

Washington State Standards and the Link to Preparing for National Public Health Accreditation

Susan Ramsey, Director
Washington State Department of Health
susan.ramsey@doh.wa.gov
(360) 236-4013
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*Public Health Performance Management
Centers for Excellence*

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Today's Class at a Glance

1

History of WA standards

- The beginning
- PHIP
- Standards Workgroup
- Reviews

2

Linkage to national accreditation

- Building blocks
- Systems view
- Overall report

3

National accreditation

- Accreditation process
- Prerequisites
- Standards
- Measures

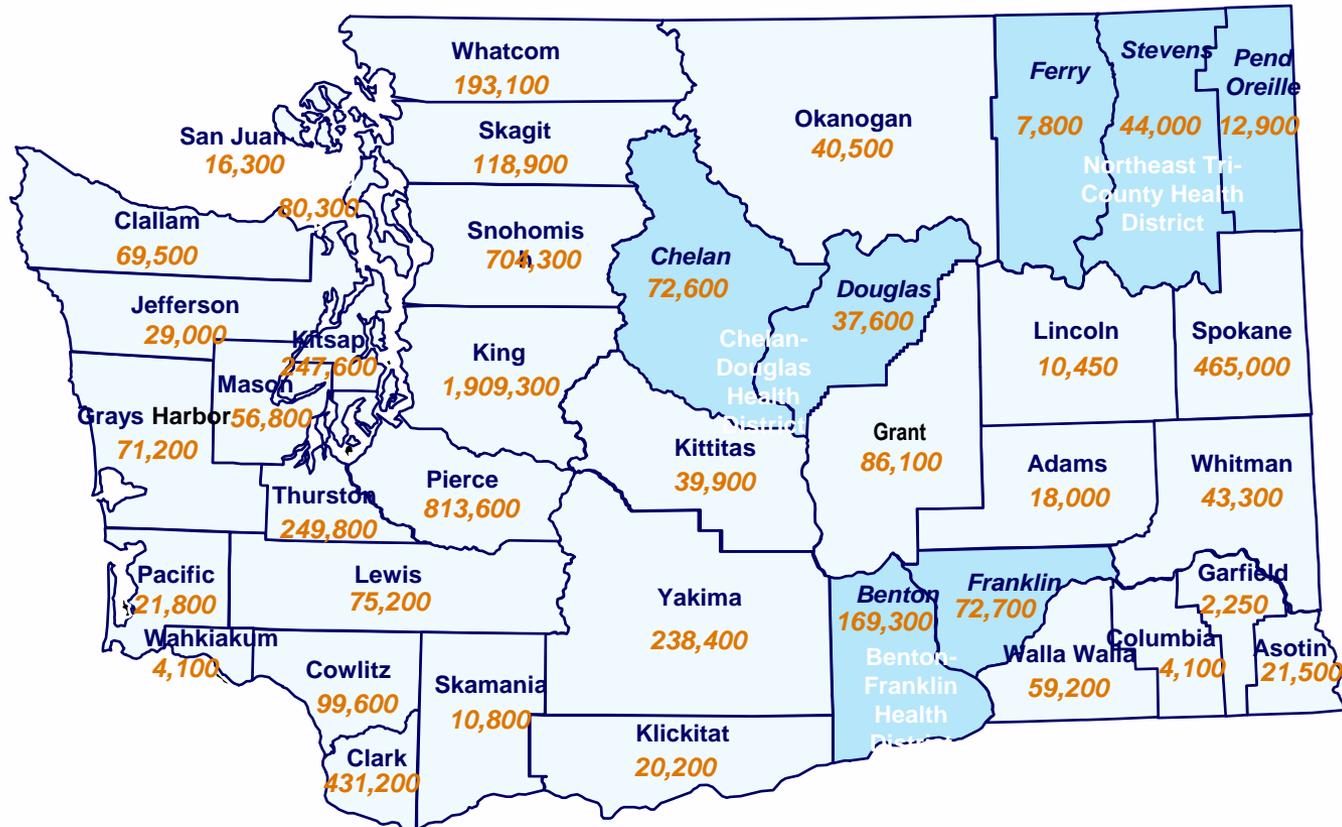
4

Wrap Up

- Summary
- Objectives
- Evaluations
- Departure

Local Health Agencies/Population Served

Washington State Local Health Jurisdictions



Washington State Total Population as of June 2009 – 6,668,200

Office of Financial Management Official 2009 Population Estimate www.ofm.wa.gov/pop

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Public Health Improvement Partnership (PHIP)



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History of Standards in Washington

1999 - Standards developed

2002 - Baseline

2005 - Added Administrative Capacity, Wastewater Management, Food Safety, Access

2008 - Twelve areas plus focus on Food Safety, Tobacco

2011 - Follow PHAB Part A and Ten Essential Service Domains

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2008: Twelve Standard Areas

- Community Health Assessment
- Communication
- Community Involvement
- Monitoring Public Health Threats
- Responding to Public Health Emergencies
- Prevention and Health Education
- Addressing Gaps in Critical Health Services
- Program Planning and Evaluation
- Financial Management Systems
- Human Resources Systems
- Information Systems
- Leadership and Governance

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Benefits of Washington's Process

- Provides a system-wide snapshot
- Common language
- Creates common expectations
 - What every person has a right to expect
- Capacity measures
- Site performance measureable over time

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Standards for Public Health in Washington

Standard 1: Community Health Assessment



Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.

Dept of Health/State Board of Health Measures

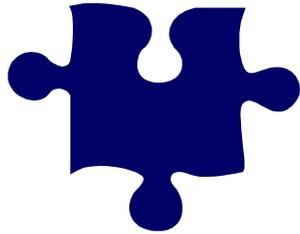
1.1S Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

Local Health Jurisdiction Measures

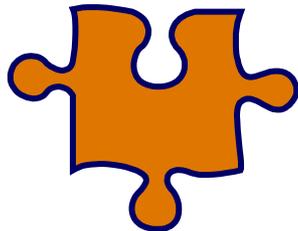
1.1L Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

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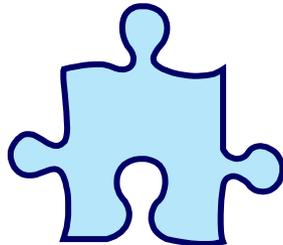
4 Basic Building Blocks for Improving Performance



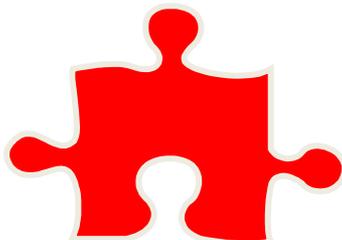
Health Indicators



Standards and Measures



Quality Improvement
Efforts - Program/
Service Based



Activities and Services

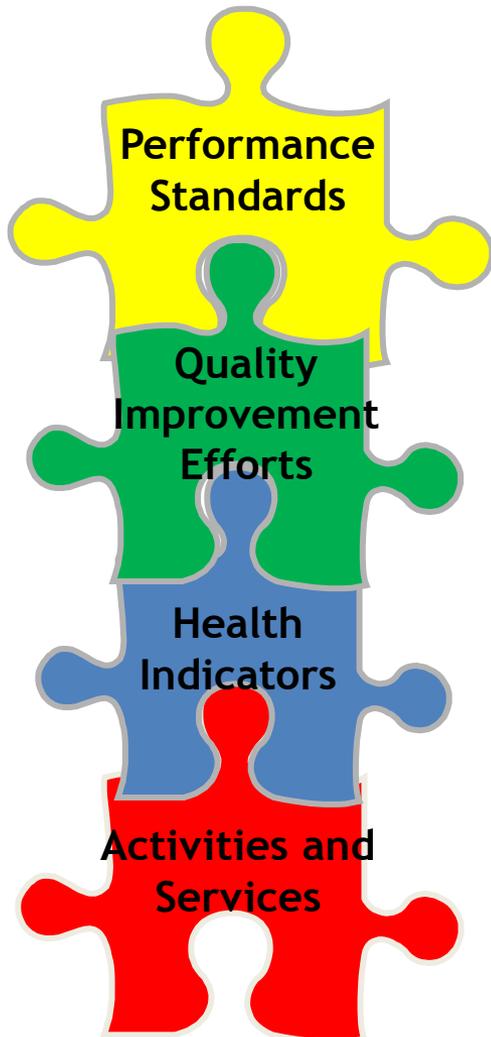
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Putting the Pieces Together



Identify the weak spots in public health practice.

