
HSS Performance Measure Framework

2014-2019



Health and Social Services Performance Measure Framework 2014-19

Health and Social Services is working on new ways of tracking and measuring our performance. In alignment with the goals we have set for the 2014-19 strategic planning period, we have identified annual and 5-year measures that will help to inform and guide staff, managers and decision makers, as well as to demonstrate our accountability to the Yukon public.

As much as possible, we are trying to move from measuring our outputs (what we do or produce) to our outcomes (the change we hope to see as a result of our efforts). This is relatively new for our department, and will be an ongoing learning process – meaning adjustments to the measures we collect, the calculations we perform and the conclusions we draw may shift as we gain new insight along the way.

Given the complex interaction of factors influencing outcomes in health and social domains, we may not be able to quantify how much our work contributed to a shift in a particular outcome. Individual circumstances and behaviours; environmental factors; economic fluctuations and more will continue to impact the well-being of our people and communities. However, with ongoing monitoring, we can use effective performance measures to ensure things are moving in the right direction, and can look at what we might need to adjust when this is not the case.

Contextual information will be important to building a full picture – to ensuring we have a good understanding of what happened, what it means, and where we go next. This may mean tapping into resources such as complementary data sets and staff knowledge, among other sources. Adding complexity to our task are limitations associated with some of the identified data sources. If we find that data quality issues prevent assessing change in a measure over the given reporting period, we may need to look longer term (beyond even the 5 year period), or at additional or alternate measures for the relevant outcome.

While covering a wide range of areas, this framework is not comprehensive – the measures will address areas of current focus, and in part reflect where relevant and reliable data is currently available. A number of additional measures of interest have been identified, and may be developed in the coming years, depending on data availability, continued relevance and other dynamics.

It may take several years to achieve positive, measureable change on many of these indicators. We may think of these as stretch targets – stretching beyond the annual change we hope to see through the work of the department and partners, towards the longer term outcomes we envision achieving through our cumulative and concerted efforts in the years to come.

Goal	Objective	Indicator	Benchmark	Baseline	Previous Results	Current Target	Current Results	New Target	
1 – Optimal physical and mental well being	1.1 Reduction in high-risk behaviour	% of 15-24 year olds diagnosed with chlamydia	National rate (1.4% in 2012*)	3.1% (2013)		Decrease			
		% of population aged 18 and over who were current daily smokers	National rate (16% in 2011/12)	26% (2011/12)		Decrease			
		Injury hospitalization rate (Age-standardized rate per 100,000 population)	National rate (516 in 2011/12)	1,159 (2011/12)		Decrease			
	1.2 Increase in health promoting behaviours	Up-to-date vaccinations for school entry children	% of children with up-to-date MMR vaccinations at school entry	99% (Alberta Immunization strategy**)	89.7% (2013/14)		Increase		
			% of children with up-to-date DPT-IPV vaccinations (5 doses) at school entry	99% (Alberta Immunization strategy)	60.1% (2013/14)		Increase		
		% of population aged 18 and over who reported being moderately active or active during leisure time	TBD	64% (2011/12)		Maintain or Increase			
		Falls hospitalization rate among population aged 65 and over (rate per 100,000 population 65+)	TBD	1,273 (2012/13)		Decrease			
		Falls rate in Continuing care facilities (unadjusted)	TBD	14.5% (2012/13)		Maintain or Decrease			
	1.4 Reduced impact and incidence of chronic disease	% of COPD readmissions (as share of COPD discharges among population under 75 years old)	TBD	15.1% (2012/13)		Decrease			

