Achieving Innovative Corporate Performance Management

Award-winning Sharp HealthCare shows how it develops, communicates, and manages its strategy.

By Bob Paladino, CPA

Author’s note: Content for this article has been adapted in part from my recently published book, Innovative Corporate Performance Management, which is the sequel to my 2007 book, Five Key Principles of Corporate Performance Management, from Wiley Publishing. The first of this three-article series (February 2011) focused on Principle 1, this article focuses on Principles 2 and 3, and the final article focuses on Principles 4 and 5.
As a quick refresher, Sharp HealthCare is the largest integrated regional healthcare delivery system (IDS) in San Diego County and the parent company of all Sharp entities. The Sharp system consists of four acute-care hospitals, three specialty hospitals, two affiliated medical groups, a health plan, three long-term care facilities, a liability insurance company, and two philanthropic foundations.

In September 2001, Sharp launched “The Sharp Experience,” a performance-improvement initiative designed to transform the healthcare experience and make Sharp the best place to work, the best place to practice medicine, and the best place to receive care. Now everything at Sharp, from strategic planning to performance evaluations to meeting agendas, is aligned with the Experience’s Six Pillars of Excellence: Quality, Service, People, Finance, Growth, and Community.

Principle 2: Refresh and Communicate Strategy

Let’s take a look at how Sharp creates and communicates its strategy.

Strategy Development Process

In 1999, the Executive Steering Committee initiated a strategic planning effort to refocus Sharp’s direction and to maintain and enhance Sharp’s position as San Diego’s healthcare leader. The comprehensive, system-wide initiative involved system and entity management, physicians, volunteers, and board of directors’ leadership. It focused first at the system level, where the system’s strengths, weaknesses, opportunities, and threats (SWOT) became the basis for developing Sharp’s seven critical success factors:

1. Vigorously define, measure, and communicate clinical and service excellence.
2. Build lasting relationships with/among physicians and affiliated medical groups.
3. Increase patient and community loyalty.
4. Attract, motivate, maintain, and promote the best and brightest healthcare workforce in San Diego.
5. Pursue innovation in clinical programs, information/support services, and products.
6. Balance long-term capital availability and capital requirements.
7. Enhance the organization’s ability to make timely, collaborative decisions to ensure progress on system goals.

This led to the development of six Goal Statements and a Vision Statement. When the system goals were complete, corporate and operating entities began developing specific strategies and action plans to support Sharp’s Vision. Each organization performed an entity-specific market assess-
ment and SWOT, which became the basis for the organization’s strategies and action plans. Entity planning teams, which included management, physicians, volunteers, and boards, also contributed to Sharp’s statements of Mission, core competency, and core values.

**Sharp HealthCare Vision Statement:** Sharp HealthCare’s vision is to be the best health system in the universe. Sharp will attain this position by transforming the healthcare experience through a culture of caring, quality, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine, and the best place to receive care. Sharp is known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well-being of those we serve.

**Mission Statement:** It is our mission to improve the health of those we serve with a commitment to excellence in all that we do. Our goal is to offer quality care and programs that set community standards, exceed patients’ expectations, and are provided in a caring, convenient, cost-effective, and accessible manner.

**Core Values:** Integrity, Caring, Innovation, Excellence.

**Core Competency:** Transforming the healthcare experience through The Sharp Experience.

Sharp’s Strategic Planning Process (shown in Figure 1) results in top-down direction setting and identification of system goals, as well as bottom-up planning founded on the environmental analysis and identification of issues and opportunities for each entity.

Departments, entities, and the entire healthcare system prepare integrated plans, which include a five-year (long-term) horizon and an annual (short-term) focus. To effectively align the organization with the goals, Sharp transformed the six Goal Statements into the Six Pillars of Excellence. Measurable objectives are established within each Pillar for each year of the five-year long-term planning horizon.

