



Managing for Results

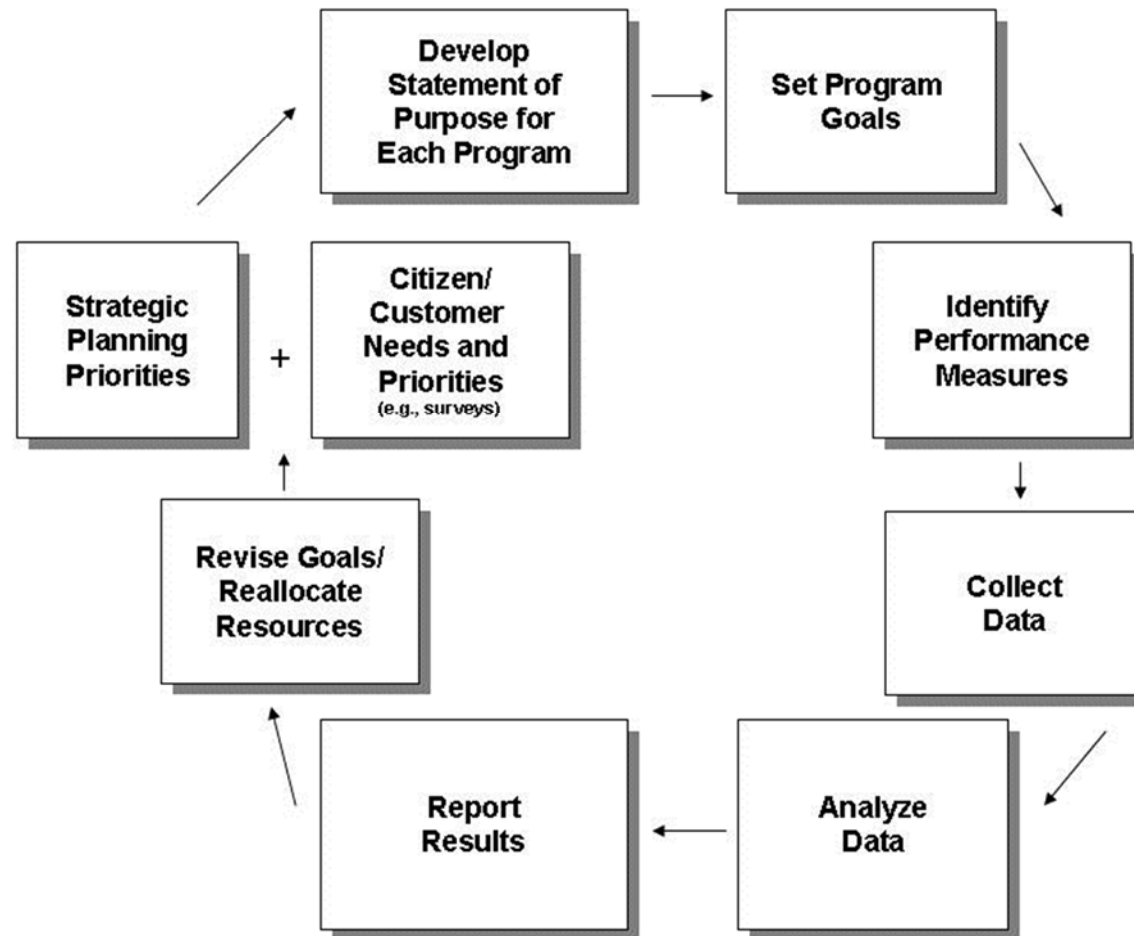
Performance Measurement Training
Fairfax County, VA
April 11, 2012

Purpose & Objectives

- To reinforce and wrap-up information from prior Performance Measurement courses
- To discuss reasons for and ways to use data for continuous quality improvement
- To review 7 steps involved in continuous improvement

Managing for Results

Performance Measurement Process



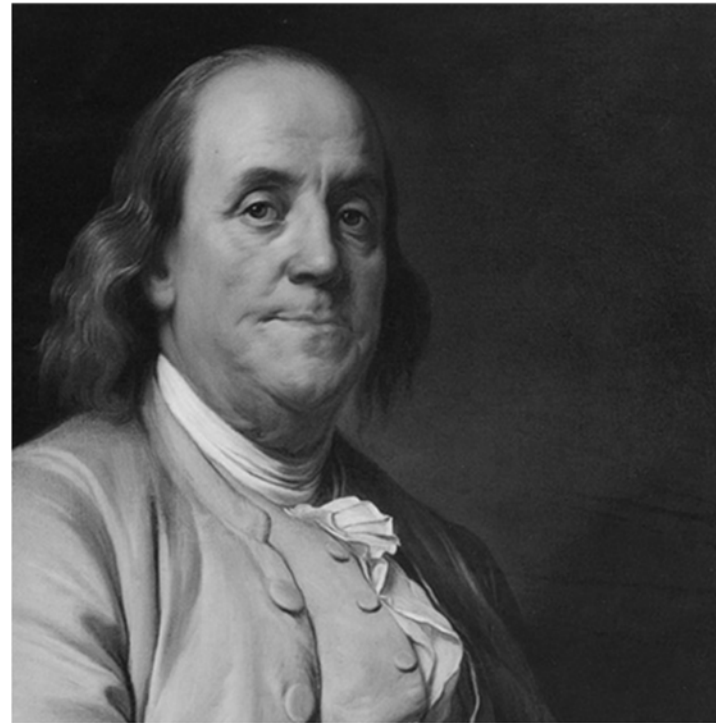
What is “Managing for Results”

