

2011 County Performance Snapshot Standards and Measures Fact Sheet DOH 5-Step Performance Improvement Process

The purpose of the Standards and Measures Fact Sheet (Fact Sheet) is to serve as a tool to assist with understanding key terms, standards, and measures on the County Performance Snapshot (CPS). The Fact Sheet provides descriptions of the standards and measures, formulas for calculation, target and target sources, as well as the data sources and data source input responsibilities.

For the purpose of this document, the following definitions have been assigned to these terms:

- Standard - Statements that characterize certain activities that are expected to be in place.
- Measure - Refers to numerical information that quantifies input, output and performance dimensions of processes, programs, services and overall organizational outcomes that reflect the success of an organization.
- CY (data points) – Calendar Year
- FY (data points) – Fiscal Year
- FFY (data points) – Federal Fiscal Year
- Description – Provides an overview of the measure with contributing factors or an explanation of the importance of improving each measure.
- Formula – Explains how the data point was calculated using the data source.
- Target - Refers to a future condition or performance level that is desirable and the Department of Health (DOH) strives to attain.
- Target Source – Refers to the origin of the target (i.e., DOH program, Healthy People 2010 goal).
- Data Points - Measure of an activity at a point in time.
- Data Source Input – Refers to the responsibility for collecting the data. For example, if data is collected through the use of a data input tool completed by the CHD, the Data Source Input would indicate “CHD Input.” If data is gathered by the Office of Performance Improvement, the Data Source Input would indicate “Prepopulated.”
- Prepopulated – Data that is entered into the County Performance Snapshot from existing sources – i.e., Administrative Dashboard or CHARTS – and does not require input by the CHD.

The segments of the Fact Sheet are organized according to the **2010-2011 Sterling Criteria for Organizational Performance Excellence, key areas for Sterling Criteria Category 7, “Results”**:

- 1 -- Product and Service Outcomes
- 2 -- Customer-Focused Outcomes
- 3 -- Financial and Market Outcomes
- 4 -- Workforce-Focused Outcomes
- 5 -- Process Effectiveness Outcomes
- 6 -- Leadership Outcomes

Special Notes:

- The 2011 County Performance Snapshot presents data that is 2010 or older; therefore, the County Performance Snapshot will continue to use the Healthy People (HP) 2010 target until such time as the County Performance Snapshot data aligns with Healthy People 2020.
- Measures 5i.1, 5i.2, 5i.3, 5i.4 and 5i.5 are being prepopulated using data from the CHD Dashboard 2010 Review Cycles. Please see [2010 Review Cycle](#) for data collection period. For more information, please visit the [CHD Dashboard SharePoint site](#).

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

- Behavioral Risk Factor Surveillance System (BRFSS) will be available in late spring 2011. The CPS will be updated at that time to include the updated BRFSS data for the applicable measures in Section 1 and a notification will be sent.
- Measure 1a.11 – The Bureau of TB and Refugee Health updated the 2007 data. This update is reflected in the 2011 County Performance Snapshot.

The resources/references utilized to develop the standards and measures are provided at the end of each segment. For assistance, please contact the Office of Performance Improvement at (850) 245-4007.

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

TABLE OF STANDARDS AND MEASURES

Measure Number	Measure Name	Data Input Source	Fact Sheet Page #
1 – PRODUCT AND SERVICE OUTCOMES Standard: Monitor health status and understand health issues facing the community.			8
1a.1	Heart Disease Deaths, Age-Adjusted Heart Diseases Death Rate	Pre-Populated	8
1a.2	Cancer Deaths, Age-Adjusted Cancer Death Rate	Pre-Populated	9
1a.3	Chronic Lower Respiratory Disease (including Asthma) Deaths	Pre-Populated	9
1a.4	Unintentional injury Deaths, Total Deaths from Unintentional Injury (Accidents)	Pre-Populated	10
1a.5	Stroke Deaths, Age Adjusted Stroke Death Rate	Pre-Populated	11
1a.6	Unintentional injury death rate for children ages 14 and under, age-specific rate per 100,000	Pre-Populated	12
1a.7	Enteric diseases total, rate per 100,000 population	Pre-Populated	12
1a.8	New AIDS cases per 100,000 population	Pre-Populated	13
1a.9	Bacterial STD rate per 100,000 population in 15-24 years old	Pre-Populated	13
1a.10	Tuberculosis case rate per 100,000 population	Pre-Populated	14
1a.11	% of active TB patients completing therapy within 12 months of initiation of treatment	Pre-Populated	14
1a.12	% of 2-year-old CHD clients fully immunized, single-year percentages for all races all sexes	Pre-Populated	15
1a.13	% of adults aged 65 and older that have had a flu shot in the last year	Pre-Populated	15
1a.14	Total infant mortality rate, per 1,000 total live births	Pre-Populated	16
1a.15	Number of births to mothers ages 15-19, rate per 1,000 females	Pre-Populated	17
1a.16	% of repeat births to mothers ages 15-19	Pre-Populated	17
1a.17	% of WIC infants who are initially breastfed	Pre-Populated	18
1a.18	% of adolescents that are overweight	Pre-Populated	18
1a.19	% of adults who are overweight or obese: BMI ≥ 25	Pre-Populated	19

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Measure Number	Measure Name	Data Input Source	Fact Sheet Page #
1a.20	% of middle and high school students who report using tobacco in the past 30 days	Pre-Populated	20
1a.21	% of adults who smoke	Pre-Populated	21
1 – PRODUCT AND SERVICE OUTCOMES (cont.) Standard: Help people receive health services.			22
1b.1	% of adults who were unable to get medical care in the last 12 months	Pre-Populated	22
1b.2	% of low income persons with access to dental care	Pre-Populated	23
1b.3	% target population of low income persons reached by CHD for dental care	Pre-Populated	23
2 – CUSTOMER-FOCUSED OUTCOMES Standard: Exceed customer expectations.			25
2a.1	% of CHD programs conducting a customer satisfaction process	CHD Input	25
2a.2	% of responses on all customer satisfaction surveys with a satisfactory or better rating	CHD Input	27
2a.3	% of customer complaints acknowledged by end of next business day	CHD Input	28
3 – FINANCIAL AND MARKET OUTCOMES Standard: Assure service level solvency.			30
3a.1	Revenue per capita	Pre-Populated	30
3a.2	Expenditures per capita	Pre-Populated	31
3a.3	Margin of revenue to expenditures	Pre-Populated	32
4 – WORKFORCE-FOCUSED OUTCOMES Standard: Maintain a competent public health workforce.			33
4a.1	% of employees who have completed the mandatory DOH training in accordance with the DOH Training Policy	CHD Input	33
4a.2	% of career service system employees whose training needs have been identified and have an Individual or Employee Development Plan	CHD Input	35

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Measure Number	Measure Name	Data Input Source	Fact Sheet Page #
4 – WORKFORCE-FOCUSED OUTCOMES (cont.) Standard: Sustain a work environment that contributes to the well-being, satisfaction, and motivation of all employees.			37
4b.1	% CHD response on Employee Satisfaction Survey	Pre-Populated	37
4b.2	% of employees that rate their overall level of satisfaction as very satisfied or satisfied	Pre-Populated	38
4b.3	My office supports me in my efforts to engage in healthy behaviors (diet, smoking cessation, exercise, nutrition, etc.)	Pre-Populated	38
4b.4	Turnover rate: % of employees leaving state government (all classes including CS, SES, SMS)	Pre-Populated	39
4b.5	Costs incurred for worker's compensation injuries	Pre-Populated	39
4b.6	% of worker's compensation incidents	Pre-Populated	40
5 – PROCESS EFFECTIVENESS OUTCOMES Standard: Protect people from health problems and health hazards.			41
5a.1	% of components of public health response to disease reports system in place	Pre-Populated	41
5a.2	Composite annual preparedness score	Pre-Populated	44
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Enforce public health laws and regulations.			45
5b.1	Composite annual score of Environmental Health Onsite Sewage Programs	Pre-Populated	45
5b.2	Composite annual score of Environmental Health Community Programs	Pre-Populated	46
5b.3	Composite annual score of Environmental Health Water Programs	Pre-Populated	47

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Maintain systematic risk management processes.			48
5c.1	% of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment	Pre-populated	48
5c.2	Overall score for Annual Safety Risk Assessment	Pre-populated	48
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Develop public health policies and plans.			49
5d.1	Degree to which a strategic planning process is implemented	Pre-populated	49
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Engage the community to identify and solve health problems.			51
5e.1	Degree to which a comprehensive community health improvement planning process is implemented	Pre-populated	51
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Evaluate and improve programs and interventions.			53
5f.1	% of components of a performance improvement process in progress	CHD Input	53
5f.2	Score for clinical quality and effectiveness studies completed with measurable improvement	CHD Input	55
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Give people information they need to make healthy choices.			57
5g.1	% of components of a CHD communication system in place	CHD Input	57
5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Budget accountability is delegated throughout the CHD's leadership team.			59
5h.1	% of departmental budget assigned to L4 (program) managers	Pre-populated	59

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 – PROCESS EFFECTIVENESS OUTCOMES (cont.) Standard: Maintain standard administrative processes.			61
5i.1	% of key indicators that scored, “achieved standard” for the Bureau of General Services	Pre-populated	61
5i.2	% of key indicators that scored, “achieved standard” for the Bureau of Finance and Accounting	Pre-populated	62
5i.3	% of key indicators that scored, “achieved standard” for the Bureau of Budget Management	Pre-populated	64
5i.4	% of key indicators that scored, “achieved standard” for the Bureau of Revenue Management	Pre-populated	65
5i.5	% of key indicators that scored, “achieved standard” for the Bureau of Human Resources	Pre-populated	67
6 – LEADERSHIP OUTCOMES Standard: Assure the accomplishment of goals and objectives in the strategic planning process.			70
6a.1	% of objectives accomplished in CHD’s strategic plan within the established target dates	CHD Input	70

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

PRODUCT AND SERVICE OUTCOMES

Purpose: Examines the organization’s impact on specific community health status outcomes as well as linking people to needed health services.

