

# PHIP Workforce Development Committee Report

## THE STANDARDS AND THE 2008 PERFORMANCE REVIEW

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 this report 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.

## WORKFORCE DEVELOPMENT

The Public Health Improvement Plan's (PHIP) Workforce Development Committee focuses work on all aspects of the governmental public health workforce. In Washington State, there are approximately 5,400 people that work in the diverse profession of public health, such as nursing, medicine, nutrition, epidemiology, biology, environmental health, and engineering, sanitation, education and communications. An in-depth description of the state's workforce can be found at: [www.doh.wa.gov/phip/communications/tools/survey/everybodycounts/](http://www.doh.wa.gov/phip/communications/tools/survey/everybodycounts/).

Through the standards, Washington's public health officials have created a measurement process that increases accountability and helps manage performance effectively in the area of workforce development. Three Standards, (5) *Planning for and Responding to Public Health Emergencies*, (8) *Program Planning and Evaluation* and (10) *Human Resource Systems*, reflect this process. For each of these standards, there is an analysis of measure performance and accountability.

The performance measures include:

- Employee orientation to the Emergency Preparedness and Response Plan (EPRP)
- Professional requirements, knowledge, skills and abilities for staff
- Customer services standards for all employees
- Recruitment and retention of qualified and diverse staff
- Job descriptions and staff training

For each of these standards, there is an analysis of measure performance and accountability. Please note: there were a variable number of sites reviewed for each measure, 33 for LHJ "agency review" and 100 for "program review"; therefore it is important to take this into consideration in understanding the specific measure's result.

## 2008 PERFORMANCE REVIEW

The performance review included 34 local health jurisdictions (LHJs) sites, 20 Department of Health (DOH) program sites and the State Board of Health for a total of 55 sites. Each site was asked to use the Guidelines to prepare for an on-site visit by organizing the documentation supporting the review of each measure.

During the site review, an independent consultant from MCPP Healthcare Consulting and/or an internal DOH or LHJ reviewer evaluated the documents and scored each measure. The tables in the following pages represent those standards and measures of LHJs and DOH that are applicable Workforce Development.

## WORKFORCE DEVELOPMENT-RELATED STANDARDS AND MEASURES

There are 3 standards and 20 measures that intersect with the work of the WFD Committee. These are outlined below, along with an analysis of the demonstrated performance results.

