# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Maternal and Child Health, Genetics 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 detailed scope of work completed on the EHDDI project—implementation of a new requirement, with pilots, analysis and evaluation, engagement of a broad scope of stakeholders, and a summary report
- The technical consultation capacity of the program, as demonstrated through consulting relationships with health partners—and the broad array of partnerships that are in place

### *Areas for Improvement*

- Link the data more clearly to goals and objectives, analyze and draw conclusions from the data, and use to plan future improvements

### *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.

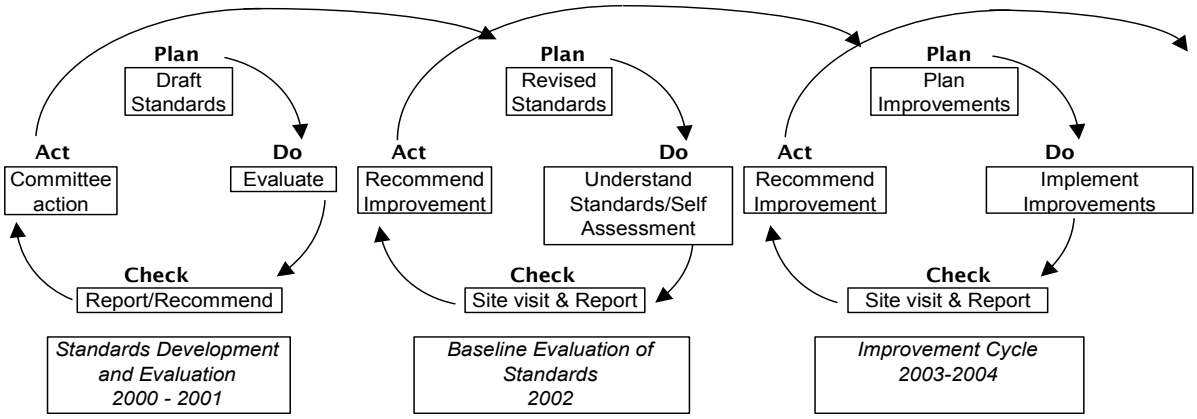
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and 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/phip/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: Genetics

## Topic: 1. Understanding Health Issues

### Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| AS 1.1 S | 2 | | MCH data dictionary, EHDDI User Manual, training agenda, e-mails transmitting data, reports to hospitals, screener reports, Consultation and assistance log | |
| AS 1.2 S | 2 | | Customer Liaison assignment process, consultation data base, data request form | |
| AS 1.3 S | 2 | | EHDDI grant application/description of analytic plan, MCH assessment CV, assessment G&O, customer liaisons | |
| AS 1.5 S | 2 | | Biosketches, training summaries | |

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

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|


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

| | | | | |
|---|---|---|---|---|
| AS 3.2 S | 1 | There are program goals and objectives, but performance measures are missing. There is no documentation of a planned process to use data in program evaluation. | EHDDI narrative description of year 5 activities, Disability in WA 05, Lessons Learned | |
| AS 3.3 S | 1 | Both reports are excellent and important, but not able to determine how data is related to program goals and objectives | Newborn Hearing Screening Update for BOH, Key Indicators of Perinatal Health 2004 | |
| AS 3.4 S | 2 | | Training materials provided in hard copy | |
| AS 3.5 S | 1 | The documentation does not make clear that the findings and recommendations from the Gilmore report were used to change and improve program offerings | Gilmore report on EHDDI pilot, follow up letter to physician participants, survey | |

## Standard 4: Health Policy Decisions are guided by health assessment information, with involvement of representative community members.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| AS 4.1 S | 2 | | EHDDI retreat 9/03, session notes by profession, by region, agenda and evaluations | EHDDI retreat 9/03, session notes by profession, by region |
| AS 4.3 S | 2 | | EHDDI Final Report 3/05, Decision package | |

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

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| AS 5.2 S | 0 | No documentation provided on specific data transfer activities of this program | DOH Information Security Policy | |



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

## 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.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| EH 2.5 S | 0 | No documentation provided (Final DOH Matrix indicates measure should be addressed) | | |

