

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

## Department of Health *Office of the Secretary*

### 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 strong assessment and data analysis/reporting capacity, which supports the entire PH system, as exemplified through Health of Washington 2007 and the related Author's Manual, the development of the Local Public Health Indicators that are now available on-line, and the reports and presentations for GMAP and HealthMAP on specific issues such as Chlamydia
- The website as a resource to the community and the system, especially in regard to access to Health Data, program resources and toolkits
- The After Action Reports and the partnerships with other agencies for emergency preparedness exercises and after action evaluations
- The comprehensive IT policies and procedures for security, firewalls, and redundancy; and the IT Strategic Plan
- The Decision Package descriptions that support the finance and budget activities and requests for funding
- The DOH Strategic Plan with comprehensive scope of public health services and explicit goals, objectives and performance measures
- The Human Resource policies for cultural competencies to support the public health work force in working with diverse populations

#### ***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 a process to review all policies and date all documents with review or revision dates to assure they are still accurate and relevant
- Improve the transparency of Emergency Preparedness information on the website (both intranet and public sites—on the intranet, going directly to PHEPR does not link back to DOH Prepared; on the website, the public isn't informed of 24/7 availability or of the essential services provided by DOH)
- 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

### ***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 organized into two sections. First there is an agency summary showing each of the 12 standards and the performance on each measure in each standard. This section is color coded with green to indicate that the measure was demonstrated, yellow to indicate that the measure was partially demonstrated and red to indicate that the measure was not demonstrated. The measure is blank if it was scored as "not applicable". This summary gives the agency immediate information on performance in each of the standards. The second section 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 at the agency level. In this second section, measures that were scored at the program level show the calculated score derived from the program scores and the documentation and comments fields are blank.

The program detail with the list of documents and comments is available for each of the programs reviewed. These DOH program reports contain all the DOH program-specific information that constitutes the DOH Program Site Reports.

***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 an electronic tool kit. This material will be available by year-end 2008 at [www.doh.wa.gov/hip/Standards/BestPractices/StandardsExemplaryPractices.htm](http://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.

# Summary Site Report

**Demonstrates = 2**

**Partially Demonstrates = 1**

**Does Not Demonstrate = 0**

## Standard 1: Community Health Assessment

Measure	Score	Compliance Demonstration
1.1 S	2	Fully Demonstrated
1.2 S	2	Fully Demonstrated
1.3 S	1	Partially Demonstrated
1.4 S	2	Fully Demonstrated
1.5 S	1	Partially Demonstrated
1.6 S	2	Fully Demonstrated
1.7 S	2	Fully Demonstrated
1.8 S	2	Fully Demonstrated
1.9 S	1	Partially Demonstrated

## Standard 2: Communications to the Public and Key Stakeholders

Measure	Score	Compliance Demonstration
2.1 S	2	Fully Demonstrated
2.2 S	1	Partially Demonstrated
2.3 S	2	Fully Demonstrated
2.4 S	2	Fully Demonstrated
2.5 S	2	Fully Demonstrated
2.6 S	2	Fully Demonstrated
2.7 S	2	Fully Demonstrated
2.8 S	2	Fully Demonstrated
2.9 S	1	Partially Demonstrated
2.10 S	1	Partially Demonstrated

## Standard 3: Community Involvement

Measure	Score	Compliance Demonstration
3.1 L	1	Partially Demonstrated
3.2 L	1	Partially Demonstrated
3.3 L	2	Fully Demonstrated

#### Standard 4: Monitoring and Reporting Threats to Public's Health

Measure	Score	Compliance Demonstration
4.1 S	1	Partially Demonstrated
4.2 S	2	Fully Demonstrated
4.3 S	1	Partially Demonstrated
4.4 S	1	Partially Demonstrated
4.5 S	1	Partially Demonstrated
4.6 S	2	Fully Demonstrated
4.7 S	1	Partially Demonstrated
4.8 S	1	Partially Demonstrated
4.9 S	2	Fully Demonstrated
4.10 S	2	Fully Demonstrated
4.11 S	2	Fully Demonstrated
4.12 S	1	Partially Demonstrated

