

Report on the Impact Feasibility Study of the DCR Strategic Planning Process

December 11, 2009

Provided by:



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Strategic planning does not deal with future decisions. It deals with the futurity of present decisions. What we have to do today is to be ready for an uncertain tomorrow.

Peter F. Drucker,
Professor of Social Science and Management

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Report of a Feasibility Study of the NIAID Strategic Planning Process

December 11, 2009

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Dear Ms. Lambert;

Quality Science International is pleased to provide this report on our study of the feasibility of measuring the impact of the DCR strategic planning process. As you know, we have conducted multiple interviews, reviewed documents and literature, and analyzed our findings against both standard practice for impact analyses and also the Baldrige Performance Excellence criteria.

In addition to presenting our assessment of feasibility we made an extensive effort to develop recommendations that will assist OSPA in the further development and refinement of the strategic planning process. These recommendations range from simple suggestions to development projects that represent a significant undertaking. We remain available to provide clarification or further discussion on any or all of these points as you and your staff may require.

We want you, the SAIC staff and the staff at DCR to know we count it a privilege to have been able to serve your team through this project.

Sincerely,

Quality Science International

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Abbreviations

BRB	Biostatistics Research Branch
CCRB	Collaborative Clinical Research Branch
CROM	Clinical Research Oversight manager
DCR	Division of Clinical Research
DMAIC	Define Measure Analyze Improve Control
GAO	Government Accountability Office
HR	Human Resources
ICMOB	Intramural Clinical Management and Operations Branch
IT	Information Technology
KPI	Key Performance Indicator
L&PD	Learning and Professional Development
MFR	Managing for Results
NCI	National Cancer Institute
NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
OMB	Office of Management and Budget
OSPA	Office of Strategic Planning and Assessment
PART	Program Assessment Rating Tool
PBB	Performance Based Budgeting
PPAB	Program Planning and Analysis Branch
QSI	Quality Science International, Inc
RCHSPB	Regulatory Compliance and Human Subjects Protection Branch
RFP	Request for Proposals
SAIC	Science Applications International Corporation

Executive Summary

Quality Science International (hereinafter QSI) was engaged by SAIC to assess the feasibility of measuring the impact of the Division of Clinical Research (hereinafter DCR) strategic planning process. QSI conducted a series of interviews of the DCR staff, reviewed documents provided by the Office of Strategic Planning and Assessment (OSPA) and reviewed selected literature in order to;

- Determine the feasibility of quantifying the impact of the OSPA strategic planning process upon DCR.
- Develop recommendations for an impact study (if feasible).
- Provide recommendations to enhance the impact of the strategic planning process.

The impact feasibility assessment design considered four dimensions of impact plus an assessment of current performance capability using the Baldrige Criteria for Performance Excellence (strategic planning domain only). These four dimensions of analysis were impact, performance, cause and cost. The data for these analyses were primarily from interviews and secondarily from document review. (No financial or other performance data were analyzed for this assessment).

QSI found identifiable and beneficial impacts from strategic planning within the division, even at this early stage in the dissemination and use of the strategic planning process. However, the current measure sets that are in place and the variability in adoption and use across DCR branches at the current stage of implementation of strategic planning, make broad assessment of impact on DCR results impractical at this time. This is based on the following observations of both strengths and gaps:

- the strategic planning process is carefully and thoughtfully designed and implemented;
- senior leaders understand and support the process;
- the process has been deployed in a consistent and systematic manner;
- impact evidence is discrete and not yet systematically standardized
- a performance management framework has not yet been fully implemented across DCR;
- adoption and understanding of performance measurement process is still in early stages of development;
- there are discrete cases of significant impact from the strategic planning process, including improved management, program innovation, efficiency, and staff engagement and satisfaction;
- benchmarks and performance comparisons have not yet been developed.

QSI did find important impacts that, if quantified, would benefit the further deployment of strategic planning and benefit DCR continued use of performance measurement in general. Therefore, QSI describes a set of selected studies to enhance the further development of strategic planning and performance measurement. The proposed studies include an analysis of Net Cost Efficiency Gains, a Study of Management Innovation and the development of benchmarks. The scope of the recommended projects is greater than what is required to make measurement of impact feasible because, as the DCR strategic planning process demonstrates; achieving impact is more than having good measures and data.

1.0 Background

Within the National Institute of Allergy and Infectious Diseases (NIAID), Division of Clinical Research (DCR), the Office of Strategic Planning and Assessment (OSPA) operates the Strategic Planning Team, which has primary responsibility for implementing the strategic planning process throughout DCR. In 2006 this Strategic Planning Team launched a strategic planning process, built on best evidence and current best practices, integrating strategic planning, budget planning, learning and professional development, and project management. This integration of key organizational processes focused on increasing efficiency and effectiveness to maximize resource utilization and enhance program results.

In 2009 DCR, through SAIC, engaged the services of Quality Science International (QSI), to conduct an assessment and upon completion produce two primary deliverables:

- A detailed report of the findings of the evaluation and assessment, and a determination regarding if it is feasible to measure the impact of strategic planning in the DCR.
- If the assessment results indicate that it is feasible to study the impact of strategic planning, a written recommendation of the evaluation design including the components that an evaluation proposal should entail shall be submitted.

QSI assessed the feasibility of measuring impact according to any of four different approaches to measuring impact. These approaches were: Impact Analysis, Performance Analysis, Cause Analysis and Cost Analysis. In brief, these four analyses addressed different but related aspects of program implementation: What was the impact that would not have occurred otherwise, how did the implementation impact performance, what were the underlying causes of this performance impact, and what were the related costs. In addition, QSI contracted to review related literature on the feasibility of assessing the impact of strategic planning, and further, proposed to apply selected elements of the Baldrige Quality Framework as a related structure for assessing impact, and to provide feedback on current deployment related to Baldrige evaluation criteria.

Due to the volume of information collected and reviewed, we keep the discussion of method and analytic details brief and focused by providing the detailed information in appendices. The main report describes the findings related to our four analyses and Baldrige. We conclude with a set of recommended activities to further the progress toward comprehensive measurement of impact and also ways to assist OSPA in the continuation of its fine work in strategic planning. Abstracts for suggested publications related to this project are in the appendices.

Finally, we also point out that the DCR leadership recognizes that successful implementation of an improvement model is a cultural change. While our assessment will emphasize the use of measures and the available evidence for quantifying impact, we wish to point out that the emphasis on measurement is necessary to answer the questions we have been tasked to answer. QSI agrees with DCR that implementation is about more than measures and data, and our final recommendations reflect this broader view.

2.0 Method

This project utilizes five views on performance impact and integrates them into a single project method. QSI designed an integrated method for collecting evidence, and then applied five different analyses to the evidence we acquired through this method. The result is a determination of feasibility of measuring any of five different approaches to impact. In this section we briefly discuss this method so the reader will understand how we went about this project and the evidence base our findings. The details of the integrated method, such as how we integrated the five analyses, the organization of the literature search and how we scored selected branches on the Baldrige criteria, are provided in the appendix along with an annotated bibliography.

2.1 Approach

We begin with the end, that is, the ultimate aim of the study and then show how the aims are linked to the steps in the overall approach to the feasibility study. We outline a general five step model and align it with the tasks described in the RFP, including the specific analyses to be conducted and the questions to be addressed by those analyses.

The key question to be addressed by the feasibility study is whether it is possible and practical to determine if the comprehensive strategic planning model employed by OSPA significantly improves the achievement of strategic goals by DCR, and secondarily, how that achievement may be enhanced through enhanced management practices. Stating this as a study question, we asked what type of evidence exists of changes in performance, and can these changes be linked to the strategic planning process. The approach to this question was to break it down into four components of change leading to impact, which is to ask if there is a:

- Consistent process;
- Consistently implemented;
- Deployed so that it leads to;
- Results.

Just as the OSPA strategic planning model is a comprehensive model that integrating strategic planning, budget planning, learning and professional development, and project management, likewise the QSI assessment combines multiple dimensions of impact into a comprehensive feasibility study. We organize the analyses into impact, performance, cause, and financial analyses and propose feasibility questions for each type of analysis.

We added a partial Baldrige assessment to these analyses. The Baldrige case studies and Baldrige quality criteria were used to inform the structure of the study, and so we simply extended the scope of the project to assess strategic planning against Baldrige criteria.

2.2 Organizing Model

QSI applied an organizing framework that aligned the Baldrige criteria with the four types of analyses in a table, with key questions defined for applicable cells of the table (See **Appendix 5**) for the complete model). The value of using this approach is in integrating the four types of impact analyses with the developmental perspective of Baldrige. This allows QSI to not only assess the feasibility of each type of analysis, but to also offer more specific feedback on the reasons for the findings and recommendations for improvement.

The organizing model was applied to the document review as well as interviews.

2.3 Method Overview

The major steps in the assessment method were literature review, refinement of organizing model, document review, and interviews.

An organizing framework that integrated Baldrige Strategic Planning criteria with the four impact analyses was used to identify key questions for staff and key issues for document review. These questions were then used in semi-structured interviews that were conducted by both telephone and face to face.

The analysis and aggregation of findings was by team discussion. First, we assessed the feasibility of a DCR wide impact study. We then addressed actions that would lead to a practical impact study, and finally, other improvements and projects that would benefit strategic planning as well as performance improvement in general.

Initial findings were discussed with OSPA, and then developed into detailed findings, recommendations, and supporting materials, including abstracts of possible papers.

2.4 How the Method was Informed by the Literature Review

The project calls for reviewing relevant literature to ensure that the method and recommendations are informed by current literature. Therefore, we reviewed a variety of literature related to each of the analyses, including selected GAO reports (15) on government strategic planning, Managing for Results and performance budgeting. All of the literature is included in the annotated bibliography, and additional discussion of the literature is in **Appendix 2**.

According to the GAO (2005), an impact assessment is defined as follows:

“Impact evaluation is a form of outcome evaluation that assesses the net effect of a program by comparing program outcomes with an estimate of what would have happened in the absence of the program. This form of evaluation is employed when external factors are known to influence the program’s outcomes, in order to isolate the program’s contribution to achievement of its objectives.”

This is the generally accepted definition of impact assessment, but it is also very difficult in practice. Obviously, without controls, the determination of performance without a program requires making assumptions about performance or comparing units with different levels of implementation. In the case of DCR, the branches are highly diverse in mandate, scope and practice. Therefore we added additional analyses and methods. The analyses are the impact, performance, cause and cost analyses. Further, the literature on this subject also states that diverse methods are preferred due to the complexity of the environments in which the assessment is conducted (Bryson, 2004). Therefore, our method uses interviews as well as document review. We did not employ formal written surveys due to the small size of the Division and the fact that this was a feasibility study not an actual impact assessment.

Our literature review also provided support for the use of the Baldrige criteria as an additional framework (Bovaird, 2009, Holtzer, 2009). We considered the relationship between Baldrige and Managing for Results (MFR), and selected 15 GAO reports on GRPA, performance assessment and performance budgeting for review. We concluded that there is no single methodology for MFR and that Baldrige was a compatible framework (see bibliography and CD for complete list).

Finally, the literature also informed the specifics of the analysis and provided source material for recommendations. We discuss this in greater detail in **Appendix 2: Literature Review**. We also provide the source documents wherever possible (on the companion CD).

3.0 Discussion

3.1 Impact Analysis

We define impact analysis as a comparison of what happened as a result of the strategic planning process with what would have happened without it.

3.1.1 Classification of Impact

The approach to impact analysis was to look at the implementation of the strategic plan across selected departments and branches and assess their alignment with the strategic process and differences in impact.

Implementation of the strategic plan was assessed via document review and staff interviews across the following DCR branches and offices:

- Office of Strategic Planning & Assessment (OSPA)
- Program Planning & Analysis Branch (PPAB)
- Regulatory Compliance and Human Subjects Protection Branch (RCHSPB)
- Collaborative Clinical Research Branch (CCRB)
- Biostatistics Research Branch (BRB).

The documents reviewed include: DCR strategic planning methodology, DCR operational planning process, DCR learning and professional development process, DCR budget process, OSPA toolkit, OSPA strategic plan, Strategic Plans (complete or draft) for DCR branches and offices and OSPA reports, assessment tools, and templates.

To standardize approach in measuring impact analysis across branches, evidence of impact was classified into three impact levels: approach, deployment and results. These levels are based upon the scoring framework of the Baldrige Criteria for Performance Excellence. The following table describes each level and provides examples of evidence that we might expect to find.

Figure 1: Impact Levels Classification

<u>Impact Level</u>	<u>Impact Level Description</u>	<u>Examples of evidence</u>
Approach	The degree to which systematic and repeatable methods, processes, techniques and tools are used to implement the strategic plan	Process participants and roles, process steps and corresponding timelines, policies and procedures, training curriculum, standardized surveys and other data/information collection and analysis tools
Deployment	The degree to which the approach was applied consistently horizontally (e.g., across branches) and aligned vertically (e.g., from senior level DCR to branches to front line staff)	Meeting agendas and minutes that demonstrate use of approach (above) as well as review of results (below) with corresponding action steps that may include prioritization, recognition, continued monitoring, intervention
Results	The degree to which measurable indicators have been developed to operationalize strategy and demonstrate achievement towards strategic goals and an industry standard of performance	Robust indicators that are linked to strategic objectives, tabular or graphical tracking of performance indicators trended over time and compared against internal goals and external benchmarks

The following sections discuss each impact level and our corresponding findings. A detailed assessment may be found in **Appendix 8**. The detailed assessment provides strengths and opportunities for improvement for all components of approach, deployment and results impact levels.

Approach

This level of impact was assessed primarily through document review. We were provided with a combination of electronic and hard copy of the DCR strategic planning methodology, operational planning process, learning and professional development process, budget process, and the OSPA toolkit including reports, assessment tools, and templates. We subsequently interviewed over 15 staff from across branches and ranging in role from senior leadership to front line staff to validate that the documents we received were being used to guide the strategic planning approach across branches.

In general, we found the strategic planning approach to be comprehensive. An integrated strategic planning model intends to link strategic, budget and learning and professional development planning activities. The OSPA toolkit contains various methods and tools for facilitating the seven stage strategic planning process towards development of goals, objectives and metrics to monitor execution of strategy. Further, we found evidence that these tools were used consistently across the branches that participated in the strategic planning process.

There was also ample evidence of ongoing evaluation and improvement to the strategic planning approach including enhancement to existing and development of new approaches or tools and allocation of resources to support the process where gaps were identified in previous cycles of strategic planning.

Deployment

This level of impact was assessed primarily through staff interviews. We conducted interviews with over 15 staff from across branches and ranging in role from senior leadership to front line staff. We utilized a semi-structured interview tool (See **Appendix 5**) to understand impact of the strategic planning process. The interview tool combined our four-part analysis approach with the Baldrige framework to ensure a robust cross-section of inquiry into performance impact.

In general, we found solid evidence of strategic planning deployment for individual branches that participated in the strategic planning process. Staff gave numerous examples of the effectiveness of strategic planning facilitation in guiding branches towards development of goals, objectives and performance indicators. There was also evidence of upward alignment with DCR division goals and beginning stages of downward alignment with individual performance plans. Staff also cited current impact on branch capability to manage resources, prioritize efforts, and monitor goal achievement more effectively. This suggests that the strategic planning process addressed the achievement and sustainability of branch objectives.

However, we found a more fundamental weakness. The linkage between strategic planning and budget planning and learning and professional development did not appear as strong as implied in the DCR Integrated Strategic Planning Model. Though selected evidence was found, there did not appear to be a systematic linkage of budget process to strategic planning process that would suggest the two inform one another as implied in the model. This was true as well for the learning and professional development process. We discuss this further in the Cause and Cost Analyses.

Results

This level of impact was assessed through a combination of document reviews and staff interviews. We reviewed branch and office Progress Reports and Executive Summary Reports to identify and assess ability to measure key performance indicators (KPIs). We also requested examples from staff during interviews to identify efforts and corresponding indicators that measurably demonstrate impact of strategic planning efforts.

Appendix 8 contains an inventory of KPIs compiled from the DCR branches and offices reviewed. The purpose of this inventory was to assess alignment, development, and actual results of KPIs arrived at through the strategic planning process.

In general, we found strong alignment of KPIs with goals and objectives of respective DCR branches and offices. For example the OSPA strategic plan contained multiple satisfaction, volume and goal achievement measures that appear to directly measure the impact of: Goal 1: Foster a strategic planning culture throughout DCR.” In the PPAB strategic plan, Goal 2: Enhance and deliver excellent services” is measured by skill/talent, on-time/cycle time, and compliance/defect KPIs.

In the RCHSPB strategic plan, “Goal 2: Enhance clinical research support processes and services to optimize quality, efficiency and effectiveness” is measured by volume, satisfaction and cycle time KPIs. In summary, we found the makeup of KPIs in good practical alignment with strategic planning goal and objective intent.

We found the types of KPIs developed included a broad range of discrete and continuous measures including satisfaction, volume/frequency, compliance/defects, on-time/cycle time, goal achievement, and skill/talent/staffing. As summarized in **Figure 2** below, nearly half of the KPIs developed thus far are satisfaction and volume/frequency indicators which are common in the early stages of KPI development since these measures tend to be most accessible. However, we expect that a more balanced set of KPIs should evolve that include financial, workforce, process effectiveness, and leadership outcomes. We discuss this further in the Baldrige Assessment and Analysis Summary.

Figure 2 Strategic Planning KPI Inventory by Type

<u>KPI Type</u>	<u>#</u>	<u>%</u>
Satisfaction	13	26%
Volume/Frequency	11	22%
Compliance/Defects	9	18%
On-time/Cycle Time	7	14%
Goal Achievement	6	12%
<u>Skill/Talent/Staffing</u>	<u>4</u>	<u>8%</u>
Total	50	100%

Regarding actual results of KPIs developed, we found that only 15 of the 50, or 30%, of the total measures inventoried from strategic plans across OSPA, PPAB, RCHSPB and CCRB had actual values computed for a given performance period (e.g., fiscal year). Additionally, these 15 KPI results were all from the OSPA office and were now in their second year of tracking. Though OSPA is a strong model for KPI execution, and have “practiced what they preach,” other branches were found to be in the very early stages of KPI tracking with limited to no evidence of baseline data, trends or comparative performance with external benchmarks. This greatly limits ability to assess impact of strategic planning efforts quantitatively.

3.1.2 Comparison of Two Branches

In order to assess the contribution of the strategic planning process we also compared two branches in our approach to performance analysis: the Biostatistics Research Branch (BRB), which had not yet engaged in the strategic planning process, and the Regulatory Compliance and Human Subjects Protection Branch (RCHSPB), which had most thoroughly implemented the method. Not only was it not practical to compare these units performance quantitatively, but in fact both are high performing and highly regarded units by available measures. We observed with BRB that there is an informal strategic process. BRB has a method specific to their branch, objectives, and an assessment process related to those objectives, as does RCHSPB. The key difference between these units is not in performance, but in the presence of a documented and replicable process (RCHSPB) versus an informal and personal process (BRB).

In order to quantify the difference between the two units, we assessed their performance against the Baldrige Strategic Planning criteria. The detailed results of this comparison are in **Appendix 7**. In brief, RCHSPB received high marks for implementation and deployment related criteria and lower marks for results (due to the lack of trend data for improvement). BRB, with its informal process, received low marks on the criteria, which is expected given the Baldrige emphasis on having a formal, replicable process, measures and data. This assessment highlights one of the key successes and impacts of strategic planning, which is the creation of a replicable process that establishes a foundation for continuous improvement. Although not yet fully implemented DCR wide, our assessment is that there is clear and measurable progress toward creating that foundation for performance.

Finally, we also concluded that BRB would benefit from benchmarking with comparable units, either within the Federal government or internationally. As well as BRB is performing, the lack of a systematic and replicable approach to performance implies that BRB is likely capable of higher levels of performance, but without benchmarks there is no way to know what higher performance means or how BRB is performing against the highest standards of their profession. Further, benchmarking would provide an additional focus for strategic planning in working with BRB as well as a mechanism for measuring strategic planning impact (i.e. contribution to BRB performance against benchmarks). We describe an approach to benchmarking in our recommendations section.

3.1.3 Impact Analysis and Feasibility

In summary, our conclusions from the impact analysis suggest that it is feasible to measure approach and deployment which are qualitative aspects of impact. However, there are limited to no results available to measure quantitative aspects of impact. While approach and deployment are critical first steps towards achieving impact, we recommend full measurement of qualitative and quantitative strategic planning impact at a later stage of deployment when KPI measurements, trends, achievement against internal goals and comparison against external benchmarks may be conducted more fully across all DCR branches and offices.

3.2 Performance Analysis

Performance analysis involves gathering data that enables the analyst to identify gaps in performance which, if narrowed or closed, would contribute to accomplishing the strategic goals of the organization.

The Performance analysis addressed the following questions:

- What process measures are in place, how are they measured, and what is the state of the available data?
- Can staff articulate the approach to deploying the strategic objectives and connect these objectives to specific results?
- What documentation exists to describe the execution of the strategic process and its deployment?

The diversity of roles between branches and the absence of comparable measures made the determination of impact by performance analysis impractical. However, we did observe selected differences in performance which may be instructive.

Our interviews explored the connection between strategic objectives and results. The use of strategic plans and objectives varied widely across staff, from daily reference to the plan to no reference. As with other impacts, there is not sufficient evidence to characterize a DCR wide impact. However, there are several cases where the strategic plan served to not only provide relevant objectives, but more broadly, served to organize the work of the staff. In these cases the staff person articulated an approach based on the strategic planning process. It was during this process that the role, aims, key methods, and priorities were established and which helped organize and focus the work of the staff. While this type of impact was not observed broadly across DCR, it was observed on several occasions and was judged to be evidence of the efficacy of the strategic planning method.

Two examples will help illustrate this impact. In the DC clinics network, the project manager described a change from a focus on more active clinics to a more balanced approach to working with all clinics. This is interpreted as a basic shift from a reactive management approach to a more systematic managerial style that was directly linked to use of the strategic plan. The plan was also described as impacting management in two additional ways: “it helps me solidify my thinking” and “it helps me plan the next part of the project” are descriptions of problem solving and creative thinking that are the types of impacts that are expected from an effective strategic planning process.

The second example is with the Clinical Safety Office. Before the strategic planning process, the work of the office was managed in a way that is now described as “off focus”. Several changes were described as a result of participating in the strategic planning process and creating a plan. The changes include:

- Consistent attention across all tasks, not only major asks or tasks in difficulty;
- Reorganized the data and use of data related to safety to better support role and objectives;
- Pursued additional training to increase task related skills.

In addition, the change in focus led to an increase in confidence that necessary tasks were getting the required focus, and a reported increase in job satisfaction related to the self-perception of being more effective.

The benefits listed above related to performance are qualitative and there are no available quantitative sources to support them. In the recommendations section we will suggest a custom staff satisfaction assessment that may help measure strategy and performance improvement related impacts such as the ones describe, and which could contribute to future assessment of impact.

3.2.1 Performance Analysis and Impact Study Feasibility

As noted, gaps in performance or differences in effectiveness were not detectible given the differences in the branches purpose and methods as well as the lack of comparable measures. Therefore, at this stage in the implementation of strategic planning, an assessment of impact causal factors across DCR is not achievable. As noted before, the measurement if impact will become feasible with the implementation of additional measures (discussed in Recommendations) and broader acceptance and use of strategic planning across staff , both within and across branches. At this stage, recognition of the management, resource use, and satisfaction impacts of strategic planning suggests areas for additional measures.

3.3 Cause Analysis

An impact cause analysis is conceptually related to a root cause analysis; the focus is on identifying the underlying sources of impact to establish a causal relationship and also so they can be managed more effectively.

A cause analysis establishes links between underlying actions or conditions and impact. Cause analysis is important for establishing that identified impacts can be linked back to strategic planning activities as well as understanding core capabilities that drive performance. It is also important for guiding further development of the strategic planning process, identification of useful metrics (i.e. ensure that process metrics measure actions that are clearly linked to impact), defining key skills and support mechanisms, and to establish linkages where none is yet established.

The cause analysis is based primarily upon a review of documents and on staff interviews, and secondarily on the literature review. In our interviews we discussed the use of support services, like Learning and Professional Development, IT and Finance. We also asked about the identification of skills and supports that were linked to the strategic planning.

We did not see differences in effectiveness or gaps in performance that could be tied to underlying causes, but we did see differences in approach. To understand the causes of these differences we considered staff development, management, leadership, and program support resources (e.g. IT, HR).

In general, we did not see evidence of the participation of IT (so far as data support) and HR (considering HR to be separate from L&PD), with the exception of the use of the portal and the related support from Ms. Osborne who manages the operational reports. This support was described as very helpful and

appeared to reduce the burden of reporting on strategic measures, but there was no quantification of the benefit provided by this support service.

Related to the above, in terms of the use of performance measures as drivers for change and impact, we saw the start of this process, but development is still early to expect significant impact. Further, accountability for measures and management from measures has not yet been fully implemented.

Human capital development is one major area for identifying causes of impact. Currently, Learning and Professional Development is not closely aligned with strategic planning so far as using the resources of the L&PD group in a formal manner to advance strategic objectives. There are examples of this happening on an ad hoc basis. In RCHSPB, as a result of using the strategic plan as a program framework, a CROM identified a need for additional skills and knowledge related to statistics. With the assistance and support of the Branch Chief, the CROM is currently taking graduate courses in statistics to address this need. This is an example of the relationship between strategic planning and staff development that illustrates the important and varied impacts that can arise from strategic planning. However, this is example developed from personal initiative rather than formal program alignment between L&PD and strategic planning. This type of impact is not, so far as we can detect, division wide nor can it be linked in a formal way to alignment between the two units (strategic planning and L&PD), therefore a more thorough analysis of impact on staff development does not appear feasible.

Returning to the role of L&PD, at this stage, while staff described individual efforts to enhance their skills, none of these efforts formally involved L&PD. We found that this is a significant resource that is not fully realized due to the limited integration into the strategic planning process. A more fully integrated L&PD program can be a significant contributor to the impact of the strategic planning process. Barriers to achieving this integration were mentioned during the interviews. Therefore, in our recommendations, we discuss the role of L&PD and suggest steps for integrating this service into strategic planning that may resolve some of the barriers.

A third area for assessing cause is in staff engagement and satisfaction. As noted in the discussion of the interviews, several staff described how the strategic planning process and resulting plan had organized and focused their otherwise very complex work. This created a sense of greater effectiveness and productivity that significantly enhanced job satisfaction. This impact was selective, and there were also cases where people thought the plan was not very useful. Therefore, we do not see this as an impact that could be detected division wide at this time, but it is none the less important. Rather than a study of staff satisfaction, we offer suggestions for building on this impact in our recommendations.

Fourth, we consider the role of leadership as a causal factor in impact. We did not set out to evaluate leadership per se, but the importance of leadership was evident from our interviews. In general, and as to be expected, the role of respected leaders is critical to the success of the strategic planning initiative. This is also true in DCR.

Last, we consider the role of management, including management innovation, as a cause of impact. Management innovation is noted in the literature as a major use of strategic planning in government.

In our interviews we observed several examples of the use of planning to identify gaps, challenges and current problems, and then engage in a discussion of the response to these issues, followed by operationalizing the response. The development and application of creative solutions is an innovation process and it was linked to several types of impact. The identification of these impacts led to the formulation of a strategic planning role typology which formed the basis for a project paper (See **Section 7.2**).

3.3.1 Cause Analysis and Impact Study Feasibility

In sum, we found linkages between strategic planning process and results. These linkages are illustrated in the two flow charts below. Since linkages do exist, the continued use and refinement of both process indicators and results indicators will set the stage for more precise measurement of impact. However, at this time the quantified determination of cause is limited by several factors that need to be addressed in order for a cause analysis to become feasible. As already noted, the integration of L&PD needs to be formalized so that staff capabilities are linked with both strategic objectives and development activities. Measurement of staff satisfaction in a manner that is specific and identifies elements of satisfaction linked to strategic planning would provide a second approach to measuring cause and impact (understanding that staff satisfaction and performance are well established in the literature as closely linked). Likewise, delineating management innovation, and the skills and processes related to innovation, is also a causal factor in impact that could be measured.

These suggestions will be described in the recommendations section, along with suggested process and outcome measures.

Figure 3: Illustration of Linkage between Strategic Planning and Learning

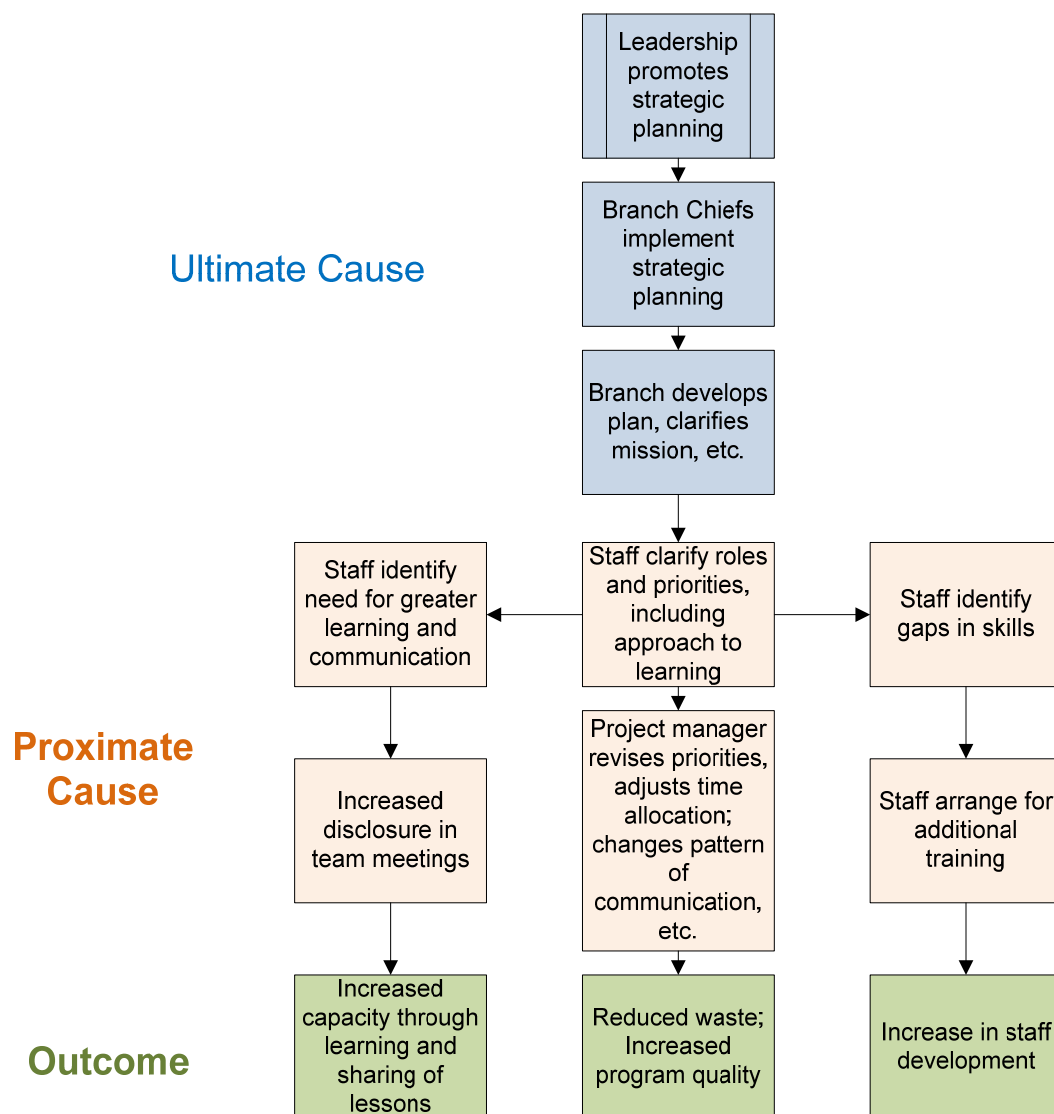
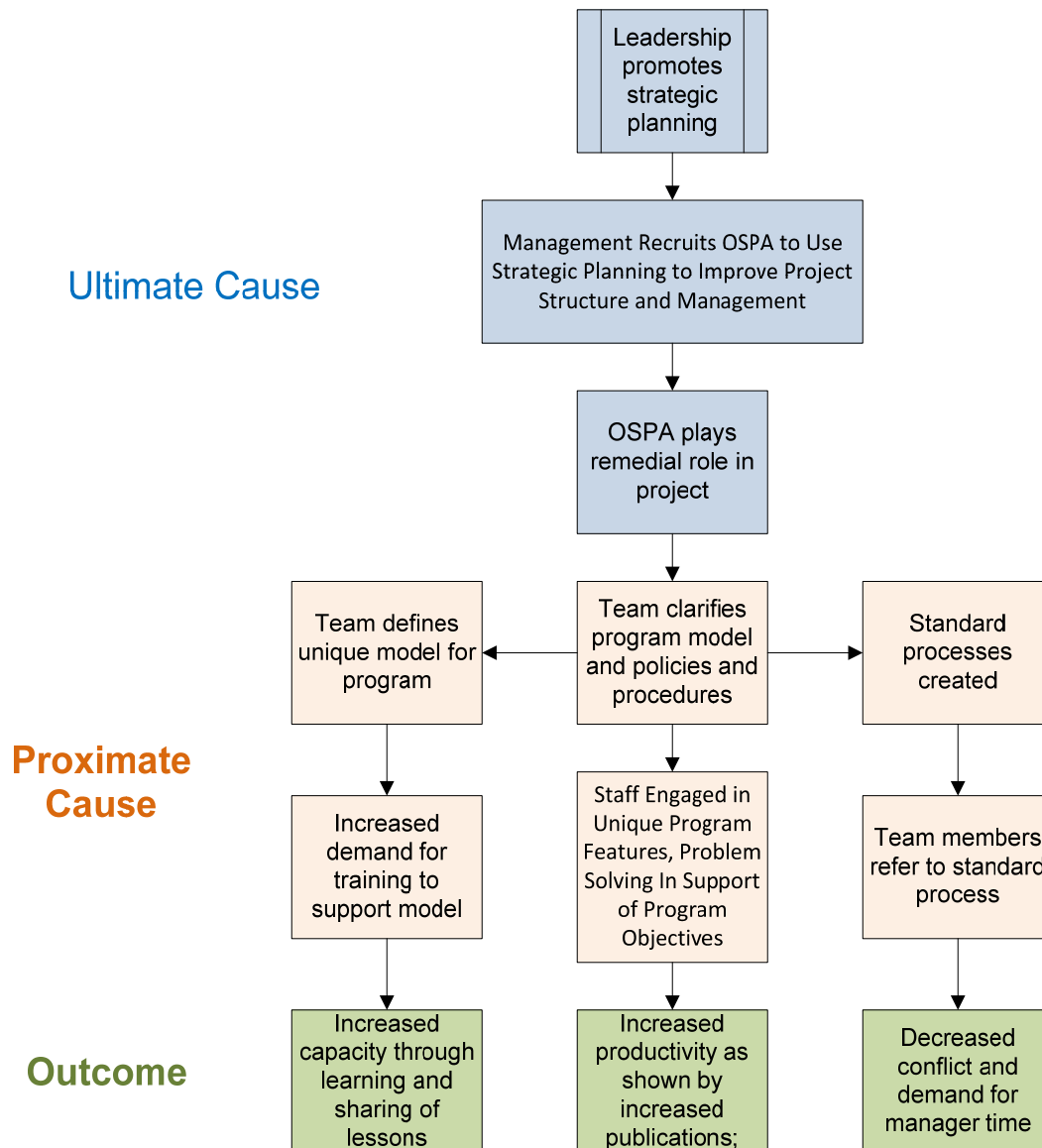


Figure 4: Illustration of Linkage between Strategic Planning and Innovation and Remediation



3.4 Cost Analysis

The QSI Technical Proposal (August 3, 2009) asks whether it is feasible to determine the impact of DCR strategic plans and planning processes upon resource allocation, resource use, and strategic budget and finance issues of the DCR. In conducting this feasibility assessment, QSI makes use of a broad performance based budgeting frameworkⁱ aligned with OSPA strategic plan mission and values and the current deployment of the OSPA strategic planning initiative.

By assessing the feasibility of strategic planning on financial, budget, and costs in this way, the QSI approach agrees with current trends in the literatureⁱⁱ of public administration, resource control planning

for research agencies, and research network performance management. It also recognizes recent legislative requirementsⁱⁱⁱ and strategic planning emphasis on financial planning and management within the Department of Health and Human Services and NIAID^{iv}.

