PROGRESS REVIEW GUIDE

Tiers 1, 2, 3 Procedure & Processes

Abstract

Is performance getting better, worse, or staying about the same over a period of time? Using measures, quality planning, and change management to exceed project/program expectations.

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Progress Review Guidelines

This document seeks to provide guidelines for the Public Health & Safety Division's Tier III, monthly progress review meetings by laying out expectations for program supervisors and staff, as well as what can be expected from the Management Team during these progress reviews.

The framework used for a progress review is an open forum where the quality, efficiency, and effectiveness of a program's operational planning, tracking, and implementation are candidly evaluated and monitored through structured dialogue. The purpose of the progress review is to discuss what is working, to celebrate and share successes, and to discuss what is not working in order to actively problem solve and remove barriers to productivity using quality improvement methods where appropriate. An additional goal of the progress review is to overcome challenges and resolve problems sooner rather than later, before an issue might become a crisis.

The Management Team is a key participant in the progress reviews, as they have the authority to make policy, budget, and procedural changes. All programs are expected to use established management tools (performance plans, quality improvement methods, etc.) to document, monitor, and improve desired outcomes specific to their goals, objectives, and mission.

The most central document used in the performance review is the program's performance plan (workplan), which should provide bureau chiefs, supervisors, and staff with an agreed upon concise summary of the top priorities and goals for the program for the fiscal year. In drafting or revising a performance plan, supervisors should continually ask themselves the following questions: How do we know that we are doing a good job? How do we show we are doing a good job?

These formal reviews are conducted by the Management Team one to two times per month to focus on two programs throughout the Public Health & Safety Division (and the Family & Community Health Bureau). During the progress review, programs report information on the most important challenges they face in achieving results, as well as accomplishments and successes achieved since the last reporting period. The dialogue is honest, direct, and constructive. Decisions are based on thoughtful analysis of data and evidence about what strategies work best. Problems or roadblocks to desired performance are discussed and action plans are developed. Programs are then held accountable to follow-up and report back on outstanding issues. Follow-up is expected, through both the formal review process and informally as necessary. A focus on Quality Improvement projects is standard based on the analysis of program initiatives performance.

Progress reviews are an integral part of the Performance Management System. These guidelines are a resource to help all employees apply tools to their work.

Progress Review Principles

The progress review is designed to hold program leadership accountable to customers, taxpayers, staff, and citizens for the quality, efficiency, and effectiveness of the services they provide.

Seven principles define the philosophy and practice:
1. *Engage the leader(s) at the top of the organization.*
    a. Progress review success requires the personal presence of senior managers and others needed to make decisions.
2. *Do not measure for measurement's sake.*

a. This is a waste of resources. Progress reviews are management tool, not a presentation. Effective performance measures require clarity on:
   i. What it is the program is trying to influence, and
   ii. How programs will use measures to manage their work and get results.
3. *Develop and use timely and accurate performance data to set targets and make informed decisions.*
4. *Reward candor in identifying and diagnosing performance barriers and creativity and commitment to overcoming them.*
   a. It is OK to identify missed targets. It is equally important to know why targets were missed and to propose a plan to address barriers to meeting them.
5. *When the data indicate needed action, program managers should work with senior staff to create a plan of action quickly and clearly specify what needs to be done, who will do it, and when it will be done.*
   a. These action plans are quality improvement processes and should primarily focus on what can be done prior to the next progress review.
6. *Persistent follow-up and clear accountability.*
   a. Program leadership should relentlessly follow up on commitments made in performance plans and quality improvement efforts. They should utilize standard quality improvement methodology and processes.
7. *Create a continuous learning environment.*
   a. Keeping with the quality improvement methodology, process improvement tools should be continuously used and monitored to get better results.

How to use performance measures

Performance management progress reviews provide a powerful tool to help programs **tell the story** of what they do, why they do it, and what results they are, or should be, getting. It is an opportunity to showcase accomplishments that all too often go unrecognized, as well as to acknowledge program deficiencies in an effort to make improvements.