2 – Safety and well-being for vulnerable and ‘hard-to-serve’ populations	2.1 Increased access to a range of service options and approaches	# and Rate of Emergency Room visits by people presenting with a mental or behavioural disorder related to harmful alcohol use (Rate per 100,000 population)		TBD	# = 1096 Rate = 2986 (2012/13)		Decrease		
		Self-injury hospitalization rate (Age-standardized rate per 100,000 population)		National rate (67 in 2011/12)	210 (2011/12)		Decrease		
3 – Access to integrated quality services	3.1 Increased access of services ‘closer to home’	# of Telehealth surgical or specialist consults which resulted in reduced medical travel		TBD	TBD		Increase		
	3.2 Improved matching of identified needs and effective services	Ambulatory Care Sensitive Conditions rate (Age-standardized rate per 100,000 population)		National rate (290 in 2011/12)	507 (2011/12)		Decrease		
		% of HSS’ youth clients moving into adulthood with completed transition plan		TBD	TBD		Increase		
		Avoidable mortality from treatable causes (Age-standardized rate per 100,000 population)		TBD	57.8 (2009/11)		Decrease		
4 – Talented people are recruited, developed and engaged to provide high quality service to the public	4.1 Increased employee commitment, productivity and job satisfaction	Department’s annual overtime cost	Total annual overtime cost (\$)	TBD	\$3.849M (2013/14)		Decrease		
			Annual overtime cost per FTE (\$)	TBD	TBD		Decrease		
	4.2 Increased alignment between workforce and business objectives	% of Completed PDPs and PPPs with aligned training plans		TBD	TBD		Increase		

5 – Practice open, accountable and fiscally responsible government	5.1 Sound business practices operate to ensure compliance, effectiveness and efficiency	Variability of variances	TBD	TBD		Decrease		
6 – Strategic corporate initiatives are advanced through interdepartmental cooperation	6.1 Maximized opportunities for partnering with other government, department and stakeholders	# of Cross-department partnerships or initiatives	TBD	TBD		Increase		

*The National rate for chlamydia among 15-24 year olds is based on 2012 data, with the denominator based on Statistics Canada population estimates for July 1. The Yukon rate presented is based on 2013 data, with the denominator based on Yukon Bureau of Statistics population estimates from June of that year. While this impacts strict comparability, the difference in the rates is consistent with what is seen in other comparisons of national and territorial chlamydia rates.

**The Alberta Immunization Strategy (2007-2017) proposes 99% coverage targets for DTap and MMR by age 7, which differs slightly from our target age group. (Alberta Health and Wellness; “The Alberta Immunization Strategy 2007-2017”; Retrieved from <http://www.health.alberta.ca/documents/Immunization-Strategy-07.pdf>, July 2014.

Note: The greyed-out columns are currently included as ‘placeholders’ and reflect the intention to report on an ongoing basis and set rolling targets based on previous and current results (and future goals).

- **Previous results** will reflect the results of the most recent previous reporting period. For the first year, this may be identical to the ‘baseline’ results.
- **Current target** will reflect the target that was set for the current reporting period (annual or 5-year). While currently indicated as ‘increase’, ‘decrease’ or ‘maintain’, specific targets may be set in future drafts / reporting periods.
- **Current results** will reflect the results for the current reporting period (annual or 5-year)
- **New Target** will reflect the new target set for the following reporting period, based on the current results, and the future goals.

Appendix A - Health and Social Services Performance

Measures 2014-19: Notes and Rationale

Please note that while indicators have been associated with specific objectives, there is significant overlap among a number of goals and objectives. Change in a given indicator may reflect or suggest progress in more than one area. For example, a decrease in the daily smoking rate may suggest a reduction in high-risk behaviour (Objective 1.1) and may also lead to a reduction in the impact and incidence of chronic disease (Objective 1.4).