The QSI cost analysis builds upon results obtained in the foregoing areas of impact, performance, and cause in assessing feasibility. General findings noted in previous analyses indicated that results for quantifiably measuring impact of strategic planning results, variability of mission and strategic plan implementation among branches, development of KPI's appropriate for later stages of implementation, lack of comparability among measures, and the lack of formalization between strategic planning and human capital development apply in equal measure to the feasibility of assessing strategic plan impact upon costs, budget and finance across the DCR.

3.4.1 OSPA Strategic Planning and Performance-based Cost Assessment

The broad performance-based budget (PBB) framework chosen to assess the impact of strategic planning on costs and budget processes closely parallels applications of PBB in federal and state governmental agencies.^v PBB consists of a chain of connected processes that effectively pursued; support results-based financial performance management and budgetary decision-making^{vi}.

Main links of the PBB chain include:

- Plan Guidance (formulation of a strategic plan that is articulated in terms of specific objectives and key financial and non-financial metrics).
- Resource Targeting (identification of targets and thresholds for monitoring program-level variances against the key financial metrics of the plan—ideally in “real time.”)
- Resource Use (regular reviews, re-forecasts, and budget revisions based upon resource patterns that diverge from targets of key financial and budget categories).
- Plan Incentives (integration of performance-based incentives for individuals and organizational units in agreement with financial and non-financial strategic plan targets).

The PPB framework requires evidence that steps along the chain between strategic planning and its use of resources are inter-connected. Overall, QSI asked whether, in terms of approach and deployment, the steps of the PBB chain have been traced out in the strategic planning of DCR. Through its use of the PPB framework, the QSI analysis focuses upon the feasibility of determining *whether sufficient available evidence concerning the DCR/OSPA Strategic Planning process* allows analysis along the PPB chain:

Figure 5: Performance-based Budget Chain

(1)	(2)	(3)	(4)
<i>Plan Guidance:</i> Strategic Plan (SP) Goals and Objectives for PPB planning and operations— approach and deployment	<i>Resource Targeting:</i> Deployment of Targets and Tracking Mechanisms to Monitor Variances from (1)	<i>Resource Use:</i> Performance based planning and revision of budget allocations and targets, using SP Monitoring Data from (2)	<i>Plan Incentives:</i> Organizational and individual incentives linked to attainment of SP Goals and Objectives from (1) – (3)

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The QSI approach also asks about the level of attainment for these matters. Can financial and budgetary linkages with the OSPA Strategic Planning process be determined at the level of development, deployment, or can they be shown as quantitatively demonstrable “results?”

3.4.2 Findings of PPB Cost Analysis

Plan Guidance (#1) and Resource Targeting (#2) call for the effective framing of budget and cost metrics under the mission, values, goals, and objectives of the strategic plan as well as for their effective targeting and tracking. In this way, strategically relevant expenditure variance data can serve as an effective foundation for results-based management.

QSI document review suggests alignment between budget and finance and Elements II & III of the DHHS strategic plan, in particular through compliance with GPRA (P.L. 103-63) and inclusion of an approved efficiency measure in all PARTed programs.^{vii} Interviews noted that effective performance analysis across DCR recognizes the importance of close budgetary guidance and tracking to assess the impact of strategic planning upon resource use.

Nevertheless, from the initial meeting with DCR staff it was emphasized that at this stage of strategic plan implementation a close linkage between budget, costing, finance, and strategic planning is anticipated but not yet actualized in guidance and targets. Implementation at a later stage is prioritized in OSPA discussions and documents, but it at least awaits coordination of the budget cycle and the planning cycle. Further, development of additional measurements oriented to outcomes and results, though envisioned, require quantitative assessment of budget and costs across DCR branches, if branch budgetary and cost assumptions are to be aligned fully with strategic plan goals and objectives. Study of Plan Guidance (#1) and Resource Targeting (#2) at the level of approach and deployment appears feasible but not comprehensively throughout DCR branches and only for case findings for Resource Targeting (#2). Further, interviews did not make clear the intensity or nature of working relationships between Plan Guidance (#1) and Resource Targeting (#2).

Summary Findings for Plan Guidance (#1) and Resource Targeting (#2)

(1) Plan Guidance: Strategic Plan (SP) Goals and Objectives for PPB planning and operations: Approach and Deployment		(2) Resource Targeting: Deployment of Targets and Tracking Mechanisms to Monitor Variances from (1): Approach and Deployment	
<i>Approach</i>	<p>Documentation:</p> <ul style="list-style-type: none"> --Evidence that the comprehensive approach of DCR OSPA recognizes priority of budget, finance, and cost to be a core feature of agency strategic planning (DHHS and NIAID Strategic Plans; P.L. 9103-630) --Evidence in DCR seven-stage SP process and toolkits link SP and operation plans but link with budget, costing, and finance not clearly indicated <p>Interviews</p> <ul style="list-style-type: none"> --Initial interviews indicated that linkages between the seven stage SP process had not yet extended to guidance for shaping financial and costing resources 	<i>Approach</i>	<p>Documentation</p> <ul style="list-style-type: none"> --Evidence unclear that a budget calendar and budget task list exist that makes budget process systematic and repeatable relative to strategic plan and operation plans --Operational plan tracking focuses on compliance with goals and objectives but evidence not clear for linkage with budget, costing and finance <p>Interviews</p> <ul style="list-style-type: none"> --Interviews with specific branches showed wide variation concerning budget development and cost-related tracking of time usage and operational expenditures.
<i>Deployment</i>	<p>Documentation</p> <ul style="list-style-type: none"> --Evidence of inclusion of efficiency KPI in all PART-ed programs (DCR/OSPA 2008/2009/2010 Strategic Plan) --OSPA strong model for strategic planning deployment; financial plans support accomplishment of OSPA goals -- PPAB utilized the SP process to prioritize financial and human resource needs for the building of IRF/Ft. Dietrich facility 	<i>Deployment</i>	<p>Documentation</p> <ul style="list-style-type: none"> --Evidence of inclusion of efficiency KPI in all PART-ed programs (DCR/OSPA 2008/2009/2010 Strategic Plan) -- For OSPA, KPIs are tracked periodically to monitor execution of goals and objectives, including limited financial KPIs

	Interviews --Interviews support qualitative linkages between SP process model and budget with the view that RFI Fort Dietrich allocations required strategic plan model. But initial interview suggested that the intent to deploy the SP conceptual linkage with budget planning and with cost performance remains for future implementation		Interviews --Financial plans target support for OSPA goals and objectives --SP used to flag resources beyond budget for DC clinics ---SP used by RCHSPB for reallocation and capital investment
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Interviews concerning Resource Use (#3) tracking confirmed findings expected from document review and interviews. Tracking systems are now yielding data and reports concerning operation plans and KPIs by goal for some parts of the Division. But this tracking does not directly concern the performance monitoring does not tie budget and cost information to specific operation plan KPIs in a manner capable of guiding or targeting the use of budgetary resources or cost data.

Absence of consistent and repeatable measurement for the Resource Use (#3) component of PPB is especially critical. Interviews suggested a clear intent to progress from “efficient” budgetary and financial performance and on to the tracking of “effectiveness” under Strategic Plan goals and objectives. While RCHSPB and OSPA staff indicated the importance of this aspiration for agency operations, constraints on achieving this objective ranged from the complexities of clinical research operations to the practical fact that the DCR planning cycle and budget cycle are not fully coordinated.

As indicated in the QSI analysis of cause, incentives are understood to have an impact on human capital development. The linking of individual performance evaluations and Strategic Plan goals and objectives and KPIs is now being carried out with some anecdotal documentation of results. At the level of Guidance (#1) and Resource Use (#3), interviews and documents do not support the ability to assess the impact of strategic planning incentives (#4) on either individual professional development choices or specific patterns of organizational behavior.

(4) Plan Incentives: Organizational and individual incentives linked to attainment of SP Goals and Objectives from (1) – (3)	Current level of Approach and Deployment
Example: SP compliance now being linked informally and in some respects formally with Annual Performance Reviews (RCHSPB).	-- <i>Approach</i> Practice clearly links SP goals and objectives and operation plan priorities as guidance for individual performance priorities. -- <i>Deployment</i> Appears systematic within the “branch” but not comprehensively used across DCR --An instance of potential for systematic and repeatable use of SP.
Example: Individuals indicate that personal financial incentives available through DCR have been chosen (e.g., pursuit of advanced education degree) due to prompting from SP.	-- <i>Approach:</i> Practice clearly links SP goals and objectives with individual performance objectives.

While interviews provided clear and important qualitative illustrations of a linkage between incentives and strategic planning to achieve impact, it does not appear that the practice has been systematically evaluated for use across DCR. Further, as a PPB concept it would appear that the individual professional development dimension of incentives has been emphasized rather than cross-cutting incentives directed to strategic plan compliance at the “organizational behavior” level. Further observations concerning this point at the level of deployment and results can be found in the Cause Analysis section of the report.

The Results tier of attainment appears, at this time, not feasible for comprehensive impact assessment. While quantitative data on budget expenditures exists in full, along with important examples of results-level linkage between strategic planning and budgeting and costing of expenditures, these linkages are, at this time, valuable illustrations for how to systematically integrated strategic plan goals and objectives with budget planning and with cost analysis. Further, interviews with staff and leadership from DCR, RSHPBC, DC Clinics, OSPA, and CCRB (SEREFO) indicated the clear intention to attain such integration—systematic, repeatable, DCR-wide, and according to metrics suited for integration of strategic planning with budgeting and cost tracking information.

3.4.3 Cost Analysis and Impact Study Feasibility

Gaps in budget and cost deployment were detectable in terms of deployment but these remain largely qualitative or ad hoc, given the differences in the branches purpose and methods as well as the lack of comparable measures. Therefore, at this stage in the implementation of strategic planning, an assessment of cost and budgetary impact along the PPB chain is not achievable.

Cost and budget impact assessment along the PPB chain will become feasible as DCR takes further steps to establish a mechanism for on-going evaluation of strategic plan impact under Goal #6 (OSPA). Establishment of such a mechanism is a most positive development. It will call for development of additional cost and financing models and measures (discussed in Recommendations) to support development of an impact assessment mechanism as well as broader use of strategic planning across branches and wide intra-mural adoption within the agency.

At this stage, the multiple pathways for enhancing impact have already been explored. These qualitative explorations can be used to identify and test options and model characteristics that appear to offer high-probability of economic returns and effectiveness enhancement for DCR. But at this time, further conceptual guidance or model development (#1, PPB chain) along with further KPI development at the outcome level may be required in order to attain optimal benefit for the Division. For now, only a qualitative and intermittent assessment of strategic planning impact on costs and resource use (#3, PPB chain) seems feasible and desirable as next steps.

3.5 Baldrige Assessment (Strategic Planning)

This section describes use of the Baldrige Criteria for Performance Excellence to supplement our four analysis approaches. The purpose of the Baldrige comparison is to provide perspective from an external and widely-accepted performance excellence framework. The Baldrige criteria are recognized as a comprehensive set of performance measurement considerations that challenge an organization to manage strategically through data-driven approaches.

Earlier in our report, in the Impact Analysis, we provided a brief introduction to Baldrige scoring levels of “Approach, Deployment and Results” and how these levels provided an evaluation structure to our impact analysis. We now share the broader Baldrige framework, how it provided additional perspective to our full analysis and informed our feasibility assessment.

3.5.1 Baldrige Framework

The Baldrige criteria are known to help an organization “balance” its approach to performance excellence by placing near equal emphasis from a scoring standpoint on various organization domains including leadership, strategic planning, customer focus, measurement/knowledge/information management, workforce focus, and process management. These are referred to as the process categories of the criteria since they emphasize the importance of systematic and repeatable approaches in achieving sustainable excellence. Process categories are evaluated for approach, deployment, learning and integration.

The Baldrige criteria also recognize the importance of quantifiable results that demonstrate organization processes are producing measurable impact. Results account for nearly half of Baldrige scoring and are expected to be present, trended with internal/external comparison, and representative of all areas of importance to the organization. Results are typically presented as key performance indicators (KPIs) and are expected to be aligned from top-level strategy through front line staff and deployed evenly across all operating units.

3.5.2 Baldrige Linkage to QSI Analyses

The following table (**Figure 6**) provides an overview of how the Baldrige criteria was linked to the four QSI analyses. An “X” in the table represents where Baldrige criteria was linked to the four analysis approaches.

Figure 6: Baldrige Linkage to QSI Analyses

Baldrige Category	QSI Analyses			
	Impact	Performance	Cause	Cost
1) Leadership	Not addressed			
2) Strategic Planning	X		X	X
3) Customer Focus	Limited assessment			
4) Measurement, Knowledge and Information Management	X			X
5) Workforce Focus			X	
6) Process Management			X	X
7) Results:				
Product		X		
Customer Focus		X		
Financial and Market				X
Workforce Focus			X	
Process Effectiveness		X		
Leadership	Not addressed			

To demonstrate a sample linkage of the Baldrige criteria to our interview and document review, we share criteria element 2.1a(1) from the Strategic Planning category:

2.1a(1) How does your organization conduct its strategic planning?

- What are the key process steps?
- Who are the key participants?
- How does your process identify potential blind spots?
- How do you determine your core competencies, strategic challenges, and strategic advantages?
- What are your short- and longer-term planning time horizons?
- How are these time horizons set? How does your strategic planning process address these time horizons?

These Baldrige criteria elements were then used to inform the construct of interview questions and document review that informed our four analyses. **Appendix 5** contains the complete “QSI Interview and Document Review Guide” that details selected Baldrige criteria used.

3.5.3 Observations from Baldrige Assessment

Our conclusions from the Baldrige assessment first warrant a brief disclaimer. A typical Baldrige review includes a team of trained examiners that thoroughly review documents, conduct interviews, and discuss and debate fulfillment of Baldrige criteria. Our review consisted of only one trained Baldrige examiner that provided guidance to the QSI team. Thus, our review should be interpreted as a very limited testing of Baldrige criteria requirements that, we feel, still enhanced the rigor of our four analysis methodologies.

Given the disclaimer above, we provide the following observations and opportunities for improvement that informed our feasibility study conclusions:

Figure 7: Observations

<u>Baldrige Category</u>	<u>Observation</u>	<u>Opportunity for Improvement</u>
Leadership	Per feasibility study parameters, limited focus was given to this aspect of performance excellence.	We recommend OSPA evaluate enhancement/inclusion of this important domain into strategic planning curriculum. This may result in a more balanced approach to planning development and deployment.
Customer Focus	Per feasibility study parameters, limited focus was given to this aspect of performance excellence. Through interviews and document review, we found numerous examples of internal customer focus, evidenced mostly by the prevalence of satisfaction surveys and KPIs, but limited external customer focus such as NIAID, the federal government and the broader public.	We recommend OSPA expand strategic planning customer focus to include external customers. This may result in more robust planning efforts that consider the needs of a broader stakeholder constituency.
Measurement, Knowledge and Information Management	Per feasibility study parameters, limited focus was given to this aspect of performance excellence. Through interviews and document review, we found numerous examples of evaluation and improvement in this area including organization of shared drive folders, enhancement of Sharepoint web sites, deployment of Microsoft Project to manage tasks, and refinement of outcome reports (Planning Progress and Executive	We recommend OSPA consider a broader data management strategy to link the various successful efforts described above into a business intelligence plan that supports strategy execution.

	Summary Reports). However, we also observed limited data management capability as evidenced by the lack of KPIs that have been operationalized.	
Process Management	Per feasibility study parameters, limited focus was given to this aspect of performance excellence. Through interviews and document review, we found evidence of numerous “core processes” (high volume, high impact operational processes) that are managed across branches including: Clinical Trials, IND, Protocol development and management, and staffing/resource management. We found evidence of emerging KPIs that monitor these processes but no robust process management.	We recommend OPSA consider adoption of process improvement methodology to supplement strategic planning curriculum. Process improvement methodology helps an organization discern core processes, prioritize improvement needs and systematically manage improvement approach. PDSA is an example of small scale or incremental process improvement methodology. Six Sigma is an example of large scale or systemic process improvement methodology. Both should be used to manage core process improvement efforts identified through strategic planning.
Results	As discussed in the four analysis sections, we found limited evidence of quantifiable results. Where KPIs were available, there were limited trends and limited comparison of measures to external benchmarks.	We recommend OSPA invest in a thorough review to ensure that industry standard KPIs are being used and to begin gathering benchmark data to enable comparison of DCR performance against industry norms and best practices. This will provide DCR with an unbiased perspective of performance relative to industry that will enhance strategic prioritization and setting of realistic operational achievement levels.

3.6 Analysis Summary

In sum, we have shown that using an integrated approach to measuring strategic impact successfully identifies multiple dimensions of strategic planning impact within DCR. The table below summarizes the four main analyses:

Analysis Type	What was Found?	Is This Impact Study Feasible?
Impact (What difference has it made to have a strategic planning process?)	<p>Evidence of strong approach and deployment across branches and departments that utilized the strategic planning process. Approach concept does not fully anticipate integration of budget, finance and human capital development with strategic plan approach</p> <p>Little to no evidence of results due to limited execution of KPIs across branches and offices</p>	<p>Approach and deployment aspects of impact are feasible to study, however, results present greater opportunity for impact study within an expanded scope of the strategic planning process.</p> <p>Results aspect of impact not possible until broader implementation of KPIs is in place with trend of data and comparison against internal goals and external benchmarks.</p> <p>Concept not fully established for a mechanism to provide continual impact monitoring.</p>
Performance (Identified gaps in performance can be linked to strategic planning).	Differences in impact were found to be the result of gaps in leadership (CCRB, BRB), branch imperatives (PPAB/Ft D, Project Serefo, DC Clinics imperatives), coordination of strategic plan and budget cycles (OSPA), and analytic/technical support availability (OSPA vs. all branches).	Yes, but only based upon qualitative and un-systematic data. . Quantitative results not available for comparison.
Cause (What are the underlying factors related to impact and their relationship to strategic planning?)	The underlying causes of varying performance were found to be related to planning team capability levels during planning process and analytic and technical capability in executing KPIs.	Yes, but only based upon qualitative aspects. Quantitative results not available for comparison.
Cost (Has the use of financial resources been impacted by SP?)	Limited evidence of systematic linkage of budgeting process to strategic planning process, though selected examples were found that suggest strategic planning goals and objectives lead to effective allocation of resources	Focused studies are feasible, but a DCR wide assessment is not until a mechanism is established for continual monitoring of strategic plan impact upon financial resource uses

Our discussion has focused upon the availability of evidence to determine impact. We described the qualitative evidence for impact, and cited examples, and noted the lack of quantifiable evidence due to a

need for more mature measurement and data. Implied but perhaps not stated directly is an underlying issue that Burke (2005) describes as “ritualistic versus holistic implementation”. Ritualistic implementations prepare plans and measures that are revisited at planning time but are not integrated throughout the organization. In holistic implementations strategic planning “functions as a catalyst for increased communication, evaluation of programs and staff, collective resource allocation decisions, and shared decision making” (Burke, p.279). We observed examples of both approaches at DCR. The successful examples of strategic impact we noted in the report clearly fit the holistic framework, and the challenges OSPA faces are fundamentally in overcoming a ritualistic view of or approach to strategic planning.

Our recommendations below are with this issue in mind. Maturity of data is important, and refined KPIs are important, but more fundamentally we think that DCR needs to continue to extend the reach of strategic planning by, for example, moving the alignment of strategy and budget from a conversation to clear linkage between objectives and financial resources, and integrate and align human capital development by integrating L&PD, just to mention two examples. These types of recommendations are described below.

4.0 Recommendations for Achieving Impact

In this section we present our recommendations, followed by more detailed guidance on the design or execution of the more complex of these recommendations.

QSI understands that OSPA seeks to use strategic planning for:

- Enhancing and optimizing the management of DCR Offices, Branches, and special projects.
- Goal attainment, and

to achieve this through alignment of:

- Operational activities to strategic goals and objectives;
- Resource requirements to meet goals and objectives to budget;
- Workforce competencies to objectives.

Therefore, QSI presents the following recommendations to support these aims. More detailed guidance on the design or execution of the more complex of these recommendations is provided in the following section.

By now the reader has seen repeated statements that there are impacts, but they are not yet quantifiable across DCR. We start our recommendations by listing actions that we recommend for making the impact of strategic planning both comprehensive and measurable. We then present additional recommendations and suggested projects that we think would extend the reach and impact of strategic planning.

Strategic Planning Process Recommendations:

- **Extend Participation:** Consider making participation in strategic planning mandatory for all DCR branches to achieve full deployment of the Strategic Planning approach across all branches.
- **Integrate L&PD:** Further integrate Learning and Professional Development into the planning process as designed in the DCR Integrated Strategic Planning Model. This includes aligning needs assessments with strategic planning and engaging L&PD in the administration of programs and services aimed at addressing staff needs.
- **Integrate Budget Development:** Further integrate Budget development into the planning process as designed in the DCR Integrated Strategic Planning Model. This includes integrating budget development timelines with Strategic Planning timeline and development of an effectiveness monitoring mechanism so that these two processes may inform one another and result in goals and objectives that have been fiscally tested and increase understanding of why resources are spent.
- **Create Stakeholder Group:** To better manage the balance between time commitment for strategic planning and range of participants, create a “strategic stakeholder group” composed of key strategic resources, including Senior Leadership, L&PD, Finance, IT and HR, that are engaged in strategic planning sessions for every branch but not every planning meeting, thus managing the time demands. The nature and extent of their participation would be determined at the start of the strategic planning process and defined with input from the stakeholders.

Future Study Recommendations:

- **Link Objectives and Resources:** Extend the reach of strategic planning by establishing clear linkages between plan objectives and financial resource performance approaches.
- **Improve KPIs:** Improve KPI measurement sets across branches by continuing movement toward industry standard measures. Focus upon KPI development needed in process management, finance and human resource domains (See page 16).
- **Create Benchmarks:** Establish trends against internal goals and external benchmarks in a way that optimizes return to investment.
- **Expand Toolset:** Continue enhancement or development of tools that will equip branches with data management capacity to operationalize and link KPI information.
- **Implement DMAIC:** Prioritize core direct or support processes across branches and adopt organization standard methodology such as DMAIC to guide systemic improvement efforts. Link these efforts to priority KPI goal achievement and identify an optimal floor for efficient and effective performance.
- **Measure Other Impacts:** Strategic planning has several non-traditional impacts. Consider special measures of these roles to create a more complete picture of strategic planning impact.

Next, we discuss some of the more complex recommendations in more detail, including implementation guidance. This is followed by suggested studies that we think would benefit the performance improvement effort at DCR in general as well as furthering OSPA's success with Goal #6.

5.0 Description of Recommended Projects

5.1 KPI Refinement and Benchmarking

Rationale

Our recommendation to postpone measuring impact of strategic planning efforts was driven primarily by lack of KPIs to quantify impact of strategic planning efforts. We believe this is the most critical next step towards being able to measure impact of strategic planning efforts. Impact is largely quantified by KPIs, which should be industry standard measures of performance that can be compared against comparable organization or functions to establish relative levels of performance.

KPIs can be used in variety of ways to drive performance improvement, one way being to compare performance to industry leading or exemplary-performing organizations through the use of benchmarks. We start with observation that NIAID is a world class research institution that relies primarily on published studies to measure research quality and production. We propose that the utility and impact of strategic planning, and more fundamentally, the continuous improvement of performance at NIAID, would be strengthened by the development of benchmarks to guide planning and performance improvement.

The value of benchmarking is in promoting continuous improvement through striving to meet or exceed industry leading standards, creating objectives measures of performance, substantiating the need for improvement (and strategic planning), and creating a data driven decision making process.

Approach

Recognizing the diversity within DCR, we recommend that selected branches within DCR be engaged in the development of benchmarks. BRB appears to us to be an ideal branch for this activity. Further, engaging BRB in benchmarking would help make the strategic planning process more relevant to their needs, as well as providing a gauge for the impact of strategic planning services.

Method

Camp (1989), a noted resource for benchmarking, describes a five step process for developing and implementing benchmarks (excerpted from Camp, 1989).

1. Planning; the essential steps are those of any plan development: what, who and how.
2. Analysis; the analysis phase must involve a careful understanding of your current process and practices, as well as those of the organizations being benchmarked. What is desired is an understanding of internal performance on which to assess strengths and weaknesses.

3. Integration; integration is the process of using benchmark findings to set operational targets for change. It involves careful planning to incorporate new practices in the operation and to ensure benchmark findings are incorporated in all formal planning processes.

4. Action; convert benchmark findings, and operational principles based on them, to specific actions to be taken. Put in place a periodic measurement and assessment of achievement. Use the creative talents of the people who actually perform work tasks to determine how the findings can be incorporated into the work processes.

5. Maturity; maturity will be reached when best industry practices are incorporated in all business processes, thus ensuring superiority.

6. Expected Outcomes; in addition to serving as a driver for performance improvement in the branch using benchmarks, there are also benefits for OSPA. OSPA can play a key role in assisting the branches in the development and use of benchmarks, including identifying the related processes and developing and implementing process measures to guide performance related to benchmarks. Further, benchmarks can also measure the contribution of OSPA to the Branch improvement effort and serve as an additional source for impact measurement.

Level of Effort

A level of effort analysis for benchmarking depends on the following factors:

- Are there specific services and outputs from the branch that are comparable to the same units in other organizations?
- Who and where are the exemplary organizations from which benchmarks can be developed, and are they accessible?
- How available is the data for development of benchmarks?
- How and by whom will the benchmarks be maintained and reported? How and by who will the benchmarks be maintained and reported?

5.2 Management of Emergent Threats

Rationale

Management innovation is identified in the literature as the primary use of strategic planning in government agencies. The strategic planning process facilitates identification of challenges, barriers, etc and the development and implementation of solutions. Besides the general value of explicating and developing measures for this process, management innovation may have a special significance for NIAID. As the agency charged with responding to emergent threats, NIAID is in the unique role of needing to conduct long term planning and develop and justify resources for these plans, and at the same time respond quickly and effectively to the unexpected. We heard from several people we interviewed that this is a challenge for which NIAID and DCR are still developing a solution.

Management innovation is likely the underlying process to an effective solution to this dual planning challenge. Clarifying the process and most effective facilitation of innovation would be valuable for both the development of a management solution to emergent threats and also form part of the solution itself. Aligning this innovation process with the current approach to emergent threats, and incorporating best practices and benchmarks could yield an effective approach to this challenge. Since strategic planning has several roles within DCR (see **Abstract 1**). This would not be a diversion from the current role, but another special instance of strategic planning.

Approach

A complete approach to this effort would consist of the following:

- Document the specific methods that facilitate management innovation within DCR;
- Document the current response to emergent threats;
- Determine the existence of comparable processes in other organizations and document those, including acquiring benchmarks, if possible;
- Align the process for emergent threats with strategic planning and innovation;
- Deploy the new process, complete with measures and benchmarks to determine impact and value.

Expected Outcome

The expected outcome from this effort would be a structured approach to emergent conditions with benchmarks and best practices that would be refined over time, leading to an increasingly effective and efficient capability to respond to emergent conditions.

5.3 Strategic Planning Impact on Management Innovations

Purpose

Clarify the contribution of the strategic planning process through enhanced innovation by validating that strategic planning has impacted management innovation which in turn leads to improved outcomes, and detailing the mechanism by which this occurs. Further, by demonstrating the innovation role of strategic planning, refine the key performance measures for OSPA to include innovation in management, and explicitly address management innovation as an implementation and training topic.

Rationale

Strategic planning is an innovation process. In public agencies, strategic planning is used to identify priorities, gaps in performance and areas for improvement, and then generate plans for implementing changes. The effect of this focus is to create innovations in management that lead to new or modified models of programming and management, and enhanced performance. These innovations are critical for the ongoing evolution of agency operations, agency responsiveness to stakeholders, and to maintain and continuously improve high levels of performance. This is probably especially true for NIAID given the

mandate to respond to emergent events. Innovations within DCR are clear examples of strategic planning benefit and opportunities to quantify the important role played by the strategic planning process.

Approach

Innovations at DCR occur in at least three ways: Innovations that occur as part of strategic planning, innovations initiated elsewhere that are assisted by strategic planning, and innovations that are independent of strategic planning. The focus is on the contribution of strategic planning rather than the contribution of innovation itself, therefore, therefore we propose focusing on two cases: one where the management innovation arose as a secondary impact of the strategic planning process, and another where management innovation was the explicit purpose of engaging the OSPA strategic planning team.

The study would address both the process by which innovation is driven by strategic planning as well as the outcomes that are impacted. This process and outcome focus would clarify the linkage between and outcome as well as allow for quantitative measurement of impact.

Method

There are two possible approaches to this assessment. A preferred approach to measuring impact of an ongoing process is to conduct a concurrent study where baseline, intermediate and outcome measures are collected during the project, as opposed to retrospective study. This project could be conducted by a small team on a part time basis over one year. Alternatively, if time is of the essence, the project can be conducted in four months using the same small team and focusing on a retrospective analysis of existing evidence.

In either approach, the method would be to form a study team with DCR strategic planning champions and external research contractors. The team would develop criteria for the two defined groups listed above and criteria for innovations, then select cases based on this criteria. Key informants who have implemented the strategic plan and who demonstrate innovations in management and/or project design would be identified. The team would then conduct semi-structured case interviews with these subjects to document actions and links between strategic planning and decision making. Within each group, the team would assess the level of innovation and the impact of the innovations in terms of cost, efficiency, staff engagement and satisfaction, and impact on program outcomes.

Expected Outcomes and Value

Management innovation is a major impact and benefit of strategic planning in the public sector. Quantifying this benefit and clarifying the mechanism by which it occurs would contribute the following to OSPA's further development of strategic planning:

- By distinguishing management innovation as one type of impact, the strategic planning process can be refined to enhance this outcome, or possibly a secondary process developed specifically for management innovation (as opposed to planning).
- Innovation is a valued capability. Clarifying this as a benefit of strategic planning may promote the engagement of reluctant stakeholders in strategic planning.

- There are outcomes unique to management innovation which will require measures designed around this process, such as efficiency and timeliness of problem solving, which seems especially relevant to NIAID and the need to address emergent issues.

Level of Effort

For a retrospective study, two to three people will be necessary for six months. For a concurrent study, same people, 12 to 14 months.

5.4 Cost-efficiency through Strategic Planning

Purpose

Identify, estimate, and analyze patterns of cost-efficiency gains (net cost savings) already attainable in selected programs through strategic planning at DCR as one component needed to establish a mechanism for the on-going evaluation of strategic planning effectiveness.

Rationale

As DCR establishes its mechanism for assessing impact of strategic planning, evaluation of benefit for the planning process will grow in importance. Initially, cost-efficiency savings should be identified for strategic plan priority areas that can monetize benefits of existing strategic plan deployment. Nevertheless, initial cost-based demonstrations of benefit for the present level of deployment should be readied for inclusion in the emerging OSPA impact assessment mechanism and to anticipate economic evaluation of outcome-oriented KPIs as these are developed and used across DCR. The magnitude of net efficiency gains achieved for DCR research operations through strategic planning can represent the efficiency component of the overall strategic plan effectiveness for OSPA. Also, if net efficiency gains are significant, they help to justify the DCR strategic planning approach itself. Where efficiency gains fall short of reasonable expectation, modifications of strategic plan priorities may be indicated. The short term value of this study will be to quantify specific economic gains from strategic planning at DCR. The longer term value of this study will be to develop a method for capturing economic efficiency benefits for DCR that can be directly attributed to strategic planning.

Approach

At DCR, net efficiency gains can be extensive or may be razor thin. They are likely to vary over time, as a culture of Strategic Planning, additional performance management incentives, and IT-based mechanisms are put in place. They also will vary as priorities for emergent diseases, new technologies, and biologically grounded national security research undergoes change. And even though efficiency is but one feature of accountable and effective strategic planning, it is an important component of overall clinical research effectiveness. The approach of this study is to address efficiency gains by improving the ability of DCR to estimate and analyze efficiency gains through developing an evaluation mechanism for assessing the efficiency effect of Strategic Planning in DCR.

Method

1. Historical expenditure data from DCR would be analyzed for two branches and for the DRC central office to determine where net efficiency gains can be effectively estimated and analyzed. In coordination with leadership and operation level staff from DCR and the two selected branches, net cost-efficiency gains would be determined for an agreed number of program activities believed by leadership and staff to be highly affected by strategic planning but expected to show net cost-efficiency gains of significant magnitude. Analysis of this expenditure data will highlight repetitive process costs and cyclical expenditures. This retrospective preparatory work would be completed in a 3-month period and make use of lessons learned from the use of performance based costing systems.
2. Data would be collected for a nine month prospective period for programs within branches that are chosen at random from the pool of programs identified by leadership and staff on the basis of the retrospective study. Using the historical data, projections of expected net efficiency gains will be developed and then compared with actual reported gains for the randomly selected programs. The selected programs will be blinded from leadership and staff during the period of data collection and data compilation will be conducted independently from DCR but under agreed protocols. Conditioning factors thought to account for differences between expectation and actual reports will be analyzed to assess impact of strategic planning on net cost-efficiency gains.
3. Training modules and analytic tools then will be developed in collaboration with OSPA staff and based upon the retrospective and prospective studies. They will be readied for inclusion as a component within the overall DCR mechanism for estimating Strategic Planning effectiveness and impact.

Expected Outcomes and Value

Support for building a mechanism to measure OSPA's strategic planning effectiveness and impact (DCR/OSPA 2008/2009/2010 Strategic Plan—Goal 6) should be established upon evidence that efficiency gains are likely to yield optimal net efficiency gains. This three-part study can support the claim that strategic planning indeed produces net cost savings of significant magnitude for a range of DCR program activities. Finally, this study can confirm (or disconfirm) beliefs the value of using a continuous monitoring mechanism to identify the efficiency of DCR Strategic Planning.

Level of Effort

For the retrospective component of the study, two to three people, three months in collaboration with designated DCR staff. For the prospective component, the staffing would be identical, for a nine month period. For development of training modules and analytic tools for inclusion in a mechanism for on-going assessment of OSPA Strategic Planning, Three people would be required for an additional three months of work. Total elapsed time would be 15 months.

5.5 Core Process Management & DMAIC

Rationale

DCR manages numerous business processes across diverse branches (e.g., IRB, Safety, Clinical Monitoring, IND processes) that are transitioning toward evidence-based management. High performing organizations on a similar development path typically identify core processes and seek to optimize them using standard methodologies, such as DMAIC (Six Sigma) to improve capability of those processes using measures. The development of process capability measures is a component of DMAIC and could help quantify performance of core processes relative to the voice of the customer to improve customer satisfaction, process performance and resource utilization.

Approach

We recommend selection of one to three core processes to conduct a DMAIC process improvement effort. This can be done as an adjunct to the current OSPA planning process, especially where there is a need to develop and test a more advanced set of metrics. This methodology could also be used to develop specialized methods, such as those described under the discussion of Strategic Planning Roles.

Method

The Six Sigma/MAIC process improvement approach is well documented and need not be repeated here.

Level of Effort

The DMAIC process can be aligned with the current strategic planning process to reduce the time requirement and avoid duplication of effort.

5.6 Assessment of Strategic Plan Effectiveness Impact

Purpose

To develop an assessment approach for identifying, estimating, and analyzing effectiveness impact of strategic planning as a key component of the DCR mechanism for the on-going evaluation of strategic planning impact.

Rationale

As DCR establishes its mechanism for monitoring the efficiency impact of strategic planning, evaluation of the *effectiveness impact* of the planning process also will become a requirement. In anticipation of this development, a financial effectiveness assessment method can be developed to incorporate effectiveness evaluation into the quantitative impact assessment mechanism being developed for DCR by OSPA.

QSI interviews concerning impact suggested that effectiveness impact was critical for linking performance measures showing the efficiency impact of strategic planning with some method for indicating the effectiveness impact of strategic planning in DCR. In some cases interviewees offered qualitative examples of effectiveness impact due to strategic planning, often across a wide range of programs and functions. In other cases, effectiveness impact was portrayed as a significant goal for strategic planning—for example, demonstration that funds have been spend “effectively.”

To assess strategic plan effectiveness impact, a careful, thoughtful, and technically informed assessment methodology must be used to identify domains of effectiveness and quality. The assessment of strategic plan effectiveness impact also should be an on-going activity and one that starts form minimum but optimal criteria. Such work cannot be expected from improved efficiency measures, but requires, as well, the informed judgment of leaders within the main domains of quality for research and for the work of DCR supporting branches. To achieve this both internal and external expert judgment will be needed to identify baseline measures of quality impact domains.

Agreement on main domains of quality performance represents a critical step for assessing effectiveness impact. Once measures for these domains are developed, operationally defined, converted into measures of effectiveness impact, and then tested, they should be transformed initially into expenditure values to ensure their economic valuation. At that point, the metrics can be phased-into a model that combines efficiency impact and effectiveness impact of strategic planning in DCR.

