

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist



Green Lake County Health Unit Performance Management Tracking Log: Updated and reviewed annually to identify opportunities for Quality Improvement. Colors highlight strengths and opportunities.

Birth to 3 Program

Goal: Provide early intervention services for children from birth to age three with developmental needs. The Birth to 3 Program will be administered according to the Wisconsin Department of Health Services Wisconsin Administrative Code Chapter 90, "Early Intervention Services for Children from Birth to Age 3 with Developmental Needs."

Source	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/Date	QI Y/N
Program Participation System (PPS) Data Mart Reports The Birth to 3 Program will be administered according to the Department of Health and Family Services Wisconsin Administrative Codes Chapter 90, Early Intervention Services for Children from Birth to Age 3 with Developmental Needs.	Birth to 3	By 12/31/18, Birth to 3 will be at 100% compliance for Federal Indicators 1, 7, and 8 as required by the Office of Special Education Program through the enforcement of Individuals with Disabilities Education Act (IDEA).	1) 100% of infants and toddlers must receive the early intervention service on their Individualized Family Service Plan (IFSP) in a timely manner, within 30 days of parental consent on the IFSP. 7) 100% of eligible infants and toddlers with IFSPs must receive an evaluation, assessment, and an initial IFSP meeting conducted within the Part C 45 day timeline. 8) 100% of all children exiting Part C at age three must receive timely transition planning to support the child's transition to preschool and other appropriate community services. Include IFSP with transition steps, notification to Local Education Agency (LEA) if a child is potentially eligible for Part B and transition conference, if child is potentially eligible for Part B.	100%	100%	B-3 Coordinator (Renee Peters)	Ongoing	N
				100%	100%			N
				100%	100%			N
	Birth to 3	Annual report	Complete annual "Birth to 3 Referral Summary" by January 31 st for previous year	Annual	Annual	B-3 Coordinator	Annual	N

	2012	2013	2014	2015	2016
Number of new referrals	39	48	45	40	
Number of children enrolled in Birth to 3	21	23	33	31	
October 1 Child Count	13	15	18	18	
October 1 % served (target 2.84%)	2.11%	2.43%	2.84	2.84	
Annual Birth to 3 Referral Summary by 1/31	Yes	Yes	1/14/15	1/12/16	

Source: Birth to 3 Coordinator, Renee Peters + indicates data is still being collected



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Communicable Diseases

Goal: Provide guidelines for protecting the community against preventable communicable disease, conducting immunization and/or emergency clinics, providing appropriate education, counseling, and follow-up, maintaining accurate records, and ensuring proper reporting of known communicable diseases.

Source	Program Name	Program Standard	Performance Measure or Indicator	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
WI State Statute 252.01-252.05, HFS 145	Communicable Disease Surveillance System (1.2.1A)	Public Health Nurses will maintain county surveillance through the Wisconsin Electronic Disease Surveillance System (WEDSS) to identify communicable disease and public health threats.	Annual report of PHN surveillance from WEDSS.	Public Health Nurses follow Green Lake County Health Department Policies for Acute and Communicable Disease Follow-up, which includes regular surveillance of WEDSS.	100% of cases are completed at the end of each year	100%	PHN (Tracy Soda, Jeri Loewe)	Monitored at a minimum of every 72 hours as reported on Communicable Disease Tracking Tool	2015-Y 2016-N

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 Communicable Diseases in Green Lake County as reported in the WEDSS Annual Report by Year

(*includes suspect, confirmed & probable)

Diseases Investigated	2010	2011	2012	2013	2014	2015	2016
Arboviral, West Nile Virus	0	1	0	0	0	0	
Blastomycosis	0	0	0	0	1	0	
Brucellosis	0	0	0	1		0	
Campylobacter Enteritis	6	7	4	4	6	2	
Chlamydia	45	33	38	41	42	47	
Cryptosporidiosis	6	7	4	4	2	2	
E-coli (Shiga Toxin)	3	1	0	0	0	3	
Ehrlichiosis/Anaplasmosis	2	4	2	1	1	5	
Giardiasis	6	2	1	2	3	0	
Gonorrhea	6	2	1	2	2	2	
Hemorrhagic Fever, Ebola	0	0	0	0	1	1	
Hepatitis A	0	2	1	0	0	0	
Hepatitis B	1	0	2	3	0	1	
Hepatitis C	5	5	8	13	12	16	
Hib-Invasive	0	2	0	0	0	0	
Histoplasmosis	0	0	0	0	1	0	
Influenza (hospitalized)	0	1	1	7	9	6	
Legionellosis	0	1	0	0	1	0	
Lyme*	16	16	18	39	21	20	
Lyme Laboratory Report					7		
Measles	0	0	0	0	0	1	
Meningitis (Aseptic)	0	0	0	0	0	0	
Meningitis (Bacterial)	0	1	0	0	0	0	
Mumps	0	0	0	0	1	0	
Mycobacterium (non-TB)	0	3	3	2	0	5	
Parapertussis	0	1	1	0	0	0	
Pertussis	0	2	21	10	2	0	
Q Fever, unspecified	0	0	0	0	1	0	
Salmonellosis	3	1	3	7	4	5	
Shigellosis	0	0	0	0	1	0	
Streptococcal Disease, Invasive, Group B	6	4	1	1	2	3	

