

**2007 County Health Department Performance Improvement Process  
County Performance Snapshot  
Standards and Measures Fact Sheet**

The goals of the County Health Department (CHD) Performance Improvement (PI) Process are to:

- Use a systematic approach to organizational performance that measures and compares outcomes and assists CHDs in their goal of achieving performance excellence
- Enhance communication between public health leaders, community partners and customers to clearly articulate the performance improvement strategy
- Use best practices as opportunities for learning and to guide organizational planning

The purpose of the Fact Sheet is to serve as a tool to assist with understanding key terms and measures and provide a methodology to calculate requested data. Descriptions and data sources have been defined for each measure. For the purpose of this document, the following definitions have been assigned to these terms:

- Standard/Objective -- Characterize certain activities that are expected to be in place
- Measure/Indicator -- Refers to numerical information that quantifies input, output and performance dimensions of processes, programs, services and overall organizational outcomes.
- DOH Target – Refers to a future condition or performance level that one intends to attain.
- Data Points -- A minimum of three data points generally are needed to begin to ascertain a trend. Note: There may not be three data points available for each measure in this County Performance Snapshot. The web-based application will ask for the identified number of data points.
- CHD Performance (Trend) – Trend refers to the numerical information that shows the direction for an organization's results. Trends provide a time sequence of organizational performance.

The segments of the fact sheet are organized according to the Sterling Criteria Category 7: Results:

- 7.1 -- Product and Service Outcomes
- 7.2 -- Customer-Focused Outcomes
- 7.3 -- Financial and Market Outcomes
- 7.4 -- Human Resources Outcomes
- 7.5 -- Organizational Effectiveness Outcomes
- 7.6 -- Leadership and Social Responsibility Outcomes

Worksheets are provided within the measure, as applicable, to provide the user with the appropriate tool necessary to calculate the requested data. Resources are listed at the end of each segment to provide further guidance, but are not required to be used. For assistance, please contact your performance consultant in the Office of Performance Improvement at (850) 245-4007 or SC 205-4007.

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**7.1 Product and Service Outcomes**

**Purpose of Product and Service Outcomes**

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

**Standard:** Assess, monitor and understand health issues facing the community.

**Description:** This standard is associated with the 10 Essential Public Health Services and part of the core function of public health, assessment.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.1	Number of Births to Mothers Ages 15-17, Rate Per 1,000 Females, 3-Year Rate for All Races	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005  National Target for <ul style="list-style-type: none"> <li>• 2006 is 21.5</li> <li>• 2007 is 21</li> <li>• 2008 is 20.5</li> <li>• 2009 is 20</li> <li>• 2010 is 19.5</li> </ul> Please Note: Currently, there is no DOH target.	CHARTS/Vital Statistics <b>Births to Mothers Ages 15-17</b> Discrete 3-Year Rates for All Races Females <a href="http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0010">CHARTS Link</a> <a href="http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0010">http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0010</a>

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.2	Live Births Under 2500 Grams to All Mothers, Percent of Total Births, 3-Year Rates for All Races	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS/Vital Statistics <b>Live Births Under 2500 Grams to All Mothers</b> Discrete 3-Year Rates for All Races Females <a href="http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0021">CHARTS Link</a> <a href="http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0021">http://www.floridacharts.com/chart/s/report.aspx?domain=03&amp;IndNumber=0021</a>
7.1a.3	% of WIC infants who are initially breast fed	Data points: 3: September 2004 2: September 2005 1: September 2006	Data provided by the Bureau of WIC and Nutrition Services
7.1a.4	HIV cases per 100,000 population among non-Hispanic blacks	Data points: 3: 2003 2: 2004 1: 2005	Data provided by Bureau of HIV
7.1a.5	% of active TB patients completing therapy within 12 months of initiation of treatment	Data points: 3: 2002 2: 2003 1: 2004	Data provided by Bureau of TB

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7.1a.6	Enteric Diseases Total, Rate Per 100,000 Population, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005  Please Note: Target is amended Healthy People 2010 goal.	CHARTS <b>Enteric Diseases Total</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0192">CHARTS Link</a> <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0192">http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0192</a>
7.1a.7	Chlamydia, Rate Per 100,000 Total Population, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>Chlamydia</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0145">CHARTS Link</a> <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0145">http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0145</a>
7.1a.8	Infectious Syphilis Cases, Rate Per 100,000 Total Population, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>Infectious Syphilis Cases</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0144">CHARTS Link</a> <a href="http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0144">http://www.floridacharts.com/charts/report.aspx?domain=01&amp;IndNumber=0144</a>