Method

First, a leadership panel or key committee of DCR/OSPA should be convened to support development of effectiveness impact domains for DCR. Initially proceeding from a literature review, best practice exemplars, and an anonymous Delphi exercise, the committee would develop an initial statement of effectiveness domains for review and comment within the Division. These results would be compared with quality and effectiveness benchmarks used in other research enterprise organizations and then developed into a quality measure set capable of quantitative measurement. From the outset, this measure set would be compatible DCR efforts to assess efficiency impact. Once the set of effectiveness impact metrics are agreed, preliminary baseline data collection would be take place and, where possible, a retrospective analysis of available data would also occur.

Results of the preliminary baseline data development phase would be reviewed by the key committee of DCR/OSPA and again compared with external benchmarks. The key committee review would include reconsideration of main dimensions of effectiveness and quality and measures devised to make measures for these dimensions technically operational.

If KPIs for efficient performance management and optimal process improvement are available, effectiveness data and efficiency impact data, a data envelopment analysis (DEA) could be used assess the comparative contribution of effectiveness impact dimensions of strategic planning to the output performance of the agency, especially in the use of financial resources.

If tests are successful, the approach could be incorporated into the OSPA mechanism for impact assessment to yield annual estimates of effectiveness impact within the efficiency impact assessment for DCR strategic planning.

Level of Effort

DCR leadership and OSPA staff would conduct the work of key committee review with two external staff providing literature review, external benchmark review, best practice exemplars, Delphi methodology, and guidance suggestions for developing a quantitative model for linking effectiveness impact and efficiency impact data within the OSPA mechanism for on-going strategic plan impact assessment. These activities would continue for a four month period.

Once dimensions of effectiveness are developed, two external staff would be required to support development of operational measures from KPI's and other available agency data.

Finally, two external staff would be required to work with DCR staff and under DCR guidance to test and further develop effectiveness impact measures for use in an integrated model for assessing efficiency impact and effectiveness impact through the use of DEA analysis.

6.0 Additional Program Suggestions

We conclude our recommendations with a series of observations and suggestions that are less formal and may be useful to OSPA as it looks for ways to enhance the effectiveness of the strategic planning process.

1. Branches that are fully engaged with strategic planning also displayed an increase in staff satisfaction. This would be a useful impact to measure and track. However, rather than a conventional assessment of satisfaction, we encourage developing a more specific approach that assesses particular components of satisfaction that can be linked to strategic planning.
2. As noted in the literature review, OSPA may consider adding clarification and discussion of the unit's government mandate prior to discussing mission, vision and values.
3. While reducing the time required for the process is a constructive goal, variation in the time required for strategic planning is reported to vary widely, even across units of the same government agency, and especially early in the deployment of a new process. Therefore, allow for this variation rather than attempting to constrain each unit to a set limit.
4. Units that are successful often have informal processes that are strategic. Such units often see a formal strategic planning requirement as unnecessary, or at best, tinkering with success. An alternative approach to engaging such units would be to focus on joint development of benchmarks followed by linking formal strategic planning with achievement of higher performance against the benchmarks.
5. OSPA has instituted tracking and reporting for operation plans developed in DCR. This on-going tracking allows OSPA to experiment with a limited version of Performance Based Costing or Activity Analysis. Using existing or newly developed KPIs, an experimental format could be developed for focused PBC costing against budgetary and strategic plan category to determine the degree of difficulty in using "activity" costing with reference to a cluster of operation plan categories. The pilot experiment would also include the development of a useful reporting dashboard to test an effective approach for reporting activity costs.
6. Effective use of budgetary resources is an eventual goal of strategic plan implementation. Interviews indicate the complex nature of scientific research relative to this overall objective. Nevertheless, an important step in this direction can be taken if OSPA develops "boundary spanning" mechanisms for relating strategic plan priorities to the broader issues of public research enterprise management. OSPA could lead in this development by establishing an exploratory committee that brings together clinical researchers and DCR leadership to identify and define key issues of public research enterprise management for strategic plan purposes.
7. Anticipating of extra-NIAID demand for research, combined with the sudden re-prioritization of work within DCR branches is seen as a steep challenge for DCR and the OSPA strategic planning process. The management of interdependence during sudden peaks in external demand requires study of past resource re-allocation responses to identify manageable patterns, particularly where rationing, stockpiling, buffering, and forecasting are concerned. OSPA can analyze historical information contained in budget documents, intra-mural and extra-mural responses, human resource requirements, and the periodicity of these peak demand periods to determine strategic plan options for meeting sudden requirements.

7.0 Publication Abstracts

Professional publications are important to both DCR and QSI, therefore we conclude our report with suggested publications that may be developed from this project.

7.1 A Case Study on Application of a Hybrid Framework for the Analysis of Performance in a Federal Agency

Target Journal: *Public Administration Quarterly*

Statement of the Problem

The Division of Clinical Research within the National Institute of Allergies and Infectious Diseases sought to assess the implementation of strategic planning within the Division and obtain recommendations for improving the process and its impacts on the Division. The analysis of a process still being implemented created an opportunity to apply a framework that integrated process and outcome assessments. This was accomplished by aligning a traditional four component impact analysis with the Baldrige Strategic Planning Performance Excellence Criteria. This framework was applied to the interview process, document reviews, and development of findings and recommendations.

Subjects

The subject was National Institute of Allergy and Infectious Diseases, Division of Clinical Research

Procedures

A feasibility study was conducted to determine the whether the implementation of a new strategic planning process had progressed to the stage where quantification of impact on Division outcomes was feasible. The study used four approaches to determine impact feasibility plus the Baldrige Strategic Planning criteria to assess process maturity. These five frameworks were integrated into a single matrix from which semi-structured interview questions were developed and the results of the study were organized.

Results

Qualitative data from interviews and document reviews were organized around the integrated matrix. From that matrix, the current state of impact and the maturity of the process were analyzed.

Conclusions

The use of an integrated framework allowed the qualitative data to be organized into a multidimensional and developmental description of the implementation of the strategic planning process. From this, detailed recommendations were developed to guide further implementation aimed at ultimately achieving maximum impact on performance.

This project was funded by NCI Contract No. HHSN261200800001E.

7.2 Role and Value of Strategic Planning in a Federal Agency

Target Audience: American Psychological Association Annual Convention, Division of Organizational and Industrial Psychology (submitted 12/01/2009).

Principal author: David Boan, PhD., Principal, Quality Science International.

Coauthors: James Killingsworth, PhD; Jerry Lassa, MA; B. Grace; L. McNay, MS; G. Morgan, MA; R. Sardana.

Statement of the Problem

The Division of Clinical Research (DCR) within the National Institute of Allergy and Infectious Diseases (NIAID) developed and implemented a comprehensive strategic planning process in 2005. DCR wished to determine the realized impact of this process upon the performance of DCR. Since key performance measures had not been fully implemented across the division, a qualitative assessment was utilized to identify types of impacts, the value of these impacts, and determine measurement approaches.

Subjects

Fifteen staff members within DCR were interviewed for this study, with an emphasis on the strategic planning champions.

Procedures

The team reviewed source documents and conducted semi-structured interviews to determine the implementation, forms of utilization, and impact of the strategic planning process. The documents and interviews were reviewed by an external team composed of an organizational psychologist, an economist, and an industrial engineer.

Results

Analysis of interviews and documents led to identification of four distinct forms of utilization of the strategic planning method:

- Facilitator of management innovation;
- Method for development of innovative program models for unique programs,
- Remediation method for low functioning programs;
- A framework for continuous performance improvement of ongoing programs.

At the center of these four forms was the facilitation of innovation as a tool to define gaps or problems and engage people in a constructive process of defining solutions and developing plans to execute those solutions. Several examples of impacts were identified from these four methods, including increased efficiency, cost savings, productivity and staff satisfaction.

Conclusions

We organized the four types of use of strategic planning into a typology where the four uses have distinct applications, objectives and measures. They are:

- 1) Strategic planning as facilitation of management innovations. The relationship between strategic planning and innovation is well established in the literature and identified as the chief way in which strategic planning is utilized in government agencies. In this project we found support for that view, but also found that it was one of four modalities through which the strategic planning program had impact.
- 2) Strategic planning as a remedial organizational intervention. This is the effective use of strategic planning as an intervention into a program where the planning method identifies common values and aims and engages the team in a problem solving process to overcome barriers to performance. This method requires a different approach to measurement than the general program measures where specific problems are identified and measured. Translating these problems into a common measure of cost of poor quality would allow aggregation of impact and value across interventions.
- 3) Strategic Planning as facilitation of innovative program design. The NIAID is involved in several new and unique programs where there is no existing organizing framework. These programs differ from the traditional planning conducted with the branches in that they generally involve unique collaborations or models, and organizing them is a onetime specialized activity. Unlike measurement within the branches, these measures would address the impact and value of the organizing effort rather than continuous program measurement.
- 4) Strategic planning as continuous improvement model. This is the primary use of strategic planning, where the strategic planning program is the core of the DCR performance improvement model. Measurement is generally continuous, emphasizing tracking over time and integrating evidence into management decisions. The measures and the use of measures is distinct from those in the first two models.

In sum, we present this four part typology as a useful way to understand the impact of a strategic planning process and to highlight the broader potential of strategic planning beyond the traditional view of a means of producing organizing documents.

This project was funded by NCI Contract No. HHSN261200800001E.

7.3 Task Environment Relations and Research Agency Strategic Planning: System-level “Matches” and “Mismatches”

Target Audience: Public Administrators and Management Science Leadership concerned for the Strategic Management of Governmental Clinical Research Organizations

Target Journal: *Administrative Science Quarterly* (Cornell University)

Principal author: James R. Killingsworth, PhD., President, Quality Science International

Coauthors: David Boan, PhD.; Jerry Lassa, MA; B. Grace; L. McNay, MS; G. Morgan, MA; R. Sardana.

Statement of the Problem

The Division of Clinical Research (DCR) within the National Institute of Allergies and Infectious Diseases (NIAID) sought to assess the implementation of strategic planning within the Division and obtain recommendations for improving the process and its impacts on the Division. DCR provides critical support through six major “branches” for an expanding clinical research network charged with providing high-quality clinical studies that address multiple research questions.

The Office of Strategic Planning and Assessment (OSPA) has been created within DCR to develop centralized strategies for facilitating NIAID research as the agency expands to meet challenges such as bioterrorism, emerging and re-emerging infectious diseases. As the role of DCR expands, OSPA has implemented a new strategic planning process designed to support the expanding role of DCR. Variations in deployment of the strategic planning process reflect historically diverse functions and views of DCR and its enhanced role within NIAID.

Centralized planning during periods of research expansion must reconcile the expanding and the historic role of DCR/OSPA with regard to the core technology of the agency, its traditional boundary spanning options, and emerging requirements of the agency to manage the agency task environment (Thompson 1964). For ready implementation of central strategic planning, points of “match” and “mismatch” (Breyer 1982) between environmental relationships and core technologies of agency components should be minimized.

Subject

The subject was National Institute of Allergy and Infectious Diseases, Division of Clinical Research.

Procedures

A feasibility study was conducted to determine the whether the implementation of a new strategic planning process had progressed to the stage where quantification of impact on Division outcomes was feasible. Interviews and documents were reviewed in the process of the feasibility study to characterize diverse views of DCR core technology, its primary task environments, and functional boundary spanning strategies in use by the agency.

Results

Qualitative data from interviews and document reviews were assessed relative to the task environment of DRC. These data then were used to characterize areas of technical “match” and “mismatch” among the branches of the agency. Levels of engagement and deployment of the planning process were then evaluated in terms of these “matches” and “mismatches” in order to describe task environment factors at the system level and how they impact strategic plan progress across the Division.

Conclusions

Matches and mismatches concerning the key environment relationships of the agency were seen to affect implementation of the strategic planning process. Special efforts are required to address this diversity within an agency, particularly where agency sub-components have historically served technically and specific research requirements instead of broad functional relationships within the expanding research activities of NIAID. From this, detailed recommendations were developed to guide further implementation aimed at ultimately achieving maximum impact on performance within the Division.

This project was funded by NCI Contract No. HHSN261200800001E.

Appendix 1: Method Detail

Impact Analysis

We define impact analysis as a comparison of what happened as a result of the strategic planning process with what would have happened without it. The challenge is capturing what would have happened without the process. One way to infer this state is to look at the implementation across groups and assess their alignment with the strategic process and differences in impact. Did groups more aligned with the strategic process have better results? Alternatively, we can also interview staff with experience prior to implementing the new process and compare their assessments on key performance factors. This gets to the crux of the feasibility question, what is possible to assess. Critical questions in this feasibility assessment of impact include:

- What are the current impact measures and how are they calculated and deployed?
- Is there documentation of impact, including unanticipated impacts?
- Is there documentation of process changes, including reports, interface changes, communication changes, etc?
- Were any new processes, tools, reports, or measures implemented, and is there evidence of the impact of these changes?
- Are people, data and documents available for the analysis of impact?

Performance Analysis

A second analysis involves understanding differences in impact by use of performance analysis. Performance analysis involves gathering data that enables the analyst to identify gaps in performance which, if narrowed or closed, would contribute to accomplishing the strategic goals of the organization. The performance gaps may involve challenges at the organizational level, the work environment level, the work process level, or the individual worker level (Langdon, 2000; Rothwell, W. J., 1996; Van Tiem, et al., 2000).

Critical questions in this feasibility assessment of cause include:

- What process measures are in place, how are they measured, and what is the state of the available data?
- Can staff articulate the approach to deploying the strategic objectives and connect these objectives to specific results?
- What documentation exists to describe the execution of the strategic process and its deployment?

Cause Analysis

An impact cause analysis is conceptually related to a root cause analysis; the focus is on understanding the underlying sources of impact so they can be managed more effectively. In this feasibility study we asked whether the causes of impact could be identified

After identifying gaps in people's ability to perform, the next step is to trace the *causes* of those gaps. The OSPA seeks to improve performance by alignment of the strategic planning process with:

- Operational activities to strategic goals and objectives;
- Resource requirements to meet goals and objectives to budget;
- Workforce competencies to objectives.

A cause analysis is therefore useful to determine the relationship between alignment of these key areas with strategic planning and where there may be gaps that offer opportunities for improvement. In conducting this assessment there are innumerable possible sources of failure of impact and alignment, so it is helpful to have some sort of checklist of the most likely suspects. An example of a typology of causal factors that we have found to be succinct but sufficiently comprehensive is that developed by Wile (1996). He synthesized the categories proposed by the leading human performance improvement theories, settling on seven categories: organizational systems, incentives, cognitive support, tools, physical environment, skills/knowledge, and inherent ability.

The key to conducting a cause analysis is to link behavior in the workplace with strategic plans and end results. Where are results falling short? What behaviors are associated with the shortcomings? To what extent is the deficient performances caused by forces in the workplace environment, or by organizational policies and procedures, or by the physical or cognitive tools used by the workers, or by factors within the workers themselves (Langdon, 2000; Rothwell, 1996; Van Tiem et al, 2000).

Critical questions in this assessment of impact feasibility include:

- What training and other human capital development programs are available, and how are they aligned with strategic goals?
- Is there documentation and measures of the effectiveness of these programs?
- Can staff relate these programs to their own performance?

Cost Analysis

Cost performance should use statements of mission, goals, and objectives to explain why money has been spent. If resources have been allocated to achieve specific objectives based on program goals and measured results, the strategic planning and budgeting framework is results-oriented.

The cost analysis feasibility study will ask whether results (final outcomes) have been defined according to the strategic plan (different ways to achieve the final outcome), and whether activities/outputs actually

have been carried out to achieve the final outcome. This involves assessing whether information is available and sufficient to understand which activities are cost-effective in terms of achieving the desired strategic results. . It involves a Performance-based Budgeting (PPB) and costing perspective. Critical questions in this feasibility assessment will include:

- Were Key Performance Indicators defined at the outset?
- Were linkages built between causes and effects (tree-model) so that the budget system and the transaction system can be linked?
- Can costs of providing given levels of outcome be determined?
- Were indirect costs allocated in a manner that permits determination of a costs per given level of strategic results?
- Does the Activity-based Costing framework function effectively?
- Has the Corporate Performance Management (CPM) framework been developed and effectively used?
- Were non-financial metrics linked, in practice, with financial metrics under a CPM framework?
- Is a Business Activity Monitoring “engine” used to report on thresholds from the strategic plan?

Once it is determined that the information and action requirements from the above list are determined to be feasible for assessment, the impact of the strategic plan on keeping whether business performance is on or off-plan can be determined. The financial feasibility analysis will address these issues.

Literature Review Method

A literature review is a systematic, reproducible and explicit process for identifying, evaluating and interpreting a body of published literature that results in a set of conclusions that can be confirmed by another party (Fink, 1998). In keeping with that standard, we begin our report of the literature review of strategic planning impact by describing our method, our results, and then our analysis of those results.

The RFP states that the contractor is to “Identify and conduct a comprehensive review of relevant literature and related studies to determine the feasibility of an evaluation and inform the evaluation design.” In responding to this requirement we included the following:

- Studies, including case studies and reports, or strategic planning and impact in the public sector;
- Studies on the assessment of efficiency and cost-benefit of strategic planning;
- Case studies on the use of Baldrige Criteria for Excellence in strategic planning.

We applied several filters to the selection of articles. First, they must be practical and of good quality. Practicality means they are useful, quality means they come from a trusted and respected source. There is an implied second aspect to practicality, which is manageability. A review that identifies thousands of articles is not practical because that is not a manageable number. Second, they had to be relevant to the questions we have been tasked to address. In addition to the issue of evaluation design, we have also been asked for feedback related to observed opportunities for improvement and, related to that, if assessment of impact is not feasible, then to recommend approaches to implementation of strategic planning that will make the impact assessable.

We applied the following inclusion criteria to our search:

- Peer reviewed literature available through selected electronic databases, limited to the past five years.
- Focused searches of publications that specialized in the strategic planning and public administration topic.
- Selected articles published more than five years ago that are referenced by current authors as key works.

In our review, we focused on three categories of literature:

1. Peer reviewed literature available through selected electronic databases, limited to the past five years.
2. Focused searches of publications that specialized in the strategic planning and public administration topic:

Public Administration Review

Annals of the American Academy of the Social Sciences

Administrative Science Quarterly (Cornell)

PA Times

Administration and Society

Southern Review of Public Administration

Relevant non-peer reviewed publications, which included:

GAO reports on planning and measurement

Baldrige case studies and best practices

GAO/GPRA (GPRA spawned more than 70 pilot projects on performance measurement starting in the mid 90s)

3. Selected books on the topic that contain useful references or annotated bibliographies.

Literature Evaluation – Literature relevant to feasibility of assessing the impact of a strategic planning process and to informing the design of that process.

We **excluded** the following:

Letters, editorials, newsletters, white papers or self-published papers;

Works published before September 2004, unless considered a classic or seminal work.

Our key search terms included the following:

- Strategic plan(ning) and impact;
- Assessment
- Government
- Evidence
- NIH
- Managing for Results (MFR)

- Impact
- Evidence
- Baldrige
- Strategic plan
- Best practices
- Performance Budgeting.

Document Review Method

The purpose of the document review is:

1. Orient the team to the structure and operation of strategic planning within DCR.
2. Determine the existence of a replicable planning process.
3. Determine if this process has been consistently deployed and implemented.
4. Determine if there is evidence of results and linkages between process and results.

The review was conducted in two phases: pre interview and post-interview. The documents that were reviewed are listed in **Appendix 1**.

Interview Method

The purpose of the interviews was to:

- Validate what was observed in the documentation;
- Determine the presence of other impacts not evident in the documentation;
- Determine the nature and use of evidence related to strategic planning;
- Assess the level of engagement and opportunities for improvement of deployment and implementation of the process;
- Identify the full range of impacts from the process, including unanticipated impacts, both positive and negative.

The interviews were semi-structured, following a hybrid framework created by QSI from the four analytic models and the strategic planning area of the Baldrige framework. This framework is in **Appendix 2**. Interview questions were developed across the hybrid matrix and used as a guide in preparing for interviews and in the analysis of the interviews.

Baldrige Analysis

The study team applied a modified Baldrige framework to the analysis of documents and interviews. Further, the team compared two branches within DCR, one that had implemented the strategic planning process and one without, against the Baldrige Strategic planning Criteria. Although questions were raised at the start of the project due to the lack of comparable groups, we felt this analysis was still valid and useful for the following reasons. First, we were not assessing or comparing the branches against outcome measures nor drawing any conclusions about effectiveness or overall performance. Rather, we were looking for evidence of processes that could be linked to the strategic planning process and, according to the Baldrige criteria, would be evidence of quality. Further, after the interviews, we believed that both units were high performing and that any high performing unit would have some processes that were strategic. In our interviews and analysis we were specifically looking for signs of impact on those strategic organizing processes, thus making the two branches more comparable for our purposes.

The strategic planning Baldrige scoring criteria, scoring guide and the assigned scores are in **Appendix 5**.

Appendix 2: Literature Review

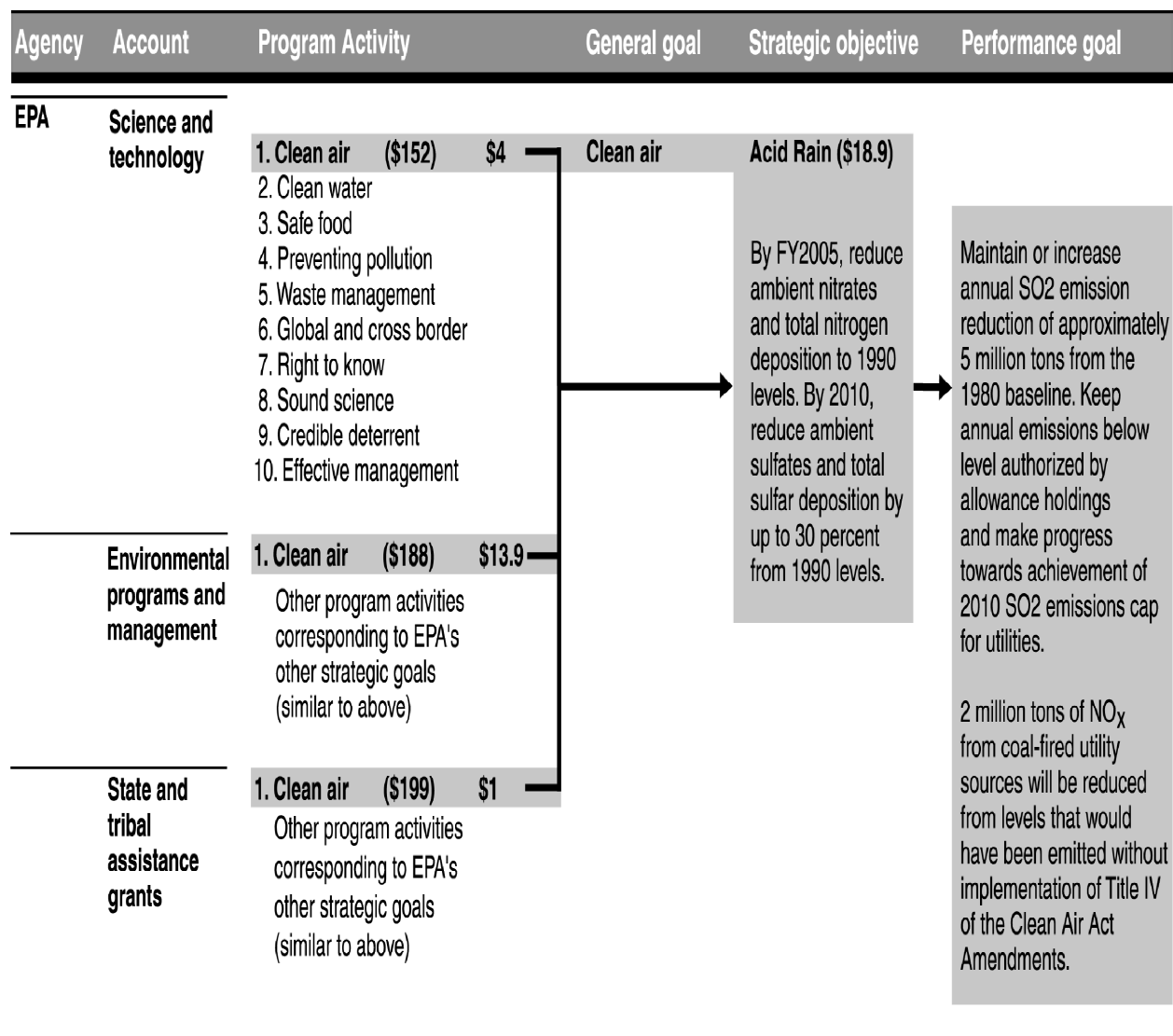
With the rise of Government Performance and Results Act of 1993 (GPRA) and Managing for Results (MfR), the GAO began a series of reports on MfR and strategic planning. We selected eight of those reports for review based on their relevance to the question of strategic impact, deployment of strategic plans, and issues and lessons in the public sector.

First, the series we reviewed begins in 2002 with a report on the progress made in the development of human capital, which became a high federal priority in 2001 (GAO, 2002b). The development of human capital was described as linked to planning and resource allocation. Two key principles were noted:

- People are assets whose value can be enhanced through investment. As with any investment, the goal is to maximize value while managing risk.
- An organization's human capital approaches should be designed, implemented, and assessed by the standard of how well they help the organization pursue its mission and achieve desired results or outcomes.

Also in 2002, the GAO reported on progress in linking budgets with performance plans (GAO, 2002a). We reviewed this article as it provided some guidance on issues and lessons in aligning strategy and budgets. Of the 35 federal agencies reviewed for that report, all but 3 had taken the basic step of linking performance goals to budget requests, and 75% had gone further to show a link between expected performance and funding (including NIIH). The EPA was used as an example of linking strategic goals to objectives and resources, as shown below...

Graph 1: Strategic Linkages



While progress was noted, areas needing improvement were described, including:

- Linkages are only as good as the underlying data. Data quality, including financial data quality, needs improvement.
- In many instances, measuring the effects of marginal, annual budget changes on performance is not precise or meaningful.
- While continuing to change from an almost total reliance on output measures to outcome measures, it will be much more difficult to associate specific resource levels with those outcomes, particularly over short periods of time.
- Establishing clear linkages between funding and outcomes will vary by the nature of the program and the number of external factors.
- Delays in the availability of performance data, sometimes caused by agencies' reliance on non-federal program partners for data collection, will continue to present synchronization problems during budget formulation.

The report concludes with a list of needed improvements:

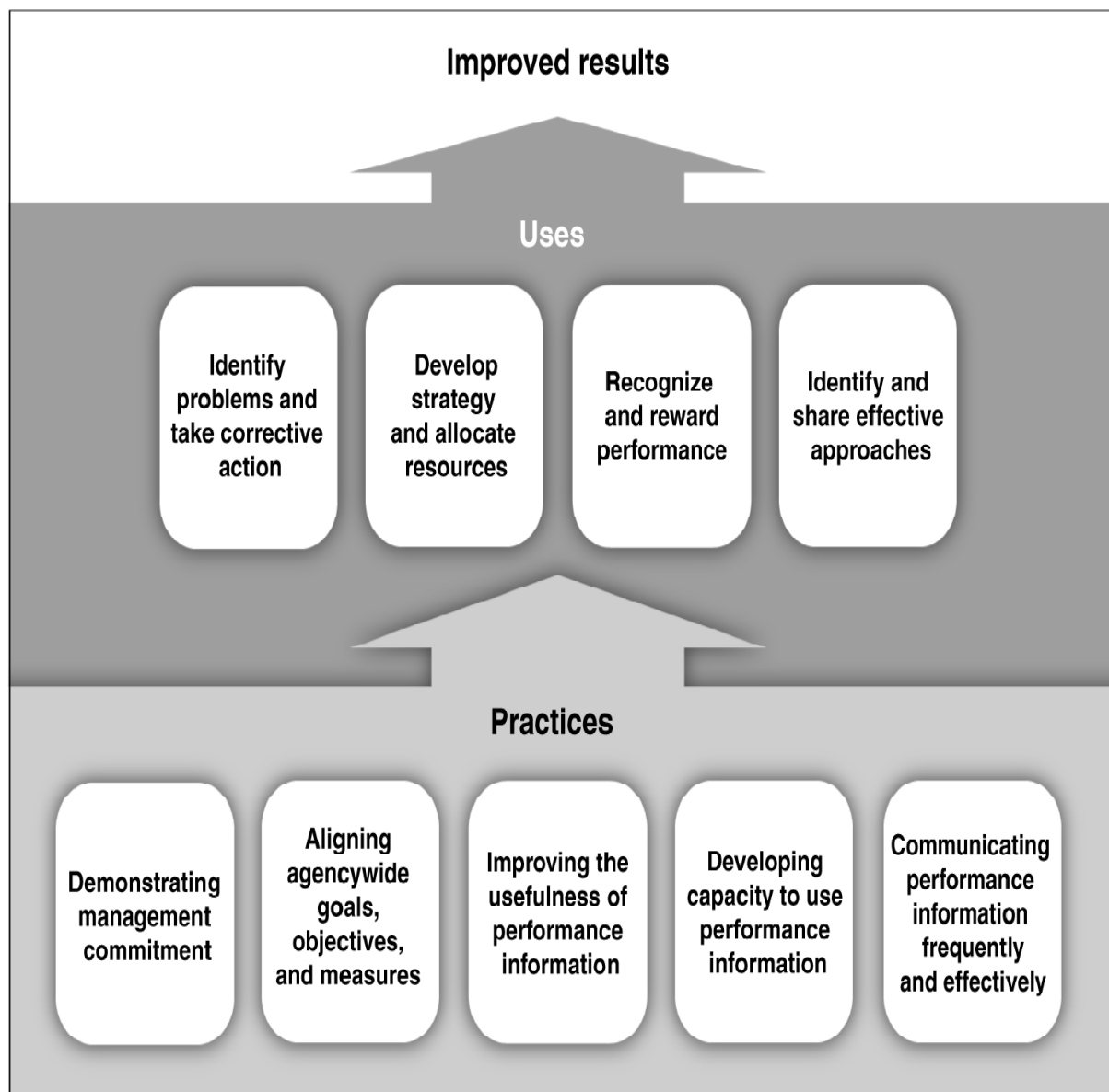
- Developing and articulating a clear sense of intended results;
- Ensuring that daily operations contribute to results;
- Coordinating crosscutting programs;
- Building the capacity to gather and use performance information;
- Addressing mission-critical management problems.

Given that background, we were interested to see what changed during the intervening years and how GAO approached studying the impact of Managing for Results. Between 2005 and 2007 the GAO studied numerous federal agency efforts to implement managing for results, including improvement in alignment between budget and performance information (*GAO*, 2005, 2006, 2007). Planning was closely linked to the use of performance information by managers to detect problems, develop solutions, and make important management decisions (*GAO*, 2005).

Key lesson from the GAO – restructuring budgets will require buy in to the underlying measures and objectives in order to succeed.
--

GAO (2005) identified five key practices that can advance the use of performance information, as illustrated in the graph below:

Graph 2: Key Strategic Practices



Source: GAO.

Implementation Lessons

The literature was also reviewed to locate studies that would inform the study of impact. Two studies are representative of what we found. Bryson (1988, 2000) studied strategic planning eight public agencies for the Minnesota Innovation Research Project (MIRP) (Van de Ven, 2000). Bryson reports a general lack of quantifiable data, requiring an emphasis on observation and interviews. The interviews emphasized periodic interviews with strategic planning teams and separate meetings with process champions. They applied the MIRP framework to structure the interviews, which is designed to identify processes related to innovation. They also gathered budget data and background documents as part of the evaluation. Some of the findings of interest are described in the annotated bibliography.

Like Bryson, Burke (2003) conducted a literature review on managing for results in which she recommends a mixed method approach for evaluating impact. This mixed method would include survey, document review, and semi-structured interviews. In general, surveys alone tend to overstate impact. A mixed approach provides alternate data and information sources to cross check findings and reduce the distortion introduced by relying on a single method.

Newcomer (1997) discusses the role of performance measurement in public agencies, and emphasizes three key areas of support in order to achieve impact: budgeting, information technology and training. Performance budgeting is essential for the proper allocation of resources, therefore in our interviews we explored the role of budgeting with NIAID staff. IT is essential for efficient tracking of data and reporting measures, and doing so in a manner that keeps effort (and thus resistance) to a minimum. In government, staff, analysts and policymakers need to be aligned in their understanding of and use of performance systems. Training is the process through which this alignment may be achieved.

Finney (1993) notes that aligning budget and strategy would seem obvious, but it is seldom done. He cites several reasons for this that may be informative for the NIAID effort: lack of clear strategy, lack of alignment of goals between strategy and finance, and lack of communication between units. His recommendation is that budgeting should be embedded into the strategic planning process.

Cost and Performance Budgeting

Costing and Performance-based Budgeting (PBB) have been increasingly integrated around the concept of “results” as Segal and Summers (2002) and Robinson (2007) have indicated. Advances in information technology which characterizes the management of research enterprise networks facilitate this integration and are now a leading subject of concern at leading university clinical research centers (Research Management Group/Stanford Medical School 2009).

As Young (2003) has explained, PBB uses statements of mission, goals and objectives to explain why money is being spent. Measured results are central to this method of linking strategic planning and performance budgeting through tracking and monitoring. Segal and Summers (2002) consider PPB to be an essential linkage between strategic plan goals and objectives and the level of results obtained by an organization. As noted by Kaplan and Norton (2005), the exercise of mapping strategy to operational

performance can apply reasonably to public as well as to private organizations if there is a strategy based measurement system and attention is paid to the creation of value for customers and stakeholders.

Costs approached from these newer perspectives call for a strategy-driven view of expenditures of the kind promoted by PBB and KPIs that track both financial and non-financial metrics. Davis (2001) has charted the widespread use of Performance-based Costing (PBC) throughout the US military and security system as an indication of how PPB and PBC are complementary.

At this point, full use of PBB and PBS are not envisioned as next steps for DCR, their importance for OSPA programming cannot be understated.

Appendix 3: Best Practices in Strategic Planning

QSI reviewed a number of articles on best practices for this project, including best practices in strategic planning, lessons and best practices from Baldrige, and best practices in government strategic planning. The key articles are included in the bibliography, and where we were able to obtain full text we included the full article in the companion CD. We did not include web based articles, and instead list the web link below. In this appendix we call attention to a few best practices that we thought were most relevant:

Furst-Bowe , Julie, and Wentz , Meridith . What the first institution of higher education to receive the Malcolm Baldrige National Quality Award has learned in the five years since. *Beyond Baldrige*, October 2006 Web Article:

<http://www.universitybusiness.com/viewarticle.aspx?articleid=572>

- Goal setting is now based more on comparisons to best academic institutions rather than just on striving for incremental improvement.
- Also over the past five years, several tweaks have been made to the original planning process, including the refinement of performance indicators to measure the success of action plans, implementation of a bottom-up process for priority identification, an expansion of the membership and role of the strategic planning group, and the development of a more systematic method for identifying and following up on action plan gaps as the planning process continues to evolve. Further, goal setting is now based more on comparisons to best academic institutions rather than just on striving for incremental improvement
- Key performance indicators are reviewed to determine the need for adjustments to the action plans and funding. The action plan gaps provide an opportunity to drop outdated initiatives and hold responsible persons accountable for incomplete initiatives. Together, they ensure alignment between planning, resource allocation, evaluation, and accountability.

Hall & Lawson (2003). *Using the Baldrige Criteria to Assess Strategic Planning: A Case Study*. "There is a need to develop and implement a human capital plan aligned with the strategic plan. It encompasses work force planning, succession management, training and development, performance management, labor-management relationships, and employee satisfaction.

In the following pages we share best practices from selected organizations that received the Malcolm Baldrige National Quality Award from 2004 to 2007. Best practices in strategic planning processes, performance measurement systems and dashboard KPIs, and key work process management are shared to demonstrate approaches we identified as opportunities for improvement in DCR planning processes.

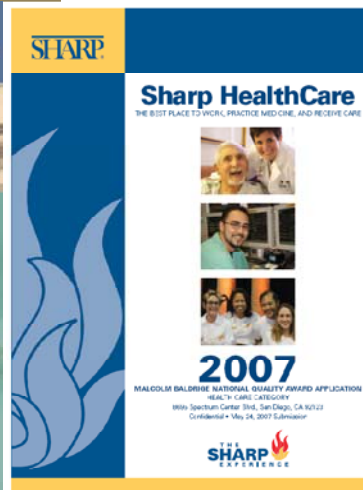
Four organizations we selected best practice examples from include:

- 1) Department of Defense United States Army Armament Research, Development & Engineering Center with facilities in New Jersey, New York, Illinois and Maryland
- 2) Mercy Health System with facilities in Wisconsin and Illinois
- 3) Sharp HealthCare, San Diego, California
- 4) Robert Wood Johnson University Hospital of Hamilton, New Jersey.