The performance plans are based on the understanding that both outcome (the broad goals) and process measures (how we achieve those goals) are needed to measure the performance of an objective. A sound performance plan describes each goal area in a program (and the corresponding outcome and process measures) and becomes the foundation for how programs demonstrate effectiveness. A good performance plan shows how the regularly collected process metrics, which can be measured frequently, and therefore managed, contribute to achieving objectives. All metrics that are on the performance plan should be entered by program supervisors or designated editor into AchieveIT with the frequency that has been identified in the performance plan (daily, weekly, biweekly, monthly, or quarterly). Programs are responsible for this data entry.

Performance management focuses attention on how the program executes the strategies that it can influence. If programs are executing well, but intermediate and outcome targets aren't being met, we should evaluate the assumptions in the performance plan.

Progress reviews provide a structured forum for asking and answering important questions:
• What does this measure tell us about the results we are getting?
• How do these outcomes relate to higher level outcomes?
• How do we know if a program or objective is working?

- What resources does the program need?
- Why is this program important to residents?

What should be measured?

Progress reviews rely on data-based decision making as part of evidence-based management. Consequently, the selection, analysis, and interpretation of key performance measures are critical. Measures should be continually assessed to determine whether they contribute to the "cause and effect" format of the performance plan and tell a program's story well. Perhaps an existing measure needs to be modified or new measures need to be established in its place. All objectives should be written in SMARTIE (Specific, Measurable, Attainable, Relevant, Time-Bound, Inclusive, and Equitable) format.

Process indicators measure workload (number of times something occurred). Process indicators are typically related to strategies, and break objectives into manageable pieces.

Like all effective communication, reporting performance is a message that must be designed with the audience in mind. The definition of the "right" measures depend on the audience for reporting performance. The two most important questions to begin with are:
1. "Who will use the measure information?", and
2. "What will they use it for?"

Next ask:
- Is it actionable – can you take action as a result of what you learn from this measure?
- Is it timely — reported frequently enough to enable management to take action to improve the results?
- Is it relevant — something the organization can influence and is meaningful to staff and / or customer and the mission of the organization?
- If successful, is it a predictor of the desired outcomes?

Programs may wish to use the four questions in "Assessing Your Performance Measures" (Appendix A) to evaluate the usefulness of the measure selected.

What should a program discuss at a progress review?

Progress Reviews are required based on the Progress Review Procedure. Responsibilities for all staff are listed in the procedure. (See Procedure 1)

A progress review is a dialogue. Every review should center on four basic questions around which the agenda is built:
- Are we on track with what we planned?
- Is performance getting better, worse, or staying about the same over time?
  - What do we need to do differently if anything?
- **How can** / should **quality improvement methods be used** to pursue the work?
- **Have you completed a formal evaluation to understand how well the change is working?**

The program supervisor, bureau chief, or other staff reporting progress will have a few minutes in the beginning to make introductory comments and introduce a topic. Once the progress review is underway, the Management Team may ask specific and detailed questions about, or direct attention to, any relevant topic (See Tips for a Successful Progress Reviews, Appendix B). It may help to review a list of

sample questions (Appendix C) as programs prepare for the review. In general, the discussion will follow the three basic questions below.

Are we on track with what we planned?

- Performance plans should be kept current, and especially making sure all parts of the plan (especially the data) are up to date at least one week prior to the progress review. Program staff may use a PowerPoint presentation to display talking points, and charts, maps, or figures.
- Reviews will begin by discussing the present state of the objectives that the program wishes to review with the Management Team. This can be a brief overview of each objective, or simply a high-level overview of the main objectives to be discussed. Program supervisors and bureau chiefs or the division administrator can decide which objective(s) to review based successes and barriers to success.

Is performance getting better, worse, or staying about the same over time?

- The answer to this question should be demonstrated using the performance metrics residing in AchieveIT. Program staff should discuss the performance of their program's objectives using the most relevant metric data analyses and charts pertaining to the objectives being discussed. Discuss both the successes achieved and the challenges you face where help is needed to overcome those challenges. Please note that metric "analysis" does not mean to verbally describe the chart, but telling the story behind the chart. A good analysis at a progress review provides an evidence-based explanation of what factors influence reported performance results. How are program actions influencing the observed results? How have challenges or hurdles perhaps resulted in lower performance than desired? What factors are driving success or not meeting expectations? Use data to answer the question "is performance getting better, worse, or staying about the same over time?"

What do we need to do differently if anything? And should we utilize quality improvement to make those changes?

