



**Performance Management:
Employee Familiarity and Utilization Survey Results
February 2014**



Prepared by the Department of Health and Senior Services
Office of Performance Management
We welcome comments, questions, and suggestions at susan.thomas@health.mo.gov



Background: The Department of Health and Senior Services is currently in year four of a five year public health infrastructure grant received to improve the efficiency and effectiveness of the public health system in Missouri through performance management. In August 2013 a brief online survey was distributed to all staff as a follow-up to surveys conducted in 2011 and 2012. This survey measures the impact of strategic planning and performance management efforts at DHSS. Aside from increasing the effectiveness and efficiency in our allocation of resources at the department, the primary goals of this initiative are to enhance employee engagement by linking actions to outcomes, creating a culture of continuous quality improvement, and increasing staff ownership in the department’s strategic direction.

This report summarizes the results of the follow-up survey and compares 2013 results with 2011 and 2012. The survey covered:

- Familiarity and utilization of the department’s Strategic Plan, Mission and Vision
- Familiarity and utilization of performance management, defined as “the use of performance measures to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on success in meeting goals”
- Familiarity and utilization of evidence-based decision making

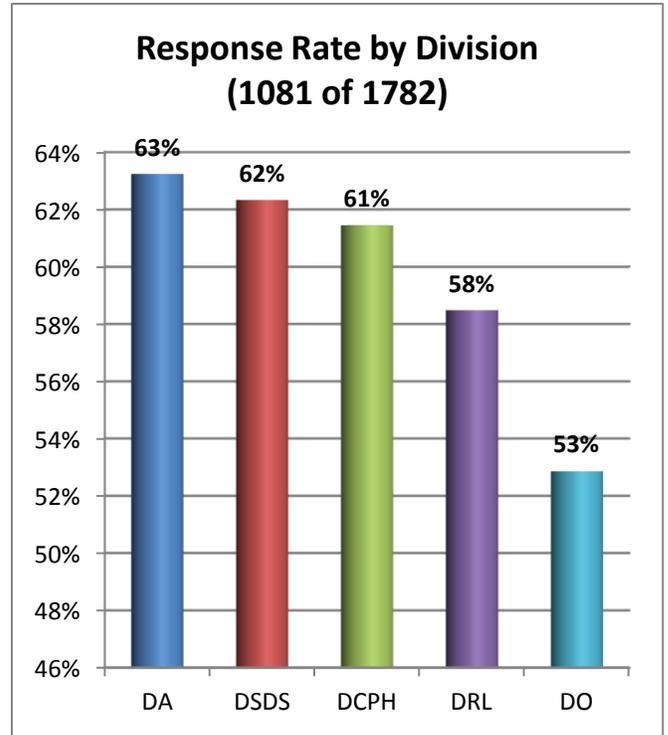
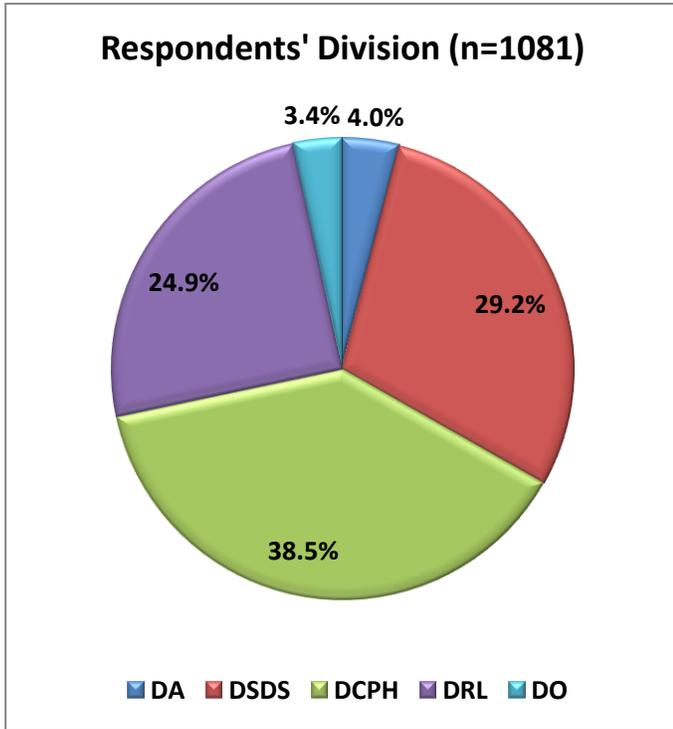
Short-Term Outcomes: Familiarity survey questions were used to measure short-term outcomes regarding awareness and knowledge of the DHSS culture surrounding quality improvement as well as staff ownership in the strategic direction of the department. Data and graphs on pages 4 through 9 indicate current responses to these areas as well as change over the three year period. While familiarity increased in all five areas, the greatest increases occurred in familiarity with: strategy map (26%); strategic plan (16%); and vision statement (13%). This is a desired outcome as more department staffs are trained and participate in performance management activities in 2013. Two new questions were added in the 2013 survey to further measure awareness. The first, “How would you rate your familiarity with the public health performance management model?” and second, “How would you rate your familiarity with quality improvement tools?”

Intermediate Outcomes: Utilization questions were used to measure changes in behavior or condition of DHSS staff. Data and graphs on pages 10 through 22 include current outcomes as well as comparison of current and previous years’ results.

DHSS Strategic Planning and Performance Management

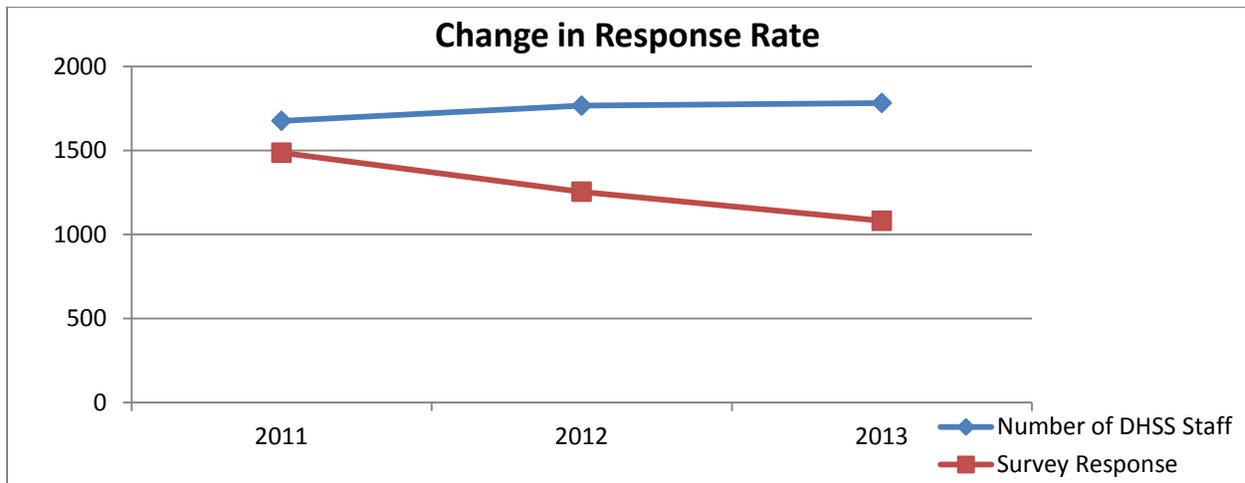


The DHSS response rate for the survey was 61% department-wide (1081 individuals). The number of DHSS staff increased 6% during the period 2011 to 2013; however the survey response rate decreased 32% during the same time period (see line graph).



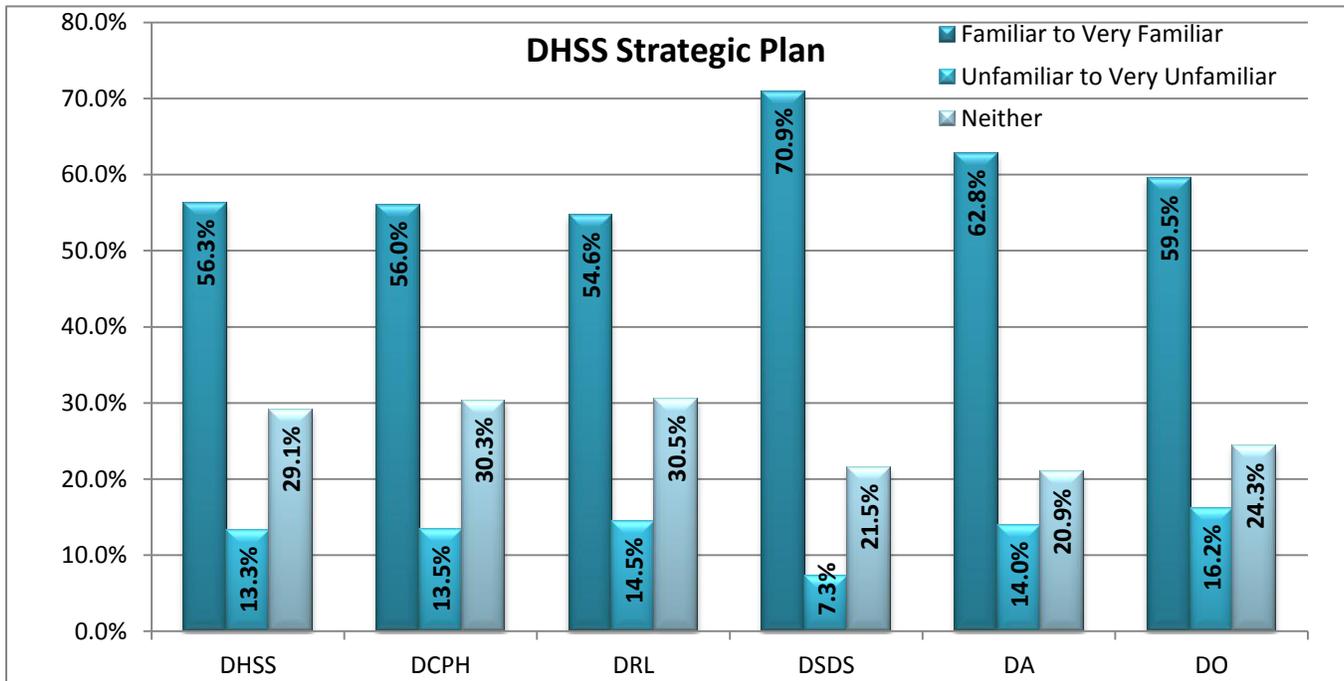
DHSS response Rate for years 2011, 2012, and 2013 and change from 2011 to 2013.

