

# Standards for Public Health in Washington State: 2005 Performance Assessment Report DOH State Programs Report for: IDRH, Tuberculosis 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 Cohort Review Process, which combines data feedback to LHJs, quality improvement of documentation and of the clinical case management process
- The goals and objectives as detailed in the CDC reports, and the use of specific performance measures
- The support provided to LHJs and other entities in outbreak management and problem solving, with a focus on best practices

### ***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

- Conduct more formal after action reviews of outbreaks, identify lessons learned and opportunities for system improvement, incorporate these into future goals and objectives

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

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

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

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

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

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

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

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

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

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

This report provides you with the following information:

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

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

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

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

## **Next Steps**

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

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

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

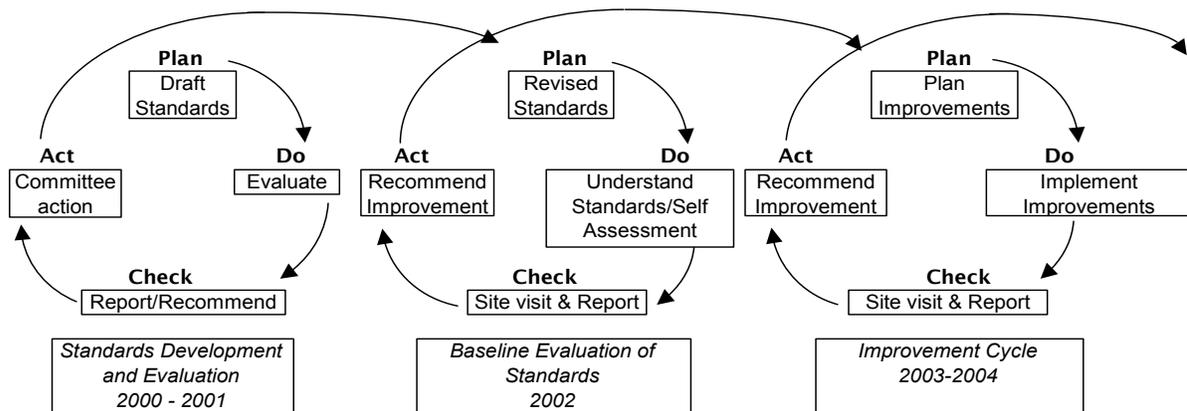
- ***Exemplary practices***: The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best

examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2005 at

[www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm) .

- **Statewide initiatives** projects such as the implementation of the Public Health Issue Management System (PHIMS) for communicable disease, and the Assessment in Action project to build assessment capacity at the local level also support improvement of practice and documentation. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

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



### Strategies for building on your current performance:

- Save the documentation you have used in this assessment as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and facilitating the use of an electronic format for the next assessment. Numerous state programs used an electronic format for all their documentation in this cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another program may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in state-wide improvement efforts that are identified through PHIP work, other multi-disciplinary efforts or by getting technical assistance from other state programs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

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

# Program: Tuberculosis

## 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		Email regarding data/TB outbreak/East Africans/Seattle, Email regarding TB surveillance/Yakama tribe, WA State Guidelines, 2003 Epidemiology report, with definitions, Cohort Review Process	Cohort Review Process
AS 1.2 S	1	The focus of this consultation and TA measure is on program assessment activities (not clinical). The examples that were provided have a clinical focus. The Cohort Review process comes closer to meeting the intent of this measure.	Cohort Review Process	
AS 1.3 S	2	The focus of this measure is on program assessment activities. Only one of the 05-09 objectives appears to relate to data and data analysis.	WA state objectives 2005-09, TB Program year 2005 goals, Cohort Review Process	
AS 1.5 S	1	Training examples and documentation appears to focus on clinical and program management, not on program assessment activities.	Resumes: training and meeting documentation	

### 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	2		Cohort Review Process, summary of training sessions with local jurisdictions	Cohort Review Process, summary of training sessions with local jurisdictions
AS 3.3 S	2		Cohort Review Process training materials, Summary report of Cohort of April-June 2004	
AS 3.4 S	0	This measure focuses on the training of DOH staff, not LHJ staff, in the skills and methods of program evaluation--no documentation provided with this focus		
AS 3.5 S	2		Program Cohort Review Process and LHJ trainings/training notes	

