**Performance Measurement Self-Assessment**

Instructions: For each of the leading practices, determine the appropriate evaluation color based on the following criteria. In the tables below, place your curser in the cell with the arrows, and delete the ***two*** arrows that ***do not*** represent your rating. Use the “undo” button if you erase the wrong arrows.

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| **Evaluation Criteria** | |
| **Green** | A well-established practice. Supporting evidence is easy to find and accessible, because it is done all the time. It is routine and deployed across the organization. |
| **Yellow** | Plans to implement the practice are in place. Evidence exists that some work units are doing it with different degrees of success. Barriers to full implementation are in the process of being eliminated. |
| **Red** | Little or no evidence exists that this practice is occurring anywhere in the organization. Supporting evidence is anecdotal or in the initial planning stages. Significant barriers to implementation exist. |

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| **A. Selection – How does the organization choose what it measures?** | | | **Comments** |
| 🡆🡆🡆 | | The organization has a planning document of some type (strategic plan, business plan, budget, charter, etc.) that outlines the purpose and major goals of the organization. |  |
| 🡆🡆🡆 | | Planning documents contain performance measures that could be used to evaluate if the organization is accomplishing its stated mission and goals. |  |
| 🡆🡆🡆 | | Major processes and programs are documented, and key customers and stakeholders are identified. |  |
| 🡆🡆🡆 | | A method exists to actively seek feedback from customers about service quality, timeliness, and performance (surveys, focus groups, comment cards, website, etc.). |  |
| 🡆🡆🡆 | | Organizations and divisions measure performance from many different perspectives (Outcomes, outputs, customer satisfaction, timeliness, efficiency, service quality, etc.). |  |
| 🡆🡆🡆 | | Individual work units (Senior management, a division, a department, a team, etc.) limit themselves to maintaining and using no more than 10-15 performance measures. |  |
| 🡆🡆🡆 | | Written policies and procedures exist for updating and changing performance measures. |  |
| 🡆🡆🡆 | | The quality of the performance measures has been evaluated by a 3rd party against established criteria (relevance, understandability, comparability, timeliness, etc.). |  |
| **B. Data Collection & Recording – How does the organization ensure the quality of its data?** | | | **Comments** |
| 🡆🡆🡆 | Data are kept in a single computer system or location. | |  |
| 🡆🡆🡆 | Performance measures have written “Operational Definitions” that record the methods and key steps in the data collection process (data sources, calculation formulas, responsible persons, reviews & approvals, timelines, exclusions & outliers, etc.) | |  |
| 🡆🡆🡆 | The organization maintains a “Calendar of Significant Events” to record potential significant impacts to performance for use in future analysis. | |  |
| 🡆🡆🡆 | An independent 3rd party regularly tests the data used in the performance measures for accuracy and reliability. | |  |

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| **C. Charting and Analysis – How is data transformed into information?** | | **Comments** |
| 🡆🡆🡆 | Performance measures actually exist as tables or charts, not just as lists in some planning document, or as data that could be pulled from a report. |  |
| 🡆🡆🡆 | Pie charts and bar charts are only used with descriptive data to make comparisons. |  |
| 🡆🡆🡆 | Run Charts and Control Charts are used to monitor and show performance over time. |  |
| 🡆🡆🡆 | Enough data is displayed to establish a “Baseline,” give historical context and see trends. |  |
| 🡆🡆🡆 | The organization has the ability to “drill down” with key performance measures to see and compare performance levels in sub-organizations/regions/divisions, etc. |  |
| 🡆🡆🡆 | Performance measures have targets based on current capabilities, strategic priorities, customer expectations, etc. |  |
| 🡆🡆🡆 | Organizational performance is benchmarked against recognized leaders in related fields of work. |  |
| 🡆🡆🡆 | Abnormal variation is identified, and special causes are identified and accounted for. |  |
| **D. Improvement & Communication – How does the organization use performance information?** | | **Comments** |
| 🡆🡆🡆 | Management meets frequently and regularly (at least quarterly) to review performance information and action plans. |  |
| 🡆🡆🡆 | The organization is attempting to change and improve processes, especially in areas where a performance gap exists between “As-is” and “Should-be” performance levels. |  |
| 🡆🡆🡆 | Performance information and/or scientific research is used in management decision-making activities (budget development, resource allocation, setting priorities, etc.). |  |
| 🡆🡆🡆 | Performance information (tables, charts, graphs, etc.) is available to leaders on an easily-accessible “scorecard” or “dashboard.” |  |
| 🡆🡆🡆 | An established method exists to communicate information and decisions from the performance reviews internally, to the organization’s employees. |  |
| 🡆🡆🡆 | An established method exists to make organizational performance accessible to customers and stakeholders (citizens, legislators, special interest groups, etc.). |  |
| 🡆🡆🡆 | A method exists for employees, customers, and stakeholders to give feedback and provide comments on departmental performance information. |  |

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| **Assessed By** | **Date** |
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| **Evaluation Criteria** | |
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