

Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: IDRH, STD 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 data summaries and the Evaluation Plan that is in development
- The STD Program progress reports
- The Enhanced Gonorrhea Interview Project

Areas for Improvement

- Clarify consulting and technical assistance roles more explicitly and make this information available on your website, along with information on how to request these services
- Improve tracking of staff training

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.

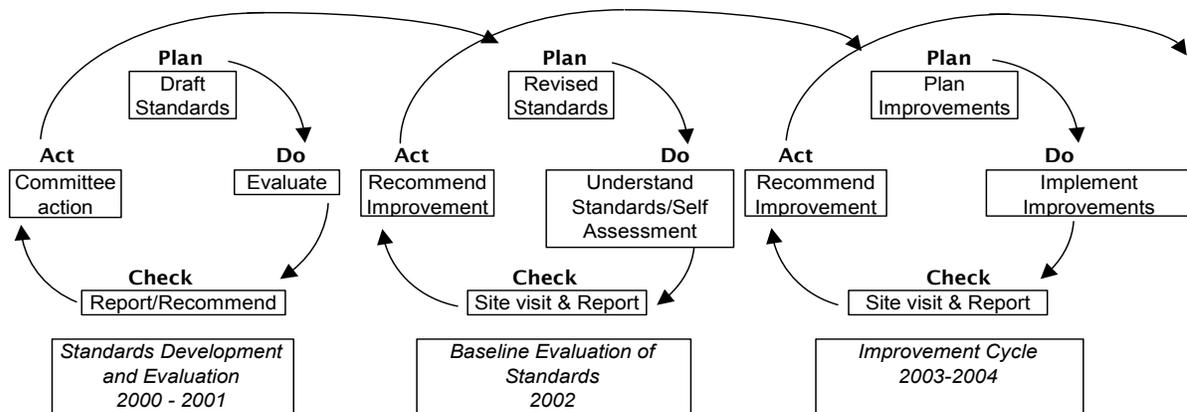
Next, select the areas where you want to improve your performance. All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share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

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		Multiple emails - LHJ and DOH regarding health data collection and analysis, DIS Interview form from Seattle 1/05, Data Definitions Washington State.	
AS 1.2 S	2		Washington State Outbreak response for-04, STD Program Field Consultants - 2005. Website distribution list and Field consultants on STD Site - 6/05	
AS 1.3 S	2		Scope of work for Assessment Unit -2005 and STD Program Goals with responsible person - 2005	
AS 1.5 S	2		Staff member - 2005 Curriculum Vitae. Pgs 5&6 epidemiology/research & data skills -05, principle investigators mtg w/objectives of peer exchange event 6/04 & email and presentation handouts 12/04.	

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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Thursday, September 15, 2005

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

Page 1 of 11

AS 3.2 S	1	There was no clear documentation demonstrating performance measures and references to relevant research.	Pg 32-58 goals, objectives & performance measures for STD prog w/activities & monitoring plan 9/04, description of evaluation of measures with data 10/04.	
AS 3.3 S	2		DOH "Colleague" Letter dated 3/21/05, Performance Measure Report 3/05, CDC email dated 3/22/05 re: Performance measures feedback.	
AS 3.4 S	2		CDC power point - Developing an Evaluation Plan 3/04, Making Data Relevant - IPP mtg 11/04, attendance and agenda for same mtg,	Power Point presentation: Developing an Evaluation Plan
AS 3.5 S	2		Email 4/20/05. Region X report on Specimen adequacy and specimen stability study 1/05 and WA ST medical association screening young women for chlamydia 8/04.	

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		Letter on fluoroquinolone resistance - 4/04, Power point CT trends and IPP Data summary and "Oasis" Project Meeting Agenda & progress report 11/04.	Power Point presentation: CT Trends & IPP Data Summary
AS 4.3 S	2		Email notifying IDRH about legislative new funds for IPP - 4/05, Page 81 appropriation of funds and use restrictions 5/05 and Legislative Implementation Plan 5/05	

Thursday, September 15, 2005

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Page 2 of 11

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		Secure Network instruction sheet 5/05, multiple emails with file attachments and password information 5/05, 1/05	Secure File Transfer Instructions