**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	1	The packet indicates that health assessment and epidemiologic data was reviewed at the meeting, but no indication from the agenda that the attendees were engaged in development of health policy as a part of the meeting	Meeting packet, 2004 Statewide Meeting	
AS 4.3 S	2		MTD TB Testing Decision Package	

**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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AS 5.2 S 2

IDRH Confidentiality and Security Policies,  
copy of transmission fax sheet from PHL,  
TIMS users guide

## 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	2	It is not clear from the Seattle Outbreak documentation, which appears to be a Sea-King document, what the DOH consultation and TA role was in the outbreak.	WA State TB Guidelines/Case Report Form Instructions, Cohort Review Process, multiple examples of work with LHJs around specific case examples and outbreaks	
CD 1.3 S	1	No specific documentation provided regarding how to request DOH TB technical assistance or consultation, what types of assistance are available, limitations on assistance.	WA State TB Guidelines/CDC Outbreak Response Plan	
CD 1.4 S	2		WA State Objectives 05-09 and detailed discussion of methods	
CD 1.5 S	2		TIMS, TB Epidemiologic Profile 2004, March 2005	
CD 1.6 S	2		National TB Controllers workshops certificates of attendance	

### 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>
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CD 3.1 S	2	Outbreak Response Plan is CDC document. No comparable document available describing DOH TB consultation and TA role.	WA State TB Guidelines/ Outbreak Response Plan, Laboratory/LHJ TB Contacts, 12/7/04 summary of site visit to Spokane District, summary of Chelan-Douglas TB case management discussions 3/04	
CD 3.2 S	2		WA State TB Guidelines/Case Report Form Instructions, Guidelines for LHJs on Civil Detention, Cohort Review Process, Dr. Farabaugh letter, Yakima District request	
CD 3.3 S	2		Cohort Review Process, Epi-Aid Exit Meeting 8/04	
CD 3.4 S	2		Cohort Review Process, TB Program Acuity Tool, Chart Audit Tool	TB Program Acuity Tool, Chart Audit Tool
CD 3.5 S	2		Resumes staff	

**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		Annual Report 04, WA State Objectives 05-09/Treatment and Case Management 2005	
CD 4.5 S	2		Risk Communication course 2003, program manager	

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**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		WA State TB Epidemiologic Profile 2003, 2004, WA State TB Guidelines/Treatment and Control, Seattle Homeless Outbreak presentation, Centennial Accord Plan 04-05	
CD 5.4 S	2		Conference call w/ CDC, DOH, Sea-King regarding Madison Middle School outbreak and recommended actions for future processes	
CD 5.5 S	2		National TB Controllers meetings, TB Genotyping Guide	
CD 5.6 S	1	While it is possible to track the connections among some of these documents, there does not appear to be a formal process of outbreak evaluation that identifies potential system improvements or a mechanism for tracking these potential improvements for incorporation into future program improvements	Madison Middle School Conference Call, WA State TB Guidelines/Treatment and Control of RB, multiple presentations on outbreaks	

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

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

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH 2.5 S	1	No documentation available regarding training in DOH emergency response plan	Risk communication training documentation, program manager	

**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	1	While this report makes reference to treatment practices and summarizes outbreak information, it does not specifically tie these together with health policy.	TB Epidemiologic Profile 2004	
PP 1.2 S	1	The measure focuses on consultation and TA specific to prevention and health promotion initiatives. No documentation provided that described how to obtain this type of assistance.	Health Disparities, pp16-19, Binational Card program	
PP 1.4 S	2		WA State TB Guidelines, Objectives 05-09, TB Program Goals, Cohort Review	

**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		Shelters and TB: What Staff Need to Know--link to video on TB program website, outbreak focus on methods to support contact investigations (various documents)	
PP 2.4 S	0	This measure focuses on training DOH staff in skills and methods of engaging community members in public health issues and priorities--no documentation provided that reflected this type of training		