GOAL 1 – Optimal Physical and Mental Well-Being

Objective: 1.1 Reduction in high-risk behaviour

Indicator:	% of 15-24 year olds diagnosed with chlamydia
Numerator:	# of 15-24 year old Yukon residents diagnosed with chlamydia (reference year total)
Denominator:	# of 15-24 year olds in Yukon population (June of reference year)
Source:	Numerator – Yukon Communicable Disease Control Denominator – Yukon Bureau of Statistics Population Estimates
Rationale:	Encouraging healthy behaviours and risk reduction measures in children and youth will be one focus of the department in coming years. STI infection is an indicator of risk behaviour and of the effectiveness of intervention methods that may be undertaken (e.g. health promotion campaigns). <i>(From <u>Kids Count: Measuring Child and Family Wellness in Yukon</u>; "Chlamydia is the most commonly reported bacterial STI in Canada and the Yukon has the third highest reported rate in Canada. Chlamydia disproportionately affects younger populations. In addition to being indicative of unsafe sexual health practices, there are significant health outcomes associated with chlamydia infection..."</i>
Additional Notes:	Yukon's Public Health Epidemiologist notes that rates among 15-19 year olds may be of particular interest. Females aged 15-19 have had the highest rates in recent years, and earlier prevention is optimal. It may be worthwhile to review the gender / age breakdown in addition to the overall rate. In addition, to ensure that rates are not reflecting reduced testing levels, it would likely be beneficial to concurrently estimate the percentage of youth in the relevant age group who had been tested for chlamydia (if possible).

Indicator:	% of population aged 18 and over who are current daily smokers
Numerator:	Yukon population aged 18 and over reporting daily smoking
Denominator:	Total Yukon Population aged 18 and over
Source:	Canadian Community Health Survey
Rationale:	Yukon has one of the highest smoking rates in the country, and the link between smoking and numerous chronic conditions (cancer; COPD etc.) is well known. Monitoring this rate will inform both planning for future health needs and the evaluation of effectiveness of tobacco reduction efforts (through health promotion campaigns etc.)
Additional Notes:	Due to the confidence intervals attached to CCHS data (which are based on a sample of the population), it may take several years before change could be perceived or determined to be 'statistically significant'. Please note as well that while in the past the CCHS has reported on smoking rates for the population 12+, the impending introduction of a Children's Health Survey will mean the elimination of 12-17 year olds from the CCHS sample.

Indicator:	Injury hospitalization rate (Age-standardized, per 100,000 population)
Numerator:	Total number of hospitalizations due to injury, among those aged 20 and over (in Yukon)
Denominator:	Total mid-year population aged 20 and over (in Yukon)
Calculation:	$[(\# \text{ of hospitalizations due to injury} / \text{mid-year population}) \times 100,000]$ <i>Age-adjusted</i>
Source:	CIHI Health Indicators / Health System Outcomes
Rationale:	Yukon's injury hospitalization rate is more than double the national rate. Injuries can impair quality of life temporarily or even permanently, as well as often resulting in costly hospital stays or emergency room visits. Contributors to high injury rates may include excess alcohol consumption; impaired driving or off-road vehicle use; low rates of helmet use; intense physical activity (which of course has potential positive impacts as well); intentional injury to self and others; and more.

Objective: 1.2 Increase in health promoting behaviours

Indicator:	Up-to-date vaccinations for school entry children - % of children with up-to-date MMR vaccinations at school entry
Numerator:	Number of Yukon children under age 6 with recommended MMR vaccinations
Denominator:	Number of Yukon children under age 6
Source:	Yukon Vaccine Program / Yukon Bureau of Statistics
Rationale:	Vaccination is clearly linked to reduced likelihood of contracting the associated diseases, some of which may result in complications (particularly for the very young, the most elderly, and those with compromised immune systems). Given the increased exposure to other children and adults that occurs for children entering school, and the promotion and availability of pre-kindergarten health fairs (which include immunization offerings), school entry has been identified as a point at which many parents 'catch up' on children's immunizations. For most children, school entry occurs prior to age 6.

Indicator:	Up-to-date vaccinations for school entry children - % of children with up-to-date DPT/IPV
Numerator:	Number of Yukon children under age 6 with recommended DPT/IPV vaccinations
Denominator:	Number of Yukon children under 6
Source:	Yukon Vaccine Program / Yukon Bureau of Statistics
Rationale:	Vaccination is clearly linked to reduced likelihood of contracting the associated diseases, some of which may result in complications (particularly for the very young, the most elderly, and those with compromised immune systems). Given the increased exposure to other children and adults that occurs for children entering school, and the promotion and availability of pre-kindergarten health fairs (which include immunization offerings), school entry has been identified as a point at which many parents 'catch up' on children's immunizations. For most children, school entry occurs prior to age 6.