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Streptococcal Infection, Other Invasive					1	1	
Streptococcus Pneumoniae, Invasive Disease	0	0	0	0	1	2	
Syphilis	0	0	2	0	0	1	
Latent TB infection	2	4	2	0	3	1	
Tetanus	1	0	0	0	0	0	
Varicella	6	2	8	2	3	2	

PHN Check of WEDSS Staging Area q 72 hours as reported on the WEDSS Staging Checks Tracking Tool (*See exception below)	2014	2015	2016	2017	2018
1st Quarter		100%	100% *		
2nd Quarter		100%	100% *		
3rd Quarter	New Strategy 9/1/14	100%			
4th Quarter	100%	100%			

*(Exception: In the event of a holiday weekend which exceeds 72 hours, policy and procedures are in place for immediate notification of Category I disease via dispatch and notification of Health Officer.)

Food Safety Licensing and Recreation Program

Goal: To ensure the safety of consumers in the community by providing food safety guidelines and resources for food establishment owners, caterers, DPI schools, hospitals, Rec, Ed camps, restaurants, mobile restaurants, special organizations and agriculture facilities.

Source	Program Name	Performance Standard	Performance Measure	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Health Space	Food Safety Licensing and Recreation Program	By 12/31/18, 100% of food establishments in Green Lake County are inspected annually at least 1 time.	Number of inspected food establishments/total number of food establishments	Staff will inspect all food establishments before the end of the contract year. If sufficient violations are found, staff ensures that corrections are made in a timely manner.	100% (141 facilities inspected in 2012)	100%	EH (Ashely Rondorf)	Ongoing	N

	2014	2015	2016
Number of annual inspections	188	164	
Number of establishments	163	158	
Percentage of establishments inspected annually	100%	100%	

Source: Environmental Health, Ashley Rondorf



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Immunization

Goal: To protect children living in Green Lake County from vaccine preventable disease, and to support completing the initial recommended immunizations before reaching 2 years of age. To provide education regarding communicable disease and immunizations, publicize clinic times and dates, maintain records, and follow state procedural guidelines.

Source Or Intervention	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Needed Y/N
WI Dept. Health & Social Services: CH DHS144 & 146 Green Lake County Health Unit will follow the <i>WI Division of Health and Family Services, Division of Public Health Immunization Program Vaccine for Children (VFC) Program Resource Guide</i> as a reference for vaccine management. DPH Consolidated Contract	Wisconsin Immunization Program	Children residing in Green Lake county jurisdiction who turn 24 months during the contract year will complete the following vaccinations by their 2 nd birthday: <ul style="list-style-type: none"> • 4 DTap • 3 Polio • 1 MMR • 3 Hib • 3 Hepatitis B • 1 Varicella • 4 PCV 	Number of children turning 2 years old in Green Lake County and receiving the standard benchmark vaccinations as measured in the Wisconsin Immunization Registry (WIR)	69% (1/1/13-from previous contract year)	2012-2015 69% (State identified goal for contract year) 2015: contract goal 72% 2016: contract goal is 71% (working toward state health plan goal of 90%)	PHN (Kari Schneider)	Assess quarterly by running a benchmark report from WIR	2014-FU 2015-N 2016-more FU
	2012*	2013**	2014	2015	2016			
% turning 24 months meeting WIR benchmark up to date (UTD)	UTD: 74%	UTD: 68%	UTD: 67%	69%				
% turning 24 months meeting WIR benchmark late up to date (LUTD)	LUTD: 77%	LUTD: 73%	LUTD: 73%	LUTD: 74%				

Source: Wisconsin Immunization Registry (WIR) Benchmark Report for Green Lake County *10/01/12 New Vaccination Guidelines allow PH to only serve Medicaid eligible, uninsured, and underinsured. Those with insurance must receive vaccine from a medical home. **1/13 Use of Declination Form Initiated



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Lead

Goal: Provide guidelines for lead screening, testing, and follow-up of at-risk children ages 1-2, or if no prior testing, between ages 3 and 5.