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>
CD 1.2 S	1	No evidence of 24-hour contact number in documentation submitted.	Email on WAC changes for Herpes Simplex 2/05	
CD 1.3 S	2		Outbreak response plan 2004, email string on surveillance and reporting issues	
CD 1.4 S	2		WA State STD Progress Report 2004	WA State STD Progress Report 2004
CD 1.5 S	2		2004 STD Morbidity Report, STD MIS User Manual 2005, Letter to Health Officers on Morbidity report 5/05 w/ mailing list, structure of STD Morbid Database, data standards case report w/criteria	
CD 1.6 S	1	No documentation of staff attendance at training on reporting, and only one other staff member documented training	In-Train Plan 9/04 for 1 staff member, Calendar for training on reporting-12/04	

Thursday, September 15, 2005

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Page 3 of 11

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		E-mails 2/05 thru 3/05 w/Clark Co., WA ST Responds 5/05, email distributing CDC protocol 2/05, Elaborations Newsletter 5/05, CDC Protocol for LVG and distribution list 5/05	
CD 3.2 S	2		OASIS Enhanced Gonorrhea Interview Project 3/05, RCW/WAC, CDC intro guidelines for partner services, Chlamydia info sheet, STD Case investigation form 2005.	OASIS Enhanced Gonorrhea Interview Project - Protocol & Interview Instructions
CD 3.3 S	2		Open field records list 1/05, Annual summary of case investigation 2004	
CD 3.4 S	2		List of CDC Performance measures 2005, CDC web conference 7/04 on STD performance measures.	
CD 3.5 S	2			

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	2		Email 12/05, IPP agenda 11/04, email 4/05, CDC technical Review w/improve performance and objectives	

Thursday, September 15, 2005

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Page 4 of 11

CD 4.5 S 2

DOH Topic List of STD staff, confirmation of training for "Risk Communication and Media Relations 7/05, participant guide and calendars for Risk Communications

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		Best Practices WA Medical Assoc. 8/04, Power Point - "Use of NAATS in WA" 11/04, Dissemination of information to IPP attendees 11/04, Findings of increase chlamydia trachomatis, Email re: distribution	
CD 5.4 S	2		Syphilis Elimination goals and objectives from outbreak evaluations 2005 grant, Progress Report	
CD 5.5 S	1	No documentation of training loss, CE tracking for staff members receiving training.	STD Staff Mtg agenda 5/04, Email 5/05 re: King County Case Report, King County Case report 4/05	
CD 5.6 S	2		Outbreak response report 12/04, Outbreak response findings 1/05, progress report.	

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>
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Thursday, September 15, 2005

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EH 2.5 S 2

Staff Calendars for Risk Communication Training, participant guide for communication course, Confirmation of training for 1 staff, email of webcast of Vince Cavello.

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		New Guidelines for Treatment of Gonorrhea 3/2/04, Increase in Fluoroquinolone resistance - 2004, Chlamydia best practice guidelines, Provider letters 5/04 & 5/05, Distribution list, provider rpt.	
PP 1.2 S	2		Assistance to Cowlitz Co. work plan 12/04, Job Classification Questionnaire, Outbreak Response Plan 2004	
PP 1.4 S	2		WA ST STD Progress Report 2004, WA ST Progress Report Jan-June 2004, change in objective page 19-26 (grant 2005)	

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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Thursday, September 15, 2005

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Page 6 of 11

PP 2.2 S	2	Community Manifesto response to increase in syphilis 11/03, Distribution visa website w/feedback, Community mobilization with Gay city (healthy penis campaign) 2005, WA HIV PP & distribution list 4/05
PP 2.4 S	2	Email for course on Involving Communities for public health 6/22/05, Agenda and power point for "Involving Communities for Public Health" 6/22/05

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	2		News Release 5/10/04, Hlth Promo re: chlamydia, Notes 5/2004, chlamydia treatment & testing guidelines, Email 5/04 of guidelines distributed to key stakeholders and email with national distrib list.	
PP 3.2 S	1	No evidence gap analysis results are used as part of priority setting process.	Performance Measures for IPP, spreadsheet summary of clinics in 2003/2004 projected 2005, gap in IPP Testing 06/05, email 6/1/05 Information on State STD funds	
PP 3.3 S	2		Quality Evaluation Initiative (2005 grant)	