### RESULTS

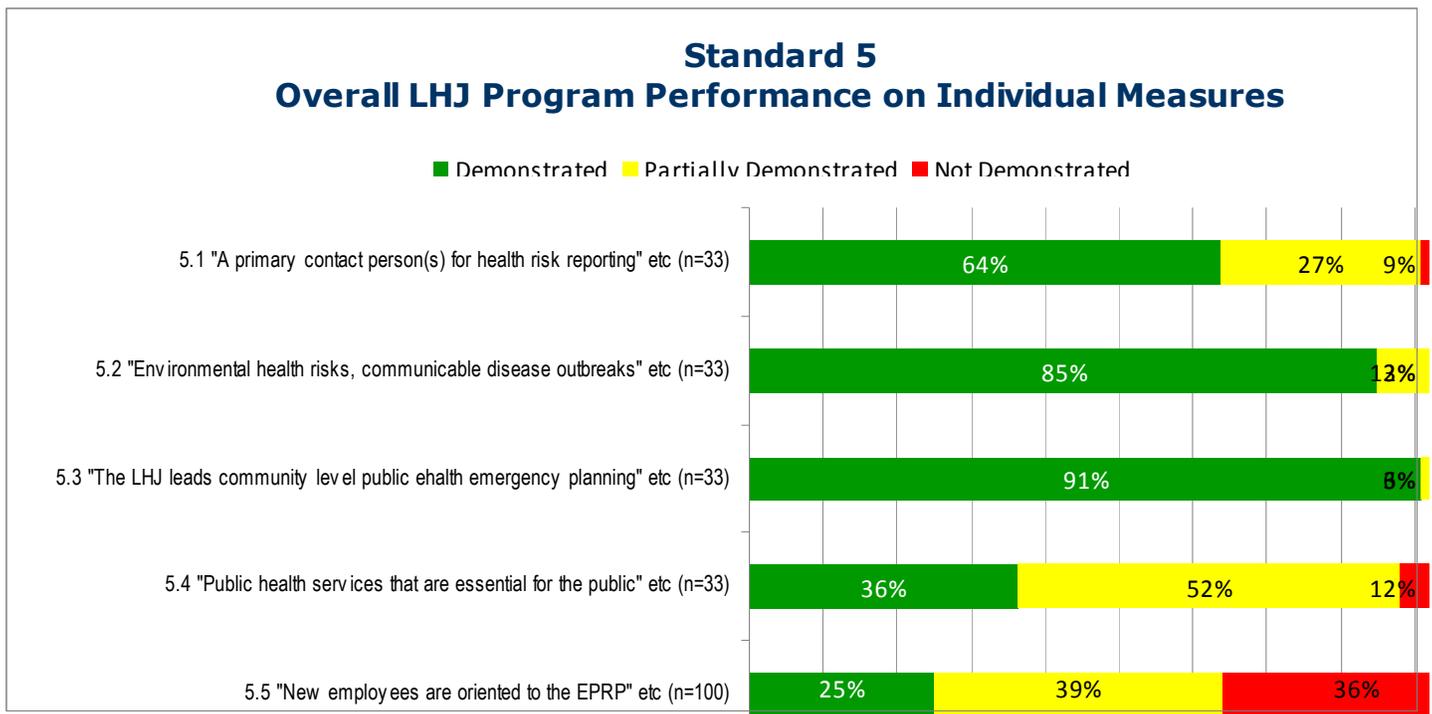
#### Standard 5: Planning for and Responding to Public Health Emergencies

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters and other events that threaten the health of people.