DHSS	2011	2012	2013	Change
Total Responses	1486	1254	1081	-27.25%
Total Staff	1676	1766	1782	6.32%
Response Rate	88.66%	71.01%	60.66%	-31.58%

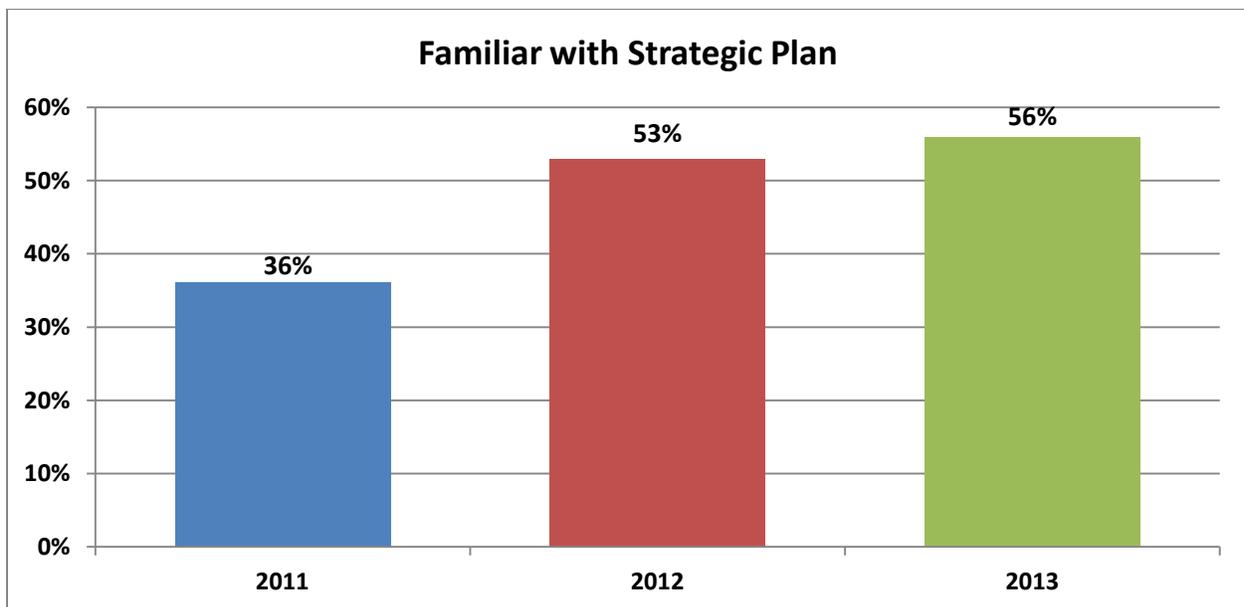




Familiarity with the DHSS Strategic Plan: More than 56% of the respondents reported being familiar or very familiar with the department’s strategic plan while 13% of the respondents reported being unfamiliar or very unfamiliar.

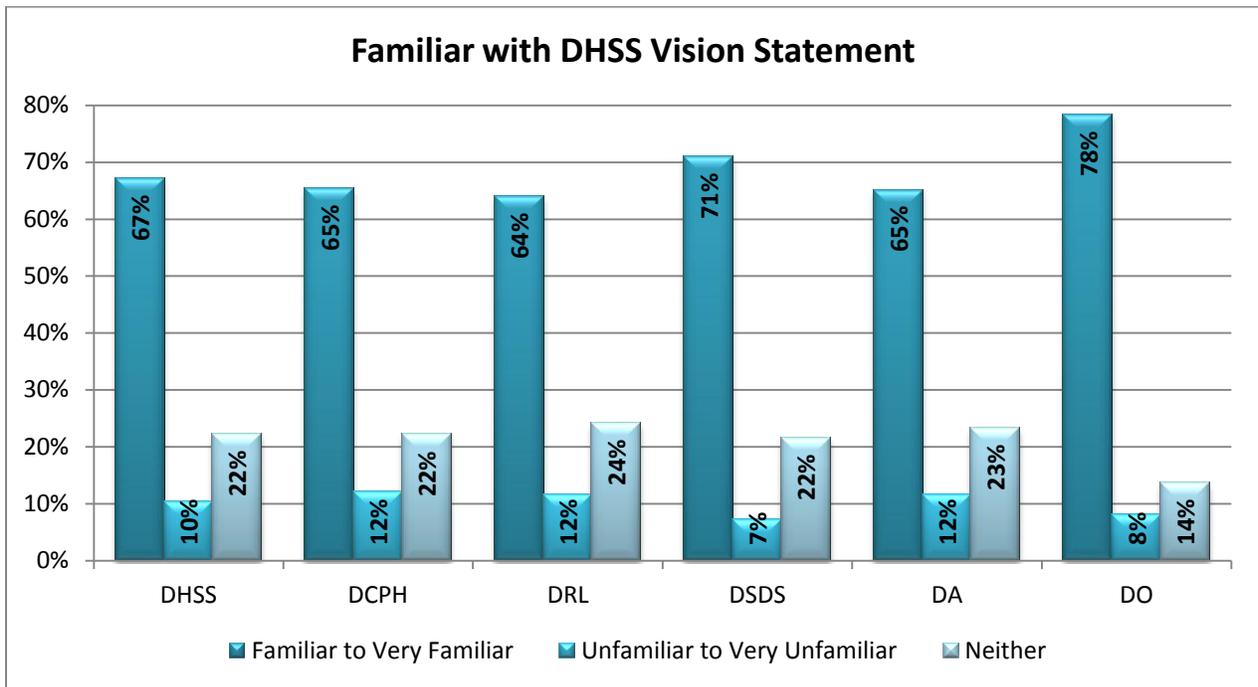


2011-2013 Comparison: As noted in the chart below, there was a 3% increase in the total number of DHSS Staff who reported being familiar with the strategic plan from 2012 to 2013 compared to a 17% increase from 2011 to 2012.

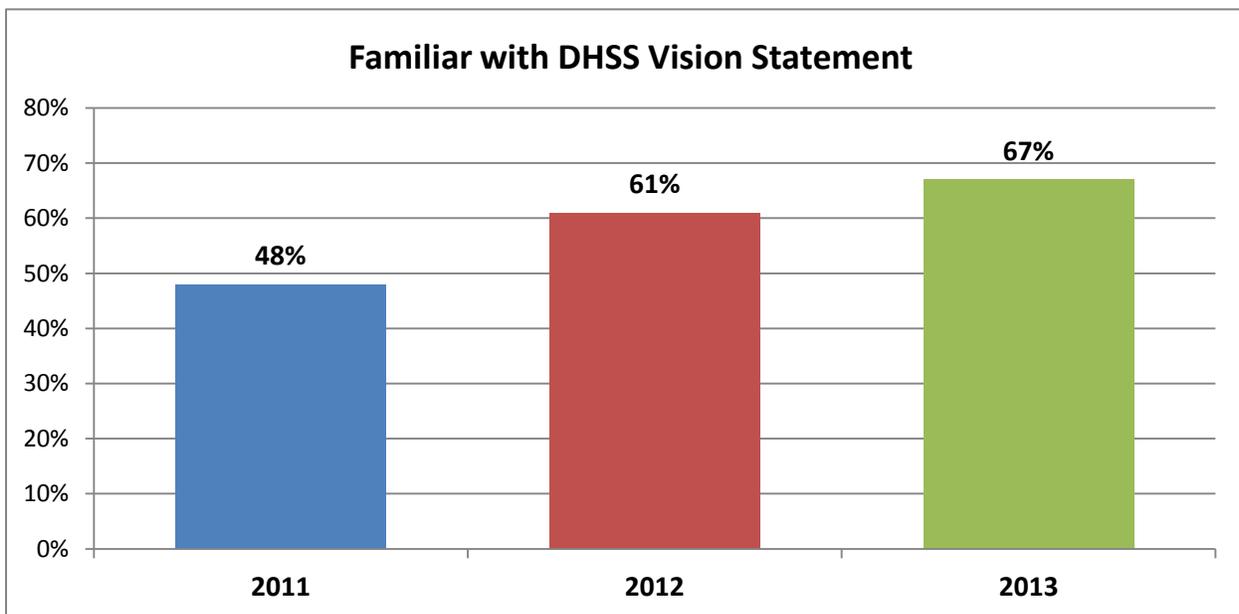




Familiarity with the DHSS Vision Statement: 67% of respondents reported being familiar or very familiar with the department’s vision statement.

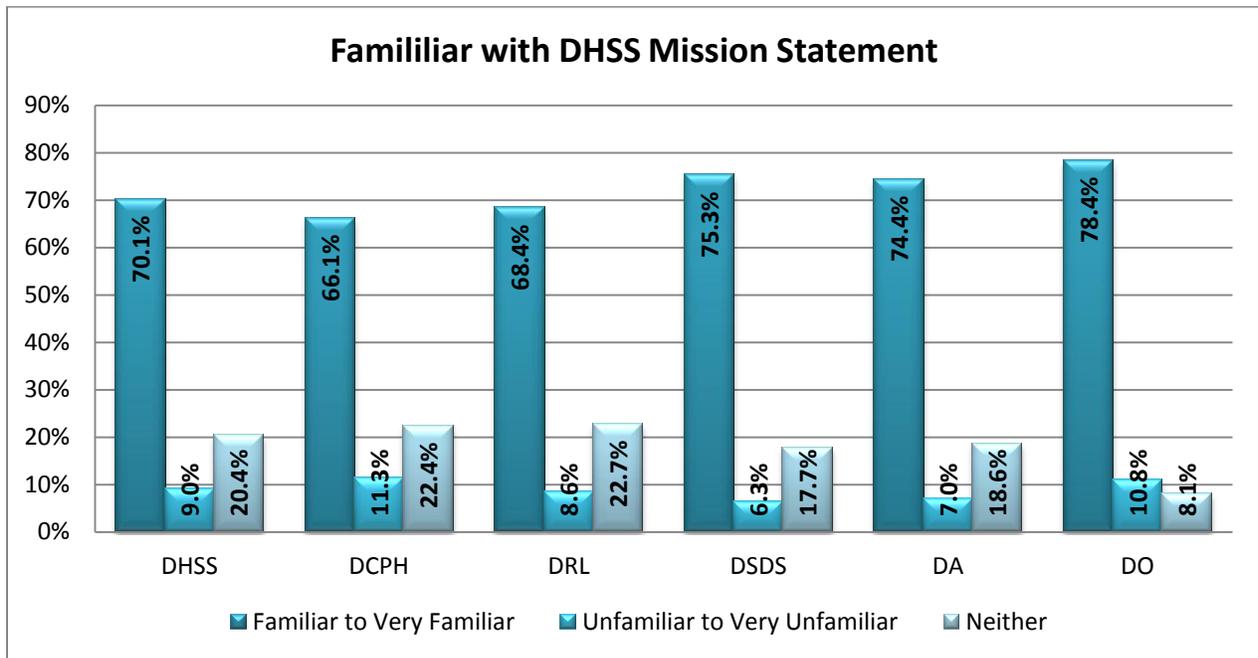


2011-2013 Comparison: As noted in the chart below, there was an increase of 13% in the total number of DHSS Staff who reported being familiar with the vision statement from 2011 to 2012 and a 6% increase from 2012 to 2013.

