COLLABORATE©, Part IV: Ramping Up Competency-Based Performance Management

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ABSTRACT

Purpose/Objectives: The purpose of this fourth part of the COLLABORATE© article series provides an expansion and application of previously presented concepts pertaining to the COLLABORATE paradigm of professional case management practice. The model is built upon a value-driven foundation that:

- improves the patient's experience of health care delivery,
- provides consistency in approach applicable across health care populations, and
- optimizes the potential for return on investment.

Primary Practice Setting(s): Applicable to all health care sectors where case management is practiced.
Findings/Conclusions: As an industry, health care continues to evolve. Terrain shifts and new influences continually surface to challenge professional case management practice. The need for top-performing and nimble professionals who are knowledgeable and proficient in the workplace continues to challenge human resource departments. In addition to care setting knowledge, professional case managers must continually invest in their practice competence toolbox to grow skills and abilities that transcend policies and processes. These individuals demonstrate agility in framing (and reframing) their professional practice to facilitate the best possible outcomes for their clients. Therefore, the continued emphasis on practice competence conveyed through the performance management cycle is an essential ingredient to performance management focused on customer service excellence and organizational improvement.
Implications for Case Management Practice: Professional case management transcends professional disciplines, educational levels, and practice settings. Business objectives continue to drive work process and priorities in many practice settings. However, competencies that align with regulatory and accreditation requirements should be the critical driver for consistent, high-quality case management practice. Although there is inherent value in what various disciplines bring to the table, this advanced model unifies behind case management's unique, strengths-based identity instead of continuing to align within traditional divisions (e.g., discipline, work setting, population served). This model fosters case management's expanding career advancement opportunities.

Key words: case management, case management roles and functions, case management standards of practice, competency, health care, nursing, performance management, social work, transdisciplinary

Case management roots trace back to the early 19th century within the context of charitable organizations that provided support associated with public health and social services. These important events are highlighted in Box 1. Considering the 2016 national election outcome, the future of Patient Protection and Affordable Care Act (PPACA)-related policy and regulation and of other previously enacted legislation are at risk of repeal or reduction. It is impossible to forecast the legislative and regulatory changes to come, nor their subsequent impact on health care coverage, quality of care, and case management. That said, it is certain that case management

will feel the brunt of upcoming policy decisions in a variety of ways.

The first article in the COLLABORATE series (2013a) described the need for professional case management to claim a competence-based professional practice approach. The model (see

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TABLE 1
COLLABORATE© Competencies

Acronym	Competency	Key Elements
C	Critical thinking	Out-of-the-box creativity
		Analytical
		Methodical approach
O	Outcome-driven	Patient outcomes
		Strategic goal setting
		Evidence-based practice
L	Life-long learning	Valuing: • Academia and advanced degrees • Professional development • Evolution of knowledge requirements for new and emerging trends (e.g., technology, innovation, reimbursement) • Practicing at top of licensure and/or certification Acknowledging no one case manager can and does know all
L	Leadership	Professional identity
		Self-awareness
		Professional communication—verbal/nonverbal,
		Team coordinator: a unifier rather than a divider
A	Advocacy	Patient
		Family
		Professional
B	Big picture orientation	Biopsychosocial-Spiritual assessment
		Macro (policy) impact on micro (individual) intervention
O	Organized	Efficient
		Effective
R	Resource awareness	Utilization management
		Condition/population-specific
		Management of expectations per setting
A	Anticipatory	Forward thinking
		Proactive vs. reactive practice
		Self-directed
T	Transdisciplinary	Transcending • Professional disciplines • Across teams • Across the continuum
E	Ethical-legal	Licensure
		Certification
		Administrative standards
		Organizational policies and procedures
		Ethical codes of conduct

Table 1) leveraged acknowledged principles of safe, effective, and efficient health care in the United States including:

- The Joint Commission's requirement that hospitals assess, prove, track, and improve the competence of all employees (1995).
- The Institute of Medicine (now known as the National Academy of Medicine publications, *To Err Is Human: Building a Safer Heath System* [1999] and *Crossing the Quality Chasm: A New Health System for the 21st Century* [2001]).
- Recommendations to transition to competency-based oversight, which included five core competencies of providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics (IOM, 2003).
- Formation of Interprofessional Education Collaborative (IPEC), which brought together the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health (2011).
- Practice standards (Case Management Society of America [CMSA], 2010).

2016 CMSA Practice Standards Revision

Since publication of the textbook, CMSA updated its practice standards. The highlights of this update are presented below. At a minimum, it is strongly recommended that the previous three (3) articles and/or the textbook be read to place COLLABORATE, Part IV into the proper perspective.

The CMSA Standards of Practice for Case Management were introduced in 1995 with subsequent updates issued in 2002 and 2010. With the latest revision, CMSA continues its position as the longest standing and sole cross-continuum, transdisciplinary practice standards for professional case management practice. The CMSA Standards serve as a motif on which many international case management associations base their practice standards.

