LAKE COUNTY HEALTH DEPARTMENT
AND COMMUNITY HEALTH CENTER

ANNUAL PERFORMANCE MEASURES REPORT

2010

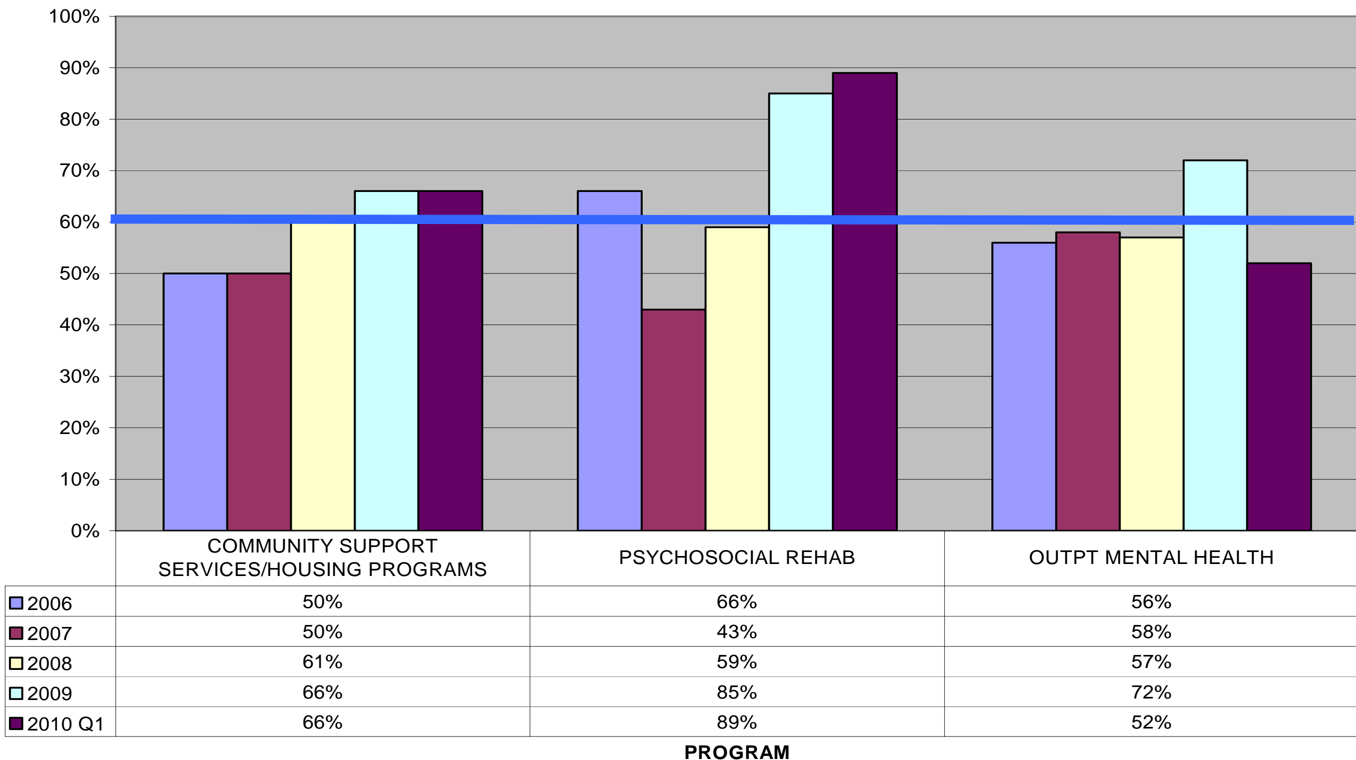
1. IMPROVING CLIENT'S LEVEL OF FUNCTIONING IN MENTAL HEALTH AND SUBSTANCE ABSUE PROGRAMS (Behavioral Health Services)