One Problem: Program evaluation is weak, so we do not routinely measure program impact on health.

One Example: We have not systematically evaluated immunization efforts. Our immunization rates for 2 year olds appear low for the 4th DTAP. We have seen increased pertussis. Can we improve the effectiveness of this service?

Change what is not working

Response: Provide training and tools on evaluation and apply to specific services. Implement strong evaluation. Use the results to make services more effective.

Example: Outreach to medical providers, parents and day care to address immunization. Better data collection. Increased outreach to parents.

Monitor Results

Track rates: Determine if strategies are working

Example: Did the strategies work? Immunization rates up? Pertussis down? If not - why not? Was success achieved one place - and why?

POLL

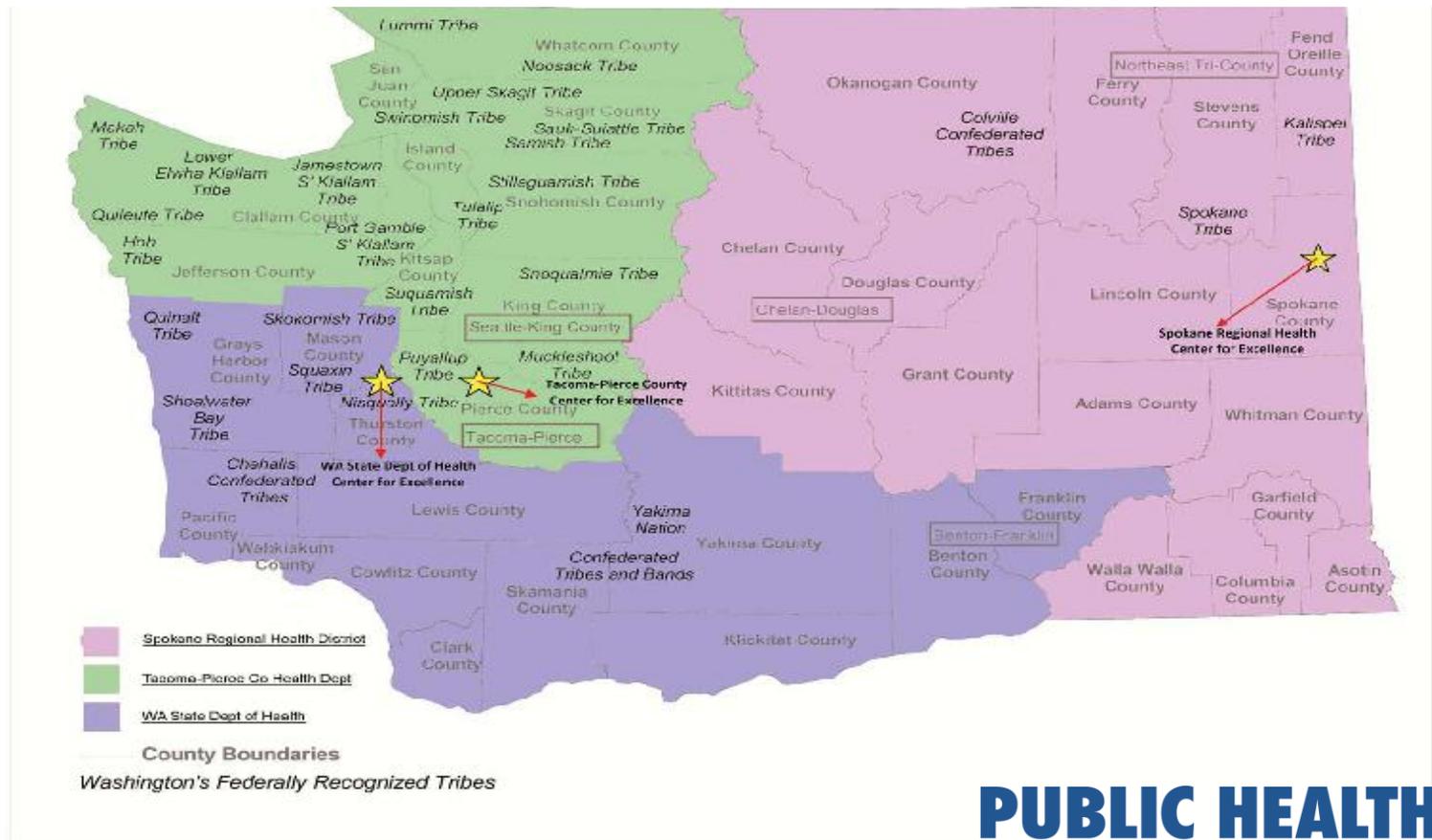
Who developed the Washington State Standards?

A: Public Health Affiliates (UW, WSU, Health Foundation, AIHC)

B: State Department of Health

C: Local Public Health

D: All of the above



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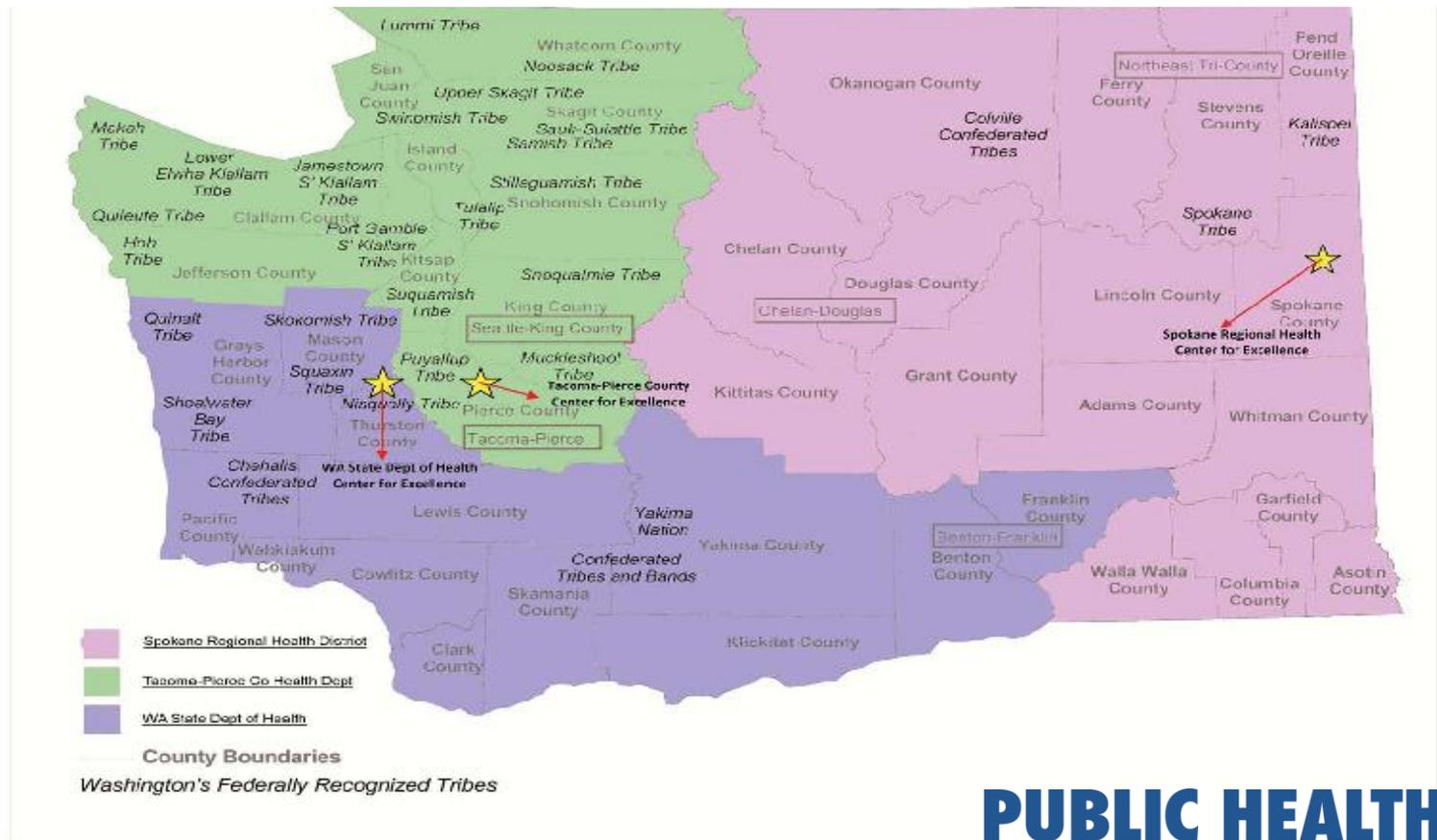
Do you know when the Washington State Standards were developed?