Standard: **Monitor health status and understand health issues facing the community**

Description: This standard is associated with Essential Public Health Service (EPHS) number one: Monitor health status to identify community health problems. This is also standard number one in the National Association of County and City Health Officials (NACCHO)’s Operational Definition of a Functional Local Health Department and supports domain one of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.1	Heart Disease Deaths, Age-Adjusted Heart Diseases Death Rate	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="737 732 1339 797"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Cardiovascular Diseases are the leading cause of preventable death in Florida. The goals of reducing deaths caused by cardiovascular diseases include education, outreach, and community involvement. There is a need for increased emphasis on nutrition, smoking cessation, exercise, and monitoring of individual health indicators through routine clinic visits.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 155</p> <p>Target Source: Healthy People (HP) 2010, age-adjusted death rate (AADR)</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=02&IndNumber=0098)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.2	Cancer Deaths, Age-Adjusted Cancer Death Rate	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="737 394 1344 459"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Cancer deaths are the second leading cause of death in Florida. Much of the suffering and death from cancer could be prevented by more systematic efforts to reduce tobacco use, improve diet, and physical activity, reduce obesity, and expand the use of established screening tests.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 158.7 AADR</p> <p>Target Source: Healthy People 2010</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=02&IndNumber=0097)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															
1a.3	Chronic Lower Respiratory Disease (Including Asthma) Deaths (CLRD), Age-Adjusted Death Rate	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="737 836 1344 901"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Chronic Lower Respiratory Disease (including Asthma) deaths are the third leading cause of death in Florida. Chronic lower respiratory disease refers to chronic (ongoing) diseases that affect the lower respiratory tract (including the lungs). The most prevalent are chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and smoking-related disorders.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 34.8</p> <p>Target Source: DOH Office of Health Statistics and Assessment</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=02&IndNumber=0088)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.4	Unintentional Injury Deaths, Total Deaths from Unintentional Injury (Accidents), Age-Adjusted Death Rate	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="737 394 1339 459"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Unintentional injuries are the leading cause of death for Florida residents ages 1 to 44, and the fourth leading cause of death for all ages. Unintentional injuries include, but are not limited to, those that result from motor vehicle crashes, falls, fires, poisonings, drowning, suffocations, choking, animal bites, and recreational and sports-related activities. Injury related deaths are potentially preventable through direct and indirect CHD and community efforts.</p> <p><i>Note: Includes the data from measure 1a.6, unintentional injury death rate for children ages 14 and under, age-specific rate per 100,000.</i></p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>DOH County Target: Maintain or decrease 2006 county rate</p> <p>DOH State Target: 2007 is ≤ 45.0</p> <p>Source of DOH Targets: DOH Office of Injury Prevention. (DOH targets based on the discontinuation and subsequent reversal of Florida's increasing rates from 1999-2005.)</p> <p>US Target: 2010 is 17.5</p> <p>Source of US Target: Healthy People 2010. (US target based on decrease from baseline rate of 35.0 in 1998.)</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=04&IndNumber=0109)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.5	Stroke Deaths, Age-Adjusted Stroke Death Rate	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="735 389 1333 462"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Stroke deaths are the fifth leading cause of death in Florida. High blood pressure is one of the most common causes of stroke because it puts unnecessary stress on blood vessel walls, causing them to thicken and deteriorate, which can eventually lead to a stroke. It can also speed up several common forms of heart disease. In most people, high blood pressure can be controlled through diet, exercise, medication, or a combination of all three. A diet that is low in salt and rich in vegetables, fruits, and low-fat dairy products may help lower your blood pressure. Recent studies have also shown that increasing potassium intake, for example by eating fresh fruits and vegetables, may help lower blood pressure. A program of regular exercise - appropriate to your age and fitness level, and approved by your health care provider - may not only aid in weight loss, but also help to lower your blood pressure.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 39</p> <p>Target Source: Healthy People 2010</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=02&IndNumber=0086)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.6	Unintentional injury death rate for children ages 14 and under, age-specific rate per 100,000	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="737 394 1344 459"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Deaths from injuries are the leading cause of death in this age group, and are potentially preventable through direct CHD and community efforts.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 7.3</p> <p>Target Source: DOH Office of Injury Prevention</p> <p>Projected age-specific U.S. rates based on national trend from 1993 – 2004.</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=04&IndNumber=0115)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															
1a.7	Enteric diseases total, rate per 100,000 population	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="737 808 1344 873"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: The data includes: campylobacteriosis, giardiasis, hepatitis A, salmonellosis, and shigellosis. The enteric disease rate is affected by both the practice of personal hygiene and environmental exposure. CHDs influence both through Environmental Health and Health Education.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 28.474</p> <p>Target Source: Healthy People 2010 (amended goal)</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=01&IndNumber=0192)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.8	New AIDS cases per 100,000 population	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="735 389 1333 462"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: This measure reflects the impact of the CHD's HIV prevention and treatment efforts on AIDS in the community.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 26.5</p> <p>Target Source: DOH Division of Disease Control</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=01&indnumber=0141)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															
1a.9	Bacterial STD rate per 100,000 population in 15-24 years old	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="735 698 1333 771"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Bacterial Sexually Transmitted Diseases (STD) include chlamydia, gonorrhea, and syphilis. This measure reflects the impact of the CHD's STD prevention and treatment efforts for high risk groups on bacterial STD rates in the community.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 2,628 per 100,000</p> <p>Target Source: DOH Division of Disease Control</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=01&IndNumber=0496)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

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1a.10	Tuberculosis (TB) cases rate per 100,000 population	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="737 394 1344 459"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: A key epidemiological measure of morbidity, the TB case rate captures the distribution (in terms of person, place and time) of the disease in Florida. It is a large impact measure synthesizing the four main strategized priorities of TB prevention and control in Florida. This measure reflects the success of the CHD's TB prevention and control efforts in the community.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 3.5 per 100,000</p> <p>Target Source: DOH Division of Disease Control</p>	<p>PREPOPULATED</p> <p>http://www.floridacharts.com/charts/SpecReport.aspx?RepID=1347CHAR TS (http://www.floridacharts.com/charts/report.aspx?domain=01&IndNumber=0148)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															
1a.11	% of active TB patients completing therapy within 12 months of initiation of treatment	<p>Data points:</p> <table border="1" data-bbox="852 906 1224 976"> <tr> <td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>04</td><td>05</td><td>06</td><td>07*</td><td>08</td> </tr> </table> <p>*Note: 2007 data has been updated</p> <p>Description: Ensuring that TB patients complete recommended anti-TB therapy within 12 months (for uncomplicated TB cases) constitutes the highest priority in TB control efforts. Treatment completion interrupts the spread of the TB, and protects the public's health.</p>	5	4	3	2	1	04	05	06	07*	08	<p>Target: 90%</p> <p>Target Source: DOH Bureau of TB and Refugee Health</p>	<p>PREPOPULATED</p> <p>DOH Bureau of TB and Refugee Health</p>										
5	4	3	2	1																				
04	05	06	07*	08																				

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
1a.12	% of 2-year-old CHD clients fully immunized, single-year percentages for all races all sexes	<p>Data points:</p> <table border="1" data-bbox="892 389 1186 462"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>06</td> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>Description: This data includes immunization coverage level for 4 DTP/DTPaP, 3 OPV/IPV, 1 MMR, 3 Hib, 3 Hep B, and 1 VZV (4/3/1/3/3/1). Immunization rates are critical to prevent the incidence and spread of serious communicable diseases. Immunizations are among the Department of Health's most cost-beneficial services.</p> <p>Note: Immunization coverage levels at 24 months of age, January 1, 2010.</p>	5	4	3	2	1	06	07	08	09	10	<p>Target: 90%</p> <p>Target Source: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Immunization: Assessment of County Health Department (CHD) Clinic Immunization Coverage Levels</p> <p>http://www.immunizeflorida.org/statistical/index.htm</p>
5	4	3	2	1										
06	07	08	09	10										
1a.13	% of adults aged 65 and older that have had a flu shot in the last year	<p>Data points: 3: 2002 2: 2007 1: 2010*</p> <p>* Behavioral Risk Factor Surveillance System (BRFSS) will be available in late spring 2011.</p> <p>Description: Increasing the influenza vaccine coverage rate among adults aged 65 and older will decrease disease, decrease hospital length-of-stay, decrease medical costs, and increase quality of life.</p>	<p>Target: 75%</p> <p>Target Source: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Behavioral Risk Factor Surveillance System (BRFSS)/CHARTS</p> <p>http://www.floridacharts.com/charts/DisplayHTML.aspx?ContentType=0&ReportType=7243&year=2007&group=1&indNumber=0087</p> <p><i>A county BRFSS survey was first conducted in 2002. The next county survey was not conducted until 2007, largely because of</i></p>										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.13 <i>(continued)</i>	% of adults aged 65 and older that have had a flu shot in the last year <i>(continued)</i>			<i>cost. The Department of Health plans to conduct a county BRFSS survey every three years; the last county survey was conducted in 2010. Data is collected throughout the entire calendar year and will be available in the year following data collection.</i>																				
1a.14	Total infant mortality rate, rate per 1,000 total live births	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="735 673 1333 738"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: Infant mortality (0 – 364 days from birth) is an indication of the quality and accessibility of perinatal care for women and infants, and their health and well-being. The infant mortality rate is an important indicator of the health and welfare of both the county and our state.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 7.0</p> <p>Target Source: Evaluation by Maternal and Child Health Epidemiology based upon current state and national trends.</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=03&IndNumber=0053)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1a.15	Number of births to mothers ages 15-19, rate per 1,000 females	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="735 389 1333 462"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: This measure can be used to monitor how the CHD's Women's Health Services, related to access of care, service delivery and health resources for comprehensive services, impacts childbearing women ages 15-19. This percentage can be impacted by direct CHD and community efforts.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 39.7</p> <p>Target Source: Evaluation by Maternal and Child Health Epidemiology based upon current state and national trends.</p>	<p>PREPOPULATED</p> <p>CHARTS</p> <p>(http://www.floridacharts.com/charts/report.aspx?domain=03&IndNumber=0012)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															
1a.16	% of repeat births to mothers ages 15-19	<p>Data points: (10 single-year rates)</p> <table border="1" data-bbox="735 836 1333 909"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: This measure allows CHDs to monitor Women's Health Services. This percentage can be impacted by direct CHD and community efforts.</p>	10	9	8	7	6	5	4	3	2	1	00	01	02	03	04	05	06	07	08	09	<p>Target: 16.5</p> <p>Target Source: Evaluation by Maternal and Child Health Epidemiology based upon current state and national trends.</p>	<p>PREPOPULATED</p> <p>CHARTS</p> <p>(http://www.floridacharts.com/charts/report.aspx?domain=03&IndNumber=0015)</p>
10	9	8	7	6	5	4	3	2	1															
00	01	02	03	04	05	06	07	08	09															

