

# New Mexico Department of Health Performance Management Assessment



5/1/2014

Performance Management Assessment

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**Abstract**

*The New Mexico Department of Health (DOH) is a centralized public health agency serving 33 counties and 22 sovereign nations through four regional and 54 local public health offices. New Mexico's residents are diverse in background and culture. DOH is dedicated to meeting the needs of the people of New Mexico by providing services that are effective and efficient and that respect the state's rich diversity.*

*To ensure the provision of high quality services, DOH is committed to the development and expansion of a quality improvement culture.*

*Evidence of this commitment includes DOH's performance management system. Since at least 1999, when the state legislature enacted the Accountability in Government Act, DOH has embraced accountability as a value and a responsibility to the people we serve.*

*This report summarizes the results of the DOH 2014 Performance Management Assessment. Distributed to professional staff throughout the agency, the assessment is an opportunity for reflection and review of the degree to which the DOH performance management system reflects and represents our commitment to the delivery of high quality services for all New Mexicans.*

*Results from the Performance Management Assessment will: a) inform DOH's effort to instill a quality improvement culture; b) identify system and structural components of the performance management system that do not enhance the quality of services provided by DOH; and c) promote involvement and ownership of DOH's quality culture among staff throughout the agency.*

# New Mexico Department of Health Performance Management Assessment

## PERFORMANCE ASSESSMENT

### Introduction

An important goal of the New Mexico Department of Health (DOH) is to fully implement and improve its performance management system. A performance management system uses identified objectives and measurement to evaluate the effectiveness of programs, policies, and processes. Based on an organization's goals and objectives, specific measures are crafted and targets established in order to measure the organization's ability to meet its goals and objectives.

Performance management can be an effective way to demonstrate financial accountability and justify budget requests in an era of scarce resources and rising expectations. The formal beginning of systematic performance management within DOH has its origins with the New Mexico Accountability in Government Act, which was enacted in 1999. The purpose of the act was to use the state's budgeting process and defined outputs, outcomes, and performance measures to assess the performance of state government programs. Since then, DOH has developed performance measures as well as a performance management system and over the years has continually refined the process. In addition, performance management assessment is an important component of Public Health Accreditation. In order to assess its performance management system, DOH has chosen the Performance Management Self-Assessment Tool from Turning Point Performance Management National Excellence Collaborative.

### Purpose

The purpose of the assessment survey is to determine the degree to which a formal, fully functioning, integrated performance management system is in place within DOH, assess employee awareness of the system, and identify areas of needed improvement. By identifying areas of needed improvement, the Performance Management Quality Improvement (PMQI) Group will be able to initiate quality improvement projects aimed at improving identified deficiencies.

## The Performance Management Self-Assessment Survey

Developed by and for public health agencies, the self-assessment survey is organized around each of the five components of performance management identified in the Turning Point Performance Management National Excellence Collaborative's model for performance management:

- **Visible Leadership**
- **Performance Standards**
- **Performance Measurement**
- **Reporting Progress**
- **Quality Improvement**

For each component, several questions serve as indicators of DOH's performance management system capacity. These questions cover elements of capacity such as having the necessary resources, skills, accountability, and communications to be effective in each component.

DOH is using this assessment survey as a first step in the assessment of its performance management system. To implement the survey, the Office of Policy and Accountability copied the assessment tool into Survey Monkey.<sup>1</sup> The survey URL (that is, the hyperlink to the assessment tool) was distributed by email from Senior Management to Division Directors with instructions to distribute the link to all professional staff in each Division. Staff were given two weeks to participate in the survey. The survey consists of 49 questions (Appendix A) and was advertised as requiring approximately 20 minutes to complete. A total of 138 DOH staff completed the survey.

### Limitations

The survey achieved the goal of producing a "snapshot" assessment of DOH's performance management system. Based on the results, follow-up assessments by teams and quality improvement circles may be needed in targeted areas. There are three major limitations to the survey:

1. The survey was targeted to professional employees who, it was assumed, would be more familiar or have direct experience working with performance measures; therefore, one cannot infer that a similar survey sent to all DOH employees would produce similar results.
2. The survey was sent to DOH Division Directors with instructions that the survey be sent to professional staff; ultimately, however, distribution of the survey was left to the discretion of each Division Director. Without knowledge of how many employees were sent the survey, a response rate cannot be determined.