In brief, the 2016 revision includes modification to:

- The definition of case management, which reflects the importance of patient safety (Figure 1 shows the evolution of this definition).
- Practice settings include patient-centered care models that evolved following the passage of the PPACA.
- Roles and responsibilities reflect new research (Tahan, Watson, and Sminkey, 2016; Tahan, Watson and Sminkey, 2015).
- Process highlights include importance of *client engagement* as part of selection and assessment and refers to the *closure* of case management engagement versus termination.
- Philosophy and Guiding Principles emphasize the professional nature of case management practice, the collaborative approach taken when working with clients and the care team, the application and importance of maintaining cultural and linguistic awareness, the ongoing acquisition of knowledge and skills toward practice excellence, the importance of mentoring less experienced colleagues and fellow care team members, and the application of evidence in decision-making and practice.
- "How Demonstrated" examples are updated and reflective of changes in the health care system and Standards of Practice.
- Standard title changes emphasize professional practice and eliminate stigmatizing language (see Figure 2). (CMSA, 2016)

The 2016 revision has no impact on the COLLABORATE competencies (see Table 1), which are shown in Table 1. The model recognizes the hierarchy of competencies and practice behaviors aligned with the education levels of qualified and engaged case management professionals (Treiger & Fink-Samnick, 2013a, 2013b, 2016). Through the model, health and human service professionals are seated at case management's table that acknowledges one's skills and knowledge gained in tandem with work experience and professional development.

How case managers perceive and assess their practice has never been more significant, especially in advancing professional development. Case managers must take up the mantle of designing appropriate performance management processes that are reflective of CM competencies and not simply corporate productivity goals and business models. COLLABORATE shifts the workforce toward a competency-based performance management ideal, a new perspective to evaluate and develop professional case management strengths.

Performance Management

When the phrase *performance management* (PM) is uttered, most employees think immediately of reviewing an employee's performance, if not potentially dealing with underperforming staff. However, PM is a far more strategic effort that takes into account the development of human capital, an organization's

FIGURE 1
The evolving CMSA definition of case management. CMSA = Case Management Society of America. Adapted from CMSA Standards of Practice for Case Management. (1995, 2002, 2010, 2016)

FIGURE 2
Case Management Society of America's (CMSA's) 2016 standards of practice. Adapted from CMSA Standards of Practice for Case Management (2016).

greatest resource (Duggan, 2015). Experts note how companies worldwide are assessing and revamping the processes that were once marked by forced rankings, rigid rating systems, and once a year appraisals (Barry, Starr, & Liakopoulis, 2014). The new focus across the literature speaks to employee value marked by the identification and application of defined competencies, then using a comprehensive PM process that empowers future potential, and ensures strong succession planning (Aguinis, 2013; Barry et al., 2014; Daniels & Bailey, 2014; Duggan, 2015; Pulakos, 2004; Society of Human Resource Management Online Staff, 2016).

Foundational Scope

Performance management is an approach used to appraise an employee, process, equipment, or other element to gauge progress toward predetermined goals (BusinessDictionary.com, 2016a). The approach is often viewed as synonymous with a performance review or appraisal, which occurs at a defined point in the year. Therein lies a challenge and problem in understanding the difference between a performance appraisal and the grander process of PM. The former refers to a single task as opposed to the latter's more comprehensive system (Lawler, 2012).

A performance appraisal assesses an individual employee's job performance and productivity alone in relation to predefined criteria and organizational objectives (Abu-Doleh & Weir, 2007). This endeavor is a small piece of a much larger puzzle that ideally encompasses fostering overall professional growth for the employee. A new generation of studies affirms how organizations spend a significant amount of time on the evaluation of employees, but comparatively little on actual development of their skills (Duggan, 2015).

A workforce transition has occurred across all sectors of industry, impacting the historically popular forced ranking systems that were put in place at the start of the 20th century. Employees during this time were viewed as workers whose performance could be easily measured by metrics to denote output (e.g., the number of tasks completed, hours worked; Barry et al., 2014). By the close of the century, the process evolved to be known as rank-and-yank evaluation. This method of performance appraisal forced managers to evaluate employees on a bell curve and then dismiss those who were rated at the bottom (Hollon, 2013). The staff members who sat at the lower end of the curve were not necessarily poor performers, though they were viewed as such by virtue of their ranking. Forced ranking systems compelled managers to sacrifice otherwise good employees while protecting those viewed as more essential (Business. com editorial staff, 2015). Countless companies across the industry were highly criticized for using this method of review. Employee weaknesses were emphasized instead of identifying areas for growth and promise. While there was widespread elimination of rank-and-yank methodology, some companies still profess to the benefit of its application as a basis for compensation variation, particularly where a wide pay gap exists between differing levels of performance.

Fast forward to the present where more than 70% of the labor force are individuals who are employed in service- or knowledge-related jobs; case management included. Workplace performance in the 21st century is driven by skills, attitude, customer feedback, and team collaboration. High-quality performance is driven by successful PM that is geared to developing strong skills as opposed to solely ranking an individual at a fixed moment in time (Daniels & Bailey, 2014).

Drawbacks and Benefits

Both positive and negative perspectives about PM appear throughout the literature and the industry. These drawbacks and benefits are summarized in Figure 3 and each point is elaborated in the following section.