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

Measure	Score	Compliance Demonstration
5.1 S	1	Partially Demonstrated
5.2 S	2	Fully Demonstrated
5.3 S	2	Fully Demonstrated
5.4 S	1	Partially Demonstrated
5.5 S	1	Partially Demonstrated

#### Standard 6: Prevention and Education

Measure	Score	Compliance Demonstration
6.1 S	1	Partially Demonstrated
6.2 S	2	Fully Demonstrated
6.3 S	1	Partially Demonstrated
6.4 S	2	Fully Demonstrated
6.5 S	1	Partially Demonstrated
6.6 S	2	Fully Demonstrated
6.7 S	1	Partially Demonstrated
6.8 S	2	Fully Demonstrated

## Standard 7: Helping Communities Address Gaps in Critical Health Services

Measure	Score	Compliance Demonstration
7.1 S	2	Fully Demonstrated
7.2 S	1	Partially Demonstrated
7.3 S	1	Partially Demonstrated
7.4 S	2	Fully Demonstrated
7.5 S	2	Fully Demonstrated
7.6 S	1	Partially Demonstrated
7.7 S	1	Partially Demonstrated
7.8 S	2	Fully Demonstrated

## Standard 8: Program Planning and Evaluation

Measure	Score	Compliance Demonstration
8.1 S	1	Partially Demonstrated
8.2 S	1	Partially Demonstrated
8.3 S	1	Partially Demonstrated
8.4 S	1	Partially Demonstrated
8.5 S	1	Partially Demonstrated
8.6 S	1	Partially Demonstrated
8.7 S	1	Partially Demonstrated
8.8 S	1	Partially Demonstrated
8.9 S	1	Partially Demonstrated
8.10 S	2	Fully Demonstrated
8.11 S	2	Fully Demonstrated
8.12 S	2	Fully Demonstrated

## Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 S	2	Fully Demonstrated
9.2 S	1	Partially Demonstrated

## Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 S	2	Fully Demonstrated
10.2 S	1	Partially Demonstrated

10.3 S	0	Not Demonstrated
10.4 S	1	Partially Demonstrated
10.5 S	1	Partially Demonstrated
10.6 S	2	Fully Demonstrated

### Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.1 S	2	Fully Demonstrated
11.2 S	2	Fully Demonstrated
11.3 S	2	Fully Demonstrated
11.4 S	2	Fully Demonstrated
11.5 S	1	Partially Demonstrated

### Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 S		
12.2 S	1	Partially Demonstrated
12.3 S	2	Fully Demonstrated
12.4 S	2	Fully Demonstrated
12.5 S	2	Fully Demonstrated
12.6 S	1	Partially Demonstrated

### Overall Score Totals

% Demonstrates	49%
% Partially Demonstrates	49%
% Does Not Demonstrate	1%

Note: Totals may not equal 100% due to rounding

## Detailed Agency Report

### Standard 1: Community Health Assessment

Data about community health, environmental health risks, health disparities and access to critical health services are collected, tracked, analyzed and utilized along with review of evidence-based practices to support health policy and program decisions.

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 S	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	2		Health of Washington 12/07, WIC Listens Project Report 10/07	Health of Washington 12/07, WIC Listens Project Report 10/07
1.2 S	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of</p>	2		Health of Washington 12/07 and prior reports, Manual for Authors HWS 2007	Manual for Authors HWS 2007

	<p>the activities below):</p> <ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 S].</li> </ul>				
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>	1	<p>This measure was evaluated for the Office of the Secretary and through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>	<p>CFH HealthMAP Presentation 7/10/07, HSQA HealthMAP Presentation 7/17/07, Recommendations to the Secretary of Health on Implementing New Public Health Funding Law 12/07</p>	
1.4 S	<p>Documentation of coordination with LHJs and/or other key stakeholders, such as other agencies or community groups, regarding the development and use of the Local Public Health Indicators (at least two examples).</p> <p>Note: The Local Public Health Indicators can be found on the DOH PHIP intranet site.</p> <p>Written definition or description of the Local Public Health Indicators or data standards.</p>	2		<p>Public Health Indicators/Performance Management Subcommittee Roster (undated), Data Quality Subcommittee roster (undated), Local Public Health Indicators 6/07</p>	