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
1a.17	% of WIC infants who are initially breastfed	<p>Data points: 4: FFY* 2006-2007 3: FFY 2007-2008 2: FFY 2008-2009 1: FFY 2009-2010 <i>*FFY = Federal Fiscal Year</i></p> <p>Description: Breastfeeding provides major health and socioeconomic benefits, and represents one of, if not the most, effective health influences a mother can have on her infant.</p>	<p>Target: 75%</p> <p>Target Source: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Division of Family Health Services, Bureau of WIC and Nutrition Services</p>
1a.18	% of adolescents that are overweight	<p>Data points: (CY -- Calendar Years) 4. CY 2002 3: CY 2006 2: CY 2008 1: CY 2010</p> <p>Description: Maintenance of a healthy weight is a major goal in reducing illness and increasing quality of life and life expectancy. The Centers for Disease Control (CDC) changed the term from overweight to obese 2007. Obesity is defined as Florida middle and high school students having a body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender.</p>	<p>Target: 5%</p> <p>Target Source: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Florida Youth Tobacco Survey (FYTS)</p> <p><i>The Florida Youth Tobacco Survey is conducted at the county level on even years with the exception of 2004, due to the lack of funding.</i></p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
1a.19	% of adults who are overweight or obese: BMI ≥ 25	<p>Data points: 3: 2002 2: 2007 1: 2010*</p> <p>* Behavioral Risk Factor Surveillance System (BRFSS) will be available in late spring 2011.</p> <p>Description: Maintenance of a healthy weight is a major goal in reducing illness and increasing quality of life and life expectancy.</p>	<p>Target: 37%</p> <p>Target Source: DOH Bureau of Chronic Disease Prevention & Health Promotion</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Behavioral Risk Factor Surveillance System (BRFSS)/ CHARTS</p> <p>(http://www.floridacharts.com/charts/DisplayHTML.aspx?ContentType=0&ReportType=7243&year=2007&group=1&indNumber=0089)</p> <p><i>A county BRFSS survey was first conducted in 2002. The next county survey was not conducted until 2007, largely because of cost. The Department of Health plans to conduct a county BRFSS survey every three years; the last county survey was conducted in 2010. Data is collected throughout the entire calendar year and will be available in the year following data collection.</i></p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
1a.20	% of middle and high school students who report using tobacco in the past 30 days	<p>Data points: (<i>CY -- Calendar Years</i>) 4: CY 2002 3: CY 2006 2: CY 2008 1: CY 2010</p> <p>Description: Tobacco use is linked to numerous adverse health outcomes. Reducing tobacco use will reduce illness, disability, and death across a spectrum of conditions, including heart disease, cancer, and chronic lung disease. Tobacco use and addiction usually begins in adolescence; therefore, tobacco use prevention among youth is a major focus of tobacco control efforts. "Current tobacco use" is defined as Florida middle and high school students who have used any form of tobacco on one or more occasions during the past 30 days.</p>	<p>Target: 16%</p> <p>(<u>NOTE:</u> This target is for High School only. There is not a target for middle school students.)</p> <p>Source of Target: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Florida Youth Tobacco Survey (FYTS)</p> <p><i>The Florida Youth Tobacco Survey is conducted at the county level on even years with the exception of 2004, due to the lack of funding.</i></p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
1a.21	% of adults who smoke	<p>Data points: 3: 2002 2: 2007 1: 2010*</p> <p>* Behavioral Risk Factor Surveillance System (BRFSS) will be available in late spring 2011.</p> <p>Description: Tobacco use is linked to numerous adverse health outcomes. Reducing tobacco use in a community, and in our state, will reduce illness, disability, and death across a spectrum of conditions, including heart disease, cancer, and chronic lung disease. Smoking cessation has major and immediate health benefits for smokers of all ages.</p>	<p>Target: 12%</p> <p>Source of Target: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Behavioral Risk Factor Surveillance System (BRFSS)/CHARTS</p> <p>(http://www.floridacharts.com/charts/DisplayHTML.aspx?ContentType=0&ReportType=7243&year=2007&group=1&indNumber=0010)</p> <p><i>A county BRFSS survey was first conducted in 2002. The next county survey was not conducted until 2007, largely because of cost. The Department of Health plans to conduct a county BRFSS survey every three years; the last county survey was conducted in 2010. Data is collected throughout the entire calendar year and will be available in the year following data collection.</i></p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

1 PRODUCT AND SERVICE OUTCOMES (continued)

Standard: Help people receive health services

Description: This standard is associated with EPHS number seven: Link people to needed personal health services and assure the provision of health care when otherwise unavailable. This is also standard seven in NACCHO's Operational Definition of a Functional Local Health Department, and supports domain seven of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
1b.1	% of adults who were unable to get medical care in the last 12 months due to cost	<p>Data points: 3: 2002 2: 2007 1: 2010*</p> <p>* Behavioral Risk Factor Surveillance System (BRFSS) will be available in late spring 2011.</p> <p>Description: Persons who have difficulty obtaining medical care due to lack of health insurance or low income are less likely to have received appropriate preventive care such as a recent Pap test, immunization, or early prenatal care.</p> <p>This data can be used to educate the general public and policymakers of the need for medical care in Florida.</p>	<p>Target: 7%</p> <p>Target Source: HP 2010</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology: Behavioral Risk Factor Surveillance System (BRFSS)/CHARTS</p> <p>http://www.floridacharts.com/charts/DisplayHTML.aspx?ContentType=0&ReportType=7243&year=2007&group=1&indNumber=0015</p> <p><i>A county BRFSS survey was first conducted in 2002. The next county survey was not conducted until 2007, largely because of cost. The Department of Health plans to conduct a county BRFSS survey every three years; the last county survey was conducted in 2010. Data is collected throughout the entire calendar year and will be available in the year following data collection.</i></p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
1b.2	% of low income persons with access to dental care	<p>Data points: <i>(10 single-year rates)</i></p> <table border="1" data-bbox="709 381 1320 451"> <tr> <td>10</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>99</td><td>00</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td> </tr> </table> <p>Description: This measure indicates the percentage of persons below 100% of the Federal Poverty Level (FPL) with a documented annual dental visit through public funded and volunteer programs.</p> <p>This data can be used to educate the general public and policymakers of the need for dental care in Florida.</p>	10	9	8	7	6	5	4	3	2	1	99	00	01	02	03	04	05	06	07	08	<p>Target: 35%</p> <p>Target Source: DOH Public Health Dental Program</p>	<p>PREPOPULATED</p> <p>CHARTS (http://www.floridacharts.com/charts/report.aspx?domain=07&IndNumber=0266)</p>
10	9	8	7	6	5	4	3	2	1															
99	00	01	02	03	04	05	06	07	08															
1b.3	% target population of low income persons reached by CHD for dental care	<p>Data points:</p> <table border="1" data-bbox="898 896 1136 966"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>06</td><td>07</td><td>08</td><td>09</td> </tr> </table> <p>Description: This measure indicates the percentage of persons below 200% of the Federal Poverty Level (FPL) that are being reached by the CHD (reached by <u>any</u> CHD, including those in surrounding counties).</p> <p>This data can be used to educate the general public and policymakers of the need for dental care in Florida.</p>	4	3	2	1	06	07	08	09	<p>Target: 15%</p> <p>Target Source: DOH Public Health Dental Program</p>	<p>Public Health Dental Program DOH Intranet Home Page</p> <p>http://dohiws.doh.state.fl.us/Divisions/Family_Health/dental/pop/index.html</p>												
4	3	2	1																					
06	07	08	09																					

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Resources/ References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- Nelson JC, Essien JDK, Loudermilk R, Cohen D, The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health. Atlanta, GA: Center for Public Health Practice of the Rollins School of Public Health, 2002.
- [Operational Definition of a LHD](#) NACCHO Website
- [National Voluntary Accreditation Program](#) Public Health Accreditation Board Website
- CHARTS, DOH Website, <http://www.floridacharts.com/charts/chart.aspx>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

2 CUSTOMER-FOCUSED OUTCOMES

Purpose: Examines the organization’s customer-focused performance results, with the aim of demonstrating how well the organization has been satisfying its customers and has developed loyalty, repeat business, and positive referrals, as appropriate.

Standard: Exceed customer expectations

Description: Exceeding customer expectations is where the standards and level of service received go beyond what the customer could reasonably define as normal or expected. Serving customers in a timely, transparent and effective manner ensures loyal and satisfied customers who continue using the services; potential for new customers, and better collaboration with others to provide services.

- *Customer* refers to actual and/or potential users of an organization’s products, programs, or services. Examples: patients, patients’ families, community, insurers/third-party payers, employers, health care providers, patient advocacy groups, and students.
- *External customer* refers to a person or organization receiving a product, a service, or information, but not part of the organization supplying it.
- *Customer satisfaction* involves such variables as price, lead time, conformance, responsiveness, reliability, professionalism, and convenience. Customer satisfaction is not a goal but a product of good processes.
- *Customer satisfaction data* provides early warning signs of problems before they are reflected in revenue and profit downturns.

This standard supports domain nine of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
2a.1	% of CHD programs conducting a customer satisfaction process	<p>Data points: (FY - Fiscal Years)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: A standardized customer satisfaction process provides a systematic way to measure each CHD’s customers’ opinion of the services received, and improve satisfaction for future services provided.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: 80%</p> <p>Target Source: DOH Office of Performance Improvement</p>	CHD INPUT
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
2a.1 <i>(continued)</i>	% of CHD programs conducting a customer satisfaction process <i>(continued)</i>	<p>Formula: Number of individual CHD programs conducting a customer satisfaction process divided by the total number of CHD programs; then multiplied by 100 for percent. (# of CHD programs conducting a customer satisfaction process/ Total # of CHD programs x 100) For example: 5/15= .3333 x 100 = 33.3%</p> <p>Programs to be included in this measure are those which provide services directly to the public (e.g., clinics, environmental health, and vital statistics). Programs not to include would be those that define their customers as internal to DOH (e.g., Human Resources, Information Technology).</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
2a.2	% of responses on all customer satisfaction surveys with a satisfactory or better rating	<p>Data points: (<i>FY - Fiscal Years</i>)</p> <table border="1" data-bbox="764 386 1222 451"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: Serving customers in a timely, transparent and effective manner ensures loyal and satisfied customers who continue using services; potential for new customers, and better collaboration with others to provide services.</p> <p>Formula: Number of customer satisfaction surveys with a ranking of <i>satisfactory or above</i> divided by the total number of surveys returned; then multiply by 100 for percent. (# of customer satisfaction surveys with a ranking of <i>satisfactory or above</i>/Total # of surveys returned x 100) For example: 5/15 = .3333 x 100 = 33.3%</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: 90%</p> <p>Target Source: American Customer Satisfaction Index</p>	CHD INPUT
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
2a.3	% of customer complaints acknowledged by end of next business day	<p>Data points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="764 386 1222 451"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: This measure supports the intent of the Florida Customer Services Standards Act (section 20.30, F.S.). An effective complaint process serves as a customer satisfaction level warning system. Acknowledging customer's complaint lets him/her know that the CHD takes feedback seriously, and is committed to improving. Acknowledging the complaint may be in the form of phone call, e-mail, person-to-person, etc.</p> <p>Formula: Number of customer complaints acknowledged by the next business day divided by the total number of customer complaints received; then multiply by 100 for percent. (# of customer complaints acknowledged by the next business day / total # of customer complaints received x 100) For example: 5/15 = .3333 x 100 = 33.3%</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: 100%</p> <p>Target Source: DOH CHD Technical Assistance Guideline (TAG): General 10</p> <p>Link: http://dohiws/Divisions/Perf_Improvement/Policies/general10.pdf</p>	CHD INPUT
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Resources/References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- Measuring and Managing Customer Satisfaction: Going for the Gold, Sheila Kessler, 1996, ASQ.
- Customer Satisfaction: Tools, Techniques, and Formulas for Success, Craig Cochran, 2003, Paton Press.
- Becoming a Customer-Focused Organization, Craig Cochran, 2006, Paton Press.
- CHD Guidebook, Technical Assistance Guideline: General 10, Customer Satisfaction,
http://dohiws.doh.state.fl.us/Divisions/Executive_Staff/Policies/CHDGuidebook/TA_Part_1/GENERAL10.pdf
- Russell T. Westcott, the *Certified Manager of Quality/Organizational Excellence Handbook*, Third Edition, (2005) ASQ.
- [Customer Service Standards Act, section 23.30 F.S.](#)

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

3 FINANCIAL & MARKET OUTCOMES

Purpose: Examines the organization’s key financial and budgetary results, with the aim of understanding the financial sustainability, and the marketplace challenges and opportunities.

