
Performance Measure Methodology Sheet
Anchorage Health Department

Measure #1: Percentage of time Child Care Licensing responds to priority complaints within established timeframes.

Type

Effectiveness

Accomplishment Goal Supported

Increase the well-being of children and the public by reducing the amount of time it takes to respond to priority reports of concern (complaints). Established program goal is to respond within 1 day for Priority 1 reports, 3 days for Priority 2 reports and 7 days for Priority 3 reports.

Definition

Provides a percentage of how Childcare Licensing responds to those complaints considered per internal policy to be Priority 1 (death, abuse, neglect, serious injury, possible permanent damage, or serious background clearance violation), Priority 2 (serious supervision problems, accidental or other injury, safety hazards, or harmful treatment), and Priority 3 (low or less immediate risk) complaints.

Data Collection Method

Program will maintain a monthly and annual report of complaints received by priority level.

Frequency

Quarterly and annually

Measured By

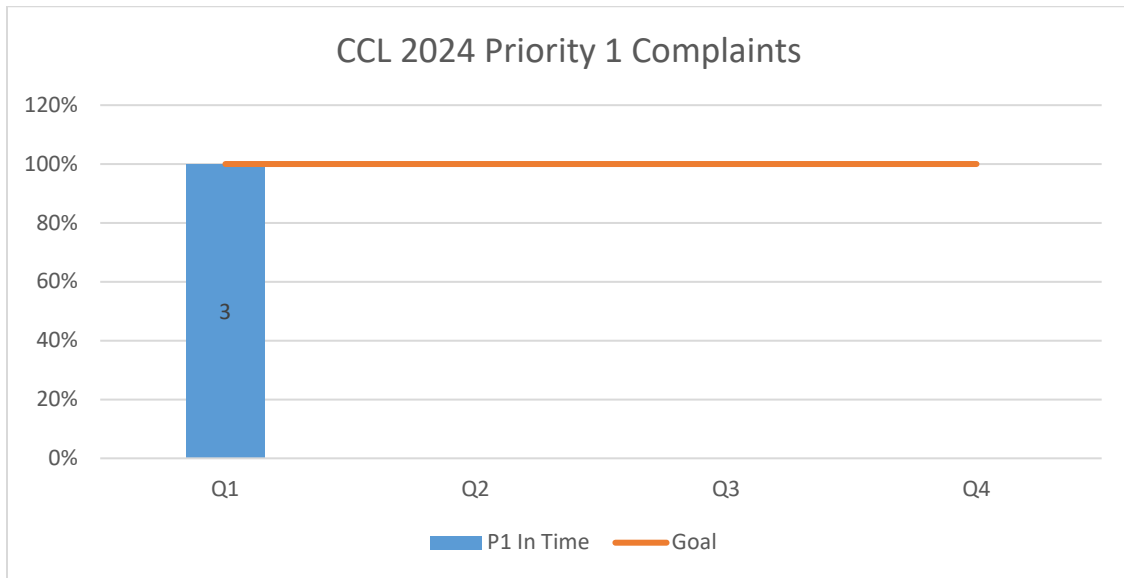
Program will maintain a record of complaints received, investigated and closed.

Reporting

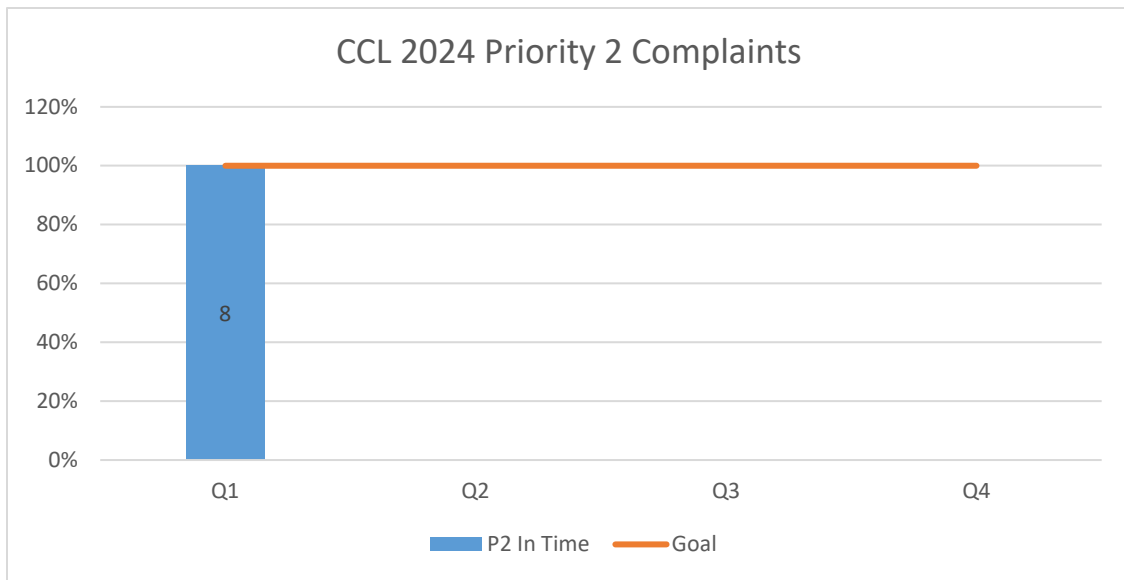
Program Supervisors will create and maintain a monthly and annual report of days it takes to respond to a complaint. This information will be provided to Division Manager and Department Leadership for review. Information will be presented as real data and converted per Section into percentages then the percentages will be averaged for a final overall percentage reported on the PVR form.