- If current methods and approaches are allowing the program to stay on schedule, and these methods are effective in achieving the desired results, stay the course. If, however, obstacles have been encountered or the approach just isn't working, discuss recommendations for what needs to be done differently and how. Throughout the progress review you should identify both the challenges and obstacles facing the program, but also provide recommended solutions based on analysis of the performance data and the situation. This dialogue is the opportunity to get help, if possible, change direction of work, or perhaps adjust expectations. It is acceptable, even expected, that sometimes performance will not meet targets or that data will indicate a worsening trend. It is also critical that program staff are prepared to discuss why these results are not as expected and to offer a plan to improve results.
- Following are some examples of potential topics for a program progress review. Modify these examples as needed to best tell the story of what you feel is most relevant to the program's success.
  - o **Tracking existing indicators.** Compare current performance levels with targets, and review performance over time. Analyze the data and recommend actions based on the analysis.
  - o **Follow-up.** One key to effective performance management is persistent follow-up. Take the time to review outstanding issues or follow-up to questions asked at previous progress reviews.
  - o **Customer satisfaction and stakeholder engagement**. Report out on efforts to learn more about customer requirements, needs, and evaluation of program activities.
  - o **Monitor management systems and administrative indicators.**
    - ▪ Personnel report: budgeted FTEs, vacancies, use of overtime and leave, completion of appraisals.

- Contract performance monitoring.
  - **Progress on program quality improvement initiatives.**

One major objective of having answered all three questions during a progress review is to leave with a specific action plan of who is going to do what, and when those actions will be completed.

Who should participate in progress reviews and other logistical considerations?

- It is essential that the Management Team and program supervisor participates. Their attendance sends a clear signal that performance management is important. It also ensures that supervisors and bureau chiefs are at the table to make decisions. Progress review attendance should reflect this. It is expected that the set time and date of progress reviews are on the calendars for appropriate staff.

What is the schedule of the progress reviews?

- Programs will be scheduled for progress reviews at the beginning of each year, and each section is expected to present once per year.

Common pitfalls to avoid:

- **Approaching progress reviews as a presentation:** A progress review is a focused, data-based discussion. Content is more important than appearance. It is important to tell a story about whether performance is improving, getting worse, or staying the same and draw logical connections about why. Program progress reviews are very interactive and may not go through the material in the sequence that slides and data are presented.
- **Insufficient analysis:** An analysis is not a restatement of what the metric data show. It is more than just saying that the trend of a metric is increasing or decreasing. A good progress review analysis provides an evidence-based explanation or hypothesis for why the trend is increasing or decreasing and what we can do to improve results. For example, it is not enough to assert that a program needs more funding to achieve its public health outcomes. It is important to dig deeper. Does evidence from research demonstrate that the methods we used are the most effective? Does anyone else use the same method in a more cost-effective manner? Are there any complicating factors at work? Use data to tell a story.

Procedure 1 – Progress Reviews

PURPOSE

The Progress Review is a forum where the quality, efficiency, and effectiveness of a program's operational planning, implementation, and progress tracking, are examined through structured dialogue. The purpose of the Progress Review is to use performance metrics to discuss what is working, to recognize successes, and discuss what is not working to collectively problem solve and remove barriers to productivity.

SCOPE

This procedure describes events leading up to, during, and following regularly scheduled Progress Reviews conducted at the program, bureau, and division levels.

RESPONSIBILITY

All Supervisors.

- Use the Integrated Performance Management System (IPMS) software to document outcomes from program planning, implementation, and evaluation processes. Ensure Performance Work Plans are current and accurate.
- Review Performance Work Plans as outlined in the tiered progress review section of this procedure.
- Document completion of progress reviews in the Integrated Performance Management System Software plan comments section.
- Management Team.
- Responsible for Tier III semi-annual Progress Reviews.
- Attend Tier III Progress Reviews.
- Review and approve minutes from Tier III Progress Reviews.
- Public Health System Improvement Office (PHSIO).
- Manage Progress Reviews processes for the PHSD.
- Routinely report to the Division Administrator on staff compliance with the Progress Reviews procedures.

DEFINITIONS

Activity: A discrete unit of work with a common purpose, which can be a one-time project or a continual work process. It is a budgetary unit and requires a work plan.

