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## 2017 PERFORMANCE MANAGEMENT GOALS

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### Environmental Health

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- Provide trainings for staff and/or community. Goal: 4 (1/1/1/1)
- Hold quarterly meetings to update the Wood County Housing Code. Goal: 4(1/1/1/1)
- Enter 2006-2017 home septic permit information into the GIS mapping application made accessible through partnership with Engineer's office. Goal: 3 years/quarter (3/3/3/3)

See dashboard for progress: <https://www.thedash.com/dashboard/Hy78-qA6g/embed>

### Finance

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- Revenue Goal: \$6,145,409.02 (\$2,107,670.93/\$3,130,406.11/\$4,546,281.72/\$6,145,409.02)
- Expense Goal: \$5,779,818.50 (\$1,289,574.23/\$2,573,657.44/\$3,670,006.66/\$5,779,818.50)

See dashboard for progress: <https://www.thedash.com/dashboard/H1vDyh0pe/embed>

### Health and Wellness Center

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- Increase the number of visits compared to the previous year. Goal: More than 3,568 (>996/>826/>869/>825)
- Increase the percent of adult patients with Type 1 or 2 Diabetes who's most recent hemoglobin A1c (HbA1c) is ≤ 9% (under control). Goal: 70% (55%/60%/65%/70%)
- Increase the number of female patients aged 21-64 who have received a Pap tests in the last 2 years. Goal 65% (50%/55%/60%/65%)
- Increase the number of children and adolescents ages 3-17 who have weight assessment and counseling documented. Goal: 85% (77%/80%/82%/85%)
- Increase the number of patients 18 and older having a controlled blood pressure reading less than 140/90. Goal: 55% (52%/53%/54%/55%)
- Increase the number of "Completed" prescriptions by 25 prescriptions each quarter. Goal: 842 (767/792/817/842)
- Increase the number of patients 12 and older screened for depression by 5% and if screening was positive had a follow up plan documented by 5%. Goal 65% (50%/55%/60%/65%)

- Reduce the total cost per patient by 3%. Goal: \$1,147 (\$1,261/\$1,220/\$1,183/\$1,147)
- Reduce the number of days in accounts receivable by 5%. (Days in accounts receivable is the average length of time it takes for a medical claim to be paid.) Goal 111 (131/124/117/111)
- Outreach and Enrollment Specialist will make at least 80 community connections per quarter. (One connection is a presentation to a group, an in-depth discussion with someone at a community event or following a group presentation, or a one-on-one email, phone or in-person conversation with someone.) Goal: 320 (80/80/80/80)

See dashboards for progress: <https://www.thedash.com/dashboard/BktWNj0ag/embed> and <https://www.thedash.com/dashboard/BkKu8j06x/embed>

## Health Promotion and Preparedness

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### *Children with Medical Handicaps (CMH)*

- At least 90% of CMH caseload is out of pending status. Goal: 90% or greater

See dashboard for progress: <https://www.thedash.com/dashboard/HyLuYi0Te/embed>

### *Emergency Preparedness*

- Conduct MRC engagement or recruitment activities to increase number of registered MRC volunteers. Goal: 10 (1/3/3/3)
- Emergency partners participate in quarterly communications drills. Goal: 90%

See dashboard for progress: <https://www.thedash.com/dashboard/BkNAKsRTe/embed>

### *Immunization*

- We will assess/educate healthcare provider offices with pediatric AFIX and/or MOBI. Goal: 4 (0/1/2/1)
- We will assess/educate healthcare provider offices with teenage AFIX and /or TIES. Goal: 4 (0/1/2/1)

See dashboard for progress: <https://www.thedash.com/dashboard/Hy-dnjCag/embed>

### *Outreach*

- Conduct public engagement activities to get their input on our programs and services. Goal: 4 (1/1/1/1)
- Get feedback from the public on our activities and performance. Goal: 90 (0/30/30/30)

See dashboard for progress: <https://www.thedash.com/dashboard/rJFRpsA6I/embed>

### *Personal Care*

- Maintain accuracy in charting. Goal: 92%

See dashboard for progress: <https://www.thedash.com/dashboard/HyLuYi0Te/embed>

## Vital Statistics (Birth and Death Records)

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- To monitor and maintain the accuracy in HDIS receipting of Birth and Death Certificates. (HDIS is the system to which we receipt all monies taken in from clients.) Goal: 14 corrections or less per quarter
- To monitor and maintain the effectiveness of Birth and Death Certificate Audit paper. (ODH issues certificate audit paper for birth and death certificates to WCHD. All certificate paper must be accounted for whether it is copy, abstract errors etc.) Goal: 49 voids or less per quarter

See dashboard for progress: <https://www.thedash.com/dashboard/S1G4J370I/embed>

## WIC

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- Increase Wood County WIC Participant caseload by 8% over the next four quarters. Goal: 1,379 (1,303/1,328/1,354/1,379)
- Participate in a minimum of 8 outreach opportunities each month over the next year. (Noting that will try some new ideas in the first two quarters as the third and fourth quarters offer more opportunities due to the timing of fairs and holidays that lend themselves to certain opportunities and events.) Goal: 32 (8/8/8/8)
- Successful transition to new nutrition risk codes implemented by State WIC last quarter, while maintaining a high level of charting accuracy. (Chart audits to be completed each month and percentage of error calculated using Wood County WIC chart audit form.) Goal: 90% accuracy.

See dashboard for progress: [https://www.thedash.com/dashboard/r1b\\_hcC6x/embed](https://www.thedash.com/dashboard/r1b_hcC6x/embed)