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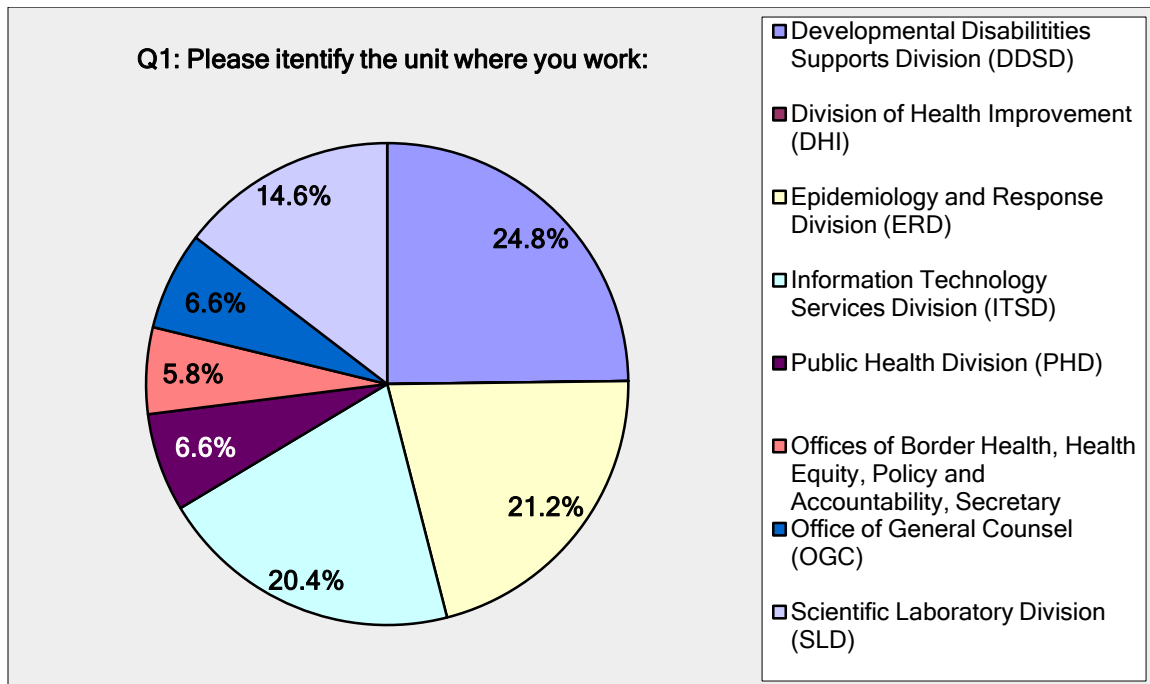
<sup>1</sup> [www.SurveyMonkey.com](http://www.SurveyMonkey.com)

- Although this assessment tool is recommended by the Public Health Accreditation Board, some respondents complained about the lack of a “Don’t Know” response option. Additionally, many questions presented only three possible responses: “Never/Almost Never,” “Sometimes,” and “Always/Almost Always.” This may have disproportionately encouraged selection of “Sometimes” as a safe or “*probably accurate*” response, especially when the respondent did not have a true opinion regarding the question asked.

