progress reports to stakeholders and partners, only 18% of managers and 27% of staff stated that progress reports are always or almost always available to stakeholders and partners (Figure 21).



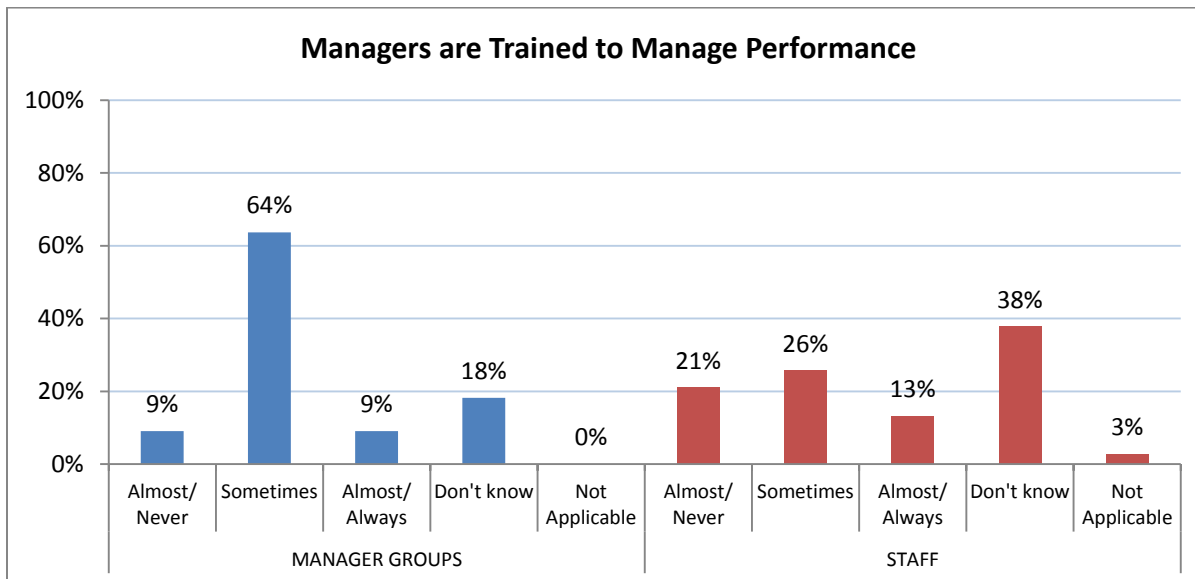
Figure 21: Progress is reported to stakeholders or partners



**SECTION V: Training and Technical Assistance Needs**

Staff and managers were asked about training availability relative to the various components of performance management throughout the survey. Those results are reported in this section with additional training questions. Analyses show that 64% of manager groups and 26% of staff say that managers are sometimes trained to manage performance, and only 9% and 13% of managers and staff, respectively, stated that managers are almost always trained on performance management. Finally, 38% of staff did not know if managers are trained in this area (Figure 22).

Figure 22: Managers are trained to manage performance



When employees were asked whether training is available to managers and staff to help them use performance standards and to measure performance, discrepancies were found. The manager groups stated that training is sometimes to always available for standards (82%) while only 50% of staff believed this to be the case (Figure 23). Similarly 100% of managers groups stated that training was sometimes to always available on measuring performance targets while only 51% of staff stated that they are sometimes to always trained on measuring performance (Figure 24).