Thursday, September 15, 2005

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Page 7 of 11

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>
PP 4.1 S	1	No clear documentation of prevention funding opportunities.	Rising rates of syphilis, multiple emails of consultation with Clark County 3/05, email 6/8/85 re funding instructions, email 2/18/05 HPV funding, email 7/1/04 Syphilis Elimination.	
PP 4.2 S	1	No evidence of complete review of staff competencies and professional requirements.	Recommendations for the Use of the Internet for Partner services 5/05, STD Overview for Non-Clinicians Participant Manual (standards), CDC Technical Review, Behavioral Characteristic of Gonorrhea Morbidity	
PP 4.3 S	1	No evidence of measures tracked and analyzed and recommendations made for program improvement.	Performance measures used to evaluate services, Tracking key performances measures, Letter dated 3/21/05 re Performance Measure Project,	
PP 4.4 S	2		Template for STD Case Report, CDC Standard Interview Record, CDC field Record, Letter to health officers, nursing directors, local health administrators and STD prog mgr 5/05, provider letter ex 5/ 05	
PP 4.5 S	2		STD Overview for Non-Clinicians, email w/confirmation letter for non-clinician training 11/04, POCAAN outreach report, Training called STD 101 in a box 11/03	

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>
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Thursday, September 15, 2005

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

PP 5.1 S	2	STD Pamphlets Distribution, WA ST CPS Grant Budget Request for Unobligated funds for CY 2004, STD Materials List
PP 5.4 S	2	Progress Report Community & Individual Behavior Change January - June 2004, Results for POCAAN on health promotion with number and type. 1/05, STD Progress Report 2004 pages 4-9 and 57
PP 5.5 S	2	CDC Letter of confirmation of training 3/05, Syphilis Elimination Effort Mobilization Toolkit Training for Health Depts, Resource Guide-STD Prevention Edition, registration for HP: IT's internal role

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 2.3 S	2		Email to MAA on analysis and needed level 2/05, memorandum on Take Charge showing need for legislative intervention 1/05.	

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		Email to MAA on analysis and needed level 2/05, memorandum on Take Charge showing need for legislative intervention 1/05.	

Thursday, September 15, 2005

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Page 9 of 11

AC 3.2 S	0	No specific measures related to coordination of CHS	Consolidated contract w/ Spokane 2005
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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		Best practice and recommendations for PDPT, STD Diagnostic and Treatment Facilities	
AC 4.2 S	0	This measure focuses on training in generic QI tools & methods, contrasted with recommending specific clinical actions. 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	New clinician pocket IPP, Specimen Adequacy Program, Grant objective - Jan-June 2004	
AC 4.3 S	1	This measure focuses on an overall plan of improvement rather than an agency by agency process. If the agency level data were summarized and analyzed for system wide trends and actions, that would fully meet this measure.	Region X Quality Assurance Med Records Review for chlamydia screening & tx, IPP Quality Assurance Review Sum form & clinical record review form, complete clinical review form 11/03, Intn'l letter CHS	

Thursday, September 15, 2005

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Page 10 of 11

Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	78%	67%
% Partially Demonstrates:	18%	23%
% Does not Demonstrate:	4%	10%

Thursday, September 15, 2005

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Page 11 of 11

Sexually Transmitted Diseases

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	2	Demonstrates
AS 3.4 S	2	Demonstrates
AS 3.5 S	2	Demonstrates
AS 4.1 S	2	Demonstrates
AS 4.3 S	2	Demonstrates
AS 5.2 S	2	Demonstrates

2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
CD 1.2 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	1	Partially 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	2	Demonstrates
CD 4.5 S	2	Demonstrates
CD 5.1 S	2	Demonstrates
CD 5.4 S	2	Demonstrates
CD 5.5 S	1	Partially Demonstrates
CD 5.6 S	2	Demonstrates

3. Assuring a Safe, Healthy Environment for People

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
EH 2.5 S	2	Demonstrates

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	2	Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	2	Demonstrates
PP 2.4 S	2	Demonstrates
PP 3.1 S	2	Demonstrates
PP 3.2 S	1	Partially Demonstrates
PP 3.3 S	2	Demonstrates
PP 4.1 S	1	Partially Demonstrates
PP 4.2 S	1	Partially 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 5.4 S	2	Demonstrates

PP 5.5 S 2 Demonstrates

5. Helping People Get the Services They Need

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