Year One targets are defined and published in a System Report Card. Results are measured and analyzed monthly, quarterly, or annually, as applicable. Progress is presented against the target, and successes are recognized and celebrated. For areas not improving, action plans are developed. The annual Strategic Planning Process begins in June when the Office of Statewide Health Planning and Development (OSHPD) releases hospital utilization information (Step A in Figure 1). The system Strategic Planning department updates the system and entity environmental assessments with OSHPD data and other surveillance information (Step B). This includes an evaluation of Sharp’s progress toward reaching short-term and long-term Report Card targets and customer and partner input from listening and learning tools that empower employees to identify needs, expectations, and preferences of former, current, and potential customers/partners at the system, entity, department, and individual levels.

The Strategic Planning department also assesses competitors through publicly reported information and other reliable sources, including market evaluations, future growth plans, and operational reviews, to understand the five-year competitive market environment. Then it shares the results of the environmental assessments with system and entity leaders, who use the information to update their respective SWOT analyses (Step C).

From the SWOT analyses, planning teams update sys-
tem and entity strategies and action plans (Step D). The Accountability Team annually sets and evaluates short-term and long-term Report Card targets to ensure progress is measured in meeting system and entity goals by Pillar (Step E), as shown in Table 1.

**Integration with Planning and Budgeting**

The Five-Year Plan balances long-term capital availability with capital requirements and determines the financial feasibility of Sharp’s strategic initiatives. It also includes an extensive capital planning process. Executive Steering’s Capital Evaluation Process provides Sharp with the best strategic capital initiatives that meet the goals of the organization. The Five-Year Plan includes the feasibility of the strategic direction and ensures Sharp’s ability to execute its strategic plan (Step H).

When the entity Five-Year Plans are final and consolidated with the system’s Plan, Executive Steering approves entity strategic capital initiatives. The Capital Evaluation Process is quantitative and based on equally weighted scoring criteria designed to target resources to strategies as measured by the impact on Sharp’s Pillars.

Entity and system strategies and action plans are completed in draft form by January (Step F). Beginning in January, the capital and operating impact of each entity’s strategies and action plans is forecasted in the Five-Year Plan, which is developed for each entity and consolidated for the system (Step G).

**Integrating Ethics and Risk into Strategic Planning and Management**

From patient interactions to business transactions, ethical behavior is an imperative standard discussed in Sharp’s Commitment to Principles handbook and managed by the Compliance department. Compliance is communicated through policies, procedures, and staff training; achieved through audits, feedback mechanisms, contracts, and agreements; and reinforced through appropriate corrective actions. This takes place annually with all employees through computer-based training on ethics, compliance, and patient privacy.

**Integrating Strategy Planning and Support of Key Communities**

Through its Strategic Planning Process, Sharp identifies key communities in San Diego and key services that are important to health maintenance within these communities. Supportive data for these analyses includes demographic data and disease indices. Assessments are scientific and rigorous in their approach and reflect the economic value of services provided to the community in areas of cost of medical care services for un/underinsured patients, cost of support provided to vulnerable populations, cost of service provided to the broader community, and health research, education, and training programs.

**Strategic Objectives**

As a component of Sharp’s annual Strategic Planning Process, the Accountability Team develops annual short-term targets to measure Sharp’s progress in meeting its Pillar goals, as well as annual five-year targets to monitor Sharp’s advancement toward attaining its Vision. Monthly reporting on Sharp’s progress is performed through the Report Card, which is disseminated throughout the system. Entity and system Report Card targets measure the key indicators for each Pillar to quantify the success of Sharp’s strategic objectives.

Sharp’s strategic challenges and advantages are addressed by strategies and action plans within each Pillar. Progress toward improvement is monitored through Report Cards and Dashboard Indicators. Sharp’s strategic plan, which provides detailed action plans by strategic initiative, is available online. The short- and long-term Report Card targets are integrated throughout the system and are a balanced evaluation of Sharp’s strategic planning success.

**Communicating Strategy**

Sharp’s Vision, values, and goals are formally documented and conveyed per the comprehensive Communication Plan (see Table 2).