1.5 S	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. Documentation of consultation or technical assistance to LHJs or other state programs regarding how to collect and analyze health data (at least two examples).	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
1.6 S	Statewide or regional community health assessment training or meeting agendas and materials from last 24 months (at least two examples). Attendance documentation (at least two examples) from last 24 months for statewide or regional assessment meetings or training sessions.	2		Statewide Assessment Agenda and attendance roster 9/26/07, VistaPH trainings and rosters 9/27/07	
1.7 S	Report on the Local Public Health Indicators (generated at least every other year) with trended local jurisdiction level data, as available, on each indicator. Data may be aggregated to regional level, where numbers are too small to report at the LHJ level. Distribution of report to all LHJs and/or other stakeholders, such as other agencies or community advisory groups.	2		DOH Website/ Health Data/Local Public Health Indicators, E-mail 11/06/07 Announcing Live Web Access	
1.8 S	At least two examples of reports on new or emerging health issues related to health policy choices with information on evidence-based practices for addressing the health	2		Health of Washington 12/07 on website, Evidence Based Monitoring Strategies for	

	issue. Distribution of both reports to LHJs and/or other stakeholders, such as other agencies or community advisory groups.			Antibiotic Resistant Organisms 1/08 on website, HWS list serve WASLPHO 2/08	
1.9 S	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: <ul style="list-style-type: none"> <li>• identification of appropriate populations, geographic areas or partners, or</li> <li>• active involvement of the LHJ and/or community, or</li> <li>• provision of data and expertise to support research, or</li> <li>• facilitation of efforts to share research findings with state stakeholders, the community, governing bodies and policy makers.</li> </ul>	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

### Score Totals for Standard 1: Community Health Assessment

% Demonstrates	67%
% Partially Demonstrates	33%
% Does Not Demonstrate	0%

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

### Standard 2: Communications to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

	Measure	Score	Comments	Documents	Exemplary Documents
2.1 S	Description(s) of public health's mission and role in communication documents (at least one example).	2		DOH brochure 6/07	

	Note: This might include implementing elements of the PHIP Communications Plan.				
2.2 S	Current (within last 14 months) DOH contact information for reporting public health emergencies or health risks 24 hours per day. Documentation of distribution to LHJs and availability to the public within the last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate state agencies.	1	Red Book is dated more than 14 months ago, website posting of a phone number does not make clear that it is available 24/7	DOH Website/PHEPR/Emergency Contacts, Red Book 10/06 and distribution list, Duty Roster Memo, March 21 2008	
2.3 S	Description of communication system for rapid dissemination of urgent messages to the media, LHJs, other state and federal agencies and key stakeholders. At least two examples of a state-issued announcement sent to LHJs within last 24 months that meets the requirements for timeliness described in policy or procedure referenced above.	2		Premiere Global blast fax instructions 4/14/08, examples 4/8/08 and 4/1/08	
2.4 S	Documentation of consultation or technical assistance to LHJs regarding the accuracy and clarity of public health information for an outbreak, EH event or other emergency within last 24 months (at least two examples). Note: Consultation is focused on accuracy and clarity of public health information and not on contractual requirements.	2	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
2.5 S	Written descriptions(s) of roles for working with the news media that identify the timeframes for communications.	2		DOH Intranet/Office of Communications/Media Relations	

	Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators).				
2.6 S	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	2		Office of Drinking Water Health Alerts/Advisories Emergency Advisory Manual 4/14/05, DOH Intranet/Office of Communications/Media Relations/News Release, Premiere Global blast fax instructions 4/14/08	
2.7 S	Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health.	2		DOH Website/Health Data, DOH Website/Shellfish Safety Information	
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	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
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 •	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments 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.		documentation.		
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	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

### Score Totals for Standard 2: Communications to the Public and Key Stakeholders

% Demonstrates	70%
% Partially Demonstrates	30%
% Does Not Demonstrate	0%

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

### Standard 3: Community Involvement

Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities and gaps in healthcare resources / critical health services.

