

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Clallam County Department of Health and Human Services

## **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 local health jurisdiction 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 commitment to community involvement, demonstrated by the Prevention Works!, Rural PACE planning, Healthy Communities Access to Care Coalition, Oral Health Coalition, Tobacco Strategic Plan, Transforming Healthcare in Clallam County programs.
- The website provides online access to vital records requests, EH complaints, Food Establishment inspection reports, assessment data, and specific clear instructions on how to contract in emergencies.
- The priority planning matrix/performance based budgeting includes goals, objectives and workload indicators, and the strategic plan, tied to the standards.

- The strong administrative capacities of county government support the work of public health.
- The Emergency Response Plan and the Policies and Procedures on communicating health alerts are comprehensive and clear.
- The EH OSS class evaluation/pre and post tests and the O&M work plan show program evaluation activities.

### ***Areas for Improvement***

- Continue on key indicators development work.
- Develop goals, objectives and performance measures at the program level and use in program evaluation.
- Conduct regular self-audits of CD investigations and of environmental health enforcement actions to assure staff compliance with procedures and protocols.

### ***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, 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 site review, an independent consultant and an internal DOH reviewer evaluated the documents and scored each measure. 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 local health jurisdictions. For LHJs, all measures were applicable; however, some (for example those that required certain actions related to an outbreak) were not applicable if an event had not occurred.

**Program Review Results:** For the measures that were assessed through program review, the scores for all programs reviewed for the individual measure were aggregated to calculate an “agency-wide” score for the measure. For these measures the LHJ detail shows only the aggregate score for the measure as the detailed comments for these measures are included in the program reports. Attached to this summary report are four program specific reports with the detailed scoring for each measure evaluated for each program, with related comments.

**Administrative Standards Results:** For the Administrative Standards, this evaluation cycle was to evaluate the Proposed Administrative Standards and 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, and to the program review method of evaluation used for numerous measures, only some of the 2005 results can be compared to the results of the 2002 Baseline. The measures that are considered comparable between the two cycles are:

- All Assessment (AS) measures, except AS 3.2 and AS 3.3, which were evaluated through program review
- All Communicable Disease (CD) measures
- Prevention and Promotion (PP) measures in standards PP1, PP2, and PP3
- All Access (AC) measures

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.

- *For each topic area:* at the end of each topic area, there is a roll-up of the scores on all *applicable, rated* measures in the topic area (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the topic area is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm> ). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all topic areas:* the final segment of this part of the report provides you with a roll-up of all topic areas, with the same benchmark data from the peer group and statewide roll-ups.

### Peer Groupings

<i>Small Town/Rural</i>	<i>Mixed Rural</i>	<i>Large Town</i>	<i>Urban</i>
Adams	Clallam	Asotin	Benton/Franklin
Columbia	Grays Harbor	Chelan/Douglas	Clark
Garfield	Island	Grant	Cowlitz
Jefferson	Mason	Kittitas	King
Klickitat	Skagit	Lewis	Kitsap
Lincoln	Skamania	Walla Walla	Pierce
NE Tri-County		Whitman	Snohomish
Okanogan			Spokane
Pacific			Thurston
San Juan			Whatcom
Wahkiakum			Yakima

### 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 and your Board of Health, 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!

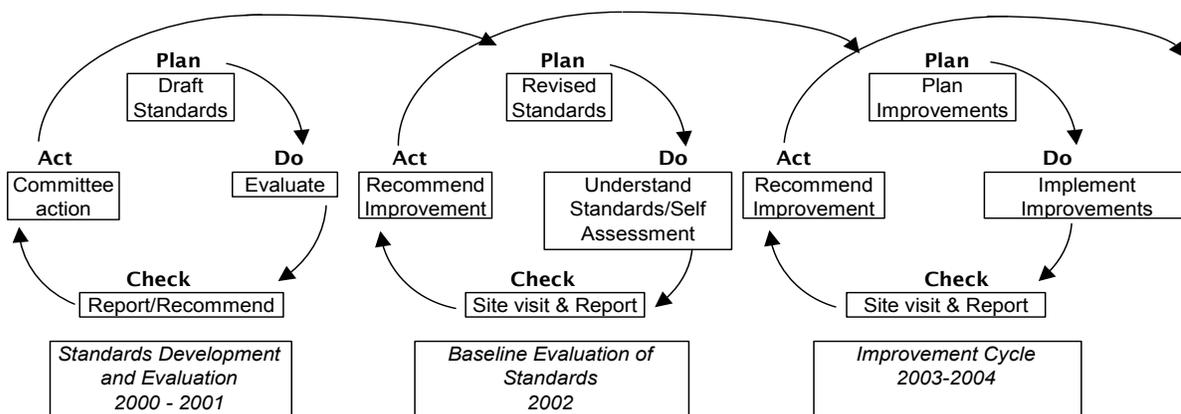
In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific measures or topic areas. You will be assisted in this effort by several initiatives:

