

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

Clallam County Department of Health and Human Services

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

Strengths

- The 2007 Goals and Accomplishments report with workload indicators
- The involvement of BOH in health district activities and decisions
- The involvement with community organizations and partners, including the Prevention Works coalition and the numerous presentations by the Health Officer on specific topics
- The use of PHIMS system for tracking CD reports and activities
- The Region 2 activities that are shared with Kitsap and Clallam counties for assessment activities, the twice yearly visits to providers for updating them on notifiable conditions and the Emergency Response Plan
- The IT policies, materials and plan
- The Immunization program activity summaries
- The comprehensive On-site Sewage System program shown in the website, the materials for the community work group, the 2006 and 2007 Goals and Accomplishments reports and the Septic 2008 class materials

Areas for Improvement

- Work on the development of measurement at the program level, by establishing quantifiable performance measures for process, impact and population outcomes
- 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
- Establish and monitor customer service standards and short, concise client satisfaction surveys

- Adopt a process to review all policies and educational materials and date all documents with review or revision dates to assure they are still accurate and relevant
- Expand content of the data and information on the CCHHS website to share health data and program data, especially for CD and notifiable conditions information
- Develop a Strategic Plan with Quality Improvement Plan for the agency
- Assure that staff are oriented and trained to the Emergency Preparedness and Response Plan
- Implement internal audits of CD and EH investigations and reports to assure timeliness and compliance with protocols

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 an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person 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 three sections. First there is a 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 third section of this report is the program detail with the list of documents and comments for each of the three programs reviewed for the LHJ. The scores from each of the three programs were aggregated to provide a single score for that measure at the agency level that is reported in section two.

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 to your roll-up for the Standard is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website <http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm>). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all Standards:* the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

Peer Groupings

| Small Town/Rural | Mixed Rural | Large Town | Urban |
|-------------------------|--------------------|-------------------|-----------------|
| Adams | Clallam | Asotin | Benton/Franklin |
| Columbia | Grays Harbor | Chelan/Douglas | Clark |
| Garfield | Island | Grant | Cowlitz |
| Jefferson | Mason | Kittitas | King |
| Klickitat | Skagit | Lewis | Kitsap |
| Lincoln | Skamania | Walla Walla | Pierce |
| NE Tri-County | | Whitman | Snohomish |
| Okanogan | | | Spokane |
| Pacific | | | Thurston |
| San Juan | | | Whatcom |
| Wahkiakum | | | Yakima |

Next Steps

First, celebrate what you have accomplished. In the two and a half year period between the 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 and your Board of Health, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific 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 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/phip/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.

Strategies for building on your current performance:

- Save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and to facilitate the use of an electronic format for the next cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to “re-invent the wheel”, when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.
- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 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 L | 1 | Partially Demonstrated |
| 1.2 L | 1 | Partially Demonstrated |
| 1.3 L | 0 | Not Demonstrated |
| 1.4 L | 2 | Fully Demonstrated |
| 1.5 L | 0 | Not Demonstrated |
| 1.6 L | 2 | Fully Demonstrated |
| 1.7 L | 2 | Fully Demonstrated |

Standard 2: Communications to the Public and Key Stakeholders

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 2.1 L | 2 | Fully Demonstrated |
| 2.2 L | 1 | Partially Demonstrated |
| 2.3 L | 2 | Fully Demonstrated |
| 2.4 L | 2 | Fully Demonstrated |
| 2.5 L | 2 | Fully Demonstrated |
| 2.6 L | 2 | Fully Demonstrated |
| 2.7 L | 2 | Fully Demonstrated |
| 2.8 L | 2 | Fully Demonstrated |
| 2.9 L | 2 | Fully Demonstrated |
| 2.10 L | 1 | Partially Demonstrated |
| 2.11 L | 1 | Partially Demonstrated |

Standard 3: Community Involvement

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

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

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

Standard 5: Planning for and Responding to Public Health Emergencies

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 5.1 L | 1 | Partially Demonstrated |
| 5.2 L | 2 | Fully Demonstrated |
| 5.3 L | 2 | Fully Demonstrated |
| 5.4 L | 1 | Partially Demonstrated |
| 5.5 L | 1 | Partially Demonstrated |

Standard 6: Prevention and Education

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 6.1 L | 1 | Partially Demonstrated |
| 6.2 L | 1 | Partially Demonstrated |
| 6.3 L | 1 | Partially Demonstrated |
| 6.4 L | 1 | Partially Demonstrated |

Standard 7: Helping Communities Address Gaps in Critical Health Services

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 7.1 L | 1 | Partially Demonstrated |
| 7.2 L | 1 | Partially Demonstrated |
| 7.3 L | 0 | Not Demonstrated |
| 7.4 L | 0 | Not Demonstrated |