Report of a Feasibility Study of the NIAID Strategic Planning Process

Organizations Profiled:

Department of Defense U.S. Army ARDEC



Malcolm Baldrige 2004
Robert Wood Johnson University Hospital of Hamilton

Strategic Planning Processes Best Practices

These three samples of strategic planning processes demonstrate the ongoing, cyclical nature of strategic planning processes.

US Army Armament Research, Development and Engineering Center

Category 2: Strategic Planning

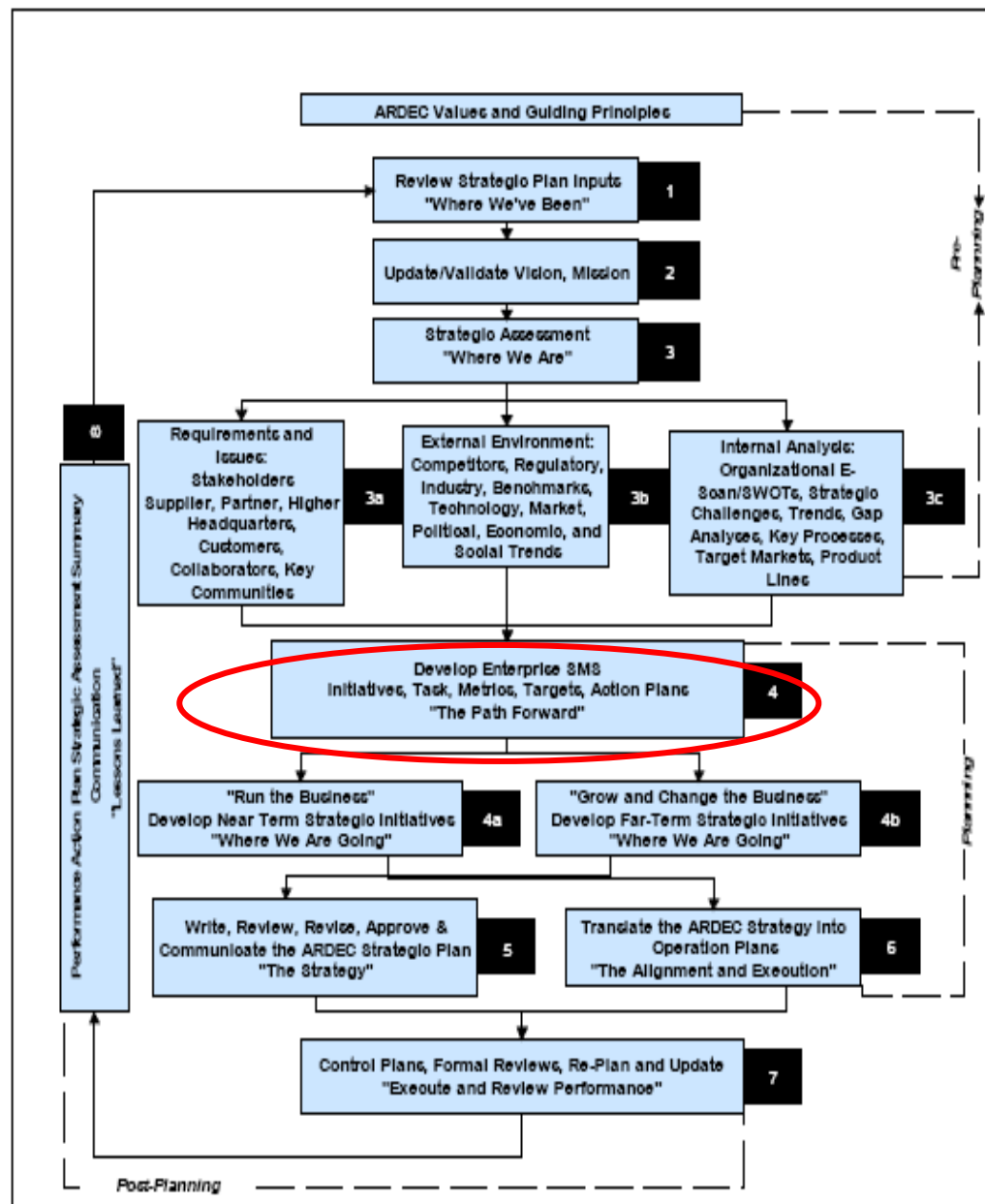


Figure 2.1-1 ARDEC's Enterprise Strategic Planning Process

Strategic Planning Processes Best Practices

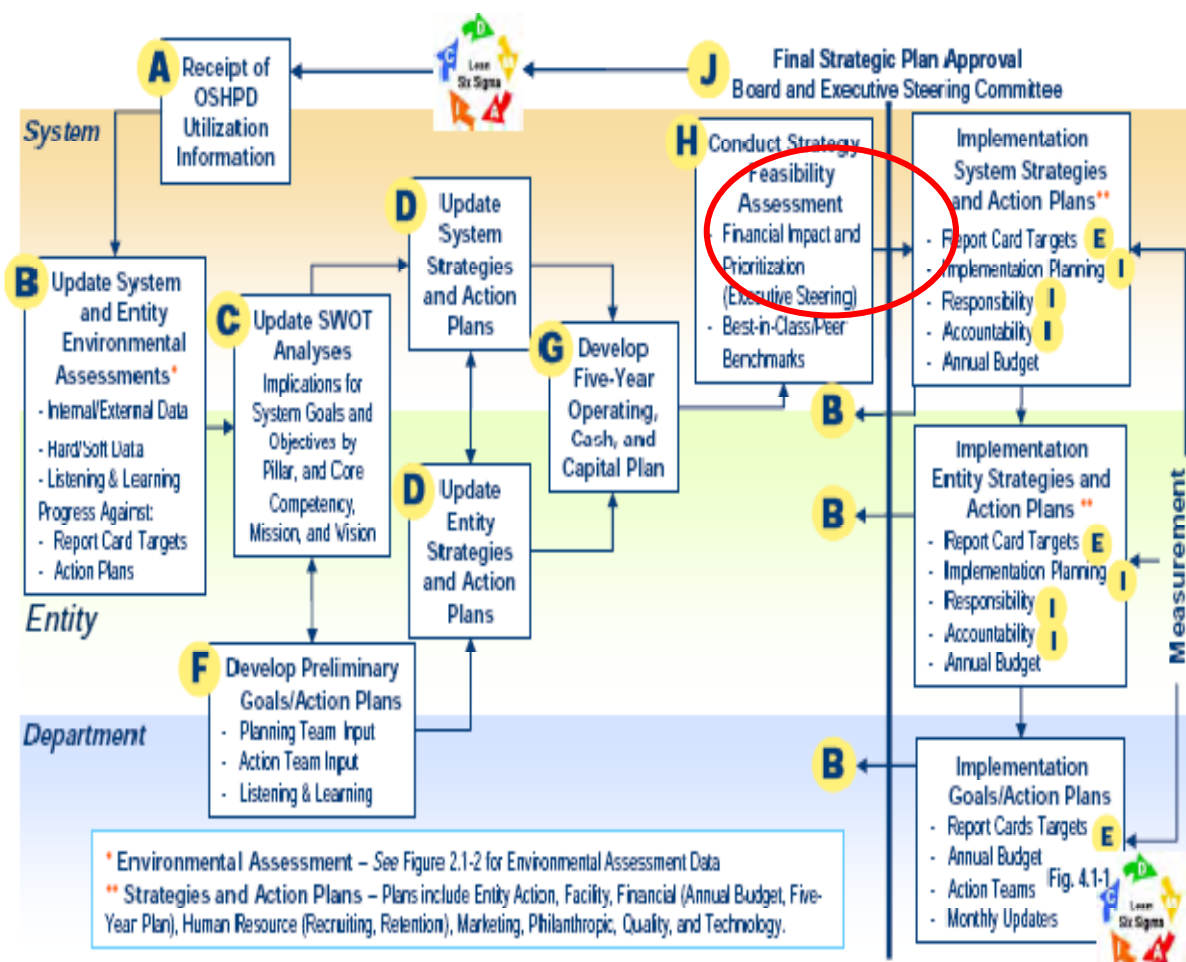
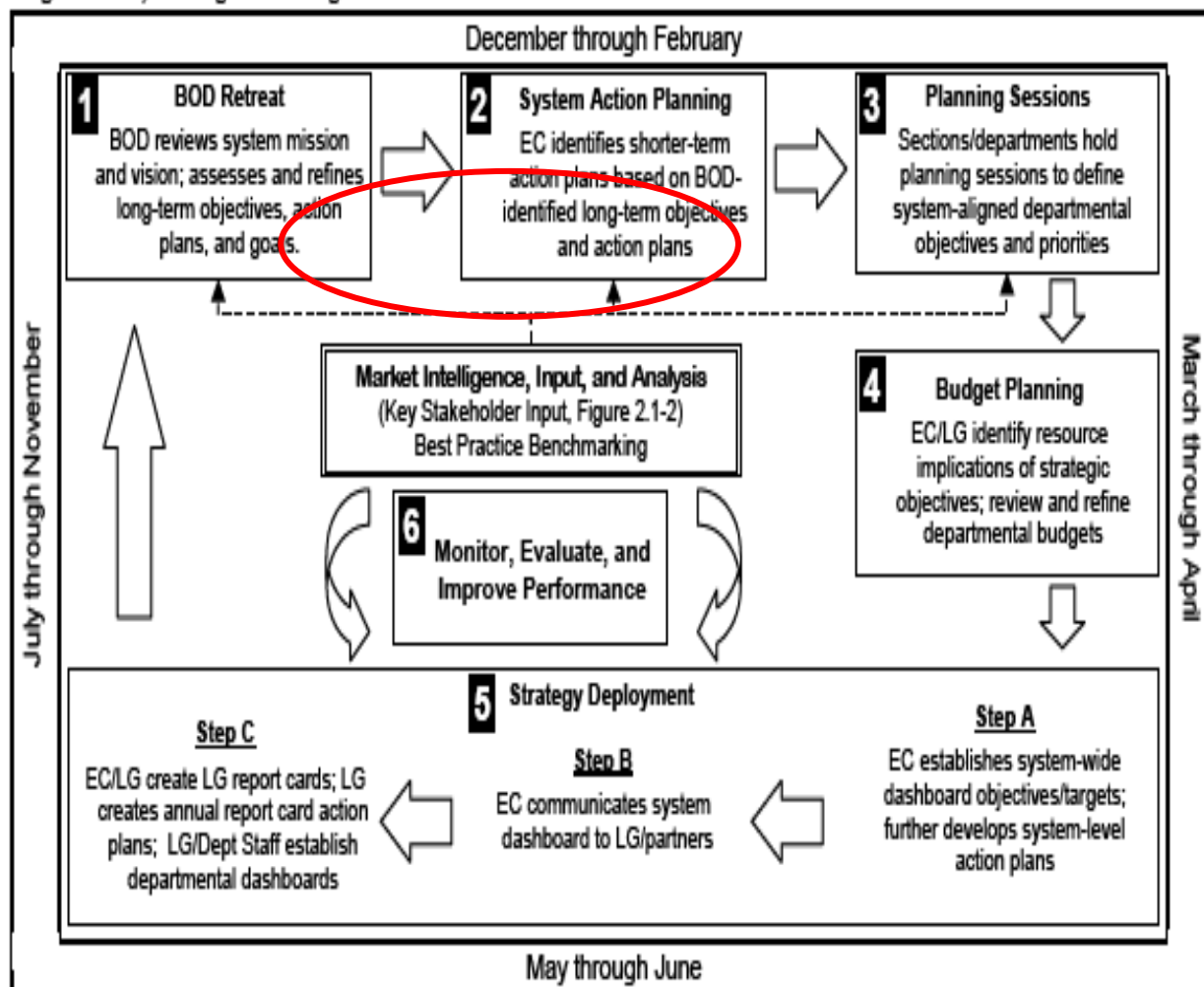


Figure 2.1-1: Strategic Planning Process

Figure 2.1-1, Strategic Planning Process



Strategic Planning Processes Best Practices

Note alignment of goals, objectives and KPIs plus presentation of multi-year KPI trends against internal goals and external benchmarks (sample charts further below).

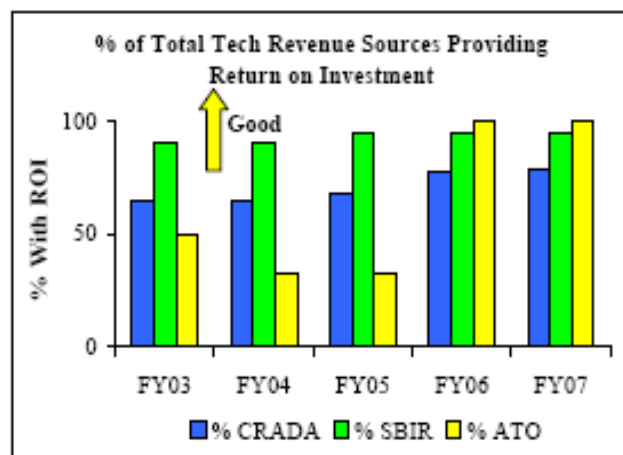
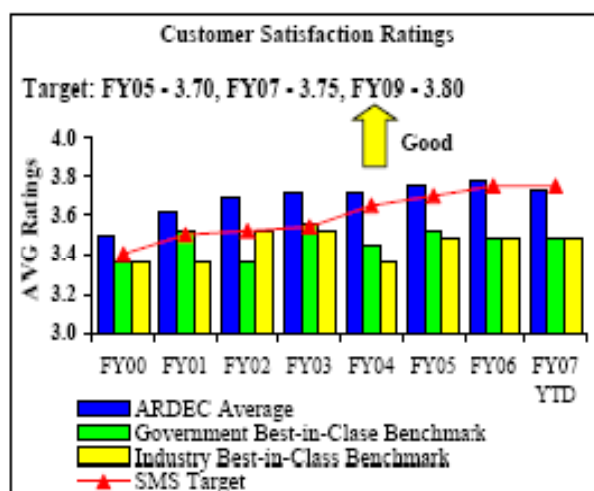
US Army Armament Research, Development and Engineering Center

Category 2: Strategic Planning

Strategic Objectives ("Ends") & Strategic Challenges	Goals ("Ways" / Initiatives)	Key Action Plans	Key Changes, Business Advantages	Key Measure	Results	Performance Projection FY08	Performance Projection FY09	Performance Projection FY10
Leader in Armaments Technology Innovation SC1	- Embed a technology innovation process - Build a technology portfolio - Create & grow innovators	1) Determine Innovation "Profile" 2) Test Pot. New Hires to "Profile" 3) Determine "Profile" of existing workforce	KC1 KC2 BA1 BA3	Growth in number of innovators (New – under development)	New -Under Development	- 5% of E & S new hires meet innovation hiring criteria/profile; 2% of veteran E&S also trained in innovation	7% of E & S new hires meet innovation hiring criteria/profile; 4% of veteran E&S also trained in innovation	10% of E & S new hires meet innovation criteria/profile 8% of veteran E&S also trained in innovation
				% of ARDEC S & T \$ in DT	Figure 7.3-5	X% of S&T \$	X% of S & T \$	X% of S&T \$
Exceptional Customer Service through Execution of Life Cycle Mission SC1	- Meet program baseline cost, schedule, performance & risk objectives - Exceed customer expectations - Rapidly provide quality solutions	1) Fully implement MS Enterprise to SAP integration	KC1 KC3 BA2	Increased customer satisfaction	Figure 7.2-1 AOS	3.79 5% increase in employees cited	3.8 5% increase in employees cited	3.82 5% increase in employees cited
				Improve Project Performance (C,S,P Ratings for "Red" Indicators)	Figure 7.5-1	5% Improvement over FY07 Baseline	8% Improvement over FY07 Baseline	10% Improvement over FY07 Baseline
Continue Improvement through Innovative Business Initiatives SC1 SC2	- Embed integrated leading management practices & processes - Effectively balance the ARDEC portfolio - Gain recognition as leading provider of armaments solutions	1) Fully implement SMS 2) Further ARDEC's Reputation as a Benchmark	KC3 BA1 BA2 BA3	Growth in Non-Army Business	Figure 7.3-7	Non Army X% of total revenue	Non Army X% of total revenue	Non Army X% of total revenue
				Growth in Partnerships (% Providing Return on Investment)	Figure 7.3-4	CRADA 75% SBIR 70%	CRADA 80% SBIR 75%	CRADA 82% SBIR 77%
Pioneering Facilities, Equipment, & Knowledge Management Systems Supporting a Flexible, Agile, Innovative & Diverse Workforce SC2	- Attract, develop and retain a high-performing innovative workforce - Ensure relevant mix of facilities & equipment to achieve RDE and life-cycle excellence - Provide effective Knowledge Management Systems	1) Increase workforce diversity 2) Accelerate knowledge transfer capabilities	KC3 BA2 BA3	Workforce Diversity	Figure 7.4-9	Less than 15% deviation from diversity goals	Less than 12% deviation from diversity goals	Less than 10% deviation from long term diversity goals
				Employee Satisfaction	Figure 7.4-2	75% positive	77% positive	80% positive
				Facility Footprint Reduction through Renovation	Figure 7.5-6	200 sq ft per employee average	180 sq ft per employee average	162 sq ft per employee average

Legend: Innovative Technology (SC1), Resources (SC2), Spiral Development (KC1), Geopolitical (KC2), Workforce Age Gap (KC3), Armaments Expertise (BA1), Culture (BA2), Innovation (BA3)

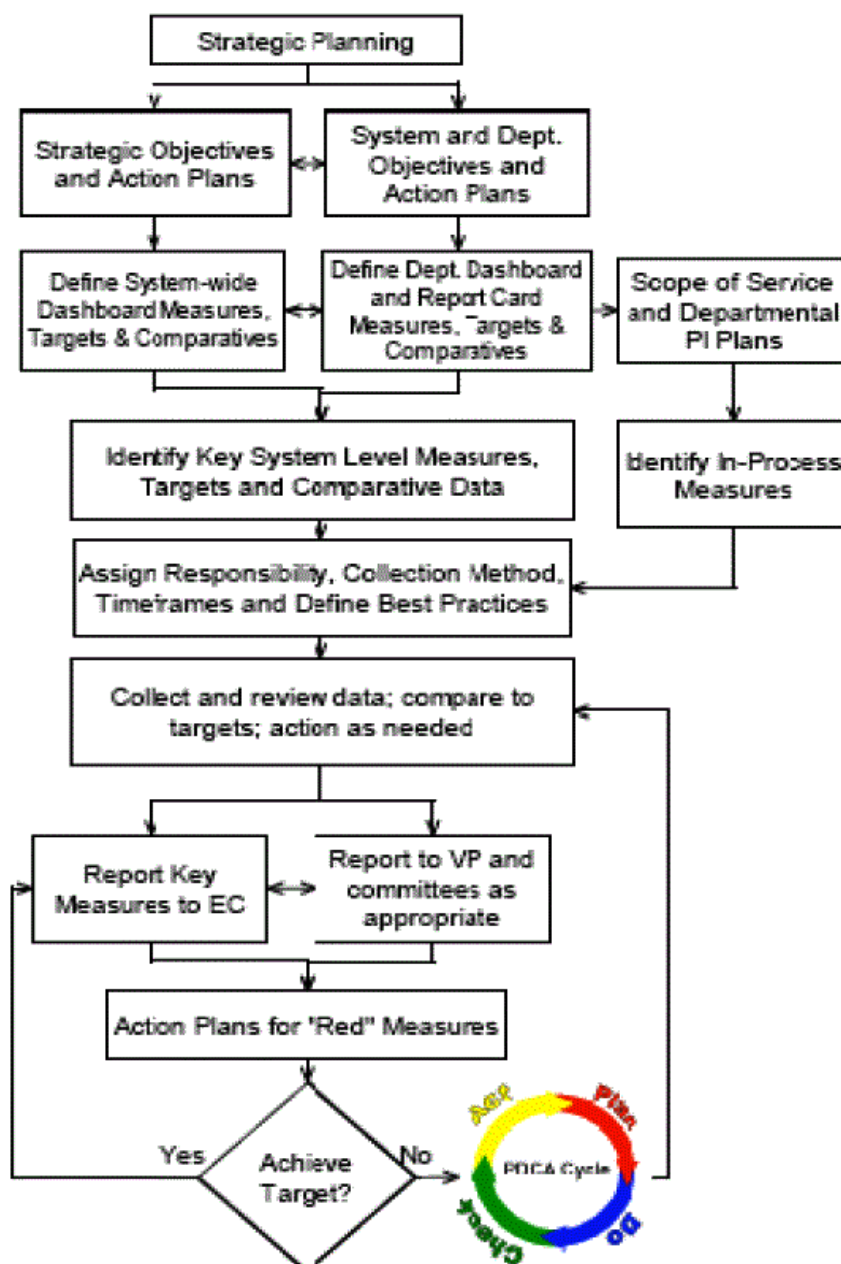
Figure 2. 1-3 Strategies are aligned with strategic challenges, business advantages, changes, action plans and projections.



Performance Measurement Systems & Dashboard KPIs Best Practices

The following diagrams demonstrate the importance of KPI selection to ensure robust measures of performance with appropriate goal-setting against industry benchmarks.

Figure 4.1-1, Performance Measurement System



ing Center **Category 4 Measurement, Analysis
and Knowledge Management**

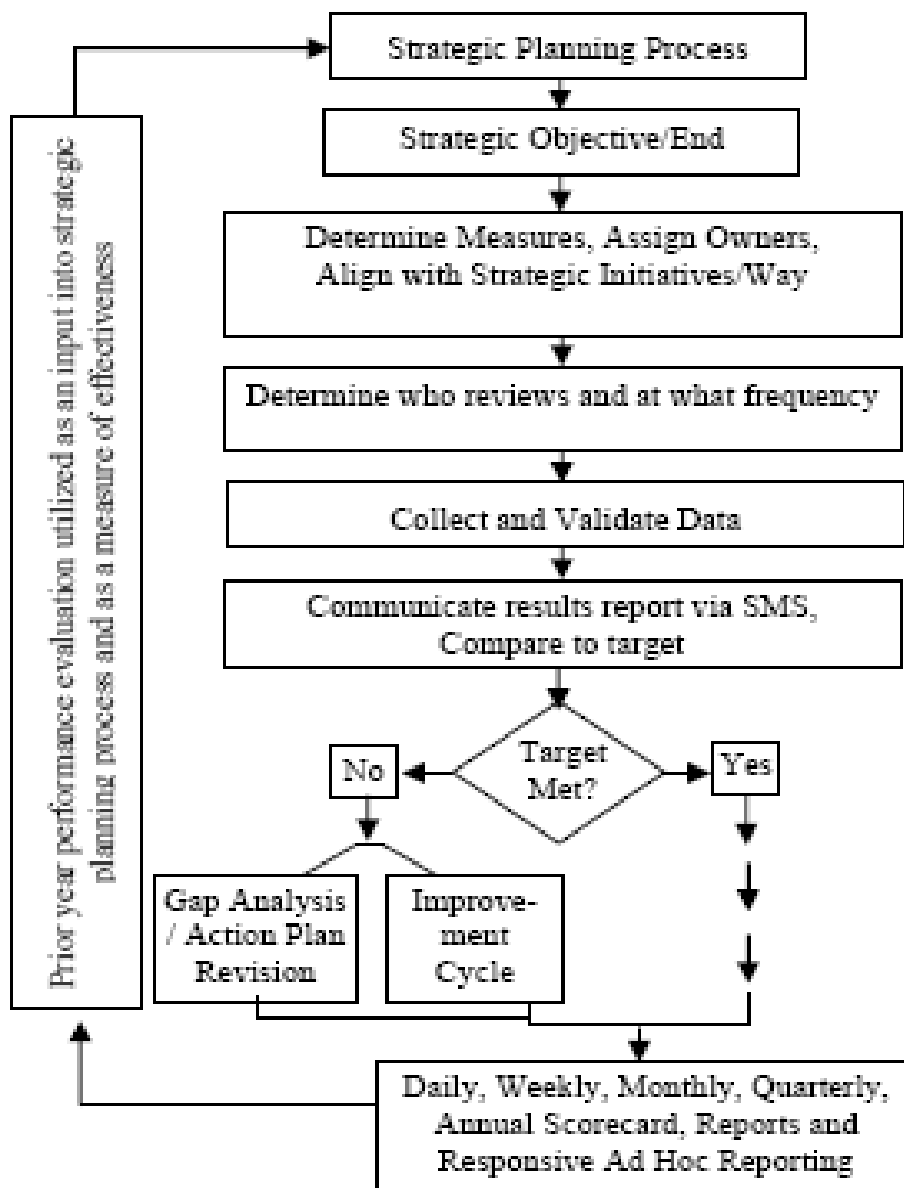


Figure 4.1-1 Performance Assurance System

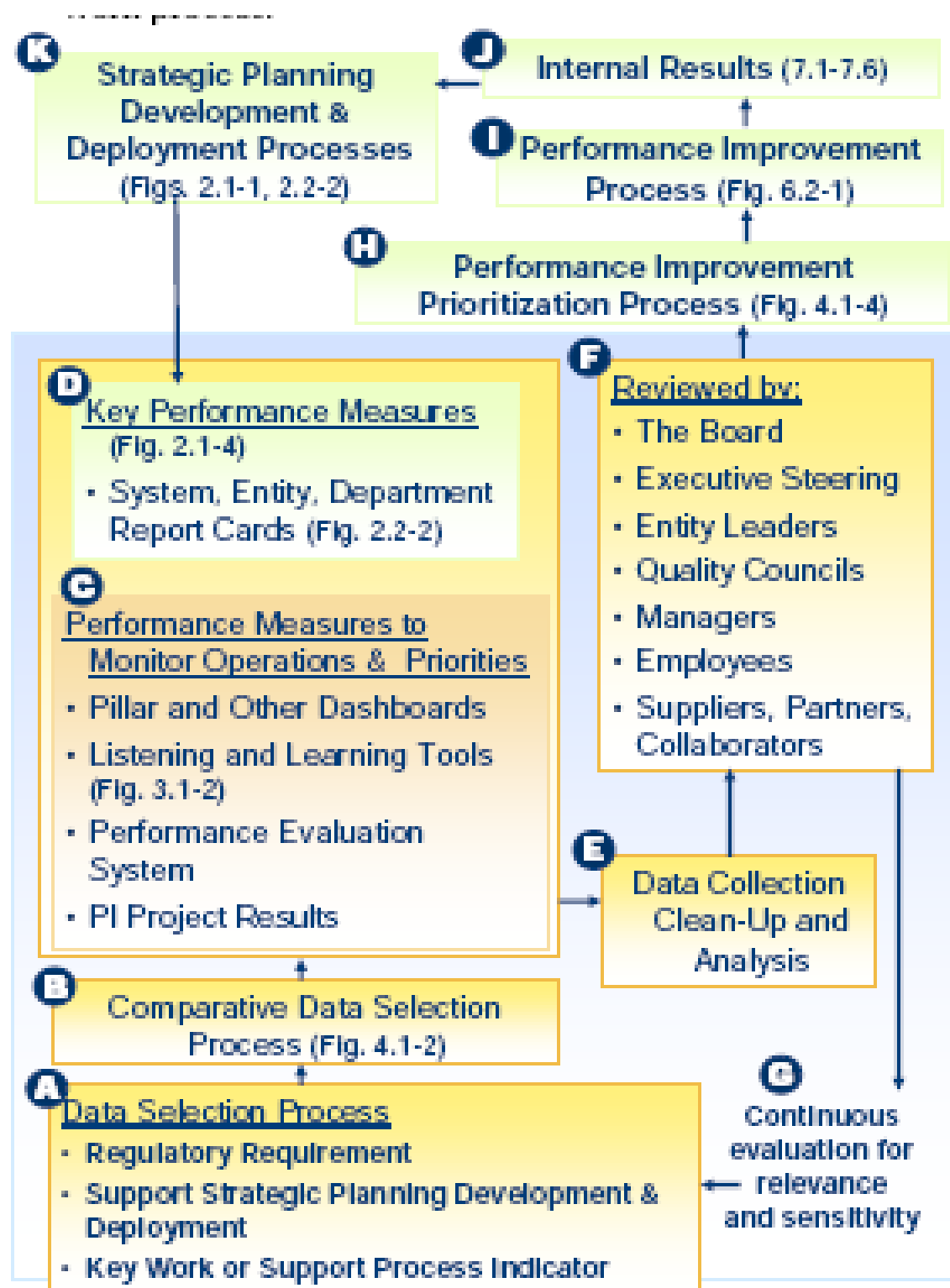


Figure 4.1-1: Performance Measurement System

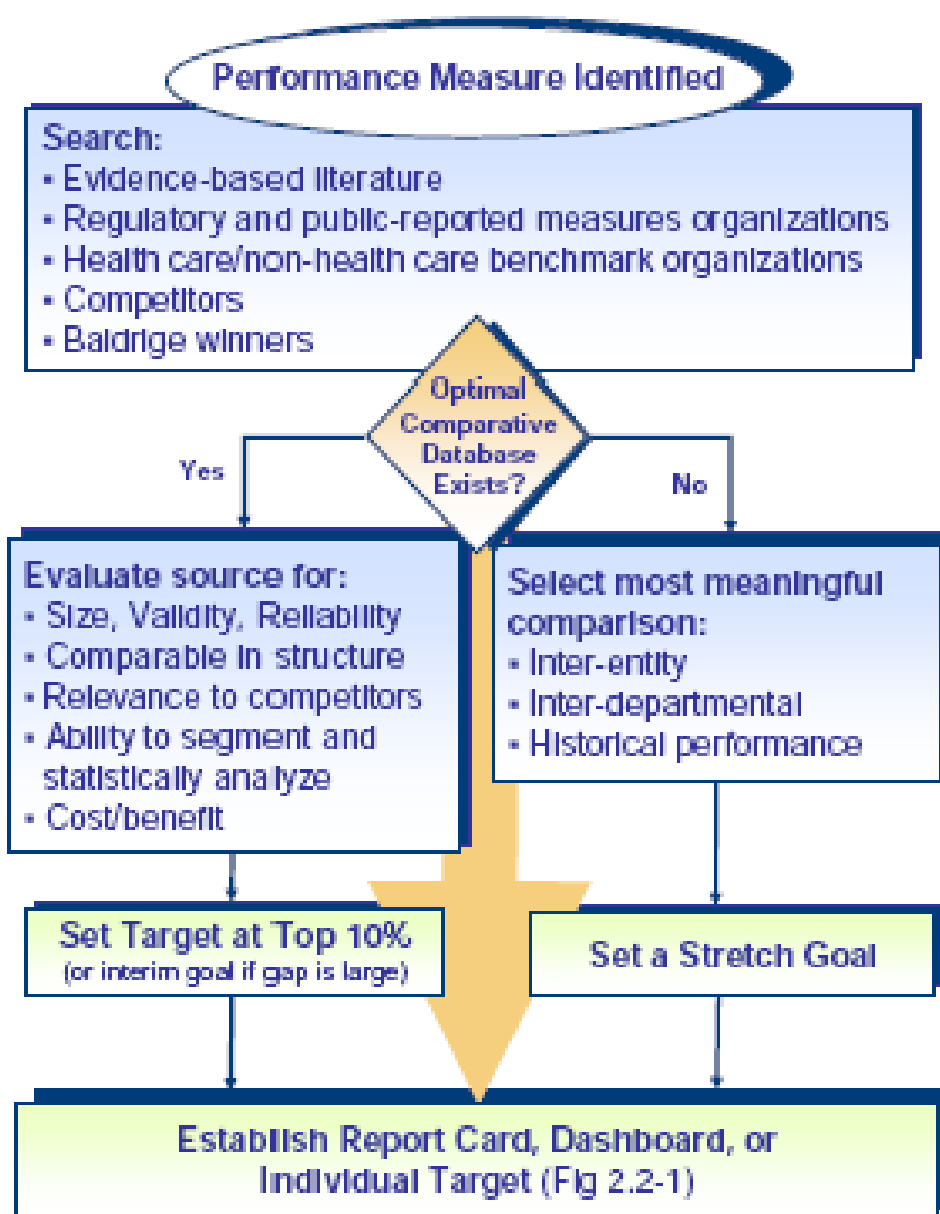


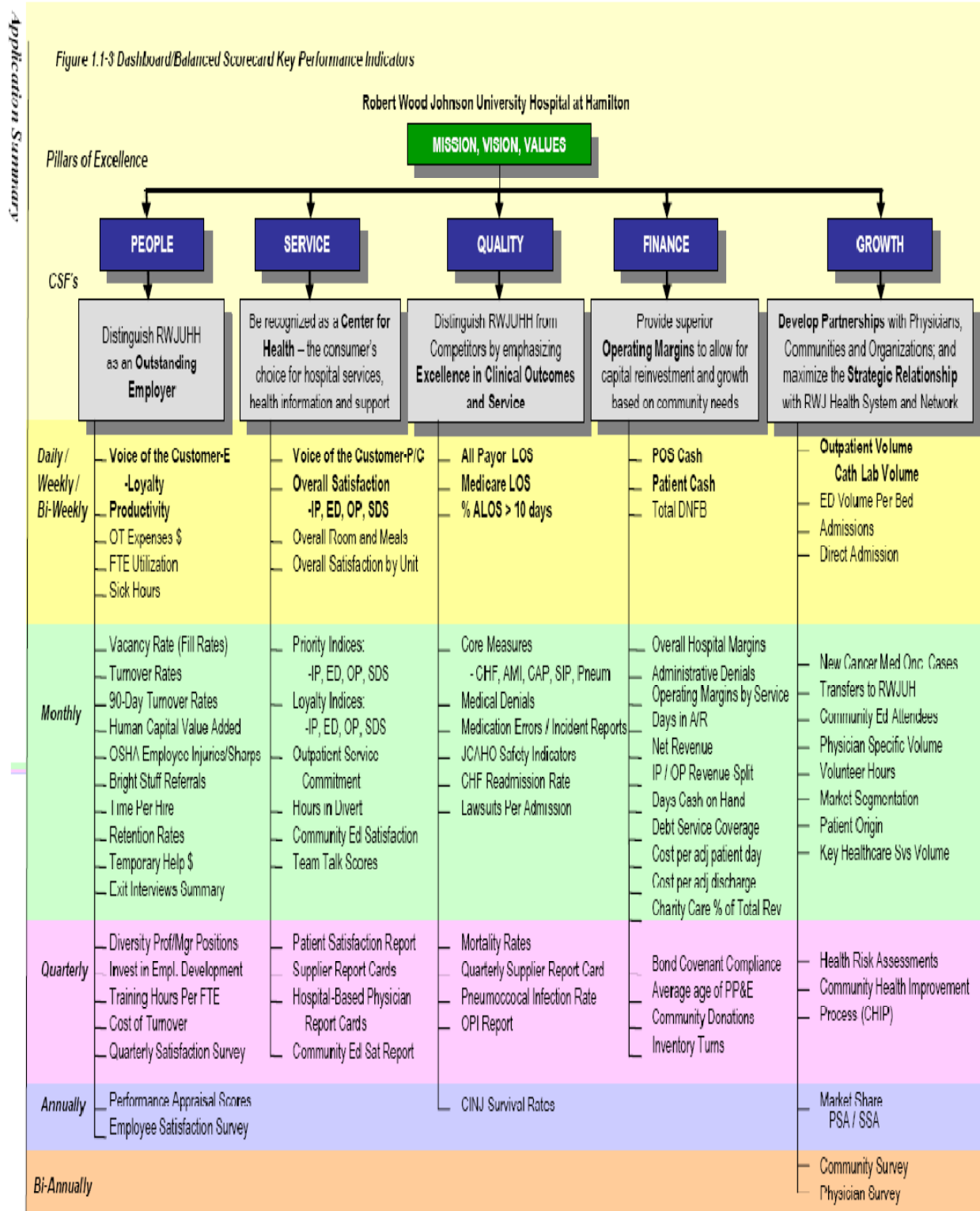
Figure 4.1-2 Comparative Data Selection Process

Performance Measurement Systems & Dashboard KPIs Best Practices

The following demonstrates alignment of KPIs with strategic pillars and frequency of reporting.

Robert Wood Johnson University Hospital at Hamilton

Excellence Through Service



Key Work Process Management Best Practices

The following tables demonstrate the identification of key work processes and corresponding KPIs. Below is a Deming/DMAIC-based process improvement methodology that is applied to key work processes.