	Measure	Score	Comments	Documents	Exemplary Documents
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	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	<p>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.</p>				
3.2 S	<p>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 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.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
3.3 S	<p>At least two examples of reports on successful community involvement and capacity building. Note: Community involvement can occur in advisory groups, through community member participation in DOH committees, or in community groups where DOH staff present data and get input and feedback from community members.  Distribution of both reports to other programs, LHJs and other stakeholders.</p>	2		<p>Discussion Groups on Women's Health Messages and Preconception Health Materials, 8/06,  Notes to Mary, Mental Health Social Marketing Anti-Stigma Initiative, 11/17/06,  <a href="http://www.mhtransformation.wa.gov/MHTG/smresources">www.mhtransformation.wa.gov/MHTG/smresources</a></p>	

### Score Totals for Standard 3: Community Involvement

% Demonstrates	33%
% Partially Demonstrates	67%
% Does Not Demonstrate	0%

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

### Standard 4: Monitoring and Reporting Threats to Public's Health

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions and appropriate enforcement actions.

	Measure	Score	Comments	Documents	Exemplary Documents
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: <ul style="list-style-type: none"> <li>• health care providers, including new licensees, AND</li> <li>• laboratories including new licensees.</li> </ul> Distribution of notifiable conditions information (at least annually to assure that contact number is current).	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
4.2 S	Written protocols for clinical laboratories that address all three types of activities listed below: <ul style="list-style-type: none"> <li>• handling of specimens, AND</li> <li>• storage of specimens, AND</li> <li>• transportation of specimens.</li> </ul> Distribution of protocols to clinical laboratories.	2	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

4.3 S	<p>Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response.</p> <p>List of clinical laboratories with capacity to analyze specimens dated within the last 14 months.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
4.4 S	<p>Description of the method(s) for LHJs and other stakeholders to obtain technical assistance from state programs during outbreaks, environmental health events or other public health emergencies on all three activities listed below:</p> <ul style="list-style-type: none"> <li>• monitoring, AND</li> <li>• reporting, AND</li> <li>• disease intervention management.</li> </ul> <p>Distribution of procedures to LHJs and other stakeholders within last 14 months.</p> <p>Documentation of consultation or technical assistance to LHJs regarding the monitoring, reporting and disease management during an outbreak, EH event or other emergency (at least two examples) within last 24 months.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
4.5 S	<p>Description of statewide notifiable conditions database includes uniform data standards and case definitions AND Evidence that standards and definitions have been updated and published at least twice in the last 24 months.</p> <p>Distribution of data to state or federal agencies, as required (two examples over the last 24 months).</p> <p>Annual report of notifiable conditions with county level data with evidence of distribution to LHJs for last 24 months (two annual distributions)</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		

4.6 S	<p>Standardized set of statewide written protocols for notifiable conditions, including outbreak investigation and control, contain all of the information listed below for each specific condition:</p> <ul style="list-style-type: none"> <li>• information about the disease, AND</li> <li>• case investigation steps (including timeframes for initiating the investigation), AND</li> <li>• reporting requirements, AND</li> <li>• contact information, AND</li> <li>• clinical management, including referral to care.</li> </ul> <p>Evidence based practices relating to the most effective population-based methods of disease prevention and control are distributed to LHJs or other stakeholders (two examples).</p>	2	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
4.7 S	<p>Description of the method for tracking public health concerns if not already captured by the systems described in either 4.5 S or 4.12 S. Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
4.8 S	<p>Template(s) or model plan(s) for LHJ response to disease outbreaks, environmental health events or other public health emergencies include all three types of information listed below:</p> <ul style="list-style-type: none"> <li>• delivering the needed response, AND</li> <li>• documenting the situation and response, AND</li> <li>• evaluating the response.</li> </ul> <p>Distribution of these new or updated templates and tools for emergency response to LHJs within last 24 months.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		

	Information about best practices in environmental health investigation / compliance including all the types of information listed below: • protocols, AND • time frames, AND • interagency coordination steps, AND • hearing procedures, AND • citation issuance, AND • documentation requirements. Distribution of these best practices in EH investigation and compliance to LHJs within last 24 months.				
4.9 S	Written procedures for DOH response to disease outbreaks, environmental health events or other public health emergencies that include all the information listed below: • specific roles and responsibilities AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	2		DOH Avian Flu Plan, Aug 2006	
4.10 S	One example of leadership in statewide statute or regulation development for two of the three areas listed below: • notifiable conditions, AND • environmental health risks AND • other threats to the public's health.	2		Shellfish: Memo to BOH May 14,2008 (cites DOH briefing to BOH) Newborn screening: Cost Benefit Analysis of 15 Candidate Conditions for Inclusion on the Newborn Screening Panel (DOH staff cited as resource for analysis, undated)	
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	2	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	documentation needed to take 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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