**Survey Response: Findings**

**Finding #1 – Variation in the number of survey respondents across DOH Divisions**

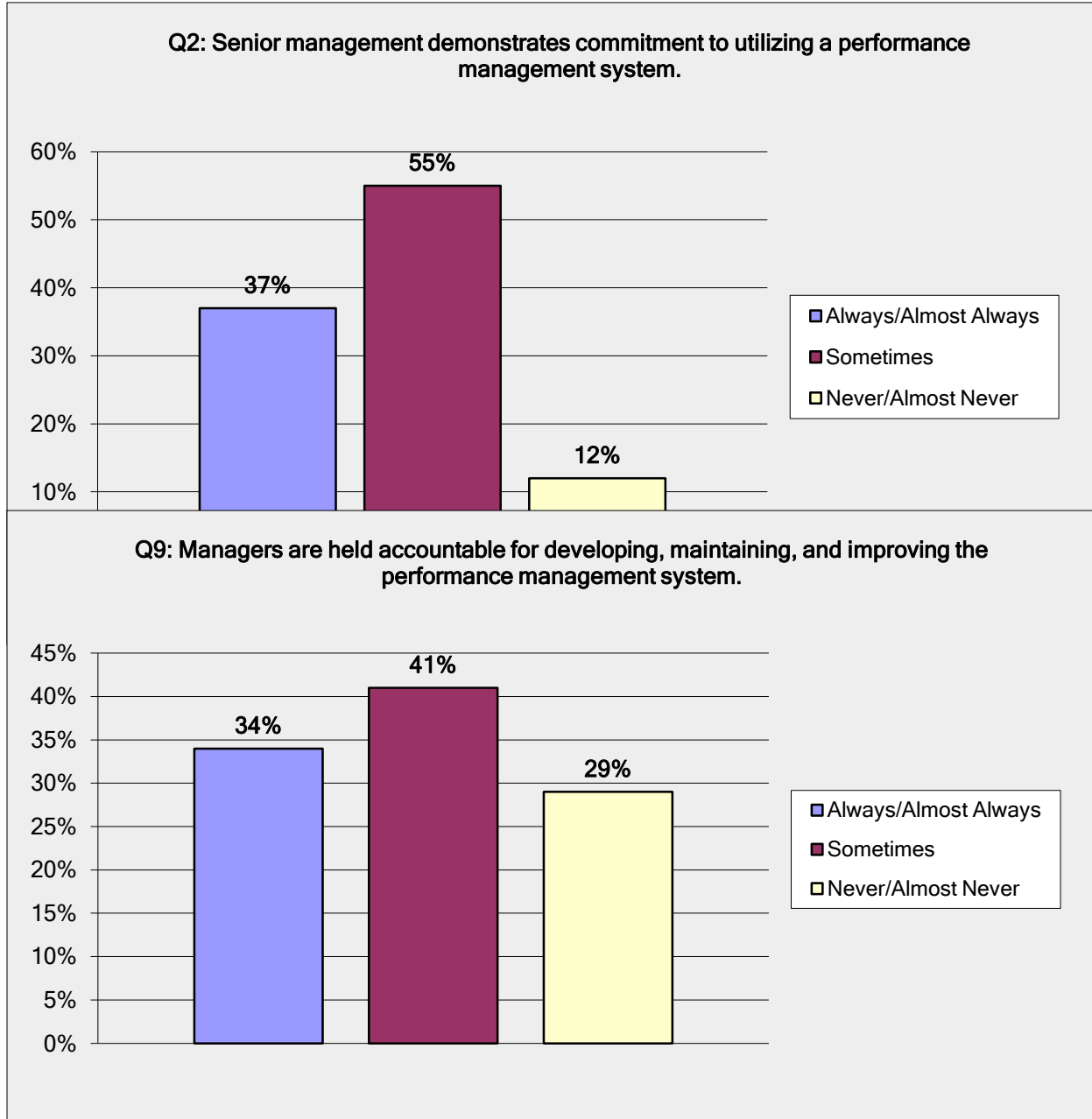
The very first question asked the 138 respondents to identify where they work. Developmental Disabilities Supports Division (DDSD), Epidemiology and Response (ERD), and Information Technology Services Division (ITSD) had the most respondents. Very few respondents came from Public Health Division (PHD), which is striking, given the number of employees employed in this division. No responses came from the Division of Health Improvement (DHI).