Standard 8: Program Planning and Evaluation

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 8.1 L | 1 | Partially Demonstrated |
| 8.2 L | 1 | Partially Demonstrated |
| 8.3 L | 2 | Fully Demonstrated |
| 8.4 L | 1 | Partially Demonstrated |
| 8.5 L | 1 | Partially Demonstrated |
| 8.6 L | 1 | Partially Demonstrated |
| 8.7 L | 0 | Not Demonstrated |
| 8.8 L | 1 | Partially Demonstrated |
| 8.9 L | 0 | Not Demonstrated |

Standard 9: Financial and Management Systems

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 9.1 L | 1 | Partially Demonstrated |
| 9.2 L | 1 | Partially Demonstrated |

Standard 10: Human Resource Systems

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 10.1 L | 1 | Partially Demonstrated |
| 10.2 L | 1 | Partially Demonstrated |
| 10.3 L | 0 | Not Demonstrated |
| 10.4 L | 2 | Fully Demonstrated |
| 10.5 L | 2 | Fully Demonstrated |
| 10.6 L | 0 | Not Demonstrated |

Standard 11: Information Systems

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 11.1 L | 1 | Partially Demonstrated |
| 11.2 L | 2 | Fully Demonstrated |
| 11.3 L | 2 | Fully Demonstrated |
| 11.4 L | 1 | Partially Demonstrated |
| 11.5 L | 2 | Fully Demonstrated |

Standard 12: Leadership and Governance

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 12.1 L | 2 | Fully Demonstrated |
| 12.2 L | 1 | Partially Demonstrated |
| 12.3 L | 1 | Partially Demonstrated |
| 12.4 L | 2 | Fully Demonstrated |
| 12.5 L | 1 | Partially Demonstrated |
| 12.6 L | 1 | Partially Demonstrated |
| 12.7 L | 0 | Not Demonstrated |
| 12.8 L | 0 | Not Demonstrated |
| 12.9 L | 0 | Not Demonstrated |
| 12.10 L | | |

Overall Score Totals

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 43% | 48% | 55% |
| % Partially Demonstrates | 43% | 34% | 34% |
| % Does Not Demonstrate | 15% | 18% | 12% |

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 L | <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> | 1 | <p>Several separate reports without trended data were provided.</p> <p>Encourage establishing an annual report that includes a set of trended core indicators that include measures of: population health status (not trended), communicable disease (STDs for 2 years), environmental health risks and related illnesses, AND health disparities AND, access to critical health services. No Written definition or description of quantitative data provided. Excellent power point on website- too old to use for this survey (2003)</p> | <p>Combined Health Youth Survey and Communities that Care Data, Clallam County 2004-2006; Sexually Transmitted Disease Profile Clallam County 2006; 2007 Data Book "The People, The Economy, and The Government of WA State, CC Community Profile 2005; website: Assessment/ Data: BRFSS 2003-2004 for CC, Region 2 Reported Cases Selected Diseases Report (trended data on CD)</p> | |
| 1.2 L | <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 the activities below):</p> | 1 | <p>No description of data tracking and analysis process that indicate a systematic process. Evidence-based practices not presented in documentation provided. One example of how data has been used to identify emerging health issue in environmental health re: septic concerns</p> | <p>EH Work Load Indicators 2007</p> | |

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|-------|---|---|---|---|--|
| | <ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L] | | | | |
| 1.3 L | Written recommendations for policy decisions, program changes, budget changes or other actions. 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. | 0 | Documentation does not demonstrate linkage to 1.2 data and does not provide evidence of written recommendations for policy decisions, program changes, budget changes or other actions based on data. | Access to Healthcare in CC 12/18/07; CCBOH Meeting Minutes 1/16/07 | |
| 1.4 L | Report or material showing that local health data are shared with at least one of the three levels of organization listed below: • local organization, OR • state organization, OR • regional organization. Note: The intent is to assure that data or materials are shared are based with all appropriate levels of organizations. | 2 | | CCBOH Meeting Minutes 1/16/07; CCBOH Meeting Minutes 12/18/07; CCBOH Meeting Minutes 9/18/07; Peninsula Daily News 2/22/08 | |
| 1.5 L | Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues. | 0 | Method not documented for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues. | Website: www.clallam.net/healthservices | |
| 1.6 L | List of LHJ staff responsible for assessment activities. Training or assessment meeting | 2 | Assessment is contracted out. Documentation of training and the name of the staff responsible for | Agency Agreement bet. Clallam County and Kitsap County | |

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|-------|---|---|--|---|--|
| | agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person) | | assessment activities provided in document from Kitsap County. | Health District, RAM Training agendas & attendance lists 2/07, 5/7, 9/07 | |
| 1.7 L | Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated. | 2 | | email re: Flu Mist Reports 1/2/08; FluMist Pilot Project for 2007-2008 Flu Season, email from Chris Halsell re: DOH FluMist pilot project participant web-conference announcement | |