Used By

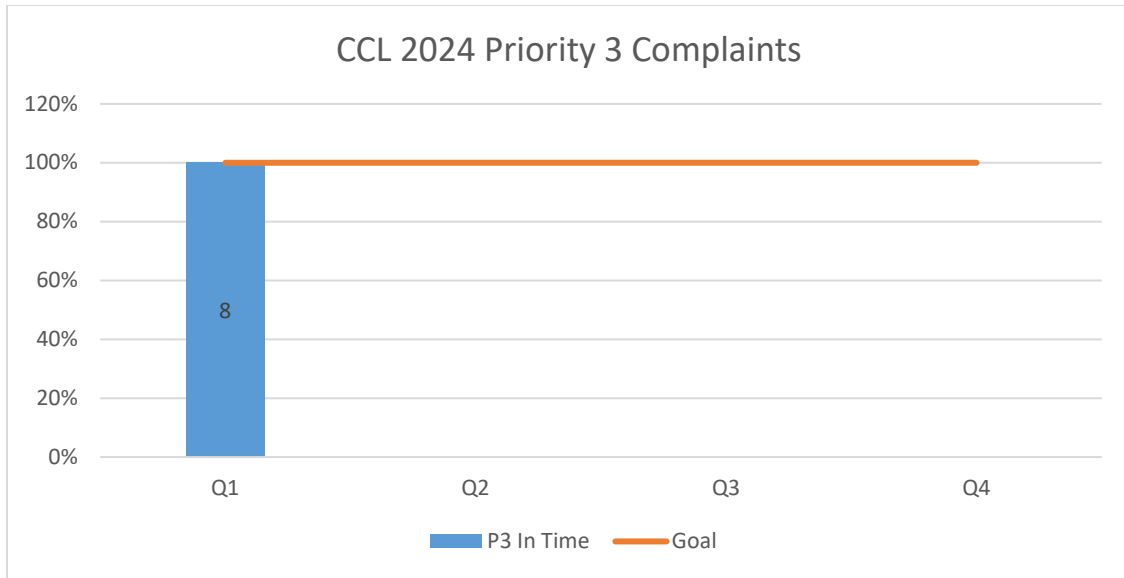
The Division Manager and Director will use the information to gain a clearer understanding of the complaint process and to identify bottlenecks to the process.



100%, 3 total [2 Centers, 1 Unlicensed conducted within required time frame] Priority 1 complaints (reports of death, abuse, neglect, or serious injury) were investigated within the goal of 24 hours this quarter.



100%, 8 total [1 Home, 5 Centers, 2 Unlicensed conducted within required time frame] of Priority 2 complaints (reports of harm less than priority 1, serious supervision problems, accidental or other injury, safety hazards, or harmful treatment) were investigated within the goal of 72 hours.



100%, 8 total [1 Home, 5 Centers, 2 Unlicensed conducted within required time frame] of Priority 3 complaints (reports of low or less immediate risk to children) met the goal of being investigated within 7 days.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #2: Average number of hours to respond to an animal related dog bite/attack complaint.

Type

Effectiveness

Accomplishment Goal Supported

Improve response to the most serious animal-related complaint in the Municipality.

Definition

Provide a measure for the total number of requests for animal control enforcement services and the average response time for this priority category.

Data Collection Method

Anchorage Animal Care and Control Center (AACCC) facility operator maintains a database of daily requests for service and associated response times.