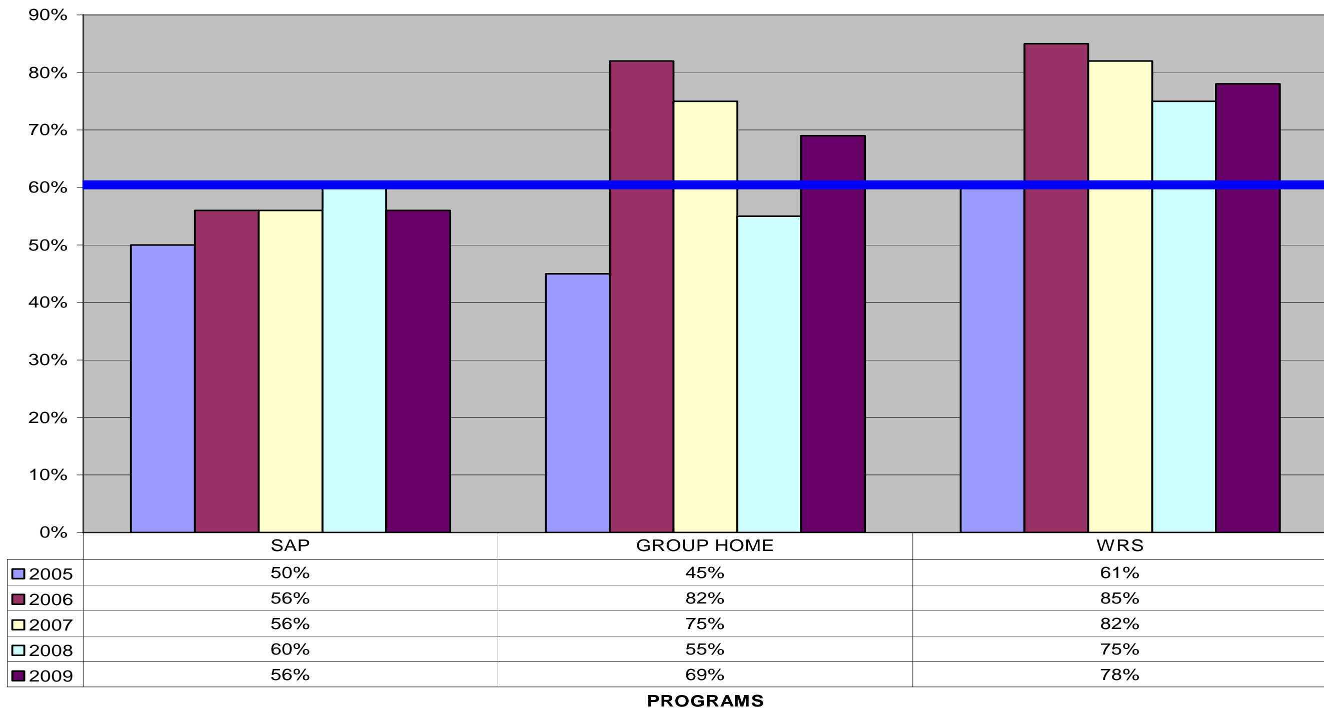
Measures

Improved functional levels at six months or discharge, whichever comes earlier, using the Multnomah Community Ability Scale Total Score, Hardiness Scale and Global Assessment of Functioning Scale. These measures assess how the client has been doing, on average, for the past few months. By comparing ratings over time, we can tell whether the person has, in general, improved in functioning, remained more or less the same, or declined.

Goals

- Improving functional levels of clients to show measurable improvement at six months or discharge, whichever comes earlier.
- At least 60% of clients who have been in treatment for at least 1 month will show improved functional levels at six months or discharge, whichever comes earlier when evaluated by the Multnomah Community Ability Scale. In 2009, the programs switched over to using the Global Assessment of Functioning Scale.
- At least 50% of clients who have been in treatment for at least 1 month will show improved functional levels at six months or discharge, whichever comes earlier when evaluated by the Hardiness Scale.





	SAP	GROUP HOME	WRS
2005	50%	45%	61%
2006	56%	82%	85%
2007	56%	75%	82%
2008	60%	55%	75%
2009	56%	69%	78%

Interventions

- Sharing of information with program coordinators and appropriate associate directors.
- Review of audits used for data to assist in modifying services to assume better client outcomes.

Next Steps

Multnomah Scales and the Hardiness Scale were proven value in measuring consumer change over time and evaluating community programs. In 2009, the State eliminated the need to utilize the Multnomah Scales. WRS and Group Home continued to use the Hardiness Scale. SAP is using the Situational Confidence Scale for measuring their client's level of functioning. Currently, Outpatient Mental Health Programs are utilizing the Global Assessment of Functioning Scale. With the pending roll out of the electronic medical record/NextGen, the goal is to develop a quarterly report which would measure the data entered into the electronic medical record. The population seen at Lake County Health Department's various Behavioral Health Services tends to be the chronic, severely mentally disabled client. Due to the nature of the clients' condition, it is expected that there will be fluctuations in the clients' level of functioning. The programs strive to maintain or increase the level of functioning, and minimize the deterioration of the clients' condition. Programs review the findings to determine appropriate action plan.

Mental Health Programs:

Each program looks at the fluctuations +/-10% or less than the 60% baseline goal set by the programs. The fluctuations are reviewed for possible cause. In Q1 2007, the Psychosocial Rehabilitation Program had a drop in clients' functioning. During this quarter, a long time staff member passed away. In addition, a very popular client committed suicide. . These variables may have played a role in the change in the level of functioning. At the end of 2009, BHS had several staff retire from the Outpatient Mental Health Program; the drop in client level of functioning is likely related to client's readjusting to staff. Case Management maintained the level of functioning for their clientele.

Substance Abuse Programs:

Each program looks at the fluctuations +/-10% or less than the 60% baseline goal set by the programs (70% baseline goal for WRS only.) Group Home shows increases in levels of functioning. SAP denotes a slight

decrease in level of functioning from 2008 to 2009. In 2009, the entire staff at the Lake Villa office turned over. This slight drop is likely related to new staff, and the readjustment of the clients. In addition, Group Home showed a slight increase from 2008 to 2009. In 2008, Group Home staff was changing, and in 2009 remained constant. This appears to be reflective of the client's scores. Women's Residential Services shows a continual score above the goal, which appears to be reflective of the stability of the staff and the structure of the program.