#### Score Totals for Standard 4: Monitoring and Reporting Threats to Public's Health

% Demonstrates	42%
% Partially Demonstrates	58%
% Does Not Demonstrate	0%

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

#### 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.

	Measure	Score	Comments	Documents	Ex Do
5.1 S	Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs for emergency preparedness for environmental health risks, natural disasters or other threats to the public's health. Distribution of procedures to LHJs and other stakeholders within last 14 months. Documentation of consultation or	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	technical assistance to LHJs or other stakeholders regarding emergency preparedness (at least two examples) within last 24 months.			
5.2 S	<p>Public health emergency preparedness and response plans (EPRP) for the State address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND • other public health emergencies.</p> <p>The DOH EPRP describes the specific roles and responsibilities for DOH programs/staff regarding local response and management of all types of responses listed below: • disease outbreaks, AND • environmental health risks, AND • natural disasters or other threats to the public's health.</p> <p>The DOH EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan.</p> <p>Report of drills and/or after-action reviews (at least one example)</p>	2		<p>WA State DOH Comprehensive Emergency Management Plan, January 2008, WASABE 9 After Action Report CDES Section Dec 31, 2007 DOH comprehensive Emergency Management Plan Appendix 1</p>
5.3 S	<p>Reports (at least one example) indicate DOH leadership in state level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full DOH participation in other emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>	2		<p>Windstorm Response After Action Report, Dec 2006, CGS 2007 Exercise Roster, Oct 26, 2007 ODW Flood Response, Dec 21, 2007 WASABE 2007 After Action Report 5.25 Dec 31, 2007</p>

5.4 S	Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that DOH has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency. At least two examples of information distributed/available to the public on how to access the essential services during an emergency.	1	Documents provide examples of public information, but the intent of this measure is to describe which public health activities are "essential", how these essential activities will be accomplished in times of emergency, and how the public will be informed. Some version of the information on the DOH Prepared website regarding divisional roles should be available on the public pages.	Web page Library of Emergency Fact sheets for the General Public, April 14 2008
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 that either all new or all existing employees in the Office of the Secretary and Central Administration have been trained.  This measure was also evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	Emergency Preparedness Training Roster, 2006-7, DIRM emergency Preparedness Awareness Training Roster, 2006-7

**Score Totals for Standard 5: Planning for and Responding to Public Health Emergencies**

% Demonstrates	40%
% Partially Demonstrates	60%
% Does Not Demonstrate	0%

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

## Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided.

	Measure	Score	Comments	Documents
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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	
6.2 S	Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See 12.4S) Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.	2		Health Care GMAP Jan 23 2008, HealthMAP Presentation: Chlamydia , Oct 2 2007
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	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and	

	<p>education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials</li> </ul>		documentation.		
6.4 S	<p>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).</p>	2	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
6.5 S	<p>Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding prevention policies and/or initiatives that include at least one of the types of activities listed below:</p> <ul style="list-style-type: none"> <li>• development of prevention services,</li> <li>• delivery of prevention services,</li> <li>• evaluation of prevention programs and activities.</li> </ul> <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>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		

6.6 S	Statewide plan for prevention that identifies efforts to link public and private partnerships into a network of prevention services.	2		WIC Annual Report 2007, Tobacco draft plan LRP April 16 2008 (document undated)
6.7 S	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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	
6.8 S	Description of the method(s) used for supporting the use of available resources for prevention services that address the three areas listed below: • leadership, AND • collaboration, AND • communication with partners. Reports of prevention evaluation results with evidence of distribution of notices of funding opportunities to LHJs and other stakeholders within last 14 months.	2		3 HERE newsletter Jan 2007, Effective Tobacco Control in WA State in Preventing Chronic Disease, July 2007 DOH Website: Antibiotic Resistance Pamphlet: Living With MRSA Evidence-Based Monitoring Strategies and Interventions for Antibiotic Resistant Organisms, Jan 2008

## Score Totals for Standard 6: Prevention and Education

% Demonstrates	50%
% Partially Demonstrates	50%
% Does Not Demonstrate	0%

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

## Standard 7: Helping Communities Address Gaps in Critical Health Services

Public health organizations convene, facilitate and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.