Standard: **Assure service level solvency**

Description: In finance, solvency refers to an organization’s ability to pay its debts with available cash. The expectation for public health is that the funds collected are properly expended on public health activities. For example, if the budget is \$9 million, then \$9 million should be spent, not \$8.2 million (under spend) or \$10.4 million (over spend). This standard supports Part A of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
3a.1	Revenue per capita	<p>Data points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="751 781 1213 846"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: This measure is calculated by dividing the entire fiscal year revenue by county population in the 2nd half of the fiscal year (January – June). Revenue includes all revenue received regardless of source including all cash received by the CHD Trust Fund in the report's target fiscal year.</p> <p>This data is used to see that the CHD is able to provide the same level of service as population changes; not to compare CHDs to each other, but to compare a CHD to its self over several years. It can be used to show the need for added funding or maintenance of funding. It is important for the CHD to monitor and</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>DOH Target: > \$63.00 per person (pp)</p> <p>DOH Target Source: CHD QI Advisory Council</p> <p>National Target: >\$162 per person (pp)</p> <p>Target Source: United Health Foundation’s American Health Rankings</p> <p>Link: http://www.unitedhealthfoundation.org/AHR2006/components/healthexpend.html</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration – Financial & Information Reporting System (FIRS)</p>
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
3a.1 <i>(continued)</i>	Revenue per capita <i>(continued)</i>	determine if revenues are increasing at the same rate as the population growth.										
3a.2	Expenditures per capita	<p>Data points: (FY - Fiscal Years)</p> <table border="1" data-bbox="751 521 1213 586"> <tr> <td align="center">4</td> <td align="center">3</td> <td align="center">2</td> <td align="center">1</td> </tr> <tr> <td align="center">06-07</td> <td align="center">07-08</td> <td align="center">08-09</td> <td align="center">09-10</td> </tr> </table> <p>Description: This measure is calculated by dividing fiscal year expenditures [Annual Operating Budget (AOB) only] by county population in the 2nd half of the fiscal year (January – June).</p> <p>A certified forward expense applies to a previous fiscal year's budget; however the cash impact applies to the year in which the disbursement was actually made. So, to keep revenues and expenditures for the reporting year both in the "cash" domain, certified forward disbursements made in the target report fiscal year are included in that FY's expenditures.</p> <p>This data measures the dollars per person that are spent on public or population health in a county. High spending on these health programs are indicative of counties that are proactively implementing preventive and education programs targeted at improving the</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>DOH Target: > \$63.00 per person (pp)</p> <p>DOH Target Source: CHD QI Advisory Council based on FY 2006-2007 data</p> <p>National Target: > \$162 per person (pp)</p> <p>Target Source: United Health Foundation's American Health Rankings</p> <p>Link: http://www.unitedhealthfoundation.org/AHR2006/components/healthexpend.html</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration – Financial & Information Reporting System (FIRS)</p>
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
3a.2 <i>(continued)</i>	Expenditures per capita <i>(continued)</i>	health of at-risk populations within a county.										
3a.3	Margin of revenue to expenditures	<p>Data points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="751 557 1213 621"> <thead> <tr> <th>4</th> <th>3</th> <th>2</th> <th>1</th> </tr> </thead> <tbody> <tr> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </tbody> </table> <p>Description: This measure is calculated by dividing the fiscal year expenditures by fiscal year revenues, as a percentage.</p> <p>This measure indicates how well expenditures match revenue generated or received.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration – Financial & Information Reporting System (FIRS)</p>
4	3	2	1									
06-07	07-08	08-09	09-10									

Resources/References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- <http://www.unitedhealthfoundation.org/AHR2006/components/healthexpend.html>
- [National Voluntary Accreditation Program](#) Public Health Accreditation Board Website

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

4 WORKFORCE-FOCUSED OUTCOMES

Purpose: Examines the organization’s workforce-focused performance results, with the aim of demonstrating how well the organization has been creating and maintaining a productive, engaging, and caring work environment for all members of the organization.

Standard: **Maintain a competent public health workforce**

Description: This standard is associated with EPHS number eight: Assure competent public and personal health care workforce. This is also standard number eight in NACCHO’s Operational Definition of a Functional Local Health Department. This standard supports domain eight of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
4a.1	% of employees who have completed the mandatory DOH training in accordance with DOH Training Policy	<p>Data Points: (FY - Fiscal Years)</p> <table border="1" data-bbox="730 743 1299 805"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>05-06</td> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </table> <p>Description: Completing mandatory training ensures compliance with state, federal and local regulations. This highest level measure represents the percentage of employees having completed ALL mandatory training.</p> <p>Completed training is defined as the number of employees that have taken the course and passed any tests required for a given training. Employee is defined as an OPS, contract, or full-time employee.</p> <p>How to access the data: Consult your local Trak-It lead. They have been given instructions on generating the reports needed to complete this measure.</p>	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	<p>Target: 100%</p> <p>Target Source: DOH Office of Performance Improvement</p>	<p>CHD INPUT</p> <p>Data collected at local county level or through the learning management system.</p> <p>Reference -- Data Point 5: DOH Training Policy DOHP-180-1-04 (http://cor.sharepoint.doh.state.fl.us/HPI/QI/Shared%20Documents/DOH_Training_Policy4-04.doc)</p> <p>Reference – Data Points 4, 3, 2, and 1: DOH Training Policy DOHP-180-1-06 (http://cor.sharepoint.doh.state.fl.us/HPI/QI/Shared%20Documents/Training%20Policy_2006_Final.pdf)</p>
5	4	3	2	1										
05-06	06-07	07-08	08-09	09-10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
4a.1 (continued)	% of employees who have completed the mandatory DOH training in accordance with DOH Training Policy (continued)	<p>Formula: Provide the number of employees who have completed the one-time trainings listed at any time prior to June 30, 2010.</p> <ul style="list-style-type: none"> • PHP Orientation - ____ • ICS 100 - ____ • IS (NIMS) 700 - ____ • Code of Ethics - ____ • Cultural Diversity - ____ • Equal Opportunity - ____ • New Employee Orientation - ____ • Sexual Harassment - ____ • Violence in the Workplace - ____ • Workplace Safety - ____ <p>Provide the number of employees who have completed the annual Information Security & Privacy training from May 4, 2009 – June 30, 2010.</p> <ul style="list-style-type: none"> • Information Security & Privacy - ____ <p>Total number of employees as of June 30, 2010 - ____</p> <p>Using the lowest common numerator for the 11 (eleven) listed trainings and divide by the number of employees as of June 30, 2010. Multiply that number by 100 to find percentage.</p> <p>Example: $130/153 = .849 \times 100 = 84.9\%$</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
4a.2	% of employees whose training needs have been identified in an Individual or Employee Development Plan	<p>Data points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="785 386 1247 451"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: An individual or employee development plan includes both current position responsibilities and future development. Note: Methods for tracking the development plan include, but are not limited to</p> <ul style="list-style-type: none"> • Individual Development Plan • Employee Development Plan • Performance Evaluation Form Section <p>The plan should be developed to correlate identified gaps in employee training needs with CHD training resource requirements. It can also provide a measure of awareness of employee skills and talent. This measure helps to show how effectively the CHD taps into the potential of its human resources. This data also provides information on how the CHD encourages growth, and allows CHD leaders to recognize talents in its employees that may not be obvious without reviewing individual development needs, as detailed in these plans.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: 80%</p> <p>Target Source: DOH Office of Performance Improvement</p>	CHD INPUT
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
4a.2 (continued)	% of employees whose training needs have been identified in an Individual or Employee Development Plan (continued)	<p>Formula: Total # of employees whose training needs have been identified in an Individual or Employee Development Plan (EDP or IDP) divided by the total # of employees and then multiply by 100. (Total # of employees whose training needs have been identified in an IDP / Total # of employees x 100)</p> <p>Example: $45/58 = .7758 \times 100 = 76\%$</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

4 WORKFORCE-FOCUSED OUTCOMES (continued)

Standard: Sustain a work environment that contributes to the well-being, satisfaction, and motivation of all employees
Description: This standard communicates the importance of environment to employee productivity; therefore improving efficiency, effectiveness and customer satisfaction. This standard supports Part A and domain eight of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE												
4b.1	% CHD response rate on Employee Survey (ES)	<p>Data points:</p> <table border="1" data-bbox="871 621 1226 686"> <tr> <td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>99</td><td>02</td><td>04</td><td>06</td><td>08</td><td>10</td> </tr> </table> <p>Description: A high response rate on employee satisfaction survey helps verify the accuracy of findings. The response rate may also reflect the level of engagement of employees (how willing employees are to be included and provide feedback).</p>	6	5	4	3	2	1	99	02	04	06	08	10	<p>Target: 70%</p> <p>Target Source: DWB and Associates</p>	<p>PREPOPULATED</p> <p>DOH Employee Satisfaction Survey, Office of Performance Improvement website</p> <p>http://dohiws/Divisions/Perf_Improvement/ESS.htm</p>
6	5	4	3	2	1											
99	02	04	06	08	10											