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<b>Line Number on County Performance Snapshot</b>	<b>Measure</b>	<b>Description</b>	<b>Data Source</b>
7.1a.9	% of 2-year-old CHD Clients Fully Immunized, Single-Year Percentages for All Races All Sexes	Data points: 3: 2003 2: 2004 1: 2005	Data provided by Bureau of Immunization from CASA (Clinic Assessment Software Application)  <b>% of 2-year-old CHD Clients with Immunization coverage level for DTP/DTaP4, OPV/IPV3, MMR1, Hib3, and HepB3</b>
7.1a.10	% of Population with Fluoridated Water Supplies	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005  Please Note: Target is amended Healthy People 2010 goal.	CHARTS <b>Population With Fluoridated Water Supplies</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=05&amp;IndNumber=0286">CHARTS Link</a> http://www.floridacharts.com/charts/report.aspx?domain=05&IndNumber=0286
7.1a.11	All Causes Years of Potential Life Lost Under 75, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>All Causes Years of Potential Life Lost Under 75</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=02&amp;IndNumber=0269">CHARTS Link</a> http://www.floridacharts.com/charts/report.aspx?domain=02&IndNumber=0269

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.12	Age-Adjusted All Causes 3-Year Death Rate, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>Age-Adjusted All Causes 3-Year Death Rate</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=02&amp;IndNumber=0269">CHARTS Link</a> <a href="http://www.floridacharts.com/charts/report.aspx?domain=02&amp;IndNumber=0269">http://www.floridacharts.com/charts/report.aspx?domain=02&amp;IndNumber=0269</a>

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.13 – 7.1a.18	Top 6 Leading Causes of Death for County	<p>Data points: 3: 2003 2: 2004 1: 2005</p> <p>The top leading causes of death and the targets are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Heart Disease</b> – Healthy People 2010, AADR – 155.0</li> <li>• <b>Cancer</b> – Healthy People 2010, AADR – 158.7</li> <li>• <b>Chronic Obstructive Pulmonary Disease</b> – Healthy People 2010, AADR – 60 deaths per 100,000 adults</li> <li>• <b>Stroke</b> -- Healthy People 2010, AADR – 31.8</li> <li>• <b>Diabetes Mellitus</b> – Healthy People 2010, AADR – 21.7</li> <li>• <b>Unintentional Injuries</b> – target unknown</li> <li>• <b>Alzheimer’s Disease</b> – target unknown</li> <li>• <b>Pneumonia/Influenza</b> – target unknown</li> <li>• <b>Suicide</b> – target unknown</li> <li>• <b>Homicide</b> – target unknown</li> <li>• <b>Perinatal Conditions</b> – target unknown</li> <li>• <b>AIDS/HIV</b> – target unknown</li> <li>• <b>Chronic liver disease and cirrhosis</b> – target unknown</li> </ul>	Florida Vital Statistics

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.19	Total Infant Mortality Rate, Rate Per 1,000 Total Live Births, 3-Year Rates for All Races All Sexes	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>Total Infant Mortality Rate</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=03&amp;IndNumber=0053">CHARTS Link</a> http://www.floridacharts.com/charts/report.aspx?domain=03&IndNumber=0053
7.1a.20	% of high school students who are overweight	Data point: 1: 2006  DOH Target for 2009 is 10.4%	Data provided by Bureau of Epidemiology: Florida Youth Tobacco Survey (FYTS)
7.1a.21	% of high school students who are at-risk for overweight	Data point: 1: 2006  DOH Target for 2009 is 14%	Data provided by Bureau of Epidemiology: Florida Youth Tobacco Survey (FYTS)
7.1a.22	% of adults who are overweight: BMI $\geq$ 25 to < 30	Data point: 1: 2002	CHARTS <b>Adults who are overweight (Body Mass Index (BMI) <math>\geq</math> 25 to &lt;30).</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1a.23	% of adults who currently smoke	Data point: 1: 2002	CHARTS <b>Adults who currently smoke.</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx
7.1a.24	% of adults with no regular moderate physical activity	Data point: 1: 2002	CHARTS <b>Adults with no regular moderate physical activity.</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx
7.1a.25 – 7.1a.26	County priority (optional)	County issue – Optional input by CHD	

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**7.1 Product and Service Outcomes continued**

**Standard:** Link people to needed personal health services.

**Description:** This standard is associated with the 10 Essential Public Health Services and the core function of public health, assurance.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.1b.1	% of adults with no personal health care providers	Data point 1: 2002	CHARTS <b>Adults with no personal health care providers.</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx
7.1b.2	% of adults with no healthcare coverage	Data point 1: 2002	CHARTS <b>Adults with no health care coverage.</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx
7.1b.3	% of adults who were unable to get medical care in the last 12 months	Data point 1: 2002	CHARTS <b>Adults who were unable to get medical care in the last 12 months.</b> <a href="http://www.floridacharts.com/charts/brfss.aspx">CHARTS Link</a> http://www.floridacharts.com/charts/brfss.aspx

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7.1b.4	% of low income persons with access to dental care	Data points: 3: 1997-1999 2: 2000-2002 1: 2003-2005	CHARTS <b>Access to Dental Care by Low Income Persons</b> Discrete 3-Year Rates for All Races All Sexes <a href="http://www.floridacharts.com/charts/report.aspx?domain=07&amp;indnumber=0266">CHARTS Link</a> <a href="http://www.floridacharts.com/charts/report.aspx?domain=07&amp;indnumber=0266">http://www.floridacharts.com/charts/report.aspx?domain=07&amp;indnumber=0266</a>

**Resources/ References**

- The 2007 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.
- CHARTS, DOH Website, <http://www.floridacharts.com/charts/chart.aspx>

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## **7.2 Customer-Focused Outcomes**

### **Purpose of Customer-Focused Outcomes**

Examines the organization's customer focused performance results, with the aim of demonstrating how well the organization has been satisfying its' customers and other stakeholders.