	Measure	Score	Comments	Documents
7.1 S	List of critical health services and statewide access performance measures. Reports of monitoring and analysis of the access performance measures at least once in the last 24 months. Analysis must include quantitative and qualitative methods. Distribution of the access measures analysis reports to LHJs and other stakeholders within last 24 months.	2	This measure was scored using the documents listed for the measure. The April 2007 Projects by Local Health Departments Addressing Access Issues in Their Communities Report is a great example of summarizing projects across the State but does not provide documentation of monitoring and analysis of the access performance measures at least once in the last 24 months.	2005 Standards Booklet--page 12 Menu of CHS, Health of Washington State Report Section 10 -updated 11/07 and 2/08, available on the DOH website, WSALPHO listserv notification of availability on website-2-08
7.2 S	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. Distribution of the availability reports to LHJs and other stakeholders within last 24 months. List or other documentation of contact information for newly licensed/moved providers and	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	

	<p>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>				
7.3 S	<p>Description of the method(s) for LHJs and other stakeholders to obtain consultation and technical assistance from state programs regarding the collection and analysis of information about barriers to accessing critical health services.</p> <p>Note: Consultation is focused on access to critical health services and not just on specific individual situations requiring access to critical health services.</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 collecting and analyzing information on barriers to access (at least two examples) within last 24 months.</p>	1	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		
7.4 S	<p>Survey(s) (at least one example within last 24 months) to assess the availability of critical health services and barriers to access.</p> <p>One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.</p>	2	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>		dbo_As ItExemp tComm
7.5 S	<p>Reports, with quantitative analysis, of the workforce needs and the effect on critical health services, specific to the geographic area or local jurisdiction, if possible. The</p>	2	<p>This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program</p>		

	studies must indicate that they are conducted periodically, at least every 2 years. Distribution of the workforce needs reports to LHJs and other stakeholders within last 24 months.		scores, comments and documentation.		
7.6 S	Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (two examples): • Coordination of health service delivery among health care providers AND • linkage of individuals to medical home.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
7.7 S	Two examples of reports of access barriers that affect specific groups within the state. Distribution of these reports to other state agencies that pay for or support critical health services within last 24 months.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
7.8 S	Implementation protocols for LHJs, state agencies, and other stakeholders to maximize enrollment and participation in available insurance coverage. (at least two examples). Distribution of protocols to LHJs, state agencies, and other stakeholders within last 24 months.	2	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

### Score Totals for Standard 7: Helping Communities Address Gaps in Critical Health Services

% Demonstrates	50%
% Partially Demonstrates	50%
% Does Not Demonstrate	0%

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

## 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.

	Measure	Score	Comments	Documents	Exemplary Documents
8.1 S	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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
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,	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	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.				
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	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
8.5 S	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	1	Documentation does not include performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners or any evaluation results of performance on customer service standards, such as client satisfaction surveys.	Office Assistant 3 job description, DOH-Core Competencies - Final, two completed HPQA Customer Service Surveys from clients, but no analysis of the results	
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	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
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	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	measures, AND • methods for monitoring (data collection) performance measures. Distribution of templates for performance measurement to LHJs and other contractors within last 24 months.				
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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		
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.	1	This measure was evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.		

	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.				
8.10 S	Evaluation report with state and local debriefing results for an extraordinary event that required a multi-agency response that occurred within last 24 months containing both types of information listed below: • evaluation findings, AND • recommendations for action and/or improvements. Distribution of the evaluation report to appropriate LHJs and state programs.	2		2006 Windstorm After Action Report--carbon monoxide section, MRSA Project Plan with website documents and report to the Governor	
8.11 S	List of significant outbreaks, environmental events, natural disasters, table top exercises or other public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as other agencies, hospitals, providers and involved community organizations, as appropriate, AND • participation by agency staff from communicable disease, environmental health and other public health programs, AND •	2		2006 Windstorm After Action Report, Chemical Terrorism AAR---8/06, Farm to Fork Tabletop Exercise--AAR-4/08, 2007 test of the 24/7 Response, Regional Response 2007 Tabletop AAR, 2007 WASABE reports for CD/Epi Section	