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE												
4b.2	% of employees that rate their overall level of satisfaction as very satisfied or satisfied	<p>Data points:</p> <table border="1" data-bbox="869 386 1226 451"> <tr> <td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>99</td><td>02</td><td>04</td><td>06</td><td>08</td><td>10</td> </tr> </table> <p>Description: Employee satisfaction is a key component of a high-performing organization. Data from the employee satisfaction survey can be used to lower staff turnover, increase productivity, reduce training costs, decrease employee absenteeism and increase customer satisfaction. The implementation of an employee satisfaction process demonstrates that leadership acts upon this data because it values DOH employees and their opinions.</p>	6	5	4	3	2	1	99	02	04	06	08	10	<p>Target: 80%</p> <p>Target Source: DWB and Associates</p>	<p>PREPOPULATED</p> <p>DOH Employee Satisfaction Survey, Office of Performance Improvement website</p> <p>http://dohiws/Divisions/Perf_Improvement/ESS.htm</p>
6	5	4	3	2	1											
99	02	04	06	08	10											
4b.3	% of employees that agree and strongly agree to “My office supports me in my efforts to engage in healthy behaviors (diet, smoking cessation, exercise, nutrition, etc.)”	<p>Data points:</p> <table border="1" data-bbox="869 995 1226 1060"> <tr> <td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>99</td><td>02</td><td>04</td><td>06</td><td>08</td><td>10</td> </tr> </table> <p>Description: Employee satisfaction is a key component of a high-performing organization. Promotion of healthy behaviors in employees provides them with personal experiences and motivation that can impact absenteeism and productivity, as well as build DOH employee capability to promote healthy behaviors in Florida’s communities.</p>	6	5	4	3	2	1	99	02	04	06	08	10	<p>Target: 80%</p> <p>Target Source: DWB and Associates</p>	<p>PREPOPULATED</p> <p>DOH Employee Satisfaction Survey, Office of Performance Improvement website</p> <p>http://dohiws/Divisions/Perf_Improvement/ESS.htm</p>
6	5	4	3	2	1											
99	02	04	06	08	10											

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
4b.4	Turnover rate: % of employees leaving state government (all classes including CS, SES, SMS)	<p>Data Points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="846 386 1251 451"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </table> <p>Description: Turnover rate is the ratio of the number of employees leaving state government in a given time period to the average number of employees. Turnover impacts the CHD's ability to meet the needs of the customer the cost of providing services increases, in terms of training and retraining staff. This measure can provide information to serve as a possible indicator or outcome of decreased employee satisfaction.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: < 10%</p> <p>Target Source: Society for Human Resource Management</p> <p>http://www.shrm.org/research</p>	<p>PREPOPULATED</p> <p>Florida Department of Management Services, through the DOH Division of Administration</p>
4	3	2	1									
06-07	07-08	08-09	09-10									
4b.5	Costs incurred for worker's compensation injuries/illnesses	<p>Data Points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="846 963 1251 1027"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </table> <p>Description: The costs are as of June 30th of the specified fiscal year. Workers compensation costs affect the department's insurance premiums, and must be absorbed at all levels of the organization. By identifying and addressing safety issues and minimizing risk, CHDs can effectively lower worker's compensation costs.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: N/A</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>Florida Department of Financial Services, Division of Risk Management, through the DOH Division of Administration</p>
4	3	2	1									
06-07	07-08	08-09	09-10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
4b.6	% of worker's compensation incidents	<p>Data Points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="846 386 1251 451"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>Description: Workers compensation incidents and costs affect the department's insurance premiums, and must be absorbed at all levels of the organization. By identifying and addressing safety issues and minimizing risk, CHDs can effectively lower the number of worker's compensation incidents.</p> <p>Formula: The number of worker's compensation claims divided by the number of FTEs on June 30th of the specified fiscal year. The number of incidents may include OPS and contract employees, however the number of FTEs do not include OPS and contract employees.</p>	4	3	2	1	06-07	07-08	08-09	09-10	<p>Target: N/A</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration</p>
4	3	2	1									
06-07	07-08	08-09	09-10									

Resources/References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- Nelson JC, Essien JDK, Loudermilk R, Cohen D, The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health. Atlanta, GA: Center for Public Health Practice of the Rollins School of Public Health, 2002.
- DOH Training Policy DOHP-180-1-06 http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/Policies/TrainingPolicy.pdf
- Department of Health, Employee Satisfaction Survey Results, http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results.htm
- [National Voluntary Accreditation Program](#) Public Health Accreditation Board Website

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES

Purpose: Examines the organization’s other specific operational performance results not reported in Items 1-4, with the aim of achieving work system and work process effectiveness and efficiency.

Standard: **Protect people from health problems and health hazards**

Description: This standard is associated with EPHS number two: Diagnose and investigate health problems and health hazards in the community. This is also standard number two in NACCHO’s Operational Definition of a Functional Local Health Department, and supports domain two of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5a.1	% of components of public health response to disease reports system in place	<p>Data Points: (CY -- Calendar Years) 3: CY 2008 2: CY 2009 1: CY 2010</p> <p>Description: This indicator captures the core epidemiologic measures that are key to a successful epidemiology program. These measures reflect CHD staff education and their timeliness and completeness of acute disease surveillance and reporting. This measure also reflects the CHD’s on-call staff availability 24/7/365.</p> <p>The data will be extracted from Merlin.</p> <p>There are 6 measures that will be calculated. If the CHD receives an “acceptable” for 4/6 measures then the CHD will be considered having the requirements in the County Performance Snapshot for Epidemiology.</p>	<p>Target: 67% (Allows for 2 of 6 “unacceptable” questions)</p> <p>Target Source: DOH Bureau of Epidemiology</p>	<p>PREPOPULATED</p> <p>DOH Bureau of Epidemiology</p> <p>(Merlin, 24/7/365 Epidemiology Field Drill Results, Call-in logs)</p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Questions used by Bureau of Epidemiology (BOE) to determine the % of components of public health response to disease reports system in place:

Accessibility

1The BOE will conduct two sets of after-hours phone drills. Each drill will consist of an afterhours evening and weekend phone call to the CHD to report an immediately notifiable condition. One point is awarded if the BOE can speak with a CHD employee or representative (not just an answering service) within 15 minutes to report the notifiable disease. The CHD will need to REPORT the immediately notifiable condition back to the BOE after-hours on-call number within 1 hour of the start of the drill. One point will be awarded for a report made to the BOE within the time frame. There are a possible 8 points (2 points per phone call and 4 points per set of drills) for this measure. Answer is 'acceptable' if the CHD responded to phone drills and received at least 6/8 points.

Data Quality

2. Run the **Merlin Data Quality Report** for each CHD for the previous report year to obtain the total number of cases with at least one unknown value using the selected diseases or conditions listed below (confirmed and probable cases only). Calculate the percentage of cases with at least one unknown value. Answer 'acceptable' if the CHD has 30% or less error rate for all data points. Case Manager selection will be "All".

Timeliness

3Run the **Merlin Performance Report** for each CHD for the previous report year, 2010. Review the percentage of confirmed and probable cases for all diseases, except the ones listed below, reported from the CHD to BOE within 14 days. Answer is 'acceptable' if the total for the CHD is 75% or higher.

Education/Training

4. Percent of **Bi-weekly Epidemiology Conference Calls or Regional Epidemiology Calls** and **Grand Rounds** calls where at least one epidemiologist called in and participated or requested the recording by contacting the BOE and receiving the file electronically.

For counties with populations greater than 100,000 people, answer 'acceptable' if someone from the county health department called in to at least **20 Bi-weekly Epidemiology Conference Calls or Regional Conference Calls** in the 2010 calendar year, as well as at least **3 Grand Rounds** presentations.

For counties with less than 100,000 people, answer 'acceptable' if someone from the health department called in to at least **12 Bi-weekly Epidemiology Conference Calls or Regional Conference Calls** in the 2010 calendar year, as well as at least **3 Grand Rounds** presentations.

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Surveillance and Investigation

5. Counties are asked to report the county activity code each week (by Tuesday at 5 p.m.) during the influenza season. To determine their code, it is necessary to: communicate with health care providers, monitor syndromic surveillance if available, and be aware of possible influenza-like illness (ILI) and or influenza outbreaks in the community. Percentage of overall reporting for the season, meaning number of weeks reported/33 (33=weeks of the Influenza Season, Weeks 1-20 and 40-53 of the year 2010). Answer 'acceptable' if the percentage is over 75%.

Effectiveness of Investigations

6. Percentage of sporadic cases versus outbreaks of Salmonellosis, Meningococcal Disease, Shigellosis and Hepatitis A.

Number of cases that are reported as outbreak related/number of cases that are reported as sporadic cases = %? Unknown values will not be included in the calculation.

- a. Answer 'acceptable' if the percentage for Salmonellosis is less than 10%.
- b. Answer 'acceptable' if the percentage for Meningococcal Disease is less than 1%.
- c. Answer 'acceptable' if the percentage for Shigellosis is less than 25%.
- d. Answer 'acceptable' if the percentage for Hepatitis A is less than 10%.

The final score for question 6 will be answered 'acceptable' if the County scored an 'acceptable' for 3 or more of the previous percentages.

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5a.2	Composite annual preparedness score	<p>Data Points: (<i>CY = Calendar Year</i>) 3: CY 2008 2: CY 2009 1: CY 2010</p> <p>Description: The Department of Health and County Health Departments have dual responsibilities in preparedness and response, including maintaining the ability to provide core public health services during an emergency, and coordination of the public health and medical system preparedness and response activities. The composite annual preparedness score is determined from the completion of an annual self-assessment by each CHD on standards related to CHD preparedness in areas such as emergency operations planning, mass prophylaxis, epidemiological surveillance and investigation, preparing employees for response roles, ensuring health and safety of these employees in a response, coordinating health and medical systems planning for the county Comprehensive Emergency Management Plan, ensuring exercises are NIMS and HSEEP compliant, and risk communications.</p>	<p>Target: CY 2009 – 4.5 CY 2010 – 4.75 CY 2011 – 5.00</p> <p>CY 2008 data = baseline data</p> <p>Target Source: DOH, Division of Emergency Medical Operations, Office of Public Health Preparedness</p>	<p>PREPOPULATED</p> <p>DOH, Division of Emergency Medical Operations, Office of Public Health Preparedness</p>

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Enforce public health laws and regulations

Description: This standard is associated with EPHS number six: Enforce laws and regulations that protect health and ensure safety. This is also standard number six in NACCHO's Operational Definition of a Functional Local Health Department, and supports domain six of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																		
5b.1	Composite annual score of Environmental Health Onsite Sewage Programs	<p>Data Points: (CY -- Calendar Years)</p> <table border="1" data-bbox="764 621 1295 686"> <tr> <td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td> </tr> </table> <p>Description: The composite annual score is determined from the completion of an on-site visit by DOH Division of Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.</p> <p>Onsite Sewage Programs provide public and environmental health protection through a comprehensive onsite sewage program; ensuring the protection of ground and surface waters while providing for a safe and economical means of wastewater disposal.</p>	9	8	7	6	5	4	3	2	1	02	03	04	05	06	07	08	09	10	<p>Target: ≥ 80%</p> <p>Target Source: DOH Division of Environmental Health</p>	<p>PREPOPULATED</p> <p>DOH Division of Environmental Health</p> <p>County Profile/Program Evaluation Summary Scores SharePoint Site, select the "DataSubmittalFormat_EH."</p> <p>(http://def.sharepoint.doh.ad.state.fl.us/DEH/CountyCorner/CHD%20Profiles/Forms/AllItems.aspx?RootFolder=%2fDEH%2fCountyCorner%2fCHD%20Profiles%2fAA%20Multi%20County%20Profile%2fProgram%20Evaluation%20Summary%20Scores&View=%7bFC2852E3%2dBB16%2d42A3%2dA3EE%2dA4E989F272DB%7d)</p> <p>NOTE: Data will only be prepopulated for years in which your CHD had a site visit by EH staff.</p>
9	8	7	6	5	4	3	2	1														
02	03	04	05	06	07	08	09	10														