A: 1999

B: 2000

C: 2004

D: 2006



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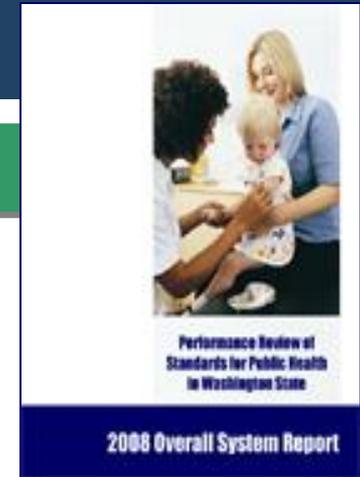
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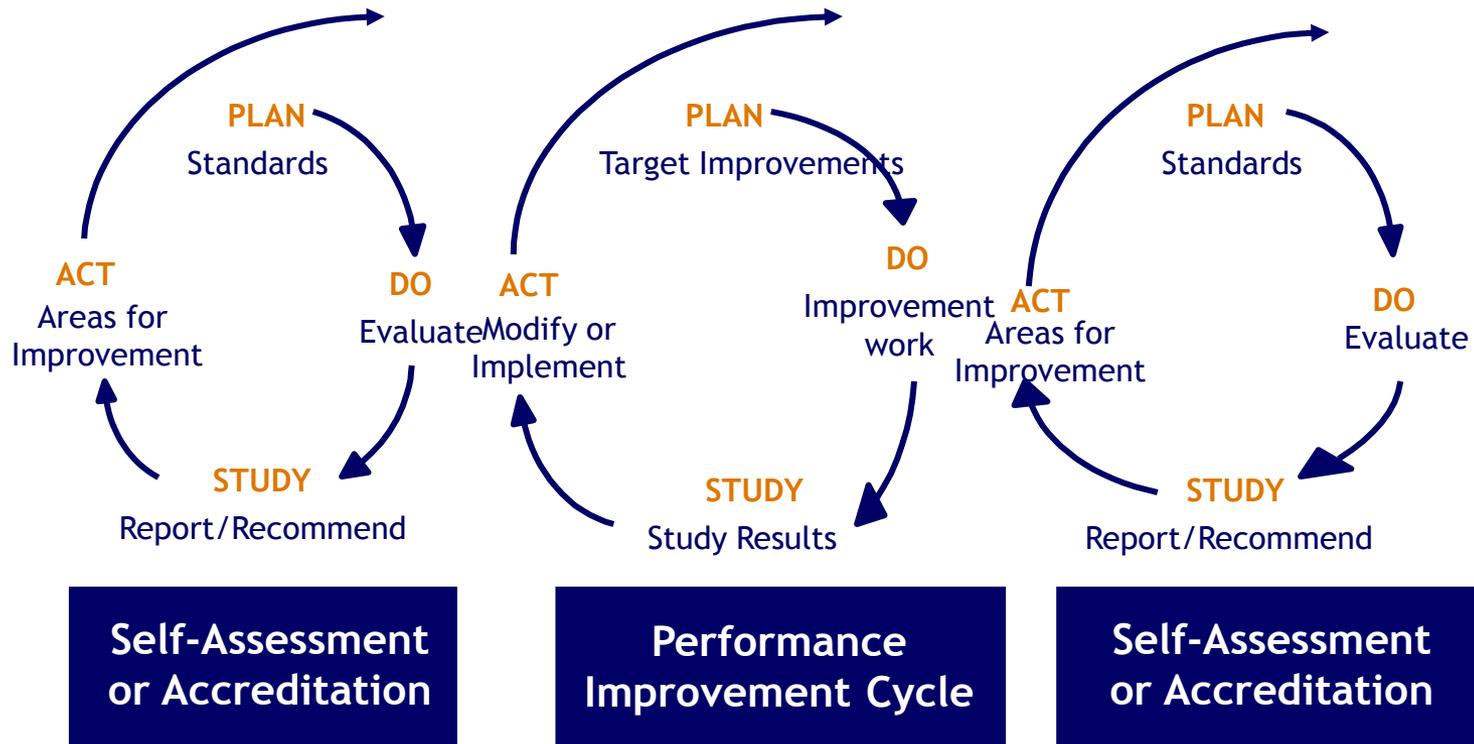
2011 System-wide Review

- Overall system report
- Individual site and special reports
- What we learned
 - Relationship of budget and FTEs to overall performance is nearing random (little or no correlation)
- Significant improvement over time



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Cycles of Improvement



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Linkage to Accreditation

Washington System

- System-wide snapshot
- Specific QI recommendations
- Full participation
- Full disclosure of scores

Accreditation

- County by county
- Pass or fail
- Confidential scores

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Washington Challenge

- Transition to accreditation
- Maintain our statewide results
- Maintain participation
- Make the process useful for Washington

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Discussions about Accreditation

- Presentations to
 - Washington State Association of Local Public Health Officials
 - Health Officers and Administrators
 - Nursing and Environmental Health Directors
 - State Board of Health
- Review and vet the PHAB standards
- PHAB Director, Kaye Bender, invited for special session

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Participation in Beta Test

- All sites in Washington encouraged to participate
- State health agency and several local health agencies submitted applications
- State health agency selected
- Site visit in June of 2010

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Revisions to the Public Health Improvement Partnership (PHIP)

- Focus on governmental health agencies
- Smaller more focused committees and structure
- Change Public Health Improvement Plan focus
 - Public Health Assessment Improvement Plan
- Performance Management Committee
 - Standards and measures
 - Accreditation support

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Revisions to the Standards

- Permission from PHAB to use the PHAB standards for Washington review
 - 80% of Washington measures align
- Include the Washington standards and measures that were not part of the PHAB standards
- Optional standards - those PHAB standards that were not part of the Washington reviews in the past
- Basic set of standards - targeted for small local health agencies in touch economic times

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Revisions to the Process

- Results of the DOH Beta Test as the Washington review for DOH
 - All PHAB standards plus Washington standards and measures
- 34 local health reviews conducted in the Spring of 2011
 - Optional PHAB standards and measures
 - Washington only
 - Basic Set
- Use all results to prepare for accreditation

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The New Washington Standards Process for 2011

- Used trained staff as reviewers for local health in 2011
- Sites have the information to prepare for accreditation
- Results give sites information for next cycle, or for accreditation preparation
- Washington has state-wide results - “snapshot” of the state
- Washington has recommendations for the public health system