Score Totals for Standard 1: Community Health Assessment

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|-----|---------------------|-------------------|---------------------|
| 43% | 76% | 78% | 43% |
| 29% | 11% | 14% | 29% |
| 29% | 13% | 8% | 29% |

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 L | Description(s) of public health's mission and role in communication documents (at least one example) Note: This might include implementing elements of the PHIP Communications Plan. | 2 | | HHS Mission Statement and Functions document 2006, website; Overview of Programs and Services, Interim Public Health | |

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|-------|---|---|---|---|--|
| | | | | Advisory re: Consumption of Crabs Caught in Port Angeles Harbor 5/11/07 | |
| 2.2 L | Publicly available 24 hour contact information for the LHJ current within 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 local agencies and organizations, such as tribal governments, schools and hospitals. | 1 | No documentation within last 14 months of communication to law enforcement re: after-hours notification via 911/dispatch. | 11/29/07 letter to Health Care Providers and Staff re: 24/7 new pager number; website: www.clallam.net/healthservice/html/hhs:contact.htm | |
| 2.3 L | At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined). | 2 | | 11/9/07 Letter to CC health care providers re: MRSA recommendations; Peninsula Daily News article 3/28/08 re: MRSA | |
| 2.4 L | Contact lists for media and key stakeholders with effective or review date within last 14 months. Description/demonstration of availability to staff | 2 | | CCHHS Emergency Response Plan Appendix VI: Risk Communications 8/31/07, CCHHS Emergency Response Plan Appendix I: Direction and Control | |
| 2.5 L | Written description(s) of roles for working with the news media that identify the timeframes for communications. Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators). | 2 | | CCHHS Admin Policy and Procedures Media Communications 5/12/05; Risk Communications from CCHHS Emergency Response Plan 8/31/07 | |

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|-------|---|---|--|--|--|
| 2.6 L | <p>Written instructions on how to create a clear and accurate health alert and a media release.</p> <p>Written description of distribution steps and recipients for both health alerts and media releases.</p> | 2 | | <p>CCHHS Admin Policy and Procedures Media Communications 5/12/05; Risk Communications from CCHHS Emergency Response Plan 8/31/07; CCHHS Admin Policy & Procedures Broadcast Fax 4/1/08; SECURES Electronic Communication, Urgent Response and Exchange System 4/10/07 instructions document</p> | |
| 2.7 L | <p>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, AND • access to the local health system, healthcare providers and prevention resources.</p> | 2 | | <p>CCHHS Website: HIV/AIDS Program, Smallpox Vaccination: What You Should Know, Immunizations, TB, Infectious Disease; CC Community Profile 2005 Meeting the Challenge</p> | |
| 2.8 L | <p>Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.</p> | 2 | | | |
| 2.9 L | <p>Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws.</p> | 2 | | | |

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|--------|--|---|--|---|--|
| | Form of documentation should indicate how it is made available to the public. | | | | |
| 2.10 L | Two examples of educational material in non-English language OR 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 | | | |
| 2.11 L | Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral. | 1 | No example of using list to generate a referral. | Provider Search Results 2/8/08; Emergency Services List 4/15/08; Individual Medical Providers 4/15/08; VIMO contact information 2/1/4/08; Dungeness Valley Health & Wellness Clinic | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 73% | 73% | 75% |
| % Partially Demonstrates | 27% | 24% | 23% |
| % Does Not Demonstrate | 0% | 4% | 2% |

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 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local 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. | 1 | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | | |

Score Totals for Standard 3: Community Involvement

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 50% | 25% | 13% |
| % Partially Demonstrates | 50% | 50% | 76% |
| % Does Not Demonstrate | 0% | 25% | 10% |

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 L | Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information) | 1 | | | |
| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers | 2 | | | |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in | 2 | | | |

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| | the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process. | | | | |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 | | | |
| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting. | 2 | | | |
| 4.6 L | Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of | 2 | | | |

| | | | | | |
|--------|---|---|--|--|---|
| | the EBP. | | | | |
| 4.7 L | Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response. | 2 | | EH Complaint Investigation process and Request Form with referral item, Complaint Response Protocol (dated 1999), Regional Duty Officer Protocol from Region 2 PHERP--- 7/07, two examples from Tidemark system of complaints referred out | |
| 4.8 L | Tracking system for environmental health 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 | | | |
| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 2 | | | |
| 4.10 L | Protocols for the use of emergency biologics (for example, the "yellow book"). | 2 | | | |
| 4.11 L | Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation) | 2 | | Region 2 PHERP--- 7/07-- Appendix II Tab C, Forms for 11 different types of Emergency Actions | Region 2 PHERP--- 7/07-- Appendix II Tab C, Forms for 11 different types of Emergency Actions |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 91% | 73% | 82% |
| % Partially Demonstrates | 9% | 23% | 14% |
| % Does Not Demonstrate | 0% | 5% | 4% |