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																		
5b.2	Composite annual score of Environmental Health Community Programs	<p>Data points: <i>(CY -- Calendar Years)</i></p> <table border="1" data-bbox="762 386 1293 451"> <tr> <td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td> </tr> </table> <p>Description: The composite annual score is determined from the completion of an on-site visit by DOH Division of Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.</p> <p>Community Environmental Health administers surveillance, investigation and preventative programs designed to reduce illness and prevent disease caused by exposure to environmental factors.</p>	9	8	7	6	5	4	3	2	1	02	03	04	05	06	07	08	09	10	<p>Target: ≥ 80%</p> <p>Target Source: DOH Division of Environmental Health</p>	<p>PREPOPULATED</p> <p>DOH Division of Environmental Health</p> <p>County Profile/Program Evaluation Summary Scores SharePoint Site, select the "DataSubmittalFormat_EH" file.</p> <p>(http://def.sharepoint.doh.ad.state.fl.us/DEH/CountyCorner/CHD%20Profiles/Forms/AllItems.aspx?RootFolder=%2fDEH%2fCountyCorner%2fCHD%20Profiles%2fAA%20Multi%20County%20Profile%2fProgram%20Evaluation%20Summary%20Scores&View=%7bFC2852E3%2dBB16%2d42A3%2dA3EE%2dA4E989F272DB%7d)</p> <p>NOTE: Data will only be prepopulated for years in which your CHD had a site visit by EH staff.</p>
9	8	7	6	5	4	3	2	1														
02	03	04	05	06	07	08	09	10														

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																		
5b.3	Composite annual score Environmental Health Water Programs	<p>Data Points: <i>(CY -- Calendar Years)</i></p> <table border="1" data-bbox="764 386 1293 451"> <tr> <td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td> </tr> </table> <p>Description: The composite annual score is determined from the completion of an on-site visit by DOH Division of Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.</p> <p>The Bureau of Water administers programs that reduce the potential for injury and disease transmission in drinking and recreational waters.</p>	9	8	7	6	5	4	3	2	1	02	03	04	05	06	07	08	09	10	<p>Target: ≥ 80%</p> <p>Target Source: DOH Division of Environmental Health</p>	<p>PREPOPULATED</p> <p>DOH Division of Environmental Health</p> <p>County Profile/Program Evaluation Summary Scores SharePoint Site, select "DataSubmittalFormat_EH" file.</p> <p>(http://def.sharepoint.doh.ad.state.fl.us/DEH/CountyCorner/CHD%20Profiles/Forms/AllItems.aspx?RootFolder=%2fDEH%2fCountyCorner%2fCHD%20Profiles%2fAA%20Multi%20County%20Profile%2fProgram%20Evaluation%20Summary%20Scores&View=%7bFC2852E3%2dBB16%2d42A3%2dA3EE%2dA4E989F272DB%7d)</p> <p>NOTE: Data will only be prepopulated for years in which your CHD had a site visit by EH staff.</p>
9	8	7	6	5	4	3	2	1														
02	03	04	05	06	07	08	09	10														

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Maintain systematic risk management processes

Description: Risk management is the process of recognizing risks, assessing them, and developing strategies to manage them. It may refer to numerous types of threats caused by environment, technology, humans, organizations, and politics. This standard supports Part A of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
5c.1	% of items in compliance with DOH information security and privacy standards, as defined in the Annual Information Security and Privacy Assessment	<p>Data points: (CY -- Calendar Years)</p> <table border="1" data-bbox="898 613 1197 678"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>05</td> <td>06</td> <td>07</td> <td>08</td> <td>09</td> </tr> </table> <p>Description: This measure allows the CHD to monitor how well it is meeting DOH information security and privacy standards.</p>	5	4	3	2	1	05	06	07	08	09	<p>Target: 70%</p> <p>Target Source: DOH Division of Information Technology</p>	<p>PREPOPULATED</p> <p>DOH Division of Information Technology</p>
5	4	3	2	1										
05	06	07	08	09										
5c.2	Overall score for Annual Safety Risk Assessment	<p>Data points: (CY -- Calendar Years)</p> <table border="1" data-bbox="898 902 1197 967"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>06</td> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>Description: Work related injuries have a financial impact on the CHD. Section 284.50, F.S., requires safety activities, safety trainings and proper reporting of incidents. The safety program plays a large role in helping to deter the cost of workers compensation. Safety components used at each location are monitored to measure how safety practices are being followed.</p>	5	4	3	2	1	06	07	08	09	10	<p>Target: ≥ 80%</p> <p>Target Source: Division of Administration</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration</p>
5	4	3	2	1										
06	07	08	09	10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Develop public health policies and plans

Description: This standard is associated with EPHS number five: Develop policies and plans that support individual and community health efforts. This is also standard number five in NACCHO's Operational Definition of a Functional Local Health Department and supports domain five of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5d.1	Degree to which a strategic planning process is implemented	<p>Data Points: (CY -- Calendar Years)</p> <table border="1" data-bbox="894 656 1136 721"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>A strategic plan is a management tool that builds consensus on future direction, helps the reporting entity focus its energy and resources, ensures staff is working toward the same goals, and adjusts direction in response to change. Without clear definitions of the reporting entity's goals and objectives – which are driven by the strategic planning process - the ability to communicate goals to stakeholders, and ensure the most effective use of resources is limited.</p> <p>Steps in the strategic planning process:</p> <ol style="list-style-type: none"> 1. Conduct an environmental scan or SWOT analysis 2. Set/Review organizational direction 3. Develop strategic goals and objectives 	4	3	2	1	07	08	09	10	<p>Target: N/A</p> <p><u>Degree Key:</u></p> <p>0.0 = N/A (no strategic planning process in place)</p> <p>1.0 = Planned (e.g. currently no written plan, under development; Steps 1-2)</p> <p>2.0 = In Progress (e.g. planning / implementing assessment activities, updating written plan; Steps 3-6)</p>	<p>PREPOPULATED</p> <p>DOH Office of Health Statistics and Assessment, from the annual community health improvement assessment inventory. This inventory is completed by points of contact in each of the CHDs.</p>
4	3	2	1									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5d.1 <i>(continued)</i>	Degree to which a strategic planning process is implemented <i>(continued)</i>	4. Develop action plans 5. Allocate resources: <ul style="list-style-type: none"> a. Budget b. Human c. Training d. Flexibility to shift resources 6. Implement action plans 7. Track progress on action 8. Modify action plan based on data (as applicable) 9. Evaluate strategic plan	3.0 = Completed (e.g. ongoing implementation, evaluation, monitoring progress towards goals; Steps 7-9)	

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Engage the community to identify and solve health problems

Description: This standard is associated with EPHS number four: Mobilize community partnerships and action to identify and solve health problems. This is also standard number four in NACCHO's Operational Definition of a Functional Local Health Department, and supports domain four of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
5e.1	Degree to which a comprehensive community health improvement planning process is implemented	<p>Data points: (CY -- Calendar Years)</p> <table border="1" data-bbox="898 654 1199 719"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>06</td> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>Components of a systematic, comprehensive community health improvement planning process:</p> <ol style="list-style-type: none"> 1. Mobilize community partners and identify resources for assessment and planning 2. Assessment of local public health system 3. Assessment of community health status 4. Assessment of potential strengths, weaknesses, opportunities and threats to the public's health 5. Strategic priorities identified 6. Goals, strategies, and objectives formulated 7. Action plan implemented 8. Progress evaluated 	5	4	3	2	1	06	07	08	09	10	<p>Target: N/A</p> <p><u>Snapshot Key:</u></p> <p>1.0= Planned (e.g. currently no written plan, under development)</p> <p>2.0= In Progress (e.g. planning / implementing assessment activities, updating written plan)</p> <p>3.0= Completed (e.g. ongoing implementation, evaluation, monitoring progress toward goals)</p>	<p>DOH Office of Health Statistics and Assessment, from the annual community health improvement assessment inventory. This inventory is completed by points of contact in each of the CHDs.</p>
5	4	3	2	1										
06	07	08	09	10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5e.1 <i>(continued)</i>	Degree to which a comprehensive community health improvement planning process is implemented <i>(continued)</i>	<p>Description: Comprehensive community health improvement planning builds the foundation for improving and promoting healthier communities. Through leadership and participation in this core public health function, CHDs use data to educate and mobilize the communities they serve, develop shared health priorities, identify resources, and plan and implement actions to impact public health outcomes. Using a comprehensive, systematic approach to community-based assessment and planning better prepares CHDs to anticipate, manage and respond to change, results in more effective and efficient coordination of services, cultivates community ownership of issues and solutions, and results in sustainable efforts to address public health problems.</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Evaluate and improve programs and interventions