- Identifying strategic goals, objectives & relevant measures
- Determining resources needed to achieve them
- Collecting & analyzing data
- **USING** that data to drive improvements

Performance Measurement & Process Improvement

“The definition of insanity is doing the same thing over and over and expecting different results.”

- Ben Franklin



Performance Measurement

If you don't measure results, you can't tell success from failure.

If you can't see success, you can't reward it.

If can't reward success, you're probably rewarding failure.

If you can't see success, you can't learn from it.

If you can't recognize failure, you can't correct it.

If you can demonstrate results, you can win public support.

Reinventing Government, David Osborne & Ted Gaebler

“Family of Measures” Recap

- **Outputs**: ____ produced
- **Efficiency**: Cost per ____; ____ completed per FTE
- **Service Quality**: Accuracy, Satisfaction, Timeliness
- **Outcomes**: Percent of ____; Reduction in ____

Process vs. Outcome Measures

- Easier to develop process measures (how many, what %, how much, etc.)
- Outcome measures relate directly to your mission – why your organization exists
- Process measures can be good proxy or interim indicators to show *progress* to outcomes

Good vs. Bad Measures

- Good measures are in the eye of the beholder.
- If it gives you the information you need to make decisions and it relates to your overall mission, it's a good measure.



You Be the Judge...

- % of families served who had a child referred to Child Protective Services
- Solid Waste Disposal Fee
- % of Self Contained Breathing Apparatus (SCBA) air packs and facemasks tested

Tips for Selecting Measures

- 3 criteria to use for selecting the best measures (especially for outcome measures)
 1. Communication Power
 - Does the measure communicate to a broad and diverse audience? “Town Square Test”
 2. Proxy (Representative) Power
 - Does the measure speak to the key thing that your organization does?
 3. Data Power
 - Can we even collect data for this measure? Is it timely, reliable and consistent?
- Rank each measure High / Med / Low on each of these criteria.

Using Outcome Data

- How can performance information be used?
 - To make resource allocation decisions
 - To identify gaps / issues / potential problems
 - To improve processes
 - To document and celebrate accomplishments
 - To adjust goals and / or measures

2 Key Questions

- 1) Who is making the decision?
 - 2) What do they need to know to make the decision?
- Answering these 2 questions tells you what data you need to collect

Defining the Problem

- Use performance measurement data to:
 - Decide *IF* you have a problem
 - Get to the root cause
 - Figure out if it is “worth fixing”