Source or intervention	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
DPH Consolidated Contract; HFS Chapter 181-Blood Lead Results Reporting Rule	WI Childhood Lead Poison Prevention Program	Children will receive lead poisoning testing, prevention, and intervention services as directed by federal and state guidelines.	Green lake County Health Department will complete and record the number of unduplicated blood lead level (BLL) tests per DPH contract, and will also record and monitor: 1. # Children with a capillary BLL of ≥ 5 mcg/dL who obtain a confirmatory venous test 2. # Families where a child with an elevated BLL of ≥ 10 mcg/dL received an educational nurse home visit, to look for hazards, provide information on prevention, treatment, and Developmental Screening 3. # of Environmental lead risk assessments conducted where a child had a confirmed BLL of ≥ 15 mcg/dL 4. # Families where a child with an elevated BLL of ≥ 20 mcg/dL received an educational nurse home visit and must have lead hazards found by investigation and hazards reduced.	100% of previous contract year number	100% of contracted number for current year	PHN/WIC (Kari Schneider), EH (Ashley Rondorf)	Assess quarterly	N

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*9/2012: BLL result need for action lowered from 10 mcg/dL to 5 mcg/dL (per state adoption of the CDC guidelines); Source: PHN, Kari Schneider

Per Year	2012*	2013	2014	2015	2016
Total number of unduplicated BLL Tests (2012-2014: Stellar + WIR – duplicates = #) (2016 PHN Lead Tracking Spreadsheet +WIR-duplicates = #)	198 (may not have included WIR)	194 (may not have included WIR)	235	170	
Yearly goal for total number of unduplicated BLL Tests per grant contract	174	170	170	170	164
% of total number unduplicated BLL tests/yearly contracted goal of unduplicated BLL Tests	198/174 114%	194/170 114%	235/170 138%	170/170 100%	
# Confirmed BLL ≥5 mcg/dL receiving follow-up monitoring per year	2	14	16	15	
# Confirmed BLL ≥10 mcg/dL receiving an educational nurse home visit & ASQ	1	1	3	1	
# Confirmed BLL ≥15 mcg/dL receiving an Environmental Lead risk assessment	0	1 PHN + EH inspection	3	1	
# Confirmed BLL ≥20 mcg/dL cases requiring nurse case management report and Environmental Health home assessment and sampling	1 PHN + EH inspection	0	2	0	

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Maternal Child Health (MCH)

Goal: Activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Green Lake County Health Department in collaboration with community partners focusing on family supports.

Source or Intervention	Program Name	Program Standard	Program Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
SPHERE, Birth Records <i>(increase the number of women, children, and men who have knowledge of skills to promote optimal infant and child health, development, and growth)</i>	MCH: New Parent Packets(3.1.1A)	By 12/31/18, all first time parents will receive a post-partum packet that includes resource information as identified in the CHA, CHIP & MCH annual needs assessment and stated in the post-partum policy.	100% of all first time parents will receive a post-partum packet	100%	100%	PHN (Tracy Soda, Jeri Loewe, Shari Krause PH PS)	Birth Records are printed weekly from SPHERE, and new parent packets sent to 1 st time parents	N
WI Healthiest Families Initiative Wisconsin Title V Maternal and Child Health Program Contract	MCH	Assessment report will be generated yearly, and a Health Unit meeting held, to review statistics, establish yearly goals and priorities, to reduce disparity, increase use of medical home, consider special needs access to care and support, Healthy Parenting, Safe & Healthy Communities and Healthy relationships.	Wisconsin Healthiest Families Initiative Assessment Report will be completed annually, and target activities re-evaluated.	Annual Assessment Report and Unit meeting	Updated goals	PHN (Jeri Loewe)	Annually	N

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	MCH	Meets all objectives to satisfy grant requirements for contract year. All deliverables.						
	2016 Breastfeeding Friendly Daycares	Meets the 10 steps, and designation complete with recognition.	Reporting on Redcap data system.					
		Advocate for families, children and the medical home model by active participation and collaboration, in the following Coalitions: -Green Lake Co. Wellness Coalition -Tri-County Healthy Babies -Green Lake Co. Interagency Meeting -Family Resource Council -Bfan -Head Start Health Advisory Committee -Hwy Traffic Safety Committee -Drug Endangered Children, and others	Health Unit will be represented at least 50% of the time at the local, regional and state coalition/committee meetings that we are members of. Participation will be recorded by all staff on the Coalition Meeting Participation Log.	New goal	Annually, at least 50% of the meeting minutes will reflect staff attendance. Starting in 2015, this will be recorded on Coalition Meeting Participation Tracking Log by all staff.	PHN	Ongoing	