Figure 23: Training is available to use performance standards

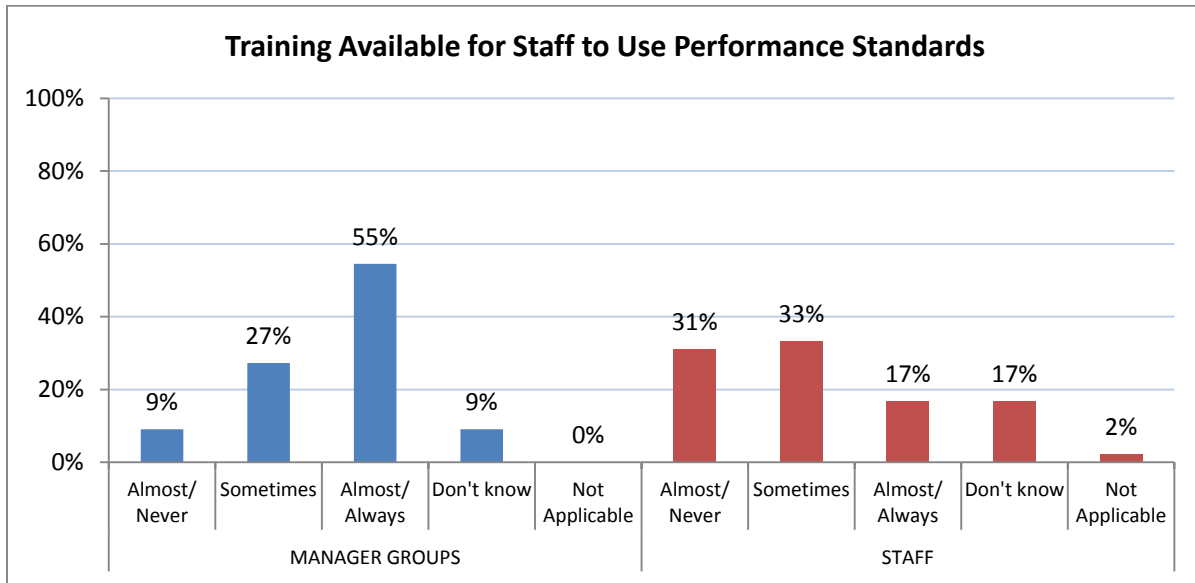
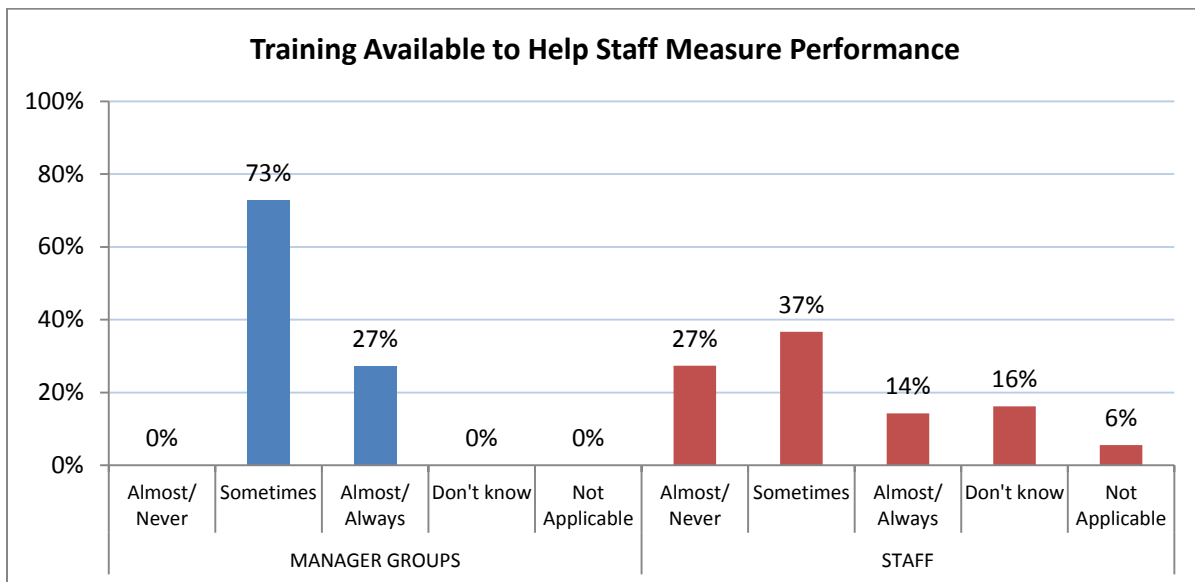








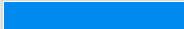







Figure 24: Training is available to help staff measure performance



Individual needs and preferences for training and technical assistance methods relative to quality improvement (QI) were surveyed. Staff used a scale from 1 to 3 to rate the value or usefulness of the type of training with 1 being the lowest and 3 being the highest rating. The results were as follows (see Figure 25 below for more details):