Process	Key Rqmts	Process Measures
Manage Health Care		
Screening	Safe, Timely	Blood sugar (7.1-20), Cholesterol (7.1-21), Cancer screening (7.1-18 and 7.1-19), Glucose levels (7.1-1)
Admission/Registration	Safe, Timely	Patient satisfaction (7.2-5), Accredited (7.6-10), Privacy (7.6-7), Door to Doctor (7.5-18)
Assessment and Diagnosis	Safe, Evidenced-based, Efficient, Timely	Patient satisfaction (7.2-9), Skin care (7.1-10), Stroke care (7.1-16), LVF (7.5-13), CAP O2 (7.5-14)
Treatment	Safe, Evidence-based, Efficient, Timely, Patient-centered, Equitable	Glycemic control (7.1-2, 7.1-3), AMI Beta Blockers (7.1-4), CAP antibiotics (7.1-5), Cancer (7.1-8), Treatment measures (7.1-9 to 17)
Discharge/Education	Safe, Patient-centered, Timely	AHRQ Patient Safety (7.1-15), AMI mortality (7.1-6), Bariatric program (7.1-9) Smoking cessation (7.5-12)
Manage Business & Support		
Revenue Cycle	Timely Accurate	EBITDA (7.3-4), Days in AR (7.3-2), Billing Cost (7.3-3), Payment (7.3-6)
Strategic Planning	Timely Accurate	Net Revenue (7.3-1), Market Share (7.3-8 through 14), Growth (7.6-1 and 7.6-2)
Key Suppliers and Partners Management	Efficient Accurate Timely Satisfaction	Provider Survey (7.5-3) Denials (7.5-9)
Supply Chain Management	Timely Accurate Efficient Safe	Pharmacy Turnaround (7.5-20), Sales Outstanding (7.5-5), Automated Orders (7.5-7)
Work Force Management	Timely Accurate Customer-centered Safe	Annual retention (7.4-12), EOS (7.4-1 to 5), Nursing satisfaction (7.4-6), Timely performance appraisal (7.4-11), Overall turnover (7.4-13), Vacancy (7.4-14)
Knowledge Management	Timely Safe Accurate	Internal promotion (7.4-10), Training expenditure (7.4-15), Out of network (7.5-10), Critical Values (7.5-16)

Figure 6.1-4: Key Processes

Key Work Processes	Major Sub Processes	Requirements	Measures	Results (* = SWS Measure)
Deploy Enterprise Excellence		Become a Role Model Organization	APQC Benchmark Best Practice Survey VE Accomplishments of Merit	Figure 7.5-8 Figure 7.2-5
		Best Value Practices	LSS \$\$ Savings	Figure 7.5-4a
Innovate Products and Processes	Technology Transfer	Develop Innovative Products and Services	Number (#) of Army Greatest Inventions R&D Lab of the Year	Figure 7.2-6 Figure 7.2-7
		Develop and Implement Best Value Practices	# of Completed LSS Projects by Product & Process	Figure 7.5-4c
		Become a Prime Mover in Disruptive Tech (DT)	Investing in Disruptive Technology	Figure 7.3-5*
		Quickly fill Warfighter capability gaps with innovative technology solutions	Quick Reaction Task Force Responses	Figure 7.1-8
			Percent (%) Army funded technology opportunities transferred to customer & Number (#) and Percent (%) of TEXN Transfer Agreements	Figure 7.3-9*
Manage Product Development	IPT, Project Management, Systems Engineering, Configuration Management, Modeling & Simulation	Projects Within or Lower than Cost Projection	Man Year (Labor) Cost Avoidance	Figure 7.3-2
			Man Year (Labor) Cost vs. Competitors	Figure 7.3-3
			VE Breakout by Product Line & Cost Savings	Figure 7.3-10
			Cost Ratings for "Red" Indicators	Figure 7.5-1*
		Ensure Early Project Defect Identification (Cost, Schedule)	LSS \$\$ Savings	Figure 7.5-4a
			# of Defects Identified per Life Cycle Phase	Figure 7.5-2
		Projects On or Ahead of Schedule	Schedule Ratings for "Red" Indicators	Figure 7.5-1*
			Modeling and Simulation Sampling	Figure 7.1-9
			Rapid Prototyping Sampling	Figure 7.1-10
		Superior Armaments Performance	Sampling of World's Best & World's First	Figures 7.1-3b to 7.1-7
Implement Business Strategies	Customer Relationship Mgmt, Business Dev., Strategic Planning	Provider of Choice	Performance Ratings for "Red" Indicators	Figure 7.5-1*
		Increase New Business	Customer Satisfaction Results	Figure 7.2-1*
		Drive Strategic Intent	Non-Army Revenue & % of Total ARDEC Revenue	Figure 7.3-7*
Manage Competencies	Human Capital Management – Hiring/Retention, Workforce Development	Drive Strategic Intent	Sampling of SMS Scorecard Measures	Figures with *
		Mutually Beneficial Partnerships	Percent of Total Technology Revenue Sources Providing Return on Investment	Figure 7.3-4*
		Positive Work Force Engagement	Work Force Engagement	Figure 7.4-1*
			Organizational Health Measure (Org DNA)	Figure 7.4-3
		Effective Communication	Career with the Army	Figure 7.4-5
		Work Force Job Satisfaction	Job Satisfaction	Figure 7.4-2
		Grow and Replenish a Diverse Workforce (Capacity & Capability)	Training Hrs per Employee (Capability)	Figure 7.4-6
			# Employees Trained & Certified in LSS (Capability)	Figure 7.5-4b
			Engineer & Scientist Intern Hiring (Capacity)	Figure 7.4-8*
			Work Force Retention & Attrition	Figure 7.4-8*
Manage the Enterprise Portfolio	Financial Systems, Process Management, Facilities/Equipment	Workforce Diversity	Workforce Retention & Attrition	Figure 7.4-9*
		Capitalize on Investments	Fiscal Health (Investments in New Technology, Education and Facilities/Equipment)	Figure 7.3-6
		Process Compliance	Armament SEC CMMI Compliance	Figure 7.5-3
		Effective Knowledge Transfer	Armaments Knowledgebase	Figure 7.5-7
		Effective Facility Usage	Facility Footprint Reduction	Figure 7.5-6

Figure 6.1-3 ARDEC Key Work Processes, Sub-Processes, Requirements, Measures, and Results

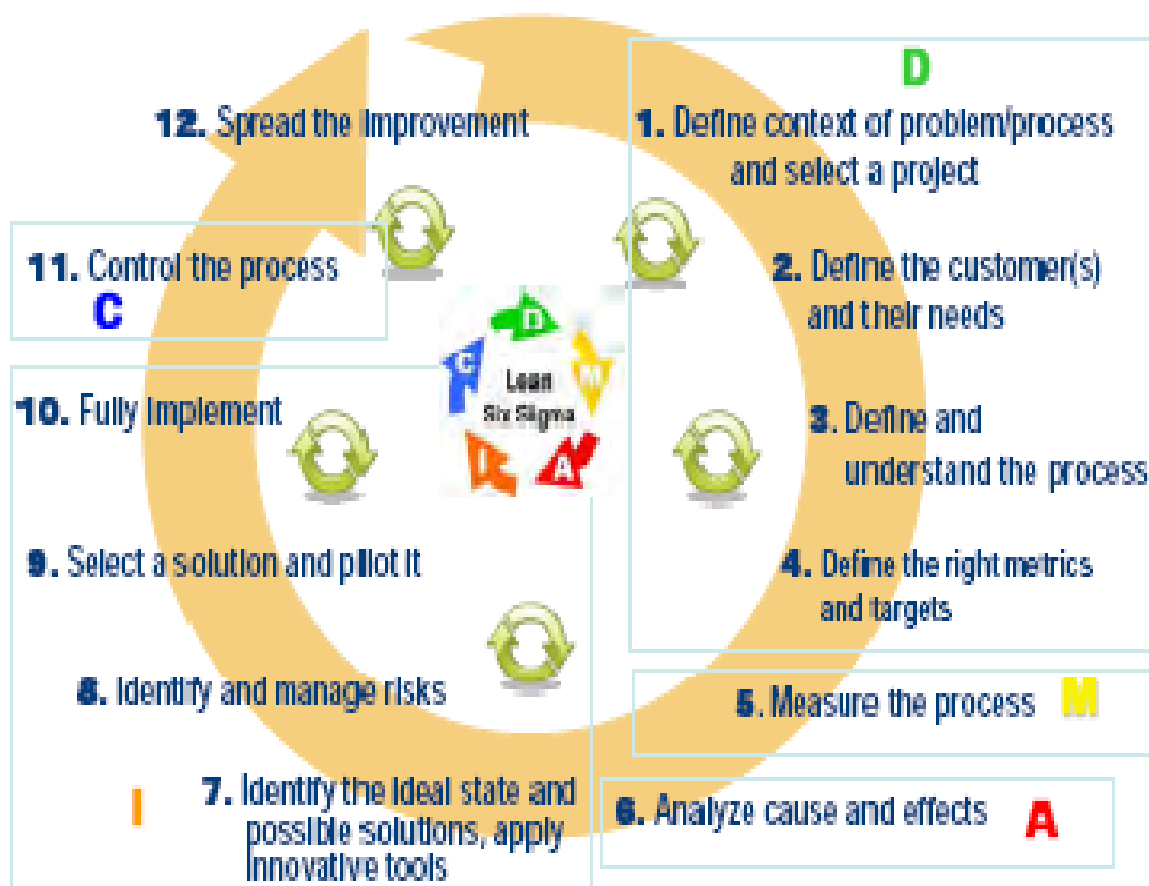


Figure 6.2-1: DMAIC 12-Step Problem-Solving Process

Appendix 4: Document Review

Document Review

First, the QSI Performance-based Cost Assessment first reviewed the DCR/OSPA 2008/2009/2010 Strategic Plan, the OSPA Master Operation Plan for 2009 to determine whether adequate and suitable evidence exists to assess the intended use of DCR/OSPA strategic plan goals and objectives for the allocation and monitoring of resources of the agency and its branches. Document review is suited to this question since stated intentions can be found in the Strategic Plan and Master Operation Plan documents. Do these documents show that it is feasible to assessing whether goals and objectives concerning budget and finance have been developed and deployed within the Strategic Plan Documents of DCR^{viii}.

Table 2: Performance-based Budgeting and DCR/OSPA Strategic Plan Processes

Levels of Operational Attainment	(1)	(2)	(3)	(4)
	<i>Plan Guidance:</i> Strategic Plan (SP) Goals and Objectives developed to permit Performance-based Budgeting?	<i>Resource Targeting:</i> Development of Targets and Tracking Mechanisms to Monitor Variances derived from (1)?	<i>Resource Use:</i> Performance based adoption and revision of budget allocations and targets, using SP Monitoring Data from (2)?	<i>Plan Incentives:</i> Organizational and individual incentives linked to attainment of SP Goals and Objectives from (1) – (3)?
Development	X	X (efficiency measure)	NA	X (Individual)
Deployment	X	X (efficiency measure)	NA	X (Individual)
Results	X (compliance)	X (efficiency measure)	NA	NA

Plan Guidance and Resource Targeting Document Review

The DCR/OSPA 2008/2009/2010 Strategic Plan provides qualitative evidence of clear intent to develop, deploy goals and objectives that provides support for performance-based budgeting through items concerning Plan Guidance (1) and Resource Targeting (2). The heading “Alignment with NIAID Goals” and the category “Budget & Finance” indicate the Strategic Plan’s recognition that P.L. 103-62 (GPRA/1993) requires Strategic Planning linkage for PART-ed programs through an approved efficiency measure as part of efforts toward Budget and Performance Integration under OBM circulars. An approved efficiency measure with baseline and target data is included in the plan.

Document review suggests that feasible documentary evidence exists that OSPA Strategic Plan Goals and Objectives have been developed, deployed, and that measurement is taking place at the level of legal

compliance. This qualitative documentation indicates that for the efficiency measure developed and deployed for PART-ed programs, a targeted Key Performance Indicator is available for measuring variances from its targeted levels set in the OSPA Strategic Plan. This assures formal compliance and some ability to assess efficiency under the Strategic Plan; it is feasible to assess impact of the Strategic Plan at this global level.

Statements found in plan documents of DCR branches match those found in the DCR/OSPA 2008/2009/2010 Strategic Plan and the OSPA Master Operational Plan regarding Plan Guidance and Resource Targeting. For example, Collaborative Clinical Research Branch Strategic Planning documents for 2010/2011/2012 recognize the need to, “Oversee the conduct of research and act as responsible stewards of U.S. government funds invested in CCRB projects.^{ix}” Summary Progress Reports and Annual Executive Summary Reports for Strategic Planning further document the feasibility of assessing the extent to which Strategic Planning achieves Plan Guidance (1) and Resource Tracking (2) for budgeting and cost analysis purposes.

Impact assessment may remain measurable at the level of Strategic Plan guidance and targeting without further development of monitoring and measurement of Resource Use (3). Taking these further integrative steps include further work at the level of Guidance and Targeting, including:

- Further development of KPI’s for monitoring the connection between the intermediate and long-term budget and cost outcomes of the Strategic Plan goals and objectives;
- Coordination of the Strategic Planning and Budgetary cycle;
- Adoption of validated comparative benchmarks useful in the development of financial and budgetary KPIs.

Resource Use Document Review

DCR/OSPA Strategic Plan documents do not offer a clear picture of available evidence for the feasibly assessing the impact of Strategic Plan goals and objectives upon the budgetary and cost-related behavior of the DCR and its branch units.

The OSPA Bi-Annual Strategic Plan Progress Report (January to June, 2009) noted the establishment of a “... a strategic plan modification tracking process” to accompany other plan tracking processes. Such an innovation will allow a kind of “exception report” approach to existing budgetary and cost tracking measurements. Further, it should indicate to the Clinical Research Working Group (CRWG) areas where budgetary or financial divergence is taking place—beyond the kind of evidence offered by variance reports.

Once more than five operation plans are completed and operational within DCR, it should be feasible to assess additional areas of efficiency and to forecast resource requirements with greater accuracy. Once it is possible to identify empirical and logical norms for branch-level and DCR-level efficiency, resource use for comparable research activities can be measured comparatively, frequently, and on the basis of expenditure norms derived from KPI tracking and from empirically developed norms for repeated processes (protocol development) or interval-based activities (the timely filling of vacant posts).

Current documents appear to address resource use at the level of development and only in some cases at the level of deployment. Nevertheless, it does seem feasible to qualitatively and perhaps quantitatively assess the impact of Strategic Planning on cost-savings. The OSPA Bi-annual Strategic Plan Progress Report for January – June 2009 lists multiple resource efficiencies or areas of “cost savings,” but it is not clear that these cost savings are ever analyzed or perhaps not calculated and estimated.^x The RCHSPB Strategic Plan Progress Report for January to June, 2009, to cite another example, notes the implementation of an SMC management tracking system in TrackWise. The costs and cost-savings of this innovation invite estimation of net-efficiency gains.

The quarterly and bi-annual summary reports indicate the feasibility of, in fact, a significant number of data based and interim efficiency analyses. These estimates can demonstrate the value of the OSPA Strategic Planning Process while further developing performance measure processes and mechanisms suited to the continued use of such measures as a mechanism for evaluation of Plan efficiency components as the DCR/OSPA Strategic Planning process develops further.

Document review also makes it seem likely that the Operation Plan tracking system implemented earlier by OSPA can provide, over time, important information regarding Use of Resources (3). But, where budget, finance, and cost information is concerned, it was not clear from the document review conducted by QSI that evidence exists at this time for assessing the impact of the Strategic Plan upon Use of Resources (3). To explore this issue further, the QSI feasibility analysis returned to these points during the interview process.

Plan Incentives Document Review

Much as Strategic Plan documents of DCR and OSPA indicate that financial, budgetary and costing decisions are eventually to be integrated into the performance management features of Strategic Planning, they also indicate that much of the early integration is intended to take place at the “individual” level as professional development and learning for staff are linked with strategic plan goals. Additively, these Plan Incentives yield new organizational capabilities, but they differ from effective connection between budget and finance incentives and organizational performance^{xi}. As noted above, where actions demonstrate efficient resource use under the Strategic Plan, these achievements have often subsisted qualitatively and without apparent quantitative evaluation.

Because many of these points appeared most clearly in the Interview Process, they will be deferred to that section of the QSI Cost Analysis. Documents available for this feasibility assessment, point to the need for periodic evaluation of the financial gains (or losses) associated with performance incentives developed through the DCR/OSPA Strategic Planning process.

Appendix 5: QSI Interview and Document Review Guide

		Analysis Type			
		Impact: We define impact analysis as a comparison of what happened as a result of the strategic planning process with what would have happened without it. The challenge is capturing what would have happened without the process. One way to infer this state is to look at the implementation across groups and assess their alignment with the strategic process and differences in impact. Did groups more aligned with the strategic process have better results? Alternatively, we can also interview staff with experience prior to implementing the new process and compare their assessments on key performance factors. This gets to the crux of the feasibility question, what is possible to assess.	Performance: A second analysis involves understanding differences in impact by use of performance analysis. Performance analysis involves gathering data that enables the analyst to identify gaps in performance which, if narrowed or closed, would contribute to accomplishing the strategic goals of the organization. The performance gaps may involve challenges at the organizational level, the work environment level, the work process level, or the individual worker level	Cause: After identifying gaps in people's ability to perform, the next step is to trace the causes of those gaps. The OSPA seeks to improve performance by alignment of the strategic planning process with: § Operational activities to strategic goals and objectives § Resource requirements to meet goals and objectives to budget § Workforce competencies to objectives A cause analysis is therefore useful to determine the relationship between alignment of these key areas with strategic planning and where there may be gaps that offer opportunities for improvement.	Cost: Cost performance should use statements of mission, goals, and objectives to explain why money has been spent. If resources have been allocated to achieve specific objectives based on program goals and measured results, the strategic planning and budgeting framework is results-oriented. The cost analysis feasibility study will ask whether results (final outcomes) have been defined according to the strategic plan (different ways to achieve the final outcome), and whether activities/outputs actually have been carried out to achieve the final outcome. This involves assessing whether information is available and sufficient to understand which activities are cost-effective in terms of achieving the desired strategic results.
Baldrige Reference The Baldrige criteria provide guidance on the areas where the assessment team will look for evidence of impact.					
Cat 1: Leadership:					

Cat 2: Strategic Planning					
	2.1 Strategy Development				
	a. Strategy Development Process	When was the last time your strategic plan was updated? Were you involved in the process? If so, what was your role? Who else was involved and what did each contribute?			Does your division develop long-range financial plans (LRFPs) in addition to annual budget? If so, how is the LRFP linked to the SP process? Can you give an example of a LRFP budget item that resulted from or helped inform the SP process?

	<p>(1) How does your organization conduct its strategic planning? What are the KEY PROCESS steps? Who are the KEY participants? How does your PROCESS identify potential blind spots? How do you determine your CORE COMPETENCIES, Strategic CHALLENGES, and STRATEGIC ADVANTAGES (identified in your Organizational Profile)? What are your short- and longer-term planning time horizons? How are these time horizons set? How does your strategic planning PROCESS address these time horizons?</p>	<p>How does the overall process for developing strategy work? (describe without referring to written documentation) Could you give some examples of how your planning process has helped you identify problems, trouble areas, or threats that you might not have known about otherwise?</p>		<p>How are employees engaged in the SP process?</p>	
	<p>(2) How do you ensure that strategic planning addresses the KEY factors listed below?</p>				

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	<p>How do you collect and analyze relevant data and information pertaining to these factors as part of your strategic planning process?</p> <ul style="list-style-type: none"> • your organization's strengths, weaknesses, opportunities, and threats • early indications of major shifts in technology, markets, products, CUSTOMER preferences, competition, or the regulatory environment • long-term organizational SUSTAINABILITY • your ability to execute the strategic plan 	<p>What is the evidence that the SP process was implemented in this branch, and that the measures are a result of the SP process? Any evidence of assessment of external events, forces, etc (regulatory changes, scientific trends, etc)</p>			<p>Has the budget been impacted by a finding that came from the strategic planning process?</p>
	b. Strategic Objectives				
	<p>(1) What are your KEY STRATEGIC OBJECTIVES and your timetable for accomplishing them?</p> <p>What are your most important Goals for these STRATEGIC OBJECTIVES?</p>	<p>Were objectives developed as a result of your planning process? If so, were they responsive to your division's needs (problems, trouble areas, threats as identified in SP process above)? Why/why not?</p>			
	<p>(2) How do your STRATEGIC OBJECTIVES address your STRATEGIC CHALLENGES and STRATEGIC ADVANTAGES?</p>				

	2.2 Strategy Deployment	-	-		
	2.1 What are your KEY short- and longer-term ACTION plans? What are the KEY planned changes, if any, in your products, your CUSTOMERS and markets, and how you will operate?	How often have you reviewed progress of your strategic objectives? How did you determine the appropriate frequency or period to review progress for strategic objectives?			How often do you review progress of your strategic budget/LRFP and/or annual operating budget?
	2.2 How do you develop and Deploy ACTION plans throughout the organization to your WORKFORCE and to KEY suppliers and PARTNERS, as appropriate, to achieve your KEY STRATEGIC OBJECTIVES? How do you ensure that the KEY outcomes of your ACTION plans can be sustained?	How do you break the strategic objectives into actions that drive work at all levels of the division?		How do you make sure that every employee knows what work he/she must do to achieve his/her part of the plan?	
	2.3 How do you ensure that financial and other resources are available to support the accomplishment of your action plans, while meeting current obligations? How do you allocate these resources				How is the annual operating budget influenced by the SP? Can you give an example of an annual budget line item that was influenced?

	to support the accomplishment of the plans? How do you assess and manage the financial and other risks associated with the plans?				
	2.4 How do you establish and deploy modified Action plans if circumstances require a shift in plans and rapid execution of new plans?	Can you think of any circumstances that occurred in the division that warranted a change of actions plans for the SP? If so, what were the changes?			
	2.5 What are your KEY human resource or WORKFORCE plans to accomplish your short- and longer-term STRATEGIC OBJECTIVES and ? How do the plans address potential impacts on people in your and any potential changes to and needs?	How did you determine what people and skills were needed to carry out your SP? What are examples of changes to the HR plans based on inputs from the SP in the following areas: recruitment, training, compensation, benefits, other programs?		How effective and accurate were your human resource plans to achieve your SP? (And do differences explain differences in success?)	Were adequate resources allocated to achieve workforce needs to achieve the SP?
	2.6 What are your KEY PERFORMANCE MEASURES or INDICATORS for tracking the achievement and EFFECTIVENESS of your ACTION plans? How do you ensure that your overall ACTION plan measurement system reinforces organizational alignment? How do you ensure that the	Were KPIs developed to track achievement of SP objectives? If so, were they Specific, Measurable, Achievable, Relevant, Time bound (SMART)? Why/why not?			

	measurement system covers all KEY DEPLOYMENT and STAKEHOLDERS?				
Cat 3: Customer Focus					
	3.1 Customer Engagement				
	3.2 Voice of the Customer - Have they gathered actionable information from customers about services?			(To OSPA) Did they gather and use information about customers in the SP process? (To OSPA Customers) Was the planning process responsive to your needs?	
Cat 4: Measurement, Analysis & Knowledge Mgmt					
	4.1 Measurement, Analysis, and Improvement of Organizational Performance	What new types of information, data or reports have been introduced (as a result of the SP process) to check if adequate progress in achieving strategic objectives is being made?			Are division operating financials (e.g., monthly statements) distributed/available? Have they been changed in any way to reflect focus on a particular SP objective or action plan? If so, can you give an example?

	4.2 Management of Information, Knowledge, and Information Technology	How is information about SP efforts shared throughout your division? Are information, data or reports on SP achievement made available to all relevant staff and stakeholders?			How is information about SP/operating budget shared throughout your division? Is financial tracking of SP achievement made available to all relevant staff and stakeholders?
Cat 5: Workforce Focus: How do you engage your workforce to achieve organizational and personal success?				Are workforce factors attributable to variations in SP performance? Has the new SP process led to changes in workforce management?	
	5.1 Workforce Engagement			Have any new employee learning and development systems resulted from the SP process that help divisions respond to SP needs? Have employees been empowered with achievement of SP objectives? Have recognition, reward or compensation been linked to achievement of SP objectives?	
	5.2 Workforce Environment			Are SP workforce capability and capacity needs, including skills, competencies, and staffing levels assessed? (Note planning aspect of this addressed in Cat 2 above) How is the	

				workforce managed in order to achieve SP objectives?	
	How do you build an effective and supportive workforce environment?			What changes have taken place in L&PD to enhance strategic workforce development?	
Cat 6: Process Management					
	6.1 Work Systems				
	(1) How do you design and innovate your overall WORK SYSTEMS? How do you decide which PROCESSES within your overall WORK SYSTEMS will be internal to your organization (your KEY WORK PROCESSES) and which will use external resources? (2) How do your WORK SYSTEMS and KEY WORK PROCESSES relate to and capitalize on your CORE COMPETENCIES?			Have any work processes changed as a result of SP efforts? Are current processes aligned with performance needs of the SP?	Have any work processes changed as a result of SP efforts that support improved budget management?
	6.2 Work Processes				

	(1) What are your organization's KEY WORK PROCESSES? How do these PROCESSES contribute to delivering CUSTOMER VALUE, profitability or financial return, organizational success, and SUSTAINABILITY? (2) How do you determine KEY WORK PROCESS requirements, incorporating input from CUSTOMERS, suppliers, PARTNERS, and Collaborators, as appropriate? What are the KEY requirements for these PROCESSES?				Has the SP process impacted cost management of work processes (e.g., productivity, defects, errors, rework)?
Cat 7: Results		In this category we are focusing on availability of data for each of the categories below, rather than specific interview questions, including how results compare with other agencies.			
	7.1 Product Outcomes				
	7.2 Customer-Focused Outcomes				
	7.3 Financial and Market Outcomes				-
	7.4 Workforce-Focused Outcomes				
	7.5 Process Effectiveness Outcomes				
	What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of PERFORMANCE?				
	7.6 Leadership Outcomes				

Appendix 6: Baldrige Scoring Reference

The Baldrige criteria are shown in the first column of the Hybrid Model in Appendix 2. Two branches were scored against those criteria using the scoring guide below.

Process Scoring (Cat 1-6)

	"Rock Solid"			"Extraordinary"	"Benchmark"	
	Basic			Overall	Multiple	Multiple
	0-5%	10-25%	30-45%	50-65%	70-85%	90-100%
Approach	No systematic approach evident	Beginning of systematic approach	Effective, Systematic approach responsive to Basic requirements	Effective, Systematic approach responsive to Overall requirements	Effective, Systematic approach responsive to Multiple requirements	Effective, Systematic approach FULLY responsive to Multiple requirements
Deployment	Little or None	Early stages (inhibiting progress)	Approach deployed; some units in early stages	Well deployed; may vary across units	Well deployed; no significant gaps	Fully deployed without significant gaps in any areas or work units
Learning	Improvement orientation not evident	Transitioning from reacting to problems to general improvement orientation	Beginning stages of systematic approach to Evaluation/Improvement of key processes	Fact-based, systematic E/I; some learning for improving effectiveness and efficiency of key processes	Fact-based, systematic E/I and org learning are key management tools; there is clear evidence of Refinement/ Innovation	Fact-based, systematic E/I and org learning are key organization-wide tools; R/I backed by analysis and sharing are evident throughout org
Integration	No org alignment evident	Approach aligned with other units largely thru joint problem solving	Early stages of alignment with Basic org needs	Alignment with org needs	Integrated with org needs	Well-integrated with org needs

Results Scoring (Cat 7)

Baldrige Criteria	0-5%	10-25%	30-45%	50-65%	70-85%	90-100%
Results	None or poor in areas reported	Few reported; some improvements and/or early good performance in few areas	Improvements and/or good performance levels reported in many areas addressed in item requirements	Improvement trends and/or good performance reported for most areas addressed in item requirements	Current performance good to excellent in most areas of importance to item requirements	Current performance excellent in most areas of importance to item requirements
Trend	Not reported or show adverse trends	Little or none reported	Early stages of developing trends	No pattern of adverse trends and no poor performance levels evident in areas of importance	Most improvement trends and/or current performance levels are sustained	Excellent improvement trends and/or sustained excellent performance levels reported in most areas
Comparative	Not reported	Little or none reported	Early stages of obtaining comparative information	Some trends and/or current performance levels evaluated against relevant comparisons or benchmarks and show good to very good performance	Many to most trends and/or current performance levels evaluated against relevant comparisons or benchmarks and show leadership and very good performance	Evidence of industry and benchmark leadership is demonstrated in many areas
Areas of Importance	Not reported for any areas of importance to key business requirements	Reported for a FEW	Reported for MANY	Results address MOST key customer, market, and process requirements	Results address MOST key customer, market, process, and action plan requirements	Results FULLY address key customer, market, process, and action plan requirements

Appendix 7: Comparative Baldrige Scoring of Two DCR Units on Strategic Planning

“UnitA” without strategic planning process and “UnitB” with Strategic Plan

Legend			
UnitA = Unit WITHOUT Strategic Planning			
UnitB = Unit WITH Strategic Planning			
Analysis Criteria	Score		
	Basic	Overall	Multiple
2.1.a.1 When was the last time your strategic plan was updated? Were you involved in the process? If so, what was your role? Who else was involved and what did each contribute?	UnitA		UnitB
2.1.a.2 How do you ensure that strategic planning addresses the KEY factors listed below? How do you collect and analyze relevant data and information pertaining to these factors as part of your strategic planning PROCESS? <ul style="list-style-type: none"> • your organization’s strengths, weaknesses, opportunities, and threats • early indications of major shifts in technology, markets, products, CUSTOMER preferences, competition, or the regulatory environment • long-term organizational sustainability, including needed CORE COMPETENCIES • your ability to execute the strategic plan 	UnitA		UnitB
2.1.b.1 What are your KEY STRATEGIC OBJECTIVES and your timetable for accomplishing them? What are your most important GOALS for these STRATEGIC OBJECTIVES?	UnitA		UnitB
2.1.b.2 How do your STRATEGIC OBJECTIVES address your STRATEGIC CHALLENGES and STRATEGIC ADVANTAGES? How do your STRATEGIC OBJECTIVES address your opportunities for INNOVATION in products, operations, and your business model? How do your STRATEGIC OBJECTIVES address current and future CORE COMPETENCIES? How do you ensure that your STRATEGIC OBJECTIVES balance short- and longer-term challenges and opportunities? How do you ensure that your STRATEGIC OBJECTIVES consider and balance the needs of all KEY STAKEHOLDERS?	UnitA		UnitB
2.2.a.1 What are your KEY short- and longer-term ACTION plans? What are the KEY planned changes, if any, in your products, your CUSTOMERS and markets, and how you will operate?	UnitA		UnitB

Analysis Criteria	Score		
	Basic	Overall	Multiple
2.2.a.2 How do you develop and Deploy ACTION plans throughout the organization to your WORKFORCE and to KEY suppliers and PARTNERS, as appropriate, to achieve your KEY STRATEGIC OBJECTIVES? How do you ensure that the KEY outcomes of your ACTION plans can be sustained?	UnitA		UnitB
2.2.a.3 How do you ensure that financial and other resources are available to support the accomplishment of your action plans, while meeting current obligations? How do you allocate these resources to support the accomplishment of the plans? How do you assess and manage the financial and other risks associated with the plans?	UnitA		UnitB
2.2.a.4 How do you establish and deploy modified Action plans if circumstances require a shift in plans and rapid execution of new plans?	UnitA		UnitB
2.2.a.5 What are your KEY human resource or WORKFORCE plans to accomplish your short- and longer-term STRATEGIC OBJECTIVES and ? How do the plans address potential impacts on people in your and any potential changes to and needs?	UnitA		UnitB
2.2.a.6 What are your KEY PERFORMANCE MEASURES or INDICATORS for tracking the achievement and EFFECTIVENESS of your ACTION plans? How do you ensure that your overall ACTION plan measurement system reinforces organizational alignment? How do you ensure that the measurement system covers all KEY DEPLOYMENT and STAKEHOLDERS?	UnitA		UnitB
2.2.b For the KEY PERFORMANCE MEASURES or INDICATORS identified in 2.2a(6), what are your PERFORMANCE PROJECTIONS for both your short- and longer-term planning time horizons? How are these PROJECTIONS determined? How does your projected PERFORMANCE compare with the projected PERFORMANCE of your competitors or comparable organizations? How does it compare with KEY BENCHMARKS, GOALS, and past PERFORMANCE, as appropriate? If there are current or projected gaps in PERFORMANCE against your competitors or comparable organizations, how will you address them?	Insufficient data available; no performance projections or actual results		

Appendix 8: Impact Analysis - Approach, Deployment & Results

<u>Approach</u>	<u>Strengths</u>	<u>Opportunities for Improvement</u>
1) DCR strategic planning methodology & DSPA Toolkit	<ul style="list-style-type: none"> - Integrated SP model that links strategic, budget and learning and professional development planning activities (Figure 1). - The 7-stage SP process (Figure 2) guides planning teams through a systematic approach that results in a planning document with goals, objectives and metrics to monitor execution of strategy; the OSPA Toolkit contains presentations, surveys, worksheets and exercises to guide teams through each stage - Evidence of ongoing evaluation and improvement of the 7-stage process, including refinement of existing approaches and tools and development of new approaches and tools in response to identified gaps 	<ul style="list-style-type: none"> - The linkage between strategic and budget planning and learning and professional development planning appears to warrant further refinement. - Though selected evidence was found, strategic planning processes impacting budget development and learning and professional development planning was not systematic across branches

Figure 1: OSPA Integrated Strategic Planning Model

Integrated Strategic Planning Model

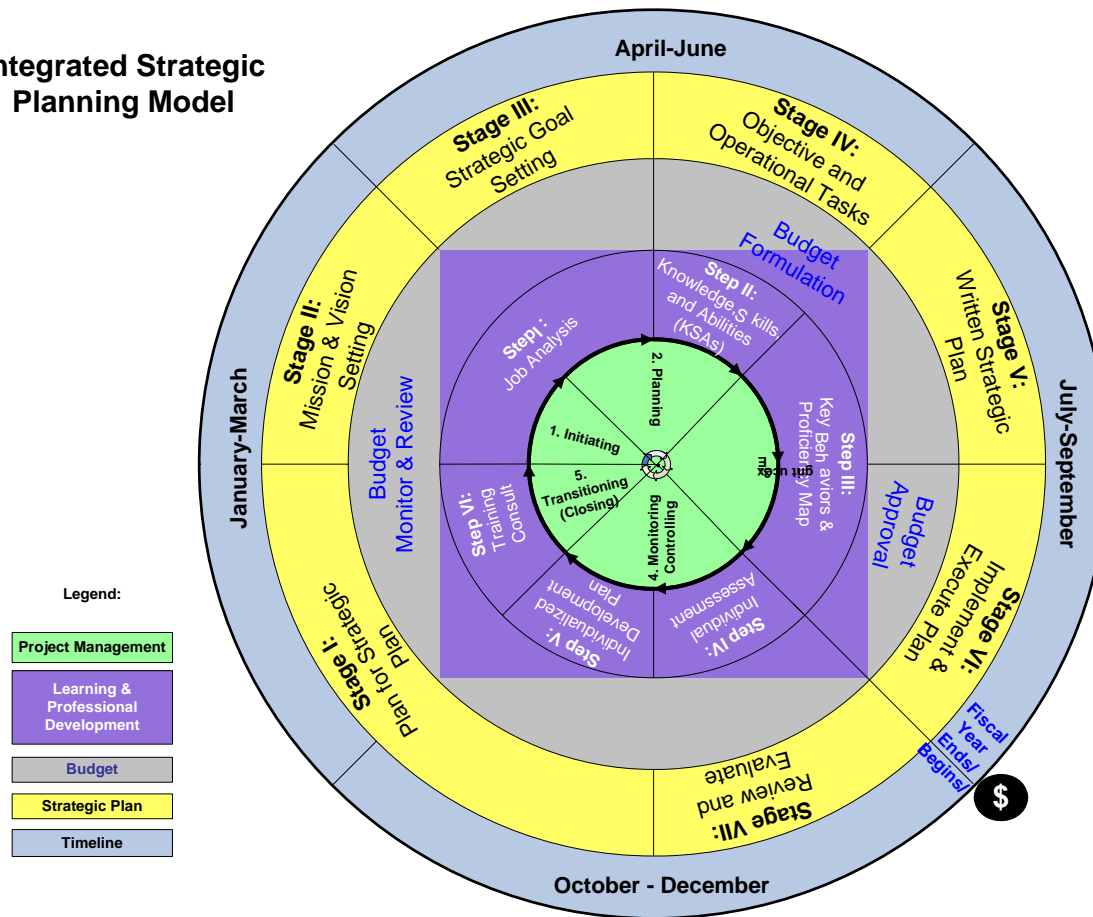
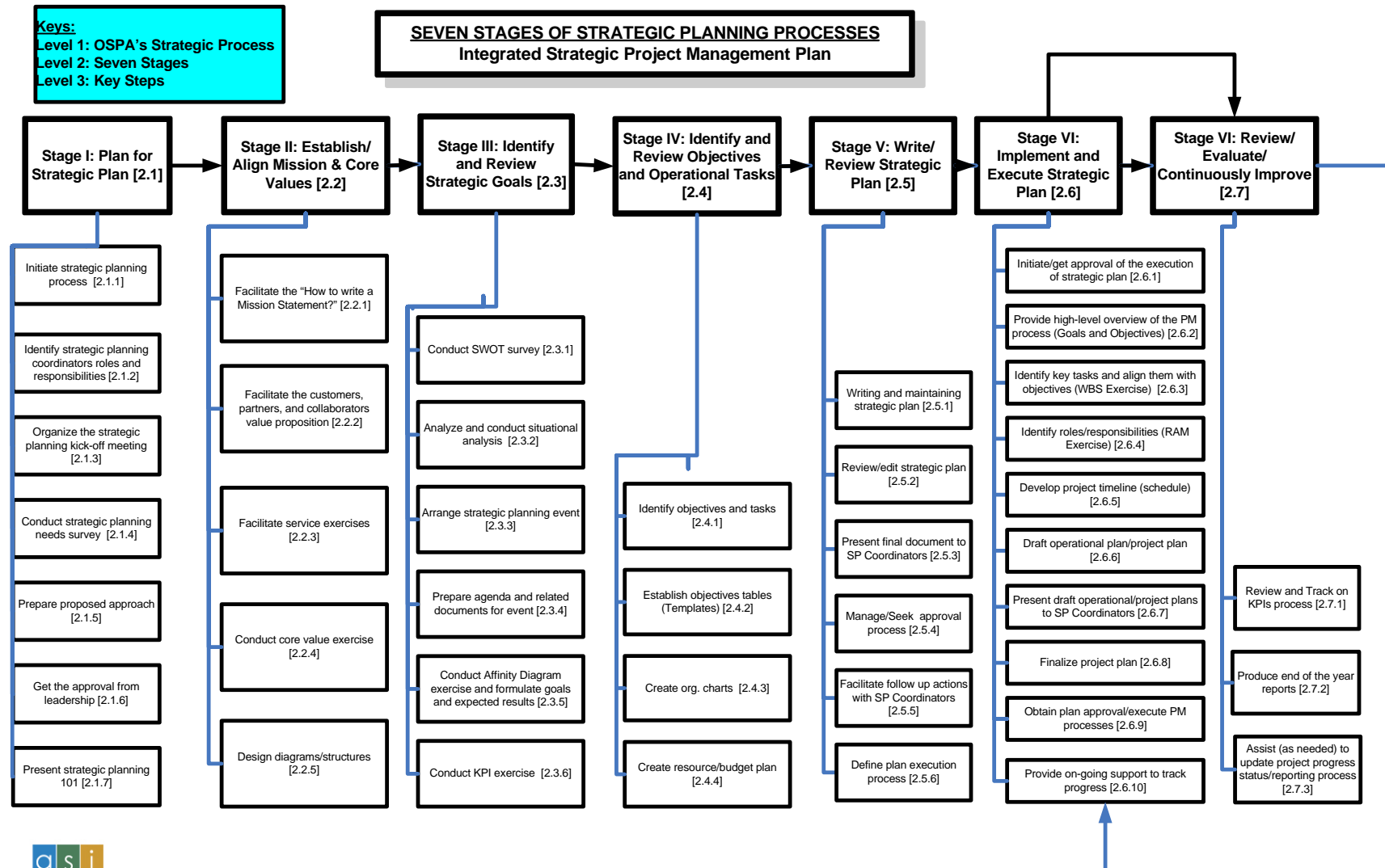