The workforce-specific Standard 5 measures are:

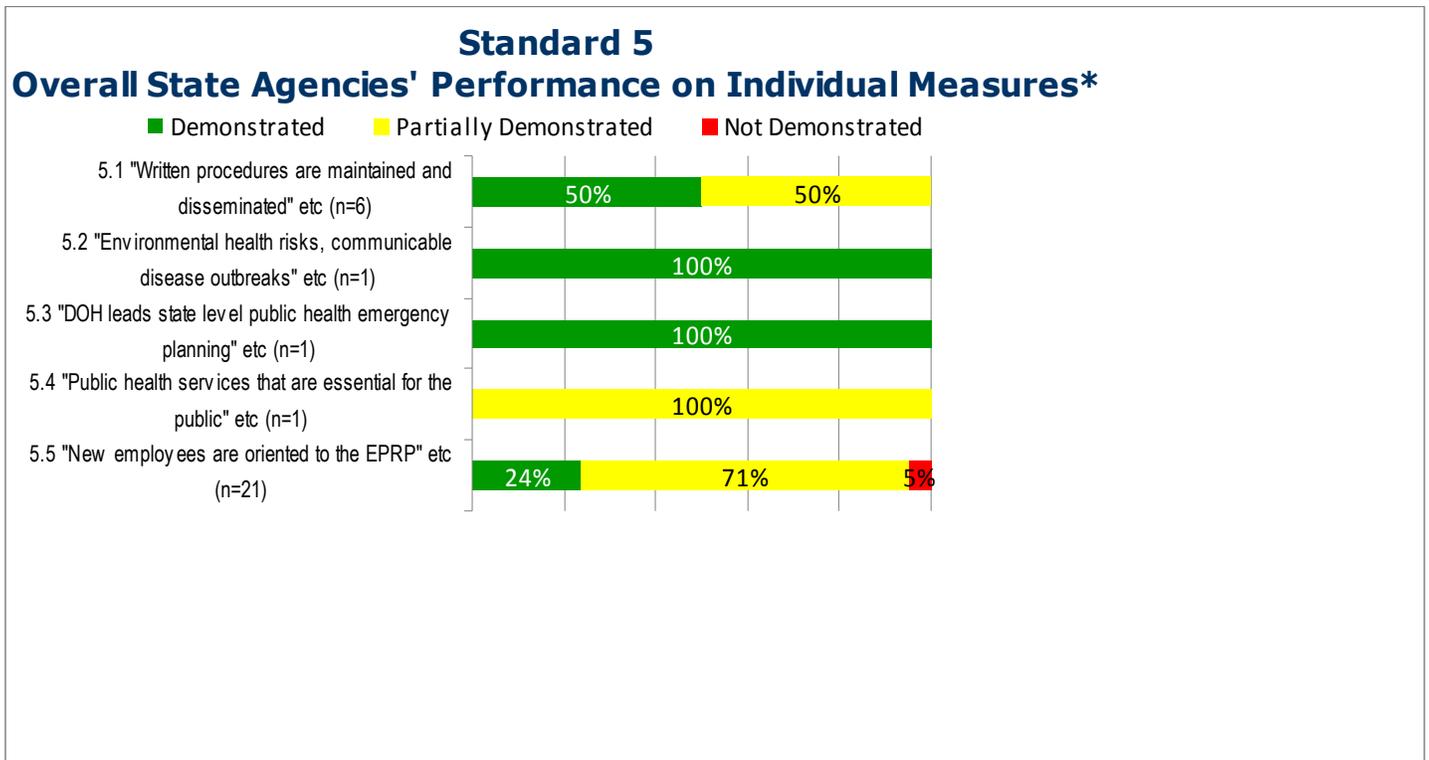
- **5.5L** New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees.
- **5.5S** New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees

Chart 1



Locally, this standard has an aggregate percent demonstrated of 50% which is mid-range performance in a standard for LHJs in 2008. Only three of the five measures in this standard have 50% or more of the LHJs that were able to demonstrate performance. Measure **5.5L**, with just 25% demonstrated performance, and highlights the low performance of orienting new employees and annual training of all employees to the EPRP. The same measure at the state level also has low performance and together these provide an excellent opportunity to improve EPRP training at both the local and state level.

Chart 2



*\*Includes State Board of Health*

This standard has an aggregate percent demonstrated of 33% which is the lowest performance in a standard for DOH in 2008. Measure **5.5S**, with just 24% demonstrated performance, and highlights the low performance of orienting new employees and annual training of all employees to the EPRP. The same measure at the local level also has low performance and together these provide an excellent opportunity to improve EPRP training at both the local and state level.

### Standard 8: Program Planning and Evaluation

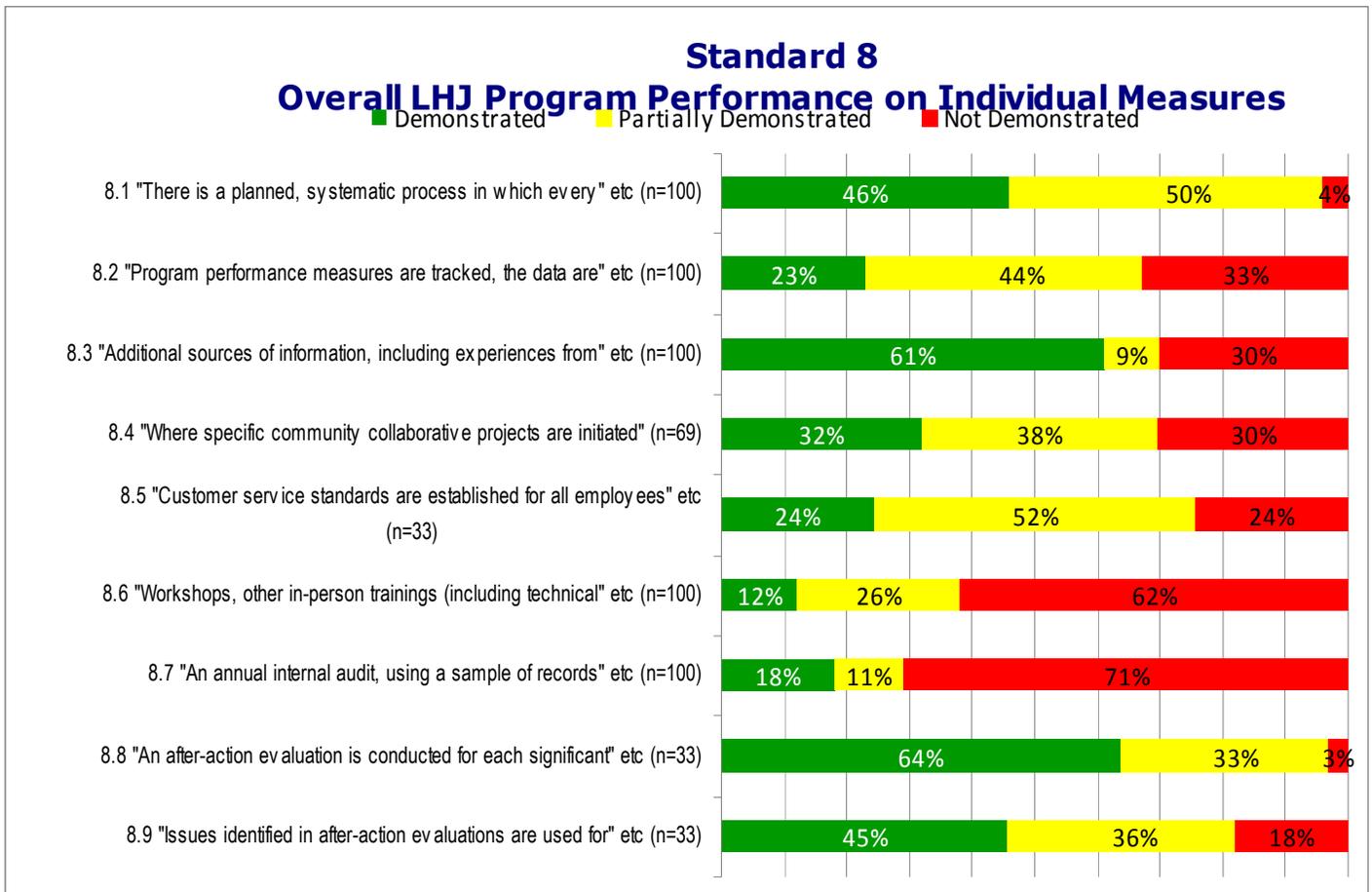
Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular tracking, reporting, and use of results.

The workforce-specific measures for Standard 8 are:

- **8.1L** There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff working in the program are identified.
- **8.1S** There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, competencies, skills, and abilities for staff working in the program are identified. Consultation to LHJs or other stakeholders is addressed in goals, objectives, and/or performance measures.
- **8.2L** Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.
- **8.2S** Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.