Problem Definition: NON-Data Driven vs. Data Driven

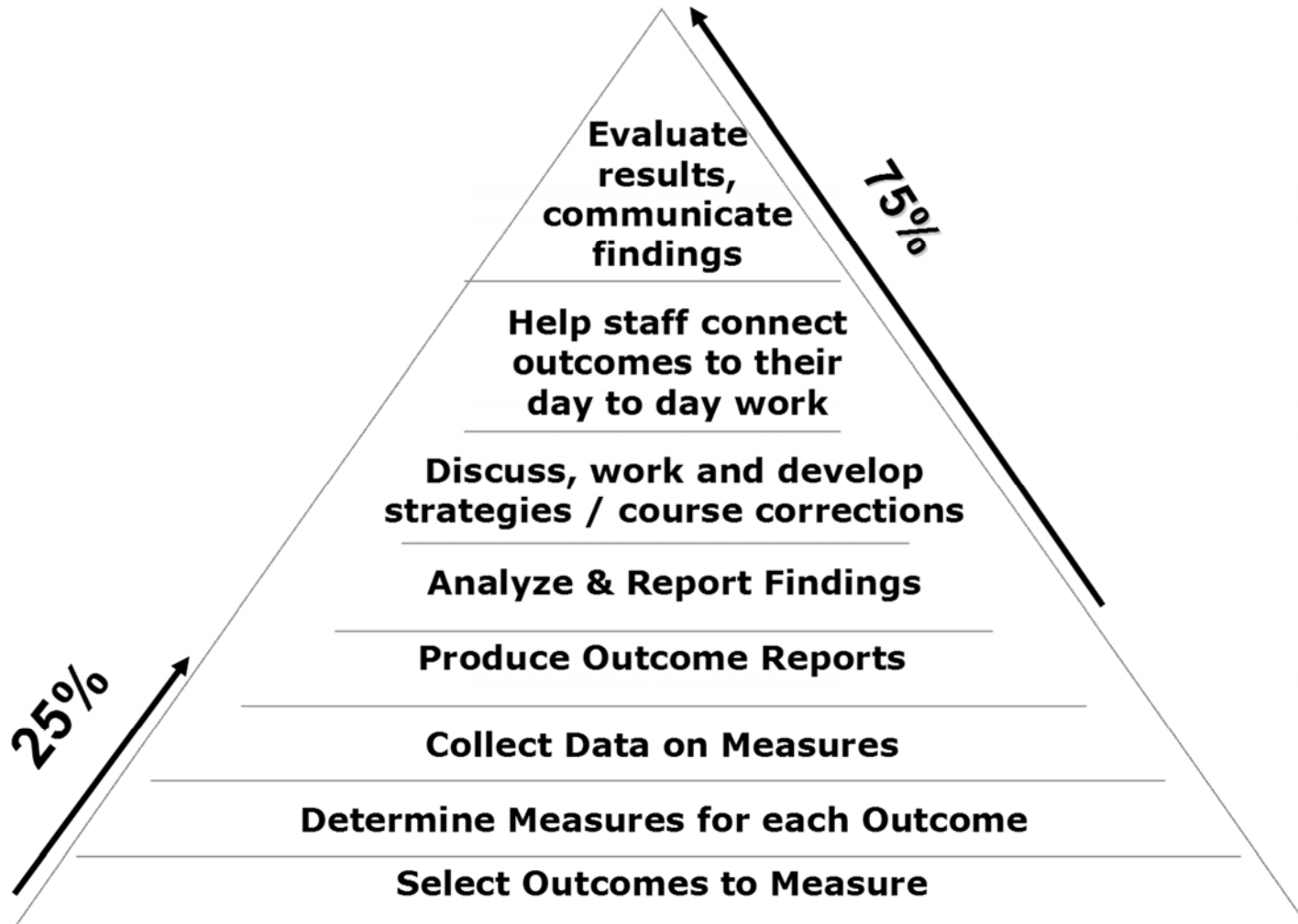
NON-Data Driven

- Boss tells you that you have a problem
- Board of Supervisors tells you that you have a problem
- Staff tell you that you have a problem
- Intuition tells you that you have a problem

Data Driven

- Performance measurement system
- Process measures
- Customer feedback
- Benchmarking

Outcome Data Pyramid



Transforming Data into Information

- Analysis is the process of converting raw data into useful performance information
- Analysis is necessary to make informed assumptions and generalizations about what happened
- Analysis allows you to compare what happened to what was *expected* to happen

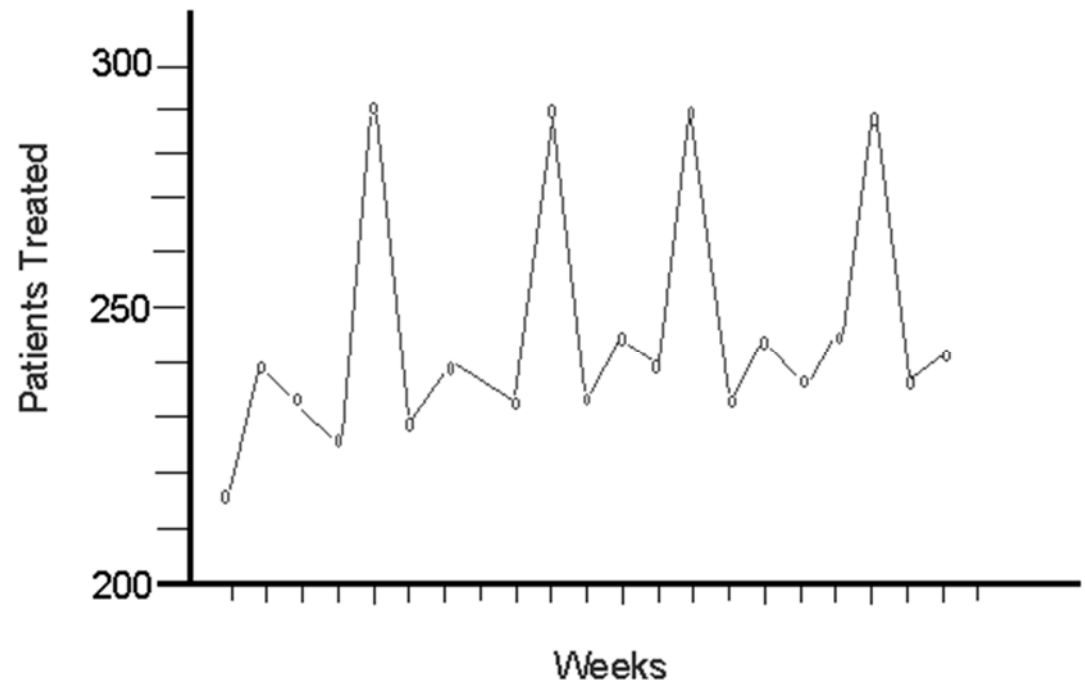
Data Analysis & Reporting

- Can you spot the problem or pattern?