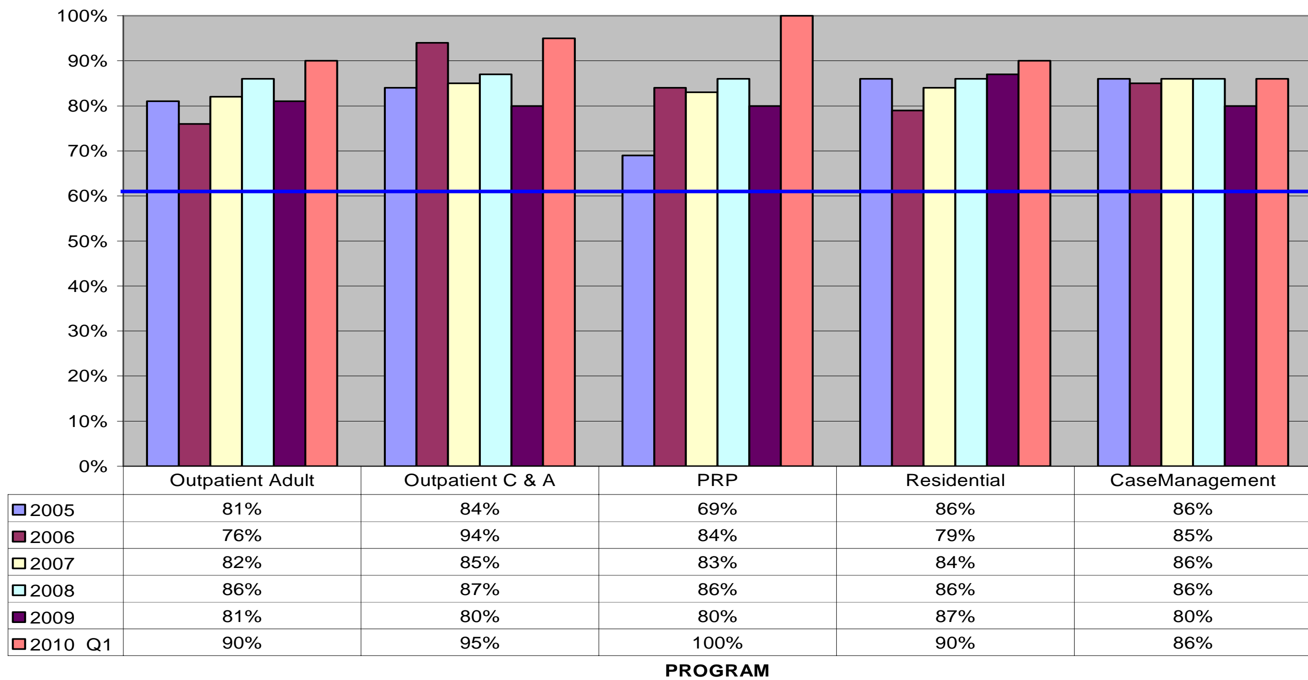
2. IMPROVING CLIENT'S PERCEPTION ON QUALITY OF SERVICES RECEIVED (Behavioral Health Services)

Measures

- Solicit feedback from consumers through the quarterly client satisfaction surveys
- Identification of issues/concerns clients may have with care being received.

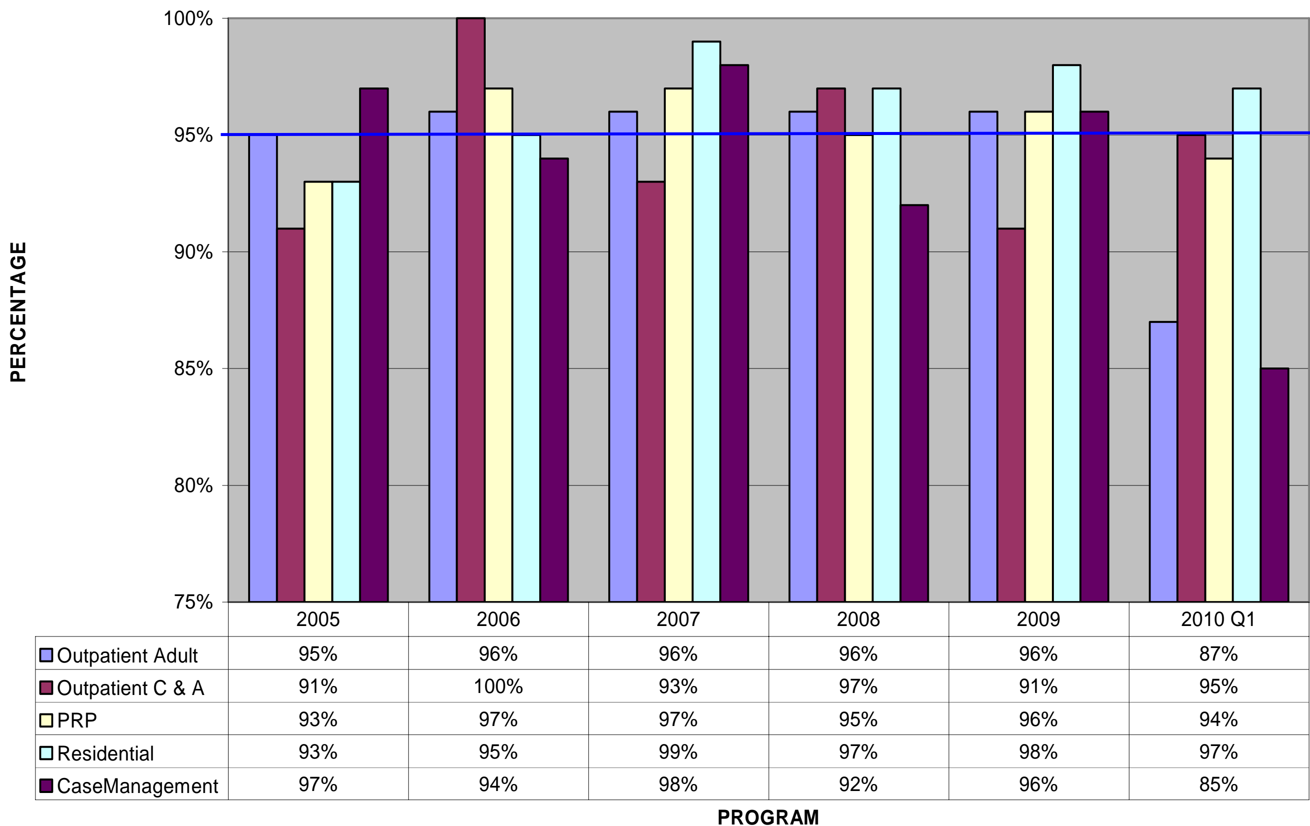
Goals

- 60% of client will report making progress in solving their problems.
- 95% or greater would recommend our programs/services to others.



