Introducing Competency-Based Employee Performance Management for Public Health Nurses: A Toolkit and Piloting Strategy

CHNC Pre-Conference Workshop, May 16, 2011

Caroline Ball BEd, MHK *City of Hamilton, Public Health Services*
Maureen Cava RN, BScN, MN, FCCHSE *Toronto Public Health*
Heather Lokko BScN, RN, MPH *Middlesex-London Health Unit*

PRE-CONFERENCE WORKSHOP

Introducing Competency-Based Employee Performance Management for Public Health Nurses: A Toolkit and Piloting Strategy

Monday, May 16th, 2011 (1:00-5:00 p.m.), Community Health Nurses Conference, Halifax, Nova Scotia

TOPIC	FACILITATOR	TIME
Introduction	Maureen Cava	1:00-1:10 p.m.
Background and History	Maureen Cava	1:10-1:25
Overview of Toolkit	Maureen Cava	1:25-1:40
Middlesex-London Health Adaption	Heather Lokko	1:40-1:55
Hamilton Public Health Adaption	Caroline Ball via video	1:55-2:10
Video	Maureen Cava	2:10-2:25
Demonstration of Toolkit in Practice Phase A Performance Objectives	Heather Lokko	2:25-2:50
BREAK (2:50-3:10)		
Demonstration of Toolkit in Practice Continuation of Phase A Learning Objectives	Heather Lokko	3:10-3:30
Phase B (mid cycle of process)	Heather Lokko	3:30-3:40
Phase C (end of process)	Heather Lokko	3:40-4:05
Strategies for Introducing the Toolkit into Practice Lessons Learned	Heather Lokko Maureen Cava	4:05-4:40
Conclusion, Wrap-up and Evaluation	Maureen Cava	4:40-5:00

Background

- September 2007 – Core Competencies for Public Health in Canada Release 1.0 launched
- October 2008 HealthForceOntario funds OPHA partnership to develop a framework and tools, bringing together CC's and performance management
- Partners include: OPHA, City of Hamilton, Toronto Public Health, Haliburton Kawartha Pine Ridge District Health Unit, Thunder Bay District Health Unit

Project Purpose

“ To develop a competency-based performance management (human resources) framework and tools that will support public health units across Ontario”.

What is Competency-Based Performance Management?

- HR strategy intended to support work performance, learning & development activities of employees
- Based on 12-month cycle of planning, monitoring and evaluating employee performance and competency development
- A competency-based approach focuses on competencies (knowledge, skills & abilities) described in behavioural terms required for successful job performance

CBPM and Organizational Performance

Improves organizational performance by:

- Linking job requirements to organizational goals
- Providing a consistent process to assess performance of all PH employees in organization
- Empowering employees to build their competencies
- Supporting HR management practices to recruit the right people and identify learning gaps in the organization

Can be used with discipline-specific, organizational or program standards.

- **Step 1:** Become knowledgeable about competency-based performance management.
- **Step 2:** Review the competencies and translate into a performance management context and language.
  - 8 Ontario Public Health Performance Management Competencies
    - Discussion of leadership domain, which included 'ethics and professionalism'. Determined that this should stand alone as an 8th competency area related to performance management.
- **Step 3:** Competency profiling
  - Describe each competency using behavioural statements and based on one of 4 cumulative proficiency levels.
  - For each competency area, determine which proficiency levels would best describe what is required of a frontline, consultant/specialist, manager/supervisor.

Key Project Activities

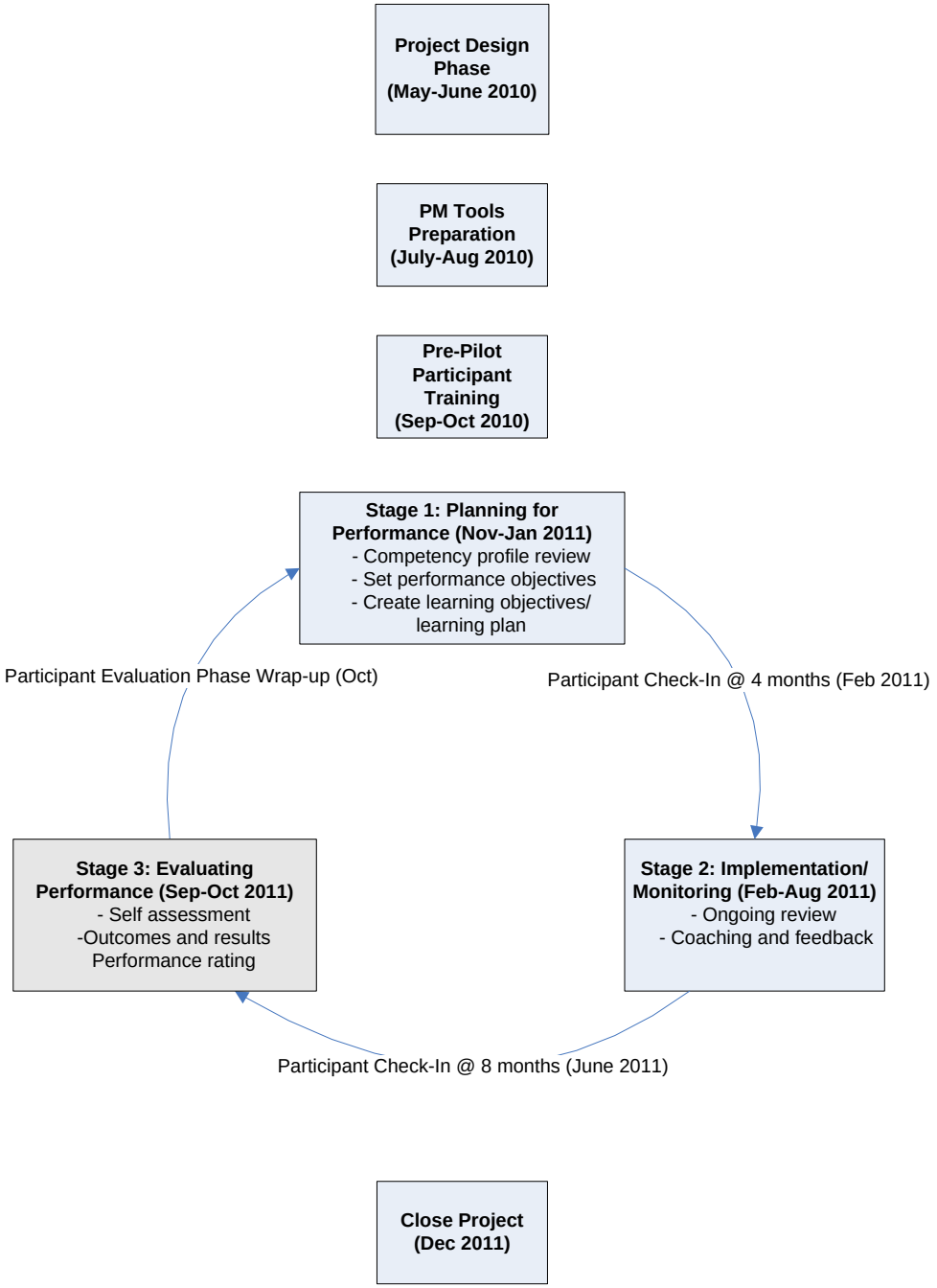
- Environmental scan of Ontario PHU's
- Develop a Competency-Based Performance Management Framework
- Seek consensus from cross-section of PH professional groups and organizations
- Develop tools that incorporate the new framework
- Pre-test the tools, get feedback and refine
- Evaluate the project
- Identify opportunities to leverage and advance the use of the tools