Indicator:	% of population aged 18 and over reporting being moderately active or active during leisure time
Numerator:	Yukon population aged 18 and over who reported being moderately active or active during leisure time
Denominator:	Yukon population aged 18 and over
Source:	Canadian Community Health Survey
Rationale:	Regular physical activity has been associated with reduced risk of certain chronic conditions and greater well-being. Increases in physical activity may also suggest general gains in health-promoting behaviours among the population, potentially foretelling future improvements in population health, and providing an indicator of the effectiveness of relevant campaigns and efforts. While our rate is higher than the national rate, there is room for improvement.
Additional Notes:	Some limitations in these data exist, given the self-reported nature, sampling limitations etc. It may take several years to see significant change given our relatively high existing levels and the confidence intervals attached to these data. Despite limitations, this is a commonly used measure, nationally and in other jurisdictions.

Indicator:	Falls hospitalization rate among population aged 65 and over (Unadjusted rate per 100,000 population)
Numerator:	Yukon hospitalizations and ED deaths associated with Falls among those aged 65 and over
Denominator:	Yukon population aged 65 and over
Calculation:	$\frac{[(\# \text{ of hospitalizations} + \# \text{ of ED deaths associated with falls}) / \text{population aged 65 and over}] \times 100,000}{}$
Source:	CIHI Portal (Discharge Abstract Database and National Ambulatory Care Reporting System)
Rationale:	Falls are a potential cause of serious injury among seniors and may be a precursor to moving out of one's own home into a residential care setting. Those who have experienced a fall in the past are significantly more likely to fall again. A reduction in physical and social activity due to a fear of falling is also a possible consequence, potentially resulting in reduced quality of life. In the community at large, informational campaigns on precautionary measures; encouragement of (safe) physical activity to maintain strength and balance; home support services and other activities are among those intended to increase safety (and thereby reduce

fall rates) among seniors. Interdepartmental efforts, such as those aimed at encouraging installation of safety equipment in the home, may also be needed to reduce falls in the community. Monitoring this rate provides one potential measure of success in those efforts.

Indicator:	Falls Rate in Continuing Care Facilities (Unadjusted)
Numerator:	Yukon Continuing Care Facility Residents with valid assessments who fell within previous 30 days (of given reference month)
Denominator:	Yukon Continuing Care Facility Residents with valid assessments
Source:	CIHI Continuing Care Reporting System (CCRS) QuickStats
Rationale:	As among the general senior population, falls among Continuing Care residents (who are primarily seniors) can lead to increased risk of hospitalization, reduced mobility and increased dependence. Relevant initiatives in Yukon Continuing Care facilities in recent years have led to notable reductions in the falls rate among residents. Ongoing monitoring of this rate, along with due consideration of relevant contextual information, will provide an indication of whether efforts and safety measures are continuing to realize positive impacts (e.g. further reductions, or at minimum maintenance of the current rate).

Objective: 1.4 Reduced impact and incidence of chronic disease

Indicator:	% of COPD readmissions within 30 days of discharge
Numerator:	Number of COPD readmissions within 30 days of previous admission, among Yukon patients less than age 75, in Yukon facilities
Denominator:	Number of COPD discharges in reference period, among Yukon patients less than age 75, in Yukon facilities
Source:	CIHI Portal (Discharge Abstract Database)
Rationale:	Chronic Obstructive Pulmonary Disease is one of the most common diagnoses associated with both hospital admission and readmission for medical patients in Canada. Effective management of the condition can reduce the risk of complications and hospitalization, improving quality of life for patients and reducing costs to the health care system. Reducing tobacco use and encouraging self-management of chronic conditions are among the strategies the department will be using to try to reduce

this readmission rate in the coming years.

Additional notes: While the unadjusted readmission rate in 2012/13 was similar to the national rate (17.3%), the number of readmissions for COPD in Yukon was low. This means an annual rate may be subject to fluctuation - if wide fluctuation is seen, a multi-year average may be more informative.