Frequency

Monthly and annually

Measured By

AACCC staff and officers

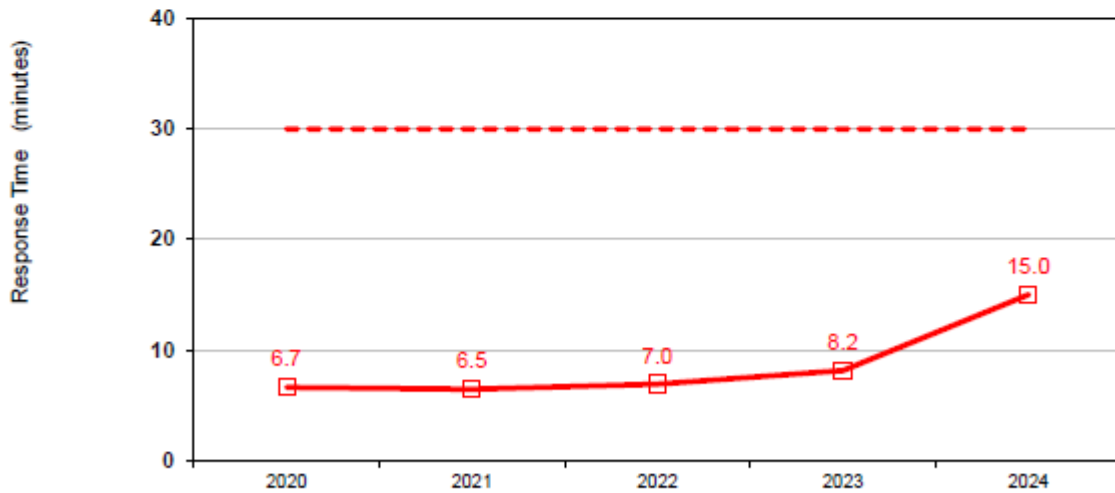
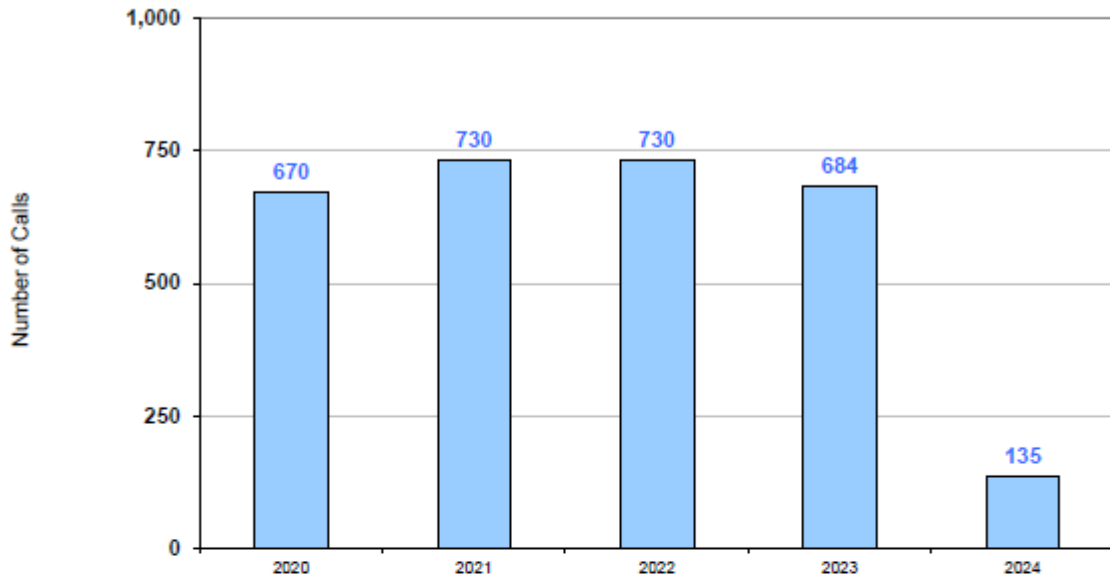
Reporting

The AHD Contract Administrator oversees monthly and annual reports received from AACCC contract operator. Reports are distributed to department management monthly and summarized annually.

Used By

Data will be used by AACCC facility operator and the Contract Administrator, Deputy Director and Director to review annual progress and to determine short and long-term priorities to maintain overall progress towards service goal.

Dog Bites / Attacks



— Average response time (minutes)

- - - Required response time (minutes)

Indicates the total number of calls received by Animal Care and Control for dog bites and/or attacks by year. The required average response time is thirty minutes (dotted line) and the actual response time by year (solid line). The required response time was consistently met or exceeded in Q1.

**Performance Measure Methodology Sheet
Anchorage Health Department**

Measure #3: Number of permitted food establishments inspected within the last 12 months.

Type

Effectiveness

Accomplishment Goal Supported

Under the Anchorage Food Code, the Department is charged with making a reasonable effort to inspect every permitted food establishment at least once per year. The U.S. Food and Drug Administration (FDA) recommends an inspection frequency of two times per year as a best practice to assure compliance with safe food handling and the prevention of food borne illnesses. There are approximately 1,800 permitted facilities in the municipality. AHD has 6 environmental health specialists on staff responsible for food facility inspections and other environmental health work including inspections of temporary events, retail marijuana facilities, pools, beauty and barbershops, and other facilities; responding to noise, pest/rodent, hotel mold, smoke/smoking, pesticide application, and other health related public concerns; and plan review of approximately 100 new facilities annually. With the number of permitted facilities and other environmental health duties, double the staff is needed to meet FDA guidelines. At least one additional inspector would add capacity to support inspection frequency and response to food borne illness outbreaks.

Definition

Provide a measure of the number of permitted food facility inspections completed compared to the number of inspections that should be completed by code and FDA.

Data Collection Method

Food Safety & Sanitation Program Manager will maintain a quarterly and annual year-to-date report of the number of routine permitted food facility inspections as well as the number of permitted food facilities. Data is collected in the Envision database.