Competencies

- Professional and technical knowledge
- Assessment and analysis
- Policy and program planning, implementation and evaluation
- Partnerships, collaboration and advocacy
- Diversity and inclusiveness
- Communication
- Leadership
- Ethics and professionalism

PHS Employee Performance Management Pilot Plan:

Project Phases &Timelines



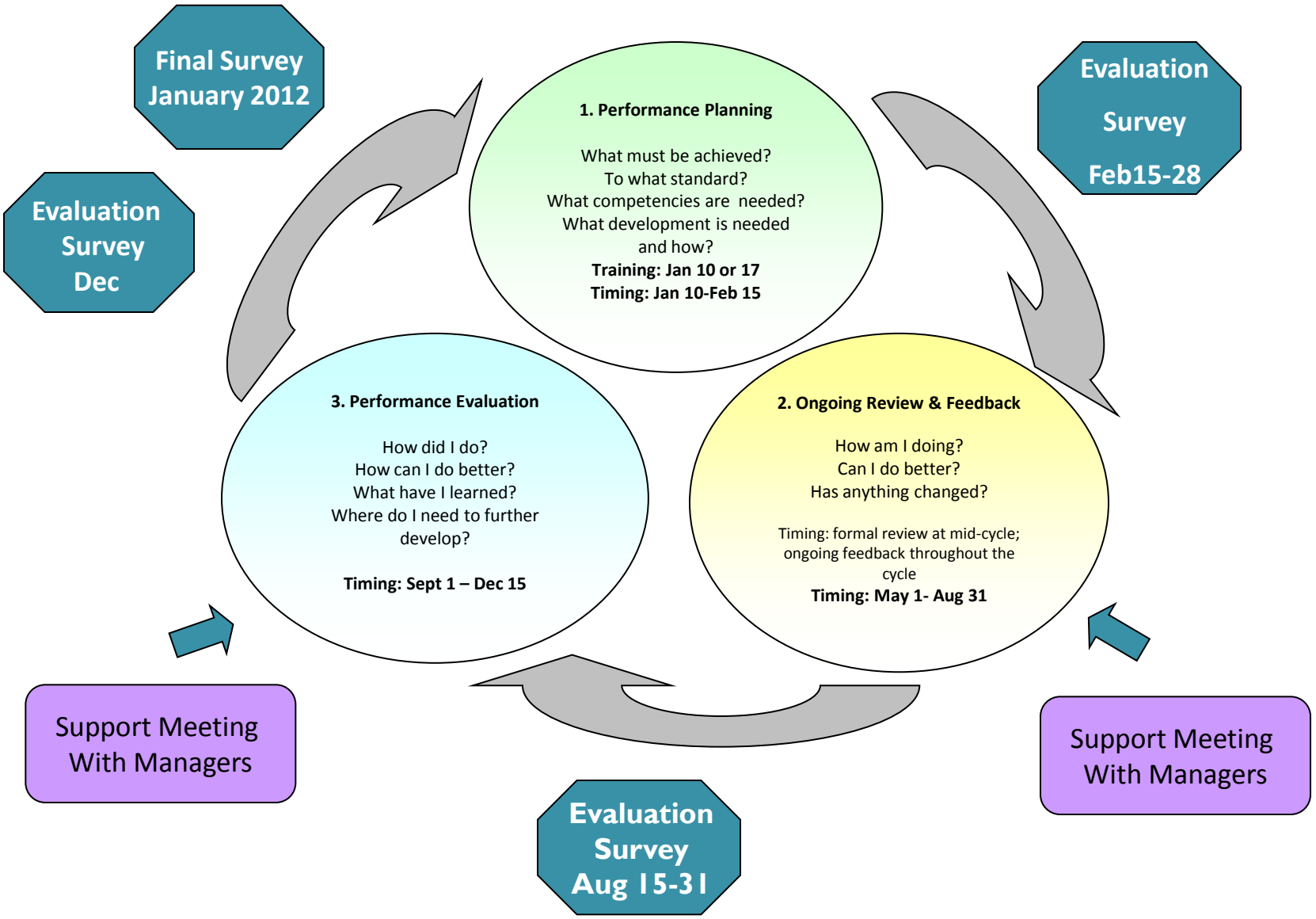
Toolkit Overview

Section 1 – Leader's Guide to Implementation

Section 2 – Guidebook for Managers & Employees

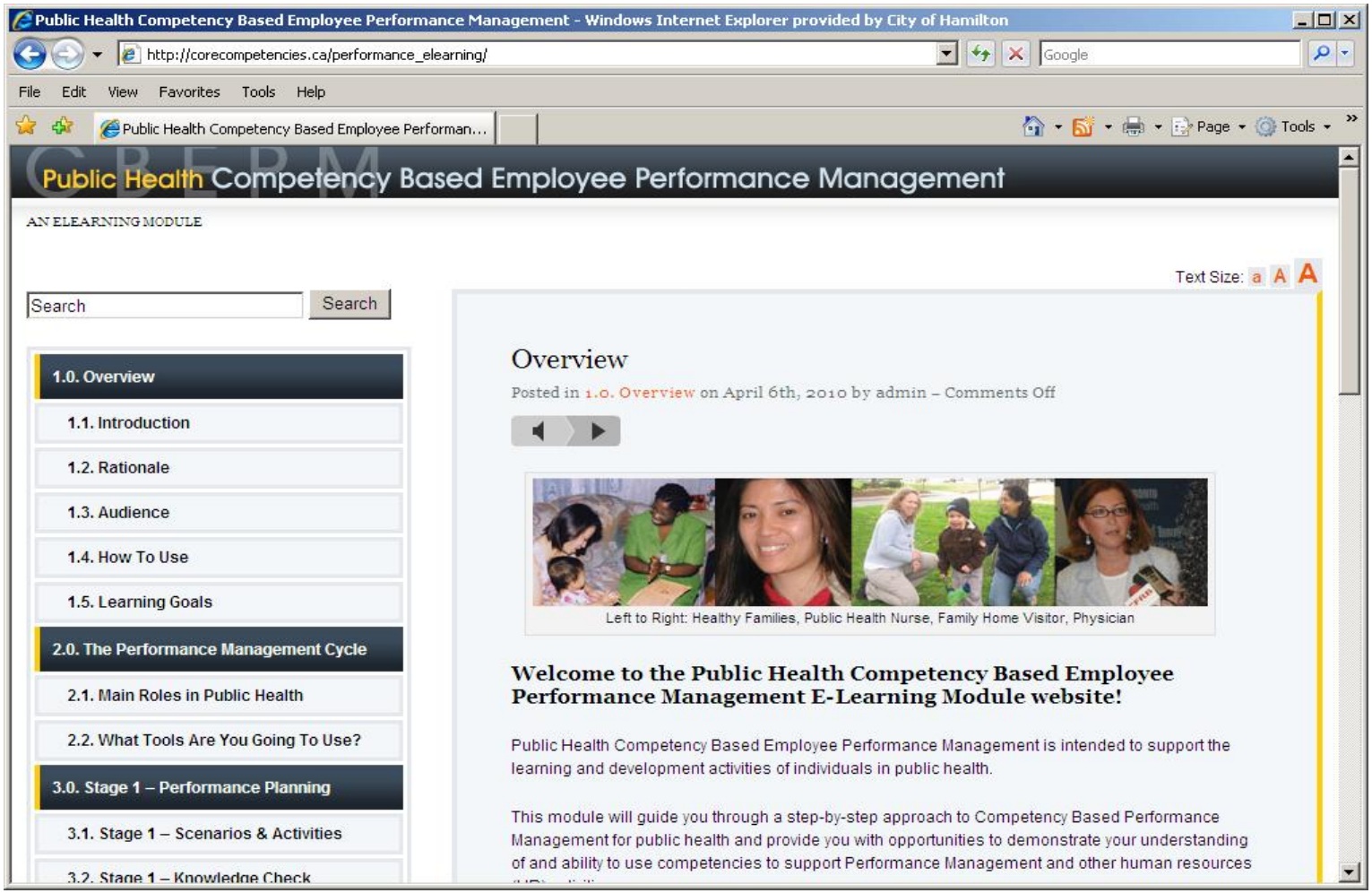
Section 3 – Competency Based Performance Management Tools & Resources

Performance Management Cycle



Performance Management E Learning Website

www.corecompetencies.ca/performance_elearning



Middlesex-London Health Unit

Integrating the Public Health Nursing Discipline Specific Competencies and the OPHA Competency Based Performance Management Toolkit for Public Health

Heather Lokko, RN, BScN, CCHN(C), MPH

Program Manager, Child Health Team

Background

- Previous work at MLHU – tool based on CCHN Standards of Practice developed and piloted
- MPH practicum placement "to complete revisions based on recommendations from pilot & from Directors, and implement new tool"
- Funding from MLHU and the Public Health Agency of Canada

Supporting Documents

- Competency Based Performance Management Toolkit for Public Health (OPHA, 2009)
- Public Health Nursing Discipline Specific Competencies (CHNC, 2009)
- Adapting the performance appraisal system for public health nurses to reflect expertise in applying the Canadian Community Health Nursing Standards and the Public Health Core Competencies (Sealy et al, 2009)

Consultation with Stakeholders

- Internal
  - Program Managers & Directors
  - Human Resources Manager
  - Performance Evaluation Staff Advisory Group (PHN representation across health unit)
  - Community Health Nursing Specialist
  - Nursing Practice Council
- External
  - Caroline Ball (Hamilton Public Health Services)
  - Two provincial nursing leaders/consultants

Tool Development

- Performance Management tool
  - Adapted from the Toolkit
  - Revised to reflect Public Health Nursing Discipline-Specific Competencies
  - Incorporated input & recommendations from pilot project and stakeholders
- Public Health Nurse job description

Competencies

- Public health nursing competencies are the observable and integrated knowledge, skills, judgment and attributes required of a public health nurse to practice safely, ethically, and effectively with minimal supervision. Attributes include, but are not limited to, attitudes, values, and beliefs.