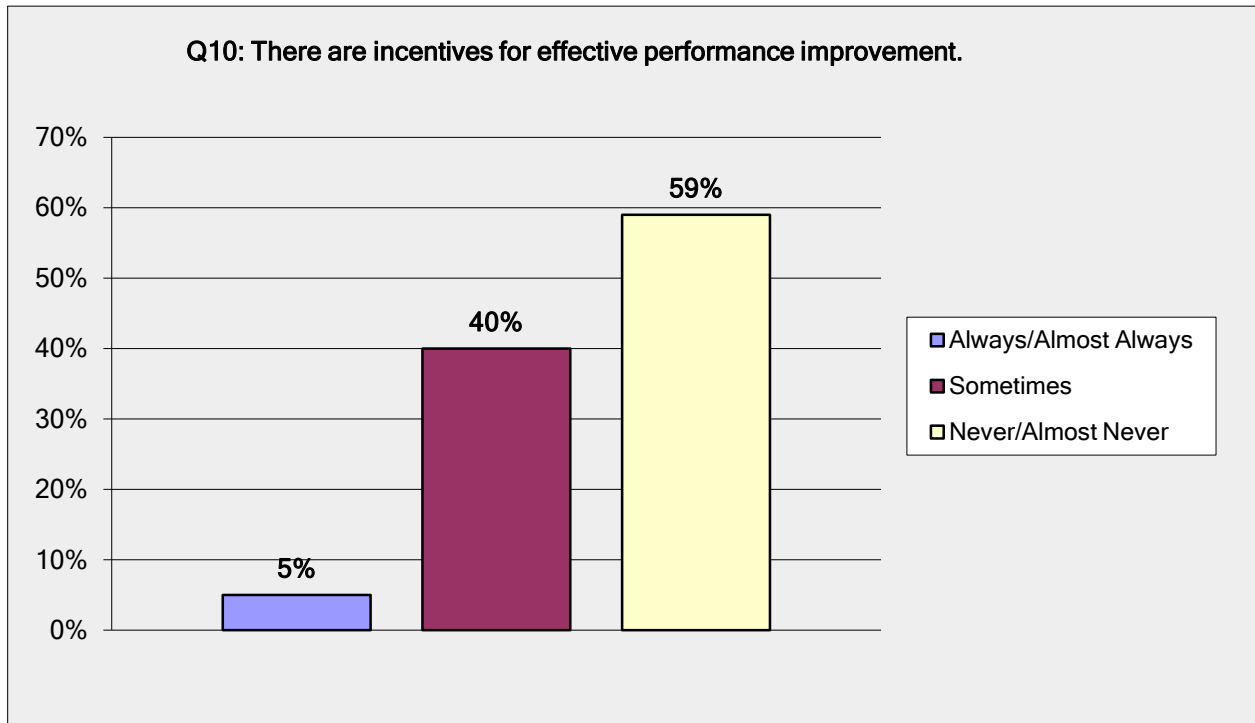


**Finding #2 – While senior management demonstrates a commitment to a quality culture and is generally involved with performance management, there seems to be inconsistent accountability and few incentives for improvement.**

Question 2 (Q2) below shows that 50% of respondents stated that Senior Management always or almost always demonstrates a commitment to a quality culture. However,

27.9% thought that managers are never or almost never held accountable for developing, maintaining, and improving the performance management system versus 39.4% who said that managers are always or almost always held accountable (Q9 below). This bifurcated result may indicate that manager accountability is not consistent throughout DOH. Perhaps most discouraging is that 56.7% of respondents said that there are never or almost never any incentives for effective performance improvement (Q10 below).

