

# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Communicable Disease/Epidemiology Program

## **The Standards and the 2005 Performance Assessment**

Thank you for participating in the performance assessment of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the Centers for Disease Control and Prevention (CDC) Standards for Performance.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

## **This Report**

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your program and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

### ***Strengths***

- The staff expertise and knowledge of the performance standards demonstrated by the focused, comprehensive documentation provided for the survey
- The commitment to training and tools for both CD/Epi staff and staff at the local level and in other agencies, such as:
  - Epi Road Shows
  - WNV and Pandemic Flu Reports, Manuals and Workshops
  - Emergency Preparedness training
- The scope, usefulness and readability of the CD/Epi website, and the frequency on updates and current information, including on-line versions of EpiTrends

- The information and technical assistance provided to the local jurisdictions through the Evaluation Reports for the NC Surveillance System and the Report on Local Level 42/7 Response Capability

### ***Areas for Improvement***

- Use the evaluation report findings and the After-Action Report recommendations to identify future goals and objectives and to include explicitly in a quality improvement plan.

### ***The Performance Assessment Approach***

The performance assessment included all 35 local health jurisdictions (LHJs) in the state and 26 Department of Health (DOH) program sites selected by DOH for evaluation. Each site was asked to complete a self-assessment tool and to prepare for an on-site visit by organizing the documentation supporting the self-assessment on each measure.

For this cycle of assessment there were two new aspects that were not part of the 2002 Baseline Evaluation; the selection of specific environmental health and prevention and promotion programs for more in-depth review at the local LHJ level, and the evaluation of the new Proposed Administrative Standards and Measures. This expansion of the scope of the assessment was addressed through the training and use of internal DOH and LHJ reviewers working under the supervision of the external consultants.

During the DOH state site review, an independent consultant and an internal LHJ reviewer evaluated the documents and scored the measures. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with an exit interview in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information has been compiled into a system-wide report, with recommendations regarding the next steps for the system.

### ***Results of the Site Review***

The attached report is organized to follow the Standards format. The Standards have five topic areas (please note that these are not necessarily synonymous with program areas, there are organization-wide measures to be found in each of them). Within each of these five topic areas, four to five standards are identified for the entire governmental public health system. For each standard, specific measures are described for state level programs. For DOH sites, a Matrix was used to identify which measures were applicable to each specific program. Only the applicable measures were evaluated for performance. This report provides detailed results for just those measures that were applicable to the program.

***Administrative Standards Results:*** For the Proposed Administrative Standards, this evaluation cycle was to evaluate the measures themselves and not to report site specific performance. The results of our evaluation of these standards and measures are at the system level only therefore, this report does not contain any results for the Proposed Administrative standards.

**Comparability to the 2002 Baseline results:** Due to the major revisions in the environmental health topic area of standards, none of the 2005 EH topic area results can be compared to the results of the 2002 Baseline. All the results in the four other topic areas should be considered comparable for DOH program sites.

The topic areas of the standards are often referred to with the following acronyms:

- Assessment = AS
- Communicable Disease = CD
- Environmental Health = EH
- Prevention and Promotion = PP
- Access = AC

This report provides you with the following information:

- *For all measures:* a table listing all the measures with the performance designation to serve as a quick reference tool in identifying the measures that demonstrated performance, those scored as a partial, and those that did not demonstrate performance against the measure.
- *For each measure* (we have not repeated these in the report in order to reduce the number of pages, but have grouped them under their overarching standard): the *score* assigned by the reviewer:
  - 2 = demonstrates the measure,
  - 1 = partially demonstrates the measure,
  - 0 = does not demonstrate the measure,
  - 8 = not applicable,
  - 9 = not able to rate [did not participate at a topic area level]

*Comments* provide clarification regarding the intent of the measure or the score assigned.

*Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.

*Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.

## **Next Steps**

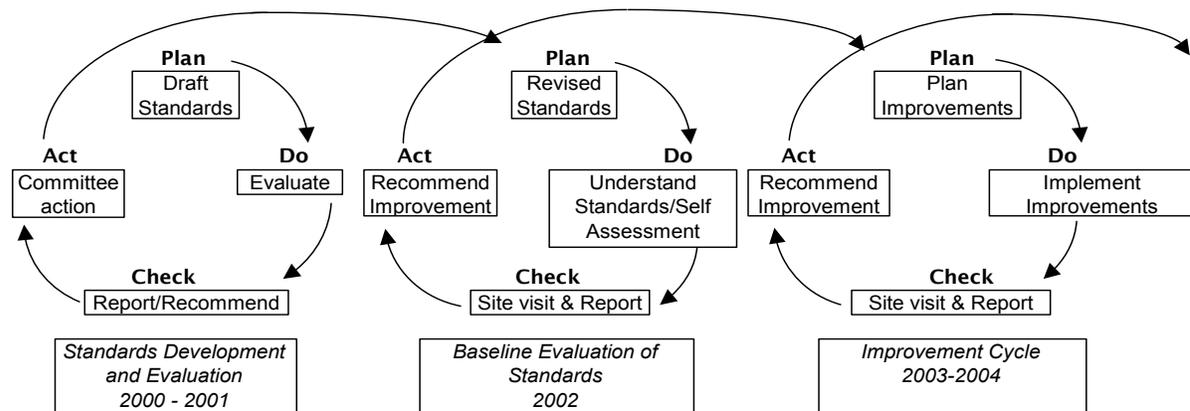
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially in preparing for the site reviews.