	Outpatient Adult	Outpatient C & A	PRP	Residential	CaseManagement
2005	81%	84%	69%	86%	86%
2006	76%	94%	84%	79%	85%
2007	82%	85%	83%	84%	86%
2008	86%	87%	86%	86%	86%
2009	81%	80%	80%	87%	80%
2010 Q1	90%	95%	100%	90%	86%

CLIENT WILLINGNESS TO RECOMMEND LCHD



	2005	2006	2007	2008	2009	2010 Q1
Outpatient Adult	95%	96%	96%	96%	96%	87%
Outpatient C & A	91%	100%	93%	97%	91%	95%
PRP	93%	97%	97%	95%	96%	94%
Residential	93%	95%	99%	97%	98%	97%
CaseManagement	97%	94%	98%	92%	96%	85%

Interventions

- Each quarter, client satisfaction surveys are given to clients to voluntarily complete.
- Comparison data is provided for similar organizations.
- Areas where we score lower than benchmark are reviewed.

Next Steps

The Client Satisfaction Survey provides a wealth of information based on the client's perception. The Program Coordinators and CQI Staff review the results to identify areas or concerns that need to be explored further. The clients served have severe, chronic mental health and/or substance abuse disorders. Therefore, the goal is to assist the clients in maintaining their level of functioning and when feasible to improve their abilities to handle their issues. The perception the client has in regard to the improvement with their situation directly affects how they will rate our services. The Client Satisfaction Survey has been utilized for 5 full years. In 2010, new questions were added to the survey to further explore issues and gather additional information identified by clients. It continues to be a useful mechanism for gathering client input/impressions.

3. NON-SANCTION RELATED ARRESTS (Behavioral Health Services)

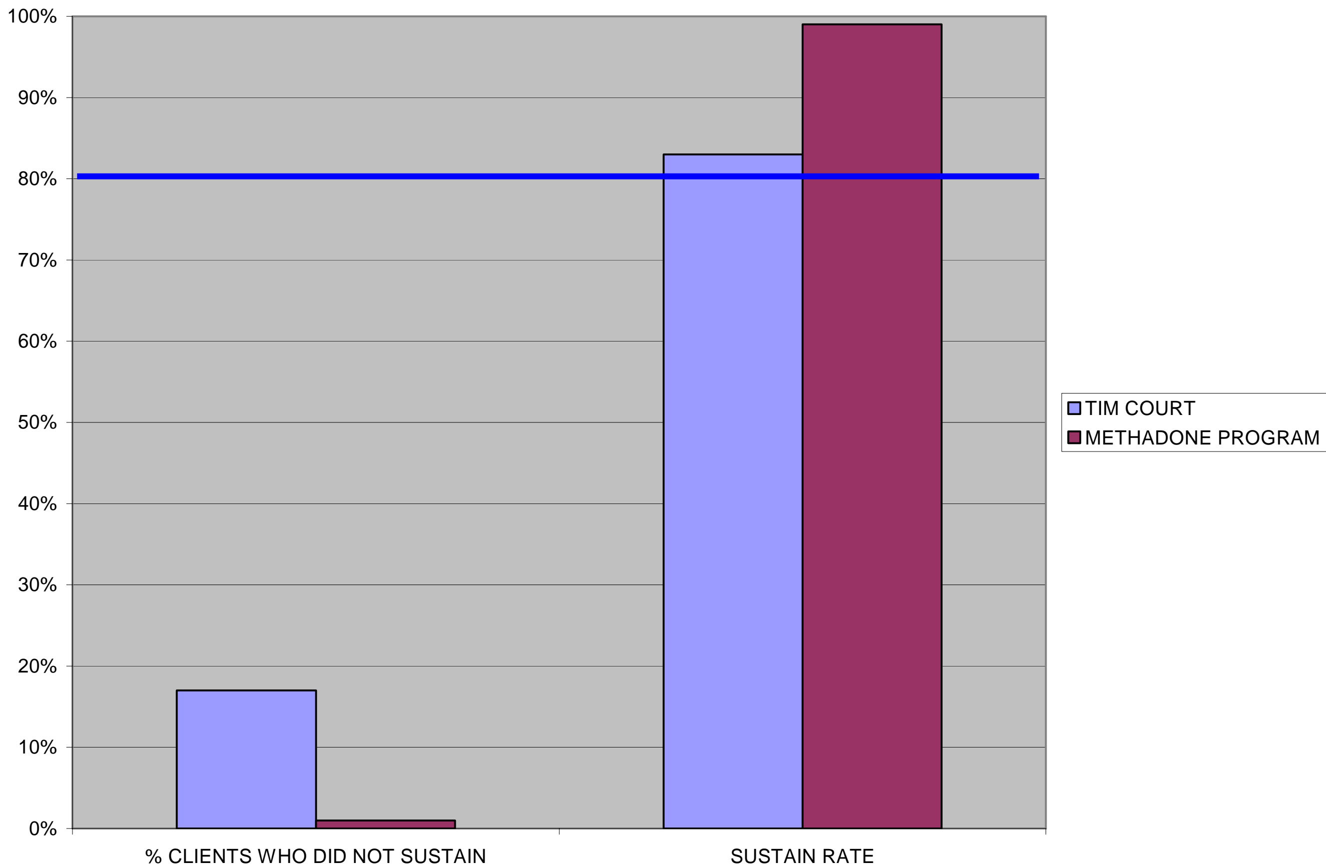
Measures

Data reported by Lake County Court Services identifying clients in Therapeutic Intensive Monitoring Court who have new legal issues/charges since participating in the program.

- Data reported by Methadone program identifying clients receiving services who received new criminal convictions after 6 months of treatment.