GOAL 2 – Safety and well-being for vulnerable and ‘hard-to-serve’ populations

Objective: **2.1 Increased access to a range of service options and approaches**

Indicator: Emergency room visits by people presenting with a mental or behavioural disorder related to harmful alcohol use (Number and Rate per 100,000)

Numerator: Number of visits by people presenting to Yukon emergency rooms with a mental or behavioural disorder related to harmful alcohol use

Denominator: *(For rate calculation)* Total Population

Calculation: $(\text{Number of visits} / \text{Total population}) \times 100,000$

Source: CIHI Portal – NACRS database; Statistics Canada population estimates

Rationale: A disproportionate number of alcohol-related visits to the emergency room are made by a small number of clients, many of whom may face multiple challenges (such as precarious housing or homelessness; severely low income; mental illness etc.). Many of these clients experience barriers in accessing health and social services that could provide some level of stability and ongoing care, and that could reduce dependence on urgent and acute services such as the hospital emergency room.

The Referred Care Clinic is one initiative that, in part, aims to provide primary care to this population, and that reduces barriers by including multiple service providers in a single location. Other efforts that reduce barriers to access and/or improve transitions between providers may also result in a reduction of alcohol-related emergency room visits over time, as clients receive care in non-hospital settings and potentially experience improvements in mental and physical health status due to the increased access to effective, ongoing care.

Indicator:	Self-injury hospitalization rate (Age-standardized rate per 100,000 population)
Numerator:	Total number of discharges for self-injury for patients aged 15 and over
Denominator:	Total mid-year population aged 15 and over
Calculation:	$[(\# \text{ of discharges} / \text{mid-year population}) \times 100,000]$ <i>Age-adjusted</i>
Source:	CIHI Health Indicators / Health System Outcomes
Rationale:	Yukon's rate of self-injury hospitalization is more than three times the national rate. As noted by CIHI, self-injury may be "prevented by early recognition of, intervention for and treatment of mental illnesses. While some risk factors are beyond the control of the health system, high rates of self-injury hospitalization could be interpreted as being the result of the system's failure to prevent self-injuries that are severe enough to require hospitalization." Given the current emphasis on mental wellness and upstream interventions in the department, we aim to see a decline in this rate over time.

GOAL 3 – Access to Integrated Quality Services

Objective: **3.1 Increased access of services ‘closer to home’**

Indicator:	# of Telehealth surgical or specialist consults that resulted in reduced medical travel
Source:	Telehealth Coordinator; Administrative Data
Rationale:	In order to increase access to a wider range of services in rural and remote areas of the territory, increased use of Telehealth is recommended. Focussing on those surgical and specialist consults conducted by Telehealth, where medical travel would have otherwise been required for the consultation, suggests both increased access "close to home" (as Telehealth has been used minimally for this purpose in the past) and reduced travel costs (compared to what they otherwise would have been)
Additional notes:	The Telehealth coordinator has suggested that the records will be sufficient to identify these numbers. Some discretion may be involved in determining which consultations would have otherwise been likely to result in medical travel.

Objective: **3.2 Improved matching of identified needs and effective services**

Indicator:	Ambulatory Care Sensitive Conditions (ACSC) rate (Age-standardized rate per 100,000 population)
Numerator:	Total number of acute care hospitalizations for ambulatory care sensitive conditions in patients younger than age 75
Denominator:	Total mid-year population less than age 75
Calculation:	$\left[\frac{\text{\# of acute care hospitalizations}}{\text{mid-year population}} \times 100,000 \right]$ <i>Age-adjusted</i>
Source:	CIHI Health Indicators / Health System Outcomes
Rationale:	<p>From CIHI: <i>"Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could potentially prevent the onset of this type of disease or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care."</i></p> <p>This indicator is relevant to the departmental aim of increasing access to appropriate primary care (outside of hospitals), and of increasing self-care / self-management (particularly for chronic conditions).</p>
Additional notes:	<p>As defined by CIHI, those conditions considered in calculating this rate include (for those younger than age 75):</p> <ul style="list-style-type: none">• Grand mal status and other epileptic convulsions• Chronic obstructive pulmonary disease (COPD)• Asthma• Diabetes• Heart failure and pulmonary edema (excluding cases with cardiac procedures)• Hypertension (excluding cases with cardiac procedures)• Angina <p>Please note that patients who died before discharge are not included in this rate.</p>