(Adapted from the definitions available in the Public Health Nursing Discipline Specific Competencies (http://www.chnc.ca/nursing-publications.cfm), College of Nurses of Ontario (http://www.cno.org/docs/qa/44028_CRT.pdf) , and MLHU Performance Appraisal Pilot Project recommendations)

Self-Assessment Rating Scale

- Rarely
- Sometimes
- Often
- Always
- Challenging Situations; Mentoring &/or Consultation
- Limited or No Opportunity to Practice

Overall Rating Scale

Face Validity

- Extent to which an instrument looks as if it measures what it is intended to measure (Patton, 2008)
- Generally judged by clinical/practitioner & theoretical experts (Green & Lewis, 1986)
- Increases user's understanding of & confidence in the data (Patton, 2008)
- Weaker than criterion or construct validity
- Qualitative feedback is most helpful

Face Validation Results

- Move indicators into more appropriate levels
- Change wording slightly to make concepts clearer
- Adapt indicators slightly so they more adequately reflect PHN practice
- Modify wording somewhat to increase measurability
- Add indicators to address gaps

Other recommendations

- Examples:
  - Glossary of terms
  - Comprehensive orientation & ongoing support
  - Clarify use with novice practitioners
  - Optional review of additional levels
  - Provide practice examples

Implementation

- Approval from Directors
- Process chart to guide use
- Orientation for each team (done individually to better meet needs of each program area)
- Ongoing support to managers & staff, as requested
- Will be holding discussion session for managers

Competency Categories & Indicators

- Explore concepts in the indicators & identify practice examples
  - Public Health & Nursing Sciences
  - Assessment & Analysis
  - Program & Policy Planning, Implementation & Evaluation
  - Partnerships, Collaboration & Advocacy
  - Communication
  - Leadership
  - Ethics, Professional Responsibility & Accountability

City of Hamilton, Public Health Services

Adapting the OPHA & Partners Employee Performance Management for Public Health Toolkit for Use by Public Health Nurses: The Hamilton (V 2.0) Experience

Caroline Ball B.Ed, MHK

Project Manager, Core Competencies

'Next Generation' Nursing PM Toolkit Adaptation: City of Hamilton Public Health Services

Objectives:

- Build on the London Tool (V 1.0)
- Further adapt tools for use in Hamilton (V 2.0)
- Engage nurses in review of V 2.0
- Revise tools for 'real time' piloting
- Plan and implement piloting in 2011

Toolkit Components for Review and Adaptation

- Guide to CBPM for Public Health
- Self Assessment Tool
- MLHU (V 1.0) Public Health Nursing Discipline Specific Competencies
- MLHU (V 1.0) Public Health Nursing Discipline Specific Competency Profiles
- Planning and Evaluation Tool

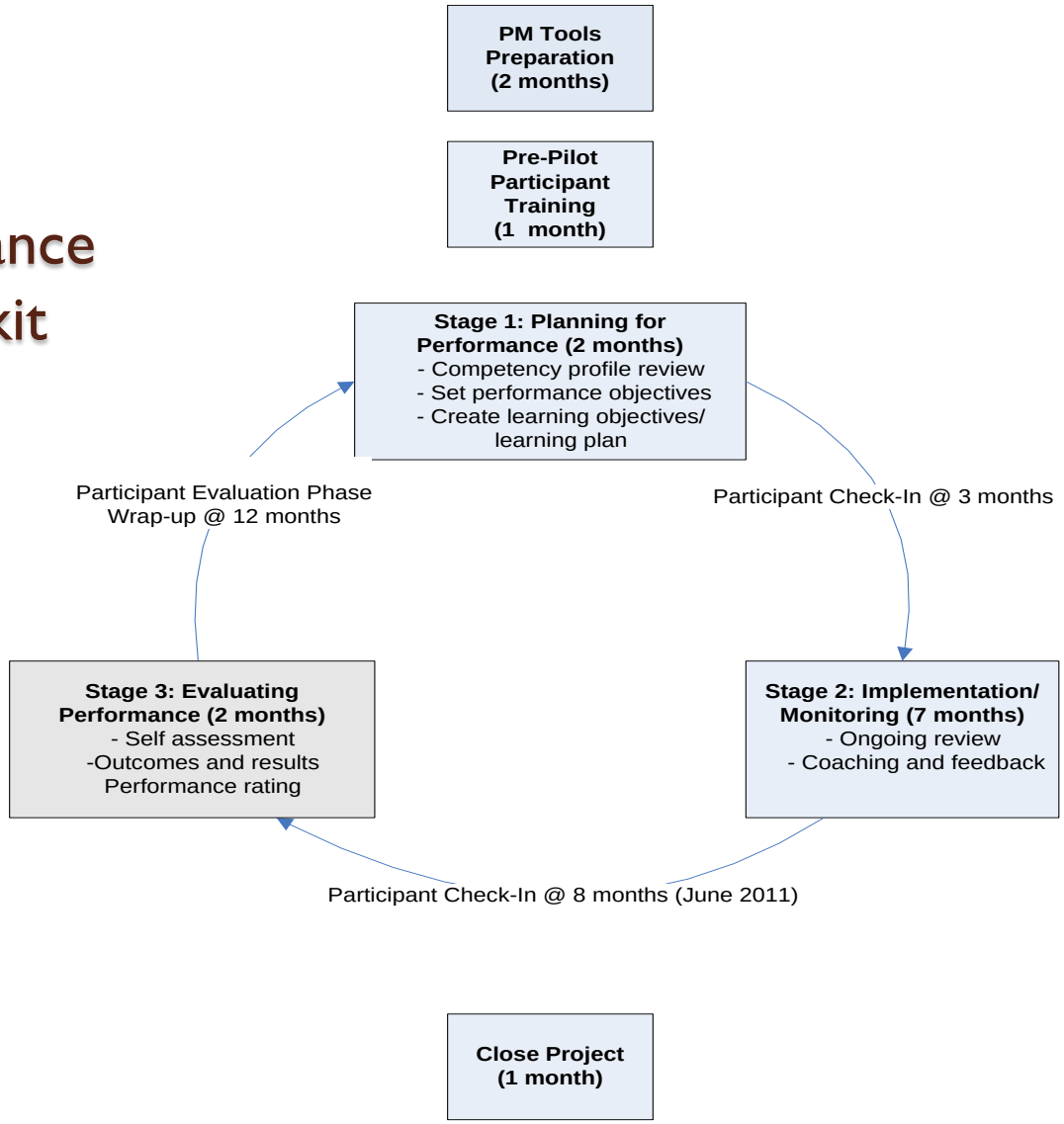
V 2.0 Toolkit Adaptation Process Activities