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 | Exemplary Documents |
|-------|--|-------|---|--|---------------------|
| 5.1 L | Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials. | 1 | No evidence of distribution to health providers, AND public safety officials. | CCHHS Interim PH Advisory re: Consumption of Crabs Caught in Port Angeles; | |
| 5.2 L | Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND | 2 | | Region 2 PH Functional Drill After Action Report 10/31/07; CCHHS Emergency Response Plan 8/31/07; CCHHS POD Exercise AAR 9/15/07; Region 2PH Communications and Epidemiological Exercise AAR 6/12/07 | |

| | | | | | |
|-------|---|---|--|---|--|
| | <p>environmental health risks, AND natural disasters or other threats to the public's health.</p> <p>The LHJ 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> | | | | |
| 5.3 L | <p>Reports (at least one example) indicate LHJ leadership in community 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 LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p> | 2 | | <p>Region 2 PH Functional Drill After Action Report 10/31/07; CCHHS Emergency Response Plan 8/31/07; CCHHS POD Exercise AAR 9/15/07; Region 2PH Communications and Epidemiological Exercise AAR 6/12/07</p> | |
| 5.4 L | <p>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 the LHJ 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.</p> <p>At least two examples of information distributed/available to the public on how to access the essential services during an emergency.</p> | 1 | <p>An example was not provided of a list of the issues on the emergency response webpage for which the public should contact the agency. No examples were provided of information distributed/available to the public on how to access the essential services during an emergency.</p> | <p>CCHHS Emergency Response Plan Appendix VIII Continuity of Operations; Web site: Organization of CC Emergency Management Plan</p> | |

| | | | | | |
|-------|---|---|--|--|--|
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | | | |
|-------|---|---|--|--|--|

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 40% | 47% | 59% |
| % Partially Demonstrates | 60% | 28% | 29% |
| % Does Not Demonstrate | 0% | 25% | 12% |

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 | Exemplary Documents |
|-------|---|-------|----------|-----------|---------------------|
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities | 1 | | | |

| | | | | | |
|-------|--|---|--|---|--|
| | provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | | | | |
| 6.2 L | <p>Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L).</p> <p>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.</p> | 1 | The intent of this measure is to verify the priorities for prevention, health promotion, early intervention and outreach services for the LHJ and at least two examples of the community health data used to establish the priorities. | CCHHS 3/08 email re: Director's Report, 3/08 minutes of general membership Meeting of community Prevention Works Coalition (CCHHS is a participant) | |
| 6.3 L | <p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).</p> <p>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.</p> <p>Written description of the process to conduct all the activities listed below:</p> <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 1 | | | |
| 6.4 L | <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</p> | 1 | | | |

| | | | | | |
|--|--|--|--|--|--|
| | (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education). | | | | |
|--|--|--|--|--|--|

Score Totals for Standard 6: Prevention and Education

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 0% | 35% | 39% |
| % Partially Demonstrates | 100% | 52% | 54% |
| % Does Not Demonstrate | 0% | 13% | 7% |

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 | Exemplary Documents |
|-------|--|-------|--|--|---------------------|
| 7.1 L | LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action. | 1 | Information not provided regarding local resources and trends to address health disparities and/or access to critical health services (including prevention services), AND • setting goals, AND • taking action. | United Way of CC-Community Impact Initiative- Access to healthcare; | |
| 7.2 L | Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to | 1 | No evidence of assessment of access to the four types of providers listed above. No example provided of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed. | Provider Search Results 2/8/08; Emergency Services List 4/15/08; Individual Medical Providers 4/15/08; VIMO contact information | |

| | | | | | |
|-------|---|---|--|---|--|
| | the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed. | | | 2/1/4/08; Dungeness Valley Health & Wellness Clinic; | |
| 7.3 L | Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information. | 0 | Survey documentation not provided to demonstrate assess the availability of critical health services and barriers to access. Gap analysis not provided for access to critical health services based on the results of the surveys for availability and other assessment information. | Letter to healthcare providers re:provider re-survey of HPSA for continued funding; | |
| 7.4 L | Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home. | 0 | No relevant documentation provided. | | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 0% | 50% | 57% |
| % Partially Demonstrates | 50% | 32% | 30% |
| % Does Not Demonstrate | 50% | 18% | 13% |

