

Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: Office of the Secretary

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.

Note: A total of 70 measures were indicated as applicable to the Office of the Secretary (OS) in the DOH Matrix, and all applicable measures were assessed for performance. However, 34 of the 70 measures were Proposed Administrative measures, and are not reported at the site specific level. Therefore, the attached detailed performance summary only includes scores for 36 measures in the five current Performance Standards topic areas.

Strengths

- The DOH Strategic Plan/Activity Inventory, the Priorities of Government, the Agency Alignment Tool, and the DOH Core Competencies provide a good platform for linking and integrating Department strategies and activities, and for aligning the leadership in a common direction.

- The effort to improve communication between DOH and LHJs demonstrated in the problem-solving meeting with PHELF resulted in the guidance for program staff, dated 3/04 that could be used to enhance collaboration between the state and local levels of public health.
- The plans for large scale outbreaks and public health threats found in the West Nile Virus Communication Plan, The Influenza and SARS plans, and the Comprehensive Emergency Response Plan include communication plans, roles and responsibilities, and coordination with other agencies.
- The communicable disease surveillance activities in the development and implementation of the PHIMS and PHRED databases and the reporting of key communicable disease indicators through EpiTrends and the monthly morbidity reports provide state, local and community partners with data for setting priorities and establishing prevention and improvement efforts.
- The application of the quality improvement process to take action on evaluation or debriefing results as demonstrated in the revisions made to the Incident Response Plan based on the Topoff 2 Exercise After-Action Report.
- The assessment work on access to critical health services and the display of the results in maps and graphics found on the DOH website demonstrate a leap forward in this work over the last three years.
- The scope and depth of information found on the DOH website including topics such as isolation and quarantine and the legal authority for action, gives the residents of Washington State an excellent resource for health information.

Areas for Improvement

- Implement the processes and activities described in draft documentation including the Communication Guidance for Program Staff and the training plan and curriculum for the Emergency Response Plan.
- Develop a formal Quality Improvement Plan reflecting improvement activities now found in the Strategic Plan and other programs.
- Continue to increase the consistency of program requirements through the contracting process and the development and distribution of templates and forms.

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

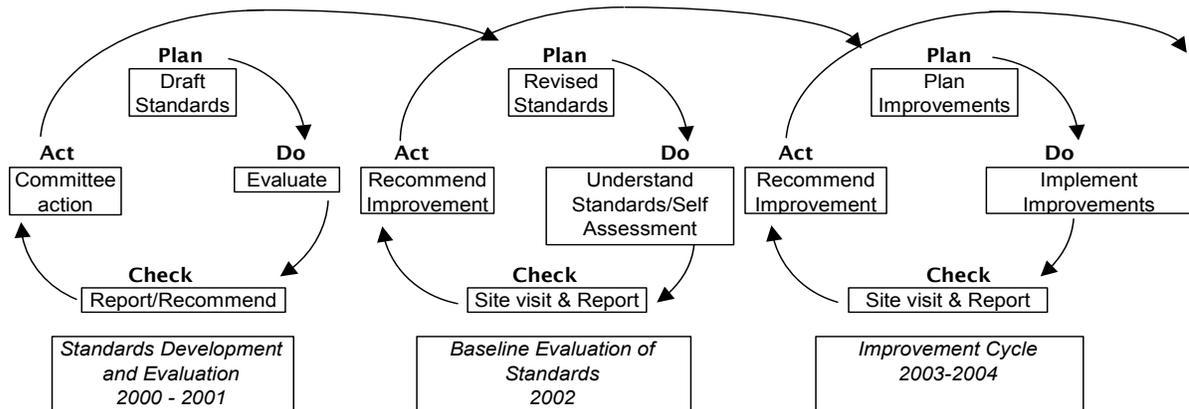
First, celebrate what you have accomplished. In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

Topic: 1. Understanding Health Issues

Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AS 2.3 S	2		WAC 246-1000, WAC 246-101, Notifiable Conditions Guidelines for Reporting Manual, E-Coli example	
AS 2.4 S	2		PHEPR Strategic Planning Document, CDC and HRSA 04 applications, DOH Strategic Plan	