Goals

- 80% of TIM Court participants will be free of new criminal convictions
- 80% of Methadone clients will be free of new criminal convictions after 6 months of treatment



Interventions

- Sharing of information with program coordinators and appropriate associate directors.
- Review of data to assist in modifying services to assume better client outcomes

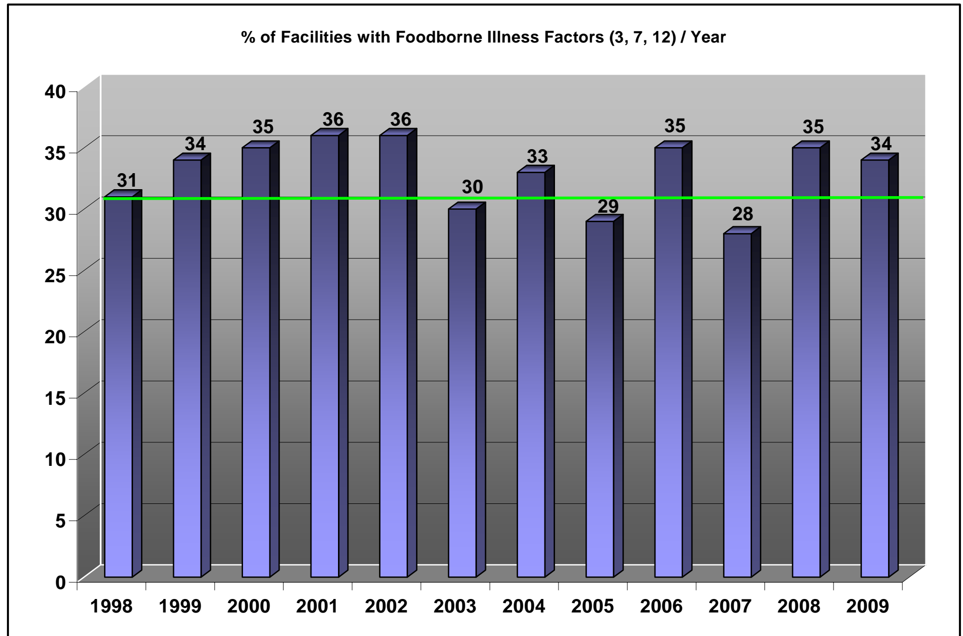
Next Steps

This new outcome measure will continue to be monitored over the next three years and be compared to national benchmarks of similar programs. The information obtained will be shared with staff, administration, Board of Health and other governing bodies to demonstrate the efficacy of program. In addition, this information will be utilized to secure future federal and state funding as it becomes available.

4. REDUCE THE PERCENTAGE OF FOOD FACILITIES WITH FOODBORNE ILLNESS FACTORS PRESENT (Population Health Services)

Measure
Percentage of facilities with foodborne illness factors present

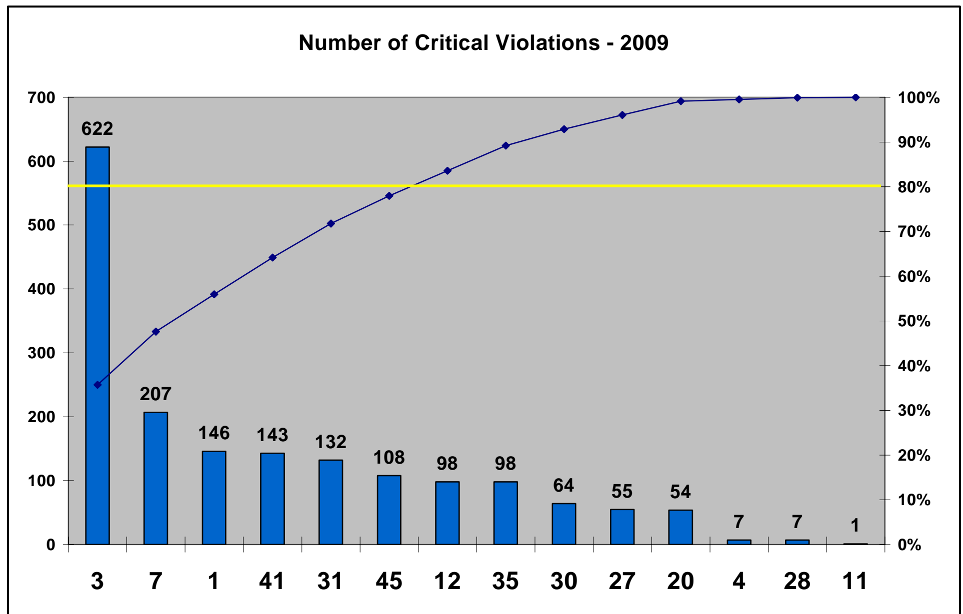
Goal
To reduce the percentage of facilities with foodborne illness factors to 30% or below.



Interventions

- Continue to educate food handlers, but refocus efforts on the certified managers to assure they have the proper knowledge to pass along to food handlers, and also the means in place to provide ongoing training, monitoring and coaching
- Continue to offer the Refresher Class for Food Service Managers

Next Steps



- Develop procedures and materials to have certified managers demonstrate food safety knowledge (quiz/test).
- Develop procedures and materials to have certified managers demonstrate what they do to train/educate new employees and existing staff by providing appropriate training materials/methods to certified managers to assist their efforts.
- Develop procedures and materials to have certified managers demonstrate how they monitor food safety practices (temperature logs, cooling charts, etc.) by providing appropriate materials (focus on Item 3 – time/temperature abuse – i.e., improper cold/hot holding and cooling).
- Instruct LCHD staff to continue to focus on the educational needs of each facility and to tailor their educational presentations to reducing the most prevalent foodborne illness factors at the facility.
- Improve reporting and data analysis with addition of food program software.
- Create a committee with Communicable Disease to develop training programs to educate physicians and food service workers more about foodborne illness.

