

Standards for Public Health in Washington State: 2008 Performance Review Report

Department of Health *Facilities and Services Licensing*

The Standards and the 2008 Performance Review

Thank you for participating in the performance review 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 NACCHO Operational Definition.

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 agency or program and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

Strengths

- The HSQA FSL website, including information and links to regulations and applications for licensing, reference manuals and the Health Care Survey Home page
- The policies and procedures for enforcement and compliance activities
- The Adverse Events information, training sessions and technical assistance to facilitate licensees in the identification of root cause to address opportunities for improvement

Areas for Improvement

- Assure that quantifiable program performance measures are established for all program activities to facilitate monitoring of progress toward goals and objectives and to provide data for identifying opportunities for improvement
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop
- Implement processes to engage stakeholders in the review of relevant data to support health policy decisions and to improve program activities
- Provide information to LHJs regarding new licensees in their communities to facilitate distribution of reportable conditions information and increase reporting by providers
- Keep working on training tracking, including annual review of the EPRP
- Assure that all eligible staff receive performance evaluations annually with individual staff training and development plans as part of the evaluation process
- Implement a process to verify new employee's licensure and qualifications, especially as this relates licensed employees in DOH

The Performance Review Approach

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 a local health jurisdiction 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 from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

Results of the Site Review

The attached report is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable to the agency or program.

Comparability to the 2005 Evaluation results: Due to the major revisions in the Standards and measures, only some of the 2008 results can be compared to the results of the 2005 Evaluation results. Please use the crosswalk of the 2005 Standards to the 2008 Standards to identify the measures that are comparable between the two cycles.

Scoring and Related Information in the 2008 Review Site Reports

- For each measure [scored by the reviewer]:
 - 2 = demonstrates the measure,
 - 1 = partially demonstrates the measure,
 - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *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 Standard:* at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*).

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 2005 Evaluation and this performance cycle, 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 for your work in preparing for the site reviews.

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

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

- **Exemplary practices:** The Exemplary Practices Compendium provides you with documentation from many of the LHJs and DOH programs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2008 at www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm
- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. 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 review. The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011. Your program may save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance. Other strategies for improving your performance and documentation include:

- 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 or DOH program may have an excellent process or documentation method that you can start using with less time and effort.
- Identify methods for getting technical assistance from other state programs or from 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 2008 performance review, 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.

FACILITIES AND SERVICES LICENSING

	Measure	Score	Comments	Documents
1.3 S	<p>Written recommendations for policy decisions, program changes, budget changes or other actions.</p> <p>For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.</p> <p>Documentation that LHJs are involved in the development of state level recommendations that affect local operations.</p>	2	It is not clear what data were reviewed and used that led to the Adverse Event legislation. The Prescription Monitoring Program did demonstrate the data that led to the policy decision.	E2SSB 5930 section 42 and Draft 2009-2011 Strategic Plan-- Prescription Monitoring Program requirement, Patient Safety Adverse Event Reporting legislation (ESSB 6457 and FSL program plans for 09-11 STP,
1.5 S	<p>For programs/activities that collect and use data, description of method for LHJs or other state programs to obtain technical assistance or consultation on how to collect and analyze health data. Note: Consultation is focused on health data collection and analysis methods and expertise, and not on specific requirements such as contract performance/compliance.</p> <p>Documentation of consultation or technical assistance to LHJs or other state programs regarding how to collect and analyze health data (at least two examples).</p>	2	The intent of this measure is to provide contact information for stakeholders and clients to obtain technical assistance on how to collect and analyze data and to provide two examples of providing requested assistance. An example of training session for root cause analysis of adverse events was presented.	DOH HSQA FSL website, Health Care Survey Home page, Adverse Events training PPT, numerous emails to individual healthcare facilities staff regarding consultation and training for adverse events reporting, spreadsheet with nine examples of requests for TA and consultation on adverse events and root cause analysis
1.9 S	<p>For projects or activities that include research-based information, one example of collaboration with outside researchers on community health that demonstrates at least one of the activities listed below:</p> <ul style="list-style-type: none"> • identification of appropriate populations, geographic areas or partners, or • active involvement of the LHJ and/or community, or • provision of data and expertise to support research, or • facilitation of efforts to share research findings with state stakeholders, the community, 		This measure is NA for FSL.	