Frequency

Quarterly and annually

Measured By

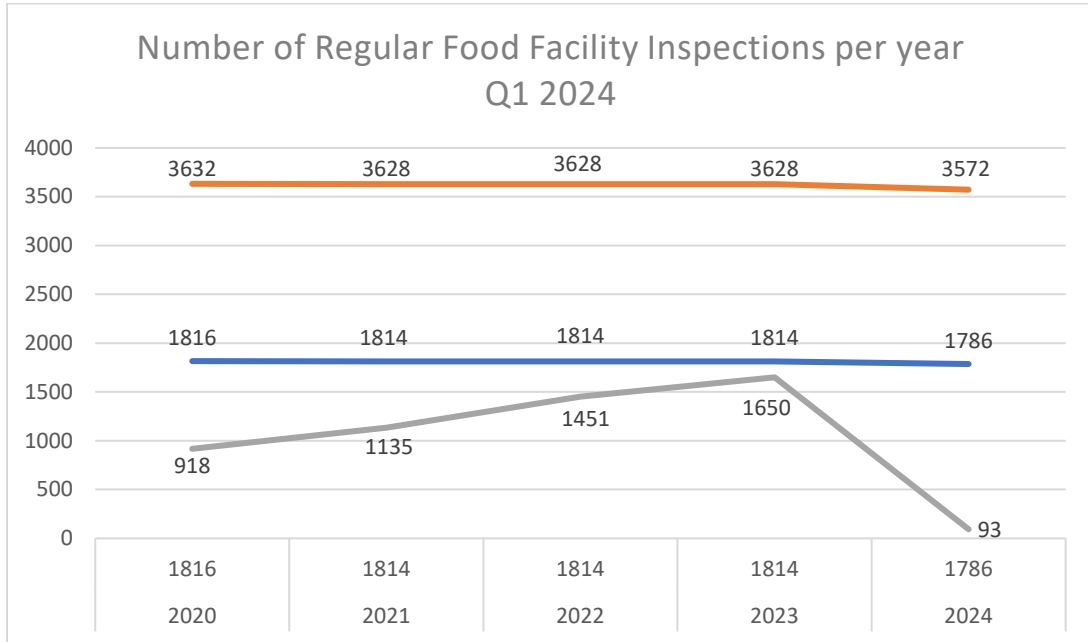
Food Safety and Sanitation Program Manager

Reporting

Food Safety & Sanitation Program Manager will develop and maintain a year-to-date report submitted quarterly and annually assess the number of routine permitted food facility inspections completed vs. the number of inspections required by local code and FDA best practices.

Used By

Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.



<p>Minimum Annual Inspections recommended by FDA</p>	<p>Minimum annual inspections required by AMC 16.60</p>	<p>Number of Regular Inspections Completed</p>	<p>Number of permitted facilities each year</p>
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Indicates the number of retail food inspections recommended by the FDA, required by municipal code, and accomplished each year. Inspections conducted remain less than recommendations/requirements. In Q1 2024, inspections were below quarterly average to meet those required by AMC 16.60.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #4: Number of Aging and Disability Resource Center (ADRC) clients who receive assistance to make informed, cost-effective decisions about their long-term service and support needs.

Type

Effectiveness

Accomplishment Goal Supported

Improve the quality of life of ADRC clients who contact our office for information and referral and options counseling services.

Definition

Provides the number of ADRC clients who have contacted an ADRC Resource Specialist to learn about community long-term services and supports.

Data Collection Method

Provides the number of individuals (1) who contacted the ADRC for information and referral services and (2) the number of referrals made to other agencies that could provide the needed assistance.