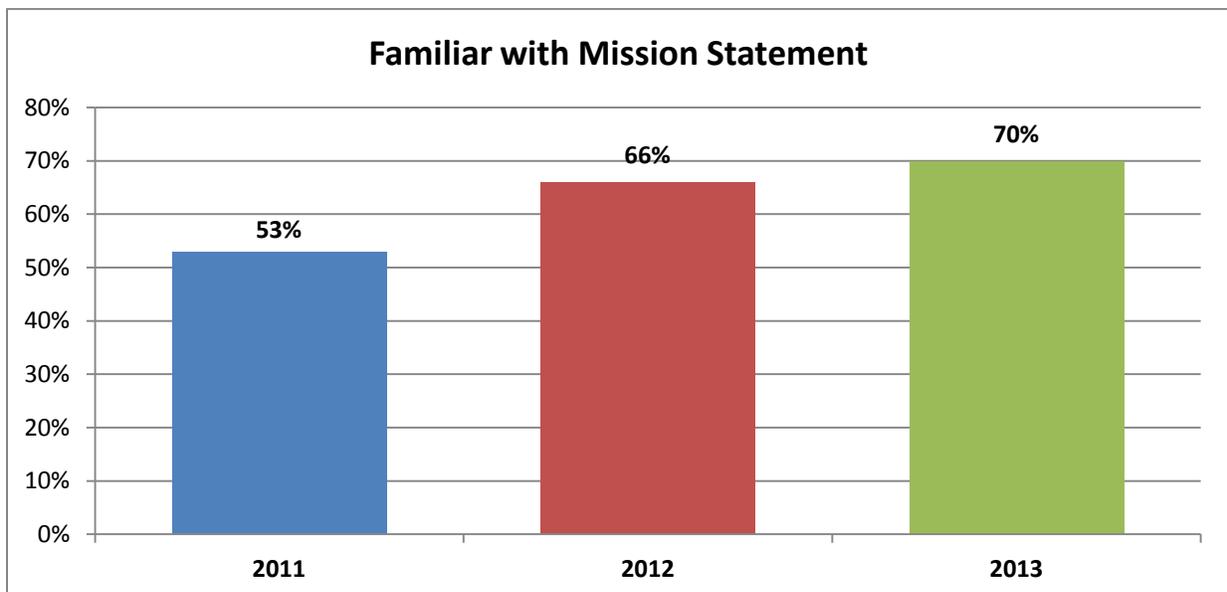




Familiarity with the DHSS Mission Statement: 70% of respondents reported being familiar or very familiar with the department’s mission statement.

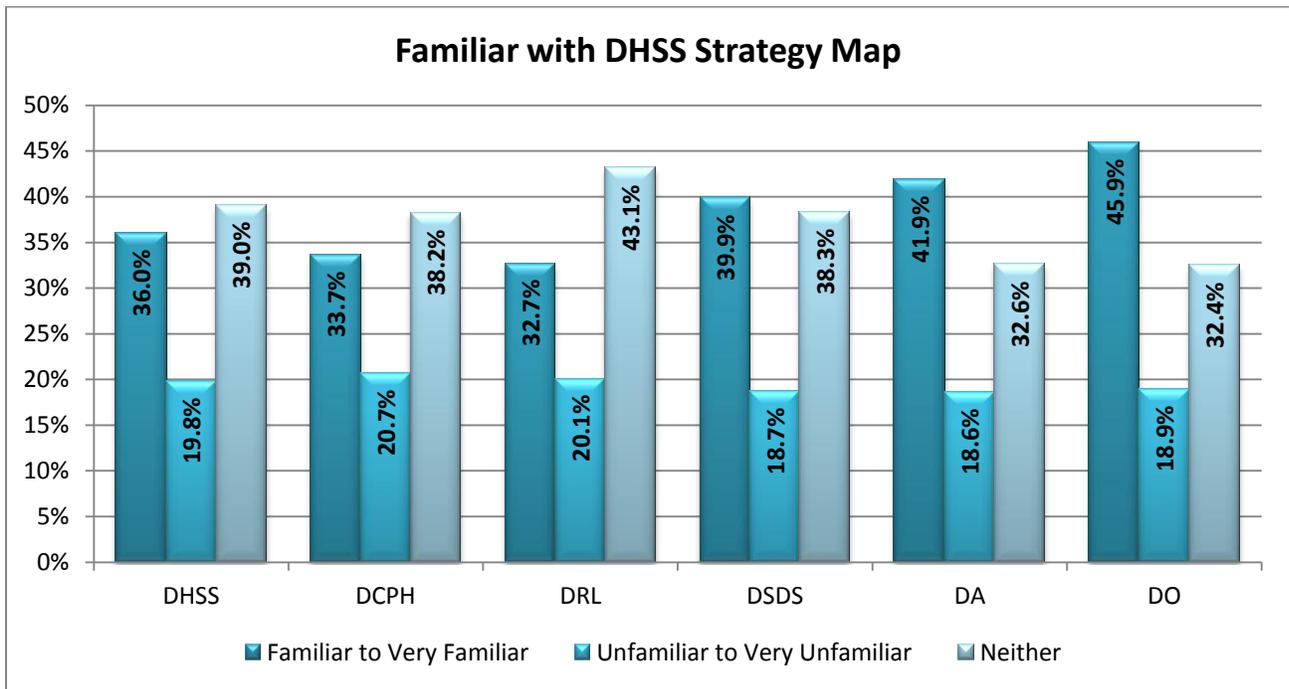


2011-2013 Comparison: As noted in the chart below, there was an increase of 13% in the total number of DHSS Staff who reported being familiar with the mission statement from 2011 to 2012 and a 4% increase from 2012 to 2013.

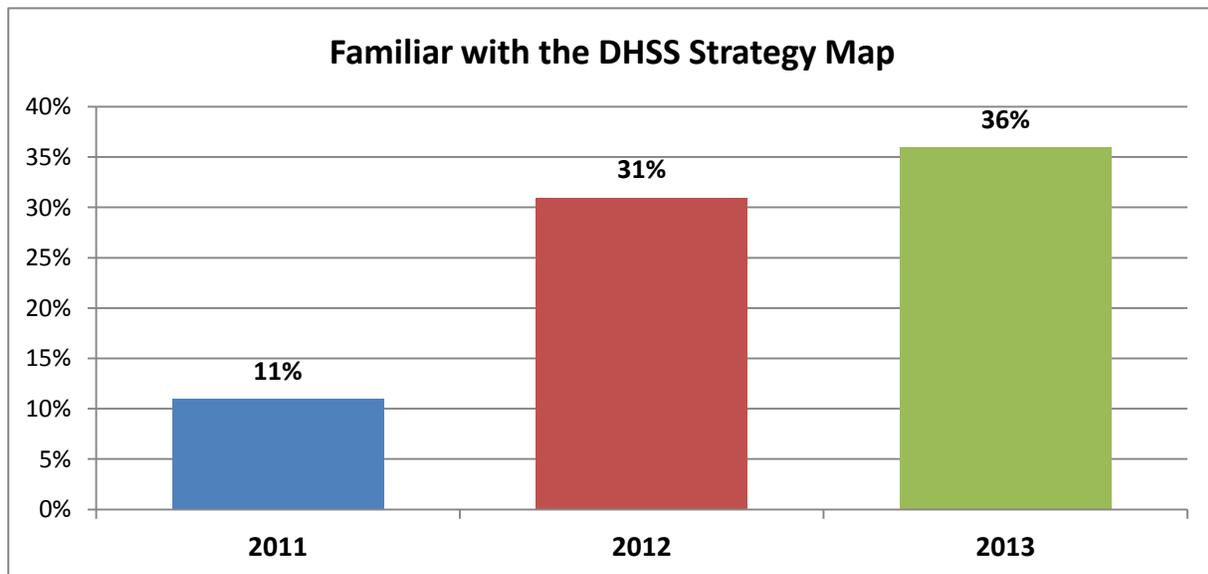




Familiarity with the DHSS Strategy Map: 36% of respondents reported being familiar or very familiar with the department’s strategy map.

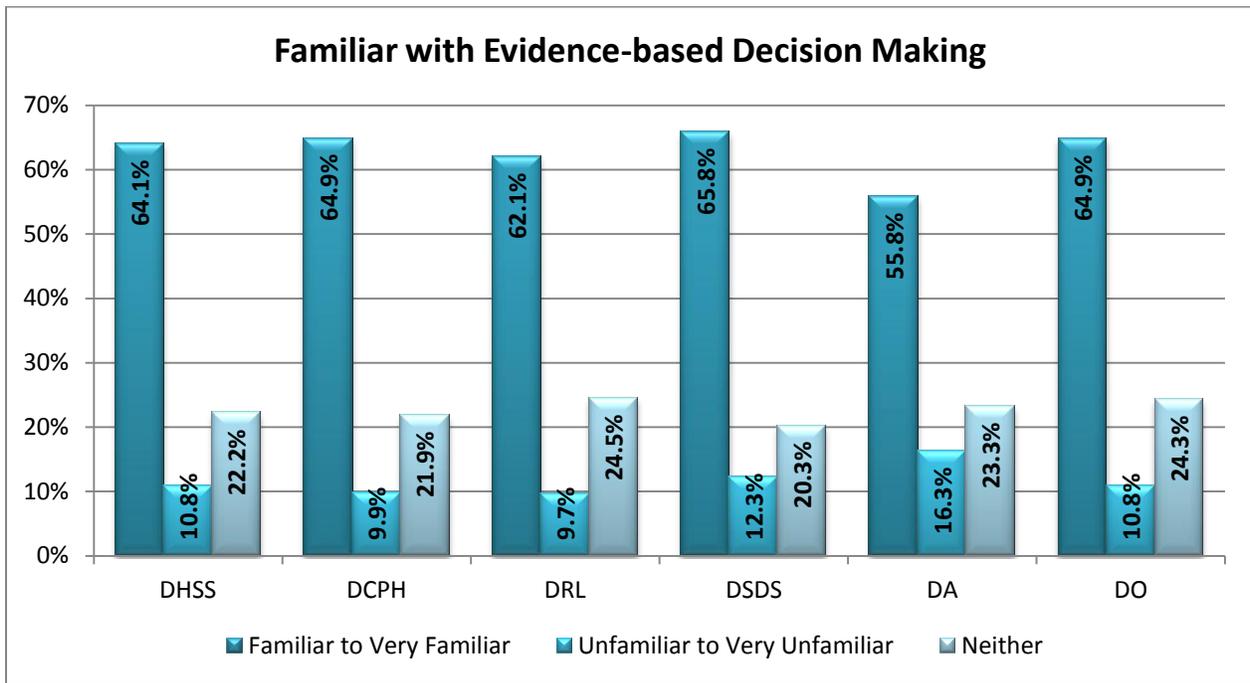


2011-2013 Comparison: As noted in the chart below, there was a 20% increase of the number of DHSS Staff who reported being familiar with the strategy map from 2011 to 2012 and a 5% increase from 2012 to 2013.

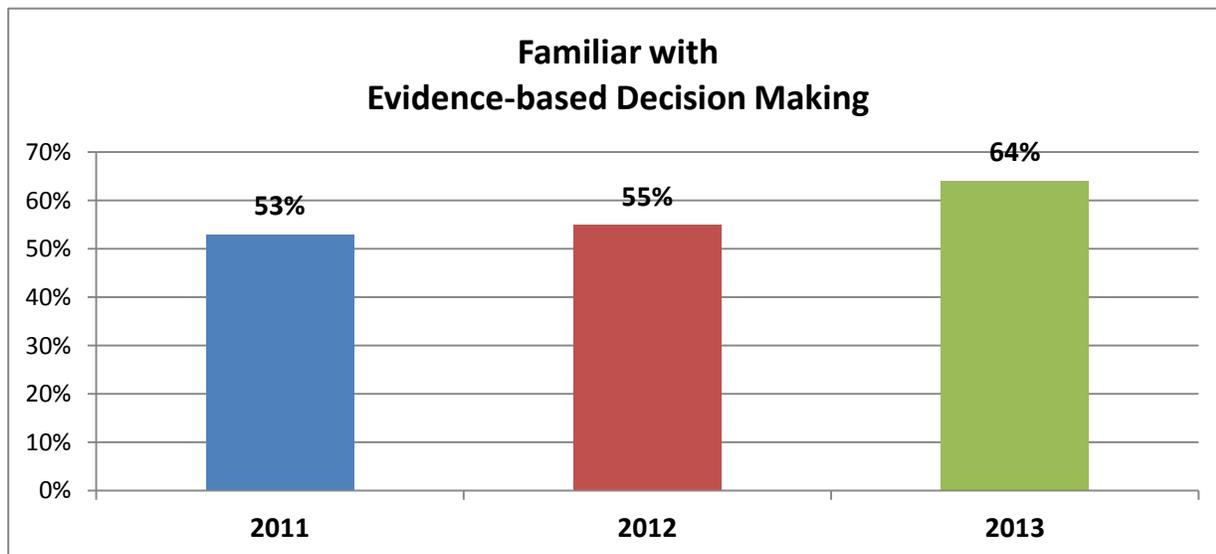




Familiarity with Evidence-Based Decision Making: 64% of respondents reported being familiar or very familiar with evidence-based decision making.