- During the 2008 pilot public health accreditation process, this performance measure was noted by reviewers to be a model for all Illinois health departments to implement and track.

5. COMPLETEION OF DENTAL TREATMENT PLAN FOR INITIAL/PERIODIC EXAMS

Our goal for the completion of dental treatment for initial/periodic exams is 60%. We have steadily increased our completions from 39% in 2007 to 54% in 2008. Through persistent effort at our dental sites, we were able to achieve a rate of 61% for 2009. This oral health measure is one of the Community Health Center's Health Care Plan clinical measures, required to be reported annually to the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA) as a Federally Qualified Health Center (FQHC) grantee.

Interventions

One large factor that contributed to the achievement of this goal was the oral health expansion grant, through HRSA. This funding was awarded in August 2008, which allowed us to increase dental hours at four of the five CHC sites that were open at that time. Effective January 2009, evening hours were added, and all dental sites were opened all day Saturdays for easier access to care. This allowed patients to complete the treatment needed in a much more timely fashion, because additional appointments became available through the expansion.

Next Steps

Dental staff will continue to strive to improve on this clinical outcome measure. Many factors are beyond our control such as patients with limited resources that don't allow them to finish their treatment in a timely manner, fear of the dentist, patients moving out of district, or exams that were started close to the outcome review period and are not yet completed. Our staff will try to minimize as many of these roadblocks to treatment as possible to come closer to our ultimate goal to maximize dental treatment for all those in need.

6. INCREASED COLON CANCER SCREENING

In May, 2003, the LCHD/CHC, Primary Care Health Disparities Collaborative chose Cancer screening as a focus. Patient centered processes aimed at increasing colon cancer screening (along with cervical and breast cancer) were implemented with all general medical providers at Belvidere Medical Center and now have been spread to all sites. Changing the way we deliver care to improve functional and clinical outcomes affects how Providers deliver care and how patients understand and participate in managing their own care.

Interventions

Since 2003 Planned Care has introduced the following interventions in Patient Care for colon cancer:

1. Implementation of standing orders for colon cancer screening.
2. Regular notification of normal patient colon cancer screening results.
3. Establishment of a program that increases access to subspecialty care for the uninsured with abnormal colon cancer screening results.
4. Implementation of quarterly chart audits.
5. Patient education through:
    a. Cancer Facts Poster located in all exam rooms.
    b. Colorectal cancer research project (implemented in the clinics in 2009).
        i. Tools for Improving Colorectal Cancer Screening Rates: Multimedia vs. Print.
6. Staff Education
    a. Staff was introduced to fundamentals of behavioral change strategies aimed at supporting clients as they take steps to improve their health care, including colon cancer screening.
    b. Self Management Goat Setting (which includes colon cancer screening) presentation was done during staff meetings at all sites.
    c. Self Management Goal form was revised and pictures were added to improve patient comprehension
    d. Colon Cancer in-reach was done at all sites in 2009.
    e. Colon Cancer follow up logs and calls were implemented at selected sites in 2009.
    f. Annual staff training and new staff orientation training.

Next Steps

1. Piloting of a Self Management Goal take home brochure and implementation in all clinics. This presents an opportunity for patient education on Colon Cancer screening and participation in their medical care.
2. Development and testing of efficient approaches to empower patients to manage preventative care needs such as colon cancer screening.

7. TIMELY ENTRY FIRST TRIMESTER PRENATAL CARE

Timely entry into prenatal care is considered to be entry during the first trimester. Promotion of women entering prenatal care in their first trimester of pregnancy will help reduce the probability of adverse birth outcomes. Entry into care begins when the patient first sees a clinical provider.

Interventions

This year we added another history clinic on Friday afternoon to accommodate clients who need an afternoon appointment. We also changed how appointments are accessed. We traditionally had two walk in clinics where clients were seen or given an appointment. Currently clients may walk in on Monday morning after we intake the number of appointments for Monday the remainder of clients are given appointments for the current and following week. If appointments are not filled we then notify Family Planning, All Kids staff and the prenatal clerk as to the availability of appointments. Women can receive an appointment the same day they have their pregnancy test. Women can also make an appointment by calling the prenatal clerk/staff. This is especially helpful for women who are at other health center sites.

Prenatal clients at North Shore Health Center access prenatal care directly from pregnancy test and receive all of their prenatal care at the center. Providing 6 appointments a week has kept the wait time for prenatal history to less than 2 weeks. This has proven to be very effect in increasing the prenatal clients at North Shore Health Center.

We have also lifted the entry into care restriction so women at any point in their pregnancy may access care. Prior women over 34-36 weeks were not admitted. This will have an impact on the first trimester outcome. If a woman is transferring her care we consider which trimester she started with her care as the beginning of care.

Next Steps

With the expansion of the Midlakes site this year we plan to use the North Shore Health Center model. We will move clients who attend Midlakes Health Center to have their care start at the site and no longer have women travel to Belvidere Medical Building. With the completion of our Obstetrics team to 3 full time Obstetricians and now 2 full time Certified Nurse Midwives (CNM) we will be able to expand clinic hours both at Midlakes and BMB. With 30% of deliveries in Lake County covered by Medicaid we hope to increase the number of clients served in the western region. We will work on developing relationships with community organization such as Health Reach, Mano a Mano to help women in their program to access prenatal care.