POLL

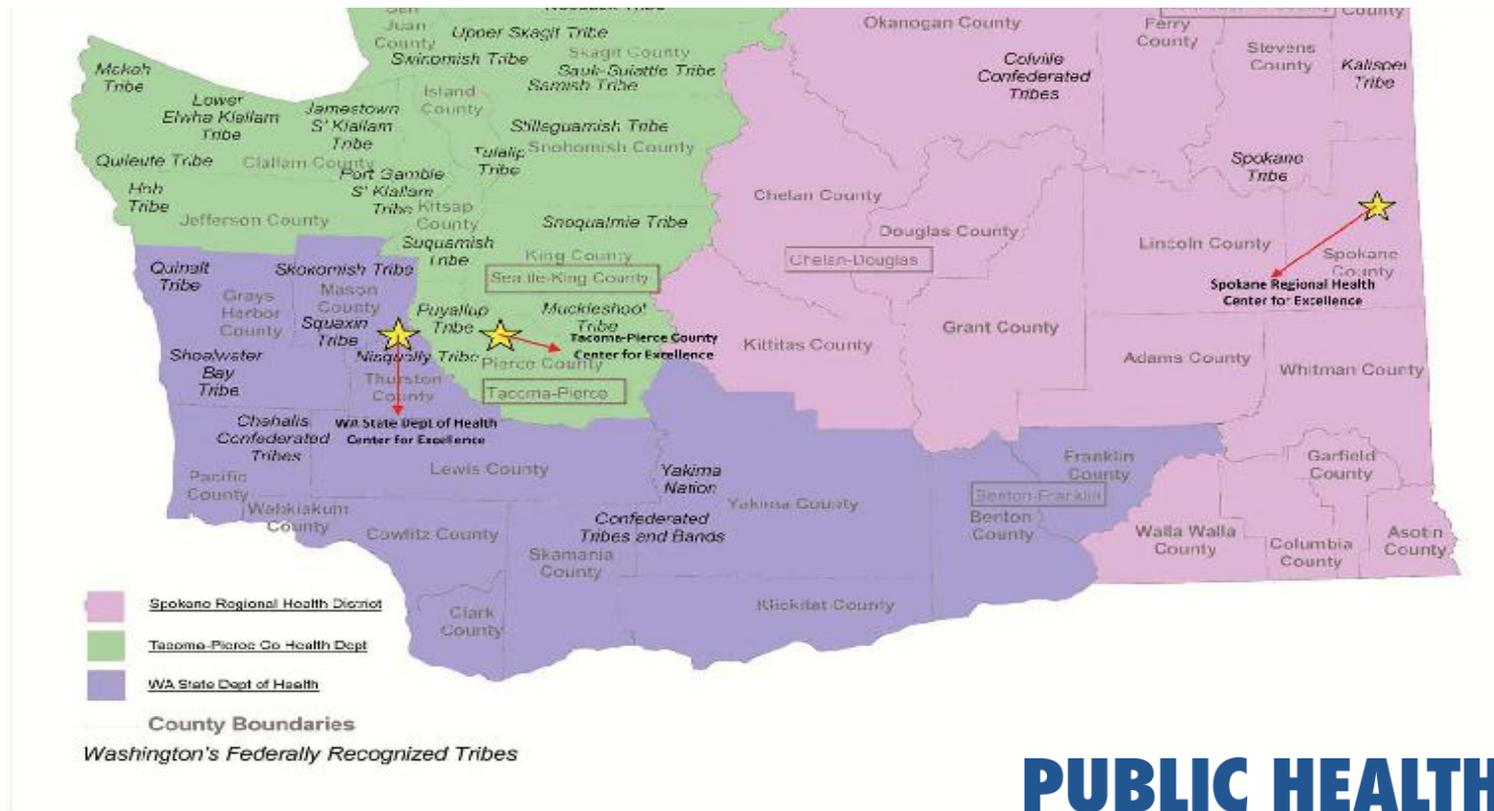
What is unique to the Washington Standards review vs. the proposed National Standards review?

A: Provides a system-wide snapshot

B: Doesn't include the 10 essential services

C: Is conducted by independent reviewers

D: Doesn't include a review of community health assessment



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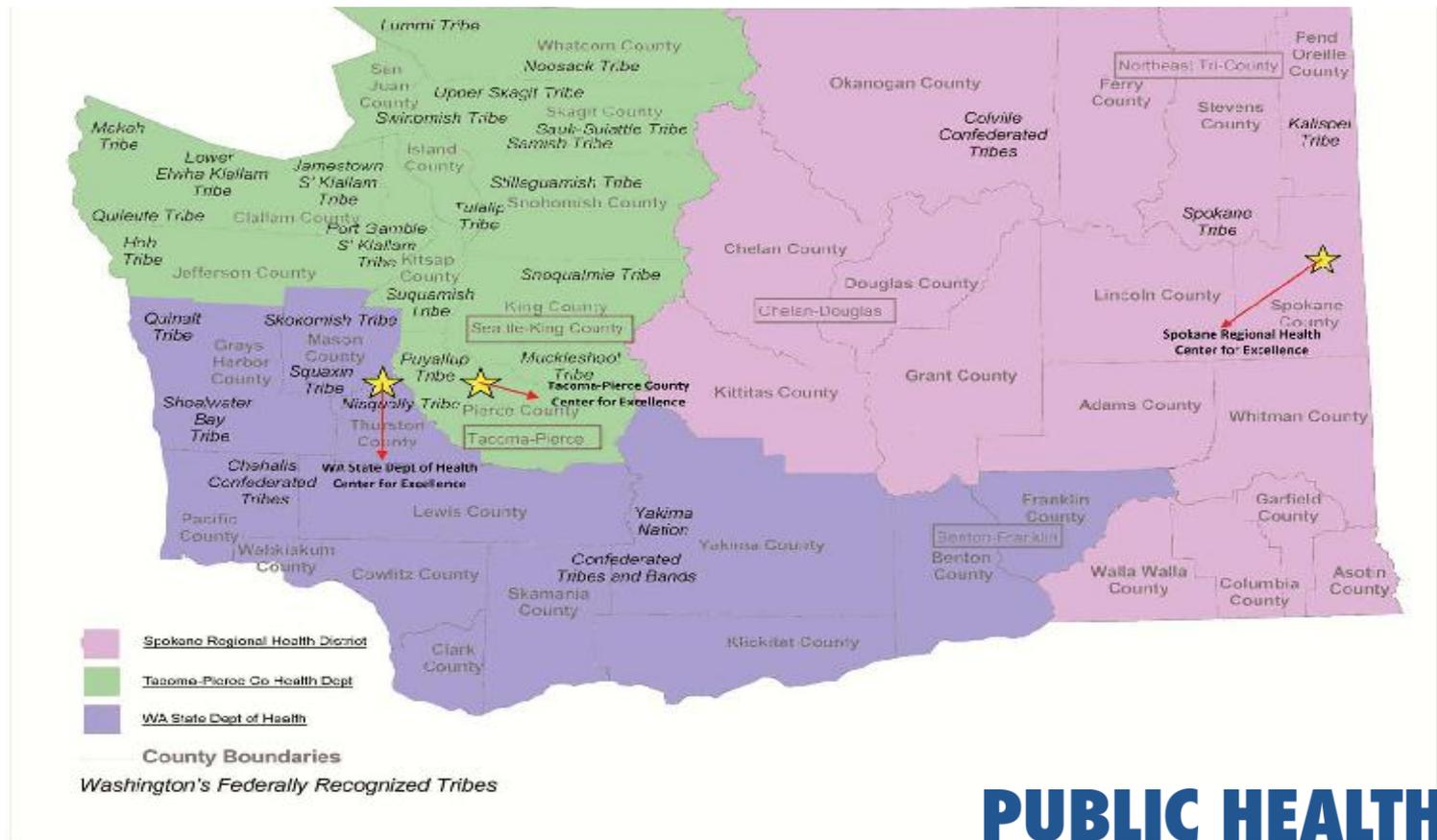
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What are the building blocks for improving performance?

A: Chocolate, coffee, and donuts

B: Health Indicators, Standards and Measures, QI, Activities & Services

C: Strategic Planning, Health Assessment, Health Assessment Improvement Plan



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What are the challenges Washington faces for public health standards?