✔Adapted V 1.0 Toolkit Review (May '10)	• Review London V 1.0 behavioural statements and forms for fit • Feedback via 'expert panel' questionnaire
✔Adapted V 2.0 Toolkit Review (July '10)	• 2 cross-department nurse consultation sessions (45 participants) • Additional stakeholder feedback
✔Pre-Test and further revise V 2.0 (Sept '10)	• Expert panel review of revised tools
✔Design 2011 Pilot Plan (Nov'10)	• Develop basic pilot design elements
Confirm Management Endorsement (pending)	• Approval for 2011 "Real Time" Pilot Plan (WE ARE HERE)

Hamilton PHS Nursing Competencies Adapted Performance Management Toolkit (V 2.0)

2011/2012 Pilot Plan:

Proposed Project Activities &Timelines

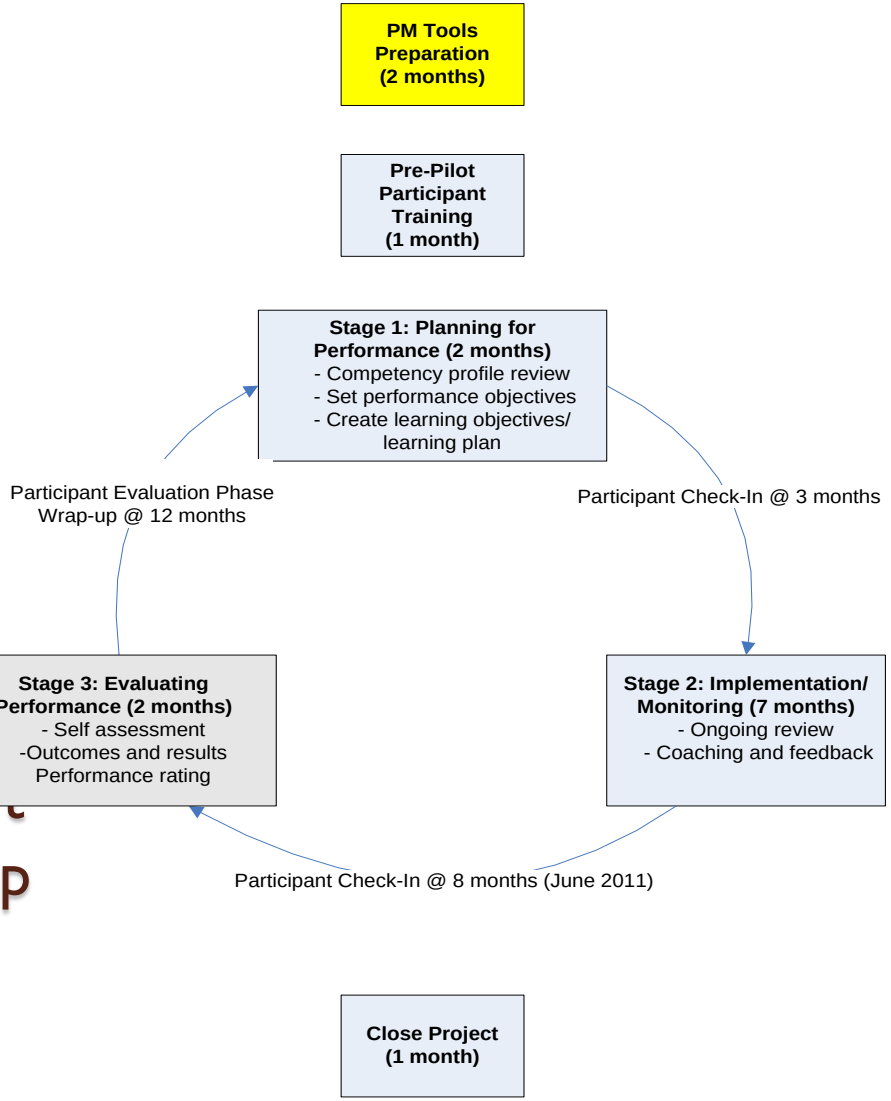


Step 1: Tools Preparation

Technical review of Nursing-specific adapted PM toolkit

Revise to align with corporate requirements

Endorsement and support from corporate leadership team



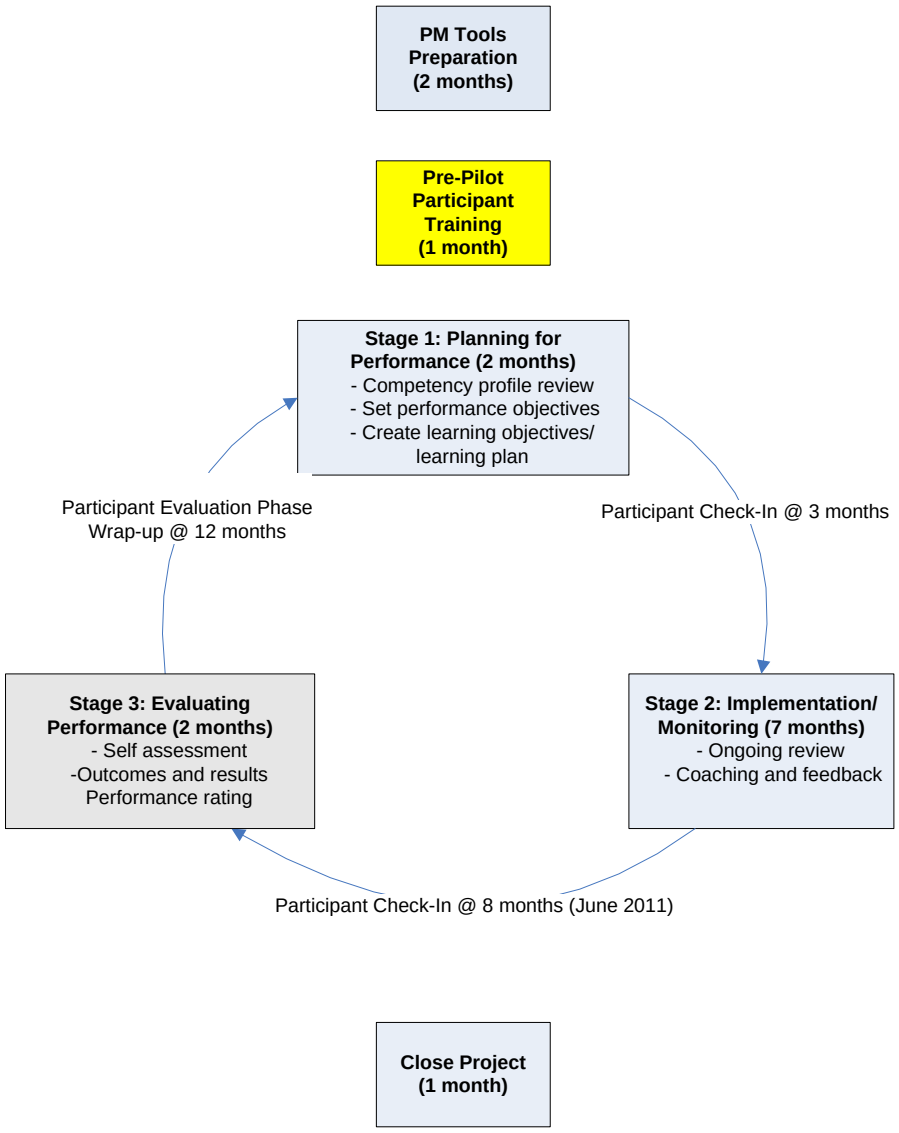
Step 2: Pre-Pilot Participant Training

Recruit supervisor/staff dyads

Complete initial introductory e-learning module (self-guided)