Number of Patients Treated per Week									
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
216	239	233	226	288	227	238	228	287	229
<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>
242	233	286	228	239	232	237	285	232	235

Run Charts – Seeing Beyond Tables

- There is an obvious 'heartbeat' pattern. Chart peaks at '4 week - 4 week - 5 week' intervals, i.e. at month-ends.
- You can speculate as to the cause of the month-end peaks. Is it caused by the patients or the clinic?



Trend Data

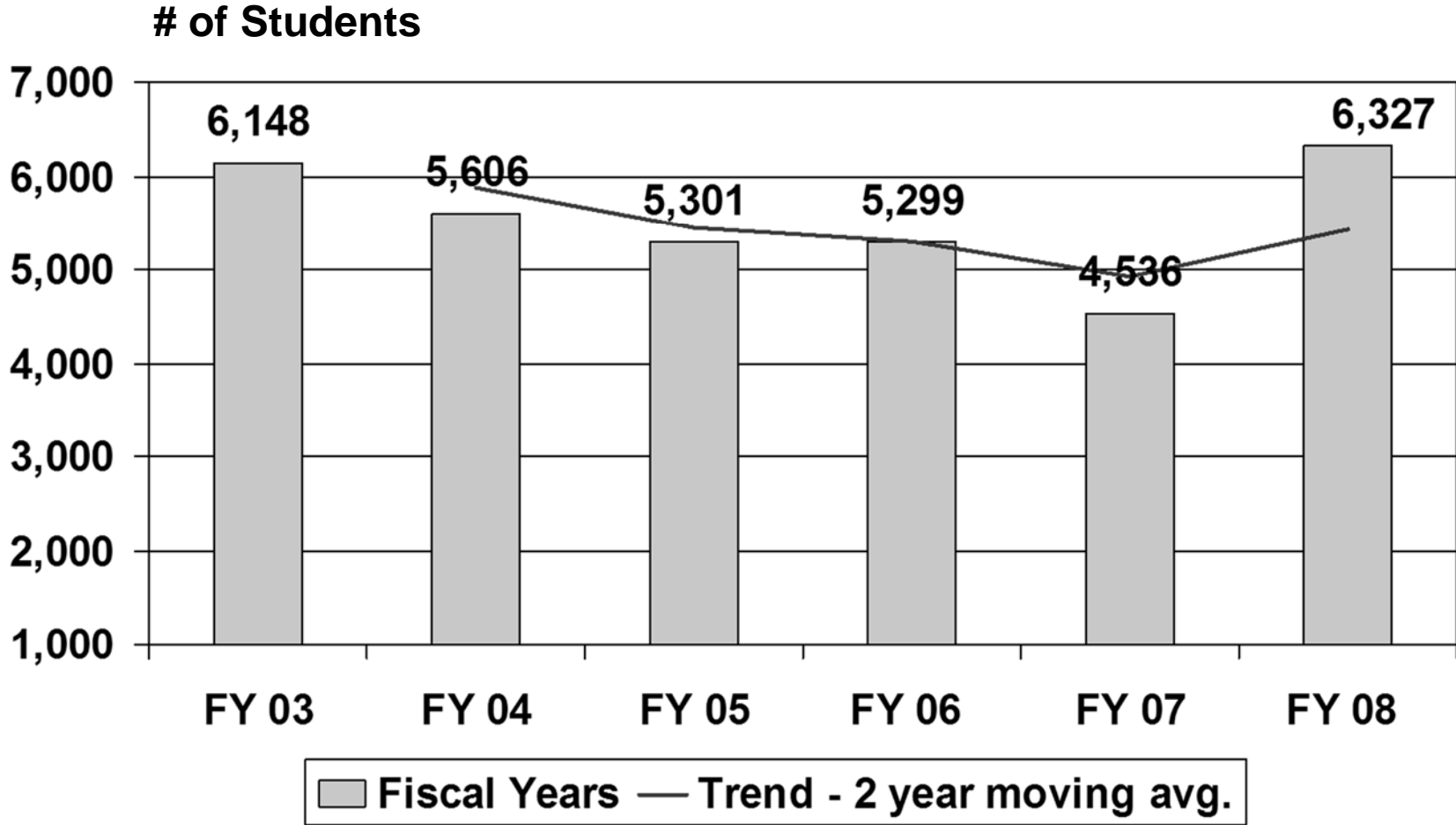


Chart Formats



"I see you brought the pie charts."