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 L | <p>For each program reviewed, a written description of program or activity goals, objectives and performance measures 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.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p> | 1 | | | |
| 8.2 L | <p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence 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.</p> | 1 | | | |
| 8.3 L | <p>Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below:</p> <ul style="list-style-type: none"> • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case | 2 | | | |

| | | | | | |
|-------|---|---|---|---|--|
| | management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | | | | |
| 8.4 L | 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 | | | |
| 8.5 L | 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 | No documentation of evaluation results of performance on customer service standards, such as aggregated results of client satisfaction surveys. | 3/07 CCHHS Policy for Answering Phones, Employee survey | |
| 8.6 L | One example for each program being reviewed of evaluations 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 for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months. | 1 | | | |
| 8.7 L | Aggregated annual internal audit* results for last two years of on 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 | 0 | | | |

| | | | | | |
|-------|---|---|--|---|--|
| | <p>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.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | | | | |
| 8.8 L | <p>List of significant outbreaks, environmental events, natural disasters, table top exercises or 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 hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND •</p> | 1 | <p>Documentation did not include all outbreaks, significant events or public health emergencies that have occurred during the last 24 months. Functional Drill Exercise and Aceh Influenza Tabletop AAR provided</p> | <p>Region 2 Functional Drill--AAR- 10/07, 5/06 Sewage Spill in PA Harbor reported to BOH-6/06, 3/07 Pandemic Influenza Tabletop Exercise reported to BOH-3/07, Simulated Regional Foodborne Disease Exercise--6/07 reported to BOH on 6/07, Mass Vaccination event at Olympic Peninsula Health Fair--BOH report 9/07,</p> | |

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|-------|--|---|--|--|--|
| | review of the accessibility of essential public health services (See 5.4 L), 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 | | | | |
| 8.9 L | Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ 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), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations. | 0 | No documentation of AAR prior to 5/07 with recommendations for improving communication were presented. Functional Drill AAR is from 10/07. | 5/07 CD Policies and Procedures for Receiving and Managing Information Regarding Notifiable Conditions | |

Score Totals for Standard 8: Program Planning and Evaluation

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 11% | 19% | 24% |
| % Partially Demonstrates | 67% | 56% | 58% |
| % Does Not Demonstrate | 22% | 25% | 18% |

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 L | Review of the LHJ 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. Description of process for assuring that all revenues are considered and collected. | 1 | Alignment/linkage between goals and budget not demonstrated. No written guideline re: process for assuring that all revenues are considered and collected. | CCHHS 2007 Goals and Accomplishments, CCHHS BOH Ordinance 10/1/07: Health & Human Services Fee Schedules effective 5/15/07; Budget (monthly) monitoring Operating/Admin Budget Notebook | |
| 9.2 L | Contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions. | 1 | No evidence provided of regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions. | Personal Services Agreement contract 3 100511-06-SRES; CCHHS Consolidated Contract with DOH (number C14942, amendment 1) | |

Score Totals for Standard 9: Financial and Management Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 0% | 21% | 35% |
| % Partially Demonstrates | 100% | 50% | 54% |
| % Does Not Demonstrate | 0% | 29% | 11% |

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 L | 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. | 1 | No description or evidence of how these policies are made available to staff. | Personnel Policies revised 5/23/06 | |
| 10.2 L | 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: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training plan is included in evaluation for each employee. | 1 | Documentation not provided demonstrating how job descriptions for program positions or job classifications are made available to staff. Three of 13 staff are not current on evaluations for 2007 | J:\Admin\Health Dept.Staff Eval.Dates; Instructions for Using Performance Evaluation System (workplan for the next rating period and training and development to be completed included in Performance Evaluation Form | |

| | | | | | |
|--------|--|---|---|--|--|
| 10.3 L | Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements. | 0 | Documentation not provided of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements. | | |
| 10.4 L | <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:</p> <ul style="list-style-type: none"> • 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>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning</p> | 2 | | | |

| | | | | | |
|--------|---|---|---------------------------|--|--|
| | Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. 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. | | | | |
| 10.5 L | Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements. | 2 | | <10% sample of RN staff who have signed Confidentiality/HIPAA agreements | |
| 10.6 L | Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months. | 0 | No documentation provided | | |

Score Totals for Standard 10: Human Resource Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 33% | 42% | 50% |
| % Partially Demonstrates | 33% | 30% | 36% |
| % Does Not Demonstrate | 33% | 28% | 14% |

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 L | 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. | 1 | No evidence of documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months. | 3/28/08 memo to Iva Burks from Dan Flynn reL Community Health Assessment measures 11.1L, 11.2L, 11.3L | |
| 11.2 L | Documentation indicates that LHJ staff have computer technology as described above and access to trained staff for assistance in using the technology. | 2 | | Memo from Dan Flynn re: compliance with measure 11.2L | |
| 11.3 L | Agency or county IS plan includes strategies for the use of future technologies by the LHJ. | 2 | | Memo from Dan Flynn re compliance with measure 11.3L | |
| 11.4 L | 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 LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available. | 1 | How to obtain technical assistance and consultation from the LHJ not found on website. | CCHHS website | |