Drawbacks
Several barriers have been cited over the years to negatively impact the measuring of employee performance. Performance management is viewed by some organizations as time consuming and not worth the time or effort as a result (Barry et al., 2014; Daniels & Bailey, 2014; Lawler, 2012). A satisfaction survey of existing PM systems demonstrates a less than enthusiastic endorsement, with 58% of respondents giving
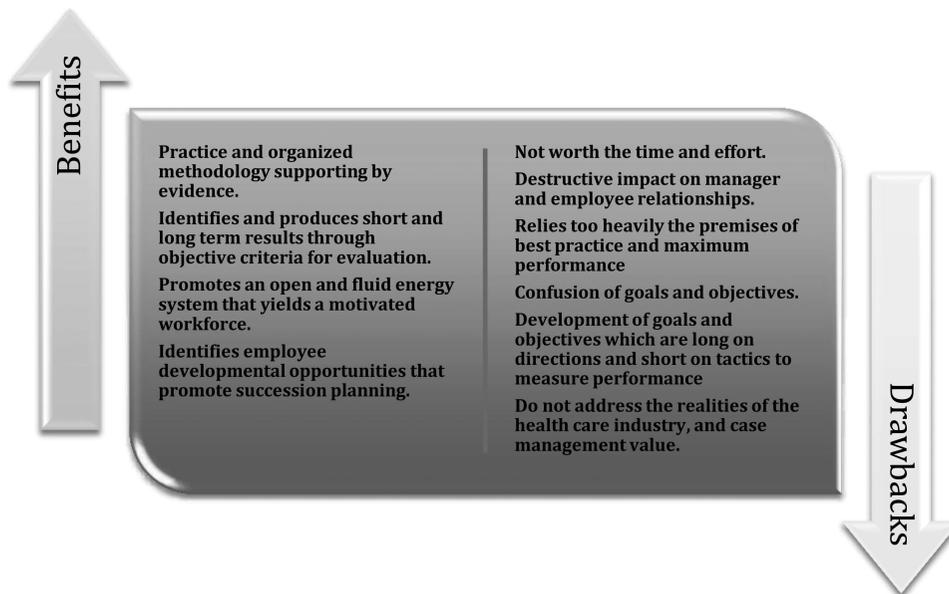
Benefits

Practice and organized methodology supporting by evidence.

Identifies and produces short and long term results through objective criteria for evaluation.

Promotes an open and fluid energy system that yields a motivated workforce.

Identifies employee developmental opportunities that promote succession planning.

Not worth the time and effort.

Destructive impact on manager and employee relationships.

Relies too heavily the premises of best practice and maximum performance

Confusion of goals and objectives.

Development of goals and objectives which are long on directions and short on tactics to measure performance

Do not address the realities of the health care industry, and case management value.

Drawbacks

FIGURE 3
Performance management drawbacks and benefits. Derived from Barry et al. (2014); Cancialosi (2016); Daniels and Bailey (2014); Duggan (2015); Groscurth (2015); Hewko and Cummings (2016); Lawler (2012); Treiger and Fink-Samnick (2016); and Vorhauser-Smith (2012).

their own organization's performance management systems a grade of "C" or below (Cancialosi, 2016; Vorhauser-Smith, 2012).

Experts argue that PM has a destructive impact on the relationships between managers and subordinates, requiring too high a level of accountability by the manager as opposed to the employee (Lawler, 2012). The portrayal of PM as a partnership is not easily accepted, with a common industry myth that human resources are responsible for the task as opposed to the employee or manager (Groscurth, 2015).

Performance management can easily rely too heavily on the fluid premises of best practice and maximum performance. The term, maximum performance, has no established definition. It is a subjective metric defined by each individual organization (Treiger & Fink-Samnick, 2014, 2016). This can yield tremendous inconsistency across employees, subject to new interpretations with each new manager or leader or both. On the contrary, the concept of best practice is formally defined as a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark (BusinessDictionary.com, 2016b). However, in the huge landscape of case management practice, a challenge presents. What works for one entity does not always work for all. There is far too much disparity across practice settings, in terms of access to resources and technology. In addition, the rapid evolution and advancement of the health care industry make today's best practice good only for a fixed moment in time, as it is quickly replaced by yet another best practice appearing around the next corner (Treiger & Fink-Samnick, 2016).

Another argument about PM involves how traditional models confuse goals and objectives. Goals and objectives are critical to PM as they provide four essential functions:

1. Provide guidance and direction,
2. Facilitate planning,
3. Motivate and inspire employees, and
4. Help organizations evaluate and control performance. (Feliciano, 2008)

However, the two concepts have unique definitions and purposes. *Goals* are observable and measureable end results having one or more objectives to be achieved within a fixed time (BusinessDictionary.com, 2016c). They inform employees where the organization is going and exactly how it plans to get there (Feliciano, 2008). *Objectives* refer to specific results that a person or system aims to achieve within a timeframe and with available resources (BusinessDictionary.com, 2016d). From a practice perspective, objectives are often seen as the finite steps used to reach goals. Figure 4 provides a rendering of these foundational concepts.

Another PM challenge continues along the same vein of misconstruing goals and objectives; the development of goals and/or objectives that are long on direction, but short on tactics to assure keen measurement. While this misstep can occur from confusing goals and objectives as previously discussed, it can be caused by other reasons. One (reason) involves individuals simply lacking expertise in how to develop measurable goals and objectives. Despite the industry acceptance of S.M.A.R.T. well over 30 years ago, not everyone can embrace the concept, or adeptly address each letter of the acronym:
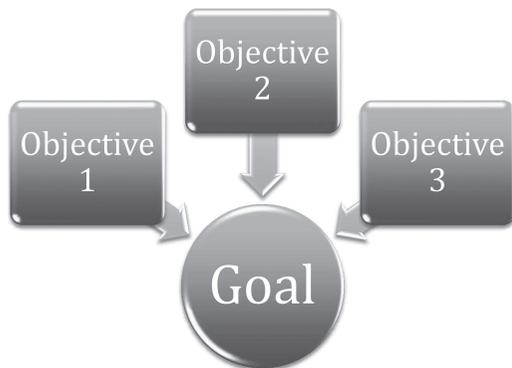
FIGURE 4
Objectives to goals.