A: Maintain our statewide results

B: Maintain our participation

C: Make the process useful

D: All of the above



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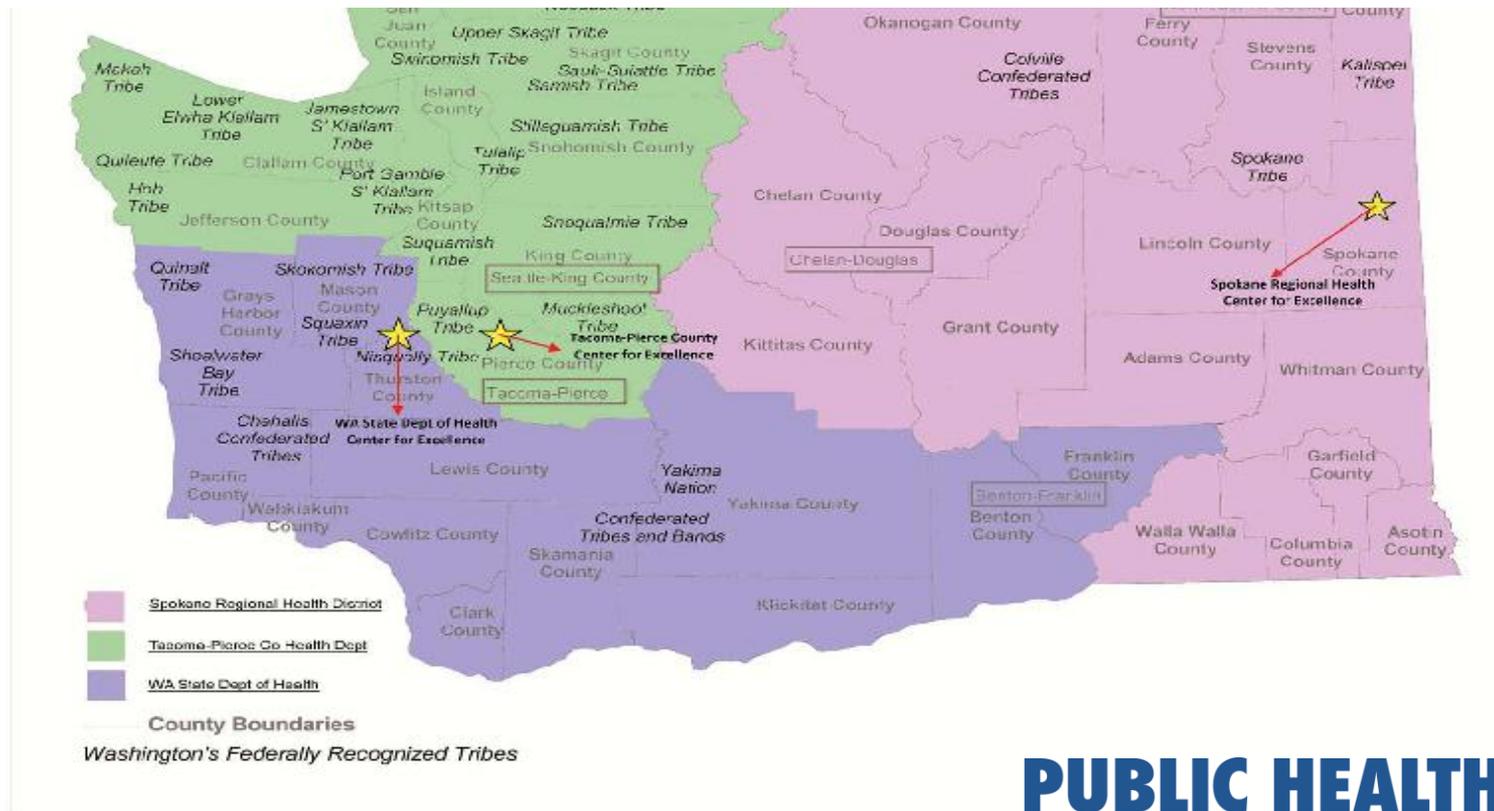
Who participated as one of the 30 beta test sites for the national public health standards?

A: State Department of Health

B: Spokane Regional Health District

C: Kittitas County Public Health Department

D: Mason County Public Health Department



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Our Goal

A predictable level of public health protection
throughout the state

“What every person has a right to expect.”



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Next Steps

- Crosswalk developed from PHAB Beta Test version to PHAB Version 1.0
 - www.doh.wa.gov/PHIP/perfmgtcenters/docs/BetaTestCrosswalk_to_V1_PHAB.xls
- MindManager maps updated
 - www.doh.wa.gov/PHIP/perfmgtcenters/docs/2011%20ALL%20Standards.mmap
 - www.doh.wa.gov/PHIP/perfmgtcenters/docs/2011%20Local%20and%20Tribal%20Standards.mmap
 - www.doh.wa.gov/PHIP/perfmgtcenters/docs/2011%20State%20Standards.mmap
- Training to prepare for national accreditation

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5 Minute Break

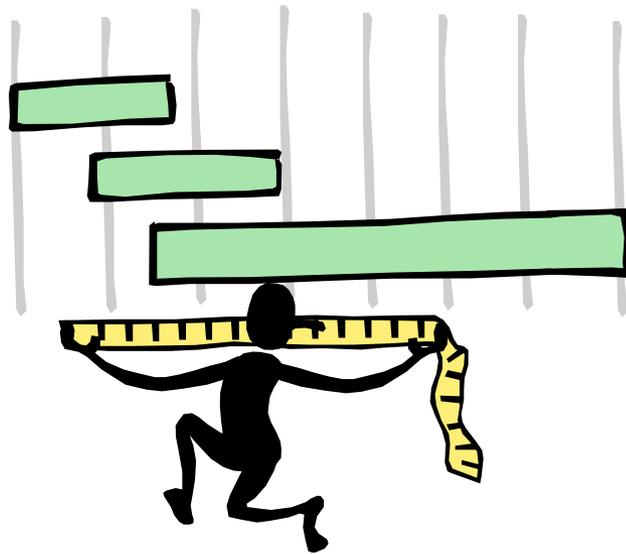
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What is Public Health Accreditation



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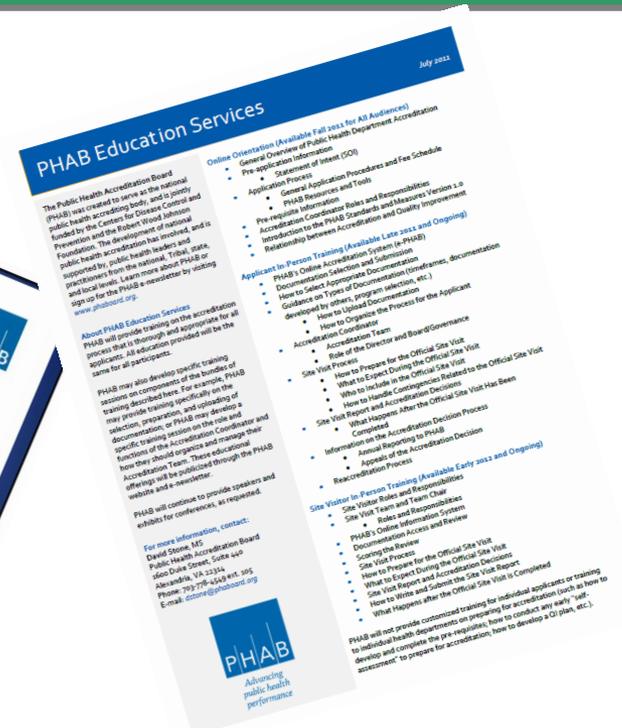
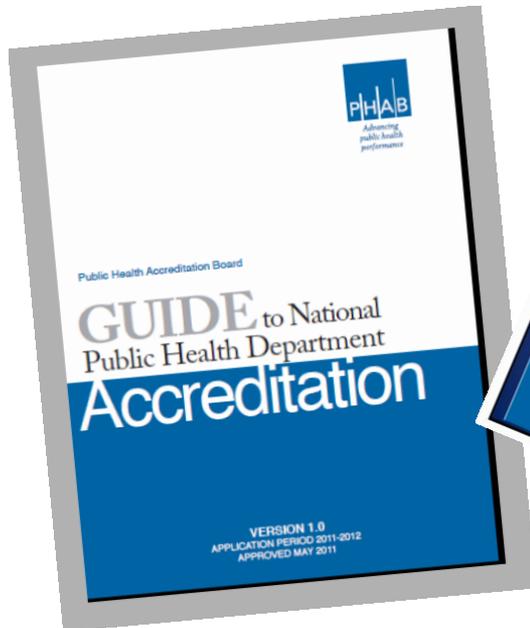
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What is PHAB



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Pre-Launch Materials Out Now!