	governing bodies and policy makers.			
2.8 S	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. Note: If the program/activity does not have any reporting and compliance requirements, the program/activity is exempt from demonstrating performance.	2	The FSL home page did not include any information regarding educational offerings, although some documentation indicated that educational sessions have been presented to hospitals, pharmacies, etc..	3/07 letter to facilities regarding new regulations for reporting of Adverse Events, announcement of New Drugs/New Laws 2008 course on WSPA website with FSL staff presenter
2.9 S	For programs and activities that provide regulations and codes to the public, the information is publicly available for all the topics listed below (one example of each): • written policies, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Note: Form of documentation should indicate how it is made available to the public.	2		DOH Professions and Facilities Licensed, Certified or Registered pages, Website listing of facility types with regulations and application procedures for each, In Home Services Written Policies section of Reference Manual-4/08,
2.10 S	Two examples of educational material in non-English language OR One example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	1	Unable to identify any FSL related information in non-English.	DOH HSQA FSL website complaint number for Spanish speakers
3.1 S	Documentation of community and stakeholder review of health data, including a set of core indicators. Note: The intent is for DOH Staff to present health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.	0	The intent of this measure is to review data with stakeholders and to generate recommendations for actions or interventions.	No documentation presented to address this measure.
3.2 S	Gap analysis for critical health services and for prevention services reported to at least one of the groups listed below: • LHJs, OR • appropriate state, regional or local	1	The Farm Worker Housing Health Map shows the increase in available housing, but does not include a	2006-2007 Serious Reportable Events (from 47 hospitals),

	stakeholders, OR • state level colleagues. Results of program evaluations reported to at least one of the groups listed below: • LHJs, OR • appropriate state, regional or local stakeholders, OR • state level colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.		description of the gap in needed farmworker housing. No documentation was presented on the reporting of the Adverse Event data results to an appropriate group.	3/08 Health Map on Farm Worker Housing
4.1 S	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour DOH contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories including new licensees. Distribution of notifiable conditions information (at least annually to assure that contact number is current).	1	Unable to verify the communication of current contact information for reporting of Adverse Events.	Adverse Events reporting requirements communicated to appropriate health care facilities in March 2007, Health Care Survey website section of the DOH HSQA website
4.11 S	Written procedures for investigation and compliance actions, which conform to state laws, contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2		4/08 Intake Data Collection Policy-C1.1, Establishing Complaint Priorities Policy C1.2, Triage and Priority Assignment IRLS eLicense User Manual- 1/07 and 1/08 (still noted as draft), Policy C1.3, Immediate Jeopardy Policy C 1.4, Numerous policies for complaint investigation with type of documentation needed for enforcement action.
4.12 S	Tracking system for DOH investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2		ACTS Complaint/Incident Investigation Log- 9/07 to 3/08, ASPEN Survey Explorer (ASE) system links

				survey findings with complaint investigations, Integrated Licensing and Regulatory System (ILRS) -- implemented 2/08 to integrate databases
5.5 S	Documentation for most recent 24 months of all new employees receiving orientation to the agency EPRP. Annual review of agency EPRP with all employees (twice within last 24 months). Note: May be division or program specific documentation for every division or program or agency wide with documentation of attendance from every division or program.	1	No documentation of new employees being oriented to the EPRP as part of their orientation.	Update log of "Annual " DOH Emergency Preparedness training for March-May 2006 and for March-May 2008
6.1 S	Written descriptions of key program or activity components relevant to prevention and health education activities provided by DOH, LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by DOH, LHJs or through contracts with community partners for any of the groups listed below: • individuals, or • families, or • community in general.		This measure is NA for FSL	
6.3 S	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials	1	No documentation provided of review of prevention information or of any examples of updated materials used in the FSL program, including technical assistance.	DOH Publications website and processes describe the process for materials development and use, review Criteria Checklist for DOH Publications,
6.4 S	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, peer education).		This measure is NA for FSL.	
6.5 S	Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding prevention	2	The offer and contact information for TA and consultation is clear and explicit on the Migrant Farmworker	Patient Safety Adverse Event Monthly Report for