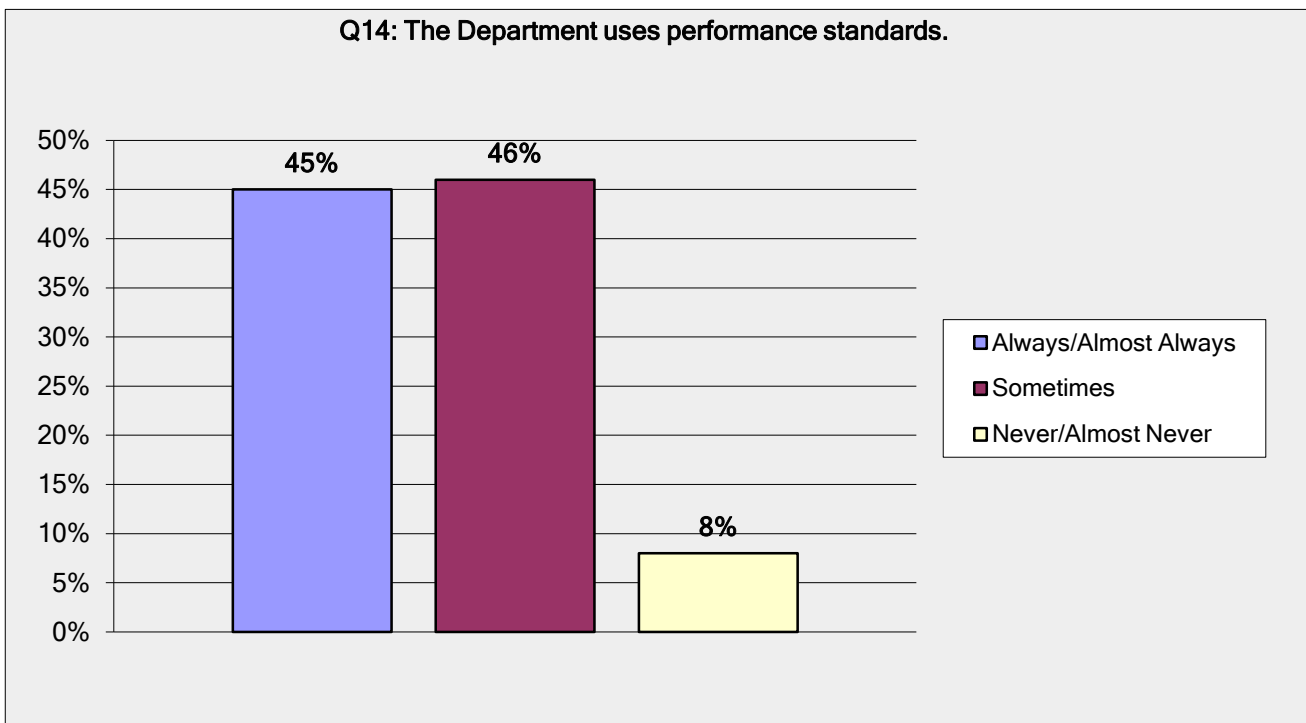


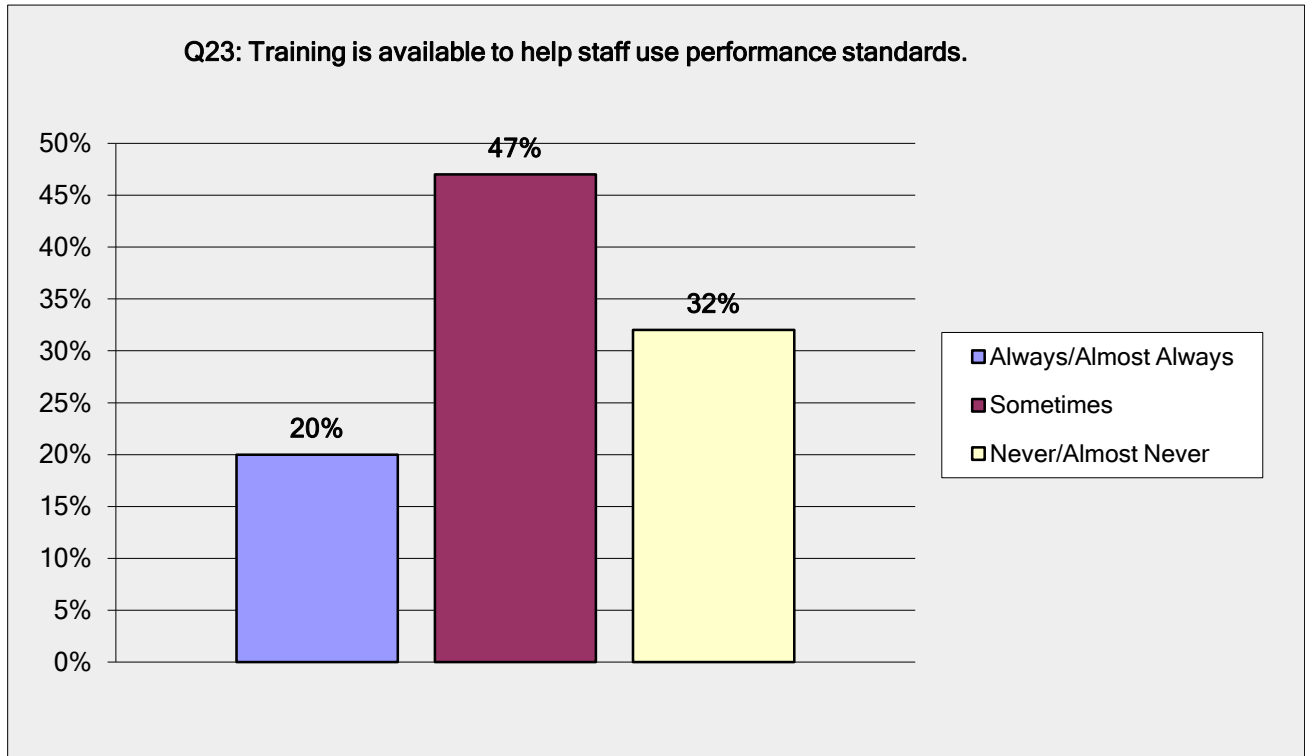
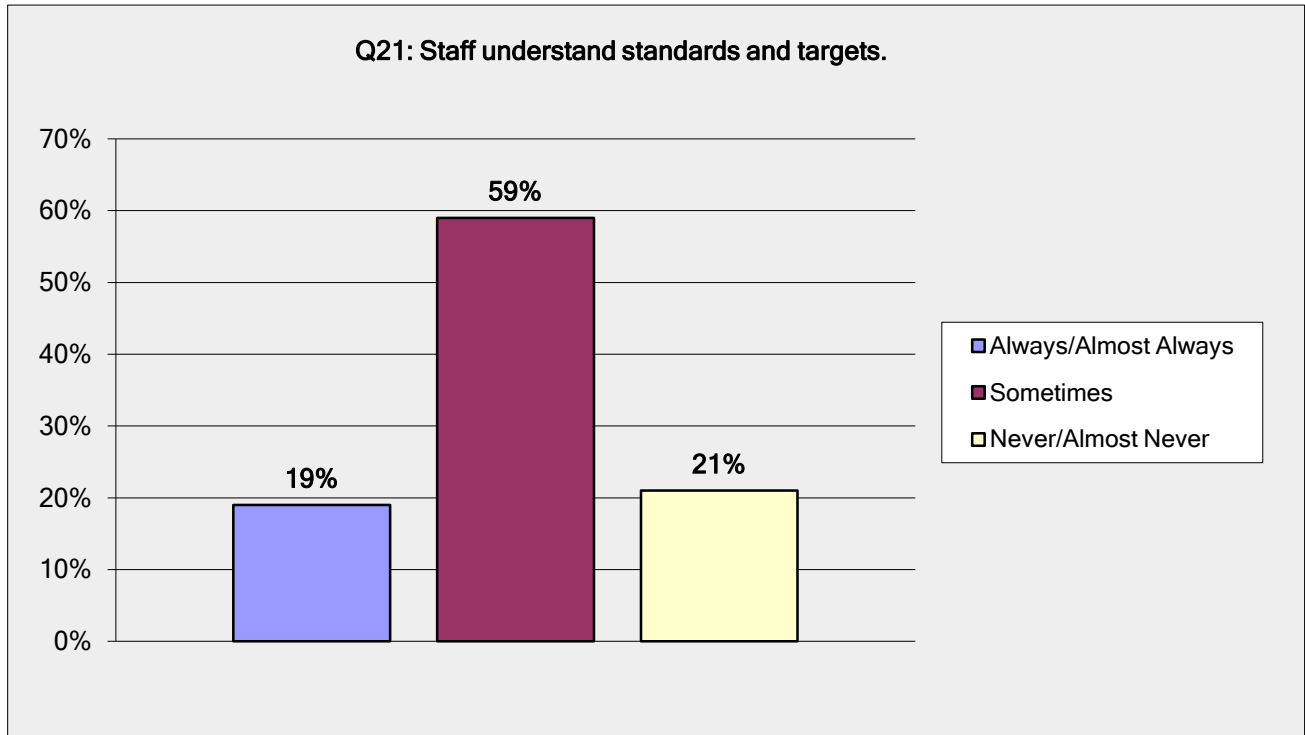




