

Pinal County - Managing For Results

Annual Report

FY 2009-2010

PUBLIC HEALTH

Clinical Services Program

Family Planning Activity

KR % of clients who say they are satisfied or very satisfied with family planning services

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
90.00%	100.00%	90.00%	98.57%	90.00%	96.24%	98.00%	91.75%	97.30%	97.36%	97.30%

• The Percent of family planning clients remained higher than 90% for each quarter throughout the fiscal year. A total of 606 client satisfaction surveys have been received through one of our Public Health Clinics. Of the 606 surveys received, 97.3% (590) of our clients say that they are satisfied or very satisfied with the services they received. Staff at all Public Health Clinics strive for excellence in Customer Service. 97.3% satisfaction rate is a great indicator of the quality of services delivered by all Public Health staff.

KR % unplanned pregnancy rate due to failed contraceptives for family planning clients

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
1.00%	0.49%	1.00%	0.84%	1.00%	0.52%	0.65%	0.56%	0.58%	0.60%	0.58%

The percent of family planning clients who experienced failed contraceptive remained less than 1% for each quarter throughout the fiscal year. The Arizona Family Planning contract with Pinal County runs from January through December, therefore, the information reported will reflect the second quarter of the contract year. A total of 1475 unduplicated clients received family planning services through one of our Public Health Clinics. Of the 1475 unduplicated clients presenting for family planning services in the second quarter of the contract year (January - June), only 7 (.47%) clients experienced contraceptive failure. In addition to the education provided to all family planning clients; these clients are also provided with proven methods and focused education to reduce the occurrence of future failed contraception.

Immunization Activity

KR % of 24 month children immunized as scheduled

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
66.00%	57.77%	60.00%	53.50%	60.00%	75.18%	75.00%	75.24%	75.00%	75.24%	75.00%

The Arizona Department of Health Services Arizona Immunization Program Office (AIPO) conducts assessments bi-annually in county health departments, and community health centers throughout the state utilizing CoCASA. The Comprehensive Clinic Assessment Software Application (CoCASA) is a software tool designed by the CDC (Center of Disease Control and Prevention) to assess immunization practices in the public and private clinic setting. Historically, the childhood immunization coverage rate for 24 month old children in Pinal County has been lower than state and national rates. In July 2007, the Arizona Department of Health Services (ADHS) AIPO reported that the overall immunization coverage rate for children at 24 months of age in Pinal County was 43%. The data was retrieved from the Arizona State Immunization Information System (ASIIS) and reflects children at 24 months of age by March 2008 using the completion criteria of 4:3:1:3:3:1 (4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hepatitis B and 1 dose of Varicella vaccines). When compared to other Counties, Pinal County had the lowest immunization coverage levels. Pinal County Public Health has developed and submitted a formal document, Strategy to Improve Childhood Immunization Rates, to the Pinal County Board of Supervisors. As a result, in March 2010, the ADHS Assessment revealed that Pinal County childhood immunization rate is at 75% for the 4:3:1:3:3:1, with the Apache Junction Clinic at 83%. In an effort to ensure continued success in this measure, regular strategy meetings are held and intense case management activities take place to improve the childhood immunization coverage rates countywide.

Communicable Disease Control Program

Infectious Diseases Detection and Investigation

KR % of Reportable conditions with investigation initiated within recommended timeframe

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
60.00%	78.24%	75.00%	89.34%	75.00%	97.11%	90.00%	100.00%	90.00%	90.21%	90.00%

A system has been developed to streamline investigation initiation within the program that has led to nearly all investigations being initiated within one business day of receipt at the present time. A goal was set at the beginning of the year for 60% of investigations initiated within the recommended timeframe. The quarterly results were: 78.24%, 89.34%, 97.11%, 100%. A subset of diseases called "24 hour reportables" requires an immediate response due to severity of disease or need for an immediate contact investigation. All 24 hour reportables are now being investigated within one hour of receipt. Due to the success of the new system the year end estimate was revised to 90% with a final actual result of 90.21% for the year. The goal for the next fiscal year will be increased to 90% to more accurately reflect the realistic expectations for this measure.

PUBLIC HEALTH

Communicable Disease Control Program

STD/HIV Management & Intervention

KR % of STD cases treated (Chlamydia)

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
68.00%	84.67%	68.00%	88.81%	75.00%	84.95%	75.00%	92.68%	75.00%	87.89%	75.00%

At the beginning of the fiscal year a target was set for verifying that at least 68% of all Chlamydia cases received appropriate treatment. This target was set low because Chlamydia is the lowest priority STD for follow up due to the number of cases and less serious health outcomes compared to other STD's. In fact, during the response to H1N1 chlamydia cases were de-prioritized as the program focused on the emergency response. Still it became apparent that STD Control was able to follow up with Chlamydia cases more successfully than anticipated and the year end estimate was moved up to 75%. For the entire fiscal year the percent of treated cases was 87.89%. For the next fiscal year the goal will be set at 75% due to the possibility of Chlamydia being de-prioritized during an emergency response or if other STD cases increase in incidence.