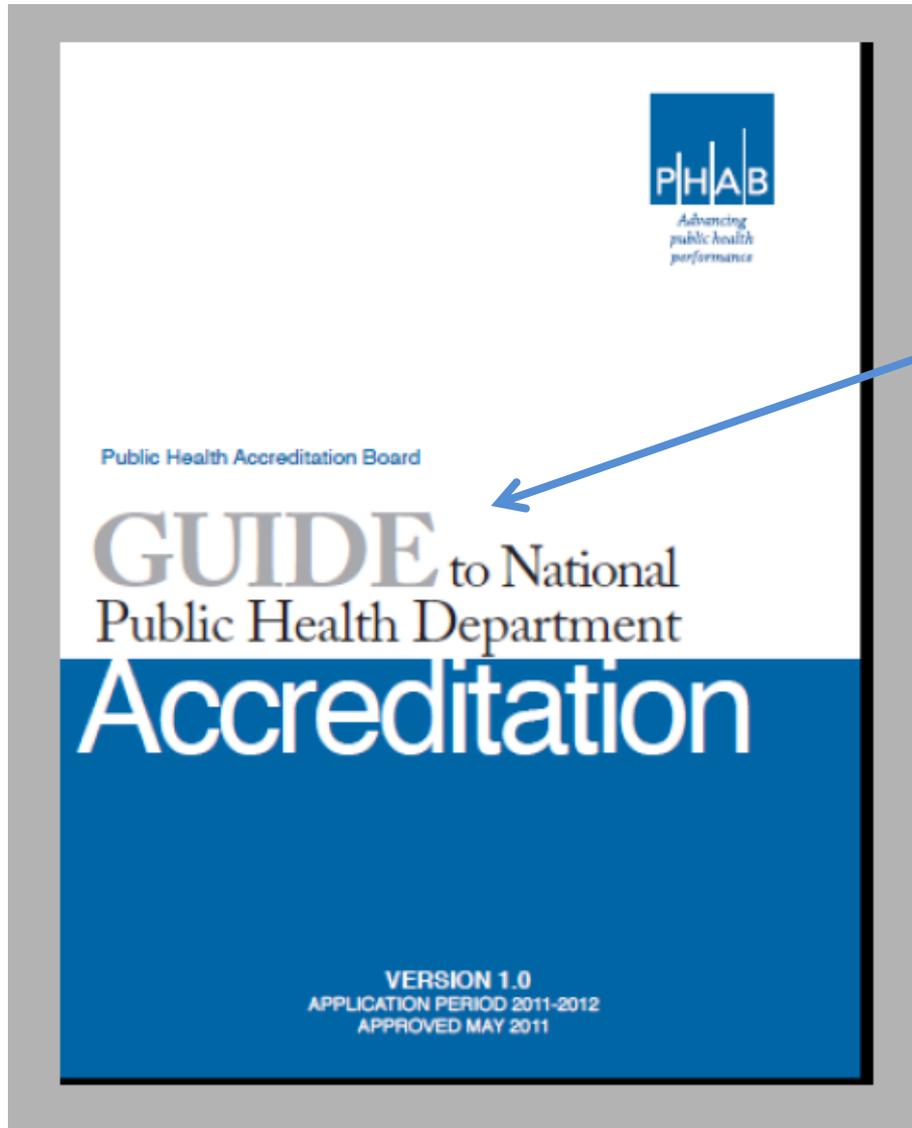
Health Departments	Population	Year 1 Fee	Year 2 Fee	Year 3 Fee	Year 4 Fee	Year 5 Fee
Category 1	Less than 50,000	\$ 3,180	\$ 2,385	\$ 2,385	\$ 2,385	\$ 2,385
Category 2	50,001 to 100,000	\$ 5,168	\$ 3,876	\$ 3,876	\$ 3,876	\$ 3,876
Category 3	100,001 to 200,000	\$ 6,758	\$ 5,068	\$ 5,068	\$ 5,068	\$ 5,068
Category 4	200,001 to 999,999	\$ 7,950	\$ 5,963	\$ 5,963	\$ 5,963	\$ 5,963
Category 5	1 million + 2,999,999	\$ 11,925	\$ 8,944	\$ 8,944	\$ 8,944	\$ 8,944
Category 6	3 million-4,999,999	\$ 15,900	\$ 11,925	\$ 11,925	\$ 11,925	\$ 11,925
Category 7	5,000,000 to 14,999,999	\$ 19,875	\$ 14,906	\$ 14,906	\$ 14,906	\$ 14,906
Category 8	15 million +	\$ 23,850	\$ 17,888	\$ 17,888	\$ 17,888	\$ 17,888

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Major Changes in “The Guide”

- Sequence for in-person training changed



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Major Changes in “The Guide”

- Process is paperless



Totally on-line



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Major Changes in “The Guide”

- Four readiness checklists



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Major Changes in “The Guide”

- Statement of Intent



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Major Changes in “The Guide”

- Application shortened



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Major Changes in “The Guide”

- Site visit report changed



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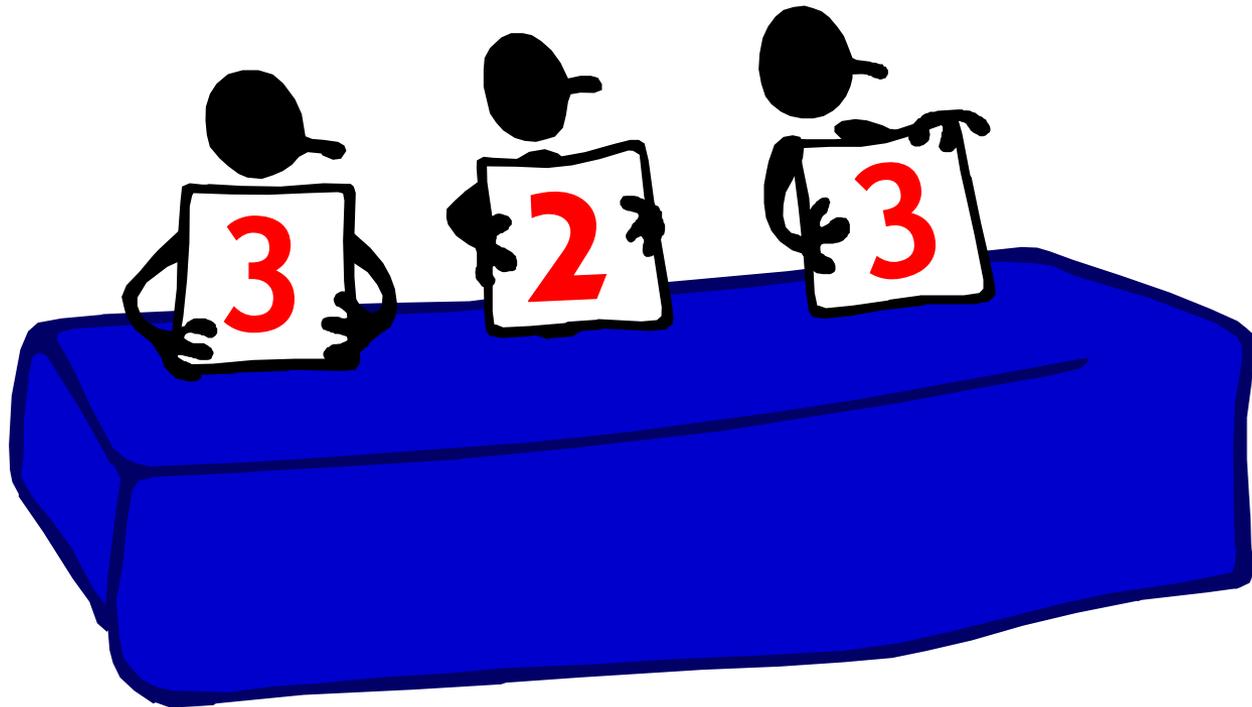
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Major Changes in “The Guide”