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|--------|---|---|--|--|--|
| 11.5 L | <p>Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations.</p> <p>Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.</p> <p>For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.</p> | 2 | | <p>WA State Expedited Partner Therapy Program Manual; Data Sharing Agreement with State of WA DOH to report quarterly deaths in Clallam County, FluMist Project 200702008 season Project Summary; Clallam County Department of HHS, Assurance of Confidentiality, Clallam County Department of HHS, Admin Policies and Procedures Protective Health Information Access</p> | |
|--------|---|---|--|--|--|

Score Totals for Standard 11: Information Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 60% | 49% | 50% |
| % Partially Demonstrates | 40% | 37% | 36% |
| % Does Not Demonstrate | 0% | 14% | 13% |

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 L | <p>Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients</p> | 2 | | <p>Bylaws of the Clallam County BOH, WA State BOH Guidebook for Local BOH</p> | |

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|--------|--|---|---|--|--|
| | new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes. | | | Members, CCBOH Regular Meeting Minutes 11/20/07 and 12/18/07 | |
| 12.2 L | BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions. | 1 | Trended data was not presented re: community health status, communicable disease or access to critical health services. | CC BOH Regular Meeting Minutes 4/15/08; HHS Environmental Health 2007 Accomplishments and Goals for 2008 | |
| 12.3 L | BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals. | 1 | One program provided an annual report with specific statements of progress toward program goals. | HHS Environmental Health 2007 Accomplishments and Goals for 2008, CC BOH Regular Meeting Minutes 4/15/08 | |
| 12.4 L | BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency. | 2 | | CC BOH Regular Meeting Minutes 3/20/07, CC BOH Regular Meeting Minutes 6/19/07, CC BOH Regular Meeting Minutes 6/20/06, CC BOH Regular Meeting Minutes 9/18/07 | |
| 12.5 L | Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the LHJ's assessed risk. | 1 | Documentation not provided regarding written guidelines for effective assessment and management of clinical and financial risk. | WA Counties Risk Pool Joint Self-Insurance Liability Policy | |
| 12.6 L | Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives | 1 | Need to complete organization-wide strategic/operations plan that includes vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives. | undated CCHHS Planning Session Five with Vision values, priorities, and goals; 2007 Accomplishments | |

| | | | | and Goals (which includes mission statement); | |
|--------|---|---|---|---|--|
| 12.7 L | 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 Local Public Health Indicators and other health data to support health policy and program decisions, AND • addressing communicable disease, 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. | 0 | Need to complete organization-wide strategic/operations plan that includes vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives. | | |
| 12.8 L | BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months | 0 | Strategic Plan has not been completed or reviewed by BOH. | | |
| 12.9 L | 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 | 0 | No documentation provided. | | |

| | | | | | |
|---------|--|--|---|--|--|
| | timeframes for completion of objectives and responsible staff, AND • identify performance measures. | | | | |
| 12.10 L | 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 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 | | A QI plan is not yet in place to be reviewed. This measure is not applicable. | | |

Score Totals for Standard 12: Leadership and Governance

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 22% | 21% | 34% |
| % Partially Demonstrates | 44% | 43% | 38% |
| % Does Not Demonstrate | 33% | 37% | 29% |

Note: Totals may not equal 100% due to rounding

Program Report

COMMUNICABLE DISEASE

| | Measure | Score | Comments | Documents | Exemplary Documents |
|--------|--|-------|----------|---|--|
| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | CCHHS Region 2 Resources Manual for Providers, CCHHS Website for HIV/AIDS, Flyer on STD and HIV Services, Syringe Exchange flyers, The ABCs of Hepatitis PPT for 5/07 presentation to clinic, Pandemic Flu PPT Outline-- 12/06 presentation to Olympic Medical Center (OMC) | CCHHS Region 2 Resources Manual for Providers, |
| 2.9 L | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public. | 2 | | State Websites for WACS, RCWs and County Ordinances linked to CCHHS website | |
| 2.10 L | Two examples of educational material in non-English language OR 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 | | Two Hepatitis related brochures in Spanish, two CCHHS staff members speak Spanish and are available for interpretation | |

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| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local 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. | 1 | No documentation of feedback from BOH or of recommendations for action based on the review of the CD Surveillance data. | 12/07 BOH minutes indicate the review of Quarterly Surveillance Data | |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | March 2008 Region 2 PH for the Peninsulas Newsletter reported to BOH 12/07, Region 2- Selected Diseases Report for 2005, 2006 and 2007 | March 2008 Region 2 PH for the Peninsulas Newsletter |
| 4.1 L | Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • | 1 | No documentation of distribution to new providers licensees or to new laboratories. | Region 2 Resources Manual for Providers with NC poster and contact information, List of Healthcare Provider Visits by Community Liaison for 2004, 2006 and | Region 2 Resources Manual for Providers |