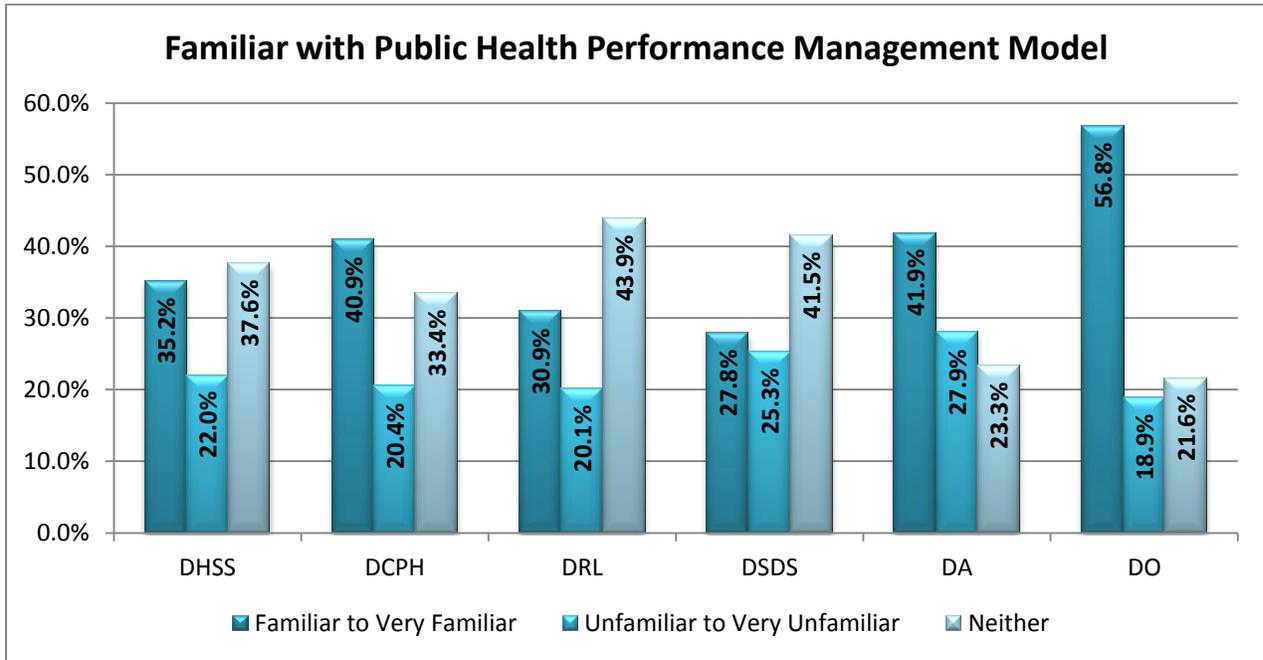


2011-2013 Comparison: As noted in the chart below, there was a 2% increase in the total number of DHSS Staff who reported being familiar with evidence-based decision making from 2011 to 2012 and a 9% increase from 2012 to 2013.



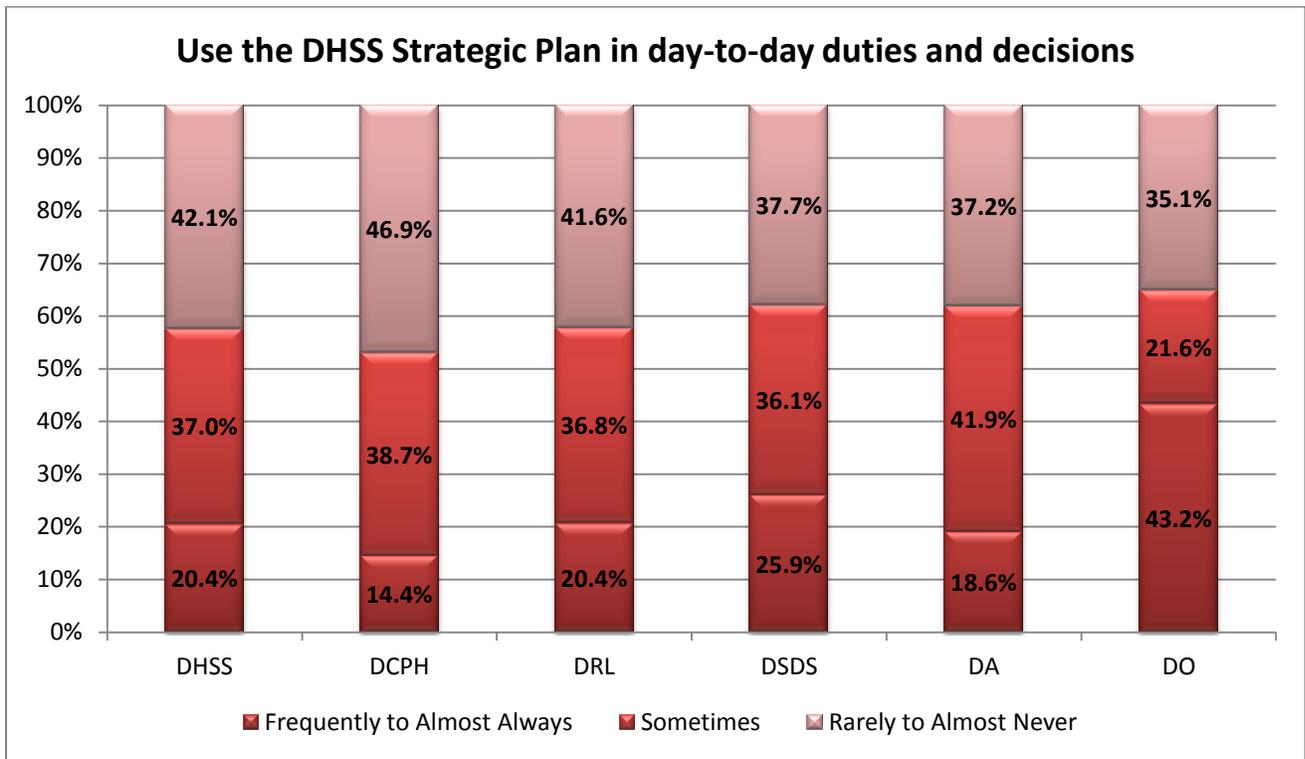


Familiarity with the public health performance management model (New in 2013): This question was added in 2013 to assess familiarity with the public health performance management model. More than 35% of DHSS staff responded familiar or very familiar with the public health performance management model.

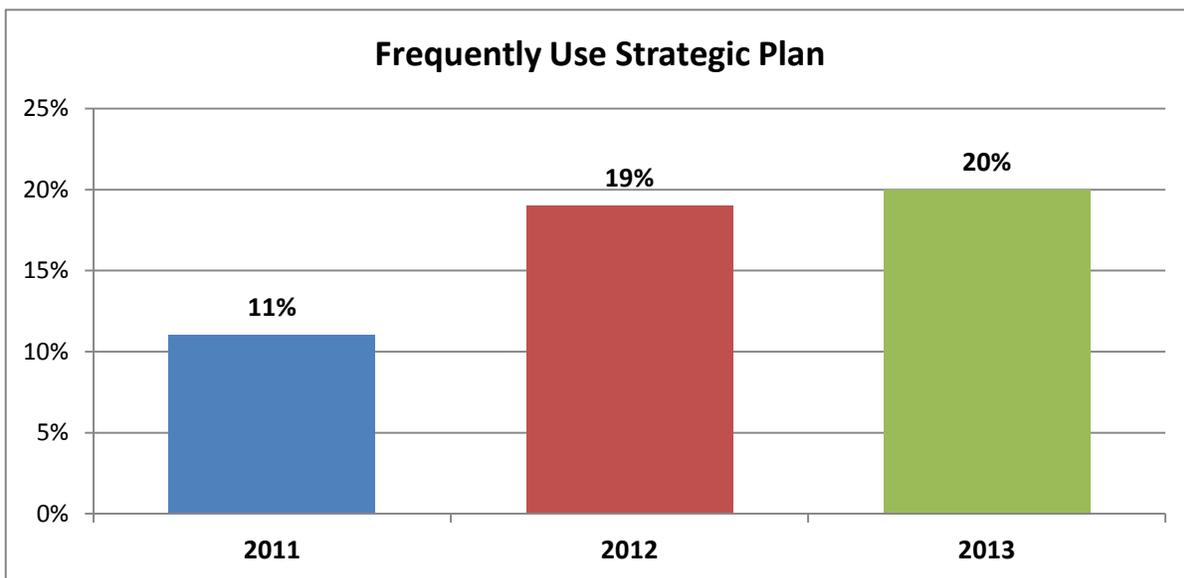




Utilization of the Strategic Plan: About 20% of respondents reported frequently to almost always using the strategic plan to inform day-to-day duties or decision making.



2011-2013 Comparison: As noted in the chart below, there was a 9% increase in the total number of DHSS Staff who reported frequently to almost always using the DHSS strategic plan in their day-to-day duties and decision making from 2011 to 2013.

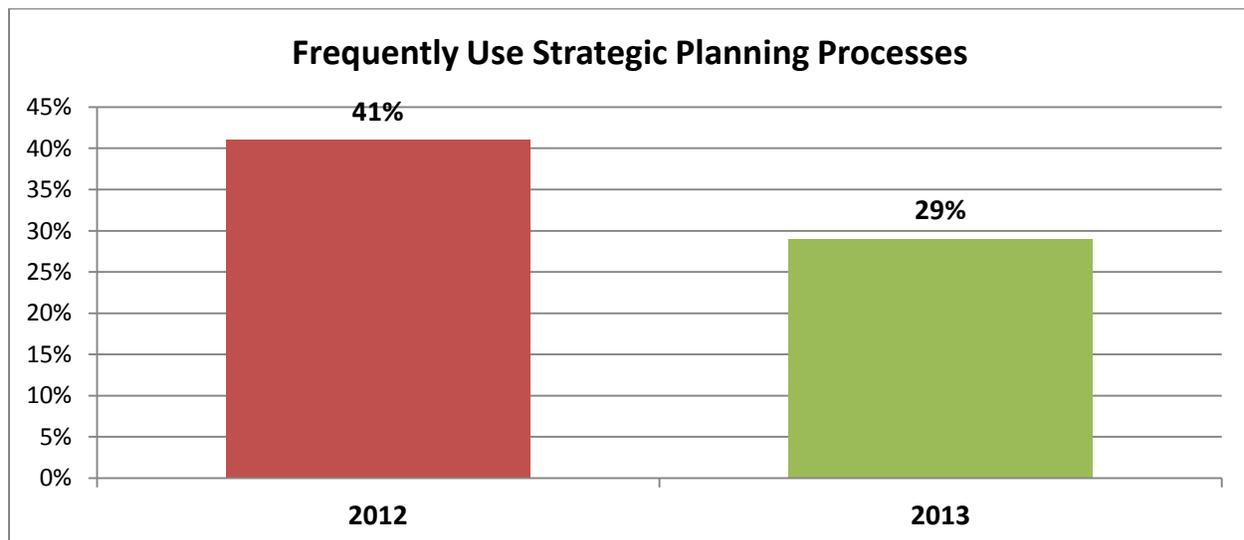




Utilization of the Strategic Planning Processes: More than 29% of respondents reported frequently to almost always using strategic planning processes to inform planning and decision making.