Complete half-day training sessions

Individualized consultation as required



Pilot Implementation Process

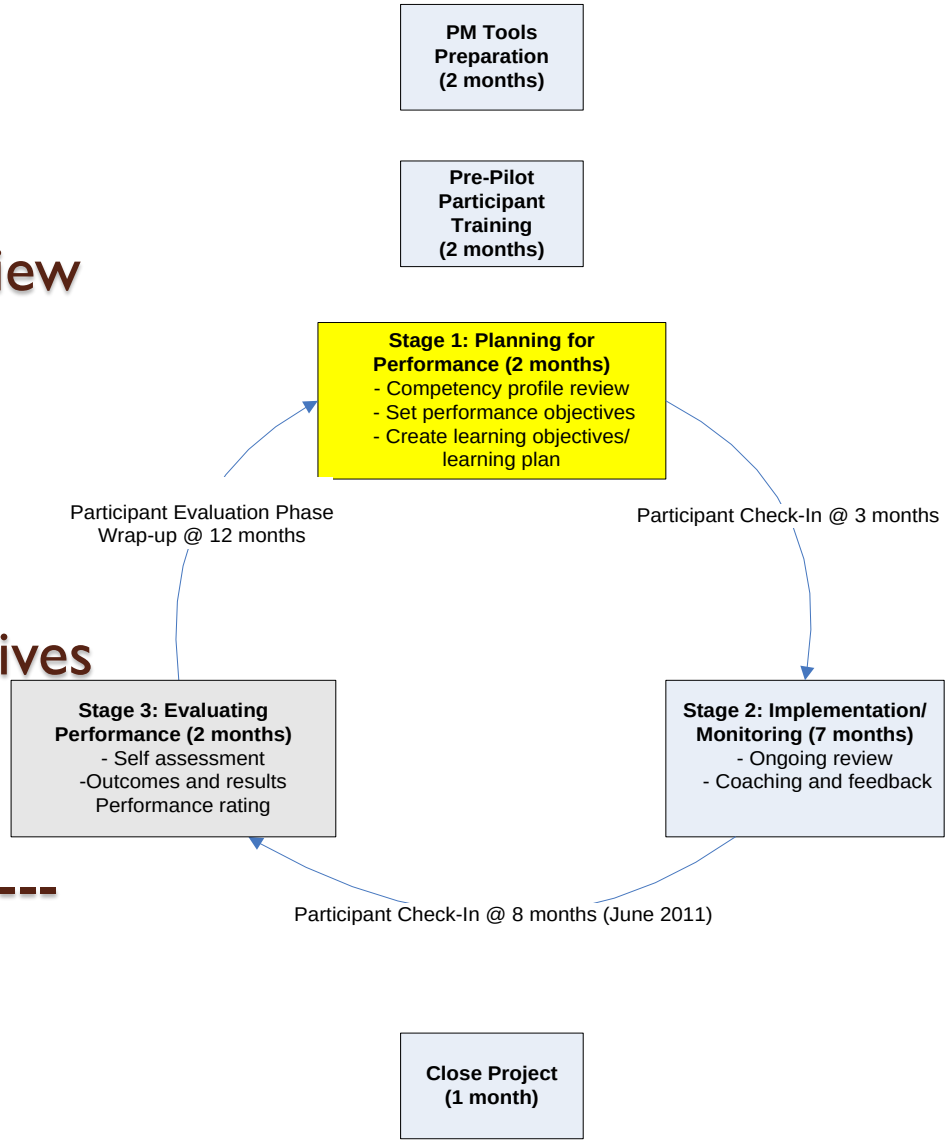
Stage 1: *Planning for Performance*

Competency profile review

Setting performance objectives

Creating learning objectives and learning plan

Participant process check-in survey @ 3 months