	review of the accessibility of essential public health services (see 5.4 S), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements (may include changes to EPRP).				
8.12 S	Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4 S), • emergency preparedness and response plans • other state or local plans, such as facility/operations plan Organizational goals and objectives reflect recommended changes from after action /table top evaluations.	2		DIRM Internal EOC After Action Items-- follow-up on 6/07, Blue Cascades IV Action Plan-1/07, DIRM Strategic Plan-2/08, 2005-2008 PHEPR Strategic Plan and Map	Blue Cascades IV Action Plan-1/07, 2005-2008 PHEPR Strategic Plan and Map

**Score Totals for Standard 8: Program Planning and Evaluation**

% Demonstrates	25%
% Partially Demonstrates	75%
% Does Not Demonstrate	0%

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

## Standard 9: Financial and Management Systems

Effective financial and management systems are in place in all public health organizations.

	Measure	Score	Comments	Documents	Exemplary Documents
9.1 S	<p>Review of the agency annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions.</p> <p>Description of process for assuring that all revenues are considered and collected</p>	2		<p>2007-2009 Budget Instructions with budget summary template, Two examples of decision packages , Request to Apply for Government Funding-RAGF-2/07--section (4), three different quarters variance reports with analysis of budget to actual and needed actions, Interagency Receivables Outline - 2/08, Federal Revenue Request Procedure-2/08, Rebate Billing Instructions-2/08</p>	2007-2009 Budget Instructions,
9.2 S	<p>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.</p>	1	<p>For Central Administration there was no documentation of monitoring of contract deliverables and only one example of contract review for legal requirements.</p> <p>This measure was also evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.</p>	<p>Interagency Agreement with HCA, Interagency agreement with Lummi Nation</p>	

## Score Totals for Standard 9: Financial and Management Systems

% Demonstrates	50%
% Partially Demonstrates	50%
% Does Not Demonstrate	0%

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

## Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 S	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	2		DOH HR website--page for cultural competency, DOH Core Competencies document, DOH Intranet for Policies and Procedures under Human Resources,	
10.2 S	Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007.	1	The analysis of employees with performance evaluations and training plans indicates that less than 80% of employees have completed evaluations and training plans in 2007.	New Employee Performance and Development Plan Checklist, Analysis of performance evaluation completion (61%), and employees with training plan (67%)	

	Validation that an annual training plan is included in evaluation for each employee.				
10.3 S	Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.	0	The intent of this measure is to verify that DOH has a systematic process to ensure that DOH employees have appropriate licenses, credentials and experience to meet job qualifications and perform job requirements. The 12/06 HPOA report is regarding external professional licensees, not DOH employees.	HPOA HR procedure 312: Application Records, HPOA 12/06 Health Professionals QA Report	
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 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 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.	1	The SmartPH tracking sheets indicate that less than 50% of Office of the Secretary and Central Administration staff have had 3 or more training sessions of the required topics in the last 36 months.  This measure was also evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	ADDS NET Report indicating 189 FTEs for OS/CA, SmartPH training roster aggregated by course and by OS/CA staff for four classes- -Pandemic Flu, Protect IT, Sexual Harassment, Public Records disclosure and Cultural Competency., four topics SmartPH course catalogs for above topics	
10.5 S	Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with	1	The DOH policies are all dated 2000 and therefore not current for this evaluation cycle, there fore this	DOH Policies and Procedures website for privacy and	

	signature and date of signature, OR 10% sample of signed staff confidentiality statements.		measure is scored as partially demonstrates.	confidentiality, Public Disclosure, Employee Responsibilities, Release of Confidential Information policy 17.003 dated 2000, Statement of Acknowledgment, signed confidentiality statements for 10% of staff	
10.6 S	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	2	It is unclear why the Grant Co. facility review was presented. However, the DOH office buildings are only a couple of years old and they were built to ADA requirements.	WA State Barrier-Free Access--ADA Meeting Site Survey and Instructions--2007, Grant County ADA facility review, ADA Compliance Form for Purchase Order for meeting room vendor, Reasonable Accommodation Policy--07.022--dated 7/05 with request form	WA State Barrier-Free Access--ADA Meeting Site Survey and Instructions--2007, Reasonable Accommodation Policy--07.022--dated 7/05 with request form

**Score Totals for Standard 10: Human Resource Systems**

% Demonstrates	33%
% Partially Demonstrates	50%
% Does Not Demonstrate	17%

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

## Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication.