- Both management and staff believed that periodic brief training on new topics and tools in QI would be useful in their daily work (mean [managers]=2.1, mean [staff]=2.1)
- Staff noted that expanded training in QI to be would be useful (mean=2.0)
- Both management and staff believed that in person training with some hands on practical application would be a valuable training method (mean [managers]] =2.6, mean [staff] =2.5).
- Staff noted professional development courses would be of value(mean=2.2)
- Least useful for both managers and staff were train-the-trainer QI training and professional certification in QI (means [managers]=1.4, means [staff]=1.7)
- On-line tutorials were also of low training value to managers and staff (mean [managers]=1.7, mean [staff]=1.9)

**Figure 25: Training methods that would be useful and valuable to managers and staff**

	Useful for Managers		Useful for Staff	
	Scale of 1 to 3		Scale of 1 to 3	
Periodic brief training on new topics		2.1		2.1
Expanded QI training		2.0		2.0
Train-the-trainer		1.4		1.7
Professional Certification		1.4		1.7
	Valuable for Managers		Valuable for Staff	
Hands on practical application		2.6		2.5
On-line tutorials		1.7		1.9
Professional development courses		1.8		2.2

### Quality Improvement Practices Assessment: Inventory of Initiatives

To assess the current state of the DPH performance management culture and obtain a baseline of quality improvement practices in DPH, the Public Health Systems Improvement team inventoried the formal and informal QI initiatives that have been conducted recently or are still active. The QI inventory gives a brief description of the QI initiative, when it took place, and key contacts for more information. There are currently 16 active projects in DPH with three initiated in 2013, nine in 2012, two in 2011, and two started prior to 2011 (Table 2).

Quality improvement projects span eight of the ten major sections of the agency. The participating programs are: Healthcare Associated Infections, Drinking Water, the Public Health Laboratory, Human Resources, Vital Records, and the Food Protection Program. There are also cross-departmental QI

project teams made of employees from Chronic Diseases (in the Community Health and Prevention Section), Environmental Health, and Maternal and Child Health (in the Family Health Section).

Some of the current QI initiatives are 1) improving access to emergency department and hospitalization discharge data to DPH and local health departments; 2) decreasing the time it takes the Drinking Water Field Inspectors to report the findings of an assessment; 3) prioritizing chronic disease strategic action items to better integrate chronic disease prevention into the agency; and 4) streamlining the annual reporting processes for CT hospitals to the Office of Health Care Access.

**Table 2: Counts of quality improvement projects conducted at Connecticut Department of Public Health**

Project Status	All	Started in 2013	Started in 2012	Started in 2011	Started prior to 2011
Number of completed projects	4	0	3	1	0
Number of active projects	16	3	9	2	2
Number of non-active projects	2	0	2	0	0
TOTALS	22	3	14	3	2

## Summary and Next Steps

The performance management assessment was conducted to obtain a baseline of performance management practices at DPH. The results are extremely valuable and provide us with a strong sense of the strengths and opportunities upon which we can build and assure that we operate as a performance-based organization. A summary of each area of the assessment follows with next steps and recommendations for improvement. In some cases, gains have already been made.

### Leadership and Culture

Experience has shown that leadership support and commitment are key to the establishment of a culture of quality and integral to a high performing organization. The assessment showed that there is opportunity for improvement in this area for DPH.

- Managers believed that high-level leadership is committed to a performance management system and that they nurture a performance improvement culture, but this perception was not shared by most staff.
- Both management and staff responded overwhelmingly that incentives are almost never or never in place for performance improvement.
- Performance expectations are not consistently communicated to staff and it is unclear if managers and staff are held accountable for managing performance.
- Performance is perceived to be managed more often in some areas of DPH than others. Customer focus/satisfaction and financial systems are two areas for which performance management can be enhanced.

Since the completion of the survey, leadership and managers participated in an in-depth assessment of the culture of quality at DPH and articulated their commitment to nurturing a quality of culture. A

[report](#) of the quality cultural assessment results is available by contacting the Public Health Systems Improvement unit or downloading it from the DPH SHARED DOC folder (Quality\_Improvement\Cultural Assessment Report July 2013.pdf). Through that assessment, leaders determined that they should work on two key ingredients of a quality culture—empowerment and capability. They will be developing next steps to improve in these areas. Additionally, leadership development opportunities will be provided to staff during the year. This training has a strong emphasis on collaborative leadership and empowerment and will contribute to a culture of quality.

In addition, DPH is researching performance management software applications that will be used to house performance measures and provide a system to monitor progress towards performance targets. Such an application can assist in communicating performance expectations to staff and provides a mechanism for accountability.