Visualization & Presenting Data

- Map as metaphor: a good diagram is like a map
 - Purpose is to assist thinking
 - No extraneous information
 - Tells the user what they need to know, quickly
- Beware of “dumbing down” or underestimating your audience
 - Sports page
- Human Brain & Mind-Eye Connection
 - To box or not to box

Coordinated Services Planning: Telephone Accessibility Project



- Coordinated Services Planning (CSP) helps individuals and families handle emergency situations by providing access to appropriate public and community-based human services.
- Prior to FY 2002, the average wait time for callers to their call center:
 - approximately 4.5 minutes
 - service levels averaged 58% (i.e., 58% of calls answered in 90 seconds or less).
 - Their goal was to answer 65% of all calls within 90 seconds or less
- By FY 2002, average wait times increased to over 5 minutes and service level dropped to 39%
- Today, the average wait time is less than 1 minute, and their service level is about 85%

Coordinated Services Planning: Telephone Accessibility Project



County of Fairfax

Answered Call Profile - ACD Group Daily

From 5/30/2005 to 6/3/2005 for intervals between 08:00 and 17:00

Printed 06/13/2005 16:08



CenterStats

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Date	No. of Calls Answered	From Other ACD	% of Calls Answered Within X Seconds							/	Sec	Avg. Time Before Answer					
			90	180	270	360	450	540	0			90	180	270	360	450	
INTKCSP			90	180	270	360	450	540				0	90	180	270	360	450
05/30/2005	0	0	0	0	0	0	0	0	/	0							
05/31/2005	195	0	91	97	99	99	100	100	/	31							
06/01/2005	244	0	100	100	100	100	100	100	/	11							
06/02/2005	189	0	82	88	93	94	96	97	/	78							
06/03/2005	179	0	82	90	92	96	97	97	/	61							
INTKCSP	807	0	90	94	96	97	98	99	/	42							
SPANISH			90	180	270	360	450	540				0	90	180	270	360	450
05/30/2005	0	0	0	0	0	0	0	0	/	0							
05/31/2005	44	20	84	91	91	95	95	95	/	71							
06/01/2005	28	3	89	100	100	100	100	100	/	28							
06/02/2005	55	28	65	80	84	85	85	87	/	153							
06/03/2005	36	14	75	83	100	100	100	100	/	57							
SPANISH	163	65	77	87	92	94	94	94	/	88							

Answer Call Profile report (daily and interval)

* Takes data from Switch and produce report.

Coordinated Services Planning: Telephone Accessibility Project



County of Fairfax

ACD System Summary Report -Daily

From 5/30/2005 to 6/3/2005 for intervals between 08:00 and 17:00

Printed 06/13/2005 16:06



CenterStats

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Date	Received			Answered			Number of Calls							Average Time (mm:ss)							
	Total	Prim	Ovfl	Total	Prim	Ovfl	%Ans	Total	Abandoned	Prim	Ovfl	Ovfl	Accd	Out	Xfer	First	Total	Prim	Ovfl	Total	Prim
INTKCSP																					
05/30/2005	0	0	0	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0:00	0:00	0:00	0:00	0:00
05/31/2005	244	244	0	200	200	0	81.97	20	20	0	24	0	24	108	7:59	7:59	0:00	0:31	0:31		
06/01/2005	262	262	0	255	255	0	97.33	4	4	0	3	0	40	19	6:27	6:27	0:00	0:11	0:11		
06/02/2005	298	298	0	195	195	0	65.44	68	68	0	35	0	27	179	7:01	7:01	0:00	1:44	1:44		
06/03/2005	239	239	0	186	186	0	77.82	37	37	0	16	0	32	100	5:39	5:39	0:00	0:59	0:59		
INTKCSP	1043	1043	0	836	836	0	80.15	129	129	0	78	0	123	406	6:46	6:46	0:00	0:48	0:48		
SPANISH																					
05/30/2005	0	0	0	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0:00	0:00	0:00	0:00	0:00
05/31/2005	66	29	37	48	24	24	72.73	9	5	4	0	0	5	12	10:25	8:10	13:08	1:06	1:48		
06/01/2005	37	34	3	30	27	3	81.08	7	7	0	0	0	4	11	11:05	11:49	3:18	0:27	0:29		
06/02/2005	97	35	62	62	27	35	63.92	15	8	7	0	0	9	20	9:48	11:37	8:41	2:36	3:37		
06/03/2005	67	25	42	39	23	16	58.21	7	2	5	0	0	4	4	6:21	6:48	5:45	0:54	0:36		
SPANISH	267	123	144	179	101	78	67.04	38	22	16	0	0	22	47	9:26	9:45	9:14	1:28	1:40		

System Summary Report (daily)

* Takes data from Switch and produce report.