### **Standard**

**Statement:** Ensure customer satisfaction.

### **Description:**

- *Customer* refers to actual and potential users of your organization's products, programs or services. Examples: patients, patients' families, community, insurers/third-party payors, employers, health care providers, patient advocacy groups, and students.
- *External customer* refers to a person or organization who receives a product, a service, or information, but is not part of the organization supplying it.
- *Patient* refers to the person receiving health care, including preventive, promotional, acute, chronic, rehabilitative, and all other services in the continuum of care. Other terms for patient include customer, member, consumer, client, or resident.
- *Stakeholder* refers to all people who might be affected by an organization's services, actions, and success. Examples of key stakeholders may include: patients, staff, partners, governing boards, suppliers, taxpayers, policymakers, legislators, local and professional communities.
- *Customer satisfaction* involves such variables as price, lead time, conformance, responsiveness, reliability, professionalism, and convenience.
- *Customer satisfaction data* provides early warning signs of problems before they are reflected in revenue and profit downturns.

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.2a.1	% of CHD programs conducting a customer satisfaction process	<p>Data points:            3: FY 2003-2004            2: FY 2004-2005            1: FY 2005-2006</p> <p>Examples of CHD programs include:</p> <ul style="list-style-type: none"> <li>• Healthy Start</li> <li>• Environmental Health</li> <li>• Clinics</li> <li>• School Health</li> </ul> <p><b>Formula:</b>            Number of individual CHD programs conducting a customer satisfaction process divided by the total number of CHD programs; then multiplied by 100 for percent.</p> <p>(# of CHD programs conducting a customer satisfaction process/            Total # of CHD programs x 100)</p> <p>For example: <math>5/15 = .3333 \times 100 = 33.3\%</math></p>	Data collected at local county level

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<b>Worksheet for Measure:</b>	
For Data Point 3: FY 2003-2004: Number of individual CHD programs conducting a customer satisfaction process <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{0000}}}{\boxed{\phantom{0000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of CHD programs	$\boxed{\phantom{0000}}$
<b>Worksheet for Measure:</b>	
For Data Point 2: FY 2004-2005: Number of individual CHD programs conducting a customer satisfaction process <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{0000}}}{\boxed{\phantom{0000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of CHD programs	$\boxed{\phantom{0000}}$
<b>Worksheet for Measure:</b>	
For Data Point 1: FY 2005-2006: Number of individual CHD programs conducting a customer satisfaction process <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{0000}}}{\boxed{\phantom{0000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of CHD programs	$\boxed{\phantom{0000}}$

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.2a.2	% of responses on all customer satisfaction or complaint surveys with a satisfactory or better rating	<p>Data points: 3: FY 2003-2004 2: FY 2004-2005 1: FY 2005-2006</p> <p><b>Formula:</b> 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.</p> <p>(# of customer satisfaction surveys with a ranking of satisfactory or above/ # of surveys returned x 100)</p> <p>For example: 5/15= .3333 x 100 = 33.3%</p>	Data collected at local county level
<p><b>Worksheet for Measure:</b></p> <p>For Data Point 3: FY 2003-2004: Number of customer satisfaction surveys with a ranking of <i>satisfactory or above</i> <span style="float: right;">□</span></p> <hr style="width: 50%; margin-left: 0;"/> <p>Total number of surveys returned <span style="float: right;">□</span></p> $\frac{\text{□}}{\text{□}} = \text{□} \times 100 = \text{□} \%$			

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**Worksheet for Measure:**

For Data Point 2: FY 2004-2005:  
 Number of customer satisfaction surveys with a ranking of *satisfactory or above*  =  x 100 =  %  
 \_\_\_\_\_  
 Total number of surveys returned

**Worksheet for Measure:**

For Data Point 1: FY 2005-2006:  
 Number of customer satisfaction surveys with a ranking of *satisfactory or above*  =  x 100 =  %  
 \_\_\_\_\_  
 Total number of surveys returned

**Resources/References**

- The 2007 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.
- 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](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.

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**7.3 Financial and Market Outcomes**

**Purpose of Financial and Market Outcomes**

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

**Standard:** Budget accountability is delegated throughout the CHD’s leadership team using FIRS reports to monitor their assigned portion of the overall spending plan and take appropriate corrective action, if necessary.