### **Performance Standards and Measures**

A performance management system utilizes performance standards based on national or scientific guidelines to establish goals and targets for public health programs and services. Performance measures should be used to regularly monitor progress towards meeting these performance standards. Standards and measures are necessary to gauge the effectiveness of public health programs and services. This assessment showed that DPH has a strong foundation relative to performance standards and measures.

- To a large degree, DPH staff and managers stated that they are using national standards and scientific guidelines to guide their practice and to set targets.
- Staff and managers reported that they sometimes or almost always use performance measures to assess whether or not they meet standards.
- It appears that staff could benefit from additional training relative to performance measures and standards.
- Progress towards performance targets is being documented and reported to managers and staff, but less often to external stakeholders and partners. This is an area for improvement as stakeholders have an interest in the outcomes of the programs, are engaged in DPH services, and benefit from them.

When the performance management software application is in place, there is a potential to address many of the areas noted above. Regular monitoring of progress in meeting targets can be accomplished utilizing such an application. Additionally, this type of application can be used as a reporting tool both within DPH and for stakeholders and a scorecard will illustrate how DPH and partners are doing in meeting priority health outcomes.

The Public Health Systems Improvement unit will be working with staff throughout DPH to gather population and program performance measures, as well as program objectives and targets and input the data into the software application. Unit staff is also available to provide assistance in articulating or defining standards and measures and evidence-based practices currently being used by the programs.

Finally, it will be important to determine how each of the program standards and measures aligns with the goals and objectives of the [DPH Five-Year \(2013-2018\) Organizational Strategic Plan](#).

### Quality Improvement

- While quality improvement initiatives are being carried out across DPH and increasing in number, the practice is still not widespread.
- Staff and managers reported a need and desire for additional training in quality improvement using a variety of methods, especially hands-on application and being trained by a QI coach.

The Public Health Systems Improvement unit will continue to plan and coordinate training activities for staff through the use of National Public Health Improvement Initiative funds and other opportunities. Several teams are currently participating in quality improvement learning collaboratives. Others are taking advantage of Lean training and events. Several staff are participating in leadership development training which will tie closely to quality initiatives in DPH.

The Quality Improvement Council is poised to support DPH staff and advise the Public Health Systems Improvement unit as it works to enhance the performance management activities currently in place.

### Conclusion

In summary, through this assessment, DPH now has a detailed baseline to describe the degree to which a performance management system is institutionalized. While we are in our early stages of development, much is happening to improve in the four components of the performance management system: performance standards, performance measures, quality improvement and reporting; and in the foundational aspect of leadership and culture.

The results of this assessment will be used to develop objectives for improvement among all facets of the performance management system. It is anticipated that when we repeat the tool in the future that there will be substantial improvement in the responses, indicating that we have a much more robust performance management system. Although the response rate was quite low for this assessment (31%), we plan to make the follow-up assessment shorter and more focused on the priority areas, which may help improve the overall response rate.

# CT Performance Management Assessment - Staff

## Introduction

### Public Health Performance Management Self-Assessment Tool

How well does the Connecticut Department of Health (DPH) manage performance throughout the organization? This assessment will help us get a baseline of how well DPH is managing performance and also determine needs for training and technical assistance. The first section assesses how well DPH manages performance overall. The next four sections assess how you think your program manages performance. The questions about training needs should reflect your individual training needs. Please complete the survey by January 17, 2013. It should take about 20 minutes of your time. Please note, this is an assessment of how we are doing in DPH in performance management, not a test of your knowledge, abilities, or skills.

### Using This Tool

This tool is organized around each of the Public Health Performance Management System components.

- Performance Standards
- Performance Measurement
- Reporting of Progress
- Quality Improvement

In addition, the assessment looks at Leadership & Culture as they relate to supporting a Performance Management System.

Definitions and a schematic depiction of the Performance Management Model are provided in the email you received with the link to the survey. You should print this out to have as a reference while you answer the survey.

### Choose the Best Response

- Never/Almost Never: Your program barely does this or not at all; what occurs is not the result of any explicit strategy.
- Sometimes: Your program explicitly does this or has this capacity in place, but it is not consistently practiced.
- Always/Almost Always: Your program explicitly does this activity or has this capacity in place.
- I don't know: You do not have enough information to answer this question
- Not applicable - This question is not applicable to your program.

