

**Standards for Public Health in Washington State:
2005 Performance Assessment Report
DOH State Programs
Report for: Maternal and Child Health, Maternal and
Infant Health 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 OB Access Project is a terrific example of combining the ability to convene key stakeholders, access to key data sets, and assessment capacity to examine and report on the data to work on a critical health service access issue
- Strong oversight of MSS/FS/HMHB, with substantive review of contractors in regard to clinical, patient education and contractual requirements and the contractors’ program capacity and clinical skills to perform to expected standards.

Areas for Improvement

- Clarify, for the MIH program overall, the differences between program management and performance monitoring of data for the purposes of system improvements vs. contract monitoring and oversight of individual providers for contract compliance. The latter is well developed, the former requires clear goals, objectives and system wide data reporting and analysis, followed by use of the data to plan and implement improvements
- Clarify the difference between technical assistance and consultation that is contractor generated—a request for problem solving, data analysis, etc. vs. monitoring, site visits and other activities that are driven by a contract compliance focus and where the initiative is that of the MIH program. Once this is sorted out, describe and define the TA/consultation that can be made available (scope, included/excluded) and then clearly communicate this to LHJs/other providers of services

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.

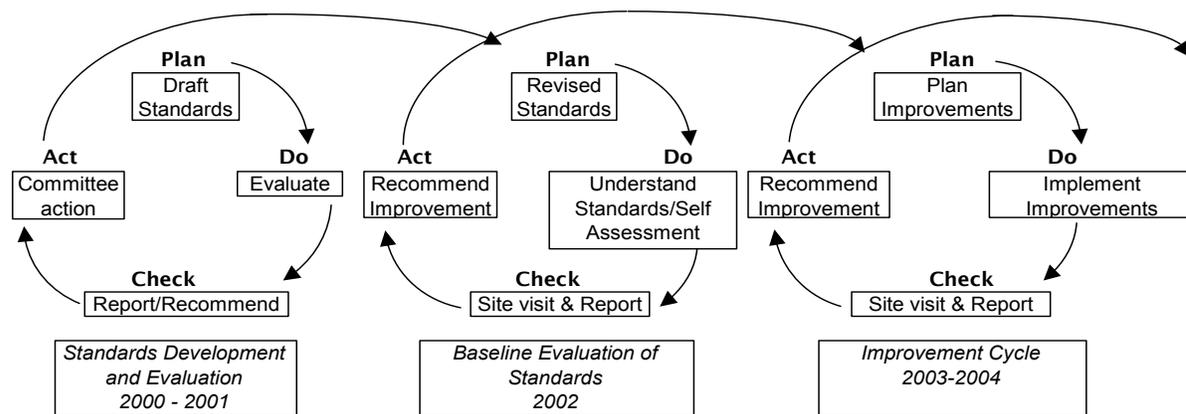
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share 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 an electronic tool kit. This material will be available by year-end 2005 at 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: Maternal and Infant Health

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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 1.1 S	2		Assessment liaison TA tracking log, MCH data dictionary	
AS 1.2 S	2		Guidelines for MCH Use of Data, Assessment Data Request Form, website, customer liaison description	Guidelines for MCH Use of Data
AS 1.3 S	2		Assessment G&O, Customer Liaison, combined list of priorities, SSDI Grant 6/05 progress report	
AS 1.5 S	2		Biosketches, training logs	

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

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AS 3.2 S	1	There does not appear to be a connection between program G&O (as described on page A-1) of the billing instructions, and use of data for evaluation of effectiveness. The required performance measures address 2 of 7 goals, but there is no description/example of how this data is collected and analyzed.	MSS billing instructions, First Steps Monitoring Plan, MSS/ICM chart review tool
AS 3.3 S	1	The documentation includes good individual agency process monitoring. It does not include overall program performance monitoring, data, or reports.	MSS Billing Instructions, monitoring letters, chart monitoring report, follow up letter
AS 3.4 S	2		Training measures log
AS 3.5 S	1	There is no documentation regarding the analysis of program performance data that led to the decision to offer the training.	MSS-ICM performance measure training

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 4.1 S	2		PAC priority setting minutes, regional MCH meeting feedback	
AS 4.3 S	2		SIDS data, contract for First Steps services to targeted community	

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>
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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	0	No documentation regarding participation in training regarding the emergency response plan or in risk communication	Training measures log	

