

# Standards for Public Health in Washington State: 2005 Performance Assessment Report Local Health Jurisdictions Report for: Kitsap County Health District

## **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 district's administrative capacity, including 12 years of audits without a finding, budgeting process tied to priorities, HR systems, Policies and Procedures is impressive.
- The engagement of the BOH, with frequent educational sessions and the priority setting process demonstrates the commitment to getting community input.
- The EH work plans provide clear objectives and performance measures.
- The stated emphasis on customer service, on website and in other materials, and demonstrated in the EH permitting process improvements.
- The website, with online EH complaint submittal, closures and advisories, health alerts, online permit center and health information resources is a good resource for the community.

- The O&M promotional campaign and work plan is a good example of materials for the community.
- The level of community involvement, including the Tobacco Strategic Plan, the Community Resources survey, and the Standards for Healthy Kitsap Families shows the commitment to community input.
- The 2004 Annual Report, built upon the Standards, provides a clear link for monitoring performance and supporting decision-making.
- The Emergency Response Plan provides a good basis for emergency response.

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

- Develop program evaluation capacity—building on the EH work plan approach, gather data for evaluation and develop a similar model for other major programs to support evaluation and quality improvement.
- Make the linkage clearer between data and policy directions, and between priorities and programs.

### ***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

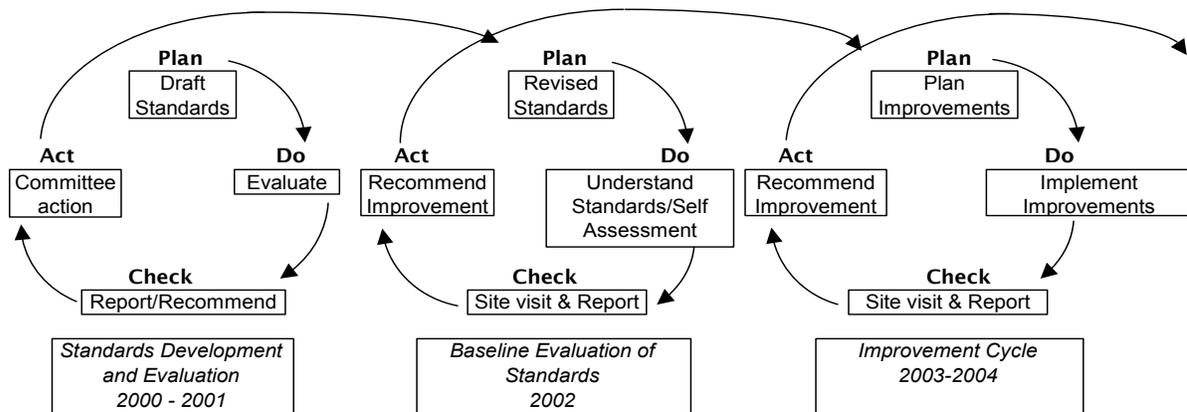
**First, celebrate what you have accomplished.** In the two and a half year period between the 2002 Baseline Evaluation and this performance assessment, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day, and especially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

## 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		Annual Report 2004; Web Pages/Health Info Resources	Web Pages/Health Info Resources
AS1.2L	2		Web Page/Health Info Resources; Contract for TA & consultation for HD	
AS1.3L	2		Epi /Assessment Work plan; Job description for Epi staff	
AS1.4L	1	No documentation that defines and describes data being tracked (data dictionary)	Health Indicators;	
AS1.5L	2		Job Description; Training Logs	

**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>
AS2.1L	2		BOH minutes; School-based Health Clinic Report	
AS2.2L	2		Annual Report 2004; BOH minutes	

AS2.3L	2		Health Info Resources investigation procedures; BOH minutes
AS2.4L	2		Annual Report 2004; Budget Priorities
AS2.5L	2		Health Indicators list; BOH minutes

**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	1	Recommendation to continue priorities did not include statements of progress toward goals	BOH minutes	
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	No documentation provided that shows training on evaluation and assessing program effectiveness		
AS3.5L	2		School-based Health Clinic Report	

**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		School-based Health Clinic Report	
AS4.2L	2		BOH Minutes	

AS4.3L	1	No documentation showing how annual review of community health indicators guides is used to guide health policy decisions	Director's Budget Priorities
AS4.4L	1	No documentation of recommendations or how used in evaluating goals and objectives	Health Indicators

**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		Legal Policy L-2 on Confidentiality; Adm Policy A-1 on IT Security; Data Sharing Agreement with Harrison Hospital	
AS5.2L	1	No documentation showing evidence of use of confidentiality procedures	KCHD Adm Policy A-1 on IT Security; Legal Policy L-2 on Confidentiality	

