



Your Health Connection 



**Building a Balanced Scorecard From the Inside Out**  
 Canadian Evaluation Society – Ontario Chapter  
 Annual Conference  
 October 1, 2009

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Deborah Hardwick  
 Evaluation Specialist  
 Simcoe Muskoka District Health Unit  
 15 Sperling Drive  
 Barrie, ON L4M 6K9  
 705-721-7520, Ext. 7624  
[deborah.hardwick@smdhu.org](mailto:deborah.hardwick@smdhu.org)  
[www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)




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**GOAL**  
 To measure, manage and communicate Simcoe Muskoka District Health Unit's (SMDHU) performance in meeting its 2007-2010 Strategic Plan Outcomes.

**OBJECTIVES**

To assess the feasibility, relevance and usefulness of using a Balanced Scorecard for performance measurement, management, and communication.

To build support across the agency for the performance measurement, management and communication tool.

To develop and pilot a performance measurement, management and communication tool and implement it.




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### Methods

Environmental Scan – November 2007 – January 2008

Select a performance tool, pilot it with three programs with strategic priorities and evaluate the process – June – September 2008

Report to Executive Committee and Board of Health – September 2008

Based on the results from phase 1:

Revise the SMDHU *Balanced Scorecard* and expand the pilot project to at least three additional programs and the agency in 2009



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### Impetus for Performance Measurement for Public Health in Ontario

A key drivers:

- ◆ Walkerton Water Tragedy,
- ◆ West Nile Virus, and
- ◆ SARS.

In 2004 MOHLTC committed to:

- ◆ Review the Mandatory Health Programs and Services Guidelines ✓
- ◆ Review of local public health capacity ✓
- ◆ An annual Ontario Public Health Performance Report on the status of the public health system ✓



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### Provincial Progress on Performance Measurement

- ◆ New Ontario Public Health Standards (OPHS) lead the way for the development of performance indicators for the Public Health system
- ◆ Public Health Performance Management Working Group established in 2007 to guide performance report for the public health system; first report published August 2009



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### Why a *Balanced Scorecard* at SMDHU?

- ◆ 2007→ New Strategic Plan at SMDHU highlights need to measure progress toward achieving strategic goals
- ◆ Other health units developing performance management tools- some using *Balanced Scorecard*
- ◆ In response to increasing need for assessing performance and accountability of Public Health in Ontario, the Institute of Clinical Evaluative Sciences (ICES) developed a *Balanced Scorecard* framework for the Public Health system (2004)



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### What is a *Balanced Scorecard*?

- ◆ A measurement system
- ◆ A strategic management system
- ◆ A communication tool



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### Balanced Scorecard

Think of missions and strategy from four key perspectives.

Balances financial perspectives with other key performance indicators.

Balances "lag" indicators (measures of what happened in the past) with "lead" indicators (drivers of future financial performance).



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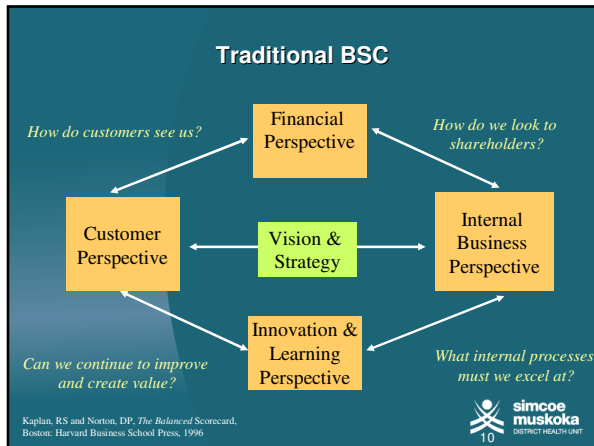
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### Balanced Scorecard for the Public Sector

*"The issues are many and complex, but taken together they might be characterized by two superordinate and related challenges – sustainability and the ability to adapt to a rapidly changing world"*

- Thomas Wolfe, 1999



Niven, P. (2003) *Balanced Scorecard Step-by-Step for Government and Nonprofit Agencies*. Hoboken, NJ: John Wiley & Sons, Inc.

**simcoe muskoka**  
DISTRICT HEALTH UNIT

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### Balanced Scorecard for the Public Sector



- ◆ More diversity among constituents
- ◆ Higher expectations from the public
- ◆ Increasing costs
- ◆ Declining support
- ◆ Rapidly changing technology
- ◆ Substantially different ways of conducting business