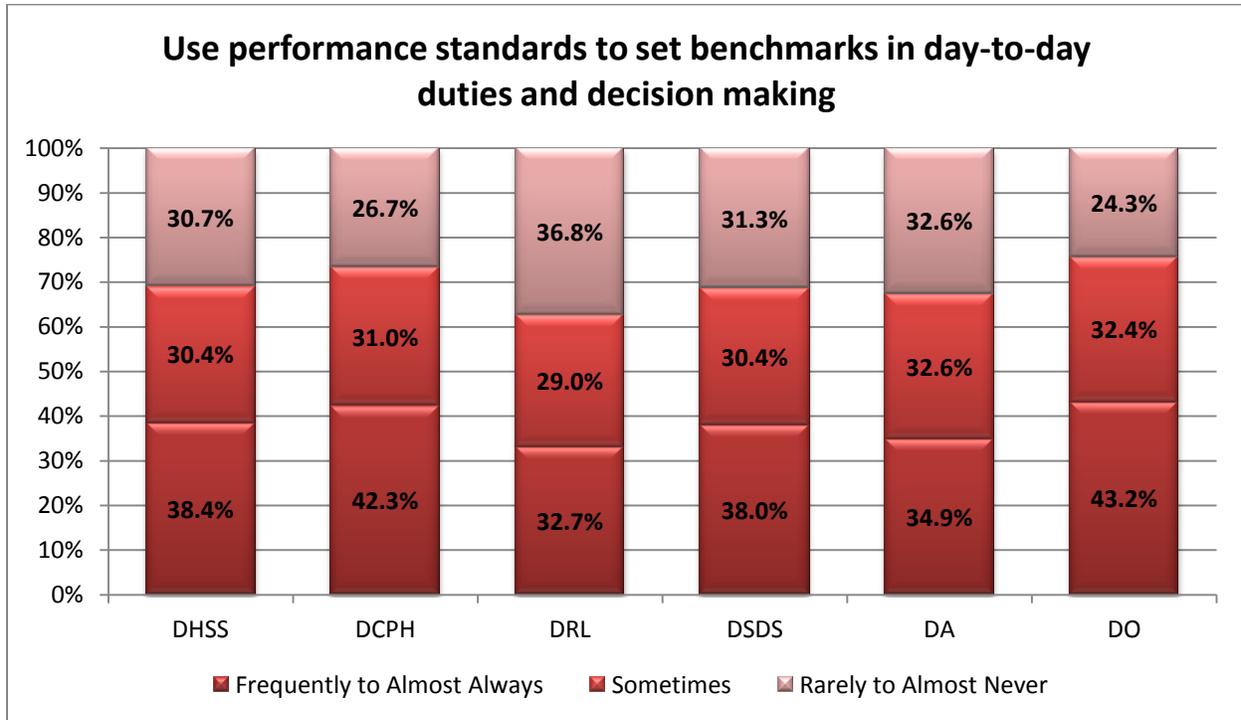


2012-2013 Comparison: More than 29% of respondents reported frequently to almost always using the strategic planning processes to inform planning and decision making, which is a 12% decrease from 2012.

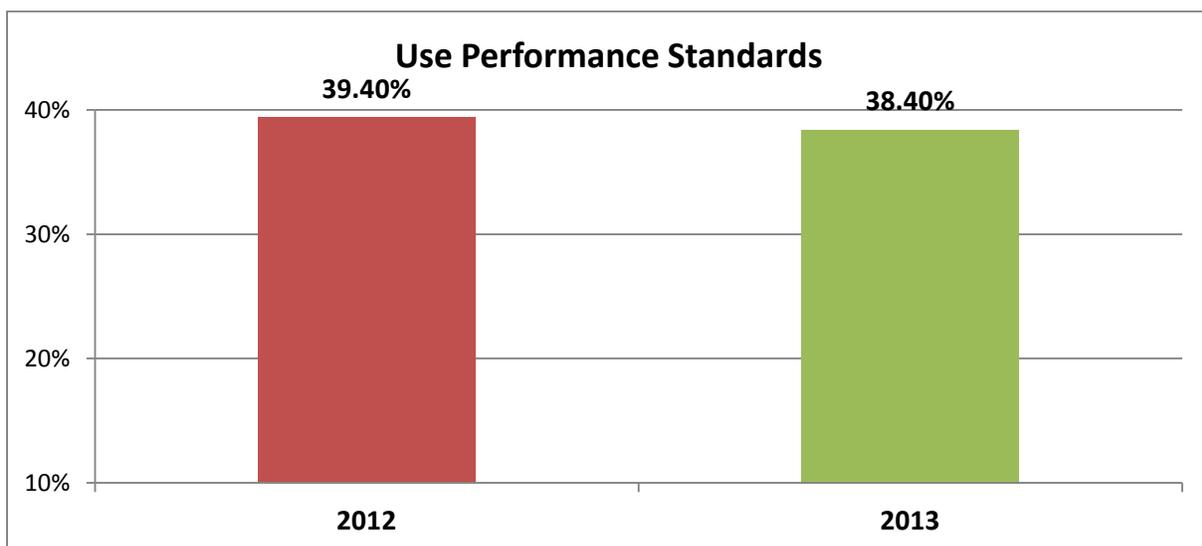




Utilization of Performance Standards: Almost 39% of respondents reported frequently to almost always using performance standards to set a benchmark for success to inform day-to-day duties and decision making.

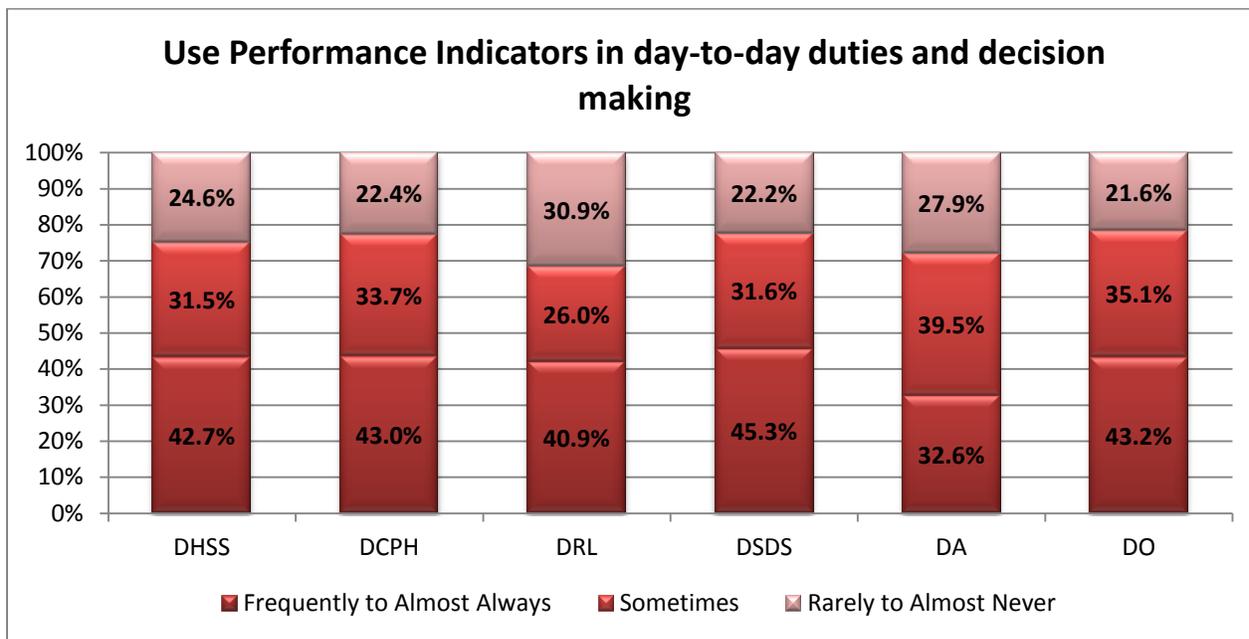


2012-2013 Comparison: In 2013 about 38% of DHSS staff responded using performance standards to set a benchmark for success compared to about 39% in 2012.

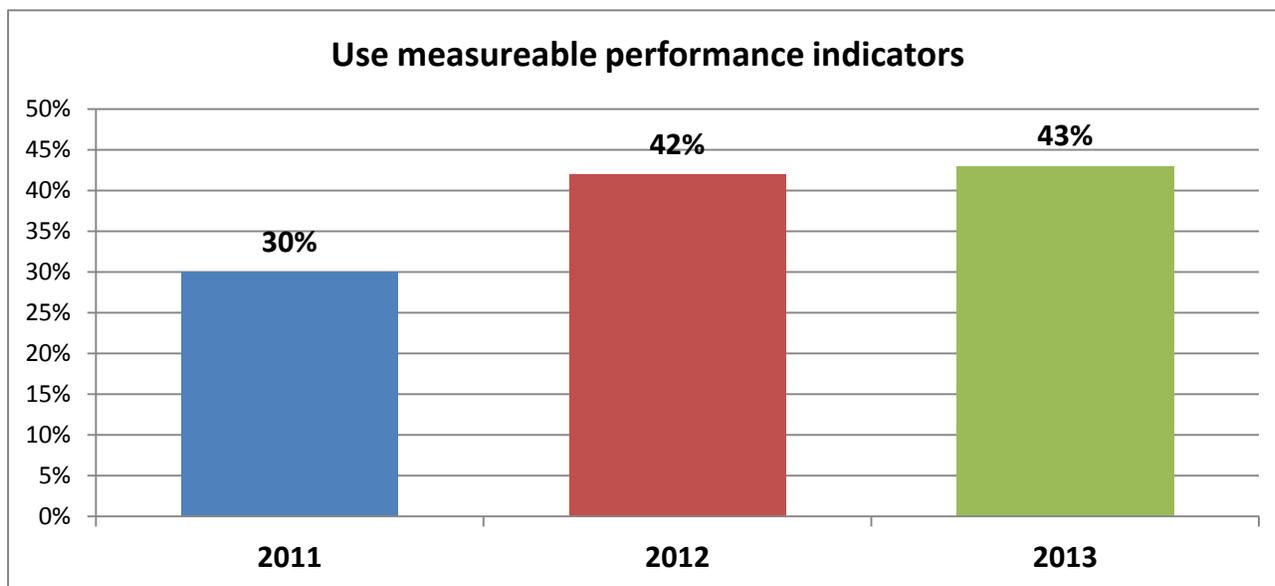




Utilization of Measurable Performance Indicators: Nearly 43% of respondents reported using measurable performance indicators to inform duties or decision making.

