

PERFORMANCE MANAGEMENT

Showcase #1

May 2006

Highest System Improvement Priority Identified

As a result of the December 2005 Overall System Performance Report, three local leadership Forums (Public Health Executive Leadership, Public Health Nursing Directors and Environmental Health Directors) and the State Department of Health Senior Management Team all identified the need to **establish program goals, objectives and performance measures** as the highest priority for system improvement.

“Steal” or Borrow Some Exemplary Practices

You can jump start your efforts to establish performance measures in your activity or program by going to: www.doh.wa.gov/phip/documents/PerfMgmt/05EP/EPreport.pdf and clicking on several good examples of Communicable Disease, Environmental Health, Maternal and Child Health, Prevention and Promotion performance measures located in measure **AS 3.2**. For example, you could adopt some of the measures from the [Whatcom County 2005 Workplan](#) or any one of several other exemplary practices such as [Jefferson County Population and Prevention 2005 Performance Measures](#). On the next two pages are excerpts from the Whatcom County Workplan showing Communicable Disease and the Environmental Health Performance Measures.

The Public Health Improvement Partnership Funded Local Projects

The Public Health Nursing Directors and the Environmental Health Directors both received funding to develop Logic Models and performance measures for their work. See page four of this Showcase for an example of Clark County's criteria for selecting performance measures. The PHND and EH projects are wrapping up and you will hear more about the results soon.



Getting Results in Public Health

Whatcom County Health Department 2005 Workplan

Key Area: **PROTECTING PEOPLE FROM DISEASE**

Priority Actions for 2005

- Implement the state PHIMS (Public Health Information Management System) database locally to allow improved analysis of disease outbreaks, direct communication with other health partners and access to other county and statewide disease information.
- Expand emergency planning efforts to involve other health and emergency response partners in system response planning.
- Prepare public health messages related to probable or possible emergency situations.
- Field test the mass vaccination/medication delivery plan.
- Improve notifiable condition reporting by regular communication with and increased education outreach to physician offices.
- Conduct a social marketing campaign to increase immunization rates of children under age six.

INDICATOR DATA – PROTECTING PEOPLE FROM DISEASE

<i>Measure</i>	<i>Measure Type**</i>	<i>Whatcom County Actual</i>	<i>Whatcom County Actual</i>
		2002	2003
Reported STD cases receiving recommended treatment	Outcome	96%	92%
Number of needles exchanged in Needle Exchange Program	Work Output	84,853	130,000
Number of individuals participating in NEP referred to drug treatment	Outcome	61	115
Percent of latent TB cases completing treatment	Outcome	72%	71%
Percent of active TB cases completing treatment	Outcome	100%	100%
Vaccine doses administered by HD	Work Output	3,216	4,922
Doses of state supplied vaccine for children distributed to physician offices	Work Output	48,741	54,895

**** Measure Type Definition:**
Outcome: Measures improvement/effect
Demand: Measures need
Work Output: Measures activity performed (bean counting)

Whatcom County Health Department 2005 Workplan

Key Area: **ASSURING A HEALTHY ENVIRONMENT**

Priority Actions for 2005

- Enhance the computer-based management system for environmental health activities to include remote field computing.
- Provide the computer-based food handler training for all food workers obtaining a food handler card.
- Establish a system for assuring improved septic system operation and maintenance.
- Develop modified On-site Sewage regulations, based on the newly promulgated State rules, and present to the Board of Health for adoption.
- Coordinate with Planning and Development Services to streamline the land development permitting process as part of the one stop shop initiative.
- Establish a local regulation for Health Department response to clandestine drug labs.

INDICATOR DATA – ASSURING A HEALTHY ENVIRONMENT

<i>Measure</i>	<i>Measure Type</i>	<i>Whatcom County Actual</i>	<i>Whatcom County Actual</i>
		2002	2003
Routine food service inspections	Work Output	1070	1045
Percent of food service inspections resulting in scores > 35 critical violations points	Outcome	1.5% (17)	3.1% (33)
Certificates for drinking water availability issued	Work Output	503	588
Septic system permits issued	Work Output	695	744
Percent of septic tanks pumped	Outcome	7% (2020)	7%* (2121)
Number of septic system complaints	Demand	105	102
Rabies post-exposure series administered	Demand	24	5
Number of solid waste complaints	Demand	161	106
Number of clandestine drug lab (CDL) incidents and investigations	Demand	11	22

* **Goal 20%**

Getting Results in Public Health

Logic Models

Use Logic Models to describe program activities, outputs and short and long term outcomes.

Another important tool in establishing performance measures for public health programs and activities is to develop a Logic Model for the program. The Public Health Nursing Directors and the Environmental Health Directors are currently in the final stages of development of **Logic Models** for several programs and activities. The performance measures shown below are from the Clark County Tuberculosis Logic Model.

Process Measures for TB PROGRAM at Clark County Health Department

The following is a list of process measures for the TB program at Clark County Health Department. Members of the TB and CD team created this list. The team members used the three “power” criteria to select four measures as the final gauge of the efficiency of the internal process of the TB program.

	<i>Performance Measure</i>	<i>Communication Power*</i>	<i>Proxy Power**</i>	<i>Data Power†</i>
✓ 1	Percent of newly identified active TB cases for which contact investigation is initiated within 72 business hours	High	High	High
✓ 2	Average time from reported positive PPD until client begins treatment or refuses any intervention.	High	High	High
✓ 3	Percent of active TB cases that complete directly observed therapy	Medium	High	High
✓ 4	Percent of persons with latent TB infection who complete ordered therapy	High	Medium-Low	High

* **Communications Power:** whether the indicator communicates to a broad range of audiences; this indicator has clarity with diverse audiences.

** **Proxy Power:** whether the indicator says something of central importance about the result; does it represent the trends of other indicators of efficiency of the TB program?

† **Data Power:** whether quality data are available for this indicator on a timely basis.

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