Frequency

Quarterly

Measured By

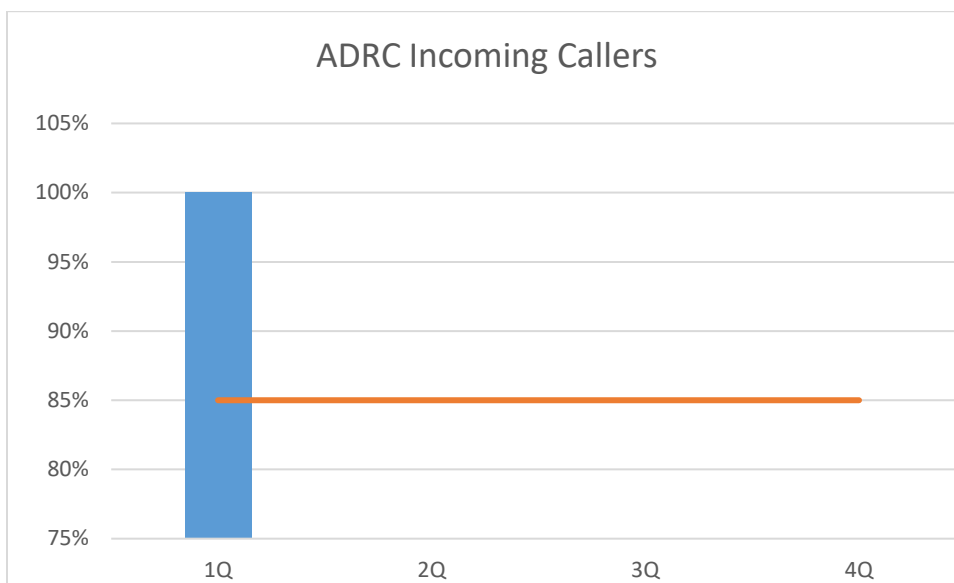
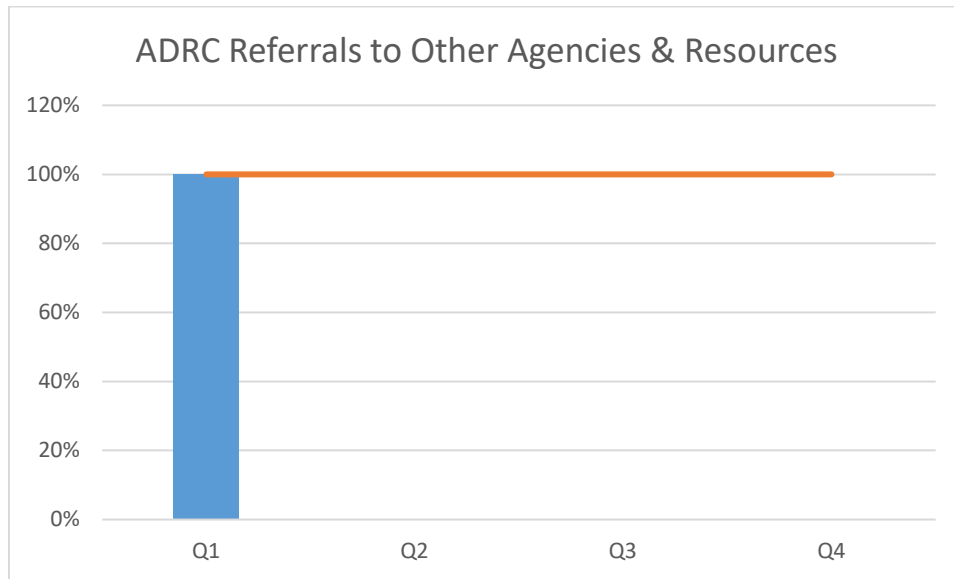
Quarterly reports obtained through grantor program reporting software.

Reporting

Senior Services Program Manager will generate quarterly reports from grantor program reporting software.

Used By

The Division Manager and Director will use the information to gain a clearer understanding of the level of success in providing ADRC clients with information, referral and long-term options counseling that can improve the client's long-term care situation.



The Aging and Disability Resource Center continues to improve quality of life for those who contact us. Reportable referral volume has decreased, due to the significant decrease of referral categories - which does not allow a Resource Specialist to account for all referrals provided to a consumer. Continuing adjustments to new reporting requirements are likely the cause for the reported decrease in callers. SDS has confirmed that issues will not be corrected until after converting to the new data collection system. Expected transition to the new data collection system is now anticipated to be end of first quarter of 2024.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #5: Average number of days for public health to contact community members with a reportable infectious disease.

Type

Effectiveness

Accomplishment Goal Supported

Improve the public health of the community by maintaining surveillance systems that detect and provide a timely response to public health needs. As a part of response, Public Health staff will notify individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as is possible in order to assure and/or refer for treatment.

Definition

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are contacted within 3 days of Public Health receiving the results. Program goal is 75%.

Data Collection Method

Public Health staff will monitor the length of time between the department's notification of infectious disease and notification of disease positive (or presumptive positive) individuals.

Frequency

Quarterly and annually

Measured By

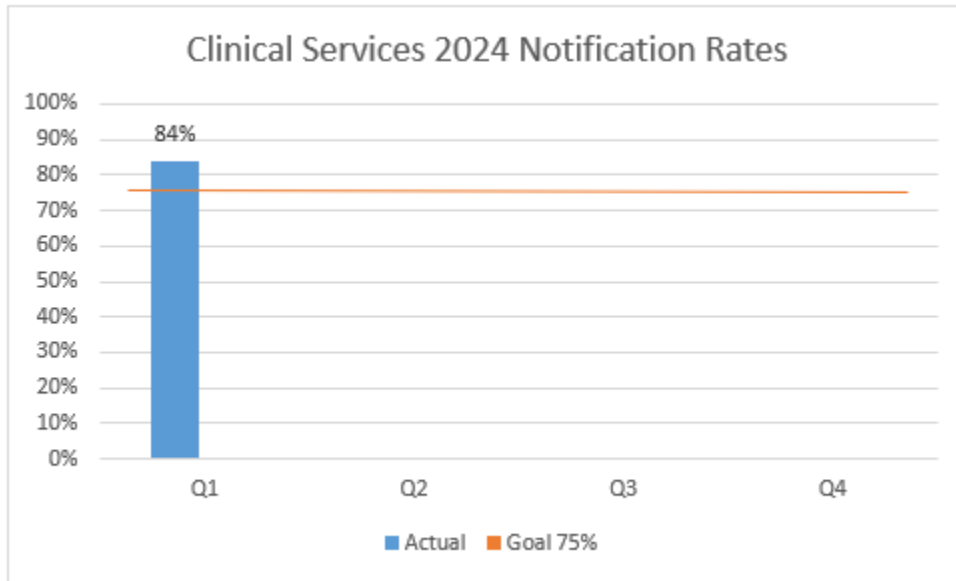
Program maintains database of contact time using the electronic medical records system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

Reporting

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to contact them. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

Used By

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who were notified of their results within three business days of receiving them. In the first quarter, 84% of clients were notified within three days. This rate substantially exceeds the target rate of 75% and reflects the diligence of Public Health staff.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #6: Average number of days public health investigates and ensures treatment of community members with a reportable infectious disease.

