

AUDIT REPORT TRACKING SYSTEM (ARTS)

SECTION I: SUMMARY INFORMATION			
Audit Title:	Communicable Disease Prevention and Public Health Preparedness Division Performance Measures	Audit Release Date:	04/19/2017
Department:	Health Department	Last Report Date:	First ARTS Report
Department Director:	Rex Archer	This Report Date:	10/2/2017
Contact Person/ Phone:	Tiffany Wilkinson 816-513-6139	Expected Presentation Date:	10/18/2017
SECTION II: RECORD OF IMPLEMENTED RECOMMENDATIONS			
1. Implemented 05/01/17		3. Implemented 05/01/17	
2. Implemented 05/01/17		4. In Progress	
SECTION III: SUMMARY OF IMPLEMENTATION EFFORTS			
<p>Recommendation 1: For the “percent of newly reported high priority STD (HIV, Syphilis) investigations completed within 7 days” performance measure, the director of health should:</p> <ul style="list-style-type: none"> • Include "business days" in the title of the measure. • Describe types of syphilis in supporting materials. • Maintain a copy of data needed to verify accuracy. • Ensure timely data entry. • Recalculate previous months' results. • Implement a systematic quality assurance process to review calculations. • Document the calculation method. 			
<i>Status of Recommendation: Implemented</i>			
<p>Changes to the title of the measure to include “business days” and additional detail in the supporting materials to include the types of syphilis for the measure were in place by May 1, 2017. A protocol was drafted July 26, 2017 to document the calculation method for the performance measure, outline the quality assurance process to review calculations and describe the process for maintaining a copy of data needed to verify accuracy. Copies of data have been maintained for each month in fiscal year 2018 and quality assurance to review calculations began with the reporting of the performance measure for June 2017. Recalculation of the previous month’s results has occurred each time the next month has been calculated in fiscal year 2018. Finally, first-line supervisors in the STD Program keep logs and check them against the state reporting database, WebSurv, to ensure timely data entry.</p>			
<p>Recommendation 2: For the “percent of newly reported high priority communicable disease investigations completed within 7 days” performance measure, the director of health should:</p> <ul style="list-style-type: none"> • Include "business days" in the title of the measure. • State in the title of the measure that STDs are excluded. • Implement a systematic quality assurance process to review calculations. • Document the calculation method. 			
<i>Status of Recommendation: Implemented</i>			
<p>Changes to the title of the measure to include “business days” and “excluding STDs” were in place by May 1, 2017. A protocol was drafted July 26, 2017 to document the calculation method for the performance measure and to outline the quality assurance process to review calculations. Quality assurance to review calculations began with the reporting of the performance measure for June 2017.</p>			
<p>Recommendation 3: The director of health should eliminate the “average number of days from the date of diagnosis to receiving the report at the Health Department for all reportable communicable diseases including STDs and HIV” performance measure.</p>			
<i>Status of Recommendation: Implemented</i>			
<p>The results of this automated calculation are still being recorded for internal use, but the results are no longer being reported to KC Stat.</p>			

Recommendation 4: For the “percent of full-time staff receiving influenza vaccinations” performance measure, the director of health should:

- **Expand the measure’s target population.**
- **State in the measure title that employees with medical exemptions are excluded.**
- **For future comparison purposes, recalculate previous results with the new methodology or note changes in the methodology.**
- **Implement a systematic quality assurance process to review calculations.**
- **Document the calculation method.**

Status of Recommendation: In Progress

The protocol for this performance measure was drafted 2/1/17 and was modified to expand the target population to include contractors and building tenants per audit results. The protocol also documents the calculation method for the measure. The title of the measure now reflects the expanded target population as well as language “excluding those with medical exemptions.” Since previous years’ results will not be recalculated, the change in methodology has been noted in the narrative description for the performance measure. The quality assurance process has not been implemented since data collection for this measure just began August 1, and most vaccinations are reported in October, November and December.

SECTION IV: ADDITIONAL OUTCOMES

The audit process was beneficial for the performance measures in that it led to the development of a protocol for each measure. The protocols define how the measures are calculated and describe quality assurance processes; moreover, they ensure consistency and provide instructions for anyone to pull the data for the measures. The audit process also led to the automation of the data calculation for the CD and STD measures, and this has allowed for consistency month to month and more timely reporting of the results.