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 3.2 S	2	Use of relevant research is implied throughout the Strategic Plan, but not specifically called out except in the state activity inventory	Agency Alignment Tool and Inventory, DOH Strategic Plan	Agency Alignment Tool and Inventory
AS 3.3 S	2		PHEPR Education and Training Progress Report, Grandview Fire afteraction review, recent incident debriefs	

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

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AS 3.4 S	0	Standards Training and Exercise Design & Evaluation are not really Program Evaluation in content, no attendees from Office of Secretary at Program Evaluation training	Program Evaluation Training	Program Evaluation Training
AS 3.5 S	2		Standards Report re: need for evaluation skills, Workforce Development 03/05 recommendations, Program Evaluation Training pilot	

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		LMS Implementation, Flu vaccine shortage call, PHELF agendas	
AS 4.2 S	2		POG e-mail and materials	POG e-mail and materials
AS 4.3 S	2		POG materials	

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 5.1 S	2		Confidential Data P&P: Data Sharing Agreement instructions, internal and external forms, decision tree, signed agreement	Data Sharing decision tree

Topic: 2. Protecting People from Disease

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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>
CD 1.4 S	2	Key indicators for Tuberculosis, HIV and Immunizations are documented and limited statements of objectives for investigation and education of CD outbreaks and spread of illness. Hopefully, future goals and objectives will include more key indicators	DOH Strategic Plan and Activity Inventory-- section A009; CFH Strategic Plan- HIV testing objective	
CD 1.5 S	2		PHIMS & PHRED database screens, EpiTrends Monthly Morbidity Report, 2004 PHIMS CD Summaries Report, 2002 DOH Reporting and Surveillance Guidelines	

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	2		Olympia Phone Book, DOH Web page contact information, Notifiable Conditions Posters for Providers, Labs, and Hospitals, Website 24 hour line, State Agencies Emerg. Contacts list	

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		Red Booklet- 9/04 version	

CD 2.2 S	2		11/04 CEMP- Basic Plan with Appendices-CDERP, 2003 Update 1st Responders-Suspicious Envelopes, etc., Pandemic Influenza, SARS Plan,	11/04 CEMP- Basic Plan with Appendices-CDERP, Pandemic Influenza, SARS Plan
CD 2.3 S	2		4/05 List of Labs with MOU's for surge capacity, MOU for Cooperative State Labs- Attachment A	
CD 2.4 S	1	Unable to verify if any DOH employees have been trained in the PH Emerg. Preparedness & Response Plan roles & responsibilities. Training rosters that are presented are for related skills, e.g. telephone crisis.	PH Emerg. Preparedness and Response Educ., Training, & Exercise Plan- 2005-06, SECURES Collaborator training roster, Telephone Crisis training roster	

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 3.2 S	2		10/02 Guidelines for Notifiable Condition, Protocols for Anthrax, Plague, Website on isolation/quarantine; 2002 Memo re Current Legal Authority	Website on isolation/quarantine; 2002 Memo re Current Legal Authority
CD 3.5 S	2		One staff CV, three Epidemiologists job descriptions	

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 4.1 S	2		Xpedite Instructions & Media fax lists	Xpedite Instructions

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CD 4.2 S	2		Xpedite WSALPHO membership list, WA-HAN Guideline for Operation, SECURES collaborator role training/consultation, 10/05/04 Flu Vaccine Alert, WA-COMDIS email list	
CD 4.3 S	2		DOH News Media Guidelines, Communications Office News Release Checklist, Communications Emergency Strategy, Tips: Communicating with Media-2/02	DOH News Media Guidelines, Communications Office News Release Checklist, Tips: Communicating with Media-2/02
CD 4.4 S	1	While some needs for improvement are documented in "What Do We Need to Do?" there is no evidence of written goals or objectives.	Jan./Feb. 2004 BSE emails w/lessons learned, BSE Debrief Notes-2/18/04 w/ "What Do We Need to Do?", JCH 10-04 Presentation packet,	
CD 4.5 S	2		One staff training cert-Spokesperson Trng, Art of Sending Your Message-several attendees, Covello training- 2000-four attendees	

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		BSE Talking points for FDA panel-8/11/04, JCH presentation 10/04, 1/04 Debrief with Lessons learned	
CD 5.2 S	2		3/04 Reg. Emerg. Response Coord. Mtg.re: legal issues, Web page for Guidelines for Investigation and sample forms for Foodborne Illness (Salmonellosis outbreak)	Web page for Guidelines for Investigation and sample forms