Type

Effectiveness

Accomplishment Goal Supported

Improve public health of individuals and the community by maintaining surveillance systems that detect and timely respond to public health needs. As a part of response, Public Health staff will assure treatment of individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as possible in order to prevent further spread of diseases.

Definition

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are investigated and treated within 14 days of initial contact by the department. Program goal is 85%.

Data Collection Method

Public Health Staff will monitor the length of time between the department's notification of infectious disease and treatment of disease positive (or presumptive positive) individuals.

Frequency

Quarterly and annually

Measured By

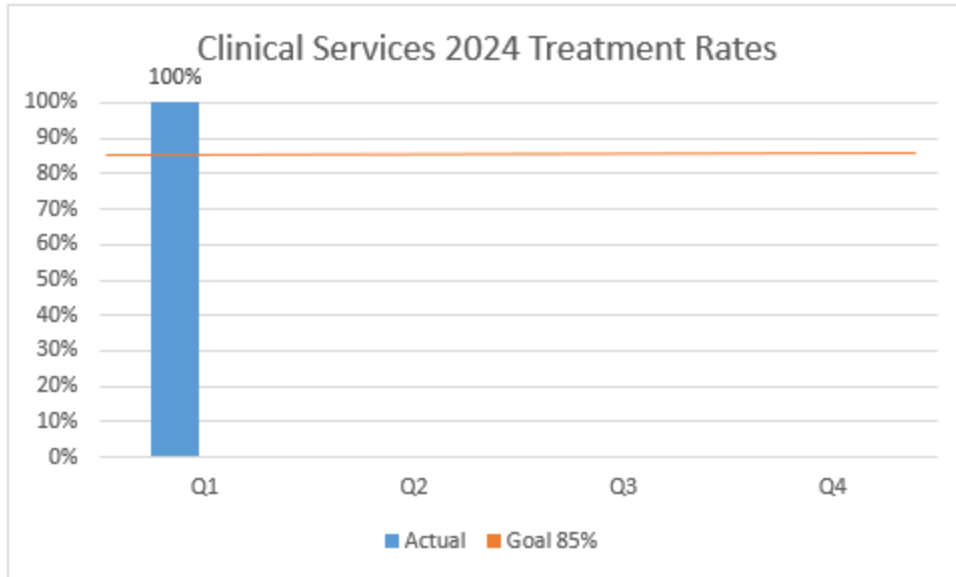
Program maintains database of contact time using the electronic medical record system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

Reporting

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to investigate and treat. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

Used By

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who received treatment within 14 business days of receiving their results. In the first quarter, 100% of clients were treated within 14 days. This rate substantially exceeds the target rate of 85% and reflects the diligence of Public Health staff.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #7: Percentage of Women, Infant and Children (WIC) participant's breastfeeding infants at initiation, 6 months and 12 months.

Type

Effectiveness

Accomplishment Goal Supported

Improve public health of the next generation through infant breastfeeding as a beneficial source of nutrition and protection against illnesses, allergies, obesity and Sudden Infant Death Syndrome. The American Academy of Pediatrics recommends new mothers breastfeed exclusively for approximately six months of an infant's life.

Definition

Provides a measure of the percent of WIC participants breastfeeding infants. The goal is for participants to align with the State of Alaska Healthy Alaskans 2020 goals to increase breastfeeding. This includes a breastfeeding initiation rate of 82%; a 6-month duration rate of 60%; and a 12-month duration rate of 34%.

Data Collection Method

WIC Staff will counsel 100% of pregnant women to breastfeed their infant and refer for support to WIC breastfeeding peer counselors (BFPC). Using the State of Alaska SPIRT software platform, counselors will document referral to BFPC and document at post-partum follow-up visits breastfeeding initiation and duration.