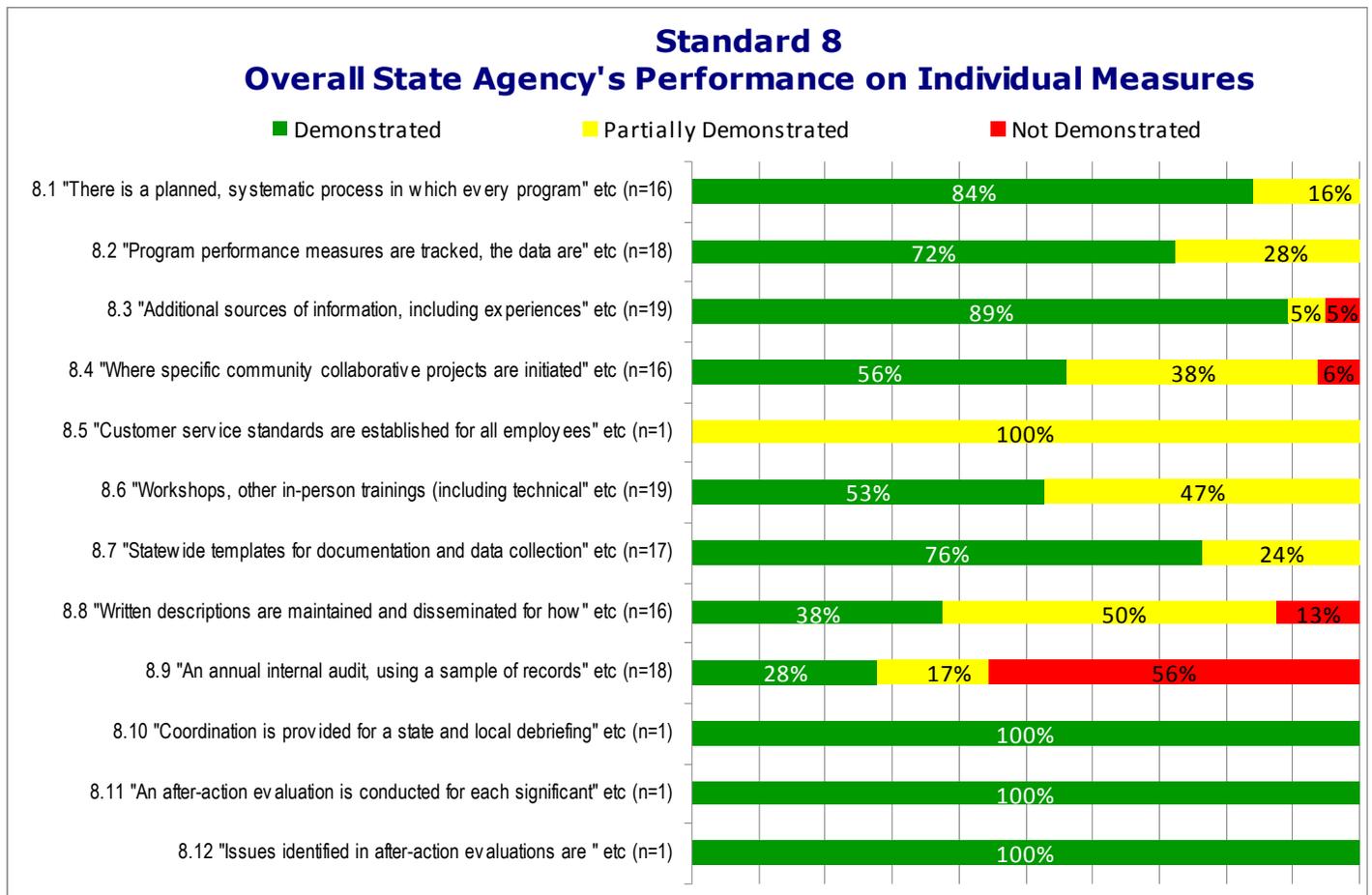
- **8.3L** Additional sources of information, including experiences from service delivery, funding availability, and information on evidence-based practices are used to improve services and activities. Experience from service delivery may include public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention, and health education activities.
- **8.3S** Additional sources of information, including experience from service delivery, funding availability, and information on evidence-based practices are used to improve services and activities. Experience from service delivery may include public requests, testimony to the SBOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention, and health education activities.
- **8.5L** Customer service standards are established for all employees with job functions that require them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.
- **8.5S** Customer service standards are established for all employees with a job function that requires them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.
- **8.6L** Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.
- **8.6S** Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.
- **8.8L** An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.
- **8.11S** An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.

Chart 3



This standard has an aggregate percent demonstrated of 34% which is tied with Standard 12 for the lowest performance in a standard for LHJs in 2008. Only two of the nine measures (18%) in this standard have 50% or more of the LHJs or of local programs able to demonstrate performance. The 50% partially demonstrates result in measure **8.1L** does not reflect that half the LHJs partially demonstrate the establishment of performance measures, but primarily reflects the programs that demonstrated the second requirement in the measure related to the professional requirements for program staff that was scored by reviewing example job descriptions.

Chart 4



This standard has an aggregate percent demonstrated of 63% which is mid-range performance in a standard for DOH in 2008. The high performance result of 84% in measure **8.1S** reflects the agency-wide initiative DOH conducted to have programs develop logic models and establish performance measures in all programs. Two of the workforce-specific measures are agency-level measures (**8.5S**, and **8.11S**) and were reviewed just once.

### Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

The workforce-specific measures for Standard 10 are:

- **10.1L** Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.
- **10.1S** Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.
- **10.2L** Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of required job duties.

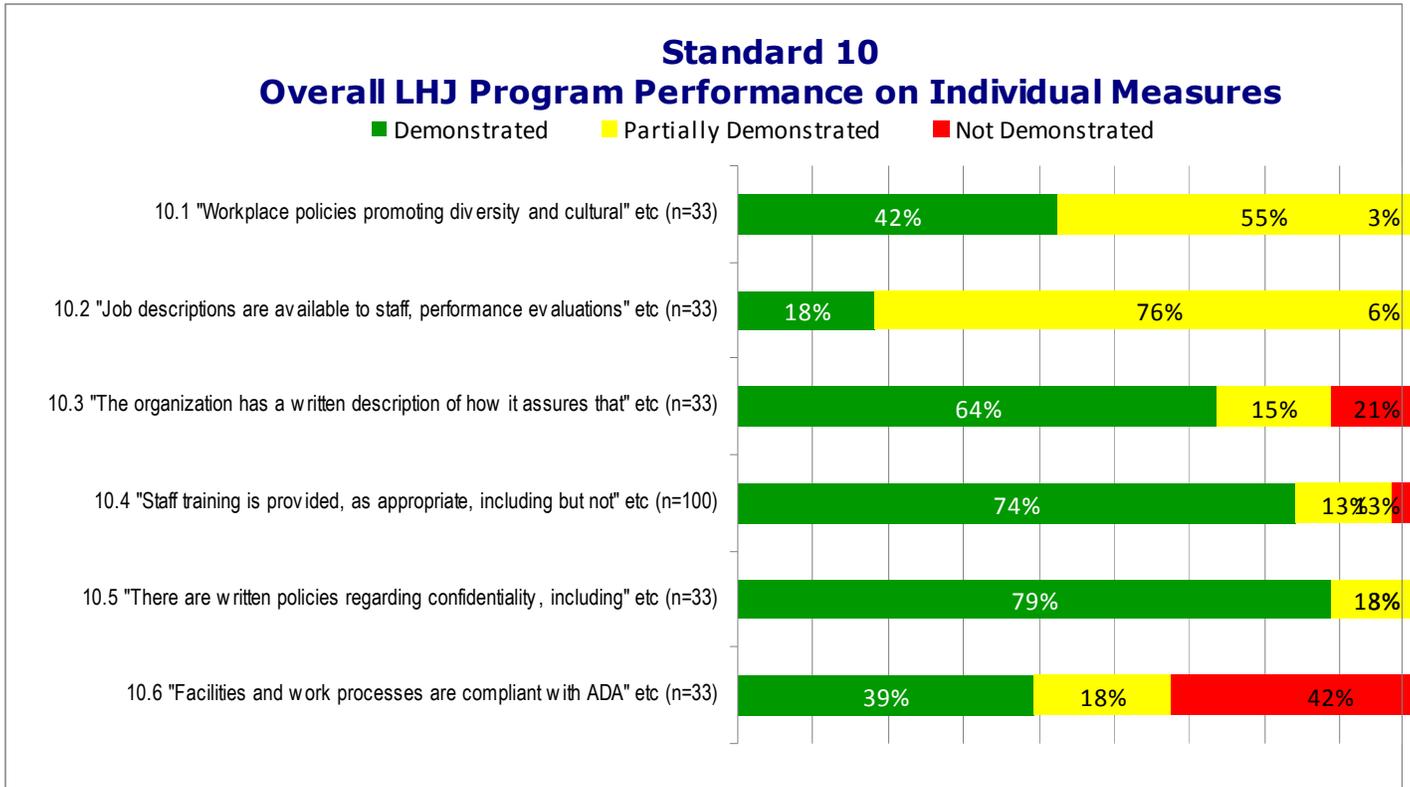
- **10.2S** Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of required job duties.
- **10.4L** Staff training is provided, as appropriate, including but not limited to the following topics:
  - Assessment and data analysis
  - Program evaluation to assess program effectiveness
  - Confidentiality and HIPAA requirements
  - Communications, including risk and media relations
  - State and local laws/regulations/policies including investigation/compliance procedures
  - Specific EPRP duties
  - Community involvement and capacity-building methods
  - Prevention and health promotion methods and tools
  - Quality improvement methods and tools
  - Customer service
  - Cultural competency
  - Information technology tools
  - Leadership
  - Supervision and coaching
  - Job-specific technical skills