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.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 1.1 S	2		Barnard presentation 3/05, list of attendees, list serve	Barnard presentation 3/05
PP 1.2 S	1	The focus of this measure is on consultation and TA for LHJs. It seeks a description of how LHJs know consultation and TA is available and what the focus or limits might be of a request for assistance. The concept of consultation and TA is distinct from contract monitoring and compliance.	Memo requiring Tobacco performance measure, FP measure instructions, state staff list and county lead contact list	
PP 1.4 S	2		Fetal death data for Native Americans, Tribal liaison SOW	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 2.2 S	2		Agenda First Steps Coordinators 9/04 re: oral health, Domestic Violence mobilization effort	
PP 2.4 S	2		Training agenda/slides, training measures log	

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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 3.1 S	1	Neither of the examples provide program evaluation results that have been shared (evaluation of the usefulness of the website is not program evaluation).	SIDS contract SOW, activities, Stepping Up website and survey	
PP 3.2 S	1	No documentation available regarding the evaluation of MIH programs using assessment information or performance measure data (tied to G&O).	Grays Harbor consultation regarding lack of FS provider capacity	
PP 3.3 S	1	This might be a project as part of an overall quality improvement plan, but does not constitute a QI plan for the MIH program	Documentation findings, best practice article	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
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PP 4.1 S	1	The concept of consultation and TA is distinct from contract monitoring and compliance or a request from the local level that is focused on clarification of contract requirements.	Monitoring visit to La Clinica, hard copy of Snohomish correspondence, list serve regarding funding opportunities	
PP 4.2 S	2		Staff qualifications, rosters, job descriptions, compliance and review of scope of practice examples	Conclusion and review of CHW Practice
PP 4.3 S	1	The documentation did not contain recommendations for program improvements based on the performance data.	Family Planning and Tobacco performance measures, tobacco program evaluation 04/05, family planning perf measure reports	
PP 4.4 S	2		FP interview guide, tobacco cessation template, list serves, training notifications	
PP 4.5 S	2		Training measures log	

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
PP 5.1 S	2		Basic Health messages, breastfeeding messages, Tobacco cessation training	
PP 5.2 S	2		Stepping Up Website, list serves	Stepping Up Website
PP 5.3 S	1	No documentation available regarding the process for reviewing, evaluating and updating materials.	HMHB contract SOW and tracking, list serve, agenda regional meeting	

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PP 5.4 S	0	The focus of this measure is on program management of the health promotion activities themselves, not training people to perform health promotion activities. No documentation available on MIH HP activities, G&O, performance measures, evaluation, etc.	NCAST training contract, history, G&O
PP 5.5 S	2		Training measures log, training agenda and slides

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.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 2.1 S	0	These consultations were focused on the FS program--either improving provider participation or participants. However, the focus of this measure is on access to the listed critical health services, not on specific DOH programs.	Hard copy emails regarding consultation	
AC 2.3 S	2	This is a terrific example of what the measure is looking for!	OB Access Project, Key Indicators of Perinatal Health	OB Access Project, Key Indicators of Perinatal Health

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 3.1 S	2		Understanding Access to Obstetrical Care 10/04 (Power Point), OB Access Project, Perinatal Advisory Committee	Understanding Access to Obstetrical Care (Power Point)

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AC 3.2 S	2		Healthy Mothers, Healthy Babies Contract SOW, Deliverables Tracking
AC 3.3 S	0	No documentation available	

Standard 4: 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>
AC 4.1 S	2		Hard copy of Guideline brochures, Reports on Dissemination, online publications request	Reports on Dissemination
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.	Training measures log, Quality Awareness training	
AC 4.3 S	0	No documentation available		

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Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	58%	67%
% Partially Demonstrates:	29%	23%
% Does not Demonstrate:	13%	10%

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Maternal and Infant Health

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
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	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.5 S	0	Does not Demonstrate

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
PP 1.1 S	2	Demonstrates
PP 1.2 S	1	Partially Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	2	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	1	Partially Demonstrates
PP 4.1 S	1	Partially Demonstrates
PP 4.2 S	2	Demonstrates
PP 4.3 S	1	Partially Demonstrates
PP 4.4 S	2	Demonstrates
PP 4.5 S	2	Demonstrates
PP 5.1 S	2	Demonstrates
PP 5.2 S	2	Demonstrates
PP 5.3 S	1	Partially Demonstrates
PP 5.4 S	0	Does not Demonstrate
PP 5.5 S	2	Demonstrates

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AC 2.1 S	0	Does not Demonstrate
AC 2.3 S	2	Demonstrates
AC 3.1 S	2	Demonstrates
AC 3.2 S	2	Demonstrates
AC 3.3 S	0	Does not Demonstrate
AC 4.1 S	2	Demonstrates
AC 4.2 S	1	Partially Demonstrates
AC 4.3 S	0	Does not Demonstrate