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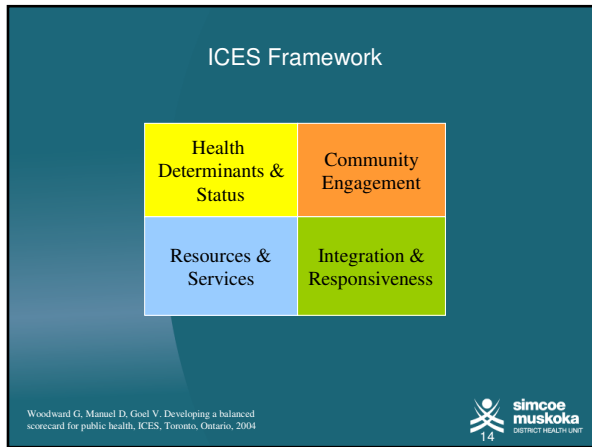
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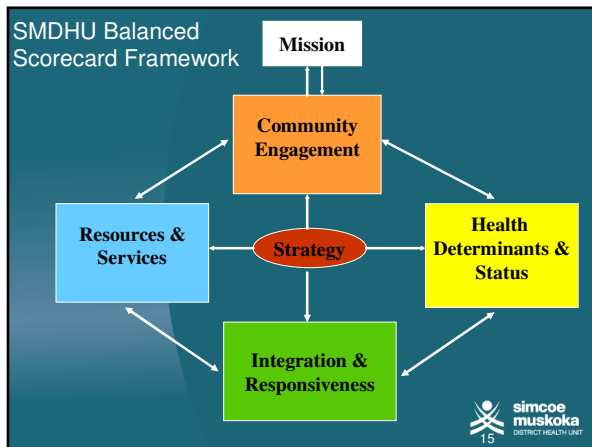
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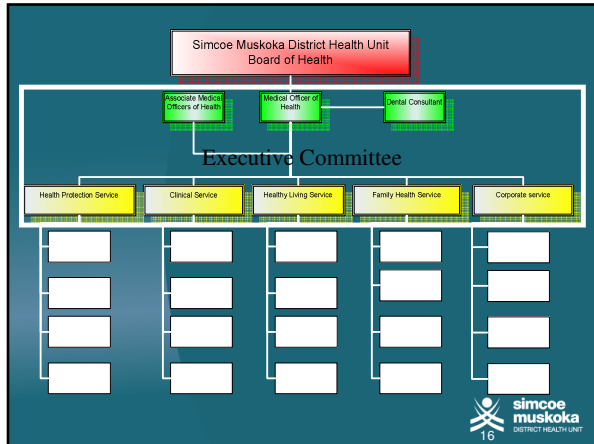
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### BSC Development- Session 1

- ◆ Selection of programs:
  - 3 programs with strategic importance in year one
  - 3 additional programs in year two
  - Agency level in year two
- ◆ Session 1
  - ◆ Orientation to BSC
  - ◆ Development of SMART objectives
  - ◆ Indicators

\* Niven, P. (2003) *Balanced Scorecard Step-by-Step for Government and Nonprofit Agencies*. Hoboken, NJ. John Wiley & Sons, Inc.

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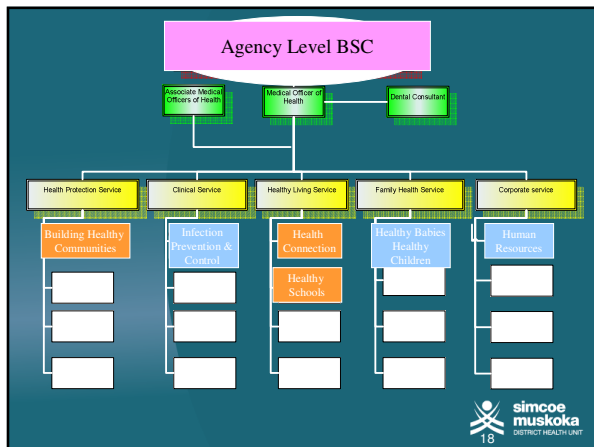
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## BSC Development- Session II

### Session 2

- ◆ Brainstorming and clarification of indicators for each objective
- ◆ Indicators placed in appropriate quadrants
- ◆ Modified Delphi technique initiated
- ◆ Criteria for selection (*critical, available, valid/reliable, accurate, understandable*)\*\*



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## BSC Development- Session III

### Session 3- Support manager development of BSC

- ◆ Feedback to groups re. ratings, balance, gaps
- ◆ Programs finalize indicators
- ◆ Indicator definitions and template
- ◆ Report on baseline and targets



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## Evaluation

### Staff:

#### Session 1 - Orientation, SMART Objectives

- ◆ All participants understood the BSC principles, the need for SMART objectives, and 6/7 felt BSC would be a useful tool to measure performance toward strategic objectives

#### Session 2 – Developing, Ranking and Selecting Indicators

- ◆ Extended to work groups that did not attend Session 1
- ◆ Informal comments suggest that attending Session 1 would have been beneficial and that the timeline for completing the work was too short / influenced by summer vacation period
- ◆ Each group was able to create a scorecard, with fewer than 20 key performance indicators, and to define those indicators
- ◆ Managers reported that it was a useful process to help them further plan, develop and articulate their program at operational and strategic levels



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## Evaluation

### Executive Committee:

- ◆ Agreed that the BSC
  - ◆ demonstrates the connection between performance measures and the strategic plan,
  - ◆ meets needs for performance management,
  - ◆ is relevant as a tool for reporting to stakeholders and
  - ◆ Will be useful for program assessment and decision making
- ◆ Identified annual reporting is most appropriate for most indicators, although quarterly reporting is appropriate for some indicators
- ◆ Preferred to have more outcome indicators and indicators measuring the costs of programs.