	<p>policies and/or initiatives that include at least one of the types of activities listed below: • development of prevention services, • delivery of prevention services, • evaluation of prevention programs and activities.</p> <p>Distribution/availability of procedures to LHJs and other stakeholders within last 14 months.</p> <p>Documentation of consultation or technical assistance to LHJs or other stakeholders regarding emergency preparedness (at least two examples) within last 24 months.</p>		<p>Housing pages on FSL website. This type of description should be added to other FSL web pages for TA and Consultation.</p>	<p>12/07 with documentation of technical assistance, Migrant Farmworker Housing pages on FSL website</p>
6.7 S	<p>Written review of prevention, health promotion, early intervention and outreach services and activities that indicates evaluation for compliance with all the types of information listed below: • evidence based practice, AND • professional standards, AND • state and federal requirements.</p>		<p>This measure is NA for FSL.</p>	
7.2 S	<p>Reports of the availability/numbers of providers and services specific to local jurisdictions that address all three categories of services listed below: • licensed health care providers, AND • facilities AND • support services.</p> <p>Distribution of the availability reports to LHJs and other stakeholders within last 24 months.</p> <p>List or other documentation of contact information for newly licensed/moved providers and facilities that are required to report notifiable conditions dated within last 14 months.</p> <p>Distribution of this contact information for newly licensed/moved providers to LHJs and other stakeholders within last 14 months.</p>	1	<p>The intent of this measure is to verify that state programs, including FSL, provide needed information to local jurisdictions and other stakeholders regarding licensed health care providers and facilities. No documentation of any notification to LHJs or other stakeholders of the online search information being available or of any documentation of newly licensed/moved providers and facilities that are required to report notifiable conditions being communicated to LHJs or other stakeholders.</p>	<p>HSQA Online Search pages for health care providers and health care facilities</p>
8.1 S	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures, including consultation to LHJs or other stakeholders, shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed a written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1	<p>The HSQA Strategic Plan contains a couple of timeliness related performance measures for FSL, which are a good start to establishing more comprehensive list of performance measures for FSL activities. The Strategic Plan should be strengthened by including all program areas in establishing goals, objectives and performance measures.</p>	<p>HSQA 2007-2009 Strategic Plan, DOH Core Competencies document, HSC 1, 3, 4 job descriptions, PHA 1,2, 3 job descriptions</p>

8.2 S	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, documentation showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	2		Performance Measure Tracking Table-- Quarter 10-12/07, HSQA Health Map presentation
8.3 S	Use of additional of information to improve services and activities, including an example for each program from the information sources listed below: • experiences from service delivery, including public requests, testimony to the State BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	2		In Home Service Provider survey on computer use and language needs, In-Home Survey Results, 3/08 email with Survey Results and establishment of ListServ for In Home Service for regular updates
8.4 S	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below: • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	1	No documentation provided of the analysis of data or of objectives and performance measures.	Ambulatory Surgical Facility Work Group- 9/07 minutes, 2007 Legislative Deliverables work plan
8.6 S	One example for each program being reviewed of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example of educational curricula or material revised to address evaluation results dated within last 24 months.	1	None of the evaluation summaries included the overall rating scale results (1 to 5), but just the narrative comments. Quantifiable evaluation measurement can facilitate monitoring for improvements in training evaluations and planning for the future. No documentation about how the evaluations were used to improve the training sessions was presented.	Single Complaint Process training evaluation and summary of evaluation results.
8.7 S	For programs/activities that have contracts with LHJs or with other contractors, template(s) to support performance measurement by LHJs and other contractors include both types of information listed below: • methods to document performance measures, AND • methods for monitoring (data collection) performance measures. Distribution of templates for performance measurement to LHJs and other contractors within last 24 months.		This measure is NA for FSL.	

8.8 S	Description of the method(s) for LHJs or state programs to obtain consultation and technical assistance regarding program evaluation methods and tools. Distribution/availability of procedures to LHJs and state programs within last 14 months. Documentation of consultation or technical assistance to LHJs or state programs regarding program evaluation methods and tools (at least two examples) within last 24 months.		This measure is NA for FSL.	
8.9 S	Aggregated annual internal audit* results for last two years of a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity records for repetitive activities, such as the development or use of prevention and health education materials [see 6.3 S] or health alerts [see 2.3 S], including data on timeliness and compliance with program protocols; or for following established procedures.	1	This is a good example of auditing for timeliness measures, but no audit results were presented for compliance with protocols and procedures activities of the FSL program.	2005 to 2007 HSQA Activities within Set Timeframes Report
9.2 S	For programs/activities that have contracts with vendors or contractors, contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.	1	Only one example of contract monitoring was presented.	One example of contract with SOW of deliverables, 2007 Legislative Deliverables work plan, DOH Contracts Policy
10.4 S	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State	1	The tracking sheets indicate that less than 50% of FSL staff have participated in three training sessions in the required topics in the last three years.	Staff Training Tracking Report-- 2006 to 2008, 61% have ILRS training in 2008 and in 2007, 36% in 2006 show

	<p>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</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>			Cultural Competency training, Course descriptions for training courses
11.5 S	<p>Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within agency, AND • with other agencies or LHJs, AND • partner organizations.</p> <p>Agency requirements define which data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.</p> <p>For programs/activities that collect and use identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.</p>		The intent of this measure is to verify the data sharing agreements between FSL and other agencies or contracts meets HIPAA and other data security requirements. The agreement presented did not seem to address PHI or other protected data, so this measure is NA for FSL.	

Score Totals for: Facilities and Services Licensing

% Demonstrates	41%
% Partially Demonstrates	55%
% Does Not Demonstrate	5%

Note: Totals may not equal 100% due to rounding