

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

Department of Health *Tuberculosis Program*

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 support of LHJs in managing outbreaks and in the development of a proposed staffing model for LHJs to manage TB
- The TB Manual, which includes a wide array of resources, checklists, forms and tools for local programs
- The data analysis and presentations conducted in support of policy and program development
- The work with stakeholders including the UW, private sector and tribes

Areas for Improvement

- Keep working on training tracking, including annual review of the EPRP

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.

TUBERCULOSIS PROGRAM

	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		<p>PHELF agendas 11/06 and 8/07 (attached Tuberculosis Staffing Model), Burden of TB Presentation to PHELF 11/06</p>
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		<p>TB Manual 10/07, Skagit Case Meeting minutes 7/06, TPCHD Case Meeting minutes 4/07</p>
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, governing bodies and policy makers. 	2		<p>UW Research Application 7/07, Paper TB in Washington State 2004-06 (draft undated)</p>
2.4 S	<p>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.</p>	2		<p>Outbreak Definition (from TB manual 10/07), Seattle Times article on Snohomish TB 2/06, e-mails and letter re: Snohomish outbreak, CDC presentation 4/06</p>
2.8 S	<p>Information about public health activities, including at least one example of each of the topics listed below:</p> <ul style="list-style-type: none"> • educational offerings, AND • reporting and compliance requirements. 	2		<p>DOH Website/CFH/Tuberculosis Program, Annual TB meeting registration, participant list,</p>

	Note: If the program/activity does not have any reporting and compliance requirements, the program/activity is exempt from demonstrating performance.			evaluation summary (10/07), TB-CME brochure 11/07
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 Website/CFH/Tuberculosis Program/Laws and Regulations, TB Manual 10/07
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)	2		DOH Website/CFH/Tuberculosis Program/Order Publications, Order form (materials in Spanish, Cambodian, Japanese, Korean, Russian), Ethnomed website
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.	2		TB Advisory Council minutes 2/28/06, TPCHD-DOH Evaluation Plan 06-08, TB Manual review letter 7/07
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 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.	2		PHELF agendas 11/06 and 8/07 (attached Tuberculosis Staffing Model), Burden of TB Presentation to PHELF 11/06, Centennial Accord Plans 6/07
4.4 S	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: • monitoring, AND • reporting, AND • disease intervention management. Distribution of procedures to LHJs and other stakeholders within last 14 months.	2		TB manual 10/07, Seattle Times article on Snohomish TB 2/06, e-mails and letter re: Snohomish outbreak, TB Consultant Form

	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.			
4.5 S	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. Distribution of data to state or federal agencies, as required (two examples over the last 24 months). Annual report of notifiable conditions with county level data with evidence of distribution to LHJs for last 24 months (two annual distributions)	2		PHRED 8/06, TIMS 2/01, TB PHLab Grant narrative 2007, Fact sheets: Cohort Review 2007, Contacts 2007, Foreign Born 2007, TB Epidemic 2007
4.6 S	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: <ul style="list-style-type: none"> • information about the disease, AND • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. 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).	2		TB Manual 10/07, DOH Website/CFH/Tuberculosis Program, Quick Start Check List
4.8 S	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: <ul style="list-style-type: none"> • delivering the needed response, AND • documenting the situation and response, AND • evaluating the response. Distribution of these new or updated templates and tools for emergency response to LHJs within last 24 months. Information about best practices in environmental health investigation / compliance including all the types of information listed below: <ul style="list-style-type: none"> • 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.	2		TB Manual 10/07 (Roadmap, Contact Investigation, Outbreak Investigation), Contact Investigation Form, Protocol After Air Travel
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: <ul style="list-style-type: none"> • case investigation steps (including timeframes for initiating the investigation), AND • 	2		TB Manual 10/07 (Roadmap, Contact Investigation, Outbreak Investigation, Forms)

	type of 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.	2		WA TB Program Objectives 2007, Surveillance 2007, PHRED 8/06, TIMS 2/01
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	Documentation provided for training of 6 of 8 staff. However, most training was provided once in 2006.	TB Program Minutes 3/27/08, Smart PH reports
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.	2		TB Manual 10/07 Introduction/Fundamental Strategies, TPCHD-DOH Partnership materials, HR development project 2006, TB Evaluation Project Model 2006
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	2		DOH publications database, TB Manual surveys, TB Manual TOCs 2004, 2007
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).	2		Centennial Accord 2007, TB-CME Evaluation
6.5 S	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: • development of prevention services, • delivery of prevention	2		TB Manual Introduction 10/07, TPCHD-DOH Partnership materials, Centennial Accord 2007

	services, • evaluation of prevention programs and activities. Distribution/availability of procedures to LHJs and other stakeholders within last 14 months. Documentation of consultation or technical assistance to LHJs or other stakeholders regarding emergency preparedness (at least two examples) within last 24 months.			
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.	2		TB Manual 10/07, WA TB Program Objectives 2007, Cohort Review Issues 11/07, Case and Contact Summaries 10/06
7.3 S	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. Note: Consultation is focused on access to critical health services and not just on specific individual situations requiring access to critical health services. Distribution/availability of procedures to LHJs and other stakeholders within last 14 months. 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.	2		TB Manual Introduction 10/07, ICE Best Practice 1/06, Quick Start Checklist
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.	2		TB New Case Report, Quickstart Checklist, SOW for 5 LHJs, Medical Consultant SOW
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.	2		ICE Best Practice 1/06, Centennial Accord 06/07
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.	2		WA TB Program Objectives 2007, comparison of 2005 to projected 2009, DOH Core Competencies, SOWs and position descriptions

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		WA TB Program Objectives 2007, Fact sheets (Cohort Review, Foreign Born, and TB Epidemic 2007), Cohort Review Issues 11/07, Case and Contact Summaries 10/06
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		PHELF agendas 11/06 and 8/07 (attached Tuberculosis Staffing Model), Burden of TB Presentation to PHELF 11/06, Seattle Times article on Snohomish TB 2/06, e-mails and letter re: Snohomish outbreak, CDC presentation 4/06
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.	2		TPCHD-DOH Partnership materials, TB Evaluation Project Model 2006
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.	2		TB-CME brochure, agenda, evaluation, draft agenda for 10/08 meeting
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.	2		TB Manual and Forms
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	The focus of this measure is specifically on TA regarding program evaluation. The documentation provided was only peripherally related to teaching about program evaluation.	TB Manual Introduction, TB information survey 10/07, Cluster information

8.9 S	<p>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.</p> <p>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</p> <p>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.</p>	2		WA TB Program Objectives 2007, Checklists (TIMS Variable, Contacts No Therapy, No Contacts Identified, TIMS MUNK Report, Infected not INH), Seattle Cohort Review 11/14/07
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.	0	This measure requires legal review of contracts with vendors and quarterly monitoring of two contracts comparing actual performance to deliverables.	
10.4 S	<p>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</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>	1	Content of trainings not documented	Smart PH Student Transcripts, Jan 2008 IDRH phone list March 2008

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	Need additional example of data sharing indicating compliance with security requirements	Statement of Acknowledgment Dept of Health Confidentiality Policy and Procedures, 2005 IT Data Security Standards , Oct 26 2007
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Score Totals for: Tuberculosis Program

% Demonstrates	86%
% Partially Demonstrates	11%
% Does Not Demonstrate	3%

Note: Totals may not equal 100% due to rounding