Performance Management: Getting Results in Public Health

> **Standards** describe the basic functions a health department is expected to carry out—no matter what specific issue or concern arises.

> **Statewide Health Indicators** describe what is happening in the population, looking at specific issues.

> **Programs, services or activities** are designed to respond to, or mitigate, specific issues—performance measures tell us if a program, service, or activity is working. Measures may focus on processes, outcomes or impacts.

> **Outcomes** are the desired results of a program, service or activity.

How these work together…. A Local Health Jurisdiction (LHJ) must be carrying out <u>Community Health Assessment</u> (a *Standard*)

so that

A sudden increase in injuries/deaths from vehicle crashes in one community is recognized (*Statewide Health Indicator*)

so that

A community strategy can be deployed, based on the best evidence about what works, (*Program, Service, or Activity*)
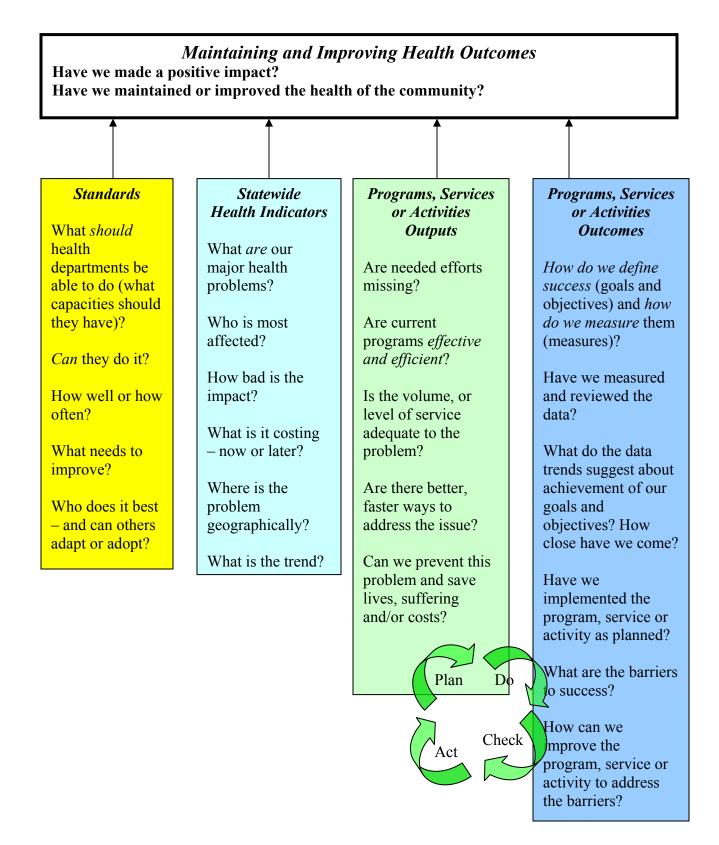
so that

There are fewer injuries, deaths and/or crashes (*Outcome*)

This method works no matter what issue rises to high concern. If the basic function of assessment were not being carried out, the indicator would not have been observed or responded to. All of this happens in a cycle of improvement in which re-measurement occurs after implementation of a strategy to determine if improvement occurred. Ongoing efforts to maintain the health of the population also follow this cycle of improvement, using data to assure that outcomes continue to be achieved.

Standards for Public Health are designed to measure how well we are carrying out basic functions, and they are intended to be used with *Health Indicators* and *Program, Service or Activity* performance measures including *Outcomes*. Sometimes an *Indicator* and *Outcome* may measure the same thing.

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Maintaining and Improving Health Outcomes

Have we made a positive impact?
Have we maintained or improved the health of the community?

Standards

What *should* health departments be able to do (what capacities should they have)?

Can they do it?

How well or how often?

What needs to improve?

Who does it best – and can others adapt or adopt?

Statewide Health Indicators

What *are* our major health problems?

Who is most affected?

How bad is the impact?

What is it costing – now or later?

Where is the problem geographically?

What is the trend?

Programs, Services or Activities Outputs

Are needed efforts missing?

Are current programs *effective and efficient*?

Is the volume, or level of service adequate to the problem?

Are there better, faster ways to address the issue?

Can we prevent this problem and save lives, suffering and/or costs?

Plan   Do

Act   Check

Programs, Services or Activities Outcomes

How do we define success (goals and objectives) and *how do we measure* them (measures)?

Have we measured and reviewed the data?

What do the data trends suggest about achievement of our goals and objectives? How close have we come?

Have we implemented the program, service or activity as planned?

What are the barriers to success?

How can we improve the program, service or activity to address the barriers?

Performance Management Map (Tuberculosis [TB] Example)

Program, Service or Activity **Outputs**	Program, Service or Activity **Outcomes**		Statewide Health Indicators *(County level data collected in statewide database)*	System Performance Standards *(Examples of Capacities)*
TB program description, client flow diagram, protocols	Long Term: Reduce incidence of TB at LHJ level. *Reduce active TB incidence rates to 1.0/100,000 by 2012*			1.1L Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least biannually and used as the basis for continuous tracking of the health status of the population.
Internal audit of TB files	Intermediate Term: Active TB cases will complete DOT. *By 2009, 95% of active TB cases will complete DOT*	*Program planning, implementation and measurement contribute to performance on Indicators as well as Standards*	TB incidence rates per 100,000 at county level and statewide.	4.6L Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management, including referral to care..
Number of active TB clients on Directly Observed Therapy (DOT)	Short Term: Establish and maintain quarterly meetings to review/modify program goals, protocols, policies/procedures based on program data. *By 2007, 20% of TB case files will have been audited, program data gathered and analyzed, and three meetings documented in which the audit and data results are reviewed and decisions made about program improvements.*			8.8L An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/compliance procedures or other program protocols.

Note that this represents a handful of examples.

A full logic model provides complete outputs and outcomes that are short-term, intermediate and long-term.

Site/System Program Specific Outputs/Outcomes

Site/System Performance Results

Site/System Quality Improvement Initiatives
Ask questions generated by the data
Identify processes to improve
Implement and re-measure for improvement