Disaggregating Data

- By client and program characteristics that could influence outcomes (e.g., program location, gender, time, etc.)
- Comparative data analyses, such as:
 - Actual results vs. targets
 - Different strategies used to achieve results
 - Different service providers

Disaggregating Data – Fairfax County Public Libraries

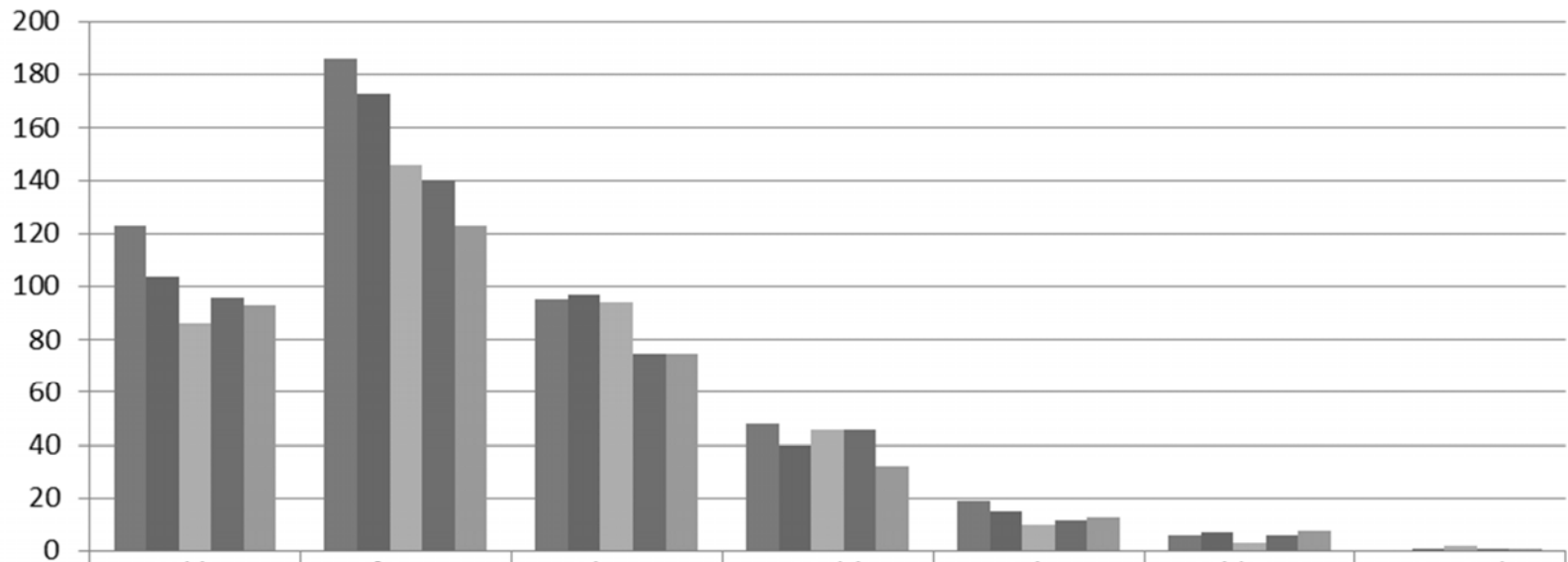
- Review data as a whole, by individual branch, by month, and by facility (regional and community libraries):
 - Able to spot changes to / shifts in use of types of libraries. Review information questions both for entire system and by individual branches, looking for increases and decreases for current year as compared to the previous year.
 - Review figures for all regional branches compared to all community branches, enabling them to recognize shift that is slowly taking place in volume of reference transactions from regional to community branches.
 - PM data verified assumption that shift is taking place in level of service from regional to community branches.

Exercise #1

- Do the numbers tell a story? Is there an issue here worth researching or celebrating?
- If a Washington Post reporter saw this data, what would the headline be?
- What else are you going to look into?
- What methods are you going to use?
- Is there a better way to display / report this data?

Children in Foster Care by Race

of Children in Foster Care by Race as of 06/30



	White	Af Amer	Hispan	Multi	Asian	Mid East	Am Ind
■ FY07	123	186	95	48	19	6	0
■ FY08	104	173	97	40	15	7	1
■ FY09	86	146	94	46	10	3	2
■ FY10	96	140	75	46	12	6	1
■ FY11	93	123	75	32	13	8	1

BREAK TIME!

- 10 minutes

Steps in Continuous Improvement

1. Identify opportunity for improvement
2. Define the scope
3. Analyze current processes
4. Envision the future process
5. Implement process changes
6. Verify changes
7. Start it all over again!

1 – Identify Opportunity for Improvement

- Data collection, analysis & benchmarking can help identify performance gaps.
- Why benchmark?
 - Highlight gaps
 - Establish basis for targets
 - Create momentum for change
 - Uncover best practices
- What is the limitation of NOT benchmarking?