- specific,
- measurable,
- attainable,
- relevant (also referred to as realistic), and
- time-bound (also referred to as tangible). (Doran, 1981; Morrison, 2010)

Studies have shown that overreliance on S.M.A.R.T. goals can backfire. Research found that only 15% of employees feel their goals would help them achieve great things whereas only 13% felt their goals would help them reach their full potential (Murphy, 2015). Specific and measurable goals can be easy to write, but the challenge comes with quantifying achievable and realistic, often more subjective measures. The case manager is critically important to the collaborative process of managing expectations through the development of goals that are reasonable and achievable within the context of understanding the client's health condition(s), his or her capacity and ability to perform tasks and responsibilities, and his or her knowledge of the resources available to each client (Treiger, 2012).

Goals should:

- Clearly define the end results to be accomplished,
- Have direct and obvious linkage to organizational factors or goals,
- Be difficult, but achievable, to motivate performance, and
- Be set in no more than three areas—attempting to achieve too many goals simultaneously impedes success. (Pulakos, 2004)

Defining a goal without clear objectives is as meaningless as trying to build a house with only bricks and no mortar. Further elaboration on applying S.M.A.R.T. methodology appears in case management literature (Treiger & Fink-Samnick, 2013b, 2016).

Finally, it has been posed that PM does not address the realities and challenges of the health care industry, let alone reflect the value of case management (Groscurth, 2015; Treiger & Fink-Samnick, 2016). Thus, goals meet larger scale organizational imperatives only, such as those that may be financially driven (e.g., reducing hospital readmissions and subsequent penalties, increasing discharges before noon to optimize throughput). Yet, these top-level imperatives do little to address the case management department-level day-to-day challenges, such as poor department morale due to staff departures and subsequent attrition, or potential hiring freezes. Goals must be operationalized across each individual department. It is through this process that a unique sense of accountability by all stakeholders is defined across each level of an organization, from the C-suite to front-line staff.

Benefits
Performance management involves a practical and organized methodology that is supported by robust evidence, especially across the health care industry (Barry, et al., 2014; Cancialosi, 2016; Daniels & Bailey, 2014; Hewko & Cummings, 2016; Treiger & Fink-Samnick, 2016). Specific actions must be identified for increasing desired performance and decreasing undesired performance. Performance management sets up a mechanism from the start for consistent coaching and support that impacts behavioral change and professional growth for the employee. It also allows for increased feedback, which places great emphasis on skill development (Daniels & Bailey, 2014; Duggan, 2015).

Next, PM produces short-term and long-term results. By establishing objective criteria for evaluation, bias is managed so that performance is aligned with overall organizational goals. Organizations that take a global look at their PM system use objective goals that are tied to strategic initiatives, plus the performance management process. A Gallup analysis of more than 50,000 employees identified how

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effective PM encouraged teamwork, communication, and collaboration between managers and employees (Groscurth, 2015).

Performance management promotes an open and fluid energy system that contributes to a highly motivated workforce. Most know that positive performance on the job comes from all aspects of work. A high level of employee motivation also fosters a partnership of the employee and manager toward professional growth so that employees across the organization share accountability for performance. Managers influence employee performance as readily as employees influence the performance of managers (Daniels & Bailey, 2014).

A defined PM system can also help to identify employee developmental opportunities, making it an important part of a succession planning process. Motivated employees value structure, development, and a plan for growth. An effective PM system can help employees reach their full potential, which can be a positive experience for both the employee and the manager. Those who are managers know the pride taken in watching an employee grow and develop professionally, practicing at a high level of quality (Daniels & Bailey, 2014).

BASICS OF PERFORMANCE MANAGEMENT

Performance management should be viewed as a system that includes several moving parts. Drawing from the strongest elements of existing models, the full complement of components for an ideal PM system (for professional case management) should include the following:

- Pre-requisites including development of:
  o Job description
  o Mission statement
  o Vision statement
  o Strategic goals
- Performance planning and goal setting

> *A job description is a vital pre-requisite to a strong performance management approach. It contains information pertaining to a given position within an organization.*

- Performance execution
- Goals-based assessment of performance
- Performance renewal and contracting (Aguinas, 2013; Lawler, 2012; Treiger & Fink-Samnick, 2016)

This next section offers further elaboration on many vital PM elements, along with strong models to guide implementation.