For questions call Joan Ascheim at ext 7626 or Susan Logan at ext 7248.

## CT Performance Management Assessment - Staff

\* 1. What is the name of your program or unit?



# CT Performance Management Assessment - Staff

## Section I Leadership and Culture of the CT DPH

This section looks to assess how leadership supports a culture of performance management within DPH. Your responses in this section should be about DPH as a whole.

2. For each of the following statements select the answer that best reflects the stage of development for the entire DPH

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1.A stated commitment exists from high-level leadership for a performance management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Performance is actively managed in the following areas - check all that apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 a. Health status (e.g. diabetes rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 b. Public health capacity (e.g. communities served by a health department or program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 c. Human resources development (e.g. workforce training in core competencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 d. Data and information systems (e.g. injury report lag time, participation in intranet report system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 e. Customer focus and satisfaction (e.g. use of customer/stakeholder feedback to make program decisions or systems change)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 f. Financial systems (e.g. frequency of financial reports, reports that categorize expenses by strategic priorities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 g. Management practices (e.g. communication of vision to employees, projects completed on time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 h. Service delivery (e.g. clinic no-show rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is a team responsible for integrating performance management efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Managers are trained to manage performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Managers are held accountable for developing, maintaining and improving the performance management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are incentives for performance improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Leaders nurture an organizational culture focused on performance improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Quality improvement is practiced widely and regularly in the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CT Performance Management Assessment - Staff

### Section II. Performance Standards - Responses Pertain to Your Program

This section examines whether or not your program uses objective standards or guidelines to assess performance. Standards may be set on national, state or scientific guidelines (e.g. Healthy People 2020, National Public Health Performance Standards) and benchmarked against similar organizations; based on the public's or leader's expectations (e.g. 100% access, zero disparities, 80% first trimester prenatal care.) Standards are what we measure our performance against.

3. For each of the following statements select the answer that best reflects the stage of development for your program

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. Performance standards are used and relevant to the program's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Specific performance targets are set to be achieved in a certain time period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Managers and employees are held accountable for meeting standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There are defined processes and methods for choosing performance standards, indicators, or targets as shown below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 a. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 b. The program uses benchmarks against similar organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. c.. Scientific guidelines are used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. d. The program sets priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. e. The program's standards cover a mix of capacities, processes, and outcomes (see definitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The program's performance standards, indicators, and targets are communicated throughout the organization and its stakeholders or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. a. Individual performance expectations are regularly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.b. The program relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Standards and targets are regularly tested to assure they are understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Multiple programs, divisions, or organizations use the same performance standards and targets (e.g., same child health standard is used across programs and agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Training is available to help staff use performance standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CT Performance Management Assessment - Staff

4. Please provide a specific example or two of a standard you use to guide your work.

## CT Performance Management Assessment - Staff

### Section III Performance Measurement - Responses Pertain to Your Program

This section examines whether or not your program uses performance measures; quantitative measures of capacities, processes, or outcomes to assess achievement (e.g. the number of trained epidemiologists to investigate outbreaks, percentage of women who receive first trimester prenatal care. Performance measures are measures used to determine if you meet standards.

5. For each of the following statements select the answer that best reflects the stage of development for your program

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. The program uses specific measures for all or most of the established performance standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.a. Every measure has a clear definition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.b. Each quantitative measure has a clear unit of measure defined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are defined methods and criteria for selecting performance measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 a. Existing sources of data are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 b. Standardized measures (e.g., national programs or health indicators) are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 c. Measures cover a mix of capacities, processes, and outcomes (see definitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Measures are in place to assess customer satisfaction with program services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Data are collected for the measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Training is available to help staff measure performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please provide one or two specific examples of performance measures you use.

# CT Performance Management Assessment - Staff

## Section IV Reporting on Progress - Responses Pertain to Your Program

This section assesses whether or not your program regularly shares its progress in meeting standards and targets through reports to a variety of audiences.

7. For each of the following statements select the answer that best reflects the stage of development for your program

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. The program documents progress related to performance standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The information is regularly made available to the following (check all that apply)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 a. Managers and leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 b. Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 c. Governor's office and legislators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 d. Stakeholders or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 e. The public, including media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Managers at all levels are held accountable for reporting performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 a. Reporting of progress is part of the program's strategic planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Training is available to help staff effectively analyze and report performance data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Reports are clear, relevant, and up to date so people understand them and can use them for decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please give an example or two of reports your program has produced which report on performance in meeting standards and targets

This section asks about your individual interest and need for training and technical assistance in quality improvement.