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs 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. This cycle there were three LHJs that used an electronic format for all their documentation. These sites stated that the electronic preparation was much easier and helpful to the process than making paper copies of the documentation.
- 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 LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Participate in regional or state-wide improvement efforts that are identified through PHIP work, or other multi-disciplinary efforts, such as the recent Assessment in Action effort to build capacity for assessment at the local level.

- Identify methods for getting technical assistance from state programs, or from other LHJs 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.

# LHJ: Clallam County Dept of Health and Human Services

## 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>
AS1.1L	2		BRFSS & Dissemination plan; Webpage	
AS1.2L	2		Webpage	
AS1.3L	2		Priority Planning Matrix; Strategic Plan; Assessment Coordinator Job Description	Priority Planning Matrix
AS1.4L	1	No documentation of EH data collection; only one CD example given	BRFSS; Chlamydia data report	
AS1.5L	2		Job description; peer exchange meeting agenda	

**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>
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AS2.1L	2		Data Presentation Log; Community profile brochure joint with United Way); Community Health Forum materials; West End "Building a Healthy Community	Data Presentation Log; Community profile brochure (joint with United Way); Community Health Forum materials; West End "Building a Healthy Community
AS2.2L	1	No documentation of EH or CD data		e-mail discussion of BOH presentation of data on general health status and communication policy recommendation
AS2.3L	0	No documentation available		
AS2.4L	2		Priority Planning Matrix	
AS2.5L	0	No documentation available		

**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>
AS3.1L	2		Priority Planning Matrix; 2004 Performance-Based Budget	
AS3.2L	1			
AS3.3L	1			
AS3.4L	2		SAPTS training - Evaluation module	
AS3.5L	2		Tobacco Program	

**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>
AS4.1L	2		Tobacco Program; Transforming Health Care in Clallam county	
AS4.2L	1	No documentation of summary that include EH data	e-mail discussion of BOH presentation of data on general health status and communication policy recommendation; Priority Planning Matrix	
AS4.3L	2		Tobacco Program	
AS4.4L	2		Tobacco Program	

**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>
AS5.1L	2		County HIPAA Policy/Procedure Guidelines	
AS5.2L	1	No documentation of evidence that a specific data exchange used confidentiality procedures	Data Sharing Agreement; County HIPAA policy/procedures	

## Score Totals for Topic 1. Understanding Health Issues

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>62%</b>	<b>63%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>20%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>10%</b>	<b>17%</b>	<b>20%</b>

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

## 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>
CD1.1L	1	No documentation of info provided to law enforcement	Phone book listing & script; Webpage; public brochure	Webpage ; PH general public brochure
CD1.2L	1	No documentation of a process to identify new providers	Provider Distribution Procedure (list); Notifiable Conditions Manual; Adm Policy 702 on Distribution of Health Alerts, Advisories & Updates	
CD1.3L	2		BOH Minutes Priority Planning Matrix	

CD1.4L	2		CD Policy on Receiving & Managing Info re Notifiable Conditions; Adm Policy on Media Communications; Adm Policy on Distribution of Health Alerts, Advisories, and Updates
CD1.5L	0	No documentation provided	
CD1.6L	2		CD Tracking Logs
CD1.7L	2		Training agenda & staff attendance log

**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>
CD2.1L	1	No documentation that DOH/local non-health related agencies have information	PHEPR Resource Provider Manual; RDO Manual; Distribution schedule & list for health providers (Notifiable Conditions Manual)	
CD2.2L	2	Consider including emergency notification phone directions in Emergency Response manual for non-health provider agencies	Web page; Emergency Response Manual: Emergency Coordinating Center Operations Manual	
CD2.3L	2		PHEPR Plan: Emergency Coordination Center Operations Manual	Emergency Coordination Center Operations Manual

**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>
CD3.1L	2		Community Resource for Families & provider lists - located on intranet	

CD3.2L	2		Nodifiable Conditions Manual; Chlamydia health alert
CD3.3L	1	Insufficient documentation of Emergency Biologics procedure; no documentation that case was reported to DOH.	CD Policy on Receiving & Managing Info re Notifiable Conditions; Notifiable Conditions Manual; Case Report
CD3.4L	0	No documentation provided	
CD3.5L	0	No documentation provided	
CD3.6L	2		Job descriptions; training agenda & attendance logs