Because this plan is comprehensive, I’ll explore just a few examples here. Communication follows a standard format with a consistent message. Meetings start with a reflection (an inspirational quote) to set the tone and reinforce a culture of excellence. Quarterly Leadership Development Sessions (LDS), Employee Forums, and monthly department/unit staff meetings afford leaders the opportunity to compare progress to system and entity goals and reinforce strategies to drive results. Sharp leaders use consistent talking points to ensure a cohesive message. Employees, volunteers, and physicians celebrate their success at the annual All-Staff Assembly and renew their commitment to Sharp’s Mission, Vision, and core values. Intranet postings, communication bulletin boards, e-mails, internal newsletters, and letters from the CEO reinforce the message of excellence.
<table>
<thead>
<tr>
<th>WHEN</th>
<th>HOW (↑↓ COMMUNICATION)</th>
<th>AUDIENCE</th>
<th>MESSAGE POINTS</th>
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<tbody>
<tr>
<td>Every Year</td>
<td>Off-site Planning ↑↓</td>
<td>Senior Leaders, Board</td>
<td>Strategic planning assessment and direction</td>
</tr>
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<td></td>
<td>All-Staff Assembly ↑↓</td>
<td>Employees, Physicians, Suppliers, Partners</td>
<td>CEO end-of-year Report Card update; best-practice learning; Pillar of Excellence Awards</td>
</tr>
<tr>
<td></td>
<td>Employee Satisfaction Survey ↑</td>
<td>All Employees</td>
<td>Employees communicate likes/dislikes to leadership in a safe, anonymous environment; recommendation for change</td>
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<tr>
<td></td>
<td>Physician Opinion Survey ↑</td>
<td>All Physicians on Medical Staff</td>
<td>Physicians communicate likes/dislikes to leadership in a safe, anonymous environment; recommendation for change</td>
</tr>
<tr>
<td>Every Quarter</td>
<td>LDS ↑↓</td>
<td>Sharp Leaders</td>
<td>Performance update; best-practice sharing; education; reward and recognition</td>
</tr>
<tr>
<td></td>
<td>Supplier/Partner Review ↑↓</td>
<td>Suppliers, Partners</td>
<td>Performance update; best-practice sharing</td>
</tr>
<tr>
<td></td>
<td>Employee Forums/ ↑↓ Communication Expos</td>
<td>Employees</td>
<td>Performance update; best-practice sharing; education; reward and recognition</td>
</tr>
<tr>
<td>Every Month</td>
<td>Dept. Meetings ↑↓</td>
<td>Employees</td>
<td>Performance update; best-practice sharing; education; reward and recognition</td>
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<tr>
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<td>Quality Councils ↑↓</td>
<td>Employees, Physicians</td>
<td>Performance-improvement activities; progress on goals and action plans</td>
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<tr>
<td></td>
<td>Report Out ↑↓</td>
<td>Leaders, Teams</td>
<td>Performance update; best-practice sharing; education</td>
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<td></td>
<td>Action Teams ↑↓</td>
<td>Employees</td>
<td>Plan updates; education initiatives; organizational improvement</td>
</tr>
<tr>
<td></td>
<td>Medical Staff Leaders ↑↓</td>
<td>Physicians</td>
<td>Performance updates; operational issues; clinical issues</td>
</tr>
<tr>
<td></td>
<td>Operations Meeting ↑↓</td>
<td>Leaders, Physicians</td>
<td>Best-practice sharing and process improvements; coordination of tactics</td>
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<tr>
<td></td>
<td>Medical Executives ↓</td>
<td>Physicians</td>
<td>Governance of medical staff, peer review, and strategies coordination</td>
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<td></td>
<td>Board Meetings ↑↓</td>
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<td>Entity Newsletters ↓</td>
<td>Employees, Physicians</td>
<td>Breaking news; performance updates; education</td>
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<td>Bimonthly</td>
<td>Experience Sharp ↑↓ Newsletter</td>
<td>Employees, Physicians</td>
<td>System and entity feature stories and news; employee-of-the-month recognition; employee pulse survey on interesting topics</td>
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<td></td>
<td>Chiefs of Staff ↑↓</td>
<td>Physicians</td>
<td>System initiatives, best practices, and planning</td>
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<td>CEO Letters ↓</td>
<td>Employees</td>
<td>Company news and happenings</td>
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<td>Newsletters, News Articles ↓</td>
<td>Employees</td>
<td>Breaking news; event and class information; links to Sharp mentions in the news; new policies and procedures; recognition</td>
</tr>
<tr>
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<td>Global E-mails ↓</td>
<td>Employees</td>
<td>Major announcements (re: clinical/operations updates, critical issues, etc.)</td>
</tr>
<tr>
<td></td>
<td>Sharp Intranet, ↑↓ Web-based Tools</td>
<td>Employees</td>
<td>Regularly updated information and resources (e.g., Policies and Procedures, Dashboards, benefits and payroll, and training)</td>
</tr>
<tr>
<td></td>
<td>Thank-You Notes ↑↓</td>
<td>Employees</td>
<td>Regularly communicate appreciation to team members</td>
</tr>
<tr>
<td>Every Day</td>
<td>Rounding With Reason ↑↓</td>
<td>Customers, Partners, Employees</td>
<td>Walk units and connect with customers/partners; identify successes/concerns; reward and recognition</td>
</tr>
</tbody>
</table>