9. What type of training and/or technical assistance related to quality improvement would be of interest and/or useful to you in your daily work.

	Not useful	Useful	Very useful
Basic overview of performance management and quality improvement with examples of tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded training on quality improvement with more advanced tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning and doing quality improvement as a team while working on a project with a coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic brief training on new topics or tools in quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train-the-trainer quality improvement training which you would use to assist others with quality improvement projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional certification in quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)			

10. What methods of training on quality improvement would be most valuable to you? Check the most appropriate choice next to the method of training.

	minimally valuable	moderately valuable	most valuable
In person training with some hands on practical application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorials on line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team learning with a coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

11. Please share any other comments you might have relative to performance management.

5

6

Thank you for taking the time to complete the assessment. Your answers will assist us as we strive to become a stronger performance based organization.

# CT Performance Management Assessment - Management Final

## Introduction

### Public Health Performance Management Self-Assessment Tool

How well does the Connecticut Department of Health (DPH) manage performance throughout the organization? This assessment will help us get a baseline of how well DPH is managing performance and also determine needs for training and technical assistance. The first section assesses how well DPH manages performance overall. The next five sections assess how you think your branch or section manages performance. We will complete the survey as a team. Please note, this is an assessment of how we are doing in DPH in performance management, not a test of your knowledge, abilities, or skills.

### Using This Tool

This tool is organized around each of the Public Health Performance Management System components.

- Performance Standards
- Performance Measurement
- Reporting of Progress
- Quality Improvement

In addition, the assessment looks at Leadership & Culture as they relate to supporting a Performance Management System.

Definitions and a schematic depiction of the Performance Management Model are provided in the email you received with the link to the survey. You should print this out to have as a reference while you answer the survey.

### Choose the Best Response

- Never/Almost Never: Your branch/section barely does this or not at all; what occurs is not the result of any explicit strategy.
- Sometimes: Your branch/section explicitly does this or has this capacity in place, but it is not consistently practiced.
- Always/Almost Always: Your branch/section explicitly does this activity or has this capacity in place.
- I don't know: You do not have enough information to answer this question
- Not applicable- This question is not applicable to your program.

For Section I - Leadership and Culture - your response should be about DPH as a whole

For Sections II, III and IV - Performance Standards, Measures and Reporting - your response should be about your branch/section

For Section V Technical Assistance and Training - your response should reflect your branch/section's training and technical assistance needs.

For questions call Joan Ascheim at ext 7626 or Susan Logan at ext 7248.



## CT Performance Management Assessment - Management Final

\* 1. I am answering this question on behalf of

My branch

My section

My program

Other (please specify)

\* 2. What is the name of your branch, section or program?

\* 3. I completed this survey

By myself

As a team

# CT Performance Management Assessment - Management Final

## Section I Leadership and Culture of the CT DPH

This section looks to assess how leadership supports a culture of performance management within DPH. Your responses in this section should be about DPH as a whole.

4. For each of the following statements select the answer that best reflects the stage of development for the entire DPH

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1.A stated commitment exists from high-level leadership for a performance management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Performance is actively managed in the following areas - check all that apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 a. Health status (e.g. diabetes rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 b. Public health capacity (e.g. communities served by a health department or program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 c. Human resources development (e.g. workforce training in core competencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 d. Data and information systems (e.g. injury report lag time, participation in intranet report system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 e. Customer focus and satisfaction (e.g. use of customer/stakeholder feedback to make program decisions or systems change)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 f. Financial systems (e.g. frequency of financial reports, reports that categorize expenses by strategic priorities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 g. Management practices (e.g. communication of vision to employees, projects completed on time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 h. Service delivery (e.g. clinic no-show rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is a team responsible for integrating performance management efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Managers are trained to manage performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Managers are held accountable for developing, maintaining and improving the performance management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are incentives for performance improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Leaders nurture an organizational culture focused on performance improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Quality improvement is practiced widely and regularly in the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. A process or mechanism exists to align the organization's performance management system with your strategic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A process or mechanism exists to align your performance priorities with your budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Personnel and financial resources are assigned to performance management functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# CT Performance Management Assessment - Management Final

## Section II. Performance Standards

This section examines whether or not your branch/section uses objective standards or guidelines to assess performance. Standards may be set on national, state or scientific guidelines (e.g Healthy People 2020, National Public Health Performance Standards) and benchmarked against similar organizations; based on public's or leader's expectations (e.g. 100% access, zero disparities, 80% first trimester prenatal care.)