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## Challenges

- ◆ Program objectives were not in SMART format- many groups found this difficult and could have used more time
- ◆ The 'age' of the program determined what type of BSC emerged. For less established programs, input or process indicators dominated. For more established programs, there were more outcome indicators that could be trended over time
- ◆ With indicators, less is more! Goal is to capture that which drives performance, not describe every aspect of performance



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## Challenges

- ◆ The ICES framework is not a perfect fit, but a good starting point. We need to work more on specifying the content of the quadrants and the lag/lead and/or causal relationships between quadrants
- ◆ Quadrants are subjective and indicators can usually fit into more than one
- ◆ Health Status quad was difficult to fill! Programs rarely want to take responsibility for downstream health outcomes that have many factors contributing



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### Response to Challenges

- ◆ Revise and clarify processes
  - ◆ increase flexibility;
  - ◆ build in more time for writing objectives;
  - ◆ clarify link to Strategic Plan Outcomes.
- ◆ Revise and clarify quadrant descriptions – decrease flexibility
- ◆ Revise forms and templates – increase clarity



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### Quadrants

Health  
Determinants &  
Status

- ◆ Determinants of population health;
- ◆ Population health status measures;
- ◆ Health behaviours;
- ◆ Population health intervention impact measures.
- ◆ Excludes program outcomes not related to population health measures.



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### ICES Framework

- ◆ Uptake of health unit programs and services in the community
- ◆ Attitudes – e.g. measures of client satisfaction at individual and population level;
- ◆ Awareness of health unit services;
- ◆ Perceptions of community, health care policy makers, managers and providers about public health;
- ◆ Partnerships between health unit and community agencies in community needs assessments and public health planning.

Community  
Engagement



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**Resources & Services**

**Quadrants**

- ◆ Capacity to deliver mandated and locally needed public health services:
  - ◆ Financial resources;
  - ◆ Capacity of systems in terms of availability of services or human resources;
- ◆ Effectiveness in maintaining competent workforce (staff recruitment and retention, staff and agency competencies and skills, application and effectiveness of information technology).



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**Integration & Responsiveness**

**Quadrants**

- ◆ Systems integration: structural capacity to integrate into associated health care system and other relevant community agencies (information use and technology);
- ◆ Capacity to identify and respond to change and emerging health issues;
- ◆ Emergency preparedness
- ◆ Commitment to research and development;
- ◆ Development and use of standardized protocols;
- ◆ Staff learning and growth.



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**Health Connection**

<p><b>Health Determinants &amp; Status</b></p> <ul style="list-style-type: none"> <li># of calls for HC core team</li> <li>% of clients reporting intention to use information at end of contact</li> </ul>	<p><b>Community Engagement</b></p> <ul style="list-style-type: none"> <li>% of HC Core calls answered live</li> <li>% of HC calls answered within service level goal</li> <li>% of adults reporting awareness in RRFSS</li> <li>% of HC Core team call that were abandoned</li> </ul>
<p><b>Resources &amp; Services</b></p> <ul style="list-style-type: none"> <li>Detailed forecasting of staffing needs completed quarterly</li> <li>Agent availability</li> <li># of days with full complement of HC Core team staff achieved</li> <li>Average call handle time (minutes)</li> <li>Centralized scheduler is operational</li> <li>Average cost per call (staffing costs)</li> <li>Agent utilization rate</li> </ul>	<p><b>Integration &amp; Responsiveness</b></p> <ul style="list-style-type: none"> <li># of HC Core staff with &gt; one skill</li> <li>Knowledge management system on intranet in place for HC</li> <li>HC Core team's average speed of answer (sec)</li> </ul>



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### Problem: How to Roll-up to Agency Level BSC?

- ◆ Ideally, each BSC has fewer than 20 indicators.
  - ◆ So far, six programs have 85 indicators.
- ◆ Some of the program KPI are very specific to that program and cannot be generalized while others are good proxy measures.
- ◆ Some of the program KPI can be restated to encompass many programs, or to the agency as a whole.
- ◆ Problems across all levels with objectives and outcomes that are not **SMART**
- ◆ Sources of data for KPI are often not available, are available only manually or are not reliable

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### Summary of Outcomes

1. Quadrant definitions refined and clarified – ongoing.
2. Clarification and refinement of process – ongoing.
3. Clarification and refinement of forms.
4. Commitment to develop database and reporting format in 2010.
5. Six programs with BSC that have been populated with at least baseline data (at least 20 more to go).
6. Agency level BSC has begun, will be done January 2010.

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### Next Steps

- ◆ Complete agency level BSC and present to executive and board, obtain feedback and revise as necessary
- ◆ Continue to incorporate Provincial indicators
- ◆ Develop database, reporting and communication tools
- ◆ Develop and execute evaluation to determine if BSC's are useful and efficient at program and agency level
- ◆ Share lessons learned
- ◆ Develop communication plan
- ◆ Complete Balanced Scorecard for all programs



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