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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 2.2 S	2		Terrorism Response Plan -3/03, Topoff After Action Report -5/03, Incident Response Plan - 7/04,	Topoff After Action Report -5/03, Incident Response Plan - 7/04,
EH 2.4 S	2		CEMP, Public Health Emergency Preparedness & Response from Tier 3 Transition Book	
EH 2.5 S	1	No documentation for training in the emergency response plan was presented.	Communication Training various dates '03, Telephone Crisis Training '04,	

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 1.3 S	2		DOH '05-'07 Strategic Plan - Goals, Objectives, Strategies w/Performance Measures, Agency Activity Inventory -'05-'07.	

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>
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PP 2.1 S	2	Clinical Preventive Services Work Plan - 3/05, Plan Medical Dir's Mtg - 2/05, 4th DTaP Initiative - 2/05, Comprehensive Cancer Control Plan	Comprehensive Cancer Control Plan
PP 2.3 S	2	Strategic Plan '05-'07 - Sec L "Activity Links & Major, Comprehensive Cancer Control Plan - Work Group Meeting Participants	

Topic: 5. Helping People Get the Services They Need

Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
AC 1.1 S	2		2001 Final Report on Critical Health Services -SBOH, Trends in Access to Primary Care, Inventory of Safety Net Clinic-1/05	Trends in Access to Primary Care, Inventory of Safety Net Clinic-1/05
AC 1.2 S	2		Washington State Designated Trauma Services-'04, website in for Access Reports, OCRH Access Report-2/05,Assess Committee Stories - 2/05, Health Care Infrastructure Mapping Project- 11/04	Website for Access Reports

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>
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AC 2.1 S	0		No documentation provided
AC 2.4 S	2	While the evidence of analysis includes several types of critical health services, performance in this measure would be strengthened by more comprehensive analysis of critical health services workforce needs and the effect on access.	Everybody Counts - Workforce Study 3/04 & 12/03, OCRH website - Health professional Shortage Areas site-- safety net maps and provider shortage area mapping

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		OCRH Access Report email-2/05, Access Committee Stories email-2/05, Access Barriers email - 4/05	

Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	86%	67%
% Partially Demonstrates:	8%	23%
% Does not Demonstrate:	5%	10%

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

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Office of the Secretary

1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AS 2.3 S	2	Demonstrates
AS 2.4 S	2	Demonstrates
AS 3.2 S	2	Demonstrates
AS 3.3 S	2	Demonstrates
AS 3.4 S	0	Does not Demonstrate
AS 3.5 S	2	Demonstrates
AS 4.1 S	2	Demonstrates
AS 4.2 S	2	Demonstrates
AS 4.3 S	2	Demonstrates
AS 5.1 S	2	Demonstrates

2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
CD 1.1 S	2	Demonstrates
CD 1.4 S	2	Demonstrates
CD 1.5 S	2	Demonstrates
CD 2.1 S	2	Demonstrates
CD 2.2 S	2	Demonstrates
CD 2.3 S	2	Demonstrates
CD 2.4 S	1	Partially Demonstrates
CD 3.2 S	2	Demonstrates
CD 3.5 S	2	Demonstrates
CD 4.1 S	2	Demonstrates
CD 4.2 S	2	Demonstrates

CD 4.3 S	2	Demonstrates
CD 4.4 S	1	Partially Demonstrates
CD 4.5 S	2	Demonstrates
CD 5.1 S	2	Demonstrates
CD 5.2 S	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.2 S	2	Demonstrates
EH 2.4 S	2	Demonstrates
EH 2.5 S	1	Partially Demonstrates

4. Prevention is Best: Promoting Healthy Living

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
PP 1.3 S	2	Demonstrates
PP 2.1 S	2	Demonstrates
PP 2.3 S	2	Demonstrates

5. Helping People Get the Services They Need

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AC 1.1 S	2	Demonstrates
AC 1.2 S	2	Demonstrates
AC 2.1 S	0	Does not Demonstrate
AC 2.4 S	2	Demonstrates
AC 3.1 S	2	Demonstrates