

2011 PERFORMANCE MEASURES

Quick Reference Guide

DIVISION OF STD PREVENTION

**NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD AND TB
PREVENTION**

CENTERS FOR DISEASE CONTROL AND PREVENTION

January 2011

2010 Performance Measures – Quick Reference Guide

Who should Report: All performance measures are applicable to each project area unless indicated otherwise in the guidance. Project areas with an evidence-based justification for not reporting on any required performance measure should forward documentation of the justification to the CDC Program Consultant for consideration. The justification of not prioritizing a specific performance measure for program improvement is not sufficient reason for not reporting on the performance measure at all. For example, a project area may not have the resources to increase Chlamydia screening coverage at a Juvenile Detention Center, but they still must report data on that performance measure.

Where to Report: Performance Measure data should be reported using the online Performance Measures database. The database can be found at the following URL: <https://webappx.cdc.gov/STDPM/>

When to Report: Performance data for the period January 1 – June 30, 2011 should be entered into the PM database by September 30, 2011. Performance data for the period July 1 – December 31, 2011 should be entered into the PM database by March 31, 2012.

Where to Direct Questions: Please refer questions about the Performance Measures to your CDC Program Consultant.

What to Report: The following tables provide definitions for the numerator and denominator for each performance measure.

I. Medical and Laboratory Services (MLS)

1a. Chlamydia Testing in Juvenile Detention Facilities (CSPS -MLS1a): Proportion of female admittees to large juvenile detention facilities who were tested for Chlamydia.

Numerator: For each juvenile detention facility, the number of female admittees tested for Chlamydia.

Denominator: For each juvenile detention facility, the total number of female admittees or bookings. *If a female walks in the door, she's counted.* Duplicated count, so if a female walks through the door four times in a reporting period, she's counted four times.

Facility Reporting Criteria:

- **Project areas must report on each county juvenile detention facility that books 500 or more adolescent females annually. Please report on each facility individually. The Performance Measures database will automatically total data for all the facilities in your project area.**
- **Project areas with no county juvenile detention facilities that booked 500 or more adolescent females annually must report on one or more county juvenile detention facilities of their choice.**

<p>1b. Chlamydia Positivity in Juvenile Detention Facilities (CSPS MLS1b): Proportion of females tested in large juvenile detention facilities diagnosed with Chlamydia.</p> <p>Numerator: For each juvenile detention facility reported on in MLS1a, the number of female admittees diagnosed with Chlamydia.</p> <p>Denominator: For each juvenile detention facility reported on in MLS1a, the number of female admittees tested for Chlamydia.</p>
<p>2a. Timely Treatment of Women with Chlamydia at Family Planning Sites (CSPS MLS2a): Among clients of IPP family planning clinics, the proportion of women with positive CT tests who are treated within 14 and 30 days of the date of specimen collection.</p> <p>Numerators: Number of women treated for Chlamydia within 14 and 30 days of the date of specimen collection.</p> <p>Denominators: Total number of women diagnosed with Chlamydia.</p>
<p>2b. Timely Treatment of Women with Gonorrhea at Family Planning Sites (CSPS MLS2b): Among clients of IPP family planning clinics, the proportion of women with positive GC tests who are treated within 14 and 30 days of the date of specimen collection.</p> <p>Numerators: Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.</p> <p>Denominator: Total number of women diagnosed with gonorrhea.</p>
<p>3a. Timely Treatment of Women with Chlamydia at STD Clinics (CSPS MLS3a): Among clients of STD clinics, the proportion of women with positive CT tests who are treated within 14 and 30 days of the date of specimen collection. <i>STD clinics selected for this measure must be recorded by name in the Performance Measures Database in the Comments section.</i></p> <p>Numerators: Number of women treated for Chlamydia within 14 and 30 days of the date of specimen collection.</p> <p>Denominator: Total number of women diagnosed with Chlamydia.</p>
<p>3b. Timely Treatment of Women with Gonorrhea at STD Clinics (CSPS MLS3b): Among clients of STD clinics, the proportion of women with positive GC tests who are treated within 14 and 30 days of the date of specimen collection. <i>STD clinics selected for this measure must be recorded by name in the Performance Measures Database in the Comments section.</i></p> <p>Numerators: Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.</p> <p>Denominator: Total number of women diagnosed with gonorrhea.</p>
<p>4. Timely Treatment of P&S Syphilis Cases (CSPS MLS4): Proportion of P&S syphilis cases treated within 14 and 30 days of the date of specimen collection.</p> <p>Numerators: Number of P&S syphilis cases treated within 14 and 30 days of the date of specimen collection (count all cases reported during the performance measurement period)</p> <p>Denominators: Total number of P&S syphilis cases reported as morbidity during the performance measurement period, regardless of whether there was an interview.</p>

5a. Syphilis Testing of Women at Select Adult Jails (CSPS MLS5a): Proportion of female admittees entering selected project area adult city and county jails who were tested for syphilis (*refer to the appendix at the end of this document for a list of selected jails required to report*).

Numerator: Number of female admittees tested for syphilis.

Denominator: Total number of female admittees. *If a female walks in the door, she's an "admittee" and is counted.* Duplicated count, so if a female walks in four times during the reporting period, she's counted four times.

5b. New Syphilis Cases Diagnosed in Select Adult Jails (CSPS MLS5b): Proportion of females tested that are newly diagnosed with syphilis (any stage) in select adult jails.