**Description:** The extent to which the fund manager has utilized the funding is an indicator of good fiscal management.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3a.1	% of accuracy rates in FIRS revenues	<p>Data point: 1: Quarter ending December 2006</p> <p>Accuracy rates in FIRS revenues -- Sum of each month's total actual revenues divided by the sum of each month's total projected revenues for the quarter.</p> <p>To locate the data: Go to the Administrative Snapshot at the website indicated in the Data Source Column and open the December 2006 Administrative Snapshot. The data will be in the column titled (1) FIRS Projected Revenue (100%).</p>	<p><a href="http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm">Administrative Snapshot</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm">http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm</a></p>

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3a.2	% of accuracy rates in FIRS expenditures	<p>Data point: 1: Quarter ending December 2006</p> <p>Accuracy rates in FIRS expenditures -- Sum of each month's total actual expenditures divided by the sum of each month's total projected expenditures for the quarter.</p> <p>To locate the data: Go to the Administrative Snapshot at the website indicated in the Data Source Column and open the December 2006 Administrative Snapshot. The data will be in the column titled (1) FIRS Projected Expenditures (100%).</p>	<p><a href="http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm">Administrative Snapshot</a> http://dohiws.doh.state.fl.us/Divisions/Administration/Snapshot/index.htm</p>

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**7.3 Financial and Market Outcomes continued**

**Standard:** Maintains standard financial practices and required inventory and management control.

**Description:** This standard helps to ensure good fiscal management.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3b.1	% of indicators that are scored as achieving the required standard as indicated in the summary report for Bureau of General Services	Data points: 2: 2005 1: 2006  To get the percentage of indicators: Total number of indicators that achieved required standard divided by 19 (the total number possible for Bureau of General Services) and then multiply by 100. For example: $15/19 = .7894 \times 100 = 78.9\%$	Data collected at local county level by completing the self assessment or <b>Bureau of General Services Summary Report</b> if CHD received a site visit from Administration <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicators-BureauSummaryREV8-06.xls">Blank Bureau Summary Report</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HAFA_Scoring_Methodology.doc">http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HAFA_Scoring_Methodology.doc</a> <a href="#">Methodology Document</a>

**Worksheet for Measure:**

For Data Point 2: Calendar Year 2005:

Total number of indicators that achieved required standard

$$\frac{\boxed{\phantom{000}}}{19} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$$

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**Worksheet for Measure:**

For Data Point 1: Calendar Year 2006:  
Total number of indicators that achieved required standard

$$\frac{\boxed{\phantom{000}}}{19} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{000}} \%$$

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3b.2	% of indicators that are scored as achieving the required standard as indicated in the summary report for Bureau of Finance and Accounting	Data points: 2: 2005 1: 2006  To get the percentage of indicators: Total number of indicators that achieved required standard divided by 18 (the total number possible for Bureau of Finance and Accounting) and then multiply by 100. For example: 15/18 = .8333 x 100 = 83.3%	Data collected at local county level by completing the self assessment or <b>Bureau of Finance and Accounting Summary Report</b> if CHD received a site visit from Administration <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicators-BureauSummaryREV8-06.xls">Blank Bureau Summary Report</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HAFA_Scoring_Methodology.doc">http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HAFA_Scoring_Methodology.doc</a> <a href="#">Methodology Document</a>

**Worksheet for Measure:**

For Data Point 2: Calendar Year 2005:  
Total number of indicators that achieved required standard

$$\frac{\boxed{\phantom{000}}}{18} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{000}} \%$$

Legend:  
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**Worksheet for Measure:**

For Data Point 1: Calendar Year 2006:

Total number of indicators that achieved required standard

18

$$\frac{\boxed{\phantom{000}}}{18} = \boxed{\phantom{000}} \times 100 = \boxed{\phantom{000}} \%$$

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3b.3	% of indicators that are scored as achieving the required standard as indicated in the summary report for Bureau of Budget Management	<p>Data points: 2: 2005 1: 2006</p> <p>To get the percentage of indicators: Total number of indicators that achieved required standard divided by 9 (the total number possible for Bureau of Budget Management) and then multiply by 100. For example: <math>7/9 = .7777 \times 100 = 77.8\%</math></p>	<p>Data collected at local county level by completing the self assessment or <b>Bureau of Budget Management Summary Report</b> if CHD received a site visit from Administration <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls">Blank Bureau Summary Report</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HABM_Scoring_Methodology.doc">http://dohiws.doh.state.fl.us/Divisions/Administration/QI/HABM_Scoring_Methodology.doc</a> <a href="#">Methodology Document</a></p>

**Worksheet for Measure:**

For Data Point 2: Calendar Year 2005:

Total number of indicators that achieved required standard

9

$$\frac{\boxed{\phantom{000}}}{9} = \boxed{\phantom{000}} \times 100 = \boxed{\phantom{000}} \%$$

Legend:  
Data Point 3 - Prior to Data Point 2  
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**Worksheet for Measure:**

For Data Point 1: Calendar Year 2006:

Total number of indicators that achieved required standard

\_\_\_\_\_

9

$$\frac{\boxed{\phantom{000}}}{9} = \boxed{\phantom{000}} \times 100 = \boxed{\phantom{000}} \%$$

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.3b.4	% of indicators that are scored as achieving the required standard as indicated in the summary report for Bureau of Revenue Management	<p>Data point: 1: 2007</p> <p>To get the percentage of indicators: Total number of indicators that achieved required standard divided by 13 (the total number possible for Bureau of Revenue Management) and then multiply by 100. For example: 10/13 = .7692 x 100 = 76.9%</p> <p><b>Please Note: There is <u>NO</u> requirement to complete this measure during this reporting period.</b></p>	<p>Data collected at local county level by completing the self assessment or <b>Bureau of Revenue Management Summary Report</b> if CHD received a site visit from Administration <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls">Blank Bureau Summary Report</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls">http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls</a></p>