- Scoring



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Pre-Requisites

Community health assessment
Community health improvement plan
Agency strategic plan



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Public Health Accreditation Board

STANDARDS & Measures

VERSION 1.0
APPLICATION PERIOD 2011-2012
APPROVED MAY 2011

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Framework: Domains, Standards, and Measures

State		Tribal		Local	
Std	Msr	Std	Msr	Std	Msr
139	321	131	307	127	301

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Structural Framework



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Structural Framework

- Domain (example -Domain 5)
 - Standard (example -Standard 5.3)
 - Measure (example -Measure 5.3.2)
 - Tribal, State, Local or ALL (example - T, S, L, A)
- (example -Measure 5.3.2 A for all health departments)

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Summary of Revisions of Standards and Measures

- Purpose statement added
- Significance information added
- Documentation is required; usually two examples
- Narrative specific to each documentation item
- One set of standards and measures
- Community health assessment is common term
- Domain 9 revamped
- Domains 11 and 12 have been revamped
- Some rearrangement, rewording, and updating

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Sample Site Visit Report

DOMAIN 4: Engage with the community to identify and address health problems Engage the Public Health System and the Community in Identifying and Addressing Health Problems				
STANDARD 4.1 B: Engage the public health system and the community in identifying and addressing public health problems through an ongoing, collaborative process.				
MEASURE 4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues				
REQUIRED DOCUMENTATION	SITE VISIT TEAM SCORE	SITE VISIT TEAM COMMENTS		
		COMMENT ON SCORE <i>Describe how conformity with the measure was demonstrated; OR Explain what was missing, if the measure was not scored as "demonstrated."</i>	AREAS OF EXCELLENCE <i>Describe any areas of excellence or unique promising practices</i>	OPPORTUNITIES FOR IMPROVEMENT <i>Describe any opportunities for improvement. (Even if the measure is met, describe any opportunities for improvement identified by the site visit team.)</i>
a) Two examples of ongoing collaborations that address public health issues (e.g. tobacco coalition, maternal child health coalitions, HIV/AIDS coalition, or a planning process such as CHIP)	<input type="checkbox"/> Not Demonstrated <input type="checkbox"/> Slightly Demonstrated <input type="checkbox"/> Largely Demonstrated <input type="checkbox"/> Fully Demonstrated			
b) List of partners in each collaboration	<input type="checkbox"/> Not Demonstrated <input type="checkbox"/> Slightly Demonstrated <input type="checkbox"/> Largely Demonstrated <input type="checkbox"/> Fully Demonstrated			
c) Description of process and templates used for collecting feedback and evaluating at least one partnership.	<input type="checkbox"/> Not Demonstrated <input type="checkbox"/> Slightly Demonstrated <input type="checkbox"/> Largely Demonstrated <input type="checkbox"/> Fully Demonstrated			
d) Documentation of use of evaluation findings	<input type="checkbox"/> Not Demonstrated <input type="checkbox"/> Slightly Demonstrated <input type="checkbox"/> Largely Demonstrated <input type="checkbox"/> Fully Demonstrated			
Overall Comments About the Department's Conformity with this Standard/Domain (i.e., Description of areas of excellence, promising practices, areas that are lacking, and overall opportunities for improvement)				
In conclusion, the Team will provide their impression of the health department by stating the (1) three greatest strengths, (2) three most serious challenges or opportunities for improvement, and (3) their overall impression of the department as a functioning health department.				

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It's important to note that the final format will be based on the information system. There will be no paper exchange between the applicant and PHAB.



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What are the pre-requisites to apply for national accreditation?

A: Community Health Assessment, Strategic Plan, Community/State Health Improvement Plan

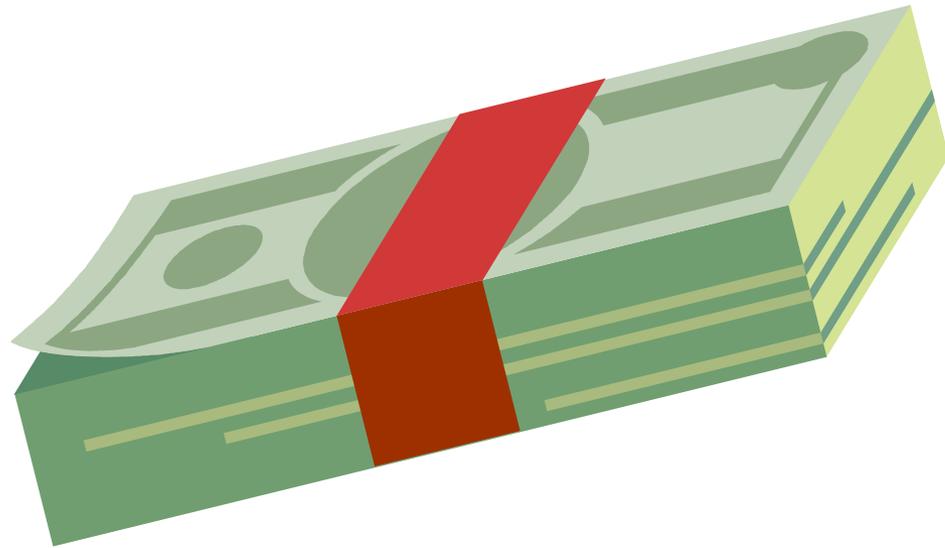
B: Strategic Plan, Performance Measurement, Quality Improvement Plan

C: Quality Improvement Plan, Community Health Assessment, Strategic Plan



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Accreditation Fees



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Fee Development

- Fee Development Committee chaired by Carol Moerhle.
- Included on the committee were state and local representatives.
- Fee does not fully support PHAB.
- First fee payment takes into account greater level of effort and costs in the first year.
- Fee is broken into eight categories based on population.
- Fee covers:
 - a percentage of the Accreditation Specialist 1:25
 - Training and Travel for both site visitor and health department accreditation coordinator
 - Information System Costs

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Public Health Accreditation Fee Schedule

PHAB Accreditation Fee Schedule							
Health Department Category	Population Size of the Jurisdiction Served	Year 1 Payment	Year 2 Payment	Year 3 Payment	Year 4 Payment	Year 5 Payment	Total payment
Category 1	Less than 50,000	\$3,180	\$2,385	\$2,385	\$2,385	\$2,385	\$12,720
Category 2	50,000 to 100,000	\$5,168	\$3,876	\$3,876	\$3,876	\$3,876	\$20,672
Category 3	>100,000 to 200,000	\$6,758	\$5,068	\$5,068	\$5,068	\$5,068	\$27,030
Category 4	>200,000 to 1 million	\$7,950	\$5,963	\$5,963	\$5,963	\$5,963	\$31,802
Category 5	>1 million to 3 million	\$11,925	\$8,944	\$8,944	\$8,944	\$8,944	\$47,701
Category 6	>3 million to 5 million	\$15,900	\$11,925	\$11,925	\$11,925	\$11,925	\$63,600
Category 7	>5 million to 15 million	\$19,875	\$14,906	\$14,906	\$14,906	\$14,906	\$79,499
Category 8	Greater than 15 million	\$23,850	\$17,888	\$17,888	\$17,888	\$17,888	\$95,402

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What Do the Fees Cover?

- An assigned accreditation specialist to guide your department through the application process



- Site visit, including a comprehensive review of your health department's operations against the national accreditation standards by a team of peer review experts

- In-person training for your department's accreditation coordinator



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What Do the Fees Cover?