Numerator: For each adult jail reported on in MLS5a, the number of female admittees newly diagnosed with syphilis.

Denominator: For each adult jail reported on in MLS5a, the number of female admittees tested for syphilis.

5c. Timely Syphilis Treatment in Select Adult Jails (CSPS MLS5c): Proportion of females newly diagnosed with syphilis (any stage) treated within 14 and 30 days of the date of specimen collection.

Numerators: For each adult jail reported on in MLS5a, the number of female admittees newly diagnosed with syphilis treated within 14 and 30 days of the date of specimen collection.

Denominator: For each adult jail reported on in MLS5a, the number of female admittees newly diagnosed with syphilis.

II. Partner Services (PS)

1. Timeliness of Primary and Secondary (P&S) Syphilis Interviews (CSPS-PS1):

Proportion of P&S syphilis cases interviewed within 7, 14, and 30 calendar days from the date of specimen collection.

Numerators: Number of persons with P&S syphilis who were interviewed within 7, 14, and 30 days from the date of specimen collection (count all interviews from cases reported during the performance measurement period)

Denominator: Total number of P&S syphilis cases reported as morbidity during the performance measurement period, regardless of whether there was an interview.

2a. Timeliness of Prophylactic Treatment for Contacts to P&S Syphilis Cases

(CSPS-PS2a): Number of contacts prophylactically treated within 7, 14, and 30 calendar days from day of interview of index case, per case of (P&S) syphilis.

Numerators: Number of contacts of persons with P&S syphilis with disposition of preventive/prophylactic treatment (Dispo A) within 7, 14, and 30 days after the date of the interview of the index case. *Contacts named by more than one index case should be counted only once for each time they are treated (count all contacts treated on reported cases during the performance measurement period).*

Denominator: Total number of P&S syphilis cases reported as morbidity during the performance measurement period, regardless of whether there was an Ix.

2b. Timeliness of Treating Infected Contacts to P&S Syphilis Cases (CSPS PS2b): Number of contacts newly diagnosed and treated within 7, 14, and 30 calendar days from day of interview of index case, per case of (P&S) syphilis.

Numerators: Number of contacts of persons with P&S syphilis with disposition of Brought to Treatment (Dispo C) within 7, 14, and 30 days after the date of the interview of the index case. *Contacts named by more than one index case should be counted only once for each time they are treated (count all contacts treated on reported cases during the performance measurement period).*

Denominator: Total number of P&S syphilis cases reported as morbidity during the performance measurement period, regardless of whether there was an interview.

3. Required For Non- HMAs ONLY- Timeliness of Gonorrhea Interviews (CSPS PS3) Proportion of ALL gonorrhea cases interviewed within 7, 14, and 30 days of the date of specimen collection.

Numerators: Number of persons with gonorrhea who were interviewed within 7, 14, and 30 days from the date of specimen collection (count all interviews reported during the performance measurement period)

Denominator: Total number of gonorrhea cases reported as morbidity during the performance measurement period, regardless of whether there was an interview.

III. Statistics and Data Management (SDM)

For this set of measures (CSPS SDM1 – SDM3), proportions do not have to be calculated locally. Results are provided by DSTDP and are uploaded into the Performance Measures database on an annual basis.

1. Completeness of Data (CSPS-SDM1): Proportion of reported cases of gonorrhea, Chlamydia, P&S syphilis, EL syphilis, and congenital syphilis sent to CDC via NETSS that have complete data for age, race, sex, county, and date of specimen collection.

2. Timeliness of Data (CSPS-SDM2): Proportion of reported cases of gonorrhea, Chlamydia, P&S syphilis, EL syphilis, and congenital syphilis sent to CDC via NETSS within 30 and 60 days from the date of specimen collection.

3. Completeness of Data (CSPS-SDM3): Proportion of reported cases of P&S syphilis and EL syphilis sent to CDC via NETSS where the sex of the sex partner(s) is known.

For More Information: Visit the Division of STD Prevention’s Program Tools webpage at <http://www.cdc.gov/std/program/>. The site contains this document and the online Performance Measures database User Guide.

Appendix – Select Adult Jails for CSPA MLS5a – c

Jails were selected using the syphilis jail index formula, which was modified in 2009 ((Total Female Cases in County/Female Population in County) x Female Admittees Reported by Grantee). A jail was selected for reporting if the index was .05 or greater. **If a selected jail’s screening coverage rate is 25% or greater AND the percentage of total female cases (all stages) identified in the jail is less than 10% (of total female cases in the project area) in any given report period, the project area may opt to not report the data to CDC.** Each project area that opts out of reporting should make an informed decision as whether to continue some level of screening even if they choose not to report.

<u>Project Area</u>	<u>Jail Facilities</u>
Arizona	Maricopa County
Florida	Hillsborough, Duval, Dade, Orange, Broward Counties
Georgia	Dekalb, Fulton Counties
Illinois	Cook County
Los Angeles	Los Angeles County
Louisiana	East Baton Rouge, Orleans, Caddo Parishes
Maryland*	Baltimore Central Booking & Intake Center
New Jersey	Essex County
New York City*	Rikers Island
Oklahoma	Oklahoma County
Philadelphia*	Philadelphia County
Tennessee	Shelby, Davidson Counties
Texas	Bowie, Bexar, Dallas, Gregg, Harris, Jefferson, Tarrant Counties
* May opt to not report due to sufficient screening coverage and low yield	