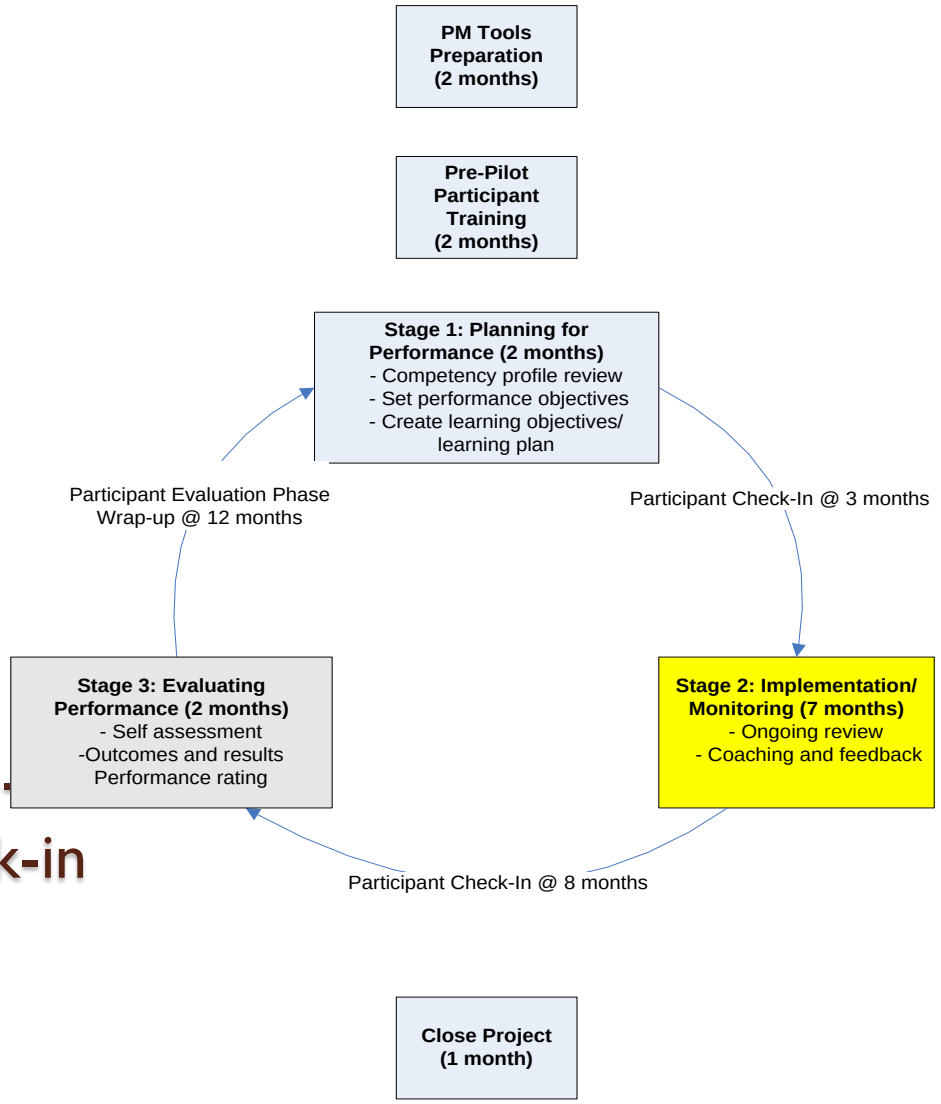


Pilot Implementation Process Stage 2: *Implementation and Monitoring*

Ongoing review

Coaching and feedback

Participant process check-in survey @ 6 months



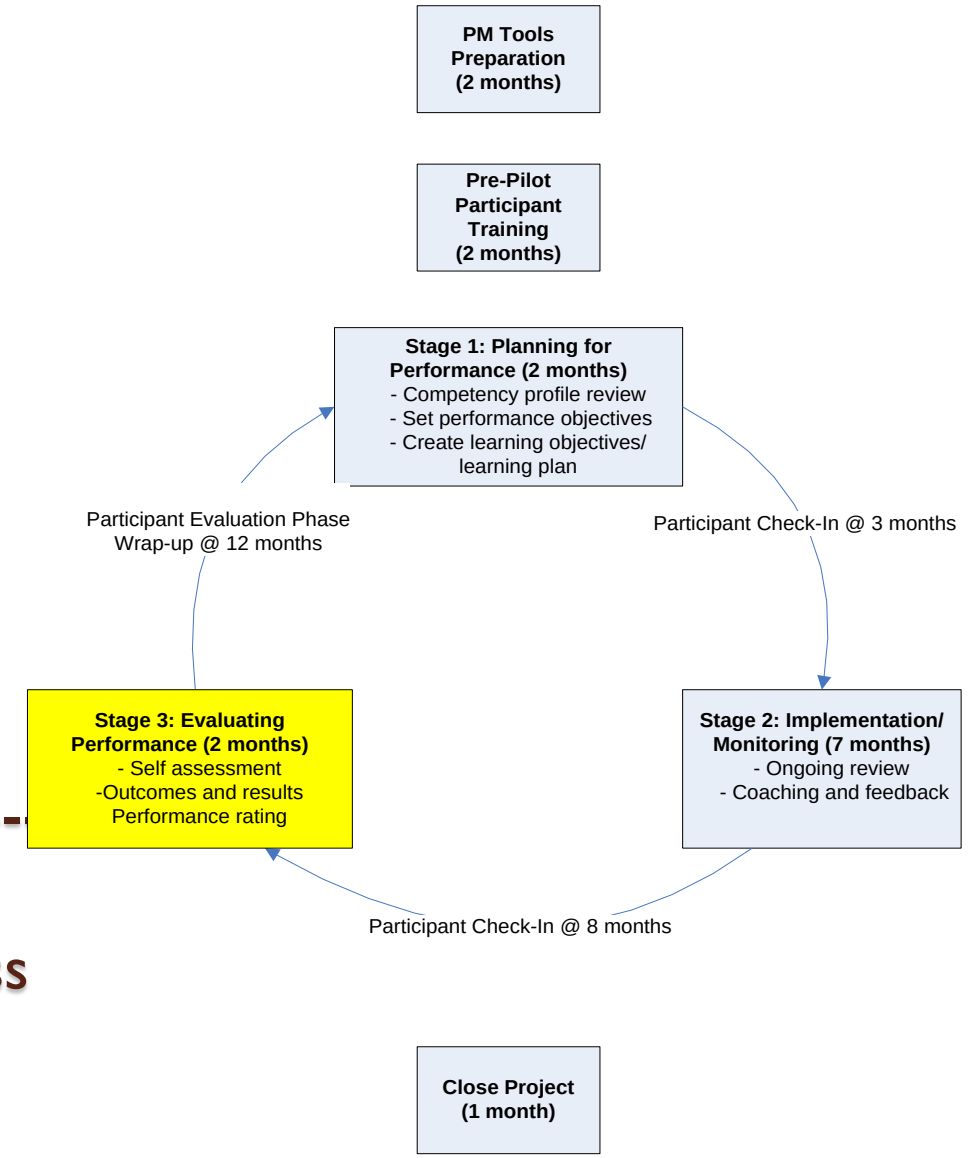
Pilot Implementation Process Stage 3: *Evaluating Performance*