Performance Management: NACCHO defines and PHSD uses performance management to encompass the ongoing process of measuring, monitoring, and reporting of progress toward strategic organization, division, and program goals and objectives. Performance management is closely linked with quality improvement (QI), as it provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement. However, performance management is distinct from quality improvement.

Performance management is the continuous use of four components: performance standards, performance measures, reporting of progress, and quality improvement.

Integrated Performance Management System: The Public Health and Safety Division's system that directs the focus on and assess section/program/work plan processes and capabilities. The system guides the building of a sustainable way of doing the right things the right way, driving focus and

alignment across the Montana State Health Department. The system accounts for all work throughout Public Health in a wholistic fashion mitigating and removing silo'd work.

Integrated Performance Management System software: Software used by the Public Health and Safety Division's integrated performance management system. Software used by PHSD work plans at any level including but not limited to: Bureau, Program, Project, Grant, Event

Management Team: Consists of the Division Administrator, all Bureau Chiefs, the State Medical Officer, the Public Health System Improvement Office Coordinator, and the Zoonotic Diseases Senior Epidemiologist.

Program: Groupings of activities that provide certain products or services with a common purpose. A set of activities undertaken to realize one common purpose with an identifiable result or outcome.

Section: Grouping of programs where partnership and collaboration exist in an effort to promote and achieve similar goals and desired outcomes.

Tier I Program Progress Reviews: Staff review and update of activity work plans at the program level which occurs at least once a month. This is completed by the activity manager, program management, or section supervisor.

Tier II Bureau Progress Reviews: Bureau management review of activity work plan(s) and outcomes with program managers on a quarterly basis.

Tier III Semi-annual Division Progress Reviews: Management Team review of select section program work occurring semiannually.

Work Plans: The framework used by the PHSD for planning, budgeting, and managing work on a project or program for one state fiscal year.

Strategic Planning: focus on long term objectives, missions, and vision of the organization and the manner in which different departments, divisions, bureaus should work with each other in order to achieve them.

Operational Planning: focused on planning on the operations of a business unit such as a section, program, grant, or project. Includes activities assigned that promote accountability and deliver data-driven analysis that can be acted upon quickly. Course correction and fluidity are key.

Assigned Activity(ies): Specific named request from the Management Team to the programs presenting or vice versa. Requests for copy of reports, maps, other documentation that support the program. Assistance in gaining access to data through alternate agencies or partners such as Medicare. Collaboration with partners or alternate agencies with media campaigns. The assigned tasks or follow-up items will be listed within the minutes.

Step 1. Schedule Progress Reviews. All Division and Bureau management ensure reviews are scheduled in accordance with this procedure. The PHSIO coordinates division level Tier III Progress Reviews and ensure each section is scheduled a Tier III review at least twice a year at an interval of no earlier than 5 months and no later than 7 months apart. Financial Operations Bureau Sections Vital Statistics and Finance will present once per year based on annual data received. Early Childhood & Community Health Division's Family Community Health Bureau will be included in the Tier III Progress Reviews.

Step 2. Document program information that will occur within an approved work plan. At the planning, approval and instruction of the Bureau Chief, approved work plans may reside in a Word, Excel, CDC, or Grant provided format to avoid duplication of documentation. Where a format does not exist, the entire work plan may reside in the PHSD Integrated Performance Management System software. Selected high level data measures will reside in the Integrated Performance Management System software to be used in the monitoring and Tier III Progress Reviews. Programs ensure all information fields at the work plan levels are complete with the most current data. Customer Satisfaction Procedure results will be represented in the IPMS software at the activity level.

The use of the IPMS AchieveIT Customized Dashboard is highly encouraged.

Step 3. Conduct analysis of progress. Programs conduct analysis of progress towards desired outcomes and provide a summary of findings in the Integrated Performance Management System software action plan tasks notes section and the metric summary analysis fields.

Step 4. Conduct a progress review.
Tier I - Program level monthly Progress Reviews.
- Program and activity staff modify work plans to reflect changes in direction. External work plans may be referenced in the action plan section for supplemental detail. Note: If the work plan is used to summarize only key activities, program staff will upload or reference their detailed work plan in the objective/activity comments section of the Integrated Performance Management System software.
- Program management reviews activities monthly by examining current activities, new metric data, and any assigned or follow-up items from previous reviews. A Tier II or Tier III progress review may take the place of a monthly progress review.