**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>
CD4.1L	2		Press release & health alert	
CD4.2L	1	Not all lists are contained in CD or Emergency Preparedness manuals. Inter/intra net may not be available in an emergency and lists would not be accessible	RDO Manual; Emergency Response Coordinating Center Operations Manual	
CD4.3L	2		Adm Policy 805 - Media Communications	
CD4.4L	2		Risk Communication Training agenda & attendance log	

**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>
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CD5.1L	8	Not applicable	
CD5.2L	8	Not applicable	
CD5.3L	8	Not applicable	
CD5.4L	8	Not applicable	
CD5.5L	2		Training Agenda & attendance logs
CD5.6L	8	Not applicable	

### Score Totals for Topic 2. Protecting People from Disease

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>62%</b>	<b>49%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>24%</b>	<b>25%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>14%</b>	<b>26%</b>	<b>16%</b>

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

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

**Standard 1: Environmental health education is a planned component of public health programs.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2			
EH1.2L	2			
EH1.3L	1			
EH1.4L	1			

**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>
EH2.1L	2		Telephone book listing, website instructs call to 911 after hours	
EH2.2L	2		CCDHHS ERP, Regional Duty Officer Manual, regional minutes document EH participation	
EH2.3L	0	No documentation available		
EH2.4L	2		ERP, Regional Duty Officer SOP, incident management system training, tabletop exercises, risk communication training	

**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2			
EH3.2L	0			
EH3.3L	2			

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.1L	2		Website access to RCWs, WACs, DOH and DOE, P&P under review and soon available on website	
EH4.2L	2			
EH4.3L	0			
EH4.4L	2			
EH4.5L	0			

### Score Totals for Topic 3. Assuring a Safe, Healthy Environment for People

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>63%</b>	<b>56%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>13%</b>	<b>26%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>25%</b>	<b>18%</b>	<b>16%</b>

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

### 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>
PP1.1L	2		Tobacco Work Plan, minutes from Prevention Works! and BOCC adopting the work plan	
PP1.2L	2		Tobacco Work Plan, minutes from Prevention Works! And BOCC adopting the work plan	
PP1.3L	2		Tobacco Strategic Plan, Evaluation Plan	Evaluation Plan

**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>
PP2.1L	2		2005-08 Tobacco Strategic Plan, Prevention Works! Board minutes	
PP2.2L	2		Training: Partnering with Medical Systems to Promote Cessation, Building Harmony with our Latino Community	

**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>
PP3.1L	2		Prevention Works! Website and links	
PP3.2L	2		Tobacco work plan 04-05, training for healthcare providers, training roster	
PP3.3L	2		Prevention Works! Needs assessment and Five Year Report to Community, Best Practices Matrix	Prevention Works! Five Year Report to Community, Best Practices Matrix
PP3.4L	1	The QI plan generally focuses more on the operational aspects of a program, identifying improvements in the delivery of the preventive services to better achieve goals and objectives. The documentation provided is a great look at systemic achievements, but is not a QI plan.	Prevention Works! Needs assessment and Five Year Report to Community, Best Practices Matrix	

**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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PP4.1L	0
PP4.2L	1
PP4.3L	1
PP4.4L	2

**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>
PP5.1L	2	The Prevention Works ! Activities are a more recent example of health promotion activities	Prevention Works! Needs assessment and Five Year Report to Community, Best Practices Matrix	
PP5.2L	1	No documentation of method to organize overall health promotion materials.	Tobacco training provided to retailers, training report and tracking forms from Catalyst	
PP5.3L	0			
PP5.4L	0			

**Score Totals for Topic 4. Prevention is Best: Promoting Healthy Living**

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>59%</b>	<b>43%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>24%</b>	<b>32%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>18%</b>	<b>25%</b>	<b>21%</b>

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

**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>
AC1.1L	2		Community Health Forum materials; data presentation log	
AC1.2L	2		Webpage; United Way I&R Webpage; Olympic Medical Center Access Webpage	
AC1.3L	1	No documentation of analysis	Healthy Communities Access to Health Care Committee minutes; BRFS	

**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>
AC2.1L	2		West End Assessment Report	
AC2.2L	2	Great documentation for isolated west end of the county	West End Report; BRFSS; Healthy Community Access to Health Care meeting minutes	
AC2.3L	2		Priority Planning Matrix-Annual Report; BRFSS: BOH minutes	