Training is evidenced by documentation of learning content and specific staff participation or completion.

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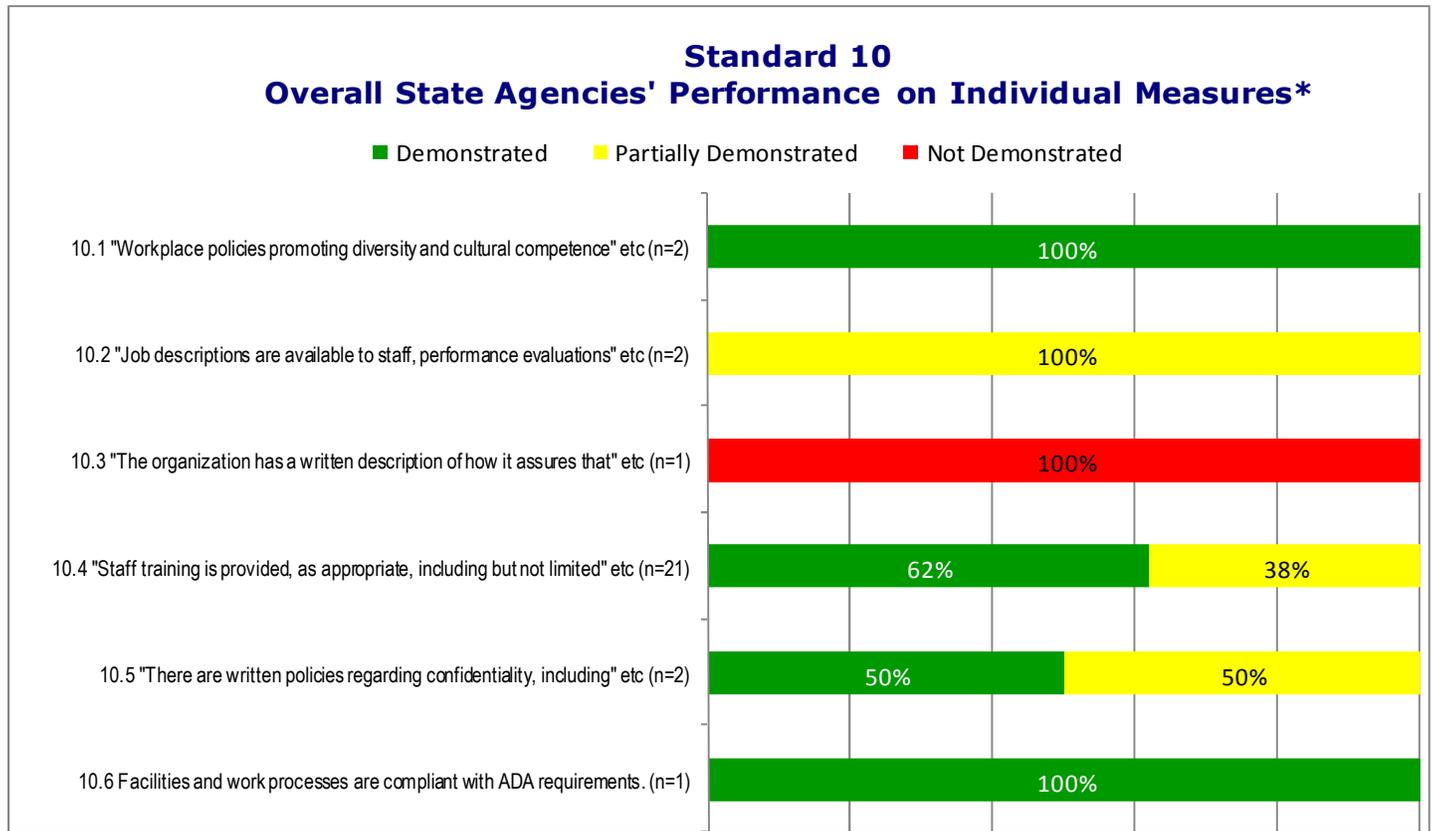
Training is evidenced by documentation of learning content and specific staff participation or completion.