Tier II - Bureau level quarterly Progress Reviews.
- Bureau management develops a schedule to conduct quarterly progress reviews of all Programs within the bureau.
  - Note: A Tier III Semi-annual Division Progress Reviews may replace a Tier II review.
- Bureau management conducts a Tier II progress review applying the principles and methods described in the Progress Review Guide. Bureau management meets with the program managers using the work plans in the prescribed Word, Excel, CDC, or Grant provided format or the Integrated Performance Management System software to guide discussion about work progress.
- Bureau and program management engage in problem solving by identifying successes, challenges, and opportunities for improvement, including the potential for a formal quality improvement project.

- The reviewer documents meeting outcomes in the appropriate comments section of the Integrated Performance Management System software.

Tier III – Semi-annual division Progress Reviews.
- The Division publishes a schedule of semi-annual division Progress Reviews by identifying dates and times of each section's reviews. The schedule is posted on the PHSD OURS intranet site. The Division publishes the schedule at least one year out from the review date. Progress Reviews are added to the HHS PHSD Calendar and include the Management Team including the Chief Medical Officer, Early Child Family Services Division ECFSD administrator and FCHB bureau chief. CC'd in the invite are the section supervisors scheduled to present.
- One month prior to a Tier III review, the PHSIO e-mails a reminder to the Management Team including the Chief Medical Officer, Early Child Family Services Division ECFSD administrator and FCHB bureau chief invite which includes presenting sections. The email reminder includes a tip to look to the progress review section for the approved minutes from the program's last semi-annual division Progress Reviews, action items and follow-up tasks with status if applicable/available.
- The HHS PHSD Calendar invite is updated with the HHS PHSDIV distribution list.
- Section/Program staff involved in the progress review will use the Progress Review Guide to prepare for the meeting. Sufficient section/program staff should attend so that subject matter experts are available to answer questions from the Management Team.
- The Division Administrator or designee will lead the Progress Review in accordance with the principles and methods outlined in the Progress Review Guide.
- Sections are allocated 30 minutes to present information. During the information presentation/discussion sections consider program(s) performance as a whole, highlighting specific program or activity metric data that has been collected and analyzed since the last Tier III review. For each metric presented, sections focus on describing successes, challenges, opportunities for improvement, and next steps. The intent is not to review all activities or metrics in detail.
- All sections follow a similar approach when presenting their progress review information. Below is the presentation framework.

Progress Review Framework
This framework is based on requirements specified in standards, best practices and approved policies and procedures:
- Progress Review Procedure
- Customer Satisfaction Procedure
- PHAB accreditation standards

Programs will use a combination where applicable: The Integrated Performance Management application (AchieveIT), PowerPoint slide deck (use the branded PHSD slide deck template), website page, map or spatial analysis or other visuals as the means to deliver visual information.

Total time for presentation: 30 minutes

1-2 minutes   *Introduction/program overview – "What is your Why?"*
- 1 slide visualizing the staff, vacancies, funding, and budget.

15-20 minutes   *Section/Program level review:*

Emphasizing outcome metrics provide an overall review of progress or lack of progress derived from data gathered after your activities were deployed. Briefly highlight strategies/activities that have led to success in the recent past, or since the last progress review. Where applicable, provide a brief statement of the Plan or Plans that your work ties to (i.e., Strategic Plan, WFD Plan, PM/QI Plan, Communication Plan etc.)

Key Activity Metrics:
- State your key activities and identify the key activity, or activities, you will discuss today.
- Display a specific Metric Chart and show/discuss the Summary Analysis
- Provide more information on metrics that have witnessed significant change, or an evaluation period ended since the last Progress Review. Highlight strategies or activities that have contributed to program or key activity progress since the last review.

Analysis of metric data:
- Are we on track with what we planned? What does this measure tell us about the results we are getting?
- Is performance getting better, worse, or staying about the same over time? How do we know if a Program or Key Activity is working?
- What do we need to do differently if anything? How do these outcomes relate to higher-level outcomes?

Quality Improvement Projects:
- Data and analysis result in "next steps". These next steps typically are either in the form of a "Just Did It" or a "Formal QI Project".
- Brief the identified issue or problem.
- Provide the data that identified the problem
- Discuss how you formed your team to address the problem and steps taken to make changes to the current process.
- What methods were used in "working through the problem"
  - Diagram/Mind Mapping
  - Fishbone
  - Cause/Effect – Root Cause Analysis
  - Others
- If available, provide new data sets that demonstrate the problem is being corrected, or have you identified a new problem.
- How and where have you documented this?