**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		Binational Card Project, Molly and Amelia MOU	
PP 3.2 S	1	No specific gap analysis documentation available	WA State Objectives 05-09, TB Program Goals 05	
PP 3.3 S	2	If this further incorporated formal review of process learning from outbreaks (e.g., what does it take to get to contacts?), it would be an even stronger process	Cohort Review Process, assessment of impact	

**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	This measure focuses on consultation and TA related specifically to program implementation and evaluation of prevention services--documentation provided not really this specific focus	TB website has links to new resources, Cohort Review training	
PP 4.2 S	2		Guidelines for prevention of TB-ATS/CDC Treatment; California Guidelines, Assessment of Spokane during staff transition 12/03	
PP 4.3 S	2		Cohort Review Process and summaries	

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PP 4.4 S	2		WA State TB Guidelines/Case Reporting, ARPE-Grays Harbor data base
PP 4.5 S	1	It is difficult to determine whether TB Controller Training Conferences includes specific topics referenced in the measure.	Training logs, TB Controller documentation

**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	This measure focuses on consultation that is specific to gathering and analyzing information about barriers that community members and clients might have in accessing health services--the documentation provided does not appear related to this activity, being focused on TB prevention and control activities	TB Survey analysis, LHJ TB Site Review Tool Kit, 2002	
AC 2.3 S	0	The Cohort Review Process is terrific at tracking what LHJs are doing in managing their TB cases, but this measure looks for data that more broadly identifies community gaps in access to critical health services--there is no data in the cohort review that speaks to this issue.	Cohort Review Process	

**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	1	These projects speak mainly to access barriers related to TB prevention and control, but address populations that may more broadly have issues accessing healthcare	Binational Card, Corrections, Native American agreement	

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AC 3.2 S	0	No specific language in contract to coordinate with health providers	Consolidated Contract
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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	0	Measure focuses on broader system of critical health services, not specifically LHJ TB services	Cohort Summary, WA State TB Guidelines	
AC 4.2 S	0	This measure focuses on general QI tools and methods training, rather than specific applications such as the Cohort Review. This measure not only seeks QI training for DOH staff, it asks that DOH make the training available to grant and program contractors on an ongoing basis (is available). There is no documentation of current QI training available for DOH staff or contractors.	Cohort Review	
AC 4.3 S	2		Cohort Review Process	

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# Overall Score Totals

	<i>Overall Program Totals:</i>	<i>Overall DOH Totals:</i>
% Demonstrates:	<b>60%</b>	<b>67%</b>
% Partially Demonstrates:	<b>25%</b>	<b>23%</b>
% Does not Demonstrate:	<b>15%</b>	<b>10%</b>

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

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# **Tuberculosis**

## *1. Understanding Health Issues*

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
AS 1.1 S	2	Demonstrates
AS 1.2 S	1	Partially Demonstrates
AS 1.3 S	2	Demonstrates
AS 1.5 S	1	Partially 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	1	Partially 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	2	Demonstrates
CD 1.3 S	1	Partially Demonstrates
CD 1.4 S	2	Demonstrates
CD 1.5 S	2	Demonstrates
CD 1.6 S	2	Demonstrates
CD 3.1 S	2	Demonstrates
CD 3.2 S	2	Demonstrates
CD 3.3 S	2	Demonstrates
CD 3.4 S	2	Demonstrates
CD 3.5 S	2	Demonstrates

CD 4.4 S	2	Demonstrates
CD 4.5 S	2	Demonstrates
CD 5.1 S	2	Demonstrates
CD 5.4 S	2	Demonstrates
CD 5.5 S	2	Demonstrates
CD 5.6 S	1	Partially Demonstrates

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

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

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

<i>Measure</i>	<i>Score</i>	<i>Compliance</i>
PP 1.1 S	1	Partially Demonstrates
PP 1.2 S	1	Partially Demonstrates
PP 1.4 S	2	Demonstrates
PP 2.2 S	2	Demonstrates
PP 2.4 S	0	Does not Demonstrate
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	2	Demonstrates
PP 4.3 S	2	Demonstrates
PP 4.4 S	2	Demonstrates
PP 4.5 S	1	Partially Demonstrates

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

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