*Courtesy of Sharp HealthCare*
**Best-Practice Highlights**

Here are Sharp’s best practices for Principle 2: Refresh and Communicate Strategy. Practices 6–9 are new, innovative best practices.

1. **Strategic planning.** Leverage the Strategic Planning Process as either owner or partner to understand changing market conditions, including competitor, supplier, rival, and potential entrants and substitutes in the marketplace.

2. **Core and adjacent products and services.** Define and determine core and adjacent products and services to focus on highest probabilities for success.

3. **Strategic plan.** Produce a comprehensive strategic plan.

4. **Link strategic planning and budgeting processes.** Link strategic planning to the budgeting process, and partner budgeting with finance to provide for a seamless continuum. Sharp uses a weighting point system for capital expenditures.

5. **Communication plan.** Communicate strategy throughout the organization using a comprehensive communication plan.

6. Sharp has developed one of the most comprehensive, integrated, bidirectional communication plans on strategy for its employees. The plan is based on information from dozens of companies it reviewed and consists of annual, quarterly, monthly, bimonthly, weekly, and daily frequencies among multiple channels.

7. In place of strategy maps, Sharp uses the Six Pillars containing strategic objectives that cover Quality, Service, People, Finance, Growth, and Community. This approach clarifies its strategic intent and is easy for employees to understand.

8. Sharp integrates ethics and risk into strategic planning and management to optimize their integration. Most companies treat these key elements as separate events or work streams.

9. Sharp integrates strategic planning, support of key communities, and supportive services, thus factoring key community requirements into its strategic plan, strategic objectives, and major initiatives.

**Principle 3: Cascade and Manage Strategy**

Now let’s look at how Sharp cascades its strategy throughout the organization.

**Consortia Reporting of Report Card Results**

A few years ago, the California Hospital Assessment and Reporting Taskforce (CHART) launched a comprehensive, online report card on hospitals that gives consumers information about the quality of care provided by California hospitals in a number of clinical areas. The report card rates more than 200 hospitals on 50 performance indicators—measurements that are commonly accepted as valid assessments of the quality of clinical care provided to patients. Cardiac care, maternity services, compliance with surgical infection standards, treatment for pneumonia, and patient satisfaction are among the yardsticks.

**Strategy Deployment and Management**

Sharp’s Strategy Deployment Process (Figure 2) provides for the alignment and integration of goals across all levels of the system from staff member to Sharp leader, department to entity, senior leader to entity, and entity to system.

Using the results of the annual environmental assessment and SWOT analyses, entity and corporate planning teams develop strategies and action plans to support Sharp’s goals by Pillar. Champions are assigned to each action plan by entity and corporate leadership teams to ensure progress toward goals is being made. Champions and leadership teams develop action plans that include completion dates, results-driven targets, and, if appropriate,
market-share goals, volume projections, capital requirements, and human resource needs.

**Hospital System Report Card—Level 1, Corporate**

Sharp uses its corporate-level Report Card to monitor the success of strategic initiatives. With the exception of quality measures that change from year to year to stimulate breakthrough improvement, the targets are broad measures of Pillar success. How well Sharp accomplishes its organizational strategy is demonstrated in the year-over-year success of the system Report Card measures (shown in Table 3).