1 – Identify Opportunity for Improvement (cont'd)

- Benchmark processes that:
 - Represent highest % of costs
 - Significantly impact quality, cost or time
 - Are of strategic importance
 - Have the greatest room for improvement
- Fundamental questions to ask:
 - Where are we now?
 - Where do we want to be?
 - How do we get there?
 - How do we measure our progress?

2 – Define the Scope

- What do you want to achieve?
- Who is the process owner? (Responsible party)
- How broad / narrow do you want to go?
- What methodology will you use to improve the process?
- What is your timeframe?

3 – Analyze Current Processes

- Understand your processes thoroughly
- Chart out your processes
- Identify key measures
- Collect & analyze data *on those measures*
- Compare actual performance to goals

3 – Analyze Current Processes (cont'd)

- Methods for discovering root causes of identified problems
 - “5 Whys”
 - Cause and Effect Diagram
 - Fishbone Chart
 - Root Cause Chart

3 – Analyze Current Processes (cont'd)

- “5 Whys”
 - A patient received the wrong prescription. *Why?*
 - The prescription was incorrect. *Why?*
 - A wrong decision about prescribing the medication was made by the physician. *Why?*
 - The patient’s chart did not contain all the information needed by the physician. *Why?*
 - The physician’s assistant had not entered the patient’s latest lab test result. *Why?*
 - The lab technician had phoned the results through to the receptionist who forgot to tell the assistant.

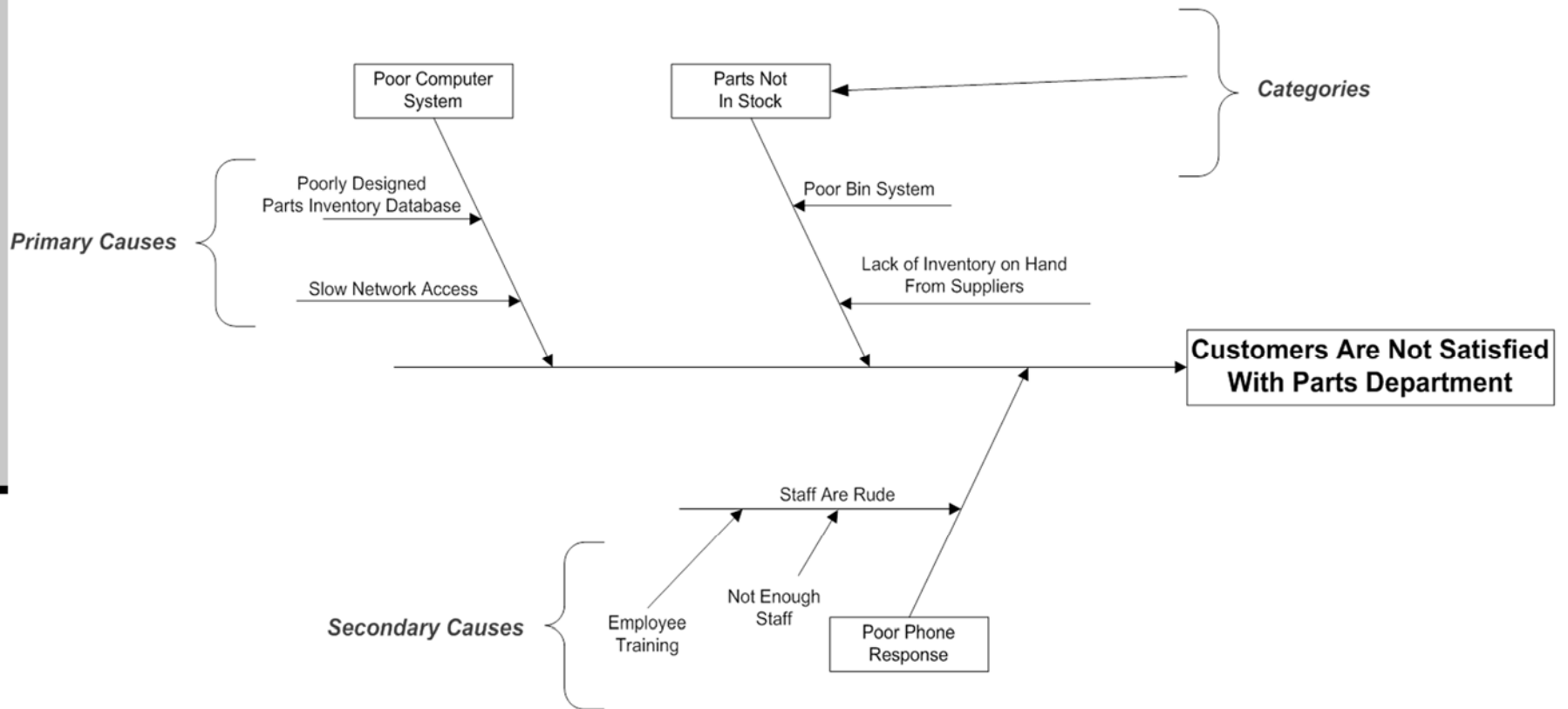
3 – Analyze Current Processes (cont'd)

