

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

## **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 scope and breadth of services and activities for a county of this size is impressive.
- The depth of community involvement in a variety of programs, and the engagement of the BOH in PH activities provide a good mechanism for getting community input.
- The new work accomplished, including the Emergency Response Plan, implementing the Notifiable Conditions Manual for providers, moving immunizations into community provider offices demonstrates clear response to emerging issues.
- The assessment activities, especially in regard to human service programs, most notably the youth development planning provide a basis for decision-making based on review of data.

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

- Develop more specific goals, objectives and performance measures for health programs, using the models from the human services programs.
- Consistently date materials, agendas, presentations, reviews and updates.
- Develop standard training log for all staff
- Develop EH enforcement procedures, possibly adopting or adapting some of the exemplary practices.

### ***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.

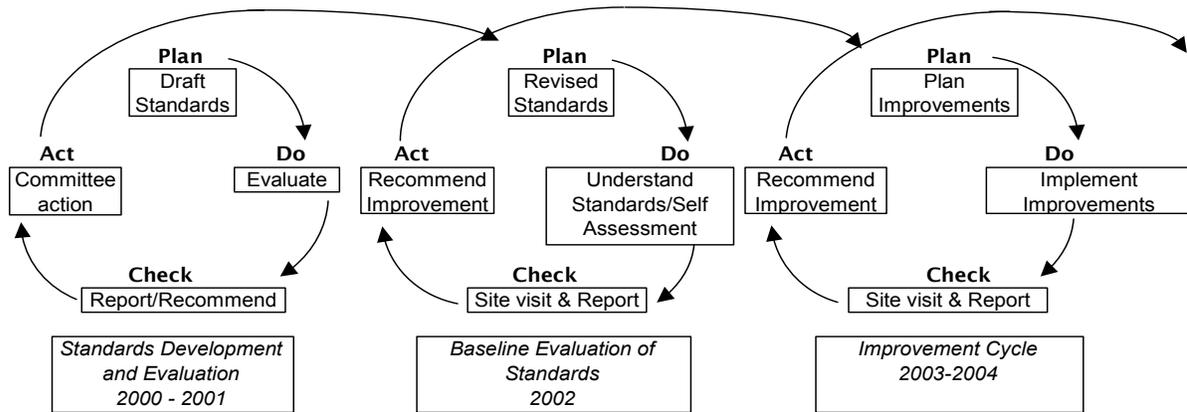
**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization’s work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and 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: Pacific County Health and Human Services Department

## 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		Human Services 2004 Annual Report; 2004 Final Budget;	Human Services 2004 Annual Report
AS1.2L	0	No documentation provided		
AS1.3L	2		MCH 03-05 Work plan	
AS1.4L	1	Does not include EH information	Annual Report to BOH	
AS1.5L	2		PH Nurse job description; training log & curriculum overview; Assessment list	

**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		Tobacco Program, 05-07 Strategic Plan	
AS2.2L	1	Does not include EH data	annual report to the BOH	

AS2.3L	2		Tobacco Strategic Plan; CD Program - Notifiable Conditions Policy
AS2.4L	2		Annual Report to BOH
AS2.5L	1	No evidence of EH	Notifiable Conditions summary; County profiles; MCH & Tobacco work plans; Human services annual report

**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		Annual report to BOH	
AS3.2L	1			
AS3.3L	1			
AS3.4L	0	No documentation of training in establishing program goals and evaluating effectiveness		
AS3.5L	2		2004 Annual review of immunization protocols /processes	

**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 Strategic Plan	Tobacco Program Strategic Plan

AS4.2L	1	No documentation of recommendations on health policy decisions; No EH information	Annual Report to BOH
AS4.3L	0	No documentation of process identifying how assessment data is used to guide health policy decisions	Family Planning QA Program
AS4.4L	1	Unclear that 2004 goals/obj were result of analysis of key data and subsequent recommendations	FP QA Plan; FP Report to BOH

**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		HIPPA Privacy Manual; Business Associate Agreement - Ahlers FP data	
AS5.2L	2		HIPPA Privacy Manual; Client Release of Info; Data Request from OB School District	