Chart 5



This standard has an aggregate percent demonstrated of 58% which is mid-range performance in a standard for LHJs in 2008. Half of the six measures in this standard have 50% or more of the LHJs that were able to demonstrate performance. The lower performance in measure **10.2L** is related to a relatively low percent of individual staff performance evaluations that are timely and that contain training plans.

Chart 6



*\*Includes the State Board of Health*

This standard has an aggregate percent demonstrated of 59% which is mid-range performance in a standard for DOH in 2008. Only measure **10.4S** was reviewed for all programs. The rest of the measures were evaluated once for the agency. The partial performance in measure **10.2S** is related to a relatively low percent of individual staff performance evaluations that are timely and that contain training plans.

### Recommendations

The following recommendations are specific to the results of the 2008 Performance Review regarding the Workforce Development Committee. An important tool in effectively implementing these recommendations is the 2008 Exemplary Practices Compendium that contains examples of processes and documentation that demonstrate performance of at least one requirement of a specific measure. Reviewers observed that among all the LHJs and state programs, the components of the "high performing" public health system are almost all present somewhere. They just don't exist together in any single LHJ or DOH program. Many examples of this exemplary public health system do exist, however, in the Exemplary Practices Compendium.

Recommendations are made to assist local and state agencies in developing meaningful approaches to address deficiencies and capitalizing on opportunities. Please refer to page 19 of the Overall System Report for the full recommendations that are highlighted below.

Measuring against the standards is a way for effective quality improvement in targeted areas. Many local and state programs were only able to partially demonstrate performance due to a failure to complete the Plan-Do-Study-Act (PDSA) cycle of improvement.

**Recommendation:** Management processes and evaluation and improvement templates should emphasize the Study step of the PDSA cycle, and the Act step should be emphasized in leadership and governance minutes and reports.

### **Emergency Preparedness and Response Plan (EPRP) Orientation and Training**

Measure **5.5L&S** had low performance in 2005 and again across the public health system in this 2008 review.

**Recommendation:** *LHJs and DOH should establish processes to consistently orient new staff and to conduct annual training of all staff in the agency EPRP, especially to the staff person's specific role in an emergency.*

### **Customer Service Standards**

Measures **8.5L&S** require that customer service standards be established for all employees that interact with the public, stakeholders and/or partners and that measure for these standards be identified and evaluated. At the local level, only 24% of LHJs were able to demonstrate that they had established and evaluated customer service standards for those staff that interact with the public. The DOH agency partially demonstrated this measure.

**Recommendation:** *Exemplary Practices should be used to improve their performance in customer service by adopting or adapting them for their agency.*

### **Performance Evaluations with Training Plans**

Measures **10.2L&S** require that performance evaluations are conducted routinely and include training plans that are updated annually. This measure was partially demonstrated by DOH agency and only 18% of LHJs were able to demonstrate the measure.

**Recommendation:** *Ensure that performance evaluations with staff training plans are conducted and documented annually. Exemplary Practices should be used to improve their performance in conducting evaluations by adopting or adapting them for their agency.*

Standard 8, relating to staff program planning and evaluation, should be a focus of the WFD Committee's work efforts.

It is also recommended that:

- Committee members review the complete 2008 Overall System Report on the Standards for Public Health in Washington State report to ensure that all the standards impacting workforce development be considered
- Highlight the need to continue making progress on the areas of measures strength for DOH and LHJ
- Review the committee's work plan to determine how areas of improvement can be addressed through committee work