**Worksheet for Measure:**

For Data Point 1: Calendar Year 2007:

Total number of indicators that achieved required standard

\_\_\_\_\_

13

$$\frac{\boxed{\phantom{000}}}{13} = \boxed{\phantom{000}} \times 100 = \boxed{\phantom{000}} \%$$

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**Resources/References**

- The 2007 Sterling Criteria for Organizational Performance Excellence
- The 2006 Baldrige National Quality Program Health Care Criteria for Performance Excellence
- 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-BureauSummaryBLANK.xls](http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryBLANK.xls)

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**7.4 Human Resource Outcomes**

**Purpose of Human Resource Outcomes**

Examines the organization’s human resource results, with the aim of demonstrating how well the organization has been creating and maintaining a productive, learning, and caring work environment for all employees.

**Standard:** Assure a competent workforce

**Description:** This standard is one of the 10 Essential Public Health Services and part of the core function of public health; assurance.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4a.1	% of employees who have completed the mandatory DOH training in accordance with DOH Training Policy DOHP-180-1-06	Data points: 3: Fiscal year 2003-2004 2: Fiscal year 2004-2005 1: Fiscal year 2005-2006  <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/Policies/TrainingPolicy.pdf">DOH Training Policy DOHP-180-1-06</a> -- <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/Policies/TrainingPolicy.pdf">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/Policies/TrainingPolicy.pdf</a>  To get the percentage: Total number of employees who have completed the mandatory training divided by the total number of employees and then multiply by 100. For example: $395/415 = .9518 \times 100 = 95.2\%$	Data collected at local county level

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<b>Worksheet for Measure:</b>	
For Data Point 3: FY 2003-2004: Total number of employees who have completed the mandatory training <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Total number of employees	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
<b>Worksheet for Measure:</b>	
For Data Point 2: FY 2004-2005: Total number of employees who have completed the mandatory training <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Total number of employees	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
<b>Worksheet for Measure:</b>	
For Data Point 1: FY 2005-2006: Total number of employees who have completed the mandatory training <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Total number of employees	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$

Legend:  
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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4a.2	% of CHD Director/Administrator direct reports who have completed at least one leadership training	<p>Data points:            3: Fiscal year 2003-2004            2: Fiscal year 2004-2005            1: Fiscal year 2005-2006</p> <p><b>Senior leaders</b> – An organization’s senior management group or team. This consists of the director/administrator and his or her direct reports.</p> <p>Examples of leadership training include:</p> <ul style="list-style-type: none"> <li>• Basic Supervisory Training</li> <li>• Facilitative Leadership</li> <li>• Coaching/Mentoring</li> <li>• DWB Three-day Leadership training</li> </ul> <p>To get the percentage:            Total number of senior leaders who have completed at least one leadership training divided by the total number of senior leaders and then multiply by 100.            For example: <math>24/30 = .8 \times 100 = 80\%</math></p>	Data collected at local county level

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<b>Worksheet for Measure:</b>	
For Data Point 3: FY 2003-2004: Total number of senior leaders who have completed at least one leadership training <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of senior leaders	$\boxed{\phantom{000}}$
<b>Worksheet for Measure:</b>	
For Data Point 2: FY 2004-2005: Total number of senior leaders who have completed at least one leadership training <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of senior leaders	$\boxed{\phantom{000}}$
<b>Worksheet for Measure:</b>	
For Data Point 1: FY 2005-2006: Total number of senior leaders who have completed at least one leadership training <hr style="width: 90%; margin-left: 0;"/>	$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
Total number of senior leaders	$\boxed{\phantom{000}}$

Legend:  
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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4a.3	% of career service employees with a completed Individual Development Plan (IDP)	<p>Data point: 1: Fiscal year 2005-06</p> <p>For this year: The Individual Development Plan may be</p> <ul style="list-style-type: none"> <li>• Part of the performance appraisal</li> <li>• Separate document from performance appraisal</li> <li>• Part of a CHD training plan</li> </ul> <p>To get the percentage: Total number of career service employees who have completed an IDP divided by the total number of career service employees and then multiply by 100. For example: 45/58 = .7758 x 100 = 77.6%</p>	Data collected at local county level

**Worksheet for Measure:**

For Data Point 1: FY 2005-2006:

Total number of career service employees who have completed an IDP

Total number of career service employees

$$\frac{\boxed{\phantom{000}}}{\boxed{\phantom{000}}} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{000}} \%$$

Legend:  
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**7.4 Human Resource Outcomes continued**