KR % of STD cases treated (Gonorrhea)

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
85.00%	88.24%	85.00%	55.56%	85.00%	71.43%	75.00%	57.14%	75.00%	72.50%	75.00%

A target of 85% of gonorrhea cases verified as treated was set for the fiscal year. There are far fewer gonorrhea cases reported than Chlamydia so the data is more heavily impacted by each case. During the year quarterly percentages were listed as 88.24%, 55.56%, 71.34%, 57.14% in MFR. However due to the lag between a case being reported and treatment verification the numbers reported were artificially low. Once the data for the entire year was tabulated a final percentage of 85.3% of gonorrhea cases verified as treated was achieved, meeting the original goal set.

KR % of STD cases treated (Syphilis)

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%	100.00%	90.00%

Syphilis is the highest priority STD for treatment verification due to the severity of disease and potential for severe health outcomes for unborn children. A goal of 90% was set for treatment verification for this disease. Not a single case was lost to follow up during the entire fiscal year. In other words 100% of community based cases of syphilis were treated appropriately. This includes two pregnant females in which congenital syphilis was prevented. Ensuring that all syphilis cases received therapy for the disease is a major victory for the Communicable Disease Control Program. Syphilis will continue to be a priority for this program.

TB Management and Intervention

KR % of suspected cases of TB evaluated within 1 month

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
90.00%	100.00%	90.00%	100.00%	95.00%	100.00%	95.00%	100.00%	95.00%	100.00%	95.00%

TB evaluation was a newly implemented measure for this fiscal year. It was developed to more accurately reflect the work that is accomplished in preventing the spread and disease due to TB in the community. Once a suspected case of TB is identified a medical evaluation must take place to determine the type of disease and potential for transmission to others. A goal was set of completing the evaluation within one month for at least 90% of all suspected cases. 100% of suspected cases were evaluated within one month during the year leading to prompt diagnosis, treatment, and resolution of disease. This measure will continue to be used to assess the effectiveness of the TB Control Program.

Education and Outreach Program

Health Education

KR % of participating schools in the School Health Liaison Program requesting substance abuse prevention education will receive said education during the current school year.

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
90.00%	0.00%	90.00%	0.00%	95.00%	0.00%	90.00%	100.00%	100.00%	100.00%	100.00%

100% of the schools that requested substance abuse education (12) received that education during the school year. Each year schools participating in the School Health Liaison Program put together a requested list of education services. The completed site plan provides the goal for the coming year. This will be completed in September 2010 and give the target for the 2010-11 year.

PUBLIC HEALTH

Nutrition Program

Diabetes Activity

KR % of support group participants that attend four or more sessions

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
90.00%	0.00%	80.00%	0.00%	80.00%	0.00%	80.00%	8.70%	80.00%	8.70%	80.00%

Our current retention rate is 8.7% which means that diabetes support group participants attended four or more sessions which is well below the goal of 90% for this new diabetes prevention program. Total attendance for the year was 667 and 58 of those attended 4 or more sessions. Six diabetes support groups are held monthly and continue to be popular and well attended. Currently the funding supports one Program Coordinator to provide diabetes education for all of Pinal County. Requests have been made for support groups in more Pinal County locations, but we are unable to do this due to lack of funds and staff. We plan to survey the participants to find out what features of the program make them return to subsequent meetings. During the 2011 year we plan to do a more in-depth analysis to determine how to proceed with this Key Result.

Special Supplemental Nutrition for Women, Infants and Children (WIC) Activity

KR % increase in the overall breastfeeding rate among Pinal County WIC infant population

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
1.01%	0.00%	1.01%	0.00%	1.01%	0.00%	1.01%	0.00%	1.01%	0.00%	1.01%

The annual target for this measure is 1.01% and was not met at -4.99%. The breastfeeding rate in July 2009 for WIC infants was 31.40% and we ended the year in June 2010 with a rate of 26.41%. The goal was not met due to circumstances beyond our control such as the decreased economic state of our economy and decreased rates of pregnancies and births. As a result, the overall WIC caseload has decreased and the target population for this goal has also decreased, therefore we did not have ample opportunity to meet the annual target of 1.01%. A positive trend for fiscal year 2009-2010 was an increase in the number of exclusively nursing women and infants as compared to partially nursing. This positive trend is the result of increased outreach efforts made possible through federal funding awarded specifically to positively impact breastfeeding rates. We plan to study and address reasons why women do not breastfeed during the next fiscal year. We have found that our formula for this target is incorrect and we will devise a correct formula during 2011. The target for this measure will remain at 1.01% for fiscal year 2010-2011 and we will continue to strive to meet this goal. We will re-evaluate the goal in 2012.

