

Metrics to Support 5930 Performance Measures – AMENDED JUNE 1, 2009

This document identifies the specific metrics to be in support of the 5930 Performance Measures. It is a complement to the *Recommendations to the Secretary of Health on Implementing New Public Health Funding and Laws*, which was accepted by the Secretary on December 31, 2007. <http://www.doh.wa.gov/phip/products/5930/overview.htm>

Three performance measures have been selected as the focus of the public health work accomplished with funds provided by the legislature through E2SSB 5930/2007. Local health departments and districts are expected to address them in rank order:

Each of these measures has specific metrics that will be used to track progress. Most of them come from data already collected by local health jurisdictions and reported to the state department of health. For performance measure three, data are not readily available so the reporting requirement emphasizes planned interventions. These are described below.

With one exception, local health departments and districts already report this data to the state health department, so no new action is required at the local level to generate these metrics. This will allow local health departments and districts to use this data and other information and focus their efforts to make improvements on the specific needs of their local community. The one exception is performance measure three – local health departments and districts will be asked to complete a simple web-based survey to collect this information.

Performance Measure	Reporting Measure	Data Source	Notes
#1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and pediatric influenza.	A – Number of doses of vaccine ordered by each LHJ	<ul style="list-style-type: none"> • Immunization Program's Vaccine Order Tracking Form • CHILD Profile Vaccine Ordering Module (for those LHJ's that participate in it) 	<p>The DOH Immunization Program will send each LHJ a weekly report that will show the total number of vaccines they have had shipped; the LHJ can then review the data to identify if providers are ordering more vaccine than the previous week*.</p> <p><i>*Because of the seasonality of some vaccines, the DOH will provide each LHJ with annual data, starting with 2007 data, so that comparison data can be used for more meaningful evaluations.</i></p>
	B – Number of doses administered as recorded in CHILD Profile	<ul style="list-style-type: none"> • CHILD Profile 	<p>The Immunization Program will send each LHJ a report every 6 months that will show the total number of vaccine doses administered as recorded in CHILD Profile; the LHJ can use the data to monitor if providers are administering more doses of vaccine, as recorded in CHILD Profile, than the previous reporting period.</p>

Performance Measure	Reporting Measure	Data Source	Notes
<p>#2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.</p>	<p>A – Percent of notifiable condition cases reported to the LHJ within the required time frame (per WAC)</p>	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) • HARS / Partner Management Records • TIMS / Cohort Review 	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases that were reported to the LHJ within the time frame specified in the WAC; the LHJ can evaluate the data to ensure notifiable condition cases are reported within the required time frame to the LHJ.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> a) For Non-STDs, the timeframe will be the time between the “diagnosis date” to the “LHJ notification date.” b) For STDs, the timeframe will be the time between "date of diagnosis" to the "date case report was received by LHJ." c) For TB and HIV/AIDS, the timeframe will be the time between “date of diagnosis” to the “date reported to the LHJ (or to DOH if a LHJ does not have the capacity to investigate).” Data will be generated via hand counts. d) Pesticides, TBD (if applicable) e) Lead, TBD (if applicable)
	<p>B – Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the time frame specified</p>	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) • HARS / Partner Management Records • TIMS / Cohort Review 	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the investigation was initiated within the time frame specified; the LHJ can then review which conditions they are investigating and how timely they are being in their investigation.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> a) For Non-STDs, the time frame will be the time between “LHJ notification date” to “investigation start date.” Time frames for initiating investigations are in the CD Epi procedure document. b) For STDs, the timeframe will be the time between “date record created” to “date investigation of the index patient was initiated.” c) For TB and HIV/AIDS, the timeframe will be “date reported to the LHJ” to “date investigation of the index patient was initiated.” Data will be generated via hand counts. d) Pesticides, TBD (if applicable) e) Lead, TBD (if applicable)
	<p>C – Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “measurement fields”</p>	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) 	<p>This reporting measure will begin in June 2008. DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the “measurement fields” were complete; the LHJ can then review their performance and make adjustments.</p>

Performance Measure	Reporting Measure	Data Source	Notes
		<ul style="list-style-type: none"> • HARS / Partner Management Records • TIMS / Cohort Review 	
<p>#3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.</p>	<p>A – Number and description of LHJ activities and interventions to address obesity or chronic disease and associated risk factors in the community</p>	<ul style="list-style-type: none"> • Web-based survey of LHJs (one response per LHJ) 	<p>DOH will send each LHJ a report every 6 months that will show the total number of interventions to address obesity or chronic diseases; and descriptions of selected efforts, as provided by the LHJs, to track increased effort.</p>

For more information or if you have any questions, please contact:

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