Figure 2: OSPA Seven Stage Strategic Planning Process



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<u>Approach</u>	<u>Strengths</u>	<u>Opportunities for Improvement</u>
2) DCR operational planning process	<ul style="list-style-type: none">- Tactical planning is evidenced by operational plans that are aligned with goals and objectives and contain detailed tasks with resource assigned, start/completion dates and current status (Figure 3).- Evidence of evaluation and improvement to this process including upgrade to use of MS Project to improve plan management and engage staff more directly in their tasks. In addition, a SP Scope Tracker has been implemented to track refinements to the SP (Figure 4).	<ul style="list-style-type: none">- While OSPA and PPAB have developed key performance indicators (KPIs) for tracking progress on operational plans, there is limited development of KPIs in other branches- Though internal goals have been established for the KPIs that exist, there is no evidence of comparative performance with competitors or comparable organizations including benchmarks

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		Office of Strategic Planning and Assessment (OSPA) Operational Plan for 2009							
ID	ID	Mission, Goals, Objectives, and Tasks	Resource Names	Start	Completion Date	Status	% Complete	Comments	
1	1	OSPA's Strategic Mission: To strengthen the organizational foundation of the Division of Clinical Research	Laura	Mon 10/5/08	Mon 12/31/12	On Schedule	51%		
2	2	GOAL 1: Foster a strategic planning culture throughout DCR	Laura	Mon 10/5/08	Mon 12/31/12	On Schedule	41%		
3	3	OBJ: Facilitate strategic planning process within DCR	Gillian / Ratna	Mon 10/6/09	Fri 1/8/10	On Schedule	47%		
4	4	Draft DCR Strategic Plan for 2010/2011/2012	Beth-G	Wed 7/1/09	Thu 12/31/09	On Schedule	13%		
7	7	OSPA Strategic Plans	Gillian	Mon 3/19/09	Fri 1/8/10	On Schedule	44%		
16	16	NEW CCRB Strategic Plan for 2010/2011/2012	Gillian / Ratna	Thu 1/1/09	Fri 1/8/10	On Schedule	33%		
29	29	IRF Strategic Plan: 2009-2014	Gillian / Beth-G	Thu 1/1/09	Thu 12/31/09	On Schedule	12%		
35	35	RCHSPB Strategic Plan for 2009/2010	Ratna	Thu 1/1/09	Fri 1/8/10	On Schedule	78%		
45	45	PPAB Strategic Plan for 2009/2010	Ratna	Thu 1/1/09	Fri 1/8/10	On Schedule	72%		
55	55	Mall Strategic Plan for 2010/2011/2012	Gillian	Thu 1/1/09	Fri 1/1/10	On Schedule	60%		
62	62	ICMOB strategic plan 2010/11/12	Ratna / Gillian	Mon 10/5/08	Fri 1/8/10	On Schedule	58%		
75	75	OBJ: Integrate the strategic and budget planning cycles	Beth-G	Thu 10/1/09	Mon 12/31/12	Future Task	0%		
76	76	OBJ: Strengthen strategic planning team's abilities to facilitate the acceptance of organizational change related certifications and qualifications	Gillian	Fri 1/2/09	Mon 11/30/09	On Schedule	45%		
77	77	Organizational change related certifications and qualifications	Gillian	Fri 1/5/09	Mon 11/30/09	On Schedule	45%		
84	84	OBJ: Establish and integrate the operational planning system/framework	CK	Wed 4/1/09	Thu 12/31/09	On Schedule	44%		
85	85	Develop a Structured Operational Framework (Operational Toolkit—process, tools	CK	Wed 4/1/09	Thu 12/31/09	On Schedule	53%		
90	90	PM mentoring and consulting services	CK	Mon 6/1/09	Thu 12/31/09	On Schedule	25%		
92	92	OBJ: Increase visibility and awareness in the area of strategic planning	Laura	Mon 2/23/09	Thu 12/31/09	On Schedule	26%		
93	93	Attend OSMD retreat and serve as an expert panel member for Strategic Planning	Gillian	Mon 2/23/09	Tue 2/24/09	Complete	100%		
94	94	Present at SOCPRA conference	Gillian, Laura, B	Thu 9/24/09	Mon 9/28/09	Future Task	0%		
95	95	Develop and maintain links with OMER - presentation on Strategic and Operational Plan	Gillian	Mon 4/20/09	Mon 4/20/09	Complete	100%		
96	96	Develop Article abstracts	Laura	Wed 7/1/09	Thu 12/31/09	On Schedule	25%		
97	97	OBJ: Establish partnership with PPAB to provide infrastructure to support/execute strategic p	Beth-G	Thu 1/1/09	Thu 12/31/09	On Schedule	80%		
98	98	Work with designated PPAB specialist to support the execution of operational plan, establish evaluation criteria and timeline for review	CK	Thu 1/1/09	Thu 12/31/09	On Schedule	35%		
99	99	Review current MD&A template and incorporate framework to summarize operational pl	Beth-G	Thu 1/1/09	Thu 12/31/09	On Schedule	75%		
100	100	Train PPAB staff to populate modified MD&A report and present to senior management and include executive summary report bi-annually with MD&A	Beth-G	Thu 1/1/09	Thu 12/31/09	Complete	100%		
101	101	GOAL 2: Maximize utilization of resources through planning	Laura	Thu 1/1/09	Thu 12/31/09	On Schedule	58%		
102	102	OBJ: Support organizational improvement initiatives	Ratna	Thu 1/1/09	Thu 12/31/09	On Schedule	53%		
103	103	Facilitate and organize PPAB Professional Day (with L&PD)	Gillian	Thu 1/1/09	Fri 4/24/09	Complete	100%		
104	104	Facilitate PPAB SOP development process	Ratna	Fri 5/1/09	Thu 12/31/09	On Schedule	40%		
105	105	OBJ: Create a knowledge repository for strategic planning tools and processes	Gillian	Mon 3/1/09	Thu 12/31/09	On Schedule	40%		
106	106	Establish a strategic plan modification tracking process	Ratna	Mon 6/1/09	Mon 6/1/09	Complete	100%		
107	107	Maintain a OSPA portal with all tools, templates and facilitation materials that are current and available to all staff members	Ratna	Mon 6/1/09	Thu 12/31/09	On Schedule	40%		
112	112	OBJ: Manage, oversee and maintain quality assurance of DCR's direct technical solutions	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	70%		
113	113	Crimson project officer oversight	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	74%		
120	120	Perform inventory and purchase reconciliation	BV	Thu 3/19/09	Fri 5/15/09	Complete	100%		
124	124	Provide technical support to users on Security Training and Remote access	BV	Wed 4/1/09	Thu 12/31/09	On Schedule	46%		
127	127	OBJ: Develop, provide and support DCR's communication and technical solutions needs	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	56%		
128	128	Work with Matthews Media on portal migration from Plumtree to Sharepoint	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	62%		
131	131	Process Improvement - Re-engineering/Innovation	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	53%		
136	136	Procure Software applications and hardware for DCR FTEs	BV	Thu 1/1/09	Thu 12/31/09	On Schedule	53%		
142	142	GOAL 3: Facilitate exchange and dissemination of knowledge	Laura	Thu 1/1/09	Thu 12/29/11	On Schedule	51%		
143	143	OBJ: Facilitate the exchange of best practices among divisions	CRWG	Thu 1/1/09	Fri 12/31/10	On Schedule	21%		
144	144	GCP Web Based Training	Judy	Mon 2/2/09	Thu 12/31/09	On Schedule	10%		
150	150	Conduct workshop and seminar as appropriate (attempt to have one seminar per	Judy	Thu 1/1/09	Thu 12/31/09	On Schedule	47%		
155	155	DSMB Training	Judy	Thu 1/1/09	Fri 12/31/10	On Schedule	18%		
163	163	OBJ: Facilitate the dissemination of information regarding clinical research resources	CRWG	Thu 1/1/09	Thu 12/31/09	On Schedule	55%		
164	164	Journal Club	Judy	Mon 2/2/09	Thu 12/31/09	On Schedule	49%		
170	170	SCT Presentation (May 2009)	CRWG	Thu 1/1/09	Thu 12/31/09	On Schedule	55%		
171	171	DEA Presentations, as needed	CRWG	Thu 1/1/09	Thu 12/31/09	On Schedule	55%		

OSPA-Operational Plan for 2009

Page 1

Updated by CKO on Wed 7/15/09

Figure 3: DCR Operational Plan Sample


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Current wording in strategic plan	Requested change to strategic plan and scope of operational plan		Approval			If approved, next steps		
	Request	By	Additional discussion required	Approved	Denied	Action	AMEND Without review	AMEND With review
Services Sections: Para 6.1.4 Technical Solutions Responsible for the identification, description, development, deployment and evaluation of solutions to Division challenges in clinical research technology and communications. The Technical Solutions Working Group works closely with NIAID/OTIS, NIH/CIT and other entities to provide effective enterprise solutions to DCR branches and workgroups.	Technical Solutions Working Group Responsible for the identification, description, development, deployment and evaluation of technical solutions to Division challenges in clinical research, information management and communications. The Technical Solutions Working Group works closely with NIAID/OCICB, NIH/CIT and other partners to provide high quality special and enterprise solutions to DCR workgroups.	Bill Barrick		x		Amend to strategic plan		
GOAL 1. Foster a strategic planning culture throughout DCR	Add KPIs for ops plans: # of ops plans completed and # of ops plans executed	CK Osborne		x				
GOAL 2. Maximize utilization of resources through planning	Obj: Supporting organizational improvement initiatives (from strategic/operational plan)	Ratna Sardana		x		Add to strategic plan		
GOAL 3. Facilitate exchange and dissemination of knowledge OBJ: Support best practices in the management of clinical research operations and scientific information across NIH/ trans-Agency and international collaborations.	This objective that supports Goal 3 does not appear in the Ops Plan – Suggest objective is redundant as it is supported by tasks assigned to different objectives and therefore should be removed from strategic plan	Gillian Morgan	x Mary Smolskis keep or delete			Delete from strategic plan		
GOAL 3. Facilitate exchange and dissemination of knowledge OBJ: Develop best practices for IRF's research informatics including integration of the imaging, lab, telemetry, regulatory requirements	Wording now slightly different: Develop IRF's research informatics including integration of the imaging, lab, telemetry, regulatory requirements	C.K? Bill?		x		Amend to strategic plan		
GOAL 5. Strengthen DCR's professional development and learning OBJ: Promote the establishment of Individual Training & Development Plans (IDP) for DCR staff in alignment with the NIH Core Competency Model.	Not in the ops plan – no notes as to why	Judy Z	x Why the deletion/ omission ?			Delete from the Strategic Plan		
GOAL 5. Strengthen DCR's professional development and learning OBJ: Develop, implement, and manage training records for DCR	Slightly different: Develop, Implement, and Manage Training Records for DCR and NIAID		x			Amend to strategic plan		
	Added: Obj: Initiate, establish and Institute Division-wide training standards	Judy Z	x What does this mean			Add to strategic plan		
	Added: Obj: Develop a Culture of Leadership Develop training and development standard /best practices leading to a culture of leadership	Judy Z	x			Add to strategic plan		

Figure 4: Strategic Planning Scope Change Tracker

Report of a Feasibility Study of the NIAID Strategic Planning Process

<u>Approach</u>	<u>Strengths</u>	<u>Opportunities for Improvement</u>
3) DCR learning and professional development process	<ul style="list-style-type: none"> - A 4-stage training plan process exists and aligns OSPA training standards with external requirements of ACCME and ANCC (Figure 5) - Evidence of evaluation and improvement to this process including expanded resources of LMPD staff from 0.3 to 0.5 FTE, improved involvement of LMPD in SP process from reactive to proactive 	<ul style="list-style-type: none"> - There still appears to be opportunity for improving LMPD role in the SP process from reactive to proactive - Execution of CEUs continues to be a challenge - The linkage between LMPD and NIAID human resource functions appear to be limited; recommend increased linkage for balanced workforce focus
4) OSPA reports, assessment tools, and templates	<ul style="list-style-type: none"> - Progress Reports and Executive Summary Report templates have been developed that track progress on SP objectives, tasks and KPIs (Figures 6 & 7) - Evidence of evaluation and improvement to this process including addition of a project manager (CKO) to support branches with development and completion of these reports 	<ul style="list-style-type: none"> - There appears to be insufficient tracking tools to monitor KPI performance; recommend needs assessment and development of management tools to assist with KPI compile (e.g., dashboards, balanced scorecard tools)



Training Standards v1.0, August 29, 2008

National Institute of Allergy and Infectious Diseases (NIAID)
Division of Clinical Research (DCR)
Office of Strategic Planning and Assessment (OSPA)
Approved by: Laura McNay, Director OSPA

Introduction

The OSPA Training Standards provide a framework to promote quality training and educational events and programs that provide OSPA staff members with opportunities for professional development in order to support the OSPA mission.

The OSPA Training Standards serve as the framework for OSPA assessment and improvement of training processes. Implementing the Standards will help the OSPA evaluate their learning and professional development (L&PD) program. In addition, the L&PD program will align OSPA's training standards with the requirements of the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC).

These standards will be applied to trainings designed, planned or implemented by the L&PD program. External training courses will be evaluated against these standards when considering different sources of external training. OSPA branches and offices should implement training that meets these standards or utilize L&PD consultation in order to identify external courses that meet these standards, or receive assistance in developing/planning courses that meet these standards. Courses taken at an accredited institution will be considered as meeting these standards through the accreditation process and will not require further evaluation against these standards.

While this framework defines requirements for maximizing the quality of training within the OSPA, it also provides flexibility to account for the diverse spectrum of training needs within the OSPA.

The OSPA Training Standards are grouped according to a four-stage systematic training planning process:

1. Define the training needs
2. Design and/or plan the training
3. Provide and document the training
4. Evaluate the outcome of the training

OSPA TRAINING STANDARDS

1.0 Define the training needs

- 1.1 A training needs assessment will be conducted for each training request to:
 - ✓ Identify the improved performance that is desired (purpose of the training stated in terms of learning, application and results).
 - ✓ Identify the specific knowledge/skills to be attained (learning objectives) Note: Learning objectives will be SMART Specific, Measurable, Achievable, Realistic, Time-based).
 - ✓ Design a method to assess transfer of knowledge/skill.
 - ✓ Identify the intended audience/participants and the required level of achievement of each segment of the audience.
 - ✓ Ensure that training is an intervention that is likely to achieve the desired outcomes.

2.0 Design and plan the training

- 2.1 Subject Matter Experts (SMEs) will be utilized to create/design/review the content of the training
- 2.2 The depth and scope of the content, and training methods selected will be appropriate for the objectives and audience.
- 2.3 When appropriate, content will include resources for further study, information or questions.
- 2.4 All content will be reviewed by SMEs to ensure that participation in the activity is likely to meet the objectives/purpose and that all of the content is accurate/current/valid.
- 2.5 Logistics (venue, catering, handouts, equipment, qualified speakers/facilitators) will be selected and arranged appropriately and within the agreed upon budget.
- 2.6 An appropriate communication plan will be initiated.
- 2.7 An evaluation plan will be initiated that includes, when feasible and appropriate, long-term and high level evaluation.

3.0 Provide and document the training

- 3.1 Upon standards 1.0 and 2.0 being met, the L&PD training manager (or designee) will approve the training for delivery.
- 3.2 The L&PD staff will maintain the following information on each training
 - ✓ Attendance list
 - ✓ Date and time of the activity
 - ✓ Speaker/presenter names, contact information and qualifications
 - ✓ Materials (handouts, slides, etc)
 - ✓ Evaluation Summary
- 3.3 OSPA staff are encouraged to maintain their own training records that include documentation of all received training:
 - ✓ Date and times of training
 - ✓ Course title
 - ✓ Type and number of credits awarded
 - ✓ Speaker names
 - ✓ Expiration dates (if applicable)
 - ✓ Certificates/credentials achieved

4.0 Evaluate the effectiveness of the training

- 4.1 At a minimum, short term, level 1 & 2 evaluations will be conducted by L&PD for each training.
- 4.2 Long-term and high level evaluation will be considered by L&PD whenever it is practical.
- 4.3 Any evaluation results demonstrating less than 80% (median) satisfaction or objectives reached will be considered for follow-up action.

Definitions

Application: The ability to apply skills appropriately

Evaluation: The analysis of whether the training met the training purpose and objectives as identified during the training needs analysis. The analysis includes four levels: 1-reaction (satisfaction), 2-learning (knowledge), 3-application (skills) and 4-results (organizational outcome/return on investment).

Learning: The amount of knowledge acquired

Reaction: The amount of satisfaction the learner feels

Results: The bottom-line impact of the training to the organization

Skill: The result of repeatedly applying knowledge

Training: A process or procedure that provides an individual with knowledge or skills with the goal of improving job performance

Figure 5: DCR Training Standards



OFFICE OF STRATEGIC PLANNING & ASSESSMENT
Strategic Plan Progress Report
Reporting Period Q2 – Q3 FY09



Budget Report	OSPA received an allocation of \$x.00 for FY09 which includes \$x.00 in set-aside funding for the CSPA feasibility study. Spending was related to activities and objectives within the scope of the goals stated in CSPA's strategic plan.		
GOAL 1. Foster a strategic planning culture throughout DCR			
A. Significant Accomplishments for the Current Period: Operational/Project Accomplishments (Major milestones completed): OBJ: Facilitate strategic planning process within DCR			
<ul style="list-style-type: none">• <u>OSPA</u><ul style="list-style-type: none">◦ Operational plan updates completed for Q2 and Q3 FY09• <u>DCRB</u><ul style="list-style-type: none">◦ Completed stages I and II of strategic planning• <u>RF</u><ul style="list-style-type: none">◦ Strategic plan finalized March 2009• <u>RCI-SPB</u><ul style="list-style-type: none">◦ Strategic plan years 08/10/11 finalized March 2009◦ 2009 operational plan implemented in March and updates completed for Q3 FY09• <u>PPAB</u><ul style="list-style-type: none">◦ Strategic plan years 08/10/11 finalized March 2009◦ 2009 operational plan implemented in May and updates completed for Q3 FY09• <u>CMDB</u><ul style="list-style-type: none">◦ Completed stages I, II and III of strategic planning• <u>Project SERECC (Mail)</u><ul style="list-style-type: none">◦ Completed project improvement plan◦ Completed stages I and II of strategic planning <p>OBJ: Establish and integrate the operational planning system/framework</p> <p>OBJ: Revised operational planning workflow and integrated operational planning process into strategic planning process</p> <p>OBJ: Establish partnership with PPAB to provide infrastructure to support/execute strategic planning efforts</p> <p>OBJ: Successfully trained PPAB staff to populate modified MCGA report and present to senior management</p> <p>OBJ: Increase visibility and awareness in the area of strategic planning</p> <p>OBJ: Served as an expert panel member for strategic planning at the OSVO retreat: 2/23/09</p> <p>Academic Accomplishments (Publications, presentations, manuscripts, abstracts, and posters etc.):</p> <p>OBJ: Increase visibility and awareness in the area of strategic planning</p> <ul style="list-style-type: none">• Presentation, "Strategic planning across clinical research networks", accepted at the 3pCRA Conference <p>B. Modifications for the Current Period:</p> <ul style="list-style-type: none">• On July 8, 2009, Laura McNay reviewed the scope change tracker and approved both key performance indicators (operational plans completed and operational plans executed) <p>C. Challenges for the Current Period: Two (2) of challenges reported for the current period</p> <ol style="list-style-type: none">1. Partnership with PPAB to provide infrastructure to support and execute operational planning and monitoring is unclear and needs strategy for implementation2. RF operational plan on hold pending recommendations from PRTM <p>D. Key Performance Indicators:</p>			
	Metric	FY09 Target	FY09 Achieved (as of 6/30/09)
1.	Satisfaction rating on OSPA's performance feedback survey	90%	On target
2.	Strategic plans in progress	9 plans	8 plans
3.	Operational plans completed	9 plans	5 plans
4.	Operational plans executed	5 plans	4 plans

Report of a Feasibility Study of the NIAID Strategic Planning Process



Division of Clinical Research
Office of Strategic Planning and Assessment

OSPA Strategic Plan Executive Summary Report FY09

A. OSPA Mission

Mission: OSPA strengthens the organization foundation of the DCR by providing high quality centralized planning, development and evaluation services. OSPA contributes to the DCR mission by providing centralized organizational development services that facilitate high quality clinical research such as: program guidance and support; strategic planning and direction; operational planning; learning and professional development; technical direction, and general assistance to the branches and offices within the DCR. In addition, OSPA develop and integrates processes into the day to day operation of DCR to support the implementation of strategic plans, promotes better utilization of resources and to align the strategic planning and budget planning processes.

B. Performance Metrics

Goal	KPI	Target FY 2005	Actual FY 2005	Target FY 2009	Actual FY 2009	Target FY 2010	Actual FY 2010
GOAL 1: Foster a strategic planning culture throughout DCR	Satisfaction rating on OSPA's Performance Feedback (Satisfaction survey) by branches						
	Strategic plans in progress						
	Operational plans completed						
	Operational plan executed						
GOAL 2: Maximize utilization of resources through planning	Satisfaction rating on OSPA's Performance Feedback (Satisfaction survey) by branches						
GOAL 3: Facilitate exchange and dissemination of knowledge	Satisfaction rating on OSPA's Performance Feedback (Satisfaction survey) by branches						
	EXCOM/NCRS initiative communicated within NIAID						
	Educational seminars conducted						
	Presentations made at National Conferences						
	Publications to be submitted to peer review journal(s)						
GOAL 4: Facilitate the development of clinical research policies, procedures and processes	Ethical issues addressed appropriately within the allowed timeframe						
	Initiatives submitted to CRWG that are translated into policy or procedural documents for committee approval						
GOAL 5: Strengthen DCR's professional development and learning	DCR Branch Chiefs with established Training and Professional Development agreements in place						
	OSPA and DPAB staff with complete list of core competencies						
	DCR staff with training records						
GOAL 6: Implement assessment and evaluation processes	NCRS initiative reviews completed						

* target was reported as 80% not 90% as stated in the strategic plan

C. Significant Challenges:

Figure 7: Executive Summary Report

Strategic Planning Deployment Assessment

<u>Deployment</u>	<u>Strengths</u>	<u>Opportunities for Improvement</u>
1) OSPA	<ul style="list-style-type: none"> - OSPA has set a strong model for strategic planning deployment; financial and human resource plans support accomplishment of OSPA goals; KPIs are tracked periodically to monitor execution of goals and objectives 	<ul style="list-style-type: none"> - Focus on KPI refinement and baselines
2) PPAB	<ul style="list-style-type: none"> - PPAB utilized the SP process to prioritize financial and human resource needs for the building of IRF/Ft. Dietrich facility - PPAB international network development considered more planned and methodical as a result of SP process 	<ul style="list-style-type: none"> - Need KPI, baselines , projections and benchmarks
3) RCHSPB	<ul style="list-style-type: none"> - The RCHSPB SP guides work every day and has improved prioritization and efficiency of work management - Periodic meetings are held to keep plan updated and report on progress 	<ul style="list-style-type: none"> - Need KPI, baselines , projections and benchmarks
4) CCRB	<ul style="list-style-type: none"> - The SP process, now in its second cycle, has decreased from 9 to 3 months - There has been improved Branch Chief engagement including prioritization of efforts 	<ul style="list-style-type: none"> - Need KPI, baselines , projections and benchmarks
5) BRB	<ul style="list-style-type: none"> - There is verbal evidence of an internal BRB approach with limited alignment with DCR approach 	<ul style="list-style-type: none"> - Deploy DCR SP process in BRB

Report of a Feasibility Study of the NIAID Strategic Planning Process

The table below summarizes findings of the results assessment from the impact analysis.

<u>Results</u>	<u>Strengths</u>	<u>Opportunities for Improvement</u>
1) OSPA	<ul style="list-style-type: none">- 19 KPIs defined of which 14 had actual values for FY08-09- Satisfaction levels across all goals have exceeded targets of 90%- Operation plans completed are 5/6 and executed 5/5- Educational seminars, national presentations and publications have largely met or exceeded target- Facilitation and development of clinical research policies, procedures and processes are slightly below target of 90% at 85%	<ul style="list-style-type: none">- Seek out competitors or industry comparative functions to benchmark KPIs and identify best practices
2) PPAB	<ul style="list-style-type: none">- 19 KPIs defined; no actual data available	<ul style="list-style-type: none">- Align KPIs with industry comparative functions, baseline and benchmark
3) RCHSPB	<ul style="list-style-type: none">- 11 KPIs defined; no actual data available	<ul style="list-style-type: none">- Align KPIs with industry comparative functions, baseline and benchmark
4) CCRB	<ul style="list-style-type: none">- 4 KPIs defined; no actual data available	<ul style="list-style-type: none">- Align KPIs with industry comparative functions, baseline and benchmark
5) BRB	<ul style="list-style-type: none">- No KPIs provided	<ul style="list-style-type: none">- Align KPIs with industry comparative functions, baseline and benchmark

Report of a Feasibility Study of the NIAID Strategic Planning Process

The table on this and the following pages is a compilation of strategic planning goals, objectives and key performance indicators across the DCR branches reviewed in the results impact analysis.

					Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
Branch/Office	Goal	Objectives	KPI	KPI Type							
OSPA Executive Summary FY09	GOAL 1: Foster a strategic planning culture throughout DCR	OBJ: Facilitate strategic planning process within DCR	Satisfaction rating on performance feedback survey for the Strategic Planning Group Strategic plans in progress	Satisfaction	90%	98%	90%	97%	90%		
(Office of Strategic Planning & Assessment)		OBJ: Establish and integrate the operational planning system/framework	Strategic plans in progress	Volume/ Frequency	4	7	8	8	10		
		OBJ: Establish partnership with PPAB to provide infrastructure to support execute strategic planning efforts	Operational plans completed	Volume/ Frequency	5	5	6	5	7		
		OBJ: Increase visibility and awareness in the area of strategic planning	Operational plan executed	Goal Achievement	4	1	5	5	6		

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		OBJ: Increase visibility and awareness in the area of strategic planning									
	GOAL 3: Facilitate exchange and dissemination of knowledge	OBJ: Increase visibility and awareness in the area of strategic planning									
		OBJ: Facilitate the exchange of best practices among divisions	Satisfaction rating on performance feedback survey for Liaison Group -2008 only	Satisfaction	90%	100%	90%	*	90%		
		OBJ: Facilitate the dissemination of information regarding clinical research resources	Satisfaction rating on performance feedback survey for Learning & Professional Development	Satisfaction	90%	*	90%	*	90%		
		OBJ: Develop IRF's research informatics including integration of the imaging, lab, telemetry, regulatory	Satisfaction rating on performance feedback survey for Technical Solutions Group	Satisfaction	90%	*	90%	*	90%		

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		requirements									
		OBJ: Address issues received by liaison office appropriately within the allotted timeframes	EX-COM/NCRS Initiative communicated within NIAID	Compliance	100%	100%	100%	100%			
			Educational seminars conducted	Volume Frequency	3	3	4	4	4		
			Presentations made at National Conferences	Volume Frequency	1	1	2	3	2		
			Publications to be submitted to peer review journal(s)	Volume Frequency	1	Not Reported	2	2	2		
			Liaison issues addressed appropriately within the allotted timeframe	ON-TIME	80%	95%	80%	99%	80%		
	GOAL 4: Facilitate the development of clinical research policies, procedures and processes	OBJ: Facilitate the NCRS mission of harmonization of clinical research policies and procedures to provide consistency and clarity to NIAID clinical	Initiatives submitted to CRWG that are translated into policy or procedural documents for committee approval	Compliance	90%	80%	90%	85%	90%		

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		research									
	GOAL 5: Strengthen DCR's Professional development and learning	OBJ: Establish training and development branch-L&PD agreements (BLPDA) with DCR Branch Chiefs	DCR Branch Chiefs with established training and professional development agreements in place	Compliance	1	1	3	1	5		
		OBJ: Develop, implement, and manage training records for DCR and NIAID	OSPA and PPAB staff with complete list of core competencies	Compliance	N/A	N/A	To be re-reported in 2010	To be re-reported in 2010	35%		
			DCR staff with training records**	Compliance	10%	100%	35%	100%	80%		
	GOAL 6: Implement assessment and evaluation processes	OBJ: Establish mechanism to measure OSPA's strategic planning effectiveness and its impacts across all the branches inside DCR	NCRS initiative reviews completed	Compliance	95%	100%	95%	100%	95%		

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		OBJ: Initiate and implement a strategic KPI system at all the branches within DCR	Broadened to include intermediate measures and end outcome measures in alignment with PART/GPRA								KPI inventory Review against Competitors and/or comparable organizations to standardize indicators for benchmarking purposes.
PPAB Progress Report Jan-Sep 09 (Program Planning & Analysis Branch)	Goal 1: Promoting comprehensive employee development and satisfaction	OBJ: Create and maintain exceptional mentoring relationship	Employee satisfaction	Satisfaction							
		OBJ: Create and enhance a positive work environment	Training and development satisfaction	Satisfaction				80-85%	Will be evaluated at the close of FY09		
			Leadership/emotional intelligence satisfaction	Satisfaction			75%				
			PPAB staff will have listened to "From Good to Great"	Compliance			100%				
			IDP goals that were met during the year	Goal Achievement			90%				

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
			Goal 1 objectives that were met during the year (operational plan)	Goal Achievement			80% met at level 3				
	Goal 2: Enhance and deliver excellent services	OBJ: Enhance the quality of financial management services for internal PPAB processes and external branch communication	Technical knowledge performance	Skill/Talent			80%				
		OBJ: Enhance the quality of programmatic support services	Analytical ability/critical thinking performance	Skill/Talent			75-80%				
		OBJ: Enhance the Quality of Administrative "one-stop" support, guidance, data, policy and information to DCR branches/ offices	Communications/ teamwork performance	Skill/Talent			75-80%				
			HR requests processed within 4-6 weeks	Cycle Time			80%				Core process analysis and Optimization of HR requests

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
			MDA submitted on time	On-time			80-100%				
			VEDS/NED submitted 5 days before EOD	On-time			100%				
			NBS travel approval within 3 days of receipt	Cycle Time			80%				
			Cycle Time	Compliance			10% over base-line				
			Goal 2 objectives that were met during the year (operational plan)	Goal Achievement			80% met at level 3				
	Goal 3: Build and maintain exceptional customer relationships	OBJ: Enhance relationships with Branch Chiefs and branch staff	Customer satisfaction	Satisfaction			90%				
		OBJ: Enhance relationships with other NIAID offices and divisions	Service delivery satisfaction	Satisfaction			80-85%				
			Branch Chief service satisfaction meeting once a quarter	Satisfaction			90-100%				
			Goal 3 objectives that were met during the	Goal Achievement			80% Of objectives met at				

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
			year (operational plan)				level 3				
RCHSPB Progress Report Jan-Jun 09 (Regulatory-Compliance and Human Subjects Protection Branch)	GOAL 1. Optimize and align resources with forecasted requirements of the NIAID intramural clinical research programs	<p>OBJ: Develop product/ service offering models that address various Research types, e.g., natural history, therapeutic intervention, preventive intervention, clinical center, other domestic site, international, etc.</p> <p>OBJ: Interface with clients to establish forecasting criteria/needs for current and future research</p> <p>OBJ: Assess, evaluate and continuously improve product offering models</p>	<p>1. Accurate forecasting of the PI's requirements</p> <p>2. Accurate modeling of resource usage</p>	Staffing			Est. base line				Development of staffing/ Productivity, time to fill, satisfaction KPIs

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	GOAL 2. Enhance clinical research support processes and services to optimize quality, efficiency and effectiveness	and methodologies OBJ: Develop, implement and maintain appropriate tools (policies, guidance) for RCHSPB staff-Internal focus	1. Reduction in outstanding inventory of policies and guidance that need to be approved and implemented	Volume/ Frequency							Core process analysis and optimization of IRB, Safety, Clinical Monitoring, and IND Processes
		OBJ: Develop, implement and maintain appropriate tools (e.g. policies, guidance) to assist Clinical Research teams -external focus	2. PI's satisfaction rating on RCHSPB's performance feedback survey	Satisfaction							
		OBJ: Evaluate, assess and continuously improve established knowledge repository of tools (e.g. policies, guidance)	3. Reduction in cycle time from protocol conception to protocol implementation	Cycle Time							
	GOAL 3. Ensure the clinical research conducted by	OBJ: Review and ensure all human sub-	1. Decrease in significant protocol violations. (Those reported to the	Defects							

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	NIAID investigators is compliant with applicable regulations, standards and guidelines	ject protection protocol related IRB documents are complete and compliant with required regulations	IRB as well as those that are not reported)								
		OBJ: Review and ensure all safety and DSMB documents are complete and compliant with required regulations	2. Decrease in IRB rejection rate of submissions for protocol review	Defects							
		OBJ: Review and ensure all IND related documents are complete and compliant with required regulations	3. Compliance reports are submitted within the timelines designated by FDA or other regulatory agencies	On-time							
		OBJ: Review and ensure all clinical monitoring documents are complete and compliant with required regulations									
	GOAL 4: Foster an environment	OBJ: Develop	1. Number of partnerships	Volume/Frequency							