Have you completed a formal evaluation to understand how well the change is working?

5-10 minute   QA Open discussion – audience and Management Team

The Management Team will actively engage presenters during and/or following the presentation providing insight into collaborative opportunities, suggestions following data analysis reporting, training, just to name a few possibilities. These recommendations might include follow-up or next step actions items requested by the Management Team.

The PHSIO records minutes, including any assignments or follow-up items.

After the progress review, the PHSIO submits the minutes for approval to the Management Team and presenting staff by the following Monday. The PHSIO collects changes and finalizes the document.

The PHSIO saves and maintains the PDF final document to the Division Shared Drive: \\state.mt.ads\HHS\Shared\PHSD\DIV- SHARE\Progress Review Minutes

Step 5. Designation of a Quality Improvement project.

If the reviewer and program manager determine a Quality Improvement project is required during any progress review, the activities are documented in the comment section of the Integrated Performance Management System software and noted in the progress review notes.
See the PHSD Quality Improvement Procedure for more detail.

If the improvement need is of strategic importance, a more structured cross functional team may be needed to conduct the Quality Improvement project. If a formal QI project is identified, the following steps occur.
- The project is approved by the management team.
- Team lead and structure is designated, and resources are allocated to the effort.
- The QI project is conducted according to the standard division QI approach specified in the PHSD Quality Improvement Procedures.

Step 6. Schedule Change Requests.
- The Bureau Chief or designated individual will submit a request to change the scheduled review to the PHSIO Performance management coordinator no later than 1 month prior to the scheduled review.
- The PHSIO will update and post the schedule within 1 week of the change.
- Subsequent presentation dates will not be altered unless the next scheduled presentation falls within 5-month period.

RELATED DOCUMENTATION
- PHSD Performance Excellence Glossary
- PM/Quality Plan
- Quality Improvement Program Standard Operating Procedure
- Customer Satisfaction Procedure

RELATED FEDERAL OR STATE GUIDANCE *(IF APPLICABLE)*

Appendix A
Resources for Assessing a Program's Performance Measures

1. How would you rate the program's performance based on these measures?
   - Can you tell whether the program is doing well or not?
   - Are you able to tell the story with this information?
   - What is appealing or useful about this information?
2. How is this information used?
   - Who is the intended audience for this measure?
   - Do you review it regularly?
   - Who else uses this information? Would it be useful for customer, and / or public consumption? Why or why not? What kind of information does that audience need?
   - Does your staff know where to find this? Even if they do, would they go look at it? Why or why not?
3. How do you compare to others?
   - Where could you look for examples of good performance reports? Who does a good job of measuring and reporting, in your field? Who does a good job within your own organization?
   - What data are you missing? Why? What would it take to get it – and is it worth it?
   - Are measures compatible with similar measures gathered by state and local public health agencies (For instance, are we measuring progress in a specific area using the same measure as other organizations? If not, is there a reason why?).
   - In what areas of your performance management system (any of the points above) would you most like to see improvement?
4. Do these measures help you make your case?
   - Is this information used to inform resource allocation decisions, or other financial decisions? How direct is the link between this information and financial decisions?
   - If you were the fiscal / budget office and you saw this report, would you invest more or reduce the budget? Why?
   - How connected to day-to-day operation is this information? To team and individual performance expectations? Can it help you motivate your employees?

Appendix B
Tips for a Successful Progress Review
Preparing for the Review
Ensure that your performance plan(s) and metrics are up to date. Report the target and actual value for each measure for that measure's timeframe. For example, if the number of monthly brochures distributed was a metric used and the progress review was taking place in July, then report the target number of brochures intended to be distributed in June and the number of brochures actually distributed. Show the trend of monthly values of this metric for the past year.

Each program will have 20-30 minutes. Some of the program-specific topics will need more time than others. We strongly recommend being brief and focusing on the most important points.

Tips for Success During the Review
This is a management conversation, not a presentation. The Management Team is familiar with your program. Be ready to dig into the data and action plans.

Be nimble! Usually, the administrator will ask the program to begin the review, but the discussion may start in another direction. It is rare that the conversation goes in the order of a prepared presentation.