	2012	2013	2014	2015	2016
New parent packets to all first time parents	100%	100%	100%	100 %	
Annual WI Healthiest Families Initiative Assessment Report	NA	NA	1/29/14	4/10/15	
Annual Health Unit meeting to review Assessment Report and update targeted activities			yes	1/20/15	
PHN present at WIC clinics			100%	100%	
# Annual Life Course Model presentations			13	12	
% Coalition meeting attendance			86%	83-100% for all of 23 Coalitions	



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Oral Health

Goal: Assure access to continuous oral health comprehensive prevention, screening, early intervention, and treatment of dental disease to promote healthy behaviors and to improve and maintain oral health of those in MA or underinsured.

Source	Program Name	Program Standard	Program Measure or Indicator	Baseline	Goal	Staff Responsible	Status/Date	QI Y/N
Dental Hygiene	Dental Program	By 12/31/18, the number of MA and uninsured visits for appropriate oral health screening will increase by 10%.	Number of MA and uninsured visits for appropriate oral health screening.	Number from previous year	2013-2015: Number from previous year plus 10% 2016-2018: 100 or more	DH-Carrie Knurowski, Shari Krause	Ongoing	2015-Y 2016-N
		By 12/31/18, decrease the no-show rate by 10% or more	No show rate	2013: 33 No Shows x .10 = 29 or fewer no shows	29 or fewer No Shows	DH-Carrie Knurowski, Shari Krause	Ongoing	2015-Y 2016-Y

	2012 (started 9/27/12)	2013	2014	2015	2016
2012-2015 Yearly visit goal (Previous year # + 10%) 2016-new goal of 100	31	34	141 + 14=155	158 + 16 = 174	100
Number of MA clients	31	118	110	98	
Number of uninsured	0	23	48	22	
Number <18	17	37	10	94*	
Number >18	14	104	148	4	
Total seen *(Starting in 2016 by location of service)	31	141	158	GL Health Unit: 98 UMOS: 48 Head Start: 32	
Total scheduled at Health Unit clinic	36	192	196	127	
Yearly Total of No shows	5	33	38	GL Health Unit: 29 UMOS: 0 Head Start: 0	
Yearly % of No shows (Goal: 10%)*	14%	17%	19%	GL Health Unit: 23% UMOS: 0% Head Start 0%	

*In review on 2/22/16, data for 2013 and 2014 may be flipped in these 2 categories.



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Public Health Preparedness

Goal: Assure Green Lake County Health Department and our communities are prepared to respond in the event of a public health emergency.

Source	Program Name	Performance Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/Date	QI Y/N
Mass Clinic Workforce	Public Health Preparedness (LOCAL)	By 12/31/18, increase the number of partners that participate in the preparedness education programs and meetings.	Total number of community partners who attend meetings and trainings	20	21	HO (Kathy Munsey) Emergency Management (Gary Podoll)	Annual	N
PHEP CDC Contract	Public Health Preparedness (Consortia Level)	By 12/31/18, 100% of Performance Measures that are successfully completed or achieved.	Total annual performance measures done by Green Lake County HD staff as part of annual CDC/PHEP objectives. Reported on PM Deliverables Worksheet.	100% completed /achieved (2013)	100% completed /achieved	PHN (Tracy Soda, Jeri Loewe), HO (Kathy Munsey)	Annual	N

	2012	2013	2014	2015	2016
Total number of community partners and agencies, who participate in preparedness education programs and planning meetings.			27 Partners 13 Agencies	112 Partners 25 Agencies	
Percentage of completed performance measures	100%	100%	100%	100%	
Health unit staff participate in annual exercise training per after-action report				100%	
Maintain Up to date Incident Command Structure (ICS) chart with 2 deep for each position				100%	
Minimum of 1 staff will complete the Preparedness Competencies on PCA portal to evaluate training needs.				Completed	



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Radon

Goal: Provide guidelines for limiting the exposure of county residents to toxic substances and hazardous environmental contaminants present in the air, water, and waste, and thereby minimize adverse health effects. Includes identifying, investigating, reporting, issuing protective orders, monitoring, and follow-up.