5. For each of the following statements select the answer that best reflects the stage of development for your branch/section

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. Performance standards are used and relevant to the branch/section activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Specific performance targets are set to be achieved in a certain time period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Managers and employees are held accountable for meeting standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There are defined processes and methods for choosing performance standards, indicators, or targets as shown below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 a. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 b. The branch/section uses benchmarks against similar organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. c.. Scientific guidelines are used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. d. The branch/section sets priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. e. The branch/section's standards cover a mix of capacities, processes, and outcomes (see definitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The branch/section's performance standards, indicators, and targets are communicated throughout the organization and its stakeholders or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. a. Individual performance expectations are regularly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.b. The branch/section relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Standards and targets are regularly tested to assure they are understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Multiple programs, divisions, or organizations use the same performance standards and targets (e.g., same child health standard is used across programs and agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Training is available to help staff use performance standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CT Performance Management Assessment - Management Final

6. Please provide a specific example or two of a standard you use to guide your work.

# CT Performance Management Assessment - Management Final

## Section III Performance Measurement

This section examines whether or not your branch/section uses performance measures; quantitative measures of capacities, processes, or outcomes to assess achievement (e.g. the number of trained epidemiologists to investigate outbreaks, percentage of women who receive first trimester prenatal care)

7. For each of the following statements select the answer that best reflects the stage of development for your branch/section

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. The program uses specific measures for all or most of the established performance standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.a. Every measure has a clear definition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.b. Each quantitative measure has a clear unit of measure defined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are defined methods and criteria for selecting performance measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 a. Existing sources of data are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 b. Standardized measures (e.g., national programs or health indicators) are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 c. Measures cover a mix of capacities, processes, and outcomes (see definitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Measures are in place to assess customer satisfaction with program services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Data are collected for the measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Training is available to help staff measure performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Personnel and financial resources are assigned to collect performance measurement data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please provide one or two specific examples of performance measures you use.

# CT Performance Management Assessment - Management Final

## Section IV Reporting on Progress

This section assesses whether or not your branch/section regularly shares its progress in meeting standards and targets through reports to a variety of audiences.

9. For each of the following statements select the answer that best reflects the stage of development for your branch/section

	Never/Almost Never	Sometimes	Always/Almost Always	I don't know	Not applicable
1. The branch/section documents progress related to performance standards and targets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The information is regularly made available to the following (check all that apply)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 a. Managers and leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 b. Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 c. Governor's office and legislators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 d. Stakeholders or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 e. The public, including media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Managers at all levels are held accountable for reporting performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 a. Reporting of progress is part of the branch/section's strategic planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 b. There is a clear plan for the release of these reports (i.e., who is responsible, methods, how often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Training is available to help staff effectively analyze and report performance data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Reports are clear, relevant, and up to date so people understand them and can use them for decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The branch/section has a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please give an example or two of reports your branch/section has produced which report on performance in meeting standards and targets

# CT Performance Management Assessment - Management Final

## Section V Training and Technical Assistance

This section asks about your branch/section's interest and need for training and technical assistance in quality improvement.

11. What type of training and/or technical assistance related to quality improvement would be of interest and/or useful to you in your daily work.

	Not useful	Useful	Very useful
Basic overview of performance management and quality improvement with examples of tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded training on quality improvement with more advanced tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning and doing quality improvement as a team while working on a project with a coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic brief training on new topics or tools in quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train-the-trainer quality improvement training which you would use to assist others with quality improvement projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional certification in quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

12. What methods of training on quality improvement would be most valuable to you? Check the most appropriate choice next to the method of training.

	minimally valuable	moderately valuable	most valuable
In person training with some hands on practical application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorials on line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team learning with a coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

13. Please share any other comments you might have relative to performance management.

Thank you for taking the time to complete the assessment. Your answers will assist us as we strive to become a stronger performance based organization.