**Finding #3 – While use of performance measures and standards generally exists throughout DOH, there appears to be somewhat of a lack of understanding about standards and targets and a greater need for training.**

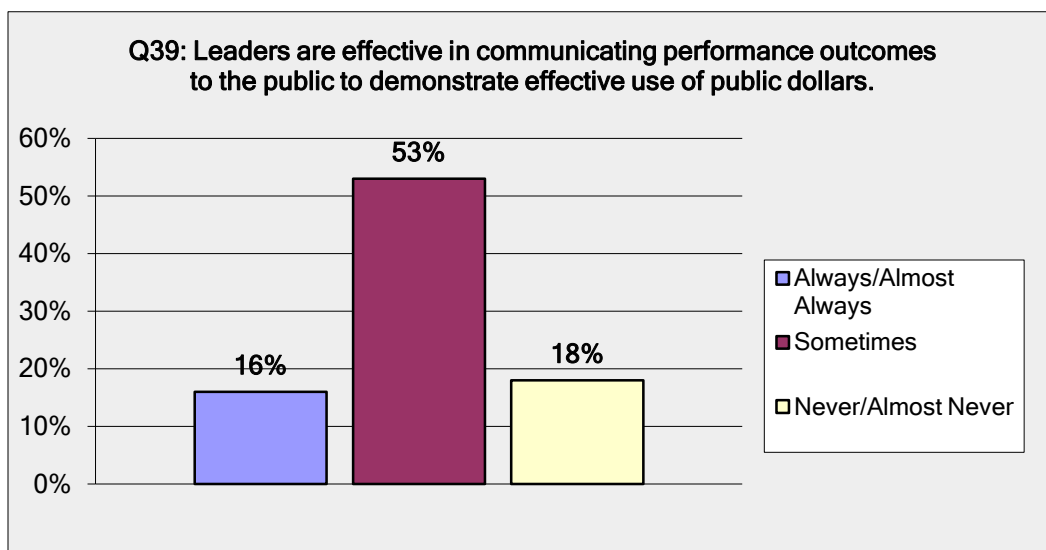
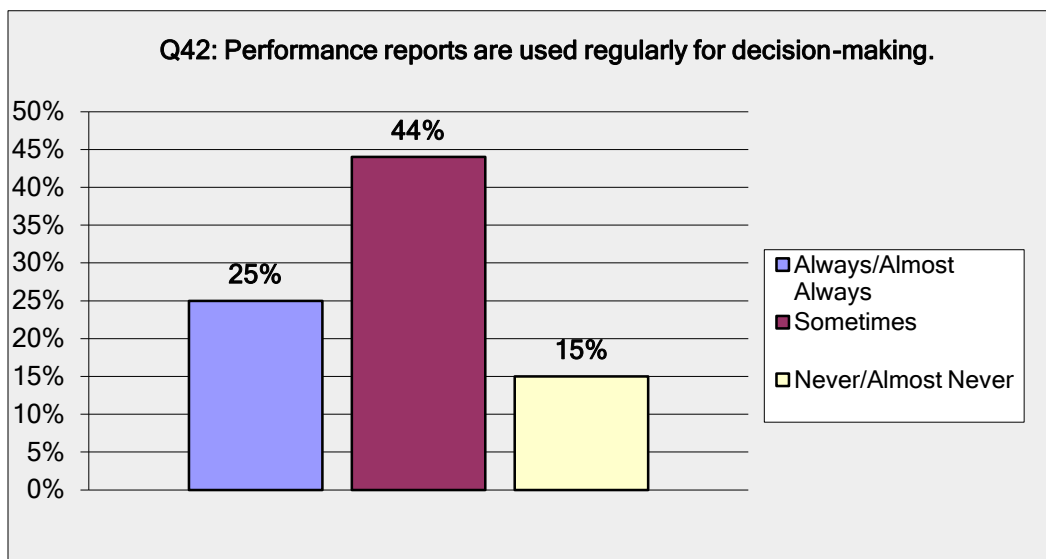
Question 14 (Q14) below shows that 45.5% of respondents think that DOH always or almost always uses performance standards. However, (Q21) more people indicated that staff never/almost never understand standards and targets (21.2%) than said that staff always/almost always understand them (19.2%). In addition, (Q23) more respondents indicated that training is never or almost never available to help staff use performance standards than said that training is always/almost always available (20.2%).