**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>69%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>33%</b>	<b>21%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>5%</b>	<b>10%</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	2		Phone book listing & script; Regional Duty Officer Notice & Memo; 2005 newsletter distributed to providers	
CD1.2L	2		Hospital notification of new practitioner; Community Liaison binder + notifiable conditions manual	
CD1.3L	2		Annual Report for 2004; BOH minutes	
CD1.4L	2		Regional Duty Officer Protocol flow chart; PHIMS	
CD1.5L	2		"Public Health for the Peninsulas" newsletter; Health Indicators	
CD1.6L	2		PHIMS	
CD1.7L	2		Certificates of Training	

### 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	2		Website; Phone Book	

CD2.2L	2	Community Liaison Binder
CD2.3L	2	RDO Standard Operating Procedures; KCHD Emergency Response Plan

**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		Lists of providers	
CD3.2L	2		2005 Newsletter "Public Health for the Peninsulas"; Community Liaison Binder	
CD3.3L	2		PHIMS; Emergency Biologics; Emergency Response Plan; RDO Standard Operating Procedures; Notifiable Conditions Manual	
CD3.4L	0	No documentation provided		
CD3.5L	0	No documentation provided		
CD3.6L	2		Staff training certificate & job description	

**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		Provider alert & press release re flu vaccine shortage and flu activity	
CD4.2L	2		RDO Standard Operating Procedure manual	

CD4.3L	2		News Media Relations Adm Policy A-13
CD4.4L	1	No documentation that all senior management have had risk communication training	"Risk Communication Training" + training logs

**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>
CD5.1L	2		Seabeck Outbreak Evaluation Summary	Seabeck Outbreak Evaluation Summary
CD5.2L	0	Documentation provided was not related to outbreak	BOH minutes	
CD5.3L	2		Revised Media protocols; Seabeck outbreak	Revised Media protocols outbreak
CD5.4L	1	Although important changes were made as result of evaluating response to outbreak, unclear as to how those changes impacted current or future CD goals & objectives	Evaluation of Seabeck outbreak	
CD5.5L	2		training logs	
CD5.6L	2		Evaluation of response to Seabeck outbreak	

**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>81%</b>	<b>75%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>8%</b>	<b>17%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>12%</b>	<b>8%</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 listing, website, phone script, signage posted at contaminated sites, online complaint process, sewage spill reporting and response procedures	
EH2.2L	2		KCHD ERP, Regional Duty Officer Operating Procedures and summaries, oil spill minutes and follow-up action, Seabeck Norwalk Virus outbreak report, revisions to sewage spill reporting	Seabeck Norwalk Virus outbreak report/after-action
EH2.3L	2		Sewage Spill reporting, notification to operators, website swimming beach closures/lake advisories, after-hours phone script, hotlines and helpful links, bioterrorism full scale exercise 3/30/05	
EH2.4L	2		KCHD ERP, Regional Duty Officer SOPs, PHEPR website, incident command and risk management 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	1			
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 has policies, links to RCW and WAC, on line permit center	
EH4.2L	2			
EH4.3L	0			
EH4.4L	2			
EH4.5L	2			

**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>75%</b>	<b>63%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>19%</b>	<b>29%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>6%</b>	<b>8%</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		HIV/AIDS Region 5 plan, Tobacco Strategic Plan, HCCW Partnership minutes, Standards of Health for Kitsap Families, Community Resource Survey	Standards of Health for Kitsap Families
PP1.2L	2		9/14/04 BOH minutes retains priorities adopted in 03 after analysis process,	
PP1.3L	2		Tobacco Strategic Plan 05/08 (using Data Book), with 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	The emphasis of this measure is on convening partners to review assessment information--Tobacco Plan is strongest example	Tobacco Strategic Planning Meeting Attendance	
PP2.2L	0	The focus of this measure is on methods of engaging the community in problem solving (for example, Techniques for Effective Public Participation) not on emergency preparedness. No documentation		

**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>
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PP3.1L	2		Website with links, CSHCN list, dental provider list, other resource lists
PP3.2L	1	No documentation available on how the gap analysis fits into the KCHD priority setting process	HIV/AIDS community planning group gap analysis, Smile Survey in process, Community Resources Survey, Mesa Redonda de Kitsap
PP3.3L	0	The focus of this measure is on evaluation of prevention programs (and associated service gaps) offered by KCHD-- the documentation provided does not specifically address the measure	
PP3.4L	0	The documentation provided for HIV/AIDS Prevention Case Management is a DOH initiative. The intent of this measure is the development of a QI Plan by KCHD for its programs.	

**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			
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>
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PP5.1L	2		Tobacco Prevention CATALYST reports
PP5.2L	1	This measure looks for an overall system of managing health promotion materials provided to the public--evaluating and updating all material, no documentation available regarding such a process	PCH Handouts List, Family Planning log of presentations
PP5.3L	1		
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>41%</b>	<b>58%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>29%</b>	<b>28%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>29%</b>	<b>14%</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		KCHD: Health Professional Shortage Area Assessment	
AC1.2L	2		Medical Prov List	
AC1.3L	2		HPSA Survey	

**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		HPSA Assessment	
AC2.2L	2		HPSA Assessment	
AC2.3L	2		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		Decision Makers document	

AC3.2L	2		Decision Makers document
AC3.3L	8	Not applicable	

**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>
AC4.1L	0	No documentation provided		
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>80%</b>	<b>69%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>0%</b>	<b>15%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>20%</b>	<b>16%</b>	<b>32%</b>

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

## Overall Score Totals: Kitsap County Health District

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>68%</b>	<b>68%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>19%</b>	<b>22%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>13%</b>	<b>10%</b>	<b>20%</b>

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

# LHJ: Kitsap County Health District

## 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	1	No documentation available on how data will be gathered to evaluate the performance measures and program effectiveness	2004 EH work plans	
AS3.3L	0	No documentation available		

### 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		Webpage w/ access to policies, codes, RCWs, WACs, brochures, monthly sampling reminder card	monthly sampling reminder card
EH1.2L	2		Well drilling industry meetings 03 and 04, agendas/minutes, attendees, handouts	
EH1.3L	1	No documentation available for review and changes in last year	Brochures	

EH1.4L 2

Well driller evaluations of 11/30/04 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		2004 Annual report, will be available on website, 2002 now available	
EH3.2L	1	No documentation available of EH risks (for example, water quality reports) to match up with illness reports	Website, health indicators page, includes waterborne illnesses under communicable disease--reports from DOH trended over 15 years	
EH3.3L	2		Survey of LHJs regarding DW program, survey results, DW database, compliance information and monthly reminder card	

**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		P&P: Ticket Writing	P&P: Ticket Writing
EH4.3L	0	No documentation available		
EH4.4L	2		Complaint log screen print, complaint form	
EH4.5L	2		3rd Party QSS training, SWRO Training Day, NEHA CEU tracking	

## Overall Program Score Totals: EH: Wastewater Management

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>62%</b>	<b>23%</b>	<b>15%</b>

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

# LHJ: Kitsap County Health District

## Program: PP: Tuberculosis

### 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	0	This measure seeks programmatic goals, objectives and measures that will result in data to evaluate program effectiveness. No documentation available of these elements.		
AS3.3L	0	No documentation available		

### 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	None of the documentation provided makes clear the linkage between the priorities adopted by the BOH 9/14/04 and specific programs		
PP4.2L	1	No information provided on how staff select and use patient materials	TB brochure in Spanish	
PP4.3L	0	The focus of this measure is on using information from a variety of sources to evaluate prevention programs. No documentation available		

PP4.4L 2

Job description, TB training class

**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	1	No documentation of goals, objectives, performance measures or evaluation of classes	TST classes summary, agenda, handouts	
PP5.4L	0	The focus of this measure is on health promotion methods (for example, social marketing) rather than specific content. No documentation available		

**Overall Program Score Totals: PP: Tuberculosis**

<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.*

# LHJ: Kitsap County Health District

## 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	No documentation available on how data will be gathered to evaluate the performance measures and program effectiveness	IMM 2004 reports	
AS3.3L	1	The performance measures and baseline, if established in advance, would provide a stronger framework for analysis of effectiveness	2004 IMM annual reports, includes data on activities	

### 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	None of the documentation provided makes clear the linkage between the priorities adopted by the BOH 9/14/04 and specific programs		
PP4.2L	1	No information provided on how staff select and use patient materials	IMM materials in alternate languages	
PP4.3L	1	Performance measures not adopted in advance, baseline established, so difficult to tell how these materials are used to evaluate the program	2004 IMM report, WIC roundup data,	

PP4.4L 2

Provider update training

**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	1	No documentation of goals, objectives, performance measures or evaluation of classes	Provider spring update on IMM	
PP5.4L	0	The focus of this measure is on health promotion methods (for example, social marketing) rather than specific content. No documentation available		

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

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

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

# Kitsap County Health District

## 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	2	Demonstrates
AS2.3L	2	Demonstrates
AS2.4L	2	Demonstrates
AS2.5L	2	Demonstrates
AS3.1L	1	Partially demonstrates
AS3.2L	1	Partially demonstrates
AS3.3L	1	Partially demonstrates
AS3.4L	0	Does not demonstrate
AS3.5L	2	Demonstrates
AS4.1L	2	Demonstrates
AS4.2L	2	Demonstrates
AS4.3L	1	Partially demonstrates
AS4.4L	1	Partially 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	2	Demonstrates
CD1.2L	2	Demonstrates
CD1.3L	2	Demonstrates
CD1.4L	2	Demonstrates
CD1.5L	2	Demonstrates

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

### **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	2	Demonstrates
EH2.4L	2	Demonstrates

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

#### **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	0	Does not demonstrate
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	0	Does not demonstrate
PP3.4L	0	Does not demonstrate
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	1	Partially demonstrates
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	2	Demonstrates
AC2.1L	2	Demonstrates
AC2.2L	2	Demonstrates
AC2.3L	2	Demonstrates
AC3.1L	2	Demonstrates
AC3.2L	2	Demonstrates
AC3.3L	8	not applicable
AC4.1L	0	Does not demonstrate
AC4.2L	0	Does not demonstrate