**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm).
- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease, and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

**Finally, begin preparing now for the next performance assessment.** The assessment process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Check-Act cycle. As shown below, the standards field test in 2000, the baseline in 2002, and this 2005 performance assessment are all part of the cycle of continuous quality improvement. The next cycle is planned for 2006-08, with site visits probably occurring in the spring of 2008.



### Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. Numerous state programs used an electronic format for all their documentation in this cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another program may have an excellent process or documentation method that you can start using with less time and effort.

- Participate in state-wide improvement efforts that are identified through PHIP work, other multi-disciplinary efforts or by getting technical assistance from other state programs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2005 performance assessment, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

# Program: Communicable Disease Epidemiology

## Topic: 1. Understanding Health Issues

### Standard 3: Public health programs results are evaluated to document effectiveness.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 3.4 S	2	Resumes indicate education or training in evaluation and classification requires Masters or Doctoral Degree in Epidemiology	State Epidemiologist resume, State Veterinarian resume, Epidemiologist 3 Classification Questionnaire	

### Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 5.2 S	2		DOH Policy 17.006- Release of Confidential Data & ESSPHL 001, PHIMS Logging on instructions, Excel spreadsheet with de-identified data, NETSS Core Record instructions, NETSS Encrypted screen print	

## Topic: 2. Protecting People from Disease

### Standard 1: A surveillance and reporting system is maintained to identify emerging health issues.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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Thursday, September 15, 2005

Note: Totals may not equal 100% due to rounding.

Page 1 of 6

CD 1.2 S	1	It isn't clear how new laboratories or other important "licences" are identified and provided information on reporting requirements, etc.	Surveillance System Evaluation Tool and Report, Website-DOH Notify and CDES "Notice of Revision" website, email distribution of WAC revisions to notifiable conditions, 3/05 Elaborations newsletter,	
CD 1.3 S	2	Notify web page contains specific information on each notifiable condition, and reporting forms, sample alerts provide accurate and clear messages.	"Notify" webpage, Diseases of Foodborne Origin website & guidelines for investigation/surveillance, Epi-X alert & WA-COMDIS email w/ sample provider alert, additional sample alerts for providers	"Notify" webpage, Diseases of Foodborne Origin website & guidelines for investigation/surveillance
CD 1.4 S	2		ESPHL Performance Measures- 2005-2007 Strategic Plan	ESPHL Performance Measures- 2005-2007 Strategic Plan
CD 1.5 S	2		PHIMS User Training Manual-- ver 1.2, 2003 WA CD Report & web page access, EpiTrends newsletter, Antibiotic Resistance Surveillance Network Report	2003 WA CD Report & web page access
CD 1.6 S	2		12+ training course registration requests for at least 10 staff members in various CD topics such as Surveillance Conf., Epi & Prevention of Vaccine Preventable Diseases and WNV	

**Standard 1: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 1.1 S	1	No documentation of law enforcement having current state 24-hour emergency contact lists.	Seattle phone book with number, Website contact - both LHJs and DOH, 2003 CD Report w/ LHJ and DOH 24 hour numbers, State Fire Marshall Biohazard/BT instructions w/Thurston & Tac-Pierce numbers	

*Thursday, September 15, 2005*

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**Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 2.1 S	2		DOH website LHJ locator list, Notifiable Conditions posters and website, 2003 CD report contacts reference	
CD 2.2 S	2		DOH Comprehensive Emergency Response Plan (CEMP) Appendix 1-CD ERP, Annex 3- Pandemic Influenza Response Plan, Annex 4- West Nile Virus Response Plan; CDES P&P-- 2/05	
CD 2.4 S	2		Email re: ERP training, PH CD Staff Training Tracking Record, FEMA certificates - 2 staff, Training Reg. Requests- Emerg. Preparedness- 2 staff, WASABE IV '05--Full-Scale Exercise plan, notes & AAR	PH CD Staff Training Tracking Record

**Standard 3: Communicable disease investigation and control procedures are in place and actions documented.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 3.1 S	2		Scombroid (2/05) and Cucurbitacin Toxicity (1/05) write-ups, CDES 2004 Training Calendar, Epi Road Show agendas/info-2004-2005, CDES Current Issues webpage, Specimen Packaging&Transport protocol	