## 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>52%</b>	<b>53%</b>	<b>56%</b>
<b>% Partially Demonstrates:</b>	<b>33%</b>	<b>28%</b>	<b>24%</b>
<b>% Does not Demonstrate:</b>	<b>14%</b>	<b>19%</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		24/7 notification access plan & distribution to law enforcement e-mail; after hours phone message on LHJ number refers public to 24 hr access number.	
CD1.2L	1	No new provider identification process documented	Provider Distribution List; Notifiable Conditions Manual	
CD1.3L	2		Annual Report to BOH	Annual Report to BOH (Health Officer Summary)

CD1.4L	2	Response to Report of Notifiable Conditions Protocol
CD1.5L	2	Annual Report to BOH - CD Notifiable Conditions Report
CD1.6L	2	Notifiable Condition In-House Access Database (PHIMS)
CD1.7L	2	Training logs & certificates

**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		Washington PH Emergency "Red Book: Provider Notification Reportable Conditions Handbook & distribution list	
CD2.2L	2		24/7 Notification Access Plan; e-mail to EMS dispatch Director; Notifiable Conditions Manual	
CD2.3L	2		Notifiable Conditions Protocol	

**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		Provider list in CD Manual; Contact Info Manual	
CD3.2L	2		Provider information distribution database	

CD3.3L	2	Notifiable Condition Protocol; CD Manual - Emergency Biologics locations; CD Manual; PHIMS case screen prints;
CD3.4L	1	Region 3 Evaluation of the Notifiable Condition Surveillance System in Pacific Co & Region 3
CD3.5L	2	Response to Notifiable Conditions Protocol
CD3.6L	2	PHN Job Description; Training Certificate of Attendance

**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		Health Alert to providers; Media Advisory	
CD4.2L	2		CD Manual; Contact Information Manual	
CD4.3L	2		Notifiable Disease Protocol; Public Health Emergency Response Plan	
CD4.4L	2		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>
CD5.1L	2		Outbreak identification; internal review & interagency review with issues and recommended changes	Outbreak identification; internal review & interagency review with issues and recommended changes
CD5.2L	0	No documentation of reporting evaluation & recommendations to BOH		
CD5.3L	2		Updated CD policy on defining case definition early	Updated CD policy on defining case definition
CD5.4L	2		Revised Response to Notifiable Conditions	
CD5.5L	2		training certificates	
CD5.6L	2		Agency and Interagency Outbreak Evaluation; Revised Response to Notifiable Condition Protocol	Agency and Interagency Outbreak Evaluation; Revised Response to Notifiable Condition Protocol

**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>88%</b>	<b>61%</b>	<b>62%</b>
<b>% Partially Demonstrates:</b>	<b>8%</b>	<b>22%</b>	<b>22%</b>
<b>% Does not Demonstrate:</b>	<b>4%</b>	<b>16%</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	0			
EH1.3L	0			
EH1.4L	0			

**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		24/7 Notification Access Plan includes EH director in call list	
EH2.2L	1	No documentation of EH involvement	Local emergency response plan, table top communications exercise after action report	
EH2.3L	0	No documentation available		
EH2.4L	1	No documentation of annual training, specific roles not yet assigned	Emergency Response Plan	Risk Communication checklist

**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	0			
EH3.2L	0			
EH3.3L	0			

**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		Ordinances, codes, RCW and WACs available at front desk, on website	

EH4.2L	1
EH4.3L	0
EH4.4L	1
EH4.5L	1

### 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>19%</b>	<b>47%</b>	<b>53%</b>
<b>% Partially Demonstrates:</b>	<b>31%</b>	<b>33%</b>	<b>30%</b>
<b>% Does not Demonstrate:</b>	<b>50%</b>	<b>19%</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.**

*Measure Score Comments*

*Documents*

*Exemplary Documents*

*Monday, September 19, 2005*

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PP1.1L	2	Tobacco Strategic Plan, Minutes of HSAC with review/adoption of community mobilization and prevention strategies	
PP1.2L	2	03-05 Treatment and Prevention Plan, DASA 03-05 contract statement of work, signed by chair BOCC, 05-07 plan, ready for BOH review	
PP1.3L	2	WIC Nutrition Education Plan	WIC Nutrition Education 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		Tobacco Strategic Plan	
PP2.2L	2		Tobacco Program Annual Conference, including specific CM components	