The Use of Roles, Functions, and Responsibilities Within Job Descriptions

A job description is a vital pre-requisite to a strong PM approach. It contains information pertaining to a given position within an organization. Its content codifies position-specific information (e.g., salary grade, reporting structure, relationships within the department and organization). Also, included in these documents are skills, prior experience, knowledge, education degree, functions, activities, and responsibilities. This information is used by hiring officials and human resources to advertise an open position and to evaluate a candidate's suitability when filling an opening. When preparing a job description, an employer usually includes responsibilities that are considered important within the context the organization (e.g., mission, vision, department/team goals). These details form the performance expectations for an employee. The problem with traditional job descriptions is that they tend to reflect general tasks
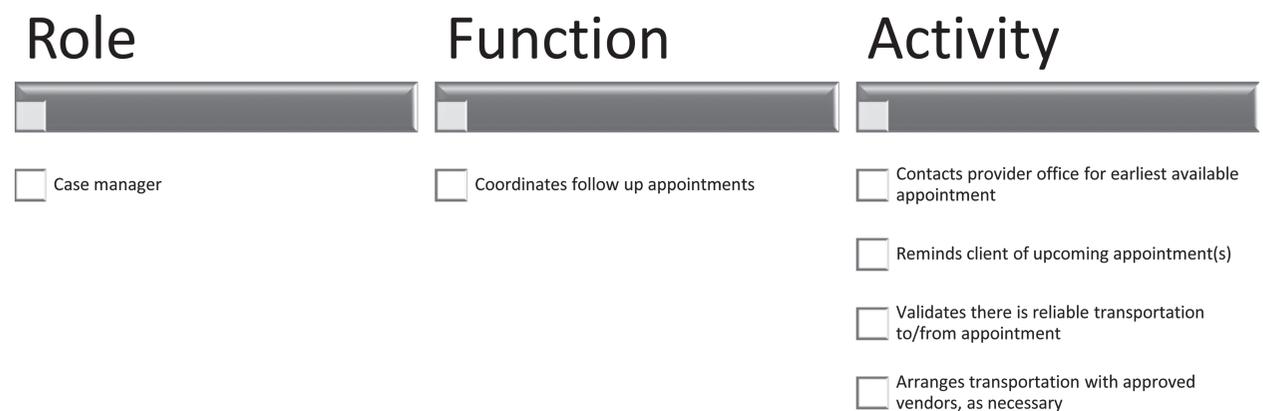

Role	Function	Activity
☐ Case manager	☐ Coordinates follow up appointments	☐ Contacts provider office for earliest available appointment
		☐ Reminds client of upcoming appointment(s)
		☐ Validates there is reliable transportation to/from appointment
		☐ Arranges transportation with approved vendors, as necessary

FIGURE 5
Role, function, activity examples.

that are routinely assumed within a given role more than an individual's quality of practice, client satisfaction, or desired outcome as related to achievement of strategic and tactical goals.

In case management, a role refers to the job title (Tahan, 2017a). A function is a grouping of tasks or activities within a role. An activity is a discrete action or behavior routinely performed as part of the role (Tahan & Campagna, 2010). Figure 5 provides an example of a role, function, and activity that may be found within a case manager job description.

Professional and credentialing associations and societies develop case management documentation based on evidence, research, literature, and academic pursuits. They publish professional standards and conduct codes to guide the individual's practice, as well as to help support employers, accreditors, regulators, legislators, and policy makers in setting their respective goals, agendas, policies, and standards. These entities define case management in global terms reflecting the full spectrum of practice expectations, essential education, knowledge and vital abilities without the overlay of organizational mission, vision or values. There are many performance management models in use today. Each model defines critical areas and distinguishes unique characteristics.

Review of Current Models

A variety of PM models set the foundation for a quality process with fundamental components for practice implementation.

The Typical Performance Management Process
The Human Resources Management Society (Pulakos, 2004) identifies a typical PM process to include:

- Performance planning
- Ongoing feedback
- Employee input
- Performance evaluation
- Performance review

Competencies establish a more formal link between employee behaviors and performance. As a result, using competencies as part of the performance management plan contributes to the achievement of successful outcomes.

TABLE 2
Typical Performance Management Process

Stages of the Process	Included Scope
Determination of organization strategy and goals	Define prior to performance planning
Performance planning	• Review employee expectations of performance, including achievement results • Connect expectations to organizational objectives • Set employee behavioral standards and expectations • Set results expectations
Ongoing feedback	Assure a two-way communication process that explores both behavioral and results expectations: • Be constructive • Candid • Timely in response to the event • Continuous dialogues

Employee input	Can take the form of
	• Employee providing self-ratings on performance standards
	• Employee prepared statements of:
	  ○ Key results
	  ○ Accomplishments

Performance evaluation	Evaluate behaviors from a competency perspective • Identify five to 10 competencies • Define competencies in terms of job behaviors and associated expectations ○ Address different jobs levels • Clarify the process for evaluation
Performance review	• Simple recap of what has occurred through rating period • Plan developmental activities

Note. Adapted from "Performance Management: A Roadmap for Developing, Implementing and Evaluating Performance Management Systems," by E. D. Pulakos, 2004, Alexandria, VA: Society for Human Resource Management. Retrieved December 29, 2016, from https://www.shrm.org/india/hr-topics-and-strategy/performance-management/creating-high-performance-culture/Documents/Performance%20Management.pdf

The detail of process stages appears in Table 2; the overall success of the model is set by defining three key areas. Prior to the performance planning stage, the determination of an organization's strategies and goals, and objectives must be defined. In this way, all goals and objectives for the division and/or department can be aligned with those for the organization. Not doing so leads to confusion by all persons involved in this process.

Moving into the first stage of performance planning, both behavioral standards and results expectations need to be clarified. Behavior standards describe what is expected of employees and aligned with key competency areas specific to each role and organization. The development of competencies that reflect each department, if not also profession, is an integral component of these standards (Pulakos, 2004).

It is important to note that 360 degree reviews are not the same as a performance management system. However, they have become a critical part of the feedback loop and development that should be included in a quality performance management system effort. The review differs from a traditional employee appraisal, which can offer a more siloed approach of performance by a single manager.

Competencies establish a more formal link between employee behaviors and performance. As a result, using competencies as part of the PM plan contributes to the achievement of successful outcomes, a vital theme of this article. It is critical that managers review and explore behavior standards and competencies with potential and formal hires to enhance their awareness of the job at hand.

Results expectations refer to the goals, which are to be achieved by employees, and should also be tied to the organization's strategies and goals (Pulakos, 2004). Ensuring that there is clear and unbiased definition of objectives to achieve the goals in any PM process is also a critical area for elaboration as discussed earlier.