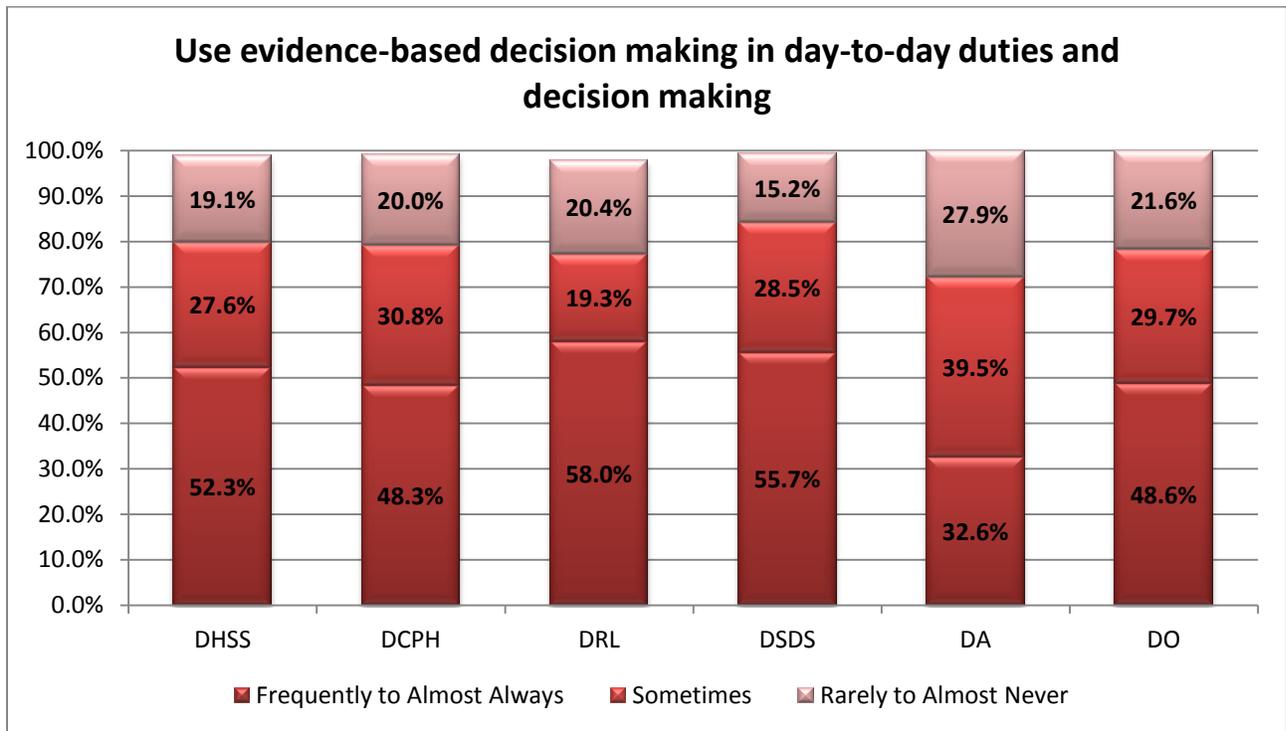


2011-2013 Comparison: As noted in the chart below, there was an increase of 13% in the total number of DHSS Staff who reported frequently to almost always using the measureable performance indicators in their day-to-day duties and decision making from 2011 to 2013.

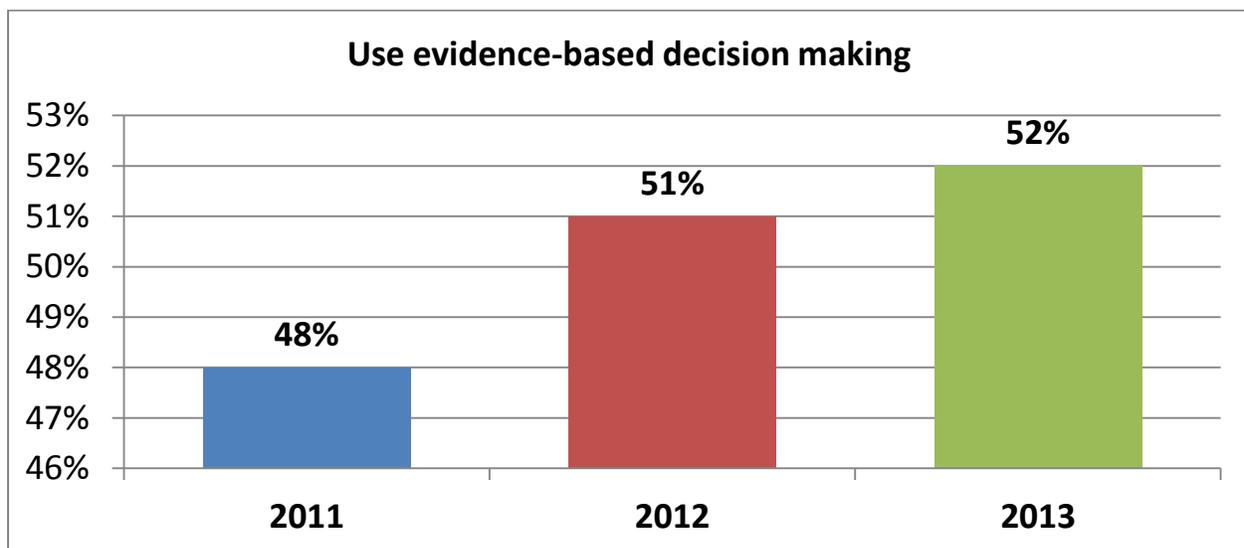




Utilization of Evidence-Based Decision Making: 52% of respondents reported using evidence-based decision making to inform day-to-day duties and decision making.

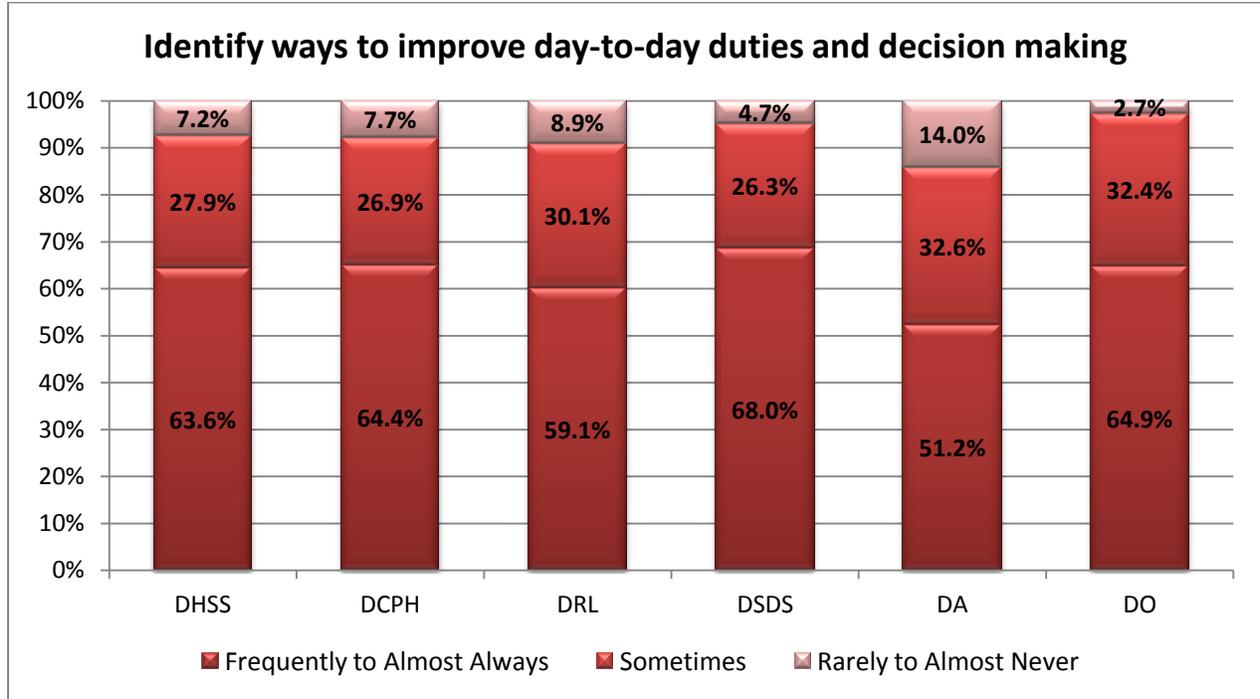


2011-2013 Comparison: As noted in the chart below, from 2011 – 2013 there was a 4% increase in the number of DHSS Staff who reported frequently to almost always using evidence-based decision making in their day-to-day duties and decision making.

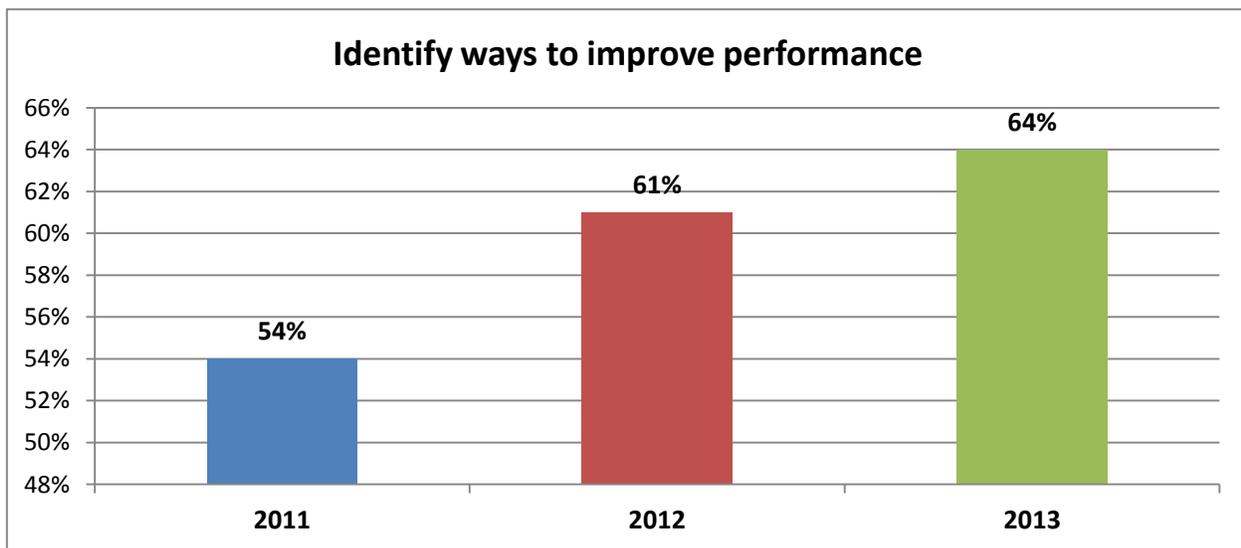




Utilization of Quality Improvement (Identification): More than 63% of respondents reported frequently to almost always to identifying ways to improve performance in their delivery of duties and decision-making.