8. INCREASE THE PERCENT OF WOMEN, INFANT & CHILDREN (WIC) FARMER'S MARKET COUPONS THAT CLIENTS REDEEM

Measure
The percent of Farmer's Market Coupons that WIC clients redeem during the Farmer's Market season

Goal
To increase the redemption rate from 34% to 40%

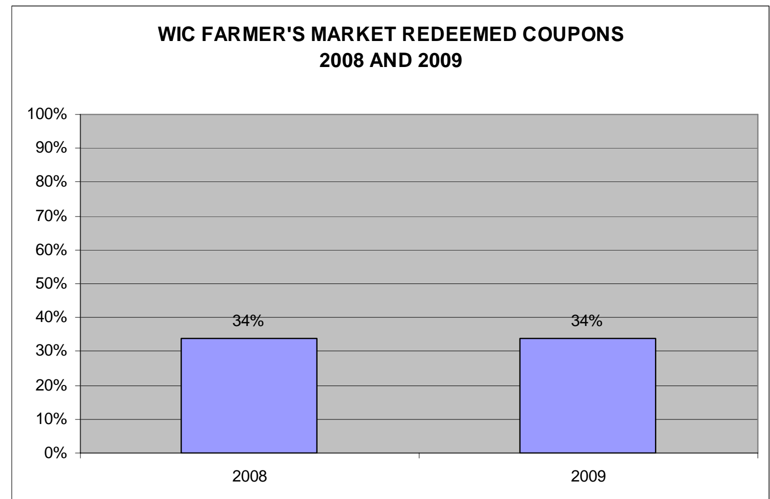
Interventions
A cause & effect diagram (see next page) constructed by the WIC-ED team in July, 2009 suggested three primary reasons for the low redemption rate:

- Access to markets or distribution of Farmer's Market produce
- The coupons are worth $15.00, and no change is given. Depending on the purchase, the amount spent may be over or under the $15.00 amount.
- Lack of familiarity with preparation

The interventions implemented in 2009 were:

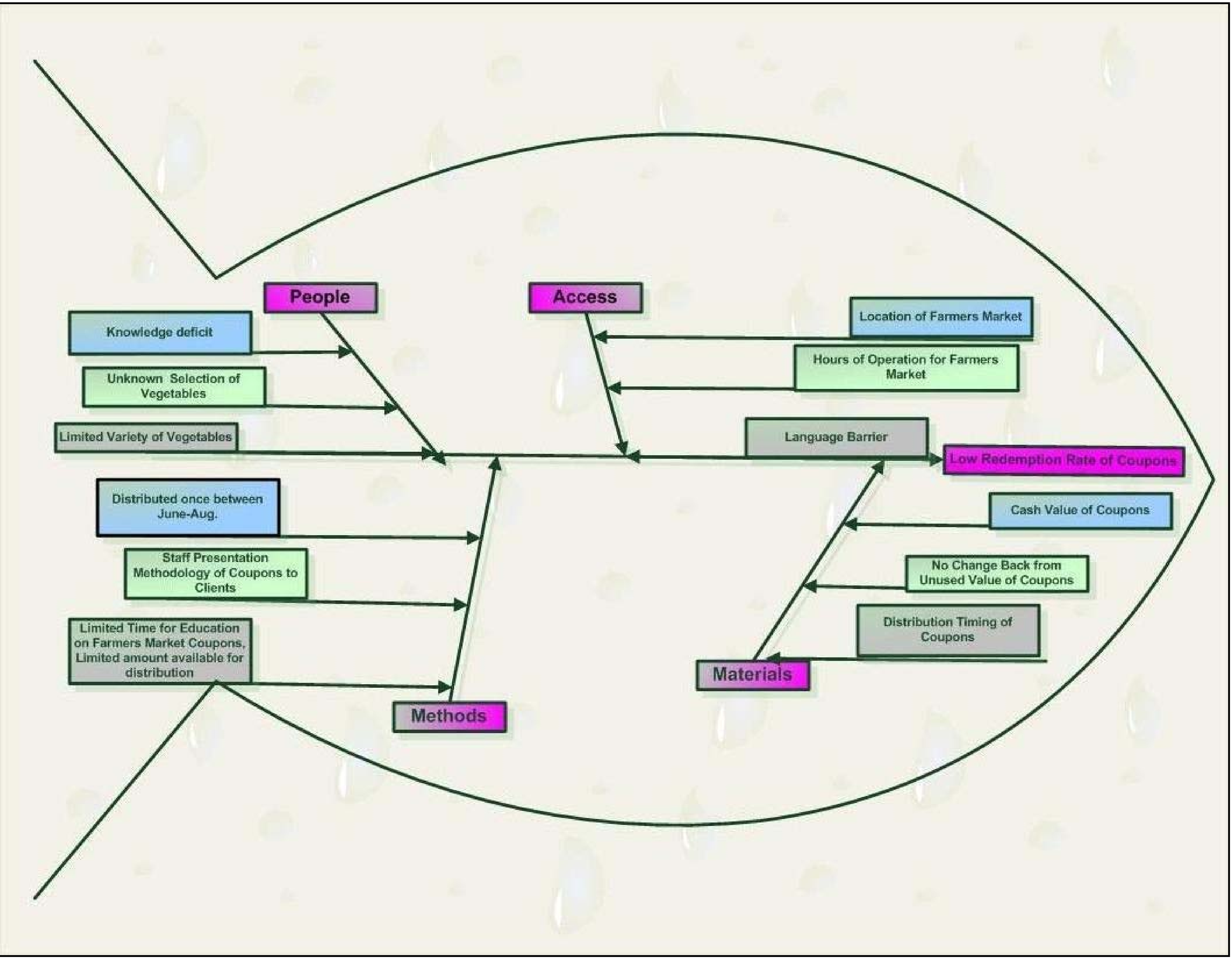
- The Youth Green Farm brought produce to the four WIC Clinics
- The produce was packaged in boxes worth exactly $15.00
- Demonstrations and preparation information was provided at the clinics