Performance Management as a Systematic Approach

Aguinas (2013) identified six steps to frame PM, which are shown in Figure 6. Integral pre-requisites should also include knowledge of the employer's mission, vision and strategic goals, and the job description in question. This type of front-end organization sets a powerful tone for all employees and their depart-
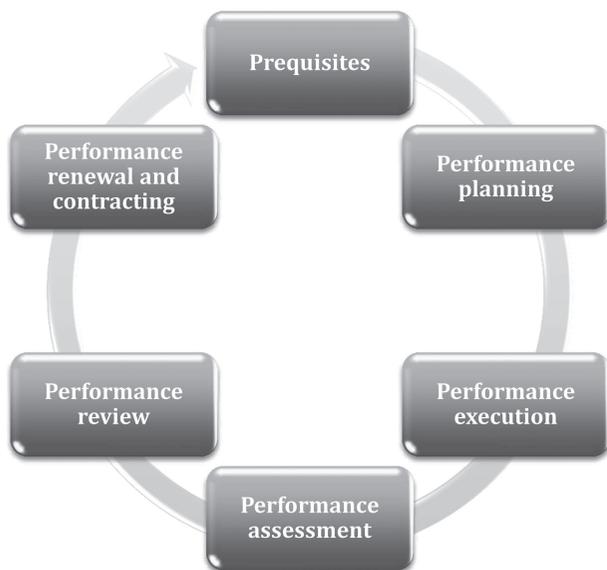
FIGURE 6
Essential steps for performance management. Adapted from Aguinis (2013).

ments alike. In addition, aligning the pre-requisites serves a vital role amid a climate of ever-evolving organizational ownership. 2016 was referred to as the year of "merger mania," with record merger and acquisition activity reported (Healthcare Finance Staff, 2016). New company cultures are regularly created through these efforts, which further emphasize the value of defining a mission and vision, and strategic goals in any PM process. A mission statement summarizes the organization's most important reason for existence (Aguinis, 2013). In contrast, an organizational vision is a statement of future aspirations that is traditionally concise. The mission and vision statements of CMSA in Box 2 serve as examples.

The 360-Degree Feedback

360 degree feedback models have become increasingly popular in the past decade. Also known as multirater feedback or multisource assessment, this model solicits information on an employee's work-related behavior and/or performance from a variety of workplace sources (e.g., subordinates, colleagues, supervisors). The format can also include employee self-report, which helps promote accountability for performance (Edwards & Ewen, 1996).

It is important to note that 360 degree reviews are not the same as a PM system. However, they

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Box 2
CMSA Mission and Vision Statements

Mission

The Case Management Society of America is the leading membership association providing professional collaboration across the health care continuum to advocate for patients' well-being and improved health outcomes through:

- Fostering case management growth and development,
- Impacting health care policy, and
- Providing evidence-based tools and resources.

Vision

Case managers are recognized experts and vital participants in the care coordination team who empower people to understand and access quality, safe, and efficient health care services.

Note. Adapted from *Standards of Practice for Case Management* by CMSA Standards of Practice for Case Management, 2016, Retrieved July 10, 2016, from http://www.cmsa.org/SOP

have become a critical part of the feedback loop and development that should be included in a quality PM system effort (Heathfield, 2016b). The review differs from a traditional employee appraisal, which can offer a more siloed approach of performance by a single manager. The review highlights the skills and contributions the employee makes, through what is often seen as a more balanced view of the person in key areas including but not limited to:

• leadership
• teamwork
• interpersonal communication
• management
• work habits
• organizational vision (Heathfield, 2016a)

These reviews have been specifically linked to providing key feedback about the skills and behaviors desired in organizations to accomplish the defined mission, vision, and goals (Heathfield, 2016b).

The benefits of the 360 degree review have been clearly identified:

• Improved feedback from more sources
• Team development
• Personal and organizational performance development
• Responsibility for career development
• Reduced discrimination risk
• Improved customer service
• Training needs assessment (Heathfield, 2016b)

Amid the popularity of the 360 degree model comes industry debate on whether the 360 degree model is best used for development purposes or employee evaluation, if not both (Bracken & Rose, 2011). Challenges include the amount of training needed by reviewers to fully understand an employee's role, manipulation of ratings, and overall validity and reliability of the feedback (Bracken & Rose, 2011; Lee, 2015). Others identify problems with the review, focusing more on negatives and weakness as opposed to strengths as areas for improvement. While there has been some challenge in obtaining the requested feedback in a timely manner, organizations are beginning to use technology to provide objective surveys and other electronic means to offer and tally the results. Other entities have hired external consultants to administer the surveys and then analyze and share the data with the manager and staff (Heathfield, 2016a).

MOVING FORWARD TO A COMPETENCY-BASED APPROACH

Implementing the COLLABORATE competencies (see Table 1) empowers a quality-driven PM process geared for professional case managers. The competencies provide a framework to facilitate adoption of practice that is aligned with case management specific standards, guidelines, and behavioral expectations across practice settings (Treiger & Fink-Samnick, 2016).

Assessing and Resetting Existing Performance Management

Being organized (Treiger & Fink-Samnick, 2013a, 2013b, 2016) is a key competency for professional case managers and serves to outline an optimum PM approach. This effort should begin on the front end of employment, prior to the case manager being hired. It starts with developing a job description, transcends the hiring process, and is aligned with the organizational mission and vision. It continues with fusing in several case management-specific competencies (e.g., critical thinking, leadership, and outcomes-driven), goals and objectives that are defined by incorporate indicators. The end product leads to logical outcomes that reflect the department's priorities. Clear communication between case manager and supervisor envelops each stage and includes open dialogue about expectations, while fostering professional development. Prior to the implementation of this model PM approach, several pitfalls may first mandate attention.