Frequency

Quarterly with an annual summary

Measured By

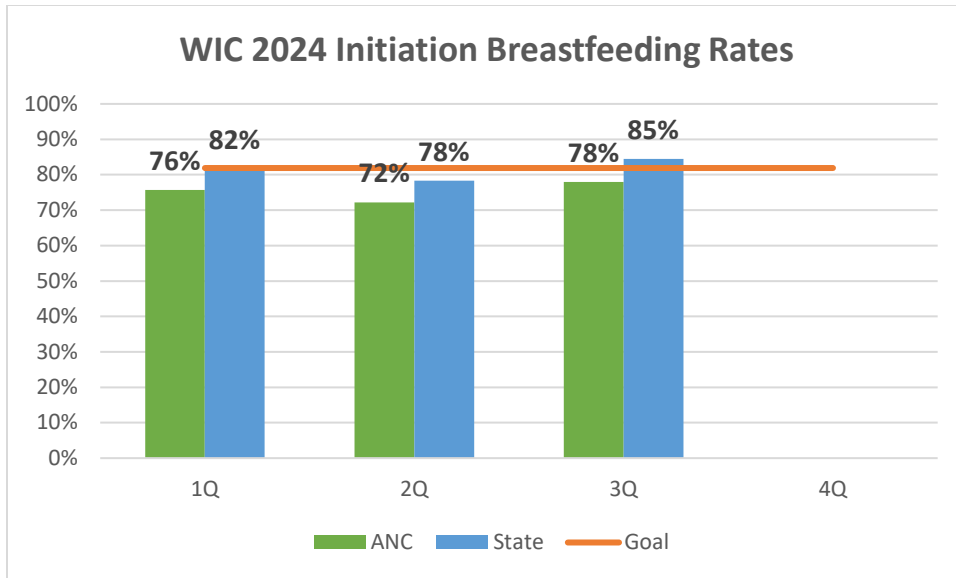
WIC Program Manager. The State of Alaska SPIRT software reports quarterly initiation, 6-month and 12-month breastfeeding duration rates of all WIC participants.

Reporting

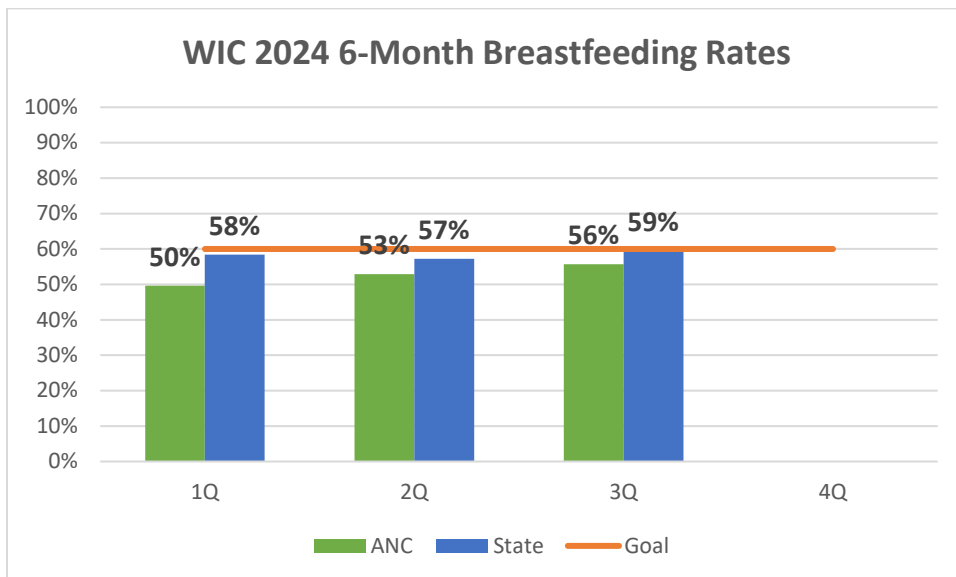
WIC Program Manager will create and maintain a quarterly report on the percentage of WIC participants. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

Used By

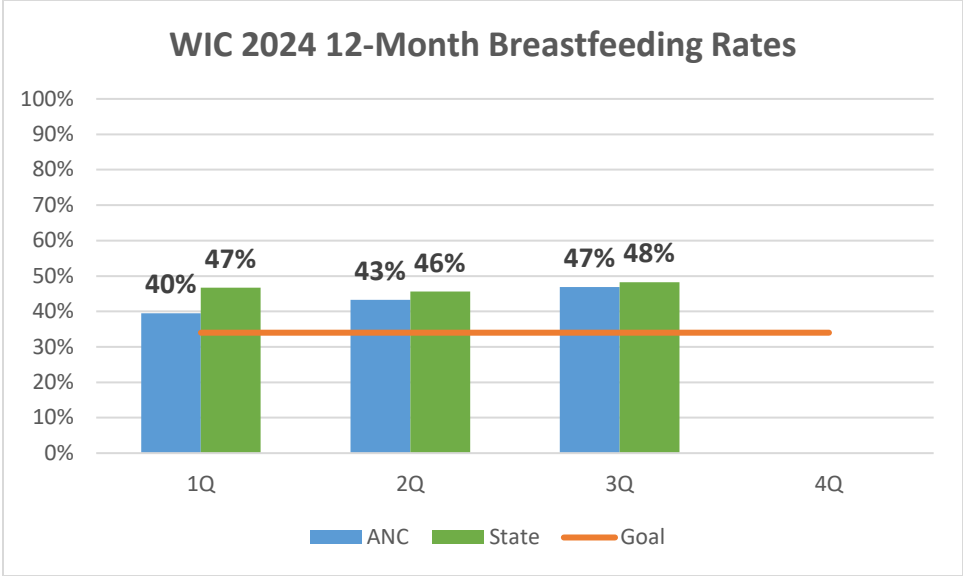
The Division Manager, Director, and WIC Manager will use the information to assess WIC counselor/BFPC effectiveness and make adjustments to the program to improve Anchorage WIC breastfeeding rates.