- 24/7 access to PHAB's online accreditation information system, making it easier and more cost-efficient for departments to participate in accreditation
- Annual quality improvement monitoring and evaluation for 5 years by your accreditation specialist
- Access to a growing network of accredited local health departments and best practices



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Fee Payments

- Rates will operate on a sliding scale based on the size of the health department's jurisdiction
- Health departments can receive a discount paying in advance
- Health departments can pay in multiple year increments
- Health departments can pay with end of the year grant funds
- PHAB's Fee Schedule will be published annually



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What Should a Health Department be Doing to Prepare for National Public Health Accreditation?

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Organize Your Health Department

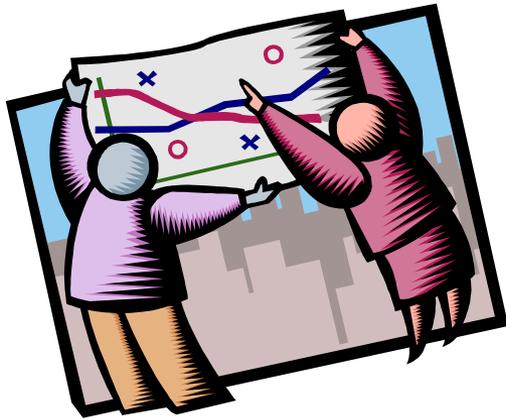
- Appoint an Accreditation Coordinator
- Review Standards and Measures, Version 1.0
- Review Accreditation Process, Version 1.0
- Educate governance to staff
- Contact your national organizations for technical assistance



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Work on the Pre-Requisites (Due with Your Application)

- Department Strategic Plan **

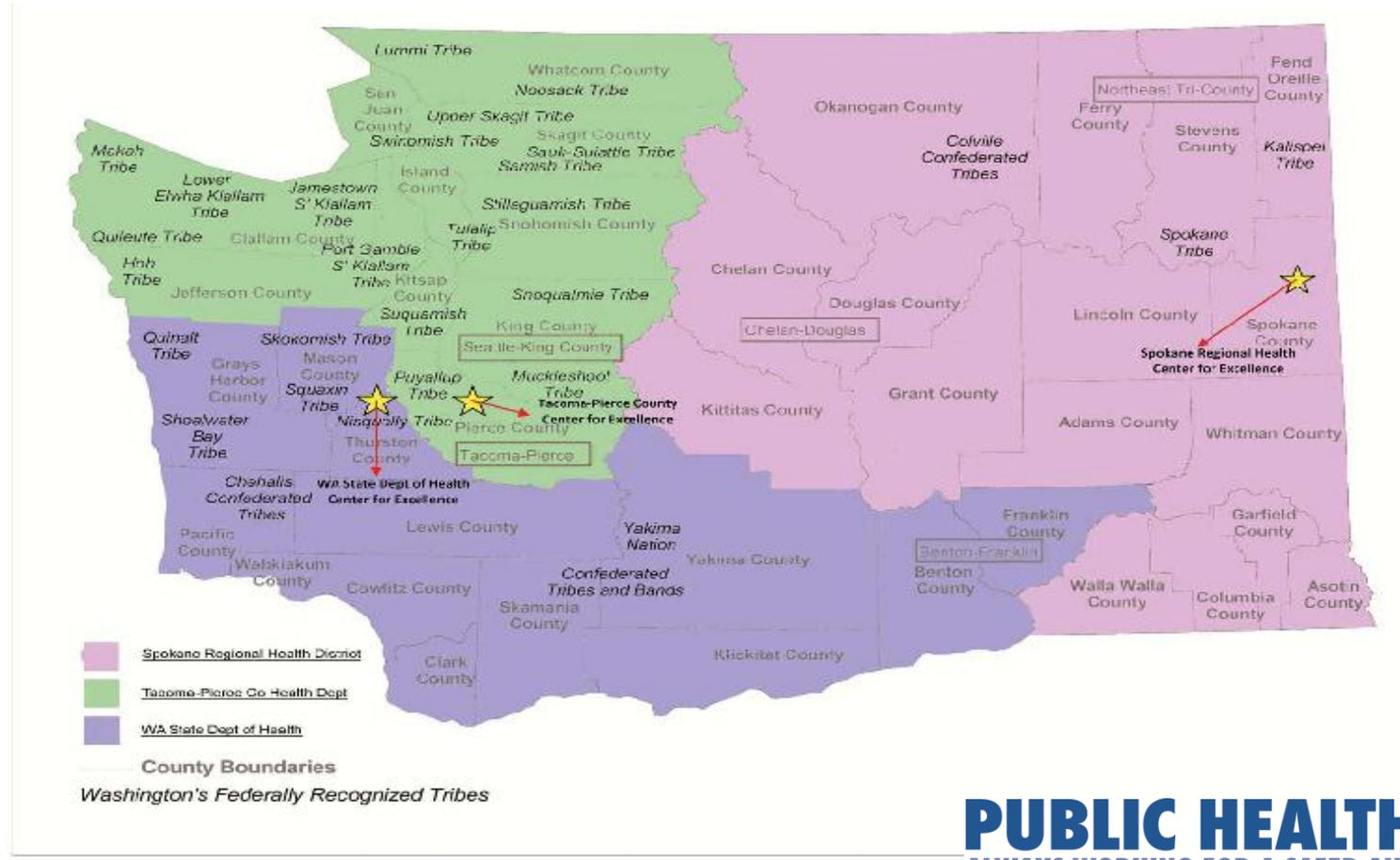


- State/Community Health Assessment **
- State/Community Health Improvement Plan**



What type of assistance do you need *first* from your Performance Management Center of Excellence?

- A: Training
- B: One-on-one technical assistance
- C: Information sharing - templates
- D: Other



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Locate, Develop, Select and Save Best Documentation



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Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

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DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

- **Standard 1.1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processed, Programs, or Interventions

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DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

- **Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards
- **Standard 2.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 2.4:** Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

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DOMAIN 3: Inform and educate about public health issues and functions

- Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

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DOMAIN 4: Engage with the community to identify and address health problems

- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
- **Standard 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health

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DOMAIN 5: Develop public health policies and plans

- **Standard 5.1:** Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
- **Standard 5.2:** Develop and Implement a Health Department Organizational Strategic Plan
- **Standard 5.3:** Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
- **Standard 5.4:** Maintain an All Hazards Emergency Operations Plan

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DOMAIN 6: Enforce public health laws

- **Standard 6.1:** Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
- **Standard 6.2:** Educate Individuals and Organizations On the Meaning, Purpose, Compliance, and Benefit of Public Health Laws and How to Comply
- **Standard 6.3:** Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

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DOMAIN 7: Promote strategies to improve access to health care services

- **Standard 7.1:** Assess Health Care Capacity and Access to Health Care Services
- **Standard 7.2:** Identify and Implement Strategies to Improve Access to Health Care Services

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DOMAIN 8: Maintain a competent public health workforce

- **Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers
- **Standard 8.2:** Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

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DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

- **Standard 9.1:** Use a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions
- **Standard 9.2:** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

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DOMAIN 10: Contribute to and apply the evidence base of public health

- **Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- **Standard 10.2:** Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

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DOMAIN 11: Maintain administrative and management capacity

- **Standard 11.1:** Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
- **Standard 11.2:** Establish Effective Financial Management Systems
- **Standard 11.3:** Maintain Current Operational Definitions and Statements of Public Health Roles and Responsibilities

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Domain 12: Maintain Capacity to Engage the Public Health Governing Entity

- **Standard 12.1:** Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
- **Standard 12.2:** Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
- **Standard 12.3:** Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

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Did We Accomplish Our Learning Objectives?

In today's session the participants will be able to describe:

- The history of Washington State standards
- How Washington's standards link to PHAB standards
- The accreditation program, including the accreditation process, prerequisites and standards and measures
- The fee schedule

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More Information - Resources

Susan Ramsey, Director	Torney Smith, Administrator
Washington State Dept. of Health	Spokane Regional Health District
(360) 236-4013	(509) 232-1706
Susan.ramsey@doh.wa.gov	tsmith@spokanecounty.org

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Questions?