Go in understanding that it is okay, and expected, to acknowledge when something isn't going well or targets are not being met. One purpose of performance management is to identify problems. The key is that the problem statement be accompanied by an analysis for the cause of the problem and potential methods to address the issue.

It is okay to ask for help. If the program supervisor has analyzed the problem using facts and data, it is perfectly acceptable to use the performance management meeting to discuss next steps.

If the Management Team asks a question about a specific measure or piece of information, get to the point by avoiding unnecessary details or background. Focus on your specific action plans and how they will contribute to performance.

Pay attention to the time and respect the need to leave time for other speakers. Try to stay on schedule.

Try to avoid saying something is complicated. Instead, be ready to talk about complex topics in terms that people can grasp. Break the issue down into simple concepts and aim to be solutions oriented.

It's ok to say you'll get back to leadership with an answer if you don't have it handy.

Do make commitments, but don't over-commit "for the next session." Once you make a commitment, you've set an expectation. (Many follow-up items can be addressed outside the progress review.)

Use your judgment – in some cases it's ok to say, "no, we can't (or shouldn't) do that." Don't say yes if the request doesn't make sense.

Be ready to talk about issues from the "outside in" (e.g., what the public sees / perceives), and from the "inside out" (e.g., what it looks like from the trenches).

If there are specific ways a particular member of the Management Team can help you reach your targets and goals, this is the time to ask!

Use the data to open the door to a conversation about your analysis and action plans. And remember, the progress review is only a small part of the big conversation – it doesn't all have to be said at the review.

Please be tolerant of Management Team members who are just learning about how your program works. Learning new things gives people a lot of ideas that they think might be new, but you might have already tried and found not to be effective long ago. The Management Team trusts in your expertise; they are just trying to be helpful.

Questions are asked in the spirit of trying to understand what the program does so that the Management Team can help programs achieve the division's goals and to be more informed as public policy is shaped. Questions or requests for different things do not indicate that team members think something is wrong or bad. They are impressed with the work that you've done to prepare for this session and the work that you do every day.

Appendix C
Questions to Anticipate During a Progress Review

Following are examples of the types of questions that could be asked during a progress review. Many of these questions may never be asked but are provided here to help you better assemble information or gather your thoughts in preparation.

Analyzing gaps, trends, and differences
- What is your theory about why this is happening?
- What explains the difference between last quarter's performance and this quarter?
- How are we doing compared to our historical performance?
- Why are we above or below target?
- How much variance from target should be considered "normal'? (tolerance)
- Are there cyclical factors at work? (seasonal demand, weather, FY, etc.)
- How do we compare? (to other jurisdictions; to other agencies; to private sector; to the U.S. or other states)
- Are measures compatible with similar measures gathered by state and local public health agencies (For instance, are we measuring progress in a specific area using the same measure as other organizations? If not, is there is reason why?).
- Have you engaged or surveyed citizens / stakeholders? What do they think?
- What data are you missing? Why? What would it take to get it – and is it worth it?

Improving Results
- What are your long- and short-term targets?
- What concerns do you have, or problems do you anticipate for the future?
  - How can we improve (or simplify) this process?
  - Can it get any better? Why or why not?
- What would make this activity more efficient or productive?
- What's your primary focus for innovation? What risks are you taking?
- What have you learned?

Checking for Unintended Consequences
- What are the opportunity costs in what won't be done if we invest more resources elsewhere?
- Are there any negative potential consequences of increasing results in this area?
- Have we verified our data sources?

Telling the Story
- So what?
- How does this activity contribute to higher level outcomes and / or the mission and strategic plan of the division?
- How do you define success in this area?
- Why do we track this information? Who uses it, for what kind of decisions?
- How is this information shared with staff or stakeholders?

Making Decisions
- What do these numbers tell us?

- How do your employees feel about the (results / problem / proposed solution)?
- What do your stakeholders think about the (results / problem / proposed solution)?
- What would it take to get to (name the target: reduce the backlog to zero; cut the red tape; improve collections by 10%, etc.)?
- What amount (or type) of resources would you need to improve this picture? How much improvement can we expect?
- What action would you recommend we take based on this information?
- Are these the right targets, or would you recommend a change?
- What do you need from me or other members of the Management Team to improve this picture?