Each champion develops operational implementation and monitoring plans and mobilizes necessary resources and knowledge to ensure strategic objectives are achieved and sustained. The targets associated with action plan items provide the tool to monitor success and make rapid corrections when needed. Champions report progress on action plans to respective entity or corporate leaders. They also develop 90-day plans and review them quarterly to ensure progress. Success and sustainability are monitored through ongoing measurement of key Dashboard Indicators.

Action plans are modified at the entity level when rapid corrections become necessary because of shifts in customer needs, new market conditions, or other unforeseen factors. Report Card measurement, quarterly action plan reviews, and Sharp’s listening and learning tools provide the input to make corrections. Sharp expects to transform the healthcare experience through innovation, improvements in clinical outcomes and patient safety, service excellence, expanded and modernized facilities, and operational success.

**Cascading Balanced Scorecards, Alignment, and Integration**

Sharp’s Report Cards and Dashboard Indicators measure and track monthly progress in achieving action plan goals. Entity Report Cards are aligned with the system’s Report Card targets, taking into account the unique aspects of each operating entity. Managers incorporate the entity and system Report Card and Dashboard Indicator targets into their annual management goal-setting process by establishing department-specific targets in concert with their supervisors.

The Strategic Planning Development and Deployment Processes determine key performance measures within the Performance Measurement System.

**Process-Level Performance Measurement**

Sharp identifies performance measures that monitor operations and other priorities by breaking down key work processes into subprocesses and then associating indicators with them that reflect the processes’ performance. For example, the reconciliation-completion indicator is associ-
ated with the medication reconciliation subprocess within the Discharge work process. Indicators for key processes are aligned by Pillar and tracked and trended on Pillar-specific dashboards. Dashboard Indicators are reviewed weekly, monthly, quarterly, or annually, depending on the nature of the data and the need for an agile response. For example, revenue cycle management includes measures of EBITDA (earnings before interest, taxes, depreciation, and amortization), days in accounts receivable (A/R), billing cost, and payments. Sharp’s Supply Chain Management Process includes measure of Pharmacy turnaround time and automated orders, as examples.

Gaps in performance measures drive decisions about where to focus performance improvement (PI) efforts through the PI Process.

**Target Setting and Benchmarking**

Sharp uses a systematic approach in selecting comparative data sources to determine the appropriate targets for Report Card and other performance indicators. When a performance measure is identified, evidence-based literature, regulatory organizations, healthcare and nonhealthcare organizations, competitors, and Baldrige winners are examined. If an optimal comparative database exists, it’s evaluated for size, validity, reliability, organization/service type, usability, and cost. When no relevant comparative data exists, comparison is made between Sharp entities and departments and/or between historical and current performance.

Executive Steering and the Accountability Team collaborate on all this and determine aggressive targets. They set targets at the top comparable performance metric, as applicable and available, to achieve Sharp’s Vision of becoming the best. They use evidence-based standards of care to set clinical targets. Sharp’s culture of innovation and continuous improvement is systematically supported by the DMAIC (define, measure, analyze, improve, and control) process.

**Change Control, Continuous Improvement**

The board of directors, Executive Steering, entity leaders, suppliers, partners, and collaborators assist in the continuous evaluation of the performance measures for relevance and sensitivity. The sensitivity of the Performance Measurement System is achieved by using a combination of leading, real-time, and lagging indicators. For example, Sharp leaders determined that real-time status of medication reconciliation was a patient safety priority. Therefore, nursing, physicians, Clinical Decision Support (CDS), and Lean Six Sigma (LSS) collaboratively developed an electronic data entry system. Users now have real-time feedback to support their decision making.