First, it is common to confuse PM with having a clear organizational mission and then to align practice with that mission only. This is PM in a vacuum, a concept that makes sense only in theory, but not in practice. For example, consider how many health care organizations have developed the mission statement, "to provide the best care, at the best cost, with the highest quality," in other words, something reminiscent of the triple aim (Berwick, Nolan, & Wittingham, 2008). How is this particular mission measured in the context of case management performance? If an organization is heavily engaged in monitoring bundled populations, there may need to be special population-based goals, objectives, indicators, and outcomes for each bundle payment episode initiative (e.g., total hip and knee replacements). Perhaps one indicator measures how effectively staff communicate with patients, family members, and external agencies. Another indicator measure shows how a case manager uses communication to facilitate interprofessional team processes.

> *… professional development is one of the ultimate goals of newer models of performance management.*

In the end, how does the quality of communication contribute to interprofessional team collaboration as opposed to team fragmentation or disintegration and subsequent lengthier and more costly hospitalizations?

Second, compensation and salary discussions are vital factors to be addressed with employees but should be kept separate from discussion about overall performance. The latest coaching and development models of performance specifically separate any feedback provided to employees from discussions and decisions about compensation (Barry et al., 2014). Research shows how, when compensation is brought into the performance equation, it can evoke a fight-or-flight reaction, which detracts from the coaching process. Thus, dialogues about compensation should be based on the employee skills, the cost to replace them, their value to customers, and the external labor market (Barry et al., 2014).

Third, coaching and feedback are considered a fluid component that is addressed at every point through a PM process. As noted earlier, professional development is one of the ultimate goals of newer models of PM. 360 degree feedback can be easily integrated, for example. Quality professional growth and development cannot occur without clear and purposeful communication, if not also effective feedback. Guidelines for providing effective feedback are shown in Box 3.

Fourth, goals and objectives must reflect professional case management practice. Too often this is not the case. In addition, indicators and desired outcomes are not for our clients only. They serve a vital role in PM, inclusive of:

1. Clarifying job responsibilities and expectations
2. Enhancing individual and group productivity
3. Developing employee capabilities to their fullest extent through effective feedback and coaching
4. Driving behavior to align with organization's core values, goals, and strategy
5. Providing a basis for making operational human capital decisions (e.g., pay)
6. Improving communication between employers and managers (Pulakos, 2004)

Let us reflect on our mission statement example, using the original triple aim (Berwick et al., 2008) to reinforce how goals and objectives look from case management's lens. One indicator might assess how effectively a case manager uses communication to facilitate team processes. Another possibility could be to assess the way a case manager's communication impacts department and organizational outcomes (e.g., length of stay, readmissions). The quality of case manager communication could be measured by how it contributes to interprofessional team collaboration as opposed to team fragmentation or disintegration, and subsequent lengthier and more costly hospitalizations. Each goal should include clear objectives with indicators that ultimately lead to the outcomes, as shown in Figure 7. Consider the following performance situation and view the goals, objectives, indicators, and outcomes defined to address it in Figure 8.

Finally, there must be a culture promoted that defines PM as a partnership between a case manager and their direct supervisor. This collaboration acknowledges how human capital is every business's greatest resource. To this end, PM must include interaction between employee and supervision that incorporates feedback, as well as place greater emphasis on development (Duggan, 2015). Experts note that a strong PM system that shifts the paradigm from evaluation to development and performance enhancement ultimately drives appreciable results (Barry et al., 2014).

Perhaps one indicator measures how effectively staff communicate with patients, family members, and external agencies. Another indicator measure shows how a case manager uses communication to facilitate interprofessional team processes. In the end, how does the quality of communication contribute to interprofessional team collaboration as opposed to team fragmentation or disintegration, and subsequent lengthier and more costly hospitalizations?
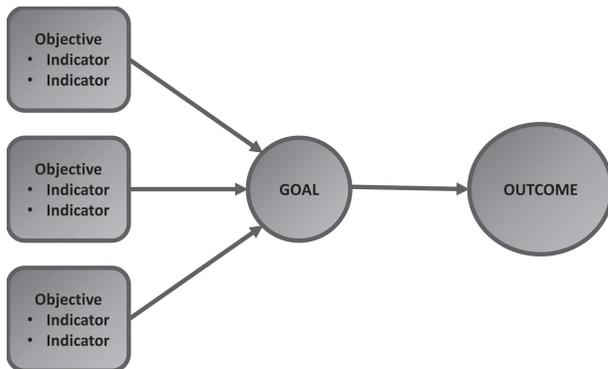
FIGURE 7
Objective to goal to outcome.

Applying Competencies

As previously noted, the application of competencies to PM adds a vital dimension to the effort, particularly those aligned with a specific profession and/or role. Applying any of the 11 COLLABORATE competencies (see Table 1) influences quality case management performance while defining case management performance excellence for the future. All are reminded of the value served by case management outcomes specifically. They contribute to evidence, which is mandatory to establish case management's transition from advanced practice to professional practice (Treiger & Fink-Samnick, 2016).