**Finding #4 – While performance reports are always or sometimes used regularly for decision-making, leaders need to be more effective in communicating performance outcomes to the public to demonstrate effective use of public dollars.**

Question 42 (Q42) below indicates that 29.8% of respondents think that performance reports are always/almost always used regularly for decision-making (compared to 17.9% who think they are never or almost never used). Question 39 (Q39) shows that 18.4% of respondents think that leaders are never/almost never effective in communicating performance outcomes to the public to demonstrate effective use of public dollars (compared to 18.4% who think that leadership is always/almost always effective in doing so).



## **Recommendations and/or Next Steps**

Results of this survey will be discussed and disseminated to the PMQI Group, Senior Management, and to DOH employees. Collection of any necessary additional information will be encouraged and targeted follow-up using quality improvement teams and circles will be promoted. Possible recommendations from the PMQI may include:

1. Incorporation of performance management responsibilities into Senior Management employee evaluations to increase accountability.
2. Develop more and better performance management training opportunities for DOH staff.
3. Investigate better ways to effectively communicate performance management results to the public and external partners, such as placing Scorecard performance results on the DOH website, presenting results at public meetings, and incorporating planned improvements to DOH Quarterly Performance Reports and increasing its dissemination.

## **Appendix A: Performance Management Self-Assessment Tool**

Public health accreditation requires that the department administer a self assessment tool to help us identify the extent to which the components of a performance management system are in place.

Performance management is the practice of actively using data and information to improve the public's health. A performance management system uses performance measures and standards to establish targets and goals, which are used to judge how well the department is working in meeting its objectives. Performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice.

We are interested in knowing your views. This survey is intended to generate group discussions about building and improving a performance management system and is organized around five components: visible leadership, performance standards, performance measurement, reporting progress, and quality improvement. The results will assist us to identify the strengths of the department's performance management system as well as identify those areas that need improvement. For each component, several questions serve as indicators of performance management capacity. These questions in this survey cover the elements, resources, skills, accountability, and communications within the five components mentioned above.

### **1. Please identify the unit where you work:**

- Developmental Disabilities Supports Division (DDSD)
- Division of Health Improvement (DHI)
- Epidemiology and Response Division (ERD)
- Information Technology Services Division (ITSD)
- Public Health Division (PHD)
- Offices of Border Health, Health Equity, Policy and Accountability, Secretary
- Office of General Counsel (OGC)
- Scientific Laboratory Division (SLD)

## Visible Leadership

Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.

**\*2. Senior management demonstrates commitment to utilizing a performance management system.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*3. Senior management demonstrates commitment to a quality culture.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*4. Senior management leads the group (e.g., program, organization or system) to align performance management practices with the organizational mission.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*5. Transparency exists between leadership and staff on communicating the value of the performance management system and how it is being used to improve effectiveness and efficiency.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*6. Performance is actively managed in the following areas (check all that apply)**

	Never/Almost Never	Sometimes	Always/Almost Always
Health status (e.g., diabetes rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health capacity (e.g., public health programs, staff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce development (e.g., training on core competencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data and information systems (e.g., injury report lag time, participation in intranet report system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer focus and satisfaction (e.g., use of customer/stakeholder feedback to make changes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial systems (e.g., frequency of financial reports, reports categorizing expenses by priorities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management practices (e.g., communication of vision to employees, projects completed on time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service delivery (e.g., clinic no-show rates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

**\*7. There is a team responsible for integrating performance management efforts across the areas listed above.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*8. Managers are trained to manage performance.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*9. Managers are held accountable for developing, maintaining, and improving the performance management system.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*10. There are incentives for effective performance improvement.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**\* 11. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things).**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 12. A process or mechanism exists to align performance priorities with budget.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 13. Personnel and financial resources are assigned to performance management functions.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Performance Standards

Establishment of organizational or system performance standards, targets, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations, or other methods.