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 S	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months.	2		Access Control Security Standards 12/07, Default Domain Policy 4/08; Network Infra Security Standards 11/05; Backup Standards; Data Security Standards 10/07; Compliance with ISB IT Security Policy 9/06; Alternate Site Project Plan 1/08; Policy 10.004 Business Continuity/Disaster Recovery Program 6/06	Access Control Security Standards 12/07, Default Domain Policy 4/08; Network Infra Security Standards 11/05; Backup Standards; Data Security Standards 10/07; Compliance with ISB IT Security Policy 9/06; Alternate Site Project Plan 1/08; Policy 10.004 Business Continuity/Disaster Recovery Program 6/06
11.2 S	Documentation indicates that DOH staff have computer technology as described above and access to trained staff for assistance in using the technology.	2		DOH Hardware/Software Standards 12/07; DIRM Services Webpage	DOH Hardware/Software Standards 12/07;
11.3 S	Agency IS plan includes strategies for the use of future technologies.	2	This strategic plan is a draft that we strongly encourage for implementation.	DIRM IT Strategic Plan - 4/08 Draft	DIRM IT Strategic Plan - 4/08 Draft
11.4 S	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the agency, AND • links to legislation, regulations, codes, and ordinances, AND • information and	2	Note that the emergency contact number connects to a 24/7 answering service, but this 24/7 availability is not stated on the website and should be easily identified as 24/7 by the public.	DOH Web site contents 4/08	

	materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available, AND • a mechanism for gathering user feedback on the usefulness of the website.				
11.5 S	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. Agency requirements define which data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. 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.	1	No examples of programs/activities that indicate sharing or transfer of data in compliance with the security and protection requirements presented for Central Administration.  This measure was also evaluated through program review. This score is calculated from the individual program results. Please see detail reports for individual DOH program scores, comments and documentation.	Employee Responsibilities with Confidential Information 8/00; External Information Sharing Agreement 5/08 - template; Contracting Policy 1/06; Signed Confidentiality Agreement 3/08; Data Sharing Agreement	External Information Sharing Agreement 5/08 - template

### Score Totals for Standard 11: Information Systems

% Demonstrates	80%
% Partially Demonstrates	20%
% Does Not Demonstrate	0%

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

## Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction and assure accountability.

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 S	State Board of Health documents, including two examples of SBOH minutes, indicate that the SBOH performs all the activities listed below: • orients new SBOH members, AND • sponsors orientation for local BOH, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.		This measure applies to the State Board of Health only. Therefore it is not applicable.		
12.2 S	Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the assessed risk.	1	No documentation of written guidelines for effective assessment and management of clinical and financial risk.	RCW 4.92 Website for Effective Assessment and Management of Risk; Certificate of Liability Insurance; Summary of Insurance 7/07 - 7/08	
12.3 S	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives.	2		DOH Strategic Plan 2007 - 2009	DOH Strategic Plan 2007 - 2009
12.4 S	Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of health data, including the Local Public Health Indicator Report to support health policy and program decisions, AND • addressing communicable disease,	2		DOH Strategic Plan 2007 - 2009	DOH Strategic Plan 2007 - 2009 - full

	environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population.				
12.5 S	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.	2	The QI Team Action Plans show very few quantifiable performance measures for evaluating extent of improvement rather than accomplishment of planned activities or tasks. Future QI Team Action Plans should include quantifiable performance measures.	Draft DOH Quality Improvement Program Implementation Plan 2008-2009 (4/08), QI Team Action Plan for Certificate of Need	
12.6 S	Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of	1	Progress update did not indicate that performance measures are tracked, reported and used or that meaningful improvement has been demonstrated in one objective.	2007 and 2008 QI Program Plans; DOH Quality Improvement Program Progress Update 2/08	

	the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review.				
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**Score Totals for Standard 12: Leadership and Governance**

% Demonstrates	60%
% Partially Demonstrates	40%
% Does Not Demonstrate	0%

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