Indicator:	% of HSS' youth clients moving into adulthood with completed transition plan.
Numerator:	# of HSS youth clients moving into adulthood with a transition plan (in reference year)
Denominator:	# of HSS youth clients moving into adulthood (in reference year)
Source:	Administrative data (HSS Family & Children's Services; Regional Services)
Rationale:	The transition from youth to adulthood can mean moving from a supported living environment (such as the parental home or Foster Care) to independent living; from a school setting to post-secondary education and/or employment; and from child and family oriented services to adult services (for those who continue to need support). Youth who work with staff (and his/her family, if appropriate) to develop a plan that guides this transition may be better prepared and more likely to have positive outcomes. Transition plans were also identified as a priority in a recent Auditor general report.

Indicator:	Avoidable mortality from treatable causes (Age-standardized rate per 100,000 population) – three-year average
Numerator:	# of deaths at age younger than 75 from treatable causes
Denominator:	Total mid-year population younger than age 75
Calculation:	$[(\# \text{ of deaths} / \text{mid-year population}) \times 100,000]$ <i>Age-adjusted</i>
Source:	Statistics Canada CANSIM Table 102-4311
Rationale:	This rate refers to deaths that potentially could have been avoided through secondary or tertiary prevention (e.g. effective screening; treatment and management of condition). While some factors involved in these deaths may be beyond the influence of the department or the system, health promotion and prevention efforts; improving access to primary care; and chronic disease management are among the activities that hope to reduce this rate.
Additional notes:	Due to wide confidence intervals associated with the Yukon rate, it may take a sizable change before a statistically significant change is noted. This magnitude of change may take several years or longer to realize, particularly given the diverse set of factors contributing to the outcomes.

Goal 4 – Talented People are Recruited, Developed and Engaged to Provide High Quality Service to the Public

Objective: 4.1 Increased employee commitment, productivity and job satisfaction

Indicator: Total annual overtime cost \$ / Annual overtime cost per FTE (\$)

Numerator

(for cost per FTE): Total overtime cost (\$)

Denominator

(for cost per FTE): Total number of full-time employee equivalents

Source: Administrative data (HSS Finance)

Rationale: The department is committed to encouraging a work-life balance, including minimizing requirements for employees to work beyond a regular workweek. Consistent use of overtime may suggest insufficient staffing in affected areas, potentially leading to greater costs than would be associated with sufficient staffing (due to compensating existing staff at overtime rates versus regular rates). Excessive workloads may also lead to staff dissatisfaction, burnout and/or turnover.

Additional notes: In addition to the overall department costs, looking at costs by branch or program may help identify whether overtime is used shared relatively evenly across the department (potentially having minimal impact on individual employees or areas) or if overtime use is disproportionately concentrated in specific branches or program areas (potentially suggesting staffing / workload mismatch).

It may be worthwhile to concurrently (or periodically) look at staff satisfaction with workload, hours of work and expectations; along with staff estimates of unreported overtime. This may help ensure that the target is not met by discouraging the *reporting* of overtime, or by expecting an unrealistic level of work to be completed during regular hours.

Objective: 4.2 Increased alignment between workforce and business objectives

Indicator:	% of Completed PDPs and PPPs with aligned training plans
Numerator:	Number of Completed PDPs and PPPs for which aligned training plans have been identified
Denominator:	Number of Completed PDPs and PPPs
Source:	Administrative data (HSS Human Resources)
Rationale:	Although PDPs are currently completed at 100%, much could be done to increase the completion rate for PPPs - providing an opportunity for both employees and supervisors to review an employee's accomplishments; identify future directions and discuss strengths and areas for growth. Plans that include training aligned to the position will help ensure staff skills are current and relevant, and that employees feel equipped and empowered to face new and emerging challenges related to their roles.
Additional notes:	While challenging at present, in the future it may be worthwhile to also look at the % of identified training or developmental needs for which there was (meaningful) follow-through. This will help ensure that training and developmental need identification is not completed as a solely administrative exercise, and that both employees and supervisors are encouraged to ensure the required training is completed (and recorded).