As an example, Critical Thinking (Treiger & Fink-Samnick, 2013a, 2013b, 2016) is a methodical and analytical process, fostering a case manager's ability to work through complex situations, of which there are many in a given day. The actions cut to the core of the case management process (Tahan, 2017b) and provide a strategic means to advance professional case management interventions across the practice setting. In the heat of the often-perceived chaos of the moment, all case managers can rely on a defined order of cognitive processes to actively consider next steps:

- Suspend judgment,
- Deconstruct the situation,
- Reflect on individual actions, and
- Synthesize thoughts.

The case manager who is assigned clients with complex medical, cognitive and behavioral, functional, and social needs may have critical thinking as a performance metric. Critical thinking serves as a trigger to the mental calisthenics required to engage the case management process (Treiger & Fink-Samnick, 2016) starting with assessment and problem identification through to termination, if not postdischarge transition and/or follow-up (Tahan, 2016). In this way, goals and objectives are aligned with an integral skill for all case management professionals.

OUR EPILOGUE AND CHALLENGE

As has become our habit, we close this article with a vision and a challenge to professional case managers across the entire care delivery spectrum. Carefully consider your respective jobs. Are the expectations placed upon you reflective of professional case management practice? Does your organization utilize the case manager job title appropriately? Are functions and activities assigned to you in alignment with those recognized as those of case management? Is the PM process assessing case management-specific work in both qualitative and quantitative ways? Does your PM plan connect to the organizational mission and departmental goals? If you don't know the answers to these questions, it begs further inquiry as to improving the organization's understanding, use, and deployment of case manager specific knowledge, skills, and expertise.

Imagine a proactive process that begins with how a case management job description is crafted and the case managers for that position are recruited. Consider including competencies endemic to professional case management practice that flow across each element of a case manager's role and functions that appear on the job description. In addition, the competencies are woven into the outcomes done for the department, which are consistent with overall departmental and organizational goals.

Now envision a career ladder to guide a case manager's career trajectory within the organization, which is actively discussed as a fluid dialogue with the department manager during quarterly meetings. Ultimately, the performance metrics by which the case managers are measured align with the case management specific competencies. The process described

Finally, there must be a culture promoted that defines performance management as a partnership between a case manager and their direct supervisor. This collaboration acknowledges how human capital is every business's greatest resource…. Experts note, a strong performance management system that shifts the paradigm from evaluation to development and performance enhancement ultimately drives appreciable results.
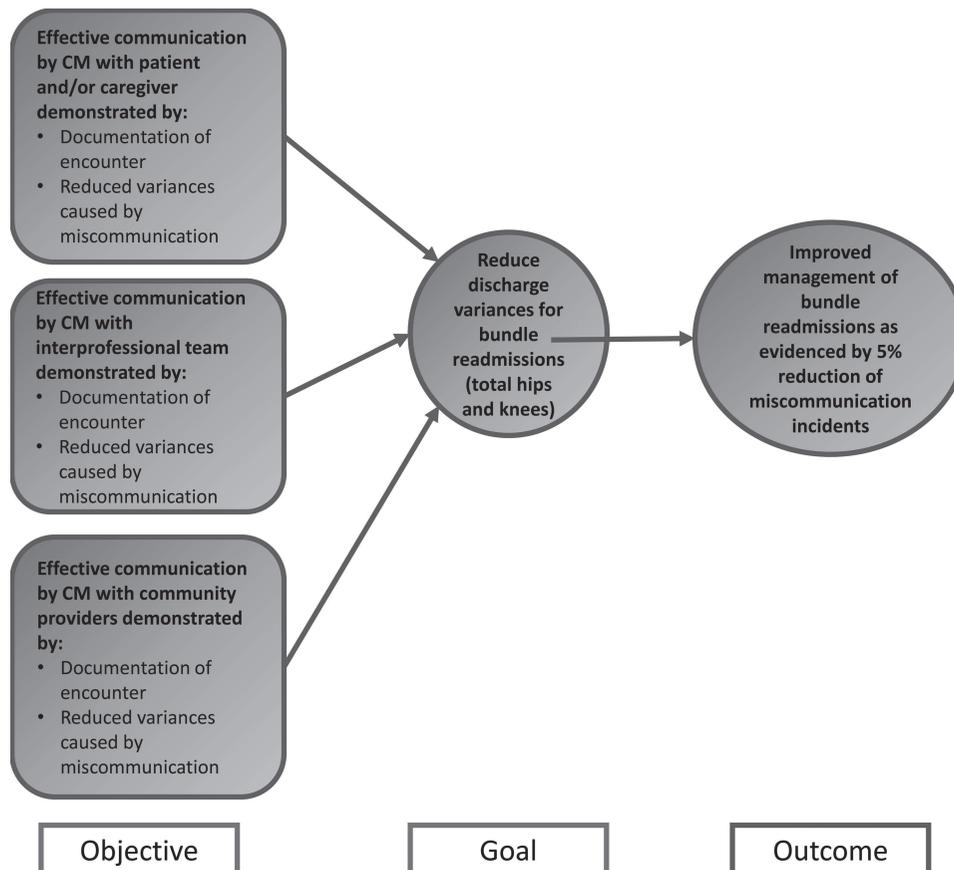
FIGURE 8
Example of connecting objectives indicators and goals to outcomes.

is not illusion or fantasy; it is the reality of the new age of proactive performance management for professional case management.

We look forward to sharing COLLABORATE V as it delves further into aspects of professional performance management.

> *The case manager who is assigned clients with complex medical, cognitive and behavioral, functional, and social needs may have critical thinking as a performance metric. Critical thinking serves as a trigger to the mental calisthenics required to engage the case management process starting with assessment and problem identification through to termination, if not postdischarge transition and/or follow-up.*

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