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	of collaboration, learning and professional development	<p>RCHSPB's learning and Development strategy that allows us to offer diverse regulatory training opportunities to the clinical research community</p> <p>OBJ: Design a learning strategy that allows internal staff to remain qualified in all regulatory aspects of their current position in partnership with OSPA</p> <p>OBJ: Develop a systematic approach to provide diverse Professional development opportunities for all internal staff</p> <p>OBJ: Leverage Opportunities to participate</p>	<p>established in collaborative forums</p> <p>2. Knowledge transfer opportunities established</p> <p>3. Other professional development goals attained</p>	<p>Volume/Frequency</p> <p>Goal Achievement</p>							

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		in DCR/ NIAID/NIH initiatives to enhance the clinical research enterprise									
CCRB Strategic Planning 2010-2012 (Collaborative Clinical Research Branch)	Goal 1. Build independent sustainable clinical research capacity (covers training / mentorship / active participation)		Quantity of sustainable research capacity - # of partners competing for independent funding	Volume/ Frequency							
	Goal 2. Improve public health by disseminating knowledge of disease		Publications / posters / talks / manuscript / journals	Volume/ Frequency							
	Goal 3. Actively participate and rapidly respond to emerging infectious disease (EID/ID special projects) as directed by DCR leadership		Publications	Volume/ Frequency							
	Goal 4. Improve CCRB internal management and operations	Strategic OBJ: 4.1 Building effective internal/ external relationships	Enhanced: communications, structure, relationships, resource management- clarity on roles								

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
			and responsibility, succession planning, managing the impact of special projects on CCRB resources, budget justifications may be required to hire additional resources due to involvement in special projects.								
		OBJ: 4.2 Establish an internal working model that will be consistent with all projects									
OSPA Executive Summary FY09 (Office of Strategic Planning & Assessment)	GOAL 1: Foster a Strategic planning Culture throughout DCR	OBJ: Facilitate strategic planning process within	Satisfaction rating on performance feedback survey for the Strategic Planning Group	Satisfaction	90%	98%	90%	97%	90%		
		OBJ: Establish and integrate the operational planning sys-	Strategic plans in progress	Volume/Frequency	4	7	8	8	10		

Report of a Feasibility Study of the NIAID Strategic Planning Process

Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		tem/frame-work									
		OBJ: Establish partnership with PPAB to provide infrastructure to support/execute strategic planning efforts	Operational plans completed	Volume/Frequency	5	5	6	5	7		
		OBJ: Increase visibility and awareness in the area of strategic planning	Operational plan executed	Goal Achievement	4	1	5	5	6		
	GOAL 2: Maximize utilization of resources through planning	OBJ: Support organizational improvement initiatives	Satisfaction rating on performance feedback survey for the Strategic Planning Group	Satisfaction	80%	98%	97%	90%			
		OBJ: Create a knowledge repository for strategic planning tools and processes	Satisfaction rating on performance feedback survey for Technical Solutions Group	Satisfaction	90%	*	90%	*	80%		
		OBJ: Manage, oversee and maintain quality assurance of									

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		DCR's direct technical solutions									
		OBJ: Develop, provide and support DCR's communication and technical solutions needs									
	GOAL 3: Facilitate exchange and dissemination of knowledge	OBJ: Facilitate the exchange of best practices among divisions	Satisfaction rating on performance feedback survey for Liaison Group -2008 only	Satisfaction	90%	100%	90%	*	90%		
		OBJ: Facilitate the dissemination of information regarding clinical research resources	Satisfaction rating on performance feedback survey for learning & professional development	Satisfaction	90%	*	90%	*	90%		
		OBJ: Develop IRF's research informatics including integration of the imaging, lab, telemetry, regulatory requirements	Satisfaction rating on performance feedback survey for Technical Solutions Group	Satisfaction	90%	*	90%	*	90%		

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		OBJ: Address issues received by liaison office appropriately within the allotted timeframes	EX-COM/NCRS initiative communicated within NIAID	Compliance	100%	100%	100%	100%	100%		
			Educational seminars conducted	Volume/ Frequency	3	3	4	4	4		
			Presentations made at National Conferences	Volume/ Frequency	1	1	2	3	2		
			Publications to be submitted to peer review journal(s)	Volume/ Frequency	1	Not Reported	2	1	2		
			Liaison issues addressed appropriately within the allotted timeframe	On-time	80%	95%	80%	80%			
	GOAL 4: Facilitate the development of clinical research policies, procedures and processes	OBJ: Facilitate the NCRS mission of harmonization of clinical research policies and procedures to provide consistency and clarity to NIAID clinical	Initiatives submitted to CRWG that are translated into policy or procedural documents for committee approval	Compliance	90%	80%	90%	85%	90%		

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	GOAL 5: Strengthen DCR's professional development and learning	research OBJ: Establish training and development branch-L&PD agreements (BLPDA) with DCR Branch Chiefs	DCR Branch Chief's with established training and professional development agreements in place	Compliance	1	1	3	1	5		
		OBJ: Develop, implement, and manage training records for DCR and NIAID	OSPA and PPAB staff with complete list of core competencies	Compliance	N/A	N/A	To be rptd in 2010	To be rptd in 2010	35%		
			DCR staff with training records**	Compliance	10%	100%	35%	100%	80%		
	GOAL 6: Implement assessment and evaluation processes	OBJ: Establish mechanism to measure OSPA's strategic planning effectiveness and its impacts across all the branches inside DCR	NCRS initiative reviews completed	Compliance	95%	100%	95%	100%	95%		
		OBJ: Initiate and implement a strategic KPI system at all the branches within DCR	Broadened to include intermediate measures and end outcome measures in alignment with								KPI inventory review against competitors and/or comparable organizations to

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					Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
Branch/Office	Goal	Objectives	KPI	KPI Type							
PART/GPRA											standardize indicators for benchmarking purposes.
PPAB Progress Report Jan-Sep 09 (Program Planning & Analysis Branch)	Goal 1: Promoting comprehensive employee development and satisfaction	OBJ: Create and maintain exceptional mentoring relationship	Employee satisfaction	Satisfaction	80-85%	Will be evaluated at the close of FY09					
			Training and development satisfaction	Satisfaction	65%						
		Leadership/emotional intelligence satisfaction	Satisfaction	75%							
		PPAB staff will have listened to "From Good to Great"	Compliance	100%							
		IDP goals that were met during the year	Goal Achievement	90%							
		Goal 1 objectives that were met during the year (operational plan)	Goal Achievement	80% met at level 3							
	Goal 2: Enhance and deliver excellent	OBJ: Enhance the	Technical knowledge performance	Skill/Talent	80%						

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
services		quality of financial management services for internal PPAB processes and external branch communication									
		OBJ: Enhance the quality of programmatic support Services	Analytical ability/critical thinking performance	Skill/Talent		75-80%					
		OBJ: Enhance the quality of administrative "one-stop" support, guidance, data, policy and information to DCR branches/ Offices	Communications/ teamwork performance	Skill/Talent		75-80%					
			HR requests processed within 4-6 weeks	Cycle Time		80%					Core process analysis and optimization of HR requests
			MDA submitted on time	On-time			80-100%				
			VEDS/NED submitted 5 days before EOD	On-time			80%				

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
			NBS travel approval within 3 days of receipt	Cycle Time			80%				
			DCR Staff compliance with all mandatory trainings.	Compliance			10% over base line				
			Goal 2 objectives that were met during the year (operational plan)	Goal Achievement			80% met at level 3				
	Goal 3: Build and maintain exceptional customer relationships	OBJ: Enhance relationships with Branch Chiefs and branch staff	Customer satisfaction	Satisfaction			90%				
			Service delivery satisfaction	Satisfaction			80-85%				
		OBJ: Enhance relationships with other NIAID offices and divisions	Branch Chief service satisfaction meeting once a quarter	Satisfaction			90- 100 %				
			Goal 3 objectives that were met during the year (operational plan)	Goal Achievement			80% of objectives met at level 3				

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
RCHSPB Progress Report Jan- Jun 09(Regulatory Compliance and Human Subjects Protection Branch)	GOAL 1. Optimize and align resources with forecasted requirements of the NIAID intramural clinical research programs	OBJ: Develop product/service offering models that address various research types, e.g., natural history, therapeutic intervention, preventive intervention, clinical center, other domestic site, international, etc...	1. Accurate forecasting of the PI's requirements	Staffing			Est. base line				Development of staffing/ productivity, time to fill, satisfaction KPIs
		OBJ: Interface with clients to establish forecasting criteria/needs for current and future research	2. Accurate modeling of resource usage								
		OBJ: Assess, evaluate and continuously improve product offering models and methodologies									
	GOAL 2. Enhance clinical research support processes	OBJ: Develop, implement and	1. Reduction in outstanding inventory of policies and	Volume/ Frequency							Core process analysis and optimization of IRB, Safety,

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	and services to optimize quality, efficiency and effectiveness	maintain appropriate tools (policies, guidance) for RCHSPB staff - Internal focus	guidance that need to be approved and implemented								Clinical Monitoring, and IND processes
		OBJ: Develop, implement and maintain appropriate tools (e.g. policies, guidance) to assist Clinical Research teams - external focus	2. PI's satisfaction rating on RCHSPB's Performance Feedback Survey	Satisfaction							
		OBJ: Evaluate, assess and continuously improve established knowledge repository of tools (e.g. policies, guidance)	3. Reduction in cycle time from protocol conception to protocol implementation	Cycle Time							
	GOAL 3. Ensure the clinical research conducted by NIAID investigators is compliant with applicable regulations, standards and	OBJ: Review and ensure all human subject protection protocol related IRB documents are complete	1. Decrease in significant protocol violations. (Those reported to the IRB as well as those that are not reported)	Defects							

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
	guidelines	and compliant with required regulations									
		OBJ: Review and ensure all safety and DSMB documents are complete and compliant with required regulations	2. Decrease in IRB rejection rate of submissions for protocol review	Defects							
		OBJ: Review and ensure all IND related documents are complete and compliant with required regulations	3. Compliance reports are submitted within the timelines designated by FDA or other regulatory agencies	On-time							
		OBJ: Review and ensure all clinical monitoring documents are complete and compliant with required regulations									
	GOAL 4: Foster an environment of collaboration, learning and professional development	OBJ: Develop RCHSPB's Learning and development strategy that allows us to	1. Number of partnerships established in collaborative forums	Volume/ Frequency							

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		offer diverse regulatory training opportunities to the clinical research community									
		OBJ: Design a learning strategy that allows internal staff to remain qualified in all regulatory aspects of their current position in partnership with OSPA	2. Knowledge Transfer opportunities established	Volume/ Frequency							
		OBJ: Develop a systematic approach to provide diverse professional development opportunities for all internal staff	3. Other Professional development goals attained	Goal Achievement							
		OBJ: Leverage opportunities to participate in DCR/ NIAID/NIH initiatives to enhance the clinical re-									

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Branch/Office	Goal	Objectives	KPI	KPI Type	Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		search enterprise									
CCRB Strategic Planning 2010-2012 (Collaborative Clinical Research Branch)	Goal 1. Build independent sustainable clinical research capacity (covers training / mentorship / active participation)		Quantity of sustainable research capacity - # of partners competing for independent funding	Volume/ Frequency							
	Goal 2. Improve public health by disseminating knowledge of disease		Publications / posters / talks / manuscript / journals	Volume/ Frequency							
	Goal 3. Actively participate and rapidly respond to emerging infectious disease (EID/ ID special projects) as directed by DCR leadership		Publications	Volume/ Frequency							
	Goal 4. Improve CCRB internal management and operations	Strategic OBJ: 4.1 Building effective internal/ external relationships	Enhanced: Communications, structure, relationships, resource management- clarity on roles and responsibility, succession planning, managing the								

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Branch/Office Goal Objectives KPI KPI Type					Fiscal Year						Opportunities for Improvements
					08 Target	08 Actual	09 Target	09 Actual	10 Target	10 Actual	
		Strategic OBJ: 4.2 Establish an internal working model that will be consistent with all projects	impact of special projects on CCRB resources, budget justifications may be required to hire additional resources due to involvement in special projects.								

Sample Press Release



Quality Science International

Press Release: SAIC-Frederick, Inc. Issues Feasibility Study Agreement to Measure Impact of Strategic Planning by the Office of Strategic Planning and Assessment of The National Institute of Allergy and Infectious Diseases in Bethesda, Maryland

FOR IMMEDIATE RELEASE

October 5, 2009

Contact: David M. Boan

Phone: 630-488-2618

Email: dboan@qualsci.com

Bethesda, Maryland: SAIC-Frederick has issued Subcontract 29XS 120 to Quality Science International of Chicago, Illinois to determine the feasibility of measuring the impact of Strategic Planning conducted by the Office of Strategic Planning and Assessment of the National Institute of Allergy and Infectious Diseases.

Signed on behalf of SAIC-Frederick by Melissa Borucki, the feasibility analysis concerns efforts of the Office of Strategic Planning and Assessment, directed by Laura McNay, M.S and serving under the direction of H. Clifford Lane, MD, Director of the Division of Clinical Research of the National Institute of Allergy and Infectious Diseases.

The Office of Strategic Planning and Assessment has pursued the NIH Roadmap for re-engineering the Clinical Research Enterprise by developing and implementing a seven-stage approach to Strategic Planning for Clinical Research Networks. After developing a comprehensive plan for Strategic Planning and setting forth a Mission and Values for Strategic Planning by OSPA, approach, tools, and value for each stage of the planning process were developed and deployed.

Quality Science International has been awarded the contract to determine the feasibility of assessing impact of the approach, its deployment, and results. Using a modified Baldrige Award framework, the QSI feasibility study will analyze performance, causes, and costs related to the impact of the OSPA strategic planning approach.

Annotated Bibliography

Battrell, A. (2008). 2008 Report of the Executive Director: ADHA 2007-2010 Strategic Plan and Metrics: Measuring Progress. *Access*, 22(5) 54-58.

The article discusses the launch of the strategic plan and metrics of the American Dental Hygienists Association (ADHA) in the U.S. The association adopted new metrics in an effort to assess progress on strategic plan initiatives.

Bovaird, T. L., E. (2009). More quality through competitive quality awards? An impact assessment framework. *International Review of Administrative Sciences*, 75(383).

Given the growing international phenomenon of quality award competitions for public sector services and organizations it is timely to assess their impacts. While award schemes have become a popular marketing tool to increase the visibility of award organizers, it is unclear what impact they have on various dimensions of quality - organizational quality, service quality and the quality of life of citizens. So far, quality awards are a theory-free area with few evaluations being undertaken by the academic community. By the same token, quality awards organizers have not shown a great inclination to invest in impact assessments. Yet, major questions exist on the extent to which quality awards live up to their claims to help applicants and non-applicants to improve quality. This article maps existing pieces of evidence against an impact assessment framework and identifies the research gaps to be addressed by the academic community and public sector organizations.

Bryson, J. (2004). *Strategic Planning for Public and Non-profit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. San Francisco, Jossey-Bass.

When it was first published more than sixteen years ago, John Bryson's "Strategic Planning for Public and Nonprofit Organizations" introduced a new and thoughtful strategic planning model. Since then it has become the standard reference in the field. In this completely revised third edition, Bryson updates his perennial bestseller to help today's leaders enhance organizational effectiveness. This new edition: Features the Strategy Change Cycle--a proven planning process used by a large number of organizations Offers detailed guidance on implementing the planning process and includes specific tools and techniques to make the process work in any organization Introduces new material on creating public value, stakeholder analysis, strategy mapping, balanced scorecards, collaboration, and more Includes information about the organizational designs that will encourage strategic thought and action throughout the entire organization Contains a wealth of updated examples and cases

Bryson, J. R., W. (1988). The initiation of strategic planning by governments. *Public Administration Review*, 48(6) 995-1004.

Strategic planning is a process that can help governments recognize where they need to make changes. Strategic planning is an administrative process innovation designed to routinize the recognition, development, and implementation of needed innovations. Implementation involves three related processes: gathering of key actors; working through a structured strategic thinking and acting process; setting priorities for action and generating those actions.

Burke, B. F. (2005). The Human Side of Managing for Results. *The American Review of Public Administration*, 35(270).

This article establishes and tests a scheme for studying as well as implementing managing-for-results (MFR) reforms. Previous research on MFR and “reinvention” divides between survey-based research, which has a potential to overstate the level of success in implementing best practices such as strategic planning and outcome measurement, and case-based research, much of which identifies difficulties with the implementation of these reform techniques. This article assesses the extent to which variation in MFR implementation occurs in 24 “reputation leader” municipalities and the likely human dimensions that affect MFR implementation across the study jurisdictions. These include the extent to which employee participation is a part of the reform and employee buy-in is pursued, the presence of sustained and persistent leadership on behalf of the reform, and the establishment and nurturing of a supportive organizational culture underlying reform efforts. This analysis produces a more robust classification and framework for studying and implementing MFR. This article proceeds through five aspects of improving the specification of the MFR initiative. The article develops an enhanced quantitative and qualitative assessment of MFR success using local government cases. First, it assesses the survey- and case-based literature on the implementation of the core MFR components of performance measurement and strategic planning. Second, with an analytic focus on 24 “reputation leader” municipalities (Ammons, 1991; Government Finance Officers Association, 2002), the article assesses the extent to which variation in the use of MFR “best practices” occurs. Third, the article expands the analysis within the same municipalities to assess the likely human dimensions that affect MFR implementation. In particular, it examines the extent to which employee participation is a part of the reform and employee buy-in is pursued, the presence of sustained and persistent leadership on behalf of reform, and the establishment and nurturing of a supportive organizational culture underlying reform efforts. Fourth, the article offers a more robust classification and framework for both studying and implementing MFR in public agencies than is found in the current literature. The conclusion discusses further application of the study of the human dimensions underlying MFR reforms.

Calhoun, J. (2002). Using the Baldrige Criteria to Manage and Assess the Performance of Your Organization. *The Journal of Quality and Participation*, Summer.

Camp, R. (1989). *Benchmarking: The Search for Industry Best Practices That Lead to Superior Performance*. Chicago, ASQ Press.

Chesney (2009). Questions to Answer for Improved Strategic Planning. *Home Health Care Management & Practice*, 21(432).

Davis, B. (2002-2003). Performance-Based Costing. *DISAM Journal*.

Performance-based costing (PBC) is a logical outgrowth and correlate of Performance-based budgeting. In this article, PBC is treated as a variant of “activity-based costing.” Using examples from the US public and private security field, the author highlights the value of PBC in connecting Resources, Activities, and Outputs or “Cost Objects.” In all three cases, the author

highlights the role of drivers for each of the areas. In operation, PBC analyzes costs associated with an organization's activities, assigning those costs to specific cost objects. By tracing costs to activities, a picture of what drives the costs of producing services or outcomes can be obtained. If costs are beyond reasonable expectation, PBC allows the agency to identify the activity or activities that are driving these costs. Ultimately, PBC provides an improved framework for decision-making since it seeks to use strategic planning to frame activities and outcomes. The author concludes with a series of security industry illustrations.

Davis, B. (2002). Performance Based Costing. *The DISAM Journal*, Fall 118 - 124.

This article focuses on PBC and its implementation. Since the time of that article, the PBB process has been extended to include all claimants of the foreign military sales (FMS) administrative budget, including the military departments (MILDEPs) and defense agencies, as well as the foreign military financing (FMF) administrative budget. Similarly, the budgetary details of the overseas security assistance organizations (SAOs) will be incorporated in the PBB data, via download from the Security Assistance Automatic Resource Management System (SAARMS).

De Lancer Julnes, P. (2006). Performance Measurement. *Evaluation*, 12(2) 219-235.

For much of the 20th century, accountability and performance measurement in the public sector centered on financial accounting, focusing on questions of how much money was spent and on what. Improved performance was mostly defined in terms of managerial efficiency. Recently, however, accountability has taken on a broader meaning to include the results of public actions. This emphasis on managing for result™ has yielded the GPRA (Government Performance and Results Act) approach in the US government. Efforts to promote accountability with this emphasis, however, have occasioned a backlash. In particular, some have criticized the information that results from performance measurement systems as inadequate for the task of guiding government resource allocation decisions. That task, say critics, is the domain of program evaluation. In reviewing the contributions of performance measurement and its limitations, this article concludes that accountability needs are better addressed when program evaluators and performance measurement practitioners cooperate.

Drummond-Hay, R. B., D. (2009). A case study into planning and change management within the UK National Health Service. *International Journal of Public Sector Management*, 22(4) 324-337.

Purpose - The purpose of this paper is to present an empirical case study which was undertaken to examine planning and change management within a UK National Health Service (NHS) multi-site hospital. Design/methodology/approach - A case study was undertaken within a UK-based NHS hospital trust. Having reviewed the available literature, the research collated and analyzed existing planning and change implementation within the hospital using multiple collection methods. This culminated in specific recommendations. Findings - It was established that the following were all factors of influence: articulating change in the MIS; preparing for the 18-week patient pathway; choose and book: managing patient demand; and payment by results: financial accountability at all levels. These were all high profile issues requiring specific and immediate attention, if the proposed plans and changes were to be implemented according to the objectives set. Research limitations/implications - The case study methodology applied was appropriate,

generating data to facilitate discussion and to draw specific conclusions. A perceived limitation is the single case approach; however, Remenyi et al. argue that this can be enough to add to the body of knowledge. Practical implications - From the research, a number of key influences were identified to have a significant impact on planning and managing change within the MIS. Specific recommendations are made. Originality/value - The core contribution of the research adds to the body of knowledge about planning and the management of organizational change within healthcare.

Ekstrand, L. E. (2006). VA Health Care: Spending for Mental Health Strategic Plan Initiatives Was Substantially Less Than Planned: GAO-07-66. *GAO Reports*, U.S. Government Accountability Office: 1.

Ellig, J. and H. Wray (2008). Measuring Performance Reporting Quality. *Public Manager*, 37(2) 64-71. The article focuses on the study that evaluated the results of a pilot format on the quality of federal performance reporting in the U.S. It cites the requirement stipulated in the Government Performance and Results Act of 1993 (GPRA) to federal agencies in developing strategic plans and determine how they would measure outcomes, set annual performance goals and produce them. It also adds that the U.S. Office of Management and Budget (OMB) has introduced an alternative pilot format for fiscal year 2007 (FY07) to address the issues on reporting. Moreover, it discusses the benefits that the pilot format may generate compared to the Mercatus Center's evaluation previously employed.

Federal Benchmarking Consortium (1997). Serving the American Public: Best Practices in Customer-Driven Strategic Planning. *Report of the Federal Benchmarking Consortium*, February.

This report documents the team's findings and will serve as a useful tool for leaders and managers at all levels of government in adapting those best practices and formulas for success to governmental programs and operations, so that federal agencies can meet or exceed the best in customer-driven strategic planning. The "best-in-class" organizations use aggressive and varied ways to locate and listen to the "Voice of the Customer." All of the organizations studied recognized the importance of timely, accurate, and complete information both from, and about, their customers. Indeed, virtually all of the benchmarking partners used wide arrays of both simple (e.g., point of service response cards) and sophisticated (e.g., technologist advisory panels) methods to gain insights into ways of improving their products and services for current customers, as well as ways to identify and develop new customers. Planning drives the budget. The strategic plans of the partners are used to run the organization and make resource allocation decisions. The strategic and business plans of the partner organizations are most often developed in parallel with the financial planning process. Strategic decisions are made about where the organization should be going and how to get there. Business plans and financial plans are then linked at the resource allocation stage

Finney, R. (1993). *Powerful Budgeting for Better Planning and Management*. New York, American Management Association.

Flynn, B. S., B (2001). Further evidence on the validity of the theoretical models underlying the Baldrige criteria. *Journal of Operations Management*, 19 617-622.

Flynn, B. S., B (2002). "Relevance Of Baldrige Constructs In An International Context: A Study Of National Culture. *Academy of Management Proceedings*, 24(5) 583-604.

Although the role of national culture in the implementation of quality management has long been debated, there has been little research to clearly articulate the relationship between national culture and quality management practices. The practices associated with quality management are primarily borrowed from Japan and are often treated as though they are universal. The Baldrige criteria are one way of codifying this set of practices, raising the issue of whether the Baldrige criteria are even appropriate in the U.S. The Baldrige award has been perceived as an important catalyst for transforming organizations and a recipe for world class quality. Because of this, it has been adopted, with varying degrees of local modification, by countries around the world, as their national award. This practice raises the question of whether extending the Baldrige criteria and its underlying framework to other countries is appropriate. This paper studies this issue, at the level of the theoretical constructs underlying the Baldrige framework, to assess whether the Baldrige framework is robust across national cultures. Is it appropriate to apply it as a framework for excellence in national cultures that are very different than the U.S. national culture, or are local adaptations necessary? These questions are investigated by examining the constructs underlying the Baldrige criteria in light of Hofstede's (1984, 1997) dimensions of national culture.

Frei, F. (2008). The Four Things a Service Business Must Get Right. *Harvard Business Review*, April.

Friedberg, A. L. (2007). Strengthening U.S. Strategic Planning. *Washington Quarterly*, 31(1) 47-60.

The article examines the national strategic planning process in the U.S. It is argued that although offices and bureaus in different executive branches of the government have accomplished parts of the task on nation's security for their respective agencies, there is still a lack of real effort to correct certain shortcomings including the institutional and intellectual deficiencies. It also explores the purpose of the strategic planning, the key tasks and functions of the policy planning staff of the Department of State and several ways in strengthening strategic planning capabilities.

Garst, K., H. Carter, et al. (2006). What metrics have you and your board agreed upon for measuring the success of the association's strategic plan? *Associations Now*, 9-9.

Discusses the metrics used by the board of directors of various organizations to measure the success of their strategic plan. Details of the measurable program outcomes developed by the Oregon State Bar for each of its programs and services; Significance of the decision of the Williamson County Association of Realtors to share its strategic plan with the entire membership by posting it on the association's Web site; Factors considered by the Society of Professional Benefit Administrators in measuring the success of its strategic plan.

Glaister, K. W., O. Dincer, et al. (2008). A causal analysis of formal strategic planning and firm performance. *Management Decision*, 46 365-391.

Government Accountability Office (2002). Managing for Results: Agency Progress in Linking Performance Plans With Budgets and Financial Statements: GAO-02-236. *GAO Reports*, U.S. Government Accountability Office: 1.

This report updates GAO's previous assessments of agencies' experiences in linking performance plans and budgets under the Government Performance and Results Act of 1993 (GPRA). GAO has also included in this report an initial assessment of the approaches used by agencies to link performance plans with their audited annual financial statements. Over the first four years of agency efforts to implement GPRA, GAO observed that agencies continue to tighten the required linkage between their performance plans and budget requests. Of the agencies GAO reviewed over this period, all but three met the basic requirement of the act to define a linkage between their performance plans and the program activities in their budget requests, and most of the agencies in GAO's review had moved beyond this basic requirement to indicate some level of funding associated with expected performance described in the plan. More importantly, more agencies each year--almost 75 percent in fiscal year 2002 compared to 40 percent in fiscal year 1999 - were able to show a direct link between expected performance and requested program activity funding levels--the first step in defining the performance consequences of budgetary decisions. However, GAO has also observed that the nature of these linkages varies considerably. Most of the agencies in GAO's review associated funding requests with higher, more general levels of expected performance, rather than the more detailed "performance goals or sets of performance goals" suggested in the Office of Management and Budget guidance. Similarly, agencies' initial efforts to link performance plans to their statements of net cost are encouraging and improving, but some presentations were more informative than others. However, various approaches were used to present this information, ranging from broad linkages of overall agency costs to general goals to more specific descriptions of component organization costs by strategic objective.

Government Accountability Office (2002). Managing for Results: Using Strategic Human Capital Management to Drive Transformational Change: GAO-02-940T. *GAO Reports*, U.S. Government Accountability Office: 1.

Strategic human capital management is critical to maximizing government's performance and ensuring its accountability for the benefit of the American people. The early years of the 21st century are proving to be a period of profound transition being driven by several key trends, including global interdependence; diverse, diffuse, and asymmetrical security threats; rapidly evolving science and technology; dramatic shifts in age and composition of the population; important quality of life issues; the changing nature of the economy; and evolving governmental structures and concepts. GAO designated strategic human capital management as a government wide high-risk area because of a long-standing lack of a consistent strategic approach to marshaling, managing, and maintaining the human capital needed for government to deliver on its promises. Three broad human capital reform opportunities are instrumental to agency transformation efforts: aligning individual and organizational performance, implementing results-oriented pay reform, and sustaining agency transformation efforts.

Government Accountability Office (2004). Performance Budgeting: OMB's Program Assessment Rating Tool Presents Opportunities and Challenges for Evaluating Program Performance. *GAO Reports*, Government Accountability Office.

This report discusses] performance budgeting and the Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART). Since the 1950s, the federal government has attempted several government wide initiatives designed to better align spending decisions with expected performance—what is commonly referred to as “performance budgeting.” The consensus is that prior efforts - including the Hoover Commission, the Planning-Programming-Budgeting-System, Management by Objectives, and Zero-Based Budgeting—did not succeed in significantly shifting the focus of the federal budget process from its long-standing concentration on the items of government spending to the results of its programs. However, the persistent attempts reflect a longstanding interest in linking resources to results.

Government Accountability Office (2005). Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making. *Government Accountability Office*.

Agencies can use performance information to make various types of management decisions to improve programs and results. Agencies can also implement a number of practices that can enhance or facilitate the use of performance information. GAO identified four broad types of management decisions for which federal managers can use performance information and five different types of practices that can contribute to greater use of performance information.

Government Accountability Office (2005). Performance Budgeting: Efforts to Restructure Budgets to Better Align Resources with Performance: GAO-05-117SP. *GAO Reports*, U.S. Government Accountability Office: 1.

Efforts to better align and integrate budget and performance information raises many issues, including the question of budget structure--should appropriations accounts or congressional budget justifications or both be restructured to tighten the link between resources and performance? If so, how and to what extent? The administration elevated attention to this issue by including budget restructuring as part of the President's Management Agenda in 2001. To provide an overview of the various budget restructuring efforts underway in the federal government, GAO: (1) summarized steps taken by the Office of Management and Budget (OMB) and nine selected agencies to better align their budgets with performance and to better capture the cost of performance in the budget; (2) discussed the potential implications of these efforts for congressional oversight and executive branch managerial flexibility and accountability; (3) described the experiences and implementation challenges associated with these efforts; and (4) identified lessons learned that can provide insights useful in considering current and future budget restructuring efforts. Budget restructuring--changes to the congressional budget justifications and in some cases appropriations accounts to better align budget resources with programs and performance--has the potential to help reframe budget choices and is one tool among many that can advance results-oriented management. The administration has pursued budget restructuring, requiring agencies to submit a "performance budget" beginning with fiscal year 2005. Agencies took a variety of approaches, and these different approaches have different implications for agency management and congressional oversight. The budget structure reflects fundamental choices about how resource allocation choices are framed and the types of controls and incentives

considered most important. As such, budget restructuring involves significant tradeoffs between the type of information provided and accountability frameworks used and has implications for the balance between managerial flexibility and congressional control. Accordingly, our work revealed differing views on the potential benefits and shortcomings of budget restructuring. OMB and agency officials credited budget restructuring with supporting more results-oriented management by increasing attention to strategic planning, performance, and results, providing more complete information on the budget resources associated with performance, and in some cases, enhancing agencies' flexibility and incentives to make tradeoffs necessary to increase efficiency and effectiveness. However, budget changes did not meet the needs of some executive branch managers and congressional appropriations subcommittees. Officials from two case study agencies said that restructuring may complicate resource management. For example, by allocating administrative expenses across programs, the restructuring has the potential to reduce their ability to shift resources among programs to address unanticipated needs. Also, congressional appropriations subcommittee staff expressed general support for budget and performance integration but objected to changes that substituted rather than supplemented information traditionally used for appropriations and oversight, such as object class and workload information. In addition, questions have been raised about the ability of agencies' performance and financial management systems to support the new budget structures. Going forward, infusing a performance perspective into budget decisions may only be achieved when the underlying information becomes more credible, accepted, and used by all major decision makers. Thus, Congress must be considered a partner. In due course, once the goals and underlying data become more compelling and used by Congress, budget restructuring may become a more compelling tool to advance budget and performance integration.

Government Accountability Office (2006). VA Long-Term Care: Data Gaps Impede Strategic Planning for and Oversight of State Veterans' Nursing Homes: GAO-06-264. *GAO Reports*, U.S. Government Accountability Office: 1.

Government Accountability Office (2007). 21st century Challenges: How Performance Budgeting Can Help, *Government Accountability Office*.

Even the best performance data are insufficient to achieve real improvements in management and program results unless they are used by decision makers and managers alike to inform policy and management decisions.

Government Accountability Office (2007). Public Health and Hospital Emergency Preparedness Programs: Evolution of Performance Measurement Systems to Measure Progress: GAO-07-485R. *GAO Reports*, U.S. Government Accountability Office: 1.

The September 11, 2001, terrorist attacks, the anthrax incidents during the fall of 2001, Hurricane Katrina, and concerns about the possibility of an influenza pandemic have raised public awareness and concerns about the nation's public health and medical systems' ability to respond to bioterrorist events and other public health emergencies. From 2002 to 2006, the Congress appropriated about \$6.1 billion to the Department of Health and Human Services (HHS) to support activities to strengthen state and local governments' emergency preparedness capabilities under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002

(Preparedness and Response Act). HHS has distributed funds annually to 62 recipients, including all 50 states and 4 large municipalities, through cooperative agreements under two programs--the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program, and the Health Resources and Services Administration's (HRSA) National Bioterrorism Hospital Preparedness Program. The common goal of CDC's and HRSA's preparedness programs is to improve state and local preparedness to respond to bioterrorism and other large-scale public health emergencies, such as natural disasters or outbreaks of infectious disease. Annually, both CDC and HRSA develop and issue program guidance for recipients that describes activities necessary to improve their ability to respond to bioterrorism and other public health emergencies and sets out requirements for measuring their performance. Each recipient is required to submit periodic reports that track progress in improving their preparedness. As a result of the nation's ineffective response to Hurricane Katrina and the need to prepare for a possible influenza pandemic, members of the Congress have raised questions about CDC's and HRSA's efforts to monitor the progress of their preparedness programs. Because of these questions, we are reporting on (1) how CDC's and HRSA's performance measurement systems have evolved and (2) how CDC and HRSA are using these systems to measure the progress of their preparedness programs. Since 2002, CDC's and HRSA's performance measurements have evolved from measuring capacity to assessing capability. Early in their programs, both agencies used markers or values that they called benchmarks to measure capacity-building efforts, such as purchasing equipment and supplies and acquiring personnel. These benchmarks were developed from activities authorized in the Preparedness and Response Act. In 2002, CDC established 14 benchmarks, such as requiring each recipient to designate an executive director of the bioterrorism and response program, establish a bioterrorism advisory committee, and develop a statewide response plan. From 2003 to 2005, CDC further developed its performance measurements by obtaining input from stakeholders to make a transition from using benchmarks focused on capacities to using performance.

Government Accountability Office (2007). U.S. Public Diplomacy: Actions Needed to Improve Strategic Use and Coordination of Research: GAO-07-904. *GAO Reports*, U.S. Government Accountability Office: 1.

Government Accountability Office (2009). GAO Performance and Accountability Report for 2008. *Government Accountability Office*, GAO-09-1SP.

To accomplish our mission, we (GAO) use a strategic planning and management process that is based on a hierarchy of four elements, beginning at the highest level with the following four strategic goals: Strategic Goal 1: Provide Timely, Quality Service to the Congress and the Federal Government to Address Current and Emerging Challenges to the Well-Being and Financial Security of the American People Strategic Goal 2: Provide Timely, Quality Service to the Congress and the Federal Government to Respond to Changing Security Threats and the Challenges of Global Interdependence Strategic Goal 3: Help Transform the Federal Government's Role and How It Does Business to Meet 21st Century Challenges Strategic Goal 4: Maximize the Value of GAO by Being a Model Federal Agency and a World-Class Professional Services Organization

Government Accountability Office (2004). Results-Oriented Government: GPRA Has Established a Solid Foundation for Achieving Greater Results. *U.S. General Accounting Office*. GAO-04-38.

GPRA's requirements have established a solid foundation of results-oriented performance planning, measurement, and reporting in the federal government. Federal managers surveyed by GAO reported having significantly more of the types of performance measures called for by GPRA (see fig. below). GPRA has also begun to facilitate the linking of resources to results, although much remains to be done in this area to increase the use of performance information to make decisions about resources. In our report, we also found agency strategic and annual performance plans and reports have improved over initial efforts.

Government Accountability Office (2005). Performance Measurement and Evaluation: Definitions and Relationships. *United States Government Accountability Office*.

Government Accountability Office (2009). COMBATING GANGS: Better Coordination and Performance Measurement Would Help Clarify Roles of Federal Agencies and Strengthen Assessment of Efforts. *United States Government Accountability Office*.