■ Cause & Effect Diagram



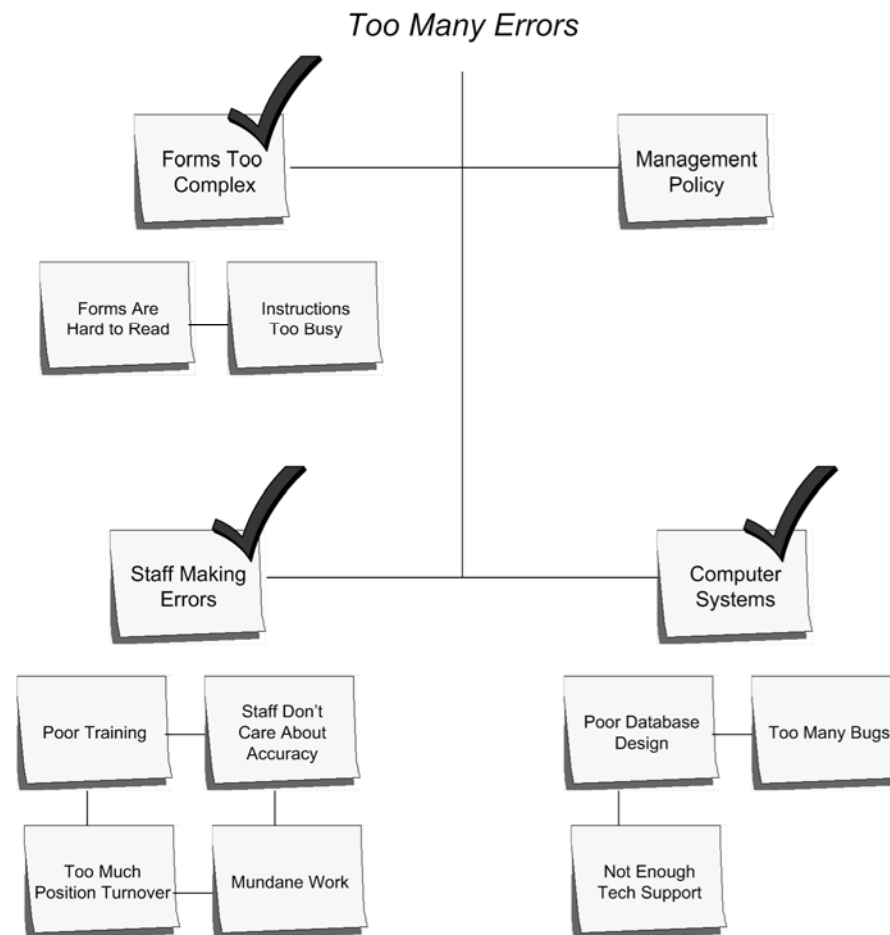
3 – Analyze Current Processes (cont'd)

■ Fishbone Chart



3 – Analyze Current Processes (cont'd)

■ Root Cause Chart



4 – Envision the Future Process

- Use of flowcharts
 - “As Is” vs. “To Be”
- Identify roadblocks, redundancies and unnecessary steps
- Look out for:
 - Complex processes (greater chance for error)
 - Hand-offs
 - Decision points
 - Non-value added steps

5 – Implement Process Changes

- Develop recommendations based on previous 4 steps
- Involve process manager & stakeholders from start (buy-in)
 - Ensure staff is involved – understands their role
- Prepare implementation plan
 - Tasks / actions required
 - Who is responsible
 - Target completion date
 - Communication plan

6 – Verify Changes

- Review / analyze performance measures again to determine if anticipated improvement is occurring
- Need balance of measures – be careful of see-saw effects
- If improvement is not as expected, analyze why not & make appropriate changes

7 – Start It All Over Again!

- The “continuous” in continuous improvement
- Not being satisfied with a good job, but striving to always do a better job
- Process changes are not one-time events
- Changing customer needs

Exercise #2

- Table exercises & report out
 - Is this a critical area that should be measured?
 - What performance measures should be used?
 - Prepare a diagram to identify the root cause of the problem.
 - What are some improvements you could take to correct the problem?
 - How would you know if your improvements were successful?

Check In & Wrap Up

- Did we meet objectives identified in the beginning?
- Any other unanswered questions?
- Remember – other resources include Manuals, PM Team, InfoWeb

Top Things to Remember

- What are the major learnings you will take with you from these classes?

1. _____

2. _____

3. _____

4. _____

5. _____

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