Goal 5 – Practice Open, Accountable and Fiscally Responsible Government

Objective: 5.1 Sound business practices operate to ensure compliance, effectiveness and efficiency

Indicator:	Variability of variances (%)
Numerator:	Difference between budget and actual expenditures
Denominator:	Total budget
Source:	Administrative data (HSS Finance)
Rationale:	Given the external factors potentially impacting expenditures such as fluctuating medical travel costs; acute and urgent care needs; etc., some level of variability between predicted budgets and

actual expenditures may be unavoidable for HSS. However, a strong understanding of departmental and population needs; regular analysis of trends in service use and costs; and effective and appropriate allocation of funds across the department should reduce the variability between budgets and expenditures to some degree. Other efforts, including reducing the use of overtime and improving employee satisfaction and retention (thereby reducing urgent human resource actions) may also contribute to a more predictable budget.

Goal 6 – Strategic Corporate Initiatives Are Advanced Through Interdepartmental Cooperation

Objective: **6.1 Maximized opportunities for partnering with other governments, departments and stakeholders**

Indicator: # of Cross-department partnerships or initiatives

Source: Staff Survey

Rationale: Across Yukon Government, maximizing opportunities for partnerships with other departments, governments and stakeholders is a priority. Reduction in duplication of efforts and optimal use of strengths and capacities are among the benefits of collaboration.

For HSS in particular, partnerships are essential to realizing many departmental outcomes. Many health and social service providers work in organizations outside of YG. Working to develop or strengthen common goals between our department and these providers will help provide a sense of cohesion to clients and patients, and will help ensure efforts have a cumulative effect. Beyond direct service provision, numerous factors beyond the HSS mandate strongly influence health and wellness – working with departments and agencies that are able to more directly impact those factors will benefit the population, the department and the government.

Appendix B – Performance Measures for Future Development

The following measures or areas of interest have been identified as potentially relevant and informative, but in need of further exploration for development. Improved availability and/or quality of data and/or the refinement of concepts and specifications are among the conditions that will need to be met before the introduction of some measures. Others reflect initiatives that are currently in the planning or pre-implementation stage. During exploration and development processes, it is possible that alternate measures will be determined to be more appropriate and/or feasible than those currently listed.

Goal 1 – Optimal physical and mental well-being

- Number of youth accessing required mental health and addictions services and supports
- Type 2 Diabetes rate
- Number of communities meeting or exceeding targeted immunization rates
- Percent of water systems with major infractions among all systems inspected
- Percent of restaurants with major infractions among all restaurants inspected

Goal 2 – Safety and well-being for vulnerable / ‘hard-to-serve’ populations

- Percent of Alcohol and Drug Services clients accessing aftercare programs
- Recidivism in Alcohol and Drug Services treatment programs
- Employment rate for Social Assistance clients

Goal 3 – Access to integrated quality services

- Number of people accessing services outside of home community that could have been provided within the community
- Baseline for joint case management (e.g. Addictions and mental health cases jointly managed; Integrated Child and family services and supports to families with mental health issues; Joint social worker / nurse interventions)
- Potentially inappropriate medication in long term care

Goal 4 – Talented people are recruited, developed and engaged to provide high quality service to the public

- Percent of HSS retirees with succession plan
- Time to recruitment (vacant to filled)
- ‘Right person, right time, right position’
- Integrated team work
- Use of full scope; cross-professional capacities

Goal 5 – Practice open, accountable and fiscally responsible government

- Percent of contracts aligned

Goal 6 – Strategic corporate initiatives are advanced through interdepartmental cooperation

- Number / Percent of departments using the Social Inclusion and Poverty Reduction Assessment Tool