**Standard:** Provide a work environment and employee support climate that contributes to 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.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4b.1	% of indicators that are scored as achieving the required standard as indicated in the summary report for Bureau of Human Resources	Data points: 2: 2005 1: 2006  To get the percentage of indicators: Total number of indicators that achieved required standard divided by 14 (the total number possible for Bureau of Human Resources) and then multiply by 100. For example: $11/14 = .7857 \times 100 = 78.6\%$	Data collected at local county level by completing the self assessment or <b>Bureau of Human Resources Summary Report</b> if CHD received a site visit from Administration  <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls">Blank Bureau Summary Report</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls">http://dohiws.doh.state.fl.us/Divisions/Administration/QI/QI_Indicator-BureauSummaryREV8-06.xls</a>

**Worksheet for Measure:**

For Data Point 2: Calendar Year 2005:  
Total number of indicators that achieved required standard

$$\frac{\boxed{\phantom{000}}}{14} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$$

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**Worksheet for Measure:**

For Data Point 1: Calendar Year 2006:

Total number of indicators that achieved required standard

14

$$\frac{\boxed{\phantom{000}}}{14} = \boxed{\phantom{000}} \times 100 = \boxed{\phantom{000}} \%$$

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4b.2	% of employees that rate their overall level of satisfaction as very satisfied or satisfied	Data points: 3: 2002 2: 2004 1: 2006	<b>Employee Satisfaction Data /</b> Office of Performance Improvement website; <a href="#">Question #95</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm</a>
7.4b.3	% of employees who indicated strongly agree or agree that they have seen positive changes implemented at their office that resulted from the previous Employee Satisfaction Survey	Data points: 3: 2002 2: 2004 1: 2006	<b>Employee Satisfaction Data /</b> Office of Performance Improvement website; <a href="#">Question #80</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm</a>
7.4b.4	% of employees who indicated strongly agree or agree that they had the opportunity to participate in planning improvements as a result of the previous Employee Satisfaction Survey	Data points: 3: 2002 2: 2004 1: 2006	<b>Employee Satisfaction Data /</b> Office of Performance Improvement website; <a href="#">Question #81</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm</a>

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.4b.5	% of employees who indicated that they strongly agree or agree to the Employee Satisfaction Survey question "I am kept informed about matters that affect my job"	Data points: 3: 2002 2: 2004 1: 2006	<b>Employee Satisfaction Data /</b> Office of Performance Improvement website; <a href="#">Question #66</a> <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm</a>
7.4b.6 – 7.4b.7	County-specific Employee Satisfaction Survey data being addressed (Optional)	Data points: 3: 2002 2: 2004 1: 2006	<b>Employee Satisfaction Data /</b> Office of Performance Improvement website; <a href="#">Question #</a> as identified by the county <a href="http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm">http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results/2006ResultsCHD.htm</a>

**Resources/References**

- The 2007 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](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](http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/QM/ESS/2006Results.htm)

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**7.5 Organizational Effectiveness Outcomes**

**Purpose of Organizational Effectiveness Outcomes**

Examines the organization's other key operational performance results not reported in Items 7.1-7.4, with the aim of achieving organizational effectiveness and process efficiency.

**Standard:** CHD has a continuous performance improvement process which ensures that health department operations are efficient and effective.

**Description:** This standard is one of the 10 Essential Public Health Services and part of the core function of public health, assurance.

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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5a.1	% of key processes mapped	<p>Data point:</p> <ul style="list-style-type: none"> <li>• Fiscal Year 2005-2006</li> </ul> <p><i>Process</i> - links activities with the purpose of producing a product, service, or program for a customer (user) within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, and materials in a defined series of steps or actions.</p> <p><i>Key processes</i> - those that are most important to the organization's success.</p> <p><i>Examples</i> of key processes include:</p> <ul style="list-style-type: none"> <li>• Customer satisfaction</li> <li>• Drinking water systems</li> <li>• AIDS Drug Assistance Program</li> <li>• Clinic Flow</li> <li>• Opening and closing of a SpNS</li> </ul> <p>To get the percentage of key processes mapped: Total number of key processes mapped divided by the total number of key processes in the CHD and then multiply by 100. For example: <math>11/14 = .7857 \times 100 = 78.6\%</math></p>	Data collected at local county level

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**Worksheet for Measure:**

For Data Point 1: FY 2005-2006:

Total number of key processes mapped





$$\frac{\text{[ ]}}{\text{[ ]}} = \text{[ ]} \times 100 = \text{[ ]} \%$$

Total number of key processes in the CHD

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5a.2	% components of a performance improvement process in progress	<p>Data point: 1: Fiscal year 2005-2006</p> <p>Identified components for this measure include:</p> <ul style="list-style-type: none"> <li>• Identifying key processes</li> <li>• Problem solving methods</li> <li>• Implementing a process management model such as Plan-Do-Check-Act (PDCA)</li> <li>• Evaluation</li> <li>• Repeat the process</li> </ul> <p>To get the percentage of components of a performance improvement process in progress: Total number of components of a performance improvement process in place divided by 5 and then multiply by 100. For example: 1/5 = .20 x 100 = 20%</p>	Data collected at local county level