Description: This standard is also standard nine in NACCHO's Operational Definition of a Functional Local Health Department and supports domain nine of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
5f.1	% of components of a performance improvement process in progress	<p>Data point: (FY - Fiscal Years)</p> <table border="1" data-bbox="779 618 1339 683"> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">05-06</td> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </table> <p>The basic steps and activities (components) of a performance improvement process are as follows:</p> <p>Step 1: Gather data (component 1) Step 2: Analyze data (component 2)</p> <ul style="list-style-type: none"> a) Identify strengths (component 3) b) Identify opportunities for improvement (OFIs) (component 4) c) Determine root cause (component 5) <p>Step 3: Identify priorities (component 6) Step 4: Create and implement plan of action</p> <ul style="list-style-type: none"> a) Develop plan of action (component 7) b) Implement plan of action (component 8) c) Monitor progress of plan of action (component 9) d) Communicate progress of plan of action (component 10) 	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	<p>Target: 75%</p> <p>Target Source: DOH Office of Performance Improvement</p>	CHD INPUT
5	4	3	2	1										
05-06	06-07	07-08	08-09	09-10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5f.1 (continued)	% of components of a performance improvement process in progress (continued)	<p>Step 5: Evaluate plan of action</p> <ul style="list-style-type: none"> a) Collect data to evaluate plan of action <i>(component 11)</i> b) Analyze data to evaluate plan of action <i>(component 12)</i> c) Act on results of evaluation data <i>(component 13)</i> <p>For more information on these of these components, please review the Technical Assistance Guideline: General 9, Performance Improvement or the Office of Performance Improvement Intranet site.</p> <p>Description: This measure will allow the CHD to assess its progress in planning and implementing performance improvement processes, in order to review and enhance its organizational efficiency and effectiveness.</p> <p>Formula: Total number of components of a performance improvement process in progress divided by 13, multiplied by 100. (# of components of a performance improvement process in place / 13 x 100)</p> <p>Example: $7/13 = .538 \times 100 = 53.8\%$</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE																				
5f.2	Score for clinical quality and effectiveness studies completed with measurable improvement	<p>Data points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="779 386 1341 451"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>05-06</td> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </table> <p>Description: Clinical quality effectiveness studies document the study and care conducted in the CHD clinical operations to improve health care outcomes and delivery of public health services. Clinical quality studies will facilitate the use of evidenced-based data to support clinical services. The studies will also demonstrate to health care leaders and stakeholders the impact CHDs have on patient outcomes and quality of care.</p> <table border="1" data-bbox="779 894 1341 1328"> <thead> <tr> <th>Criteria</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>If no clinical quality studies were completed</td> <td>0.0</td> </tr> <tr> <td>If at least one clinical study was completed with measurable improvement.</td> <td>1.0</td> </tr> <tr> <td>If at least two clinical studies were completed with measurable improvement.</td> <td>2.0</td> </tr> <tr> <td>If at least three clinical studies were completed with measurable improvement.</td> <td>3.0</td> </tr> </tbody> </table>	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	Criteria	Score	If no clinical quality studies were completed	0.0	If at least one clinical study was completed with measurable improvement.	1.0	If at least two clinical studies were completed with measurable improvement.	2.0	If at least three clinical studies were completed with measurable improvement.	3.0	<p>Target: 3.0</p> <p>Target Source: DOH Office of Performance Improvement</p>	CHD INPUT
5	4	3	2	1																				
05-06	06-07	07-08	08-09	09-10																				
Criteria	Score																							
If no clinical quality studies were completed	0.0																							
If at least one clinical study was completed with measurable improvement.	1.0																							
If at least two clinical studies were completed with measurable improvement.	2.0																							
If at least three clinical studies were completed with measurable improvement.	3.0																							

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

These are the steps in a clinical quality and effectiveness review study:

1. Choose a topic that represents an issue of interest/priority to review.
2. Review the current literature and best evidence based guidelines available to establish standards for the clinical program and topic chosen. This need not be an exhaustive review, but should be specific to the clinical program and the particular area to be reviewed. For some programs the information needed may be easily found at: guidelines.gov, cdc.gov, cochrane.org (The Cochrane Collaboration) or other websites dedicated to evidence based medicine*. The [Office of Performance Improvement intranet website](#) has helpful links and resources.
3. Select the parameters to be used for the review and establish measures. Measures chosen are based on the review of literature and guidelines mentioned above. Examples of measures to be reviewed might include a laboratory or test result, (blood glucose, positive culture) physical findings (blood pressure, weight), significant findings in patient history (medication compliance, dietary compliance), or other clinical measures that can be used to determine the patient's clinical outcome.
4. Compile the measurement data from electronic systems if available, and by abstracting pertinent data from clinical records. This can be done by clerical staff, nurse, ARNP, or physician depending on the type of data to be abstracted. Assure that confidentiality is maintained.
5. Interview clinical staff to verify clinical record data collected.
6. Analyze gathered data.
7. Develop an improvement plan based on the analysis.
8. Share study results and the improvement plan with clinical and other appropriate staff. Assure confidentiality. Share the positive results as well as results needing improvement.
9. Carry out the improvement plan.
10. Follow-up on the improvement plan by re-examining the clinical study measures to determine if new results show progress. Consider tracking measures over time in order to evaluate trends. You may want to use available software such as Excel or Access to assist with tracking and trends. HMS can be used to support studies as well.

**Helpful information can also be found at the Institute for Healthcare Improvement website (www.ihl.org). The tutorials at <http://nationalqualitycenter.org/QualityAcademy/index.cfm> are excellent. The tutorials were prepared for HIV care, but the concepts can be applied to any clinical problem. The National Quality Center website was developed by the Institute for Healthcare Improvement, in collaboration with the New York State Department of Health.*

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Give people information they need to make healthy choices

Description: This standard is associated with EPHS number three: Inform, educate, and empower people about health issues. This is also standard three in NACCHO's Operational Definition of a Functional Local Health Department, and supports domain three of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
5g.1	% of components of a CHD communication system in place	<p>Data Points: (FY - Fiscal Years)</p> <table border="1" data-bbox="768 621 1325 683"> <thead> <tr> <th>5</th> <th>4</th> <th>3</th> <th>2</th> <th>1</th> </tr> </thead> <tbody> <tr> <td>05-06</td> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </tbody> </table> <p>Description: An efficient, effective communication system, including established relationships with media partners, will provide appropriate venues to convey and disseminate information of public health significance, correct information about public health issues, and serve as an essential resource.</p> <p>Formula: The total number of "yes" responses divided by 11, then multiplied by 100. (# of "yes" responses / 11 x 100) Example: 10/11 = .909 x 100 = 90.9%</p>	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	<p>Target: 80%</p> <p>Target Source: DOH Office of Performance Improvement</p>	CHD INPUT
5	4	3	2	1										
05-06	06-07	07-08	08-09	09-10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

WORKSHEET FOR MEASURE 5G.1: COMPONENTS OF A CHD COMMUNICATION SYSTEM IN PLACE

COMMUNICATION COMPONENTS
Component 1: Disseminates, at least annually, a summary of the community's health status to local CHD stakeholders, community partners and the general population.
Component 2: Routinely disseminates data and information on timely local health issues to the general public, community leaders, and elected and appointed officials.
Component 3: Maintains a current contact list of media and providers and updates the list annually.
Component 4: Maintains current written guidelines for rapid dissemination of urgent public health threats/messages to the local media.
Component 5: Provides training opportunities in risk communications for staff who have lead roles in communicating urgent messages.
Component 6: Maintains written guidelines that are followed in response to requests for information.
Component 7: Maintains designated staff to serve as Public Information Officer (PIO) who is trained in dissemination of public health messages.
Component 8: Assures that information disseminated by the agency reflects the cultural and linguistic character of the local population.
Component 9: Develop a plan, annually, to review communication and marketing effectiveness.
MARKETING COMPONENTS
Component 10: Defines target audience prior to developing and disseminating message.
Component 11: Determines method of disseminating message including identifying media outlet and developing budget.

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Budget accountability is delegated throughout the CHD's leadership team

Description: It is a good business practice to decentralize the budget. Decentralizing the budget gets all levels of managers and staff involved in the understanding of budget needs and accountability. The standard supports Part A of the Voluntary National Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
5h.1	% of departmental budget assigned to L4 (program) managers	<p>Data points: (FY - Fiscal Years)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">5</th> <th style="width: 20%;">4</th> <th style="width: 20%;">3</th> <th style="width: 20%;">2</th> <th style="width: 20%;">1</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">05-06</td> <td style="text-align: center;">06-07</td> <td style="text-align: center;">07-08</td> <td style="text-align: center;">08-09</td> <td style="text-align: center;">09-10</td> </tr> </tbody> </table> <p>Description: This measure identifies budget allocations that were distributed and reclassified from the CHD's base FLAIR ORG code accounts (all having a level 4 component of '00'), for which spending authority was transferred by the DOH Budget Office, into CHD ORG code accounts with level 4 values of other than '00' by staff with appropriate FLAIR user rights. Blanks in the data indicate an over-allocation of resources. The over-allocation may occur when reductions were applied to the budget available without any adjustments to the allocation factors.</p> <p>Purpose: Decentralizing is the process of determining budget need, managing the budget and working with the business manager to communicate needs and status of budget. Responsibility delegated</p>	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>DOH Division of Administration</p>
5	4	3	2	1										
05-06	06-07	07-08	08-09	09-10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5h.1 <i>(continued)</i>	% of departmental budget assigned to L4 (program) managers <i>(continued)</i>	for budget will vary from CHD to CHD. In a small CHD, it may only be the Business Manager, Nursing Director and Environmental Health Director. This allows for input from other public health professionals on how the money should be spent.		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