To determine the extent to which federal agencies have measured the results of their gang enforcement efforts, we first assessed how DOJ and DHS components defined "gang" and gang-related crimes. We reviewed data maintained by DOJ and DHS law enforcement agencies and U.S. Attorneys on gang-related investigations and prosecutions, and we interviewed headquarters officials. To assess the reliability of statistical information we obtained, we discussed the sources of the data with agency officials and reviewed documentation regarding the compilation of data. We determined that the data were sufficiently reliable for the purposes of this review. We also reviewed DOJ and DHS strategic plans, budgets, and performance reports. We compared DOJ and DHS efforts to measure the results of their gang enforcement efforts to criteria in our prior work on effective interagency collaboration and results oriented government.⁵ We also asked interviewees in the 15 localities we visited how they measured the results of local gang enforcement efforts.

Greatbanks, R. and D. Tapp (2007). The impact of balanced scorecards in a public sector environment. *International Journal of Operations & Production Management*, 27: 846-873.

Gueorguieva, J., Apaza, C. Bennett, L. Brownley, C. Cronin, S. & Preechyanud, P. (2009). The Program Assessment Rating Tool and the Government Performance and Results Act: Evaluating Conflicts and Disconnections. *The American Review of Public Administration*, 39: 225-245.

Hall, M. L., J. (2003). Using the Baldrige Criteria to Assess Strategic Planning: A Case Study. *The Journal for Quality and Participation*, 26(2) 36-39.

Harsell, D. M. and V. D. Jones. Managing for Results: Implementation Challenges Faced in New Jersey Municipal Government. Conference Papers. *American Political Science Association*.

Managing for Results (MFR) is a performance-based managerial system heralded as a means to increase the efficiency and effectiveness of government service provision. The MFR process utilizes strategic planning, benchmarking, setting performance indicators and targets, monitoring

feedback, and developing mechanisms to report performance successes and failures to stakeholders. The most visible MFR system is the Government Performance and Results Act of 1993 (GPRA). Likewise, MFR scholarship tends to focus on the federal and state levels. This inquiry fills a gap in the MFR literature with its focus on issues related to municipal level implementation. Indeed, managerial capacities of municipal governments can also benefit from MFR systems that link performance measurements to their strategic planning process. However, municipal governments face many more obstacles toward a successful MFR implementation than their state and federal counterparts. The MFR capacities of seven New Jersey municipalities are examined by data collected through interviews, questionnaires, and a content analysis of public documents as part of a yearlong study conducted by the New Jersey Initiative. The data were evaluated against four vital MFR criteria: the extent to which the municipality engages in strategic planning; develops and uses performance measures; utilizes results data for policymaking, management and evaluation of progress; and clearly relates the results of its activities to its stakeholders.

Hite, R. C. (2009). HUD Needs to Strengthen Its Capacity to Manage and Modernize Its Environment. *GAO Reports*, 1-47.

The article presents information about a study on the key information technology (IT) management and modernization controls including strategic planning and human capital management, established by the U.S. Department of Housing and Urban Development (HUD) to carry out its community development missions. The study was conducted by the U.S. Government Accountability Office. It is recommended that HUD should strengthen its IT management controls to maximize support for its programs.

Holzer, M., Charbonneau, E. & Kim, Y. (2009). Mapping the terrain of public service quality improvement: twenty-five years of trends and practices in the United States. *International Review of Administrative Science*, 75(403).

The quality movement in the United States has been characterized as an impetus for organizational effectiveness and responsiveness since the late 1970s. 'Quality' can be a subjective term as each organization has its own definition and boundaries. Three emphases are evident in the field of quality improvement: quality circles, total quality management, and citizen satisfaction. Practices of quality improvement in the public sector have been driven by demands from citizens for more effective services, outcomes that require the implementation of suitable quality models and standards.

Hopen, D. E. (2005). The Art and Process of Strategy Development and Deployment. *The Journal for Quality & Participation*, 28(4).

In the article, "Introduction to Strategic Planning," Michael I. Policastro, vice president of The Travelers, provides the following insight. "Ask 10 people for a definition of strategic planning, and you will probably receive 10 different answers. Most agree that it is a way to identify long-term goals and to direct your company toward fulfilling those goals," he writes. Indeed, people's concepts of the purpose of strategic planning vary dramatically and so do their reactions to the prospects of becoming involved in developing a plan or having their work guided by one. Some

view strategic planning as a rare opportunity to step outside the doldrums of routine work, and others equate the process with fortune telling.

Hoque, Z. (2008). Measuring and reporting public sector outputs/outcomes: Exploratory evidence from Australia. *International Journal of Public Sector Management*, 21 468-493.

Hutzschenreuter, T. (2006). Strategy-Process Research: What Have We Learned and What Is Still to Be Explored. *Journal of Management*, 32(5) 683-702.

This article attempts to reflect the current state and progress of strategy-process research. Based on a literature review, an integrative framework is developed encompassing key antecedents, process and outcome factors, and the interrelationship among them. The review reveals that strategy-process research has made considerable progress in the past, shifting the focus from strategic planning to new areas, thereby emphasizing the exposed position of the individuals involved. The authors recommend that researchers conduct more studies that explore the effects of the individuals involved in strategy processes and the phases prior to and after the actual decision making

Julnes, P. (2006). Performance Measurement An Effective Tool for Government Accountability? The Debate Goes On. *Evaluation*, 12(2) 219-235.

Kaissi, A. A. and J. W. Begun (2008). Strategic Planning Processes and Hospital Financial Performance. *Journal of Healthcare Management*, 53 197-209.

Kaplan, R. S. and D. P. Norton (2007). Using the Balanced Scorecard as a Strategic Management System. *Harvard Business Review*, Harvard Business School Publication Corp. 85 150-161.

Kaplan, R. S. and D.P. Norton (2004). *Strategy Maps Converting Intangible Assets into Tangible Outcomes*. Cambridge, MA, Harvard University Press.

This widely-read text recognizes that organizational leaders pursue success in terms of leading performance metrics. Often financial accounting systems models lead organization to invest in capabilities associated with such accounting metrics with the result that short-term tangible assets and results eclipse metrics associated with human resource capabilities, databases, information systems, customer relations, quality, responsive processes and innovative products and services. The authors argue for an approach not treating intangible assets as expenses in the period in which they are incurred. Using the “balanced scorecard” as a leading example, the authors argue for improved balance in performance measures so that customers, internal processes, and learning and growth receive greater attention. The result, based upon their longitudinal observation of major organizations, profit, non-profit, and public, is that “results” improve significantly.

Kaplan, S. L. and A. B. Gordon (2006). Transformational Diplomacy Takes Managing for Results. *Journal of Government Financial Management*, 55(3) 14-16.

The article presents a discussion about transformatal diplomacy. Transformatal diplomacy is important in ensuring that the American taxpayers know that their money is being used for U.S. foreign policy and development programs. Its purpose is to help people in the other countries

improve their own futures. The U.S Department of State and U.S. Agency for International Development are in charge of making sure that the money is invested wisely.

Kaplan, Robert S. & Norton, David P. (2001), *The Strategy-focused Organization: How Balanced Scorecard Companies thrive in the new business environment*, Harvard Business School Press.

Kaplan, Robert S.; Norton, David P. (2001). The Balanced Scorecard: Measures Which Drive Performance. *Harvard Business Review*, January.

Kim (2009). How Strategy Shapes Structure. *Harvard Business Review*, September.

Kostoff, R.N. (1996). Performance Measures for Government Sponsored Research: Overview and Background. *Scientometrics*, 36(3), 281-292.

Recognizing the external and competitive pressures that characterize the government sponsored research environment today, this article and companion articles in this issue of *Scientometrics* review the historical trends affecting the evolution of performance measures in research. The author of this article reviews multiple types of performance measures for sponsored research as well as specific indicators, showing the strengths and weaknesses of each type. With the advent of greater Information Technology capability, metrics have become more quantitative in nature and certain forms of accountability. The author concludes that trends towards quantitative performance measures for research accountability have not addressed the fundamental incapacity of such measures to capture the full range of research impacts.

Krawchuk, F. T. (2008). Collaborative Strategic Planning and Action: A New Approach. *Parameters: US Army War College*, 38(2) 67-78.

The article discusses U.S. national security and explores the ways in which the U.S. government should approach security policy. Details about the complex relationship between government planners, researchers, military planners and the private sector are presented. The role of the U.S. Integral Collaboration Team in the mediation between these parties is also explored.

Krentz, S. E., A. M. DeBoer, et al. (2006). Staying on course with strategic metrics. *Healthcare Financial Management*, 60(5) 86-93.

The article focuses on the use of strategic metrics by hospitals and other healthcare providers in the U.S. Metrics that combines a measure and a target can be developed for tactical and strategic planning. They must be used by providers to monitor implementation of their organization's strategic plan.

Kukalis, S. (2009). Survey of Recent Developments in Strategic Management: Implications for Practitioners. *International Journal of Management*, 26 99-106.

Langdon, D. (2000). *Aligning performance: Improving people, systems, and organizations*. San Francisco, CA: Jossey-Bass Pfeiffer.

Langdon, D. G., Whiteside, K. S., & McKenna, M. M. (Eds). (1999). *Intervention resource guide: 50 performance improvement tools*, San Francisco, CA: Jossey-Bass Pfeiffer.

Lawson, R. A., W. O. Stratton, et al. (2007). Scorecarding in the Public Sector. *Government Finance Review*, 23(3) 48-52.

This article discusses the use of an enterprise scorecard system in the public sector. The system is a strategic management tool that measures, monitors and communicates strategic plan and goals through the organization. Factors contributing to its popularity in the public sector include an increase in the skill level of government managers and increase in demand for government accountability. Organizations are using enterprise-wide software for their scorecarding efforts.

Lee, S. R., B. and Lee, S. (2003). Impact of Malcolm Baldrige National Quality Award Criteria on organizational quality performance. *International Journal of Production Research*, 41(9) 2003-2020.

Löffler, T. & Sommer, E. (2009). More quality through competitive quality awards? An impact assessment framework. *International Review of Administrative Sciences*, 75(383).

Mann Hyung, H. (2009). The influence of total quality management practices on the transformation of how organizations work. *Total Quality Management & Business Excellence*, 20 847-861.

Holzer, M., Charbonneau, E. & Kim, Y. (2009). Mapping the terrain of public service quality improvement: twenty-five years of trends and practices in the United States. *International Review of Administrative Science*, 75 (403).

Marcus, A. (2008). Would you like fries with that, Sir? The evolution of management theories and the rise and fall of total quality management within the American federal government. *Management & Organizational History*, 3 (311).

Modell, S. (2009). Institutional Research On Performance Measurement And Management In The Public Sector Accounting Literature: A Review And Assessment. *Financial Accountability & Management*, 25 277-303.

Motorola (2002). "Motorola CGISS Best Practices." *Performance Excellence*, 1.3.

Moynihan, D. P. Why and How do State Governments Adopt and Implement Managing for Results Reforms? Conference Papers -- *American Political Science Association*.

This paper seeks to answer three puzzles related to managing for results™ (MFR) reform efforts in state governments: why reforms were adopted despite evidence of non-use among statewide officials; why there was a partial adoption of New Public Management doctrine, emphasizing a focus on results, but neglecting managerial flexibility; and, why, despite the inauspicious pattern of adoption, there is still evidence of agency-level success in using MFR reforms? To answer these puzzles this paper proposes a theory of reform adoption and implementation, based on case-study analysis in three states. The theory proposes that why and how elected officials adopt MFR is based on their understanding of the relative costs and benefits “primarily symbolic“ of the reform. Adopting performance information systems is popular, has no natural opposition, and requires little work or loss of power on the part of elected officials. However, promoting wider

organizational reform to enable managerial flexibility is more difficult. What results, therefore, is a partial adoption of the easy and popular aspects of MFR. Managers at the agency level react to the partial adoption by seeking to use the tools provided by the reform where their constrained authority allows. Agency leadership react to reform requirements by identifying how such reforms may be used to add positive value to the organization, or at least limit costs, given the organizational context and the leaders agenda.

Moynihan, D. P. (2006). Managing for Results in State Government: Evaluating a Decade of Reform. *Public Administration Review*, 66(1) 77-89.

State governments in the United States have enthusiastically embraced the idea of managing for results. This appears to represent a victory for New Public Management policy ideas transferred from New Zealand, the United Kingdom, and Australia. The managing for results doctrine that emerged from these countries called for an increased focus on results but also increased managerial authority to achieve results. In return, it was claimed, governments would enjoy dramatic performance improvement and results-based accountability. This article assesses the implementation of public management reform in the United States and argues that the managing for results doctrine has been only partially adopted. State governments selected some of the New Public Management ideas but largely ignored others. In short, state governments emphasized strategic planning and performance measurement but were less successful in implementing reforms that would enhance managerial authority, undermining the logic that promised high performance improvements.

Neilson (2008). The Secrets to Successful Strategy Execution. *Harvard Business Review*, June.

Newcomer, K. E. (1997). *Using Performance Measurement to Improve Public and Nonprofit Programs*. San Francisco, Jossey-Bass.

Obeng, K. and I. Ugboro (2008). Effective strategic planning in public transit systems. *Transportation Research: Part E*, 44 420-439.

Abstract: This paper identifies the characteristics of strategic planning systems of transit agencies that enhance these agencies' abilities to respond effectively to federal legislative requirements and mandates, and have positive community impacts. These characteristics are, each unit or division must develop its own action plan to be combined into a system-wide strategic plan, strategic planning should receive more than lip service from top and unit or division level managers, and it requires the involvement and commitment of top-level management. Additional characteristics are, strategic planning should be designed to have an external orientation, to focus on an organization's responsiveness to the demands of its customers, and it should focus on identifying and exploiting areas of future growth opportunities. Furthermore, it requires involvement of employees, and it must fit the management and decision-making styles of top-level managers.

Opie, B. (2008). Measuring What Matters. *Government Finance Review*, 24(2) 42-45.

The article focuses on the city of Westminster Colorado's approach to measure their performance. It is mentioned that in order to gauge one's performance efficiently, one should be able to look in the current situation and assess it accurately. The city's performance program centers on their strategic plan for the city council, and a team checks on their performance within the organization. This aids city officials to evaluate their services to the public and the council. Benefits of the program to the city are offered.

Ou-Land, C. L., Y. BPMN-based business process model feasibility analysis: a petri net approach. *International Journal of Production Research*, 46(14) 3763-3781.

Pestieau, P. (2009). Assessing The Performance Of The Public Sector. *Annals of Public & Cooperative Economics*, 80 133-161.

Price, B. F. (2008). Service Quality In Regulated Network Industries. *Annals of Public and Cooperative Economics*, 79(2).

Pynes, J. (2009). *Human Resources Management for Public and Nonprofit Organizations: A Strategic Approach*. San Francisco, Jossey-Bass.

Quality, A. S. F. (2009). *2009-2010 Criteria for Performance Excellence*. Milwaukee, WI, American Society for Quality.

Quirk, B. (2007). The Four Things You Need to Know. *Public Policy and Administration*, 22 (3).

Robertson, R. E. (2004). U.S. Commission on Civil Rights: Management Could Benefit from Improved Strategic Planning and Increased Oversight: GAO-05-77. *GAO Reports*, U.S. Government Accountability Office: 1.

Rothwell, W. J. (1996). *Beyond training and development: State-of-the-art strategies for enhancing human performance*. New York, NY: American Management Association.

Schwartz, D. A. (2006). A Hitchhiker's Guide to the NIEHS Strategic Plan. *Environmental Health Perspectives*, 114(6) 334.

The article focuses on the drafting of the 2006-2011 strategic plan of the National Institutes of Environmental Health Sciences (NIEHS) in Great Britain. The plan provides an overview of the NIEHS goals and challenges and the Institute is implementing new programs to meet its goals and objectives. The plan is aiming in enhancing the opportunities within environmental health to bring clear understanding of the causes and development of complex human diseases. They have also established the Outstanding New Environmental Scientist program to support the development of independent investigators and recruit talented emerging scientists to the field.

Scott, W. (2003). Performance Improvement Interventions: Their Similarities and Differences. *Association For Quality & Participation*, 36(1) 26-30.

Segal, G.F and Summers, AB. (2002) Citizens' Budget Reports: Improving Performance and Accountability in Government. Reason Public Policy Institute. *Policy Study* 292.

Recognizing a growing requirement for public information about the quality and quantity of services provided to the public, the authors of this study contend that budgeting can and should focus upon outcomes rather than inputs and should link funding levels with measured results so that departments can be held accountable for outcomes. Strategic planning and performance measurement are the backbone of such an approach. To link the prospective view of strategic planning and budgeting with the retrospective view of performance measurement, the authors emphasize the importance of collecting a variety of data: input indicators, output/workload indicators, intermediate outcomes, end outcomes and effectiveness measures, and explanatory information. Finally, the authors conclude that responsiveness to stakeholders (citizens) is critical for obtaining the optimal result from linking strategic planning, budgeting, and performance measurement.

Sharyn M, S., Communication, et al. VA Strategic Plan. *FDCH Congressional Testimony*.

Statement of Sharyn M. Sutton Communication and Social Marketing Expert
Committee on House Veterans Affairs Subcommittee on Oversight and Investigations
July 15, 2008.

I would like to offer a social marketing perspective regarding outreach efforts by the Veterans Administration (VA) and address four areas of particular importance. These are:

- The critical need for a strategic outreach plan and its essential components;
- The synergistic role of national and state/local outreach;
- The importance of audience research to build the plan, strengthen the VA brand, develop a message strategy and evaluate outcomes; and
- Opportunities and Challenges for outreach within the Federal government.

Sadly, it is common for government agencies to offer benefits and services to the public, but then place the burden on citizens to access them. Many agencies fear the consequences of effective outreach in that it is believed the citizen response would overwhelm operations and resources. Without accepted standards and approaches to outreach, that hold agencies accountable for outcomes not just outputs, it is easy to reward poor performance. The testimony previously offered by the AD Council and presented here today provides an insightful explanation of key marketing and outreach principles. It is important to add that these principles must be executed within the context of a research- based strategic plan that includes a commitment of sufficient resources and ongoing evaluation to ensure success. A strategic plan establishes the goals and measurable objectives that will be achieved through outreach. The following briefly describes elements of a strategic plan designed to serve as a foundation for effective outreach.

Steinhardt, B. (2005). Results-Oriented Government: Improvements to DHS's Planning Process Would Enhance Usefulness and Accountability: GAO-05-300. *GAO Reports*, U.S. Government Accountability Office: 1.

The creation of the Department of Homeland Security (DHS) was the largest government reorganization in over 50 years, involving 170,000 employees and a \$40 billion budget. Given the magnitude of this effort, strategic planning is critical for DHS to ensure that it meets the nation's homeland security challenges. GAO was asked to assess the extent to which DHS's planning process and documents (1) address required elements of the Government Performance and Results Act of 1993 (GPRA) and other good strategic planning practices and (2) reflect its homeland and non-homeland security mission responsibilities. DHS has made considerable progress in its planning efforts, releasing its first strategic plan in 2004 that details its mission and strategic goals. Nevertheless, opportunities for improvement exist. The creation of DHS brought together 22 agencies to coordinate the nation's homeland security efforts and to work with Congress and numerous other organizations, including federal agencies, state and local governments, and the private sector, to further this mission. Although DHS planning documents describe programs requiring stakeholder coordination to implement, stakeholder involvement in the planning process itself was limited. Involving stakeholders in strategic planning efforts can help create an understanding of the competing demands and limited resources, and how those demands and resources require careful and continuous balancing. As DHS updates its strategic plan, earlier and more comprehensive stakeholder consultation will help ensure that DHS's efforts and resources are targeted at the highest priorities and that the planning documents are as useful as possible to DHS and its stakeholders. While DHS's strategic plan addresses five of the six GPRA-required elements, it does not describe the relationship between annual and long-term goals. This linkage is crucial for determining whether an agency has a clear sense of how it will assess progress toward achieving the intended results for its long-term goals. While DHS's strategic planning documents address most of the required elements of GPRA, not including them in the strategic plan makes it difficult for DHS and its stakeholders to identify how their roles and responsibilities contribute to DHS's mission and potentially hinders Congress's and other key stakeholders' ability to assess the feasibility of DHS's long-term goals. Additionally, several of the GPRA-required elements addressed in the strategic plan could be further developed through the adoption of additional good strategic planning practices. For example, identifying the specific budgetary, human capital, and other resources needed to achieve its goals could demonstrate the viability of the strategies and approaches presented for achieving its long-term goals. Finally, although DHS's priority is its homeland security mission--which emphasizes deterring terrorism in the United States--DHS's planning documents clearly address its responsibility for non-homeland security mission programs as well, such as its response to natural disasters. In addition, DHS planning officials said that non-homeland security responsibilities were represented in the planning process and documents due, in part, to the commitment of top leadership.

Stigter, M. (2007). Strategic objectives. *BRW*, 29(39) 56-56.

The article reports that transforming strategic plans into tangible results has been the main challenge faced by Australian companies. According to a Melbourne Business School Leadership Index supplementary research, between 70 and 90 percent of organizations fail to implement meaningful strategic change. The author discusses the factors that organizations should keep in mind when developing and implementing strategic plans.

Talbot, C. (1999). Public Performance - towards a new model? *Public Performance and Administration*, 14(3) 15-34.

This is an article about performance in government. It considers how performance, in a variety of senses, has become a dominant theme in probably the majority of OECD countries (although not all). It asks some fundamental questions about what is 'performance' in, and of, government by reflecting on what governments do in terms of the policy instruments available to them. It looks briefly at how developments in the use and understanding of 'performance' concepts (and related issues of quality) have been changing in the private sector - especially the emergence of new holistic models of performance or 'balanced scorecards'. It discusses how far these are relevant to public services performance, concluding that while there is much to learn there are also key areas of difference between 'performance' in the private and public sectors. Drawing on the evident strengths of the more holistic models developed in the private sector, it outlines a similar approach - a balanced framework - for public services, but one which takes account of the constraints and purposes of public service - the Public Service Excellence Model.

Thayer, F. (2006). Managing for Results: Neotaylorism Doesn't Fit." *PA Times*, 29(7) 8-10.

The article explores the concept of "Managing for Results." It discusses the relationship between mission results and pay for performance. The article highlights civil service reform in the United States since 1978. It also discusses the need for civil servants to be experts on "mediated corruption," if they are to become members of a new "iron triangle" of politicians, contractors and public administrators.

Thompson, K. R. and N. J. Mathys (2008). "The Aligned Balanced Scorecard: An Improved Tool for Building High Performance Organizations." *Organizational Dynamics*, 37 378-393.

Thomson, J. C. (2007). Anatomy of a Plan. *Strategic Finance*, 89(4) 21-28.

The article examines the role managerial accountants play in the corporate strategic planning process. Planning is the activity through which accountants create the longest-term impact on stakeholders in the corporation. Surveys show it is also a process management finds unsatisfactory. The managerial accountant is uniquely placed to help the corporation set the measures by which it determines the success of its strategic plan.

Towers, M. and A. Spanyi (2004). Herding Cats: Engaging the Organization in Executing Strategy. *Financial Executive*, 20(9) 48-52.

The article compares the difficulty of herding cats to the challenges faced by managers who seek to motivate employees to help translate plans into action. The article gives key elements to engage the organization with, including clearly articulating strategy, selecting the critical few measures of performance, and assuring that roles and accountabilities are clear. The article also explains the importance of compensation and recognition, establishing trust, and accounting for differences in culture.

Useem, G. (2009). Moving from Reporting Performance Information to Using It. *Government Finance Review*, 25(2) 47-50.

The article discusses the desired performance management system county agencies in the U.S. need to consider in order to improve strategic plans and performance measures as well as the use

of information. It notes that simply reporting strategic plans and performance measures may lead to accountability, but rarely results in using information for decision making. It adds that moving from reporting to evaluating performance information is the key to improving government services.

Van Tiem, D. M., Moseley, J. L., & Dessinger, J. C. (2000). *Fundamentals of performance technology: A guide to improving people, process, and performance*. Washington, DC: International Society for Performance Improvement.

Walker, D. M. (2007). GAO Strategic Plan, 2007-2012: GAO-07-1SP. *GAO Reports*, U.S. Government Accountability Office: 1.

Walker, R. M. and G. A. Boyne (2009). Introduction: Determinants Of Performance In Public Organizations. *Public Administration*, 87 433-439.

Wallace, M. (2009). Strategic Planning for Training and Professional Development. *Fire Engineering*, March: 111-116.

Webb, N. and D. Angelis (2009). Improving Performance Measurement in Defense Organizations. *Armed Forces Comptroller*, 54(1) 16-21.

The article describes performance measurement in government defense organizations and discusses the framework for understanding defense performance and provides examples focus on the U.S. Department of Defense community. It explains the circular flow of defense performance and its link to strategic goals and objectives. It also discusses the relationship between the cost of inputs and the amount of outputs to measure the efficiency of performance measurement and how to measure the effectiveness of the framework.

Wholey, J. S. (2001). Managing for Results: Roles for Evaluators in a New Management Era. *American Journal of Evaluation*, 22(3) 343.

Focuses on the role of evaluators in the management of organizations in the U.S. Creation of agreement on goals and strategies of the organization; Measurement and evaluation of performance; Assistance of agencies by using performance information. Results-oriented management is the purposeful use of resources and information in efforts to achieve and demonstrate measurable progress toward outcome-related agency and program goals. Results-oriented management is accomplished through a three-step process, each of which typically requires a series of iterations: (1) developing a reasonable level of agreement among key stakeholders on missions, outcome-oriented goals, and strategies to achieve the goals; (2) measuring performance (in particular, outcomes achieved) on a regular basis; and (3) using performance information in efforts to improve program effectiveness and strengthen accountability to key stakeholders and the public. Results-oriented management systems are typically developed over a number of policy and management cycles as policymakers, managers, and their staffs develop and refine goals and strategies, implement performance measurement systems, and use performance information. Goals, strategies, and measurement systems may be revised to reflect changes in policies and resources, experience in implementing strategies,

changes in priorities, introduction of new technologies, or changes in the availability of information on performance. When priorities change or results are unacceptable, new goals or strategies may be adopted and unproductive activities may be abandoned.

Wilson, J. W., M. & Needy, K. (2003). An Examination of the Economic Benefits of ISO 9000 and the Baldrige Award to Manufacturing Firms. *Engineering Management Journal*, 15(4) 3-10.

Woodward, A. (2009). Engaging frontline workers in times of organizational change. *Public Administration Review* 69(1) 25-28.

Based on interviews and focus groups.. authors describe how frontline workers approach their work...the most important challenge facing public administrators is not to make work more efficient but to make it more humane and caring...Leadership continues to be cited as the weakest link in public service.

Yang, M. H. a. K. (2004). Performance measurement and improvement: an assessment of the state of the art. *International Review of Administrative Sciences*, 74(3) 421-433.

Young, R.D. (2003). Performance-based Budget Systems. *Public Policy and Practice*, (USC).

In keeping with the growing interest in linking strategic planning, public policy, budgeting, and performance measurement to achieve a more optimal level of valued outcomes, this study suggests that evidence exists in the budgetary and planning practices of the 50 American states to suggest the great value of such connections. After reviewing the concept of Performance-based Budgeting and the potential value of strategic planning, the author suggests that performance-based budgeting benefits public agencies by: providing public accountability, driving program re-design, helping to rationalize budget allocations, improving cross-cutting programming, tying everyday government activity with overall strategic goals, aligning government spending with overall goals, and helping to identify cost-efficient and cost-effective programs. Ultimately, the study gives indication of the operative force of performance-based budgeting in a range of varied settings.

Zula (2007). Integrative Literature Review: Human Capital Planning: A Review of Literature and Implications for Human Resource Development. *Human Resource Development Review*, 6(3) 245-262.

Author Biographies

David M. Boan

Dr. Boan is co-founder and principal for performance improvement at Quality Science International and a psychologist with 30 years experience in healthcare quality and safety. He leads projects on organizational behavior, qualitative studies, impact studies and knowledge transfer.

Before starting QSI, Dr Boan was the Executive Director for Innovation and New Product Development at Joint Commission Resources (JCR). In that role he was responsible for enhancing JCR's capacity for innovation and for development of new products and services for patient safety and health care quality.

Dr. Boan received his PhD in 1978 in Clinical Psychology from the Rosemead Graduate School of Psychology at Biola University in California. His career began with a range of clinical, community and consulting work, including individual clinical services, development of community based services, and consulting on program and staff development and improvement. In 1992 he began working on the role of information systems in support of community services, which included an NIH grant on online assessment and referral for nursing home services.

In 1996 Dr. Boan joined the Delmarva Foundation for Medical Care in Easton, Maryland as Chief Information Officer. In that role, he developed information systems in support of quality improvement, including directing projects for CMS on promoting healthcare quality through information services. In 2001 he became the Vice President for Research and Development for Delmarva, focusing on design and testing of healthcare quality improvement services.

In 2006 Dr. Boan joined Joint Commission Resources (JCR) in Oak Brook Illinois. His work with JCR included creating services to enhance organizational capacity for quality and safety, sustaining performance improvement, leader quality improvement, and facilitating patient safe design, to name a few. His papers and publications include assessment and intervention into organizational culture, development of teamwork, performance improvement models, and building capacity for change.

Dr. Boan makes his home in Wheaton, IL. He and his wife Andrea have two grown children, one living in Idaho and one in Virginia.

James Killingsworth

Dr. Killingsworth has over 30 years of experience as an internationally recognized health economist and national Country Advisor. His work has spanned governments, private companies, donor agencies, universities, and public-private partnerships and focused upon technical and research issues of

significance as well as matters of public policy and national regulation. He has special interest in health performance measurement, economic evaluation and budget analysis.

After an early period as a university researcher, professor, and Executive Director of HMO and PPO Independent Practice Organizations, Dr. Killingsworth served as a national health planner, policy analyst, and health economist for Stanford Research Institute in Saudi Arabia (4 years/Riyadh), the Department for International Development of the British government in Bangladesh (6 years/Dhaka), and for the Western-Pacific Region (WPRO) of the World Health Organization in China (5 years/Beijing).

Dr. Killingsworth was responsible for the health sector budgets in two national development plans for the Ministry of Planning, Kingdom of Saudi Arabia—National Health Planner, 4th and 5th Saudi Development Plans. He also established the initial Dhaka University health economics university curricula as well as the Health Economics Unit of the Bangladesh Ministry of Health and Family Welfare. He also served as Country Advisor for Health Systems and Finance for WHO, China (Chinese Ministry of Health, National Development and Reform Commission, and Development Research Center of State Council) where health system reform and equity and finance of accessible health services were his special concerns. His China portfolio included China's rural and urban health insurance, WTO accession trade impact, National Health Accounts and equity studies, and urban-rural health service integration under China Health Reforms. In conjunction with the Chinese Ministry of Health, Dr. Killingsworth also supported early hospital SARS infection control and reporting efforts for WHO, China.

Dr. Killingsworth joined Joint Commission International in Chicago as Managing Director for International Relations. This work focused upon quality improvement and accreditation-related initiatives in China, Japan, Korea, Thailand, Taiwan, and West Africa. He led the development of quality improvement and accreditation relationships with China universities (Peking University Health Science Center and Fudan University) and leading Chinese municipal health bureaus. He also built linkages for JCI with WPRO and coordinated agreements with the Chinese Ministry of Health.

In 2009 Dr Killingsworth left Joint Commission Resources and, with two colleagues, formed Quality Science International, an Illinois S-corporation (QSI) where he serves as President. QSI provides performance metrics, quality performance analysis, and training and consulting to healthcare organizations internationally. The special focus of QSI is on the effective measurement and analytic frameworks for quality improvement at the organizational and system level to facilitate sustained compliance with quality performance objectives. The People-Centered Healthcare framework currently promoted by the World Health Organization is the special area of expertise of the QSI team and serves as a model of special importance for low and middle income countries in both their urban and rural areas.

Jerry Lassa

Mr. Lassa is principle for performance analysis at QSI. A statistician and industrial engineer, Mr. Lassa has over seventeen years experience in quality and performance improvement in the health care industry in acute, ambulatory and community health settings. In addition to serving as a quality professional, Mr. Lassa is a seasoned university instructor of ten years. He teaches undergraduate and graduate courses in statistics, quality improvement and medical informatics at Northwestern University School of Continuing

Studies. Mr. Lassa has also served five years as a Baldrige-trained examiner, including one year as team leader, for the Lincoln Foundation for Performance Excellence. The Lincoln Foundation is the Illinois state-level version of the Baldrige National Quality Program.

Mr. Lassa spent the first ten years of his career at Northwestern Memorial Hospital, a 600 bed academic medical center, in Chicago, Illinois. There he served as an internal consultant to senior leadership in the management engineering department. In addition to facilitating various process improvement initiatives and conducting staffing utilization and workflow studies, he also served on a National Library of Medicine contract that studied the impact of electronic health records on patient care. After being promoted to director of the management engineering department, Mr. Lassa lead implementation of the hospital's first clinical and operational benchmarking system.

Following his tenure in acute care, Mr. Lassa transitioned to Community Health, where he has spent the last seven years of his career. He has since implemented multiple quality improvement functions by establishing a culture of data-driven management, solid measurable strategy, and performance indicator dashboard reporting systems.

Mr. Lassa first served at Erie Family Health Center, a community health center serving the under and uninsured Hispanic and Latino populations on the west side of Chicago. For five years he served as director of quality improvement with a nine month stint as interim CFO while redesigning the organization's budgeting system and overseeing implementation of a new patient management system. By helping Erie track progress towards goals and informing solid leadership and management decisions, the clinic nearly doubled the number of clients served from 16,000 to over 30,000.

Mr. Lassa then went on to lead two separate director positions at the same time for two years, implementing two more quality and performance improvement functions.

At Howard Brown Health Center, he again established a culture of data-driven management and implemented performance indicator dashboard reporting tools. He also facilitated development of a three-year strategic plan that included a broad-scale community needs assessment survey.

At the Alliance of Chicago, a startup application service provider that deploys electronic health records to community health centers, he developed performance dashboards for internal help desk operations and managed development of performance measures and reporting capability for the Alliance clinical data warehouse. The warehouse computes nationally defined health outcomes measures in preventive and chronic care from electronic health records across Alliance centers.

Serving as a Baldrige-trained examiner for five years at the Lincoln Foundation, Mr. Lassa participated in rigorous annual trainings and served each year on a team of examiners that reviewed high performing applicants for the Lincoln Award. An average of 150 hours were contributed each year in the review process including an individual review of the application against the Baldrige Criteria, consolidation of findings in a consensus process with a team of examiners, and conducting an on-site review of the applicant over a period of days. Upon completion of the review process, a recommendation for award

status would be made to Lincoln Foundation based upon the applicant's fulfillment of the Baldrige Criteria for Performance Excellence.

ⁱ Robinson, Marc (ed). **Performance Budgeting, Linking Funding and Results** Palgrave Macmillan (November, 2007). Young, Richard D. *Performance-Based Budget Systems*

ⁱⁱ See Literature Review section of this report.

ⁱⁱⁱ The QSI feasibility analysis of cost and budgeting recognized the importance of major stakeholderⁱⁱⁱ mandates concerning public agency finance. Included were recent congressional enactments such as the Government Performance and Results Act (1993), the Chief Financial Officers Act (19), and the Government Management Reform Act (19). These significant pieces of legislation set requirements for linking strategic plans, budgeting, activity monitoring with the performance of agencies and individuals within them. [cites]

^{iv} The QSI analysis recognizes, as well, the increased interest in strategic planning and finance relationships which have emerged as NIAD develops strategic plans and revenue forecasts for bio-terrorism under DHHS direction and links trans-agency strategic planning concerns with new fund expectations and reinvestment approaches associated with Research Initiatives Management System (RIMS) implementation. [cites]

^v Congressional Budget Office (1993). *Using Performance Measures in the Federal Budget Process*. YI 0.2:B5/31. Melkers, Julia and Katherine G. Willoughby (1998). "The State of the States: Performance Based Budgeting in 47 out of 50." **Public Administration Review** 58 (January/February), 66-73.

^{vi} See, Young, Richard D. "Performance-Based Budget Systems." **Public Policy and Practice** (January, 2003).

^{vii} Division of Clinical Research office of Strategic Planning and Assessment 2008/2009/2010 Strategic Plan, p. 9.

^{viii} Of course, a still further cluster of questions concerns whether adequate measurable information exists for assessing the effective operational connection of OSPA Strategic Plan goals and objectives with budget allocations and resource use decisions within DCR.

^{ix} CCRB Slide Presentation (2009) Slide No. 5, *CCRB Capabilities*.

^x See, OSPA Bi-annual Strategic Plan Progress Report for January – June 2009, Goal 1.

^{xi} See, for example, the