Self Assessment

Outcomes and results

Performance rating

Final participant process evaluation survey @ 12 months

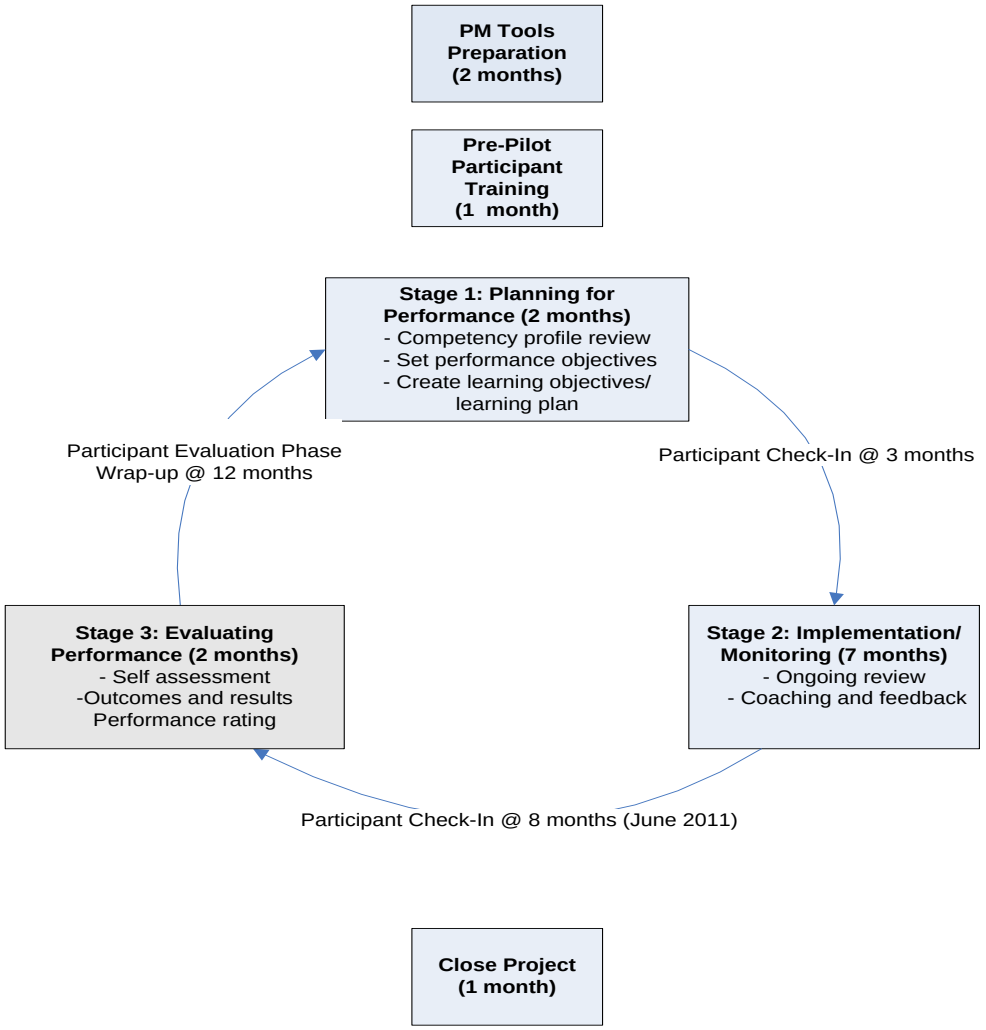


Pilot Implementation Process
Final Phase:
Close Project

Participant process evaluation review

Final Report & Recommendations

Document "lessons learned"



Proposed Participant Strategy

- 24 total pilot participants from all divisions
- (9) manager/employee dyads; (3) Sr. manager/manager dyads
- Managers in dyad should be experienced in performance management process
- Voluntary participation, with commitment to completing full 12-month process

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- Project Advisory Committee
  - Chief Nursing Officer
  - Nursing Practice Development Committee

Pilot 'Next Steps'

- Secure pilot endorsement from management
- Confirm participant strategy
- Confirm project advisory structure
- Implement 3-stage pilot in 'real time' (12 mos.)
- Evaluate tools and process throughout the CBPM cycle ("Participant Check-in")
- Recommendations
- Close project – lessons learned

Strategies to Move Forward & Lessons Learned

- Have a 'lead' within the agency
- Build on existing capacity
- Identify & collaborate with internal & external 'partners'
- Engage leadership, ensure their support & keep them in the loop
  - Director's meetings, one-on-one meetings, email updates, opportunities for input

Strategies to Move Forward & Lessons Learned

- Engage nurses at every level, from a range of nursing practice areas
- Build understanding of competency-based performance management & available tools
- Adapt tools as necessary to suit your organization

Strategies to Move Forward & Lessons Learned

- Provide comprehensive orientation & ongoing support
- Be patient – invest the time that is needed
  - To go through the process
  - To get buy-in and support
  - To become familiar with the concepts and explore how they apply to practice
  - To complete the tool

Thank You!

Caroline Ball – City of Hamilton, Public Health Services
Maureen Cava – Toronto Public Health
Heather Lokko - Middlesex-London Health Unit