5 PROCESS EFFECTIVENESS OUTCOMES (continued)

Standard: Maintain standard administrative practices

Description: This standard is designed to measure administrative indicators in each CHD to ensure compliance with statute and rules. The standard supports Part A of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5i.1	% of key indicators that scored, "achieves standard" for the Bureau of General Services	<p>Data Points: (CY -- Calendar Years)</p> <table border="1" data-bbox="915 656 1155 721"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1*</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>* Please see 2010 Review Cycle for data collection period.</p> <p>Description: These indicators help the CHD to ensure compliance with statute and rules, and should help identify operational strengths and weaknesses. This information should be determined by the CHDs, whether tracked here formally or informally by CHDs each year. This information may potentially identify issues with General Service activities, safety issues, etc.</p> <p>The 3 key indicators that are included in this measure are:</p> <ul style="list-style-type: none"> • All contracts / MOAs / MOUs properly reviewed prior to execution • All contracts managed by a DOH certified contract manager 	4	3	2	1*	07	08	09	10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>CHD Dashboard - SharePoint Site: http://cor.sharepoint.doh.state.fl.us/admin/CHD_Dashboard/default.aspx</p>
4	3	2	1*									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5i.1 (continued)	% of key indicators that scored, "achieves standard" for the Bureau of General Services (continued)	<ul style="list-style-type: none"> Multiple quotes are obtained for purchases between \$2,500 - \$25,000 Scoring for these indicators is: 1-100% 3-<100% Formula: Total number of indicators scoring 1 – "100%" divided by total number of indicators (3), multiplied by 100. (# of indicators scoring 1 – "Achieves Standard" / # of indicators x 100) Example: 2/3 = .667 x 100 = 67%										
5i.2	% of key indicators that scored, "achieves standard" for the Bureau of Finance and Accounting	Data Points: <i>(CY -- Calendar Years)</i> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1*</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">08</td> <td style="text-align: center;">09</td> <td style="text-align: center;">10</td> </tr> </table> <p>* Please see 2010 Review Cycle for data collection period.</p> Description: These indicators help the CHD to ensure compliance with statute and rules, and should help identify operational strengths and weaknesses. This information should be determined by the CHDs, whether tracked formally or informally by CHDs each year. This information may identify potential issues with compliance to Department of Financial Services (DFS)	4	3	2	1*	07	08	09	10	Target: 100% Target Source: DOH Division of Administration	PREPOPULATED CHD Dashboard - SharePoint Site: http://cor.sharepoint.doh.state.fl.us/admin/CHD_Dashboard/default.aspx
4	3	2	1*									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5i.2 (continued)	% of key indicators that scored, “achieves standard” for the Bureau of Finance and Accounting (continued)	<p>or Department of Health (DOH) policies, internal controls, and segregation of duties.</p> <p>The 3 key indicators that are included in this measure are:</p> <ul style="list-style-type: none"> • Third party amounts aged over 365 days • Medicaid and Medicaid HMO amounts aged over 365 days • % Prompt Payment Compliance <p>Scoring for these indicators is:</p> <p>1 - <\$5,000 2 - <\$10,000 3 - >\$10,000 N/C – Beyond CHD Control</p> <p>Formula: Total number of indicators scoring 1 – “<\$5,000” divided by total number of indicators (3), multiplied by 100. (# of indicators scoring 1 – “Achieves Standard” / # of indicators x 100)</p> <p>Example: $2/3 = .667 \times 100 = 67\%$</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5i.3	% of key indicators scored "achieves standard" for the Bureau of Budget Management	<p>Data Points: <i>(CY -- Calendar Years)</i></p> <table border="1" data-bbox="915 386 1152 451"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1*</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>* Please see 2010 Review Cycle for data collection period.</p> <p>Description: These indicators help the CHD to ensure compliance with statute and rules, and should help identify operational strengths and weaknesses. This information should be determined by the CHDs, whether tracked formally or informally by CHDs each year. This information may identify potential issues with the CHD's financial stability.</p> <p>The 3 key indicators and scoring included in this measure are:</p> <ul style="list-style-type: none"> • 12-Month Average Cash Balance <ul style="list-style-type: none"> 1 – Yes 3 – No • Expenditure Variances > 25% by Program <ul style="list-style-type: none"> 1 - <1 2 – 2 to 3 3 - >4 • FIRS Spending Plan Approved Timely <ul style="list-style-type: none"> 1 – 4 Quarters 2 – 3 Quarters 3 - <2 Quarters 	4	3	2	1*	07	08	09	10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>CHD Dashboard - SharePoint Site: http://cor.sharepoint.doh.state.fl.us/admin/CHD_Dashboard/default.aspx</p>
4	3	2	1*									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5i.3 (continued)	% of key indicators scored “achieves standard” for the Bureau of Budget Management (continued)	<p>Formula: Total number of indicators scoring 1 – “Achieves standard” divided by total number of indicators, multiplied by 100. (# of indicators scoring 1 – “Achieves Standard” / # of indicators x 100)</p> <p>Example: 2/3 = .667 x 100 = 66.7%</p>										
5i.4	% of key indicators that scored “achieves standard” for the Bureau of Revenue Management	<p>Data Points: (CY -- Calendar Years)</p> <table border="1" data-bbox="915 699 1152 760"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1*</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>* Please see 2010 Review Cycle for data collection period.</p> <p>Description: These indicators help the CHD to ensure compliance with statute and rules, and should help identify operational strengths and weaknesses. This information should be determined by the CHDs, whether tracked formally or informally by CHDs each year. This information may identify potential issues with the CHD’s financial stability.</p> <p>The 5 key indicators and scoring included in this measure are:</p> <ul style="list-style-type: none"> • Managing Debit Memos and Returned Checks (Accounts Receivables) <ol style="list-style-type: none"> 1. Achieves (>90%) 	4	3	2	1*	07	08	09	10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>CHD Dashboard - SharePoint Site: http://cor.sharepoint.doh.state.fl.us/admin/CHD_Dashboard/default.aspx</p>
4	3	2	1*									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5i.4 (continued)	% of key indicators that scored "achieves standard" for the Bureau of Revenue Management (continued)	<p>2. Frequently meets standards (>75%) 3. Does not meet standards (<75%)</p> <ul style="list-style-type: none"> • Employees Working on Multiple Activities or Cost Objectives (other than RMS) <ul style="list-style-type: none"> 1. Achieves (100%) 3. Does not meet standards (<100%) • Single Federal Award Certification standards for payroll documentation salaries, wages and benefits charged to federal awards is in compliance with the cost principles in 2 CFR, Part 225 (Formerly OMB Circular A-87) <ul style="list-style-type: none"> 1. Achieves (100%) 3. Does not meet standards (<100%) • Random Moment Sampling - Recording/Adjusting in FLAIR <ul style="list-style-type: none"> 1. Achieves (100%) 3. Does not meet standards (<100%) • Direct Grants - Indirect costs, SEFA and SWCAP <ul style="list-style-type: none"> 1. Achieves (100%) 3. Does not meet standards (<100%) 		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE								
5i.4 (continued)	% of key indicators that scored “achieves standard” for the Bureau of Revenue Management (continued)	<p>Formula: Total number of indicators scoring 1 – “Achieves standard” divided by total number of indicators, multiplied by 100. (# of indicators scoring 1 – “Achieves Standard” / # of indicators x 100)</p> <p>Example: 2/3 = .667 x 100 = 66.7%</p>										
5i.5	% of key indicators that scored “achieves standard” for the Bureau of Human Resources	<p>Data Points: (CY -- Calendar Years)</p> <table border="1" data-bbox="915 699 1152 760"> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1*</td> </tr> <tr> <td>07</td> <td>08</td> <td>09</td> <td>10</td> </tr> </table> <p>* Please see 2010 Review Cycle for data collection period.</p> <p>Description: These indicators help the CHD to ensure compliance with statute and rules, and should help identify operational strengths and weaknesses. This information should be determined by the CHDs. This information is not tracked by the Division of Administration for all CHDs. This information may identify potential employee relation issues, administrative practices in this function, and compliance with DOH policies to enhance or sustain the workforce.</p>	4	3	2	1*	07	08	09	10	<p>Target: 100%</p> <p>Target Source: DOH Division of Administration</p>	<p>PREPOPULATED</p> <p>CHD Dashboard - SharePoint Site: http://cor.sharepoint.doh.state.fl.us/admin/CHD_Dashboard/default.aspx</p>
4	3	2	1*									
07	08	09	10									

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE
5i.5 (continued)	% of key indicators that scored “achieves standard” for the Bureau of Human Resources (continued)	<p>The 4 key indicators and scoring included in this measure are:</p> <ul style="list-style-type: none"> • Completed Timesheets <ul style="list-style-type: none"> 1 - 98-100% 2 - 85-97.9% 3 - < 85% • Positions Vacant less than 180 days <ul style="list-style-type: none"> 1 - 98-100% 2 - 85-97.9% 3 - < 85% • Completed Drug Screen for Sensitive Positions <ul style="list-style-type: none"> 1 - 100% 3 - < 100% • Completed Background Screening for Sensitive Positions <ul style="list-style-type: none"> 1 - 100% 3 - < 100% <p>Formula: Total number of indicators scoring 1 – “Achieves standard” divided by total number of indicators, multiplied by 100. (# of indicators scoring 1 – “Achieves Standard” / # of indicators x 100)</p> <p>Example: $2/3 = .667 \times 100 = 66.7\%$</p>		

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Resources/References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- Nelson JC, Essien JDK, Loudermilk R, Cohen D, The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health. Atlanta, GA: Center for Public Health Practice of the Rollins School of Public Health, 2002
- CHD Guidebook, Internal Operating Procedure: General 7, Performance Improvement, http://dohiws.doh.state.fl.us/Divisions/Executive_Staff/Policies/CHDGuidebook/IOP_Part_1/GENERAL07.pdf
- CHD Guidebook, Technical Assistance Guideline: General 9, Performance Improvement, http://dohiws.doh.state.fl.us/Divisions/Executive_Staff/Policies/CHDGuidebook/TA_Part_1/GENERAL09.pdf
- Environmental Health SharePoint Sites as listed in section 5e
- [Operational Definition of a LHD](#) NACCHO Website
- [National Voluntary Accreditation Program](#) Public Health Accreditation Board Website
- Administrative Snapshot, DOH Intranet, <http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm>
- Bureau Summary Report, http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummary.xls

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

6 LEADERSHIP OUTCOMES

Purpose: Examines the organization’s key results in the areas of leadership and governance, strategic plan accomplishment, and societal responsibilities, with the aim of maintaining a fiscally sound, ethical organization that contributes or actively participates in community improvement.

Standard: **Assure the accomplishment of goals and objectives in the strategic plan**

Description: This standard is associated with EPHS number five: Develop policies and plans that support individual and community health efforts. This standard is also associated with standard nine in NACCHO’s Operational Definition of a Functional Local Health Department: Evaluate and improve programs and interventions, and supports domain five of the National Voluntary Public Health Accreditation Program for State and Local Public Health Departments.

LINE NUMBER ON CPS	MEASURE	DESCRIPTION	TARGET AND TARGET SOURCE	DATA SOURCE										
6a.1	% of objectives accomplished in CHD's strategic plan within the established target dates	<p>Data Points: <i>(FY - Fiscal Years)</i></p> <table border="1" data-bbox="781 756 1314 821"> <tr> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>05-06</td> <td>06-07</td> <td>07-08</td> <td>08-09</td> <td>09-10</td> </tr> </table> <p>Description: A strategic plan is a management tool that guides future direction, helps the CHD focus its energy and resources, ensures goal for the staff to work toward, and can be updated to reflect direction adjustments in response to change. Without clear definitions of the CHD’s purpose, goals and objectives – which are driven by the strategic planning process - the ability to communicate goals to stakeholders, and ensure the most effective use of limited resources, is limited. Accomplishing strategic objectives helps ensure that activities stay on track, measuring progress, helps staff feel a sense of accomplishment, and ultimately helps to ensure that the strategic goals are being accomplished.</p>	5	4	3	2	1	05-06	06-07	07-08	08-09	09-10	<p>Target: 90%</p> <p>Target Source: CHD QI Advisory Council</p>	CHD INPUT
5	4	3	2	1										
05-06	06-07	07-08	08-09	09-10										

**2011 County Performance Snapshot
Standards and Measures Fact Sheet
DOH 5-Step Performance Improvement Process**

Example & Formula for Measure 6a.1

The strategic plan is from July 1, 2004 through June 30, 2007.

Example objectives:

“By July 1, 2005, increase immunization rate among two-year-olds from 79.2% to 85%.” (ACHIEVED)

“By December 31, 2005, increase by 5% the fines and costs imposed that are collected by the due date.” (NOT ACHIEVED).

“By June 30, 2006, increase the percent of women who enter prenatal care in the first trimester from 76.8% in 2005 to 79.8%.” (ACHIEVED)

Conclusion: For FY 2005-2006, **two of three (2/3)** objectives were met within the established target dates.

Formula:

Divide number of objectives accomplished within the established target dates by total number of objectives; then multiply by 100 for the percent.

(# of objectives accomplished within established target dates / Total # of objectives x 100)

In this example, $2/3 = .6666\%$ so the data point would = 66.67%.

Resources/References

- The 2010-2011 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- Nelson JC, Essien JDK, Loudermilk R, Cohen D, The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health. Atlanta, GA: Center for Public Health Practice of the Rollins School of Public Health, 2002.
- [Operational Definition of a LHD](#) NACCHO Website
- [National Voluntary Accreditation Program](#) Public Health Accreditation Board Website