**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>
AC3.1L	2		Healthy Communities Access to Health Care Committee; Transforming Health Care in Clallam Co (transformclallamhealth.org)	Transforming Health Care in Clallam Co (transformclallamhealth.org)
AC3.2L	2		Transforming Health Care Committee materials; Volunteers in Medicine of the Olympics; Clallam Citizens for Dental Health (2005 Heroes of Health Care - Health system award winner)	
AC3.3L	2		Program for All-Inclusive Care for the Elderly (PACE)	

**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>
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AC4.1L 2

Clallam County Jail Medical/Clinical  
Services program

AC4.2L 0 No documentation provided

### Score Totals for Topic 5. Helping People Get the Services They Need

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>82%</b>	<b>60%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>9%</b>	<b>10%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>9%</b>	<b>29%</b>	<b>32%</b>

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

## Overall Score Totals: Clallam County Dept of Health and Human Services

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>64%</b>	<b>54%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>21%</b>	<b>24%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>15%</b>	<b>23%</b>	<b>20%</b>

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

# **LHJ: Clallam County Dept of Health and Human Services**

## **Program: EH: Food Safety**

### **Topic: 1. Understanding Health Issues**

#### **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>
AS3.2L	2		Program goals, workload indicators	
AS3.3L	1	No documentation that indicators are monitored or analyzed	Workload indicators	

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

#### **Standard 1: Environmental health education is a planned component of public health programs.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Food brochure, website including links to laws and regulations	
EH1.2L	2		2004 EH Germ City information booth at county fair, Restaurant Association meeting, BOH meeting regarding food code revisions	
EH1.3L	0	No documentation available		

EH1.4L	1	No documentation available on class evaluations	FHC power point
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**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		Food Establishment inspection reports on website, PHAC and BOH review of workload indicators, indicators on website	
EH3.2L	0	No documentation available		
EH3.3L	2		2003, 2004 2005 goals, workload indicators	

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		Multiple policies, Website outline of enforcement/points system, Food borne Illness Outbreak Investigation Protocol	Food borne Illness Outbreak Investigation Protocol
EH4.3L	0	No documentation available		
EH4.4L	2		Complaint data base, case example	
EH4.5L	0	No documentation available		

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>54%</b>	<b>15%</b>	<b>31%</b>

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

# LHJ: Clallam County Dept of Health and Human Services

## Program: EH: Wastewater Management

### Topic: 1. Understanding Health Issues

#### 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>
AS3.2L	2		Program goals, workload indicators, O&M work plan and timeline for 2005	
AS3.3L	1	No documentation that indicators are monitored or analyzed	2004 workload indicators	

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

#### Standard 1: Environmental health education is a planned component of public health programs.

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH1.1L	2		Website printout, onsite complaint form on line, Take Care of Your Septic flyer	
EH1.2L	2		Educational posters, cards, onsite O&M Work group, agenda/notes, Septics 101 classes, attendance sheets, PHAC and BOH minutes	
EH1.3L	2		Septic 101 class evaluation reviews and examples of changes made based on evaluations, pre and post tests, handouts on maintenance	Pre and post tests, handouts on maintenance

EH1.4L 2

Septic 101 class evaluation reviews and examples of changes made based on evaluations, pre and post tests, handouts on maintenance

**Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded, and reported.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH3.1L	2		PHAC and BOH review of workload indicators, indicators on website	
EH3.2L	0	No documentation available		
EH3.3L	2		2003, 2004 2005 goals, workload indicators	

**Standard 4: Compliance with public health regulations is sought through enforcement actions.**

<i>Measure</i>	<i>Score</i>	<i>Comments</i>	<i>Documents</i>	<i>Exemplary Documents</i>
EH4.2L	2		Multiple policies related to OSS, complaint response protocol	
EH4.3L	0	No documentation available		
EH4.4L	2		Complaint tracking log, case example	
EH4.5L	0	No documentation available		

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>69%</b>	<b>8%</b>	<b>23%</b>

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

# LHJ: Clallam County Dept of Health and Human Services

## Program: PP: Child Care

### Topic: 1. Understanding Health Issues

#### 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>
AS3.2L	2		2004 statement of work, examples of best practices	
AS3.3L	0	The intent of this measure is to monitor local performance, analyze data and assess performance. The documentation is a state level report that doesn't provide specific feedback to this program regarding performance.	HCCW Internal Evaluation Report	

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

#### 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>
PP4.1L	0	No documentation available		
PP4.2L	2		Demographic data from website, West End assessment, educational materials in English and Spanish, worksheet on cultural diversity and materials in child care settings	

PP4.3L	1	No information available on how action plans are used to evaluate against performance measures	HCC action plan form
PP4.4L	2		Job descriptions, training record

**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>
PP5.3L	0	Documentation provided is the state level report, no local goals/objectives, performance measures.		
PP5.4L	0	This measure focuses on health promotion methods (for example, social marketing) rather than program content.		