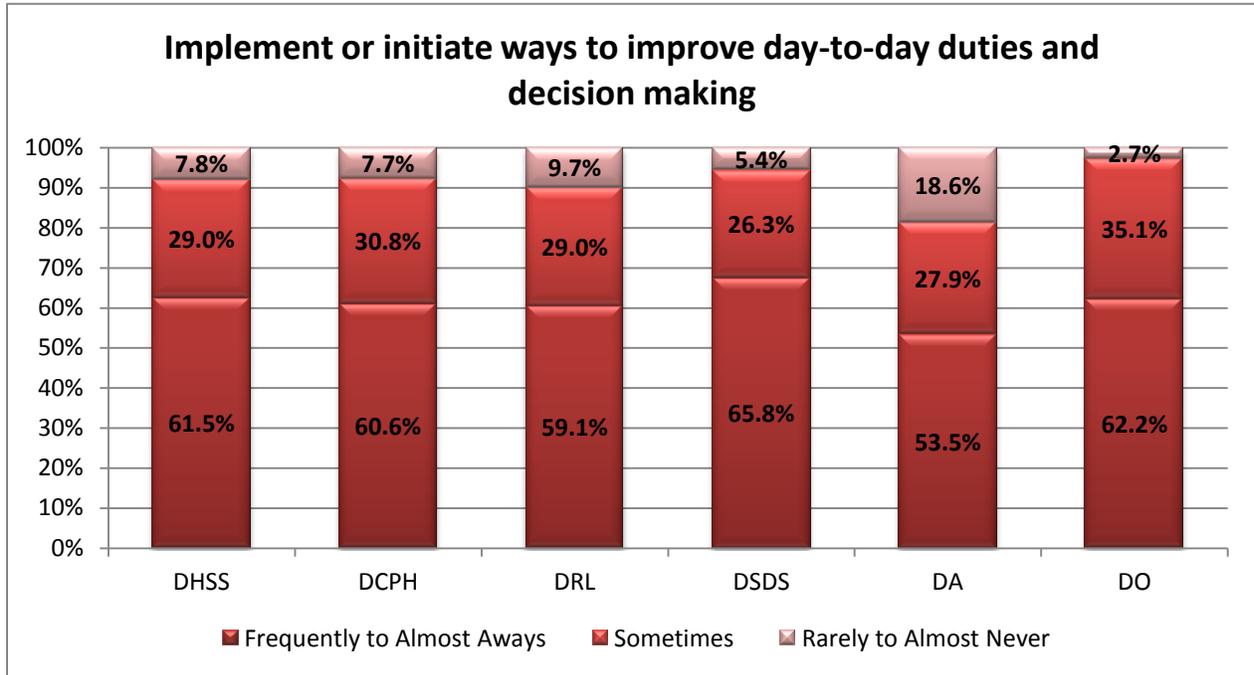


2011-2013 Comparison: As noted in the chart below, from 2011 – 2013 there was a 10% increase in the number of DHSS Staff who reported frequently to almost always identify ways to improve the way they perform their day-to-day duties and decision making.

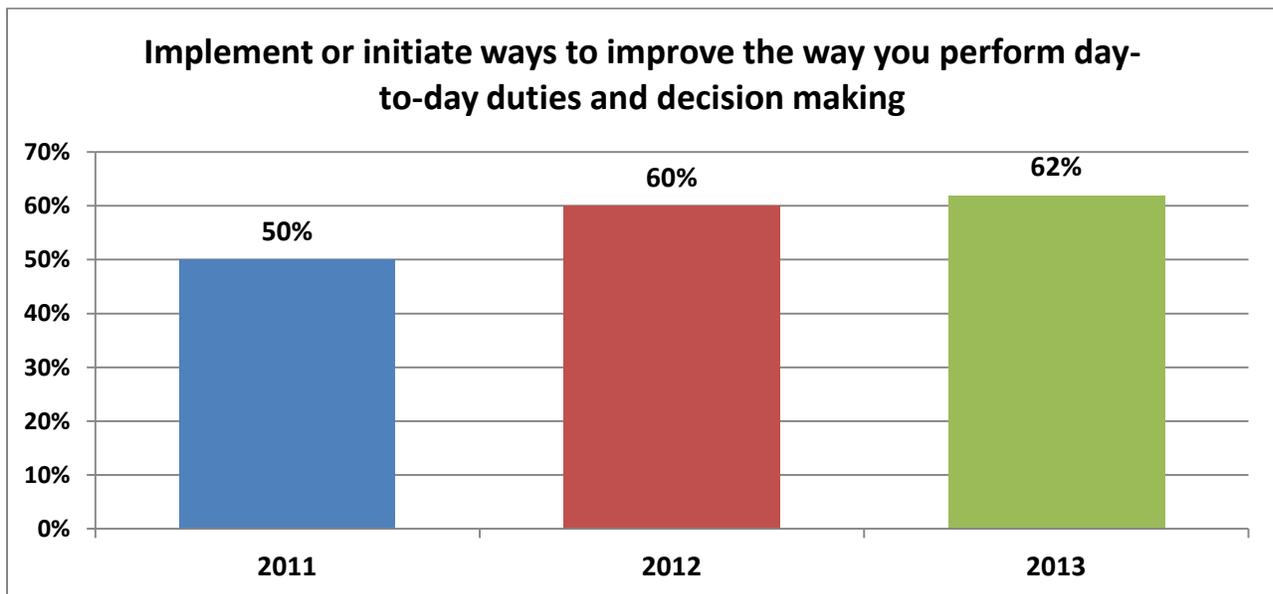




Utilization of Quality Improvement (Implementation): Nearly 62% of respondents reported frequent or higher implementation of ways to improve performance in delivery of duties or decision-making.



2011-2013 Comparison: As noted in the chart below, from 2011 – 2013 there was a 12% increase in the total number of DHSS Staff who reported frequently to almost always implementing or initiating ways to improve how they perform their day-to-day duties and decision making.

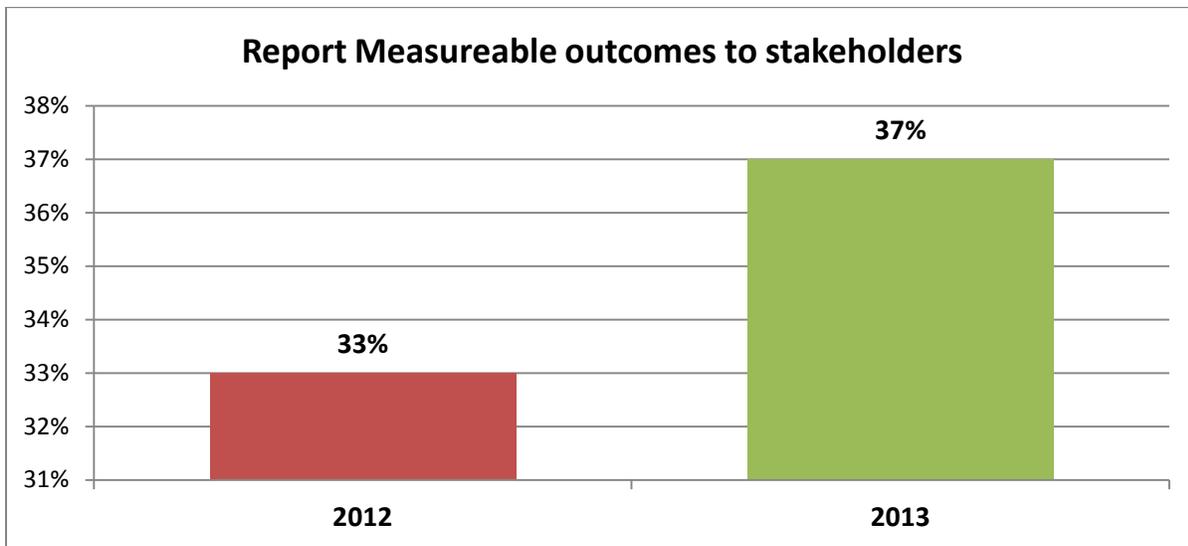




Utilization of Reporting Measureable Outcomes: More than 36% of respondents frequently or almost always report their measureable outcomes to stakeholders.

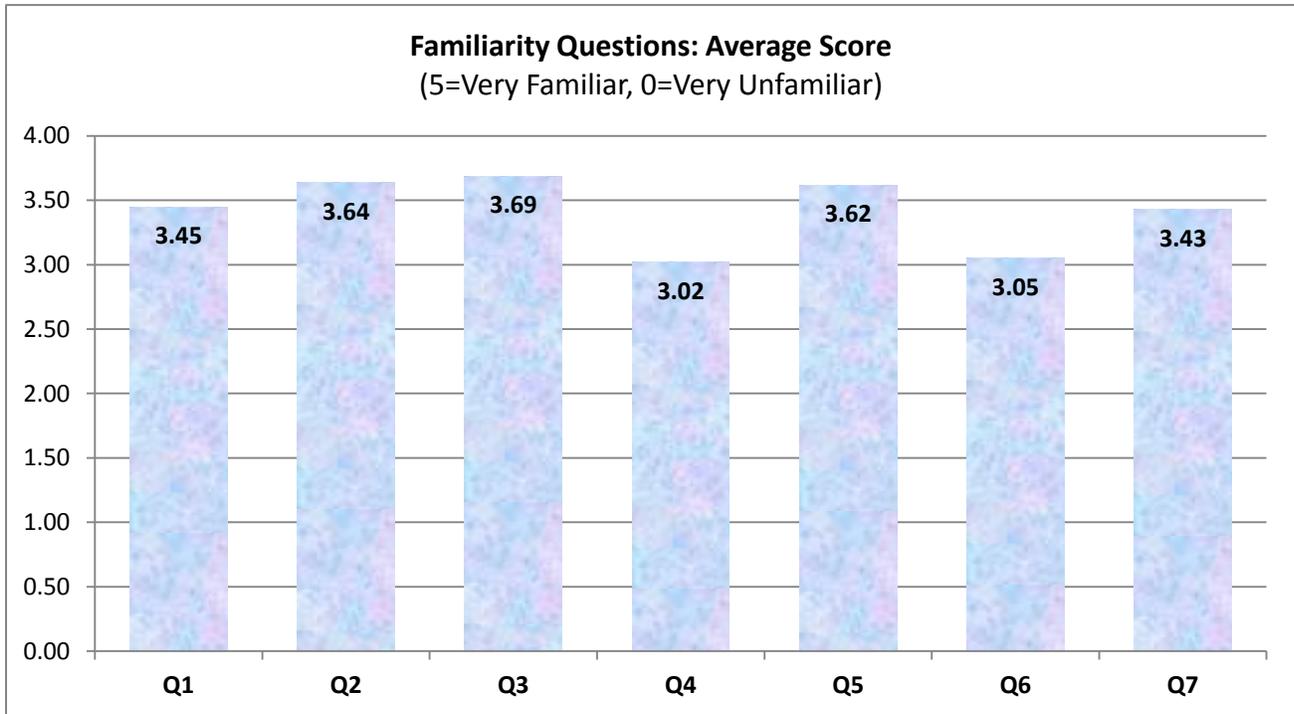


2012-2013 Comparison: As noted in the chart below, from 2012 to 2013 there was a 4% increase in the total number of DHSS Staff who reported frequently to almost always reporting measureable outcomes to stakeholders.