## Topic: 4. Prevention is Best: Promoting Healthy Living

### Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| PP 1.1 S | 2 | | Provider Mailing List, Newborn Hearing News (w/links to DOH sites), Health Care Provider Letter | |
| PP 1.2 S | 1 | No documentation describing how to obtain consultation and assistance regarding development, delivery, or evaluation of prevention and health promotion initiatives. | Exhibit A (Example Contract with Statement of Work), DASH Advisory Council Mtg Mins 4/04, Disability Awareness Starts Here Board Meeting, 4/05 | |
| PP 1.4 S | 2 | | Evaluation of EHDI F/U Protocols in Washington State 3/05, Newborn Hearing Screening Update - Prepared for the WA ST BOH 2/04, Progress Report: Universal Newborn Hearing Screening in WA for BOH 4/05 | |



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

## Standard 2: Active involvement of community members is sought in addressing prevention priorities.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| PP 2.2 S | 1 | No documentation indicating how either the Narrative Progress Report or Lessons Learned in Addressing Disability in Local Public Health has been shared or distributed. | Narrative Progress Report 2004, Lessons Learned in Addressing Disability in Local Public Health | |
| PP 2.4 S | 2 | | PHIP Health Promotion Training (Power Point), Involving Communities for Public Health (Power Point) | PHIP Health Promotion Training (Power Point), Involving Communities for Public Health (Power Point) |

## Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| PP 3.1 S | 1 | No documentation of how information about prevention and health promotion evaluation results is shared statewide. | Early Intervention EHDDI Retreat Agenda, Leavenworth 9/03, Multiple Breakout Session Notes from EHDDI, Evaluation Statistics and Distribution List, Invitation letter for EHDDI Retreat | |
| PP 3.2 S | 1 | There is no clearly defined gap analysis contained in the documentation reviewed. | EHDI Tracking, Surveillance, and integration in WA State 3/05 | |
| PP 3.3 S | 0 | No documentation provided (final DOH matrix indicates this measure is applicable to all CFH programs including Genetics) | | |

## Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| PP 4.1 S | 0 | No documentation provided | | |
| PP 4.2 S | 1 | No documentation of consideration of staff competencies and professional requirements | Multiple protocol and best practices documents, DOH Genetic Services Section EHDDI Final Report 8/04, Exhibit A - example of contract with statement of work. | |
| PP 4.3 S | 1 | No documentation provided indicating recommendations made for program improvement. | Protocol for Newborn Hearing Screening, Multiple EHDDI Report Cards to Hospitals, EHDDI Screener Report for Whitman & Medical Center for January of 05. | |
| PP 4.4 S | 1 | No evidence in documentation of data collection that would support providers in measuring their performance in these activities. | Minimum Data Set form for Template, Letter to join EHDDI, Universal Newborn Hearing Screening contact list, Newborn Screening Card | |
| PP 4.5 S | 1 | Training log did not indicate early intervention or outreach services training. A brief description of training titles would be helpful. | Staff training record | |

## Standard 5: Health promotion activities are provided directly or through contracts.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| PP 5.1 S | 2 | | Exhibit A - example of contract with statement of work | |



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

| | | | | |
|---|---|---|---|---|
| PP 5.2 S | 0 | No documentation provided (Final DOH Matrix indicates this measure should be addressed) | | |
| PP 5.3 S | 0 | No documentation provided (Final DOH Matrix indicates this measure should be addressed) | | |
| PP 5.4 S | 0 | No Documentation Provided (Final DOH Matrix indicates this measure should be addressed) | | |
| PP 5.5 S | 0 | No documentation provided indicating training in health promotion methods. | Staff Training record | |

# Topic: 5. Helping People Get the Services They Need

## Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| AC 2.1 S | 2 | | Swedish Medical Center Tracking & Surveillance Meeting, Swedish Medical Center UNHS Site Visit Summary | |
| AC 2.3 S | 2 | | 2004 Universal Newborn Hearing Screening Program Survey Results, Newborn Hearing Screening update 2/04, EHDDI Survey Data, Final EHDDI Report '04, Progress Report 4/13/05, SBOH Screening Presentation | Final EHDDI Report 8/30/03 |

## Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|



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

| | | | | |
|---|---|---|---|---|
| AC 3.1 S | 2 | | Newborn Hearing Screening Update 2/04, Advisory Council Mtg Mins 1/05, Briefing for ESH 2765-Small Workgroup Summary | |
| AC 3.2 S | 2 | | Multiple examples of contracts w/statement of work/objectives/coordination of service/referrals/reporting, EHDDI Final Report 8/30/04 | |

## Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored, and reported.

| *Measure* | *Score* | *Comments* | *Documents* | *Exemplary Documents* |
|---|---|---|---|---|
| AC 4.1 S | 1 | No information regarding delivery system changes to health partners. | WA ST DOH Protocol for Diagnostic Audiological Assessment: F/U for Newborn Hearing Screening, WA ST Best Practice Guidelines for Early Intervention for Children with Hearing Loss, Program Manual Text | |
| AC 4.2 S | 1 | This measure not only seeks QI training for DOH staff, it asks that DOH make the training available to grant and program contractors as well on an ongoing basis (is available). There is no documentation of current QI training available for DOH staff or contractors. | Quality Awareness training | |
| AC 4.3 S | 1 | No evidence of specific performance or outcome measurement | Genetic Service - Logic Model Related to Regional Genetics Clinics and Genetics Education | |



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

# Overall Score Totals

| | *Overall Program Totals:* | *Overall DOH Totals:* |
|---|---|---|
| **% Demonstrates:** | **41%** | **67%** |
| **% Partially Demonstrates:** | **38%** | **23%** |
| **% Does not Demonstrate:** | **22%** | **10%** |


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

# Genetics

## *1. Understanding Health Issues*

| *Measure* | *Score* | *Compliance* |
|---|---|---|
| AS 1.1 S | 2 | Demonstrates |
| AS 1.2 S | 2 | Demonstrates |
| AS 1.3 S | 2 | Demonstrates |
| AS 1.5 S | 2 | Demonstrates |
| AS 3.2 S | 1 | Partially Demonstrates |
| AS 3.3 S | 1 | Partially Demonstrates |
| AS 3.4 S | 2 | Demonstrates |
| AS 3.5 S | 1 | Partially Demonstrates |
| AS 4.1 S | 2 | Demonstrates |
| AS 4.3 S | 2 | Demonstrates |
| AS 5.2 S | 0 | Does not Demonstrate |

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

| *Measure* | *Score* | *Compliance* |
|---|---|---|
| EH 2.5 S | 0 | Does not Demonstrate |

## *4. Prevention is Best: Promoting Healthy Living*

| *Measure* | *Score* | *Compliance* |
|---|---|---|
| PP 1.1 S | 2 | Demonstrates |
| PP 1.2 S | 1 | Partially Demonstrates |
| PP 1.4 S | 2 | Demonstrates |
| PP 2.2 S | 1 | Partially Demonstrates |
| PP 2.4 S | 2 | Demonstrates |
| PP 3.1 S | 1 | Partially Demonstrates |
| PP 3.2 S | 1 | Partially Demonstrates |

| | | |
|---|---|---|
| PP 3.3 S | 0 | Does not Demonstrate |
| PP 4.1 S | 0 | Does not Demonstrate |
| PP 4.2 S | 1 | Partially Demonstrates |
| PP 4.3 S | 1 | Partially Demonstrates |
| PP 4.4 S | 1 | Partially Demonstrates |
| PP 4.5 S | 1 | Partially Demonstrates |
| PP 5.1 S | 2 | Demonstrates |
| PP 5.2 S | 0 | Does not Demonstrate |
| PP 5.3 S | 0 | Does not Demonstrate |
| PP 5.4 S | 0 | Does not Demonstrate |
| PP 5.5 S | 0 | Does not Demonstrate |

## *5. Helping People Get the Services They Need*

| ***Measure*** | ***Score*** | ***Compliance*** |
|---|---|---|
| AC 2.1 S | 2 | Demonstrates |
| AC 2.3 S | 2 | Demonstrates |
| AC 3.1 S | 2 | Demonstrates |
| AC 3.2 S | 2 | Demonstrates |
| AC 4.1 S | 1 | Partially Demonstrates |
| AC 4.2 S | 1 | Partially Demonstrates |
| AC 4.3 S | 1 | Partially Demonstrates |