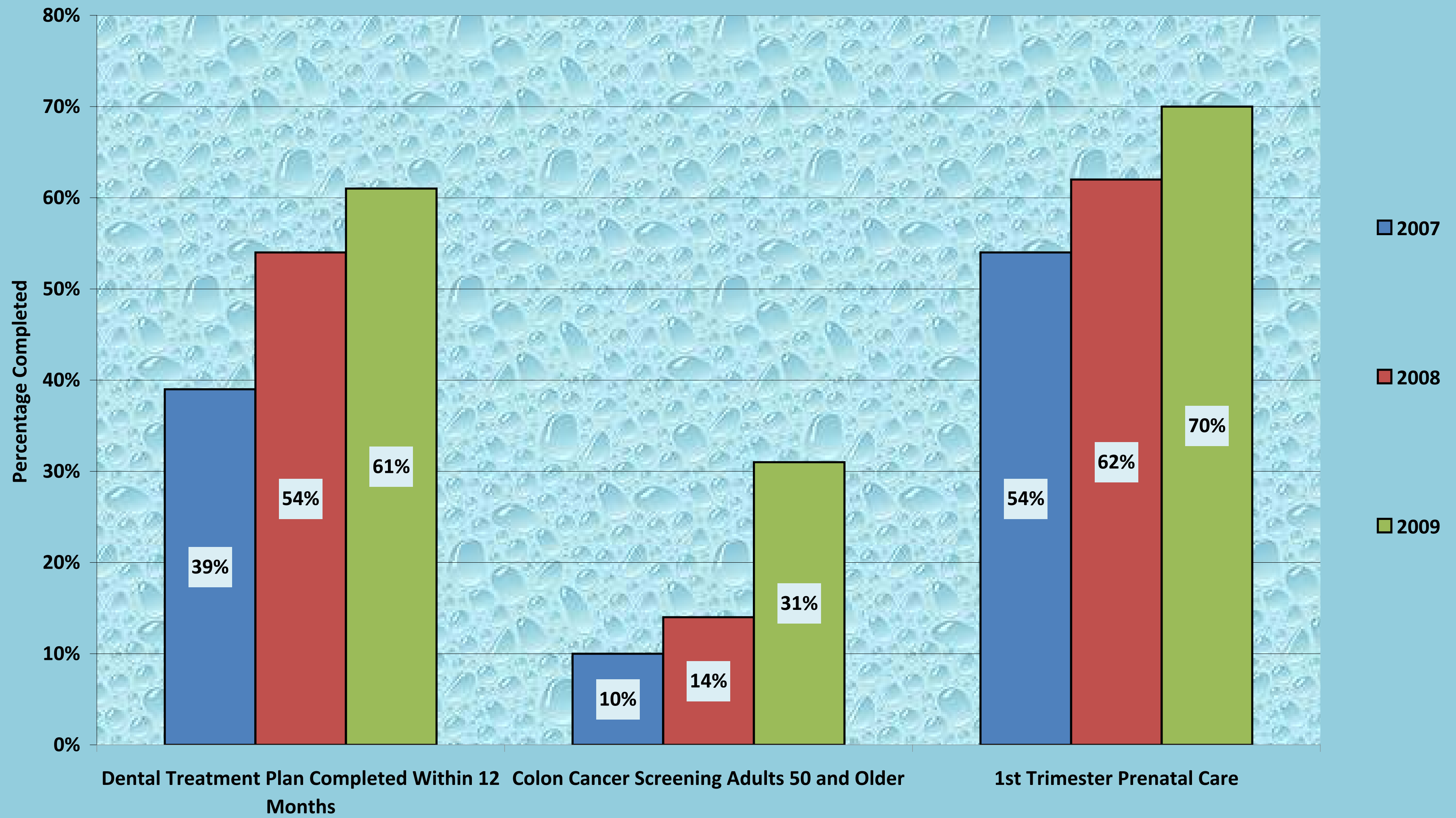
Results
There was no increase in the redemption rate of WIC Farmer's Market coupons in 2009 compared to 2008. In both years, 34% of the coupons distributed were redeemed by WIC Clients.



Next Steps
Several additional process changes will be implemented in 2010:

- Information and publicity about the availability and use of the coupons will begin earlier in the season so that more people are aware and informed about the coupons
- The coupons will be given to WIC clients later in the Farmer's Market season, closer in time to when the produce most in demand becomes available in the markets.
- In 2010, a survey will be conducted of coupon users from 2009 to better understand the benefits of the coupons and the barriers to their use.


People
Access
Knowledge deficit
Unknown Selection of Vegetables
Limited Variety of Vegetables
Location of Farmers Market
Hours of Operation for Farmers Market
Language Barrier
Low Redemption Rate of Coupons
Distributed once between June-Aug.
Staff Presentation Methodology of Coupons to Clients
Limited Time for Education on Farmers Market Coupons, Limited amount available for distribution
Cash Value of Coupons
No Change Back from Unused Value of Coupons
Distribution Timing of Coupons
Materials
Methods


Annual Performance Measures
Primary Care Services
May 2010
Percentage Completed
80%
70%
60%
50%
40%
30%
20%
10%
0%
39%
54%
61%
10%
14%
31%
54%
62%
70%
2007
2008
2009
Dental Treatment Plan Completed Within 12 Months
Colon Cancer Screening Adults 50 and Older
1st Trimester Prenatal Care

Primary Care Services Performance Measures

	2007	2008	2009
Dental Treatment Plan Completed Within 12 Months	39%	54%	61%
Colon Cancer Screening Adults 50 and Older	10%	14%	31%
1st Trimester Prenatal Care	54%	62%	70%