Source	Program Name	Performance Standard	Performance Measure or Indicator	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Green Lake County Human Health Hazard Ordinance 666-98; WI State Statutes 254	Environmental Health-Radon	By 12/31/18, the percentage of radon kits that are provided in Green Lake County and used for testing will remain at 55% or higher.	Number of radon kits given out and used/ number of radon test kits given out	Incoming inquiries about radon will be tallied on a tally sheet. If the caller desires a kit, the kit may be mailed or picked up. All kits must be recorded on a distribution list. Tests include necessary information to complete and measure radon levels. Staff will document used radon kits by tracking the kit serial number. See Green Lake County's Radon Policy for more information.	48% (2012)	55%	EH-Ashely Rondorf	As needed	2014-Y 2015-N 2016-FU phone calls

	2012	2013	2014	2015	2016
Number of radon kits used and sent into the lab	19	4	10	9	
Number of radon kits given out	40	6	14	17	
Percentage of radon test kits given out and returned for testing	48%	66%	72%	53%	

Source: Environmental Health (Ashley Rondorf)



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Worksite Wellness

Goal: To promote employee health and well-being in the workplace by providing education and incentives in development of healthy behaviors.

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Strategic Plan, Employee Participation Log	Worksite Wellness	By 12/31/18, all Green Lake County employees will receive an annual physical	Increase the number of staff that receive an annual physical by 10%	23% (2012)	33%	Health Officer (Kathy Munsey)	Annually	2015-active engagement of emp. 2016-cont.
		24 Healthy Monday Wellness emails will be sent per year to all employees	Number of Healthy Monday Wellness emails sent	24 per year	At least 24 per year	HE (Melanie Simpkins)	Annually	N
		One Worksite Wellness activity will be offered to all employees at least quarterly	Number of Worksite Wellness activities offered per quarter	1 per quarter	1 per quarter	HE (Melanie Simpkins)	Quarterly	N
		Worksite Wellness satisfaction surveys will be sent out to all employees every year	Annual Worksite Wellness satisfaction survey sent out and reviewed by HE	Completed May 2014	Completed annually	HE (Melanie Simpkins)	Annually	N

	2012	2013	2014	2015	2016
Number of staff who get a physical each year (%)	46 (23%)	33 (17%)	32 (16%)	Reported to us: 31 From GHT: 91(direct incentive this year) 45%	
Number of staff that complete a Wellness Check with the Public Health Nurses		72 (38%)	28 (14%)	64 (32%)	71 by 9/6/16
Total number of staff	200	187	200	200	200
Number of Healthy Monday emails sent out	>24	>24	52	50	
Number of Worksite Wellness activities per year/average per quarter	10	8 total Average 2 per Qtr	23 total Average 3 per Qtr	25 Average 4 per Qtr	
Number of employees that participate in 5 or more activities per year and receive \$25		19	18	32	
Annual Worksite Wellness Program Employee Input	Jan-Employee Wellness meeting	Survey	Written survey 5/29/14	Verbal survey at 24/28 Dept. visits	Electronic
Number of employees who participate in 1 activity			118	127	



Wellness Coalition

Goal: To promote healthy lifestyles and prevent disease among residents of our communities, and promote collaboration with community partners.

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Strategic Plan, CHIP, CHA	Wellness Coalition	By 2018, maintain an active county wellness coalition	# of meetings of wellness coalition with community partners per year	At least quarterly	To meet at least quarterly	Health Officer (Kathy Munsey)	Active	N
Strategic Plan, CHIP, CHA	Wellness Coalition	By 2018, maintain an active Nutrition Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Tracy Soda)	Quarterly	N
		By 2018, maintain an active Physical Activity Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Jeri Loewe)	Quarterly	N
		By 2018, maintain an active Mental Health/ ATODA Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Kathy Munsey)	Quarterly	N
		Annual Wellness Coalition Activity update report	Write and distribute annual CHIP update to all coalition members and post on coalition and county websites	At least annually	To distribute CHIP update report two times each year	Health Educator (Melanie Simpkins)	Annually	N

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	2015				2016				
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Quarterly coalition meetings & minutes, including action group updates	X	X	X	X	X				
Maintain and update coalition website quarterly		New	X	X					
Annual CHIP update to coalition partners and websites	Jan		Aug		Feb		Aug		
Quarterly CHIP updates to Mental Health & ATODA Action Group spreadsheet or list	New 2016				x	x			
Quarterly CHIP updates to Nutrition Action Group spreadsheets or list	New 2016				x	x			
Quarterly CHIP updates to Physical Activity Action Group spreadsheets or list	New 2016				x	x			
Total number of community partners and agencies, who have participated in coalition meetings this year	18								
Total number of community partners and agencies who receive monthly emails this year	138								
Total participation at coalition meetings this year	112								

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Consider adding these reviews:

Workforce Development

Annual Training Plans

Core Competencies

Strategic Plan Annual Review & kept in desk drawer

Policy and Procedures annual review by HO and staff

CHIP-review

CHA-review

Annual WIR training