**Performance Analysis and Review**

The Performance Measurement System describes the process for reviewing organizational performance and capabilities. As discussed earlier, the Strategic Deployment Process determines the structure so that key performance measures and progress relative to Report Cards and action plans are systematically reviewed throughout the organization by the board, Executive Steering, entity leaders, employees, suppliers, partners, and collaborators and then integrated across the system. Numerous forums, including board meetings, Leadership Development Sessions, quality councils, and employee forums, support the propagation of these performance measures via Sharp’s Communication Plan. Talking points are created for managers so what they share with staff in department meetings will be consistent. The review of key performance measures and other performance measures to monitor operations and priorities at all levels of the organization creates alignment of priorities and drives decision making about resource management and prioritization of process improvement efforts. Senior leaders respond promptly to performance reviews and ask tough questions at board meetings, Executive Steering meetings, entity leadership meetings, and other forums, such as quality councils and LSS “Report Outs,” about the organization’s ability to respond rapidly to identified gaps and changing organizational needs and challenges.

**Supplier Scorecard**

Key supplier performance metrics and supply chain benchmarking are conducted via the Premier Supply Focus Scorecard, which provides performance indicator comparisons of hundreds of peer hospitals. Results are discussed with each entity’s CFO and material manager, and action plans are developed. The process for translating performance review findings into continuous and breakthrough improvement and innovation is accomplished through the PI Prioritization Process.

**Align Individuals and Rewards and Recognition**

Measurement targets are incorporated in managers’ job performance goals for the year. Annual management evaluations occur in November and are fully aligned with Sharp’s Pillars. The management merit system is results driven in that 100% of a manager’s merit pay is based on goal attainment. Quarterly, managers develop 90-day...
action plans in support of department, entity, and system goals. Staff members are held accountable to Report Card and Dashboard Indicator targets that relate to their respective area of responsibility. Annual goals, which align with department, entity, and system targets, are established for each staff member by the employee and his or her supervisor.

**Data Collection and Reporting**
Common enterprise information systems—including clinical, financial, human resource, and supply chain systems—enable the collection of data and information to support daily operations and organizational decision making. The Clinical Decision Support and Financial Decision Support departments clean up, aggregate, segment, statistically analyze, and evaluate data against targets on a monthly, quarterly, and annual basis. They present results in easy-to-read, color-coded formats that highlight key findings and significant variances. Results are published regularly on SharpNet (Sharp’s intranet) and disseminated in multiple formats via Sharp’s Communication Plan.

**Best-Practice Highlights**
Here are some highlights of Sharp’s best practices for Principle 3: Cascade and Manage Strategy. Practices 10–13 are new, innovative practices.

1. **Partner with business owners.** Partner with line and staff leadership team members so owners gain support and influence as partners to help them achieve results.

2. **Develop Level 1 balanced scorecard (BSC).** Translate strategy into Level 1 BSC measures, and measure targets at the highest organizational level.

3. **Leverage proven BSC or comparable method.** Follow BSC or comparable design parameters, assigning one to two measures to each objective.

4. **Cascade BSC to lower levels.** Cascade and align Level 1 BSC to Levels 2, 3, 4, and so on, depending on organizational and accountability structures.

5. **Align support services.** Identify and define measures for all support services that align with Level 1 and below.

6. **Align teams and individual employees.** Define personal BSCs for teams and/or individuals that align with higher-level and support-services balanced scorecards.

7. **Link compensation.** Align rewards, recognition, and compensation programs to the BSC.

8. **Manage using measures.** Manage BSC meetings to address the appropriate mix of strategic and operational issues. Link these issues to Principle 4: Business Improvement.

9. **Automate measurement.** Implement corporate performance management software to manage BSC program with links to other principles.

10. **Sharp extends its performance model outside “horizontally” through voluntarily participating in a consortia group that rates hospitals on 50 performance indicators or measurements that are commonly accepted as valid assessments of the quality of clinical care provided to patients.**

11. **Sharp extends its performance model “upstream” and uses supplier scorecards to evaluate and manage their performance.**

12. **Sharp recognizes the value of identifying leading indicators in its processes and has defined requirements and measures for both core and support processes. This enables longer lead times to resolve issues that would later impact lagging measures of customer satisfaction and financial results.**

13. **Sharp uses a systematic approach in selecting comparative data sources to determine the appropriate measures and targets for Report Card and other performance indicators.**

As you can see, Sharp has developed excellent key core processes and best practices for strategic planning and performance management. In the next article, I’ll focus on Principle 4: Business Improvement and Principle 5: Enterprise Content Management.

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