**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		County website, smoke free tobacco guide	
PP3.2L	1	The evaluation of local services and gap analysis not clearly documented	05-07 Prevention and Treatment Biennial Plan	
PP3.3L	1	Evaluation and analysis of service gaps not clearly documented--more a description of program activities	Human Services Program and Prevention Program Plan and Annual Summary, provided to school districts and community stakeholders	

PP3.4L	0	No documentation available regarding clinical improvement plan--if the analysis of needed changes had been part of a larger PCPH activity rather than a single contract review, it would have partially demonstrated this measure.	03-05 Family Planning On-Site Review Findings
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**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	1			
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		Youth Adventures program information	
PP5.2L	0	No documentation available regarding a local process to organize, evaluate, update health promotion materials or provision of training services to the community		
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>47%</b>	<b>48%</b>	<b>48%</b>
<b>% Partially Demonstrates:</b>	<b>35%</b>	<b>31%</b>	<b>31%</b>
<b>% Does not Demonstrate:</b>	<b>18%</b>	<b>20%</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	1	Partial tracking of same aspects & specific CHS	Focus Group Summaries; Health Care Access Primary Care Access Assessment; AHEC Staff Recommendations	
AC1.2L	2		First Steps Provider Referral List (case specific referral sheet); Contact Info Book	

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AC1.3L	1	No documentation of analysis & conclusions re need for access	FP prog Proj & Actual; Tobacco prog Proj & Actuals
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**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	Survey questions indicate tracking of CHS	Focus Group Summaries; Health Care Access Primary Care Access Assessment; AHEC Staff Recommendations	
AC2.2L	2		Primary Care Access Report; County Substance Abuse Estimated Treatment Needs & Current Service Level	
AC2.3L	0	No summary or description provided on access to CHS	FP annual report to the BOH	

**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		Primary Care Access Assessment & Report; EDC Listening sessions, report & recommendations on access to primary care physicians	
AC3.2L	2		Dental Coalition Minutes & Grant Application	
AC3.3L	2		Oral Health Prevention Education grant proposal	

**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	2		FP 2004 QA Plan; Clinical Quality Improvement Report, 1st half 2004	
AC4.2L	0	unclear that training was for QI methods	training logs	

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

	<i>Specific LHM Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHM Totals:</i>
<b>% Demonstrates:</b>	<b>64%</b>	<b>47%</b>	<b>52%</b>
<b>% Partially Demonstrates:</b>	<b>18%</b>	<b>19%</b>	<b>16%</b>
<b>% Does not Demonstrate:</b>	<b>18%</b>	<b>34%</b>	<b>32%</b>

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

## Overall Score Totals: Pacific County Health and Human Services Department

	<i>Specific LHJ Totals:</i>	<i>Peer Group Totals:</i>	<i>Combined LHJ Totals:</i>
<b>% Demonstrates:</b>	<b>57%</b>	<b>53%</b>	<b>55%</b>
<b>% Partially Demonstrates:</b>	<b>24%</b>	<b>27%</b>	<b>25%</b>
<b>% Does not Demonstrate:</b>	<b>19%</b>	<b>20%</b>	<b>20%</b>

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

# **LHJ: Pacific County Health and Human Services Department**

## **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	0	No documentation available		
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		Brochures, flyers on new food code, packets for temporary, new FE	
EH1.2L	0	No documentation available		
EH1.3L	0	No documentation available		
EH1.4L	0	This measure focuses on provision of EH educational services to the public and evaluation of these trainings. No documentation available.		

**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	0	The focus of this measure is on aggregate data (rates of food borne illness, number of FEs with red points). No documentation available.		
EH3.2L	0	This measure refers to the establishment of key indicators and the use of a log or some other tracking system. No documentation available.		
EH3.3L	0	No documentation available		

**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	1	No documentation available of protocol for enforcement--currently revising local code to align with new state food code	BOH rules and regulations	
EH4.3L	0	No documentation available		
EH4.4L	1	Tracking of enforcement action and reporting to other agencies not clearly articulated	Handwritten complaint sheets	
EH4.5L	2		Attendance at state food safety code training	

## Overall Program Score Totals: EH: Food Safety

<b>% Demonstrates:</b>	<b>% Partially Demonstrates:</b>	<b>% Does not Demonstrate:</b>
<b>15%</b>	<b>15%</b>	<b>69%</b>

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

# LHJ: Pacific County Health and Human Services Department

## 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	0	No documentation available		
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		OSS packet, letter to homeowners, flyers	
EH1.2L	0	No documentation available		
EH1.3L	0	No documentation available		
EH1.4L	0	This measure focuses on provision of EH educational services to the public and evaluation of these trainings. No documentation available.		