**Overall Program Score Totals: PP: Child Care**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>38%</b>	<b>13%</b>	<b>50%</b>

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

# LHJ: Clallam County Dept of Health and Human Services

## Program: PP: Immunizations

### Topic: 1. Understanding Health Issues

#### 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>
AS3.2L	1	The written goals/objectives are for DOH. The intent is to show locally developed goals/objectives and performance measures/data (that would carry out locally the direction of the statewide initiative).	Data on current level of Immunizations recorded for WIC clients in Port Angeles	
AS3.3L	0	It is not clear how the data relates to the WIC/IMM project and local goals/objectives or performance measures, no documentation of analysis and progress towards goals		

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

#### 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>
PP4.1L	0	No documentation available		
PP4.2L	1	No information provided on how staff select appropriate materials	Demographic data from website, West End assessment, educational materials in English and Spanish	
PP4.3L	0	No documentation available		

PP4.4L

2

Job description, training record

**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>
PP5.3L	0	No documentation available on goals/objectives/performance measures, evaluation of health promotion efforts.		
PP5.4L	0	This measure focuses on health promotion methods (for example, social marketing) rather than program content.		

**Overall Program Score Totals: PP: Immunizations**

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>13%</b>	<b>25%</b>	<b>63%</b>

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

# Clallam County Dept of Health and Human Services

## 1. Understanding Health Issues

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AS1.1L	2	Demonstrates
AS1.2L	2	Demonstrates
AS1.3L	2	Demonstrates
AS1.4L	1	Partially demonstrates
AS1.5L	2	Demonstrates
AS2.1L	2	Demonstrates
AS2.2L	1	Partially demonstrates
AS2.3L	0	Does not demonstrate
AS2.4L	2	Demonstrates
AS2.5L	0	Does not demonstrate
AS3.1L	2	Demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	2	Demonstrates
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	1	Partially demonstrates
AS4.3L	2	Demonstrates
AS4.4L	2	Demonstrates
AS5.1L	2	Demonstrates
AS5.2L	1	Partially demonstrates

## 2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	1	Partially demonstrates
CD1.2L	1	Partially demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	0	Does not demonstrate

CD1.6L	2	Demonstrates
CD1.7L	2	Demonstrates
CD2.1L	1	Partially demonstrates
CD2.2L	2	Demonstrates
CD2.3L	2	Demonstrates
CD3.1L	2	Demonstrates
CD3.2L	2	Demonstrates
CD3.3L	1	Partially demonstrates
CD3.4L	0	Does not demonstrate
CD3.5L	0	Does not demonstrate
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	1	Partially demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	8	not applicable
CD5.2L	8	not applicable
CD5.3L	8	not applicable
CD5.4L	8	not applicable
CD5.5L	2	Demonstrates
CD5.6L	8	not applicable

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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
EH1.1L	2	Demonstrates
EH1.2L	2	Demonstrates
EH1.3L	1	Partially demonstrates
EH1.4L	1	Partially demonstrates
EH2.1L	2	Demonstrates
EH2.2L	2	Demonstrates
EH2.3L	0	Does not demonstrate
EH2.4L	2	Demonstrates

EH3.1L	2	Demonstrates
EH3.2L	0	Does not demonstrate
EH3.3L	2	Demonstrates
EH4.1L	2	Demonstrates
EH4.2L	2	Demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	2	Demonstrates
EH4.5L	0	Does not demonstrate

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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
PP1.1L	2	Demonstrates
PP1.2L	2	Demonstrates
PP1.3L	2	Demonstrates
PP2.1L	2	Demonstrates
PP2.2L	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	2	Demonstrates
PP3.3L	2	Demonstrates
PP3.4L	1	Partially demonstrates
PP4.1L	0	Does not demonstrate
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	1	Partially demonstrates
PP5.3L	0	Does not demonstrate
PP5.4L	0	Does not demonstrate

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

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
AC1.1L	2	Demonstrates
AC1.2L	2	Demonstrates

AC1.3L	1	Partially demonstrates
AC2.1L	2	Demonstrates
AC2.2L	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	2	Demonstrates
AC4.1L	2	Demonstrates
AC4.2L	0	Does not demonstrate