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<b>Worksheet for Measure:</b>			
For Data Point 1: FY 2005-2006: Total number of components of a performance improvement process in place			
<hr/>		5	$\frac{\boxed{\phantom{000}}}{5} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$
<b>Line Number on County Performance Snapshot</b>	<b>Measure</b>	<b>Description</b>	<b>Data Source</b>
7.5a.3	Score for clinical quality and effectiveness studies completed in 2006 with a plan for improvement	Data point: 1: Fiscal year 2005-2006  Complete following worksheet to determine score. Score will be 0, 1, 2, or 3.	Data collected at local county level

**Worksheet for Clinical Quality and Effectiveness Studies**

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

1. 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.*
2. Select the parameters to be used for the study and establish measures. *Measures chosen are based on the review of literature and guidelines mentioned above.*
3. Abstract clinical records for measurement data. *This can be done by clerical staff, nurse or physician depending on the type of data to be abstracted.*
4. Interview clinical staff to substantiate clinical record data collected.
5. Survey patients to assess their response and active participation in the care process. In pediatrics consider surveying parents or caretakers.

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6. Analyze data gathered from records, staff and patients.
7. Develop an improvement plan based on the analyzed data.
8. Disseminate study results to clinical staff including positive results and the improvement plan.
9. Follow-up on the improvement plan by restudying measures to determine progress. *Ideally arrange to track measures over time in order to periodically evaluate trends. This can be done with simple database programs.*

**If completed steps 1 – 9, then score will be:**

Criteria	Score
If no clinical quality studies were completed in 2006	0
If at least one clinical study was completed in 2006 with a plan for improvement	1
If at least two clinical studies were completed in 2006 with plans for improvement	2
If at least three clinical studies were completed in 2006 with plans for improvement	3

**Please note:**

In a future version of the County Performance Snapshot, this measure will include the number of clinical studies completed and if the measure shows improvement.

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**7.5 Organizational Effectiveness Outcomes**

**Standard:** CHD maintains a systematic risk management process.

**Description:** This standard is one of the 10 Essential Public Health Services and part of the core function of public health, assurance.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5b.1	% of items in compliance with DOH information security and privacy standards as defined in the annual information security and privacy assessment	Data point: 1: 2005	Data provided by the Division of Information Technology
7.5b.2	Overall score for Annual Safety Risk Assessment	Data points: 3: 2004 2: 2005 1: 2006	Data provided by the Division of Administration <a href="http://dohiws.doh.state.fl.us/Divisions/Administration/FormsAdmin/CenSupport/Safety/Evaluation/Safety_Evaluation_Results_Comparison.xls">Safety Evaluation</a> http://dohiws.doh.state.fl.us/Divisions/Administration/FormsAdmin/CenSupport/Safety/Evaluation/Safety_Evaluation_Results_Comparison.xls

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**7.5 Organizational Effectiveness Outcomes continued**

**Standard:** Maintains systematic methods to inform, educate and empower people about public health and safety issues, and evaluate the effectiveness of the methods.

**Description:** This standard is associated with the 10 Essential Public Health Services and the core function of public health, policy development.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5c.1	Exercise response plan at least annually, including incorporation of corrective report recommendations	Data points: 3: Fiscal Year 2003-2004 2: Fiscal Year 2004-2005 1: Fiscal Year 2005-2006  Requires a Yes or No Response for each data point	Data collected at local county level
7.5c.2	% of components of a CHD communication system in place	Data point: 1: Fiscal year 2005-2006  Both communications and marketing components make up a communications system. Use worksheet beginning on page 41 to determine percentage.  <b>To determine score:</b> Divide the total number of “yes” responses by eleven (# of yes responses/11) then multiply by 100 to get the percentage. For example: 9/11 = .8181 x 100 = 81.8%	Data collected at local county level

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**Components of a CHD Communication System Worksheet**

**Directions:** Complete the following worksheet to determine a score for this measure. Do you have each of the following components in place? Check Yes or No

<b>Communications Components</b>	<b>Yes</b>	<b>No</b>
Disseminates, at least annually, a summary of the community's health status to local CHD stakeholders, community partners and the general population.		
Routinely disseminates data and information on timely local health issues to the general public, community leaders, and elected and appointed officials.		
Maintains a current contact list of media and providers and updates the list annually.		
Maintains current written guidelines for rapid dissemination of urgent public health threats/messages to the local media.		
Provides training opportunities in risk communications for staff who have lead roles in communicating urgent messages.		
Maintains written guidelines that are followed in response to requests for information.		
Maintains designated staff to serve as Public Information Officer (PIO) who is trained in dissemination of public health messages.		
Assures that information disseminated by the agency reflects the cultural and linguistic character of the local population.		
Develop a plan, annually, to review communication and marketing effectiveness.		
<b>Marketing Components</b>	<b>Yes</b>	<b>No</b>
Defines target audience prior to developing and disseminating message.		
Determines method of disseminating message including identifying media outlet and developing budget.		