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| | laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information) | | | 2007, 11/07 letter to providers with pager numbers | |
| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers | 2 | | Region 2 PH for the Peninsulas newsletters for 3/07, 7/07, 10/07 distributed to providers; List of Healthcare Provider Visits by Community Liaison for 2004, 2006 and 2007 to distribute or update Resources Notebook, various presentations to community groups related to CD by Health Officer | Region 2 PH for the Peninsulas newsletters for 3/07, 7/07, 10/07 |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process. | 2 | | CCHHS Broadcast Facsimile Policy, | CCHHS Broadcast Facsimile Policy, |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 | | CD-100 Policy for Receiving and Managing Information-6/07, | CD-100 Policy for Receiving and Managing Information-6/07, |

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| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting. | 2 | | PHIMS database, CCHHS CD cases reports by year Access database | |
| 4.6 L | Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP. | 2 | | CD-100 Policy for Receiving and Managing Information-6/07 requires that CCHHS CD staff use the DOH Notify website, Chin CD Manual-2004 or the Red Book disease specific protocols | |
| 4.10 L | Protocols for the use of emergency biologics (for example, the “yellow book”). | 2 | | CCHHS ERP-8/07-Appendix III, Tab A: Points of Dispensing regarding SNS and other medications | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | No documentation of all new employees in last 24 months having received an orientation to the LHJ EPRP or of annual review of the PHERP with all staff. | 4/08 All staff mtg attendance sheet and PPT for PHERP 101 presentation | |

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| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 1 | The reviewer was unable to find written descriptions of the key program activities for communicable disease relevant to prevention and education such as a short summary of CD activities on a website or presentations of CD activities to a community group. | HIV Intervention Program Plan View, Syringe Exchange Program staff person responsibilities | |
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 1 | No documentation of review (at least every other year) of prevention and health education information of all types (including technical assistance) for CD materials or of written description of the process to organize, develop, distribute or select, evaluate and update materials. | 11/07 Provider Resources Manual, 9/07 Flyer on Pandemic Flu | |
| 6.4 L | 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, or peer education). | 0 | No documentation related to CD was presented for this measure. | No documentation related to CD was presented for this measure. | |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have | 1 | This report included a few workload indicators related to CD such as number of NC reported and syringes exchanged, but no specific goals related to CD were able to be | 2007 HHS Goals & Accomplishments Report, Community Health Nurse II job description | |

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| | <p>to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p> | | <p>identified by the reviewer. CCHHS should consider adapting the Performance Measures Report model or using a Logic Model for CD activities and outcomes.</p> | | |
| 8.2 L | <p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>For each program reviewed, evidence 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.</p> | 1 | <p>No documentation of analysis of CD data against goals and trended data or of use of the data to improve program activities and services, or to revise educational curricula or materials.</p> | <p>2007 HHS Goals & Accomplishments Report, PH Newsletter- 10/07 and 3/08, BOH minutes- 12/07</p> | |
| 8.3 L | <p>Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below:</p> <ul style="list-style-type: none"> • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 | | <p>LHJ 24/7 Response System Test with test to report a communicable disease and improvement plan</p> | |
| 8.4 L | <p>For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below</p> <ul style="list-style-type: none"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • | 0 | <p>None of these documents included the required factors of analysis of CD data, establishment of goals, objectives and performance measures related to CD, or evaluation of the initiatives.</p> | <p>MOU Region 2 LHJs- 2/07 Infection Control Committee minutes- 6/06 and 1/07 (no indication of what facility the committee is aligned with),</p> | |

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| | evaluation of the initiatives. | | | | |
| 8.6 L | <p>One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.</p> <p>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.</p> | 0 | The intent of this measure is to evaluate workshops, classes, training sessions conducted for the public or community groups by LHJ staff in order to improve educational offerings. | No documentation for this measure | |
| 8.7 L | <p>Aggregated annual internal audit* results for last two years of on 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 case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention</p> | 0 | The intent of this measure is to conduct audits of a sample of CD staff case reports to identify timeliness and compliance with disease specific protocols. | No documentation for this measure | |

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| | and health education materials [see 6.3 L] or health alerts [see 2.6 L] | | | | |
| 10.4 L | <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:</p> <ul style="list-style-type: none"> • 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>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> | 2 | Records for three CD staff indicate 2 of the three staff have 3 or more training sessions that meet the required topic areas listed above. | Records for three CD staff | |

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| | 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. | | | | |
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Score Totals for: Communicable Disease

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| % Demonstrates | 52% |
| % Partially Demonstrates | 30% |
| % Does Not Demonstrate | 17% |