An 82% breastfeeding initiation rate was met for the 4th quarter by the WIC program, short of meeting the goal of 82%.



A 59% 6-month breastfeeding rate was met for the 4th quarter by the WIC program, under the goal of 60%.



A 48% 12-month breastfeeding rate was met for the 4th quarter by the WIC program, exceeding the goal of 25%.

Performance Measure Methodology Sheet
Anchorage Health Department

Measure #8: Number of preparedness and disaster response drills and exercises conducted to enhance the readiness of AHD to respond to disasters.

Type

Effectiveness

Accomplishment Goal Supported

EP Program Staff conduct and participate in preparedness and disaster response drills and exercises to practice roles and responsibilities required of them in the event of a public health emergency or disaster response situation.

Definition

Provide a measure of the percentage of preparedness and disaster response drills and exercises conducted to evaluate public health disaster response procedures at any given time.

Data Collection Method

Emergency Preparedness Program Manager will maintain a quarterly and annual report of preparedness and disaster response drills and exercises conducted.

Frequency

Quarterly and annually

Measured By

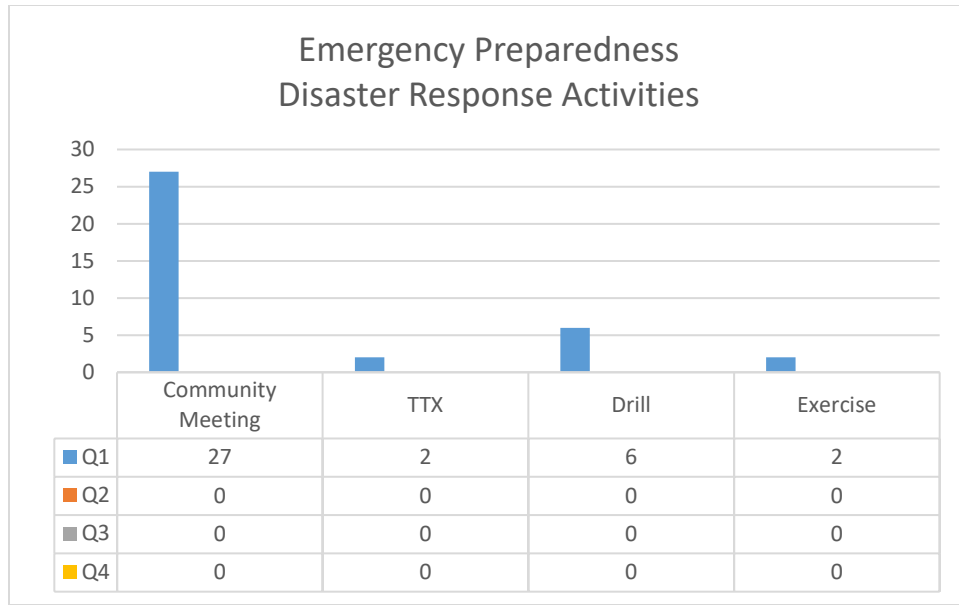
Emergency Preparedness Program Manager.

Reporting

Emergency Preparedness Program Manager will maintain a quarterly and annual report of preparedness and disaster response drills and exercises conducted.

Used By

Division Manager and Director will use collected data and reports to assess the effectiveness of the Emergency Preparedness Program.



Community Coordination Meeting: Planning meetings with external community partners (i.e., federal, state, and local partners) to establish goals and objectives for evaluating existing response processes and procedures to respond to disasters.

Exercise: An event or activity delivered through discussion or action to develop, assess, or validate capabilities to achieve planned activities.

Tabletop Exercise (TTX): A discussion-based exercise in response to a scenario intended to generate a dialogue of various issues to facilitate a conceptual understanding, identify strengths and areas for improvement, and/or achieve changes in perceptions about plans, policies, or procedures.

Drill: An operations-based exercise is often employed to validate a single operation or function.

Source of Definitions: Homeland Security Exercise & Evaluation Program (HSEEP), [Homeland Security Exercise and Evaluation Program \(HSEEP\) \(fema.gov\)](https://www.fema.gov/hseep)

PVR Measure WC: Managing Workers' Compensation Claims

Reducing job-related injuries is a priority for the Administration by ensuring safe work conditions and safe practices. By instilling safe work practices, we ensure not only the safety of our employees but reduce the potential for injuries and property damage to the public. The Municipality is self-insured and every injury poses a financial burden on the public and the injured worker's family. It just makes good sense to WORK SAFE.

Results are tracked by monitoring monthly reports issued by the Risk Management Division.