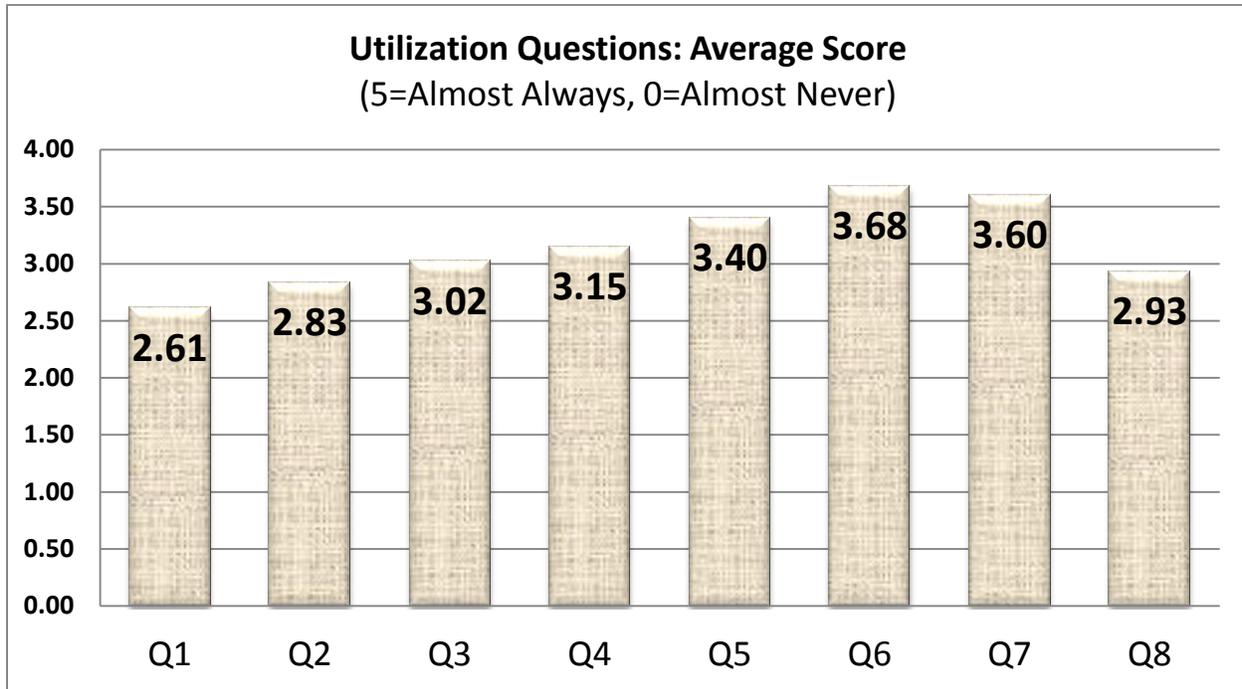
Familiarity Overview: The DHSS Mission Statement was the most familiar concept to respondents. The average response was 3.69, between “familiar” and “neither familiar nor unfamiliar.” The least familiar concept was the DHSS strategy map at 3.02, “neither familiar nor unfamiliar”; however this concept had a 25% improvement between 2011 (2.40) and 2013 (3.02). Two new questions were added in 2013: Q6 – “How would you rate your familiarity with the public health performance management?” (3.05) and Q7 – “How would you rate your familiarity with Quality Improvement tools?” (3.43).



#	Familiarity Question	Average Score
Q1	How would you rate your familiarity with the DHSS strategic plan?	3.45
Q2	How would you rate your familiarity with the DHSS vision statement?	3.64
Q3	How would you rate your familiarity with the DHSS mission statement?	3.69
Q4	How would you rate your familiarity with the DHSS strategy map?	3.02
Q5	How would you rate your familiarity with evidence-based decision making?	3.62
Q6	How would you rate your familiarity with the public health performance management model? (New in 2013)	3.05
Q7	How would you rate your familiarity with quality improvement tools? (New in 2013)	3.43



Utilization Overview: Quality improvement identification was the most utilized concept to respondents. The average response was 3.68, between “sometimes” and “frequently”. The least-utilized concept was the DHSS strategic plan at 2.61, between “rarely” and “sometimes.”



#	Utilization Questions	Average Score
Q1	How often do you use the DHSS strategic plan in your day to day duties and decision making?	2.61
Q2	How often do you use strategic planning processes in your planning and decision-making?	2.83
Q3	How often do you use performance standards to set a benchmark for success in your day to day duties and decision making (standards can include healthy people objectives, strategic plan objectives, national standards, grant requirements or other established benchmarks)?	3.02
Q4	How often do you use measurable performance indicators in your day to day duties and decision making?	3.15
Q5	How often do you use evidence based decision-making in your day to day duties and decision making?	3.40
Q6	How often do you identify ways to improve the way you perform your day to day duties and decision making?	3.68
Q7	How often do you implement or initiate ways to improve the way you perform your day to day duties and decision making?	3.60
Q8	How often do you report your measurable outcomes to stakeholders (internal staff, external partners, other state Departments etc...)?	2.93



New Questions for 2013

Four new questions were added in 2013 to assess how DHSS staff, managers, and leaders are utilizing performance management tools and practices.

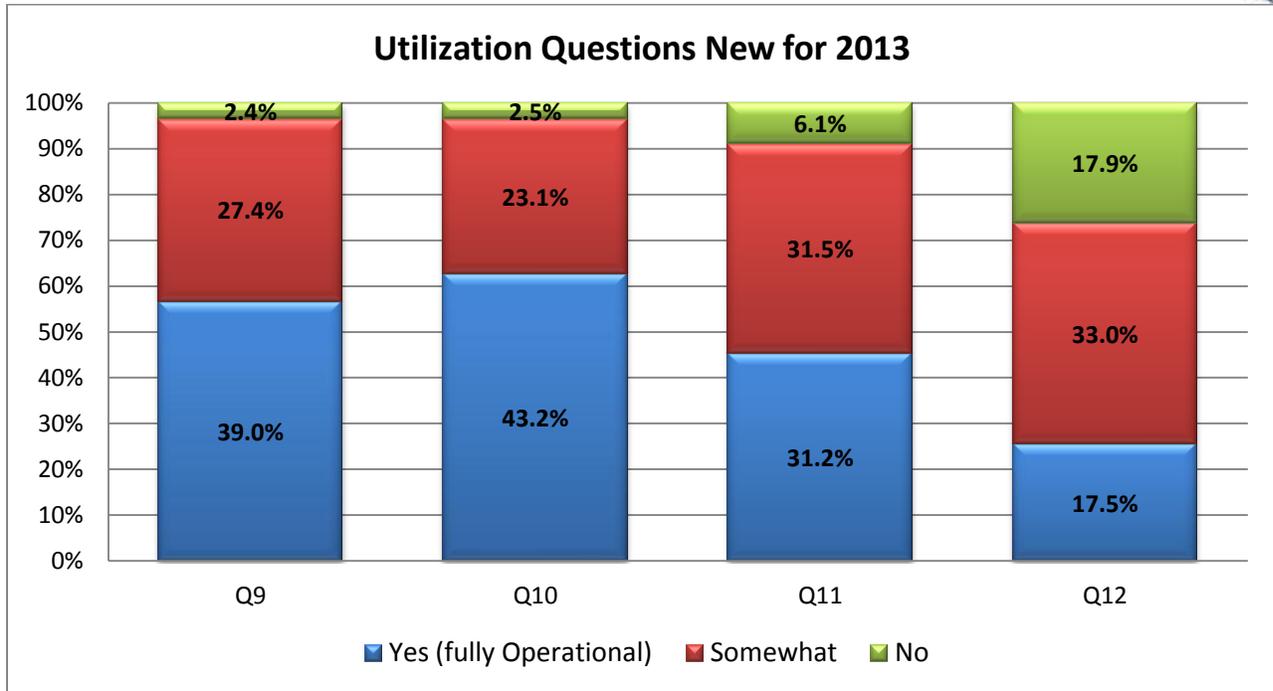
Setting Performance Targets: 39% of DHSS staff responding to the survey indicated that they do (Yes, fully operational) set specific performance targets to be achieved in a certain time period.

Accountability for meeting standards and targets: 43% of staff indicated that staffs are held accountable for meeting standards and targets (Yes, fully operational).

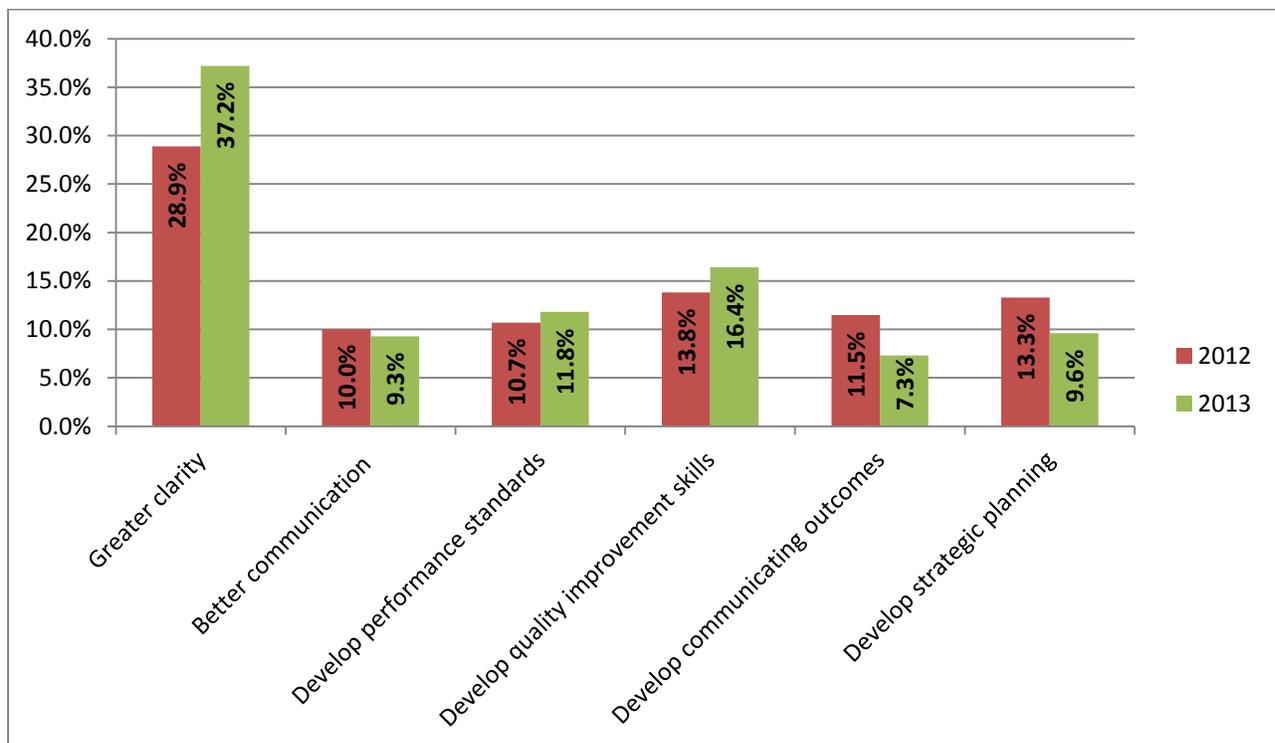
Communication of performance standards, indicators, and targets: 31% of staff indicated that performance standards, indicators, and targets are communicated throughout the department and with stakeholders or partners (Yes, fully operational).

Standardization of targets: 17% of staffs coordinate with other programs, divisions, or organizations to use the same performance standards and targets (Yes, fully operational).

#	Utilization Questions (New in 2013)
Q9	Do you set specific performance targets to be achieved in a certain time period? (New in 2013)
Q10	Are staffs held accountable for meeting standards and targets? (New in 2013)
Q11	Are your performance standards, indicators, and targets communicated throughout the organization and its stakeholders or partners? (New in 2013)
Q12	Do you coordinate so multiple programs, divisions or organizations use the same performance standards and targets? (e.g., same child health standard is used across programs)? (New in 2013)



Performance Improvement: 37% of respondents felt that greater clarity about what the department wants the employee to do in regards to performance management would most improve their performance. This is an 8% increase from 2012.





Choose the item that would most improve your performance:

	2012	2013
Greater clarity about what the dept. wants me to do in regards to performance management	28.9%	37.2%
Better communication with my manager on performance management	10.0%	9.3%
Development opportunities and training on setting performance standards	10.7%	11.8%
Development opportunities and training on quality improvement skills	13.8%	16.4%
Development opportunities and training on communicating outcomes	11.5%	7.3%
Development opportunities and training on strategic planning	13.3%	9.6%