Note: Totals may not equal 100% due to rounding

IMMUNIZATIONS

| | Measure | Score | Comments | Documents | Exemplary Documents |
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| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | Flyer on BBP training, CCHHS Website -- Immunizations section | |
| 2.9 L | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public. | 2 | | CCHHS Website with RCW and WAC links | |
| 2.10 L | Two examples of educational material in non-English language OR 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 | | Numerous flyers in various languages, brochure regarding reactions to vaccines in Spanish, two CCHHS staff speak Spanish and act as interpreters | |
| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local 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. | 0 | The BOH minutes or the 5930 performance measure document do not indicate the review of data related to Immunizations or of any recommendations for actions related to data or immunizations. | Influenza Vaccine update to BOH-- 11/07, 5930 performance measure document | |

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| | 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. | | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | 2007 Immunizations Annual Report Forms for Adult Immunization Promotion, for Locally Identified Activity and for Accountability Activities--9/07 | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | No documentation of all new employees in last 24 months having received an orientation to the LHJ EPRP or of annual review of the PHERP with all staff. | 4/08 All staff mtg attendance sheet and PPT for PHERP 101 presentation | |
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors | 2 | | 2007 Immunizations Annual Report Forms for Adult Immunization Promotion, for Locally Identified Activity and for Accountability Activities | |

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| | for any of the groups listed below: • individuals, OR • families, OR • community in general. | | | | |
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 1 | No documentation of review (at least every other year) of prevention and health education information of all types (including technical assistance) for CD materials or of written description of the process to organize, develop, distribute or select, evaluate and update materials. | HPV Questions and Answers flyer, FAQs: Immunizing Your Child flyer | |
| 6.4 L | 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, or peer education). | 0 | No documentation for Immunization Program was presented for this measure | No documentation for Immunizations Program | |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures 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, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the | 2 | | 2007 Immunizations Annual Report Forms for Adult Immunization Promotion, for Locally Identified Activity and for Accountability Activities, Community Health Nurse II job description, Immunization Program CHILD profile -site visit Summary Report-- | |

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| | program. | | | 9/07, 2007 CCHHS Goals and Accomplishments Report with 2005, 2006, 2007 actual immunizations given and goals for number of immunizations given for 2008 | |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence 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 | No documentation of analysis of Immunization data against goals or of use of the data to improve program activities and services, or to revise educational curricula or materials. | PH Newsletter- 10/07 and 3/08, BOH minutes- 12/07, 2007 CCHHS Goals and Accomplishments Report with 2005, 2006, 2007 actual immunizations given and goals for number of immunizations given for 2008 | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 | Unable to verify the additional source of information that was used to target parents of high school students. | 2007 Immunizations Annual Report Forms for Locally Identified Activity, 10/07 letter to Parents regarding vaccine clinics for high school students | |
| 8.4 L | 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 • | 1 | No documentation of analysis of data or of establishment of objectives and performance measures. | Collaboration with high schools for immunization clinics including Port Angeles (PAHS) and summary of PAHS May 2007 clinic data | |

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| | evaluation of the initiatives. | | | | |
| 8.6 L | <p>One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months.</p> <p>One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.</p> | 0 | The intent of this measure is to evaluate workshops, classes, training sessions conducted for the public or community groups by LHJ staff in order to improve educational offerings. | No documentation | |
| 8.7 L | <p>Aggregated annual internal audit* results for last two years of on 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 case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention</p> | 0 | No of Immunization case files were presented | No of Immunization case files were presented | |

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| | and health education materials [see 6.3 L] or health alerts [see 2.6 L] | | | | |
| 10.4 L | <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:</p> <ul style="list-style-type: none"> • 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>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> | 2 | Two of the four staff had three or more training sessions that met the required topics in the last three years. | Training logs for four Immunization staff provided | |

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| | 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. | | | | |
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Score Totals for: Immunizations

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| % Demonstrates | 50% |
| % Partially Demonstrates | 25% |
| % Does Not Demonstrate | 25% |

Note: Totals may not equal 100% due to rounding

WASTE WATER MANAGEMENT

| | Measure | Score | Comments | Documents | Exemplary Documents |
|--------|---|-------|---|--|---|
| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | CCHHS website for EH- On-Site Sewage System (OSS) with Septics 101 Clinics, OSS Work Group section of website, various brochures and flyers | |
| 2.9 L | Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public. | 2 | | Clallam County Website for County Code, Home Rule Charter, Policies, DOH sites for RCWs and WACs, New State Requirements for OSS handout | New State Requirements for OSS handout |
| 2.10 L | Two examples of educational material in non-English language OR 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 | No OSS materials in non-English language were presented | Two staff members speak Spanish and serve as interpreters, | |
| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local 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 | 2 | | June 19.2007 BOH meeting approval of OSS Management Plan, April 07 BOH minutes with review of EH Accomplishments for 