### \* 14. The Department uses performance standards.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 15. The performance standards used are relevant to the Department's activities.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 16. Specific performance targets are set to be achieved within designated time periods.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 17. Managers and employees are held accountable for meeting standards and targets.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 18. There are defined processes and methods for choosing performance standards, indicators, or targets.

	Never/Almost Never	Sometimes	Always/Almost Always
National performance standards, indicators, and targets are used when possible (e.g., Healthy People 2020, Public Health Accreditation Board Standards and Measures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Division, Bureau, or Program benchmarks its performance against similar entities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientific guidelines are used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Division, Bureau, or Program sets priorities related to its strategic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The standards used cover a mix of capacities, processes, and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*19. Performance standards, indicators, and targets are communicated throughout the Department and to its stakeholders and partners.**

	Never/Almost Never	Sometimes	Always/Almost Always
Individuals' performance expectations are regularly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Division, Bureau, or Program relates performance standards to recognized public health goals/frameworks (e.g., Essential Public Health Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*20. The Department regularly reviews standards and targets.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*21. Staff understand standards and targets.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*22. Performance standards are aligned across multiple groups (e.g., same child health standard is used across programs and agencies).**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*23. Training is available to help staff use performance standards.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*24. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Performance Measurement

Development, application, and use of performance measures to assess achievement of performance standards.

### \*25. The Department uses specific measures for established performance standards and targets.

	Never/Almost Never	Sometimes	Always/Almost Always
Measures are clearly defined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantitative measures have clearly defined units of measure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inter-rater reliability has been established for qualitative measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*26. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*27. There are defined methods and criteria for selecting performance measures.

	Never/Almost Never	Sometimes	Always/Almost Always
Existing sources of data are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized measures (e.g., national programs or health indicators) are used whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized measures (e.g., national programs or health indicators) are consistently used across multiple programs, divisions, or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measures cover a mix of capacities, processes, and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*28. Data are collected on the measures on an established schedule.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*29. Training is available to help staff measure performance.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 30. Personnel and financial resources are assigned to collect performance measurement data.**

Never/Almost Never

Sometimes

Always/Almost Always

Choose one:

## Reporting Progress

Documentation and reporting progress in meeting standards and targets, and sharing of such information through appropriate feedback channels.

### \* 31. The Department documents progress related to performance standards and targets.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 32. Information on progress is regularly made available to the following (check all that apply).

	Never/Almost Never	Sometimes	Always/Almost Always
Managers and leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governance boards and policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stakeholders or partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The public (including the media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

### \* 33. Managers at all levels are held accountable for reporting performance.

	Never/Almost Never	Sometimes	Always/Almost Always
There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting progress is part of the strategic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 34. A decision has been made on the frequency of analyzing and reporting performance progress for the following types of measures (check all that apply).

	Never/Almost Never	Sometimes	Always/Almost Always
Health status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data and information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer focus and satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\* 35. The Department has a reporting system that integrates performance data from programs, agencies, divisions, or management area (e.g., financial systems, health outcomes, customer focus and satisfaction).**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 36. Training is available to help staff effectively analyze and report performance data.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 37. Reports on progress are clear, relevant, and current so people can understand and use them for decision-making (e.g., performance management dashboard).**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 38. Personnel and financial resources are assigned to analyze performance data and report progress.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 39. Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Quality Improvement (QI)

In public health, the use of a deliberate and defined improvement process that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

### \*40. One or more processes exist to improve quality or performance.

	Never/Almost Never	Sometimes	Always/Almost Always
There is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a regular timetable for QI processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The steps in the QI process are effectively communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*41. Managers and employees are evaluated for their performance improvement efforts (i.e., performance improvement is in employees' job descriptions and/or annual reviews).

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*42. Performance reports are used regularly for decision-making.

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*43. Performance data are used to do the following (check all that apply)

	Never/Almost Never	Sometimes	Always/Almost Always
Determine areas for more analysis or evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set priorities and allocate/redirect resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform policy makers of the observed or potential impact of decisions under their consideration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement QI projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make changes to improve performance and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**\*44. The Department has the capacity to take action to improve performance when needed**

	Never/Almost Never	Sometimes	Always/Almost Always
Processes exist to manage changes in policies, programs, or infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers have the authority to make certain changes to improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff has the authority to make certain changes to improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*45. The Department regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*46. There is a process or mechanism to coordinate QI efforts among groups that share the same performance targets.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*47. QI training is available to managers and staff.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*48. Personnel and financial resources are allocated to the Department's QI process (e.g., a QI office exists, lead QI staff is appointed).**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*49. QI is practiced widely in the Department.**

	Never/Almost Never	Sometimes	Always/Almost Always
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEW MEXICO  
DEPARTMENT OF  
HEALTH