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**Worksheet for Measure:**

For Data Point 1: FY 2005-2006:  
The total number of "yes" responses

$$\frac{\quad}{11} = \frac{\quad}{11} \times 100 = \quad \%$$

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**7.5 Organizational Effectiveness Outcomes continued**

**Standard:** Diagnose and investigate health problems and health hazards in the community

**Description:** This standard is associated with the 10 Essential Public Health Services and the core function of public health, assessment.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5d.1	% of components of public health response to disease reports system in place	Data point: 1: Fiscal year 2005-2006  Use work sheet below to determine percentage.  <b>To determine score:</b> Divide the total number of "yes" responses by twelve (# of yes responses/12) then multiply by 100 to get the percentage. For example: 10/12 = .8333 x 100 = 83.3%	Data collected at local county level

**Directions:**

Complete the following worksheet to determine score for the measure: System in place for public health response to disease reports. Do you have each of the following components in place? Check Yes or No.

Public Health Response to Disease Reports Components	Yes	No
Staff are available 24/7 to take report		
Report received and reviewed thoroughly		
Gather essential information for investigation		

Legend:  
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<b>Public Health Response to Disease Reports Components</b>	<b>Yes</b>	<b>No</b>
Implement established guidelines using active and passive surveillance		
Document a case, usually in Merlin		
Review current and past disease trends		
Notify DOH Epidemiology office if trends of increasing disease are identified		
Utilize EpiCom to notify other counties of potential problems		
Initiate outbreak investigation		
Notify local public health partners about investigation		
Issue an isolation or quarantine order if the situation warrants		
Submit final investigation reports		

**Worksheet for Measure:**

For Data Point 1: FY 2005-2006:  
The total number of "yes" responses

$$\frac{\boxed{\phantom{000}}}{12} = \boxed{\phantom{00}} \times 100 = \boxed{\phantom{00}} \%$$

Legend:  
Data Point 3 - Prior to Data Point 2  
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**7.5 Organizational Effectiveness Outcomes continued**

**Standard:** Enforce laws and regulations that protect health and ensure safety.

**Description:** This standard is associated with the 10 Essential Public Health Services and the core function of public health, assurance.

Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5e.1	Composite annual score of Environmental Health Onsite Sewage Programs	<p>Data point: 1: 2006</p> <p>Composite annual score is determined from the completion of an on-site visit by Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.</p>	<p>Data collected at local county level or completion of an on-site visit by Environmental Health staff, which occurs once every 3 years</p> <p><a href="#">EH Onsite Sewage Programs</a> SharePoint Site , then click the "Program Evaluations" folder, then the "2006-2008" folder</p>
7.5e.2	Composite annual score of Environmental Health Community Programs	<p>Data point: 1: 2006</p> <p>Composite annual score is determined from the completion of an on-site visit by Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.</p>	<p>Data collected at local county level or completion of an on-site visit by Environmental Health staff, which occurs once every 3 years</p> <p><a href="#">EH Community Programs</a> SharePoint Site , then click the "2006-2008 Cycle" folder, then click on "06-08_Program Eval Tools" folder</p>

Legend:  
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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.5e.3	Composite annual score Environmental Health Water Programs	Data point: 1: 2006  Composite annual score is determined from the completion of an on-site visit by Environmental Health staff, which occurs once every 3 years, or completion of the self-assessment tool for this program.	Data collected at local county level or completion of an on-site visit by Environmental Health staff, which occurs once every 3 years  <a href="#">EH Water Programs SharePoint Site</a>

**Resources/References**

- The 2007 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](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](http://dohiws.doh.state.fl.us/Divisions/Executive_Staff/Policies/CHDGuidebook/TA_Part_1/GENERAL09.pdf)
- Environmental Health SharePoint Sites as listed in section 7.5e

Legend:  
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**7.6 Leadership and Social Responsibility Outcomes**

**Purpose of Leadership and Social Responsibility Outcomes**

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

**Standard:** CHD participates in a comprehensive, systematic process to mobilize community partnerships to assess and improve the community's health.

**Description:** This standard is associated with the 10 Essential Public Health Services and the core function of public health, policy development.

<b>Line Number on County Performance Snapshot</b>	<b>Measure</b>	<b>Description</b>	<b>Data Source</b>
7.6a.1	Degree to which a comprehensive community health improvement planning process is implemented	Data point: 1: 2006  <b>Components of a comprehensive community health improvement planning process:</b> 1) Process organized 2) Assessment of local public health system 3) Assessment of health status 4) Strategic priorities identified 5) Goals, strategies, and objectives	Data provided by the Office of Planning, Evaluation and Data Analysis from the annual community health improvement assessment inventory.

Legend:  
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		formulated 6) Action plan implemented 7) Progress evaluated	
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Line Number on County Performance Snapshot	Measure	Description	Data Source
7.6a.2	Degree to which a strategic planning process is implemented	Data point: 1: 2006  <b>Components of a strategic planning process:</b> Mission developed Vision developed Strengths, weaknesses, opportunities and threats determined (SWOT analysis) Goals identified Objectives identified Activities identified Strategic Plan deployed Evaluation conducted Updating Plan (from previous year)	Data provided by the Office of Planning, Evaluation and Data Analysis from the annual community health improvement assessment inventory.

**Resources/References**

- The 2007 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.

Legend:  
 Data Point 3 - Prior to Data Point 2  
 Data Point 2 - Previous  
 Data Point 1 - Most Current