Administrative

Department Director

KR % of applicable Key Results achieved

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
100.00%	59.26%	100.00%	0.00%	100.00%	100.00%	90.00%	85.00%	90.00%	71.43%	90.00%

This year public health was faced with the challenge of meeting strategic goals while responding to an influenza pandemic. As a result of the need to redirect resources some key results were not met. Significant progress was made this year in the area of childhood immunizations. Having achieved a childhood immunization rate of 75% and seeing steady progress towards the goal of 80% we are comfortable that we have the correct strategy in place to meet and maintain the desired rate. Much of the progress made over the past 24 months is due to the development of a clear and comprehensive strategy while reporting results to the staff so that they can see the results they have achieved. All key results in the communicable disease control program were met or exceeded.

The nutrition program has had challenges meeting their key results. The specific activities of concern have been breastfeeding and diabetes. In the area of breastfeeding the activity manager chose to select a goal of increasing the overall breastfeeding rate by 1%. Until just a few months ago the department had 1 FTE dedicated to this task so it was unlikely we could have moved this rate given the minimal resources. Recently the WIC grant received funding for 3 FTE (6 part-time employees) for this activity however the staff is severely restricted by the grant in the clients they can see. In future SBP's this measure will change to more accurately reflect a focus on WIC clients. The other activity that we have struggled with is diabetes. This is another activity that is funded by 1FTE. The current key result focuses on how well we retain people in the diabetes support group. I have instructed staff to collect further data for analysis to determine the future of this result.

Overall, Public Health met 83.3% of our key results.

KR % of surveyed customers who say they are satisfied or very satisfied with the services provided by the department

	Q1		Q2		Q3		Q4		FY10 YTD	
FY10 Target	Actual	YE Estimate	Actual	YE Estimate						
75.00%	0.00%	0.00%	0.00%	75.00%	0.00%	75.00%	0.00%	75.00%	0.00%	75.00%

Due to the pandemic our customer satisfaction survey efforts were suspended. We expect to start the survey in October of 2010.

PUBLIC HEALTH

Administrative

Financial Services

KR % of non-construction payment authorizations (purchase orders) entered into the system within three business days of receipt of goods

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
90.00%	97.42%	98.00%	100.00%	98.00%	100.00%	98.00%	100.00%	98.00%	98.85%	98.00%

98.85% performance rate was achieved this year, which is 8.85% above the target set. This success is attributed to a process based on grant funding that requires financial accountability; thus the annual target has been increased to 98%.

Human Resources

KR % of all annual employee appraisals will be submitted to Human Resources by the end of January due date.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
98.00%	0.00%	98.00%	0.00%	98.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%

100% of the annual employee appraisals were submitted to Human Resources by the end of January 2010 due date.

Records Management

KR % of record series managed in compliance with legal and policy requirements as determined by the Arizona State Library of Archives.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Public Health identified 17 record series, which are 100% in compliance with our Federal and State mandates. Staff have been provided with labels and the retention schedule. For fiscal year 2009-2010, 224 boxes were shredded. We have created a purge file inventory log and have determined that Public Health will need to shred twice a year to stay in compliance with the record retention schedules.

Training

KR % of training dollars spent that directly align to County or Department strategic goals.

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
85.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Due to a shortage in resources public health has restricted training dollars to only those activities that directly map to strategic priorities; therefore, 100% of training dollars align directly to County or Department strategic goals.

Vehicle Management

KR % of department vehicles operated more than 10,000 miles per year

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
95.00%	75.00%	100.00%	0.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%

For fiscal year 09-10, we had several vehicles out for service; however, all operating vehicles reached the goal of at least 10,000 miles per year. On a quarterly basis, vehicles should be driven approximately 2500 miles to reach the goal of 10,000 miles per year. As a result, we have rotated the fleet from eastern Pinal County to ensure that all PH vehicles reach our annual goal of 10,000 miles per year. This strategy has proven to be successful, therefore, it will be continued on to the next fiscal year.

KR % of department vehicles with preventative maintenance performed as scheduled

FY10 Target	Q1		Q2		Q3		Q4		FY10 YTD	
	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate	Actual	YE Estimate
95.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

100% of public health assigned vehicles have received regularly scheduled preventative maintenance in fiscal year 2009-2010. Clinic Operations Managers continue to ensure that this practice continues.