*Thursday, September 15, 2005*

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CD 3.2 S	2	PHIMS User Group Minutes-2-05, Notifiable Conditions-- Salmonella Guidelines, forms, Botulism Guidelines and emergency biologics, PHEPR webpage-isolation & quarantine forms	PHEPR webpage-isolation & quarantine forms
CD 3.3 S	2	9/04 Evaluation of the Notifiable Condition Surveillance System in WA LHJs--- Part II	9/04 Evaluation of the Notifiable Condition Surveillance System in WA LHJs - Part II
CD 3.4 S	2	ESPHL Performance Measures 2005-2007, EWIDS Progress Report-4/05-item CC-B1 :NA-2, Evaluation of Notifiable Conditions Surveillance Summary Report- 9/04, Evaluation of 24/7 Response -LHJs-8/04	
CD 3.5 S	2	CVs and CQs for State Epidemiologist, State Veterinarian and BT Surveillance PM	

**Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 4.4 S	1	There has not been time to implement actions or interventions to address the WASABE exercise. Documentation of how the Evaluation of Notifiable Conditions Surveillance System or of the 24/7 Response in LHJs Report recommendations for improving communications are addresses in future goals & objectives in QI plan was not present	WASABE After Action Report - draft	
CD 4.5 S	1	No documentation of risk communication training, although a session is scheduled for July 27, 2005.	List of approved WNV spokespeople in WNV Response Plan	

Thursday, September 15, 2005

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Page 4 of 6

**Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
CD 5.1 S	2		Eval. Notifiable Conditions Surveillance PPT- 10/04, Epi Road Show agendas/info-2004 & 2005, 8/04 & 4/05 Emerging Threats workshops agendas & packet, Memorandum/distribution-TB Outbreak Report	
CD 5.2 S	2		Notify website forms and guidelines for notifiable conditions, website with Foodborne illness guidelines, Draft Revised DOH Surveillance and Investigation Guidelines	
CD 5.3 S	2		Supplemental Salmonellosis questionnaire-7/05, Draft DOH Surveillance and Investigation Guidelines	
CD 5.4 S	0	Unable to determine how issues and recommendations from outbreak evaluations have been included in CDES goals and objectives from the documentation presented.	Evaluation of Notifiable Conditions Report presentation at 2003 JHC	
CD 5.5 S	2		Training requests for Epidemiology and Prevention of Vaccine-Preventable Conditions, and DHHSCDC Reference Book	
CD 5.6 S	1	The WASABE AAR contains conclusions and recommendations on surveillance, staff roles, investigation procedures, and communication efforts, but no documentation was presented of how the recommendations are utilized for process improvement.	WASABE Exercise Plan, Hotwash Notes, and After Action Report	

*Thursday, September 15, 2005*

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*Page 5 of 6*

### Topic: 3. Assuring a Safe, Healthy Environment for People

**Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 2.5 S	1	No documentation of risk communication, although a session is scheduled for 7/27/05.	EHSPHL Training Tracking Record, FEMA ICS training certificates, Emergency Response training requests, WASABE Exercise Plan	

## Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	<b>72%</b>	<b>67%</b>
% Partially Demonstrates:	<b>24%</b>	<b>23%</b>
% Does not Demonstrate:	<b>4%</b>	<b>10%</b>

*Thursday, September 15, 2005*

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*Page 6 of 6*

## **Communicable Disease/CD & Epidemiology**

### *1. Understanding Health Issues*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AS 3.4 S	2	Demonstrates
AS 5.2 S	2	Demonstrates

### *2. Protecting People from Disease*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
CD 1.1 S	1	Partially Demonstrates
CD 1.2 S	1	Partially Demonstrates
CD 1.3 S	2	Demonstrates
CD 1.4 S	2	Demonstrates
CD 1.5 S	2	Demonstrates
CD 1.6 S	2	Demonstrates
CD 2.1 S	2	Demonstrates
CD 2.2 S	2	Demonstrates
CD 2.4 S	2	Demonstrates
CD 3.1 S	2	Demonstrates
CD 3.2 S	2	Demonstrates
CD 3.3 S	2	Demonstrates
CD 3.4 S	2	Demonstrates
CD 3.5 S	2	Demonstrates
CD 4.4 S	1	Partially Demonstrates
CD 4.5 S	1	Partially Demonstrates
CD 5.1 S	2	Demonstrates
CD 5.2 S	2	Demonstrates
CD 5.3 S	2	Demonstrates

CD 5.4 S	0	Does not Demonstrate
CD 5.5 S	2	Demonstrates
CD 5.6 S	1	Partially Demonstrates

*3. Assuring a Safe, Healthy Environment for People*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.5 S	1	Partially Demonstrates