

Talking Points: Health System Performance Management Improvements

Goal Setting for all Team Members (New to the MC)

Rationale for replacing the Essential Duties & Responsibilities + Weighting of Goals at 50%

Employees who participate in their goal setting process are more engaged at work. [Research by Gallup](#) indicates that ensuring employees know what is expected of them is the first core element needed to attract, focus, and keep the most talented employees. The Medical Center (MC) has successfully piloted this in the RN population and is supportive of moving in this direction for the entire MC population. Additionally, the School of Medicine and the University Physicians Group have a well-established SMART goal setting process for team members and, as we look across the healthcare industry, there are numerous examples of peer hospitals participating in a similar goal setting process.

Current examples of job duties and responsibilities:

- RN Clinician 2: Empowered Leaders demonstrate knowledge of and actively participate in shared governance.
 - a. Actively participates (attends meetings, reviews minutes and provides constructive feedback, helps with pre-work or follow up work) in shared governance at the local and/or regional level.
- Administrative Assistant: Performs area-specific support activities.
 - a. Resource information is updated, copied and distributed appropriately.
 - b. Databases are organized and accurately maintained on a frequent basis.
 - c. Support specific functions are handled in an organized and timely fashion.
 - d. Deadlines for activities are consistently met.

Questions to pose to team members:

1. As you reflect on your Essential Duties and Responsibilities (found in the job description), what criteria do you think your leader uses to assess those generic responsibilities?
2. In the absence of goal setting in the past, how did you clarify your specific role / contributions and ensure alignment with your leader? The Organization?
3. Would it be ideal to have a formal opportunity at the beginning of the year to clarify the specific expectations for your role and to know the criteria for which you will be evaluated?

History of success in the UVA Health System and the Industry

- School of Medicine and University Physicians Group have had a practice of goal setting for the past 5+ years
- Nursing has successfully piloted goal setting for the past two years
 - Magnet designation is attractive to new graduates; goal setting is a Magnet requirement
- Most, if not all, of the high reliability organizations engage in this practice
- Lean methodology speaks to the importance of measuring daily, managing to that measure, and making it easy to do the right thing

How vs. What

- Removes much of the subjectivity from the process by providing an objective guide for evaluating
- Enables developmental conversations focused on how the goal is achieved (or not), as opposed to simply focusing on outcomes
- Creates opportunities for individual and team recognition

Three-point rating scale (New to SOM & UPG)

Rationale for an aligned three-point rating scale across the Health System

Ratings offer a quantifiable view of individual and organizational performance. This means organizations can report on the assessment of available talent and use trends to plan for improvements. Which managers are most effective? Which employees are most likely to become leaders? Leveraging a three-point scale across all three entities reduces the level of subjectivity and variance.

Proficiencies		
Rating	Numeric Rating	Description
1 Does Not Fully Meet	1.00	Inconsistent results and/or behaviors Minimum expectations not met Needs immediate and sustained improvement
2 Fully Meets Expectations	2.00	Dependable results and/or behaviors Produces outcomes that meet all qualitative and quantitative measures Occasionally exceeds expectations
3 Consist Exceeds Expectations	3.00	Goals exceeded frequently Top performer who proactively seeks additional responsibility Serves as role model to others

Ditch the stigma of “Meets”

- Communicate to your team members how the 'midpoint' of the scale is defined. You should do this at the start of the appraisal cycle so that their expectations are clearly set. For example, you could explain that a rating of “2” is selected when an individual is achieving their targets consistently (occasionally exceeding), displaying the required behaviors, and showing commitment as detailed in their job description. In other words, rating of “2 - Fully Meets Expectations” is a good thing!
- Consider identifying specific behaviors / outcomes in your department that warrant a rating of “3 - Consistently Exceeds Expectations.” Throughout the year, make connections to the behaviors and outcomes that you agreed on as a team.

Focus on development

- Research has found that conversations focused on the future, rather than recapping the past, seem to be the most effective. If employees are given more frequent status updates throughout the year and the end of year ‘review’ is treated as more of a formal re-group and development discussion, then employees and managers are going to get more value out of it and it won’t just be perceived as a gut-wrenching report card meeting.
- Finally, do not get hung up on the rating aspect of performance management. It is far more beneficial for the employee to understand why they received the rating they have and to know where the areas for improvement are, than to become preoccupied with any particular performance measure. The most important thing is that there is a clear rationale for each rating, which demonstrates exactly why they received the assigned rating.

Questions to pose to team members:

1. What are the benefits of being evaluated on the same scale as your peers across the Health System?
2. How could this practice help support the achievement of common goals across the Health System (i.e., Safest Place to Work)?
3. What are some ways we can create a common understanding in our department for the behaviors and outcomes at each level of performance (i.e., Does not Fully Meet Expectations, Fully Meets Expectations, and Consistently Exceeds Expectations)?
4. Why do you think it is important to establish “Meets” and “Exceeds” measures for each goal?

ASPIRE (New to SOM & UPG)

Common set of values

Foundational values and behavioral competencies are a fundamental component of driving behaviors, culture and engagement in an organization. Since 2011, the Medical Center has formally incorporated a [common set of values](#) (ASPIRE; formerly RISE) in their performance appraisals to help drive cultural norms / behaviors. This will now extend to the entire Health System as a means to enrich the appraisal process.

Behavioral Specific Rating Scale

Value	Behaviors	Examples		
		Does not Meet Expectations	Meets Expectations	Exceeds Expectations
Accountability <i>Acknowledging and assuming responsibility for where we have succeeded and failed in terms of our actions, decisions, policies and results</i>	Own your commitments and outcomes	<ul style="list-style-type: none"> Places blame on others Does not accept responsibility for errors Does not volunteer for new projects or initiatives Is often late or absent from meetings Receives negative feedback on contributing to a team or project Points out team members' mistakes in front of other team members 	<ul style="list-style-type: none"> Follows up to provide progress, delays, changes to original commitments Takes accountability for both successes and failures Comes to meetings prepared and on time; if he/she needs to be late/leave early, inform the meeting facilitator in advance Does everything he/she can to complete a task or find a mutually acceptable solution If unable to complete a task, communicates the inability to do so in a timely manner and offer an apology Holds oneself and others accountable to commitments by discussing progress Seeks out necessary information rather than waiting to receive it 	<ul style="list-style-type: none"> Suggests and implements new ideas and ways to more effectively manage work Is a role model for accepting responsibility for failure Consistently and openly recognizes and rewards team members for their contributions Is considered a strong coach and demonstrates leadership based on team member feedback Effectively facilitates committees, shared governance, engagement and other types of meetings while positively promoting change Works diligently to help team, division and/or organization exceed goals Organizes time, effort and projects to effectively support other team members' success

- Examples of behaviors that support each level of performance rating.
- Incorporated into the performance appraisal template.

Questions to pose to team members:

1. What are the benefits of working in an environment where expectations around values are openly communicated?
2. How do you think an aligned Health System template that includes a rating on ASPIRE values could effect Health System outcomes?
3. How does the use of behavioral-specific competencies make it easier to effect Health System-wide outcomes? For example, if the overarching goal is to increase Patient Satisfaction results, what specific behaviors can I focus on to affect that outcome?