**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	0	The focus of this measure is on aggregate data (numbers of OSS permitted, number of enforcement actions). No documentation available.		
EH3.2L	0	No documentation available		
EH3.3L	0	No documentation available		

**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	1	No protocols or procedures available	BOH Ordinances	
EH4.3L	0	No documentation available		
EH4.4L	1	Tracking of enforcement action and reporting to other agencies not clearly articulated	2005 O&M Reports and Installations, Radar Screen O&M failures, handwritten complaint sheets	
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>8%</b>	<b>15%</b>	<b>77%</b>

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

# LHJ: Pacific County Health and Human Services Department

## 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	Note that the data has not been updated since the initial report--data is the focus of this measure	Assessment and Evaluation of the Immunization Program updated 1/04, Summary Report to the BOH 2004	Assessment and Evaluation of the Immunization Program updated 1/04,
AS3.3L	2		Annual IMM program review, 2003, 2004	

### 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	2		IMM ConCon statement of work, approved by BOH/BOCC, BOH reports 2003, 2004	
PP4.2L	1	No information on how staff select appropriate materials	IMM pamphlets and handouts in Spanish, Cambodian and Laotian	
PP4.3L	1	The data has not been updated since the 2003 report	IMM program review, 2003, 2004	
PP4.4L	2		PHN job description	

**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	Documentation not available regarding the numbers of individuals (for example, receiving immunizations at schools)--performance measures are not clearly defined	IMM ConCon statement of work and report of activities 2004	
PP5.4L	0	No documentation available		

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

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

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

# **LHJ: Pacific County Health and Human Services Department**

## **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	1	No data identified at all for this program area	TB Program Clinical Protocols 1/1/03, TB Policy 3/9/05	
AS3.3L	0	No documentation provided of ongoing data monitoring, analysis, progress towards goals	Aggregate Report for TB Cohort year 2002--data is very old	

### **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 of BOH adoption of priority		
PP4.2L	1	No information on how to select appropriate materials	TB pamphlets in Spanish, Cambodian and Laotian	
PP4.3L	0	No documentation available regarding performance measures, data to utilize in evaluating performance measures	TB Policy 3/05	
PP4.4L	2		PHN job descriptions	

**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		
PP5.4L	0	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.*

# Pacific County Health and Human Services Department

## 1. Understanding Health Issues

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

## 2. Protecting People from Disease

<i>Measure</i>	<i>Score</i>	<i>Compliance Demonstration</i>
CD1.1L	2	Demonstrates
CD1.2L	1	Partially 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	1	Partially demonstrates
CD3.5L	2	Demonstrates
CD3.6L	2	Demonstrates
CD4.1L	2	Demonstrates
CD4.2L	2	Demonstrates
CD4.3L	2	Demonstrates
CD4.4L	2	Demonstrates
CD5.1L	2	Demonstrates
CD5.2L	0	Does not demonstrate
CD5.3L	2	Demonstrates
CD5.4L	2	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	0	Does not demonstrate
EH1.3L	0	Does not demonstrate
EH1.4L	0	Does not demonstrate
EH2.1L	2	Demonstrates
EH2.2L	1	Partially demonstrates
EH2.3L	0	Does not demonstrate
EH2.4L	1	Partially demonstrates

EH3.1L	0	Does not demonstrate
EH3.2L	0	Does not demonstrate
EH3.3L	0	Does not demonstrate
EH4.1L	2	Demonstrates
EH4.2L	1	Partially demonstrates
EH4.3L	0	Does not demonstrate
EH4.4L	1	Partially demonstrates
EH4.5L	1	Partially 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	2	Demonstrates
PP3.1L	2	Demonstrates
PP3.2L	1	Partially demonstrates
PP3.3L	1	Partially demonstrates
PP3.4L	0	Does not demonstrate
PP4.1L	1	Partially demonstrates
PP4.2L	1	Partially demonstrates
PP4.3L	1	Partially demonstrates
PP4.4L	2	Demonstrates
PP5.1L	2	Demonstrates
PP5.2L	0	Does not demonstrate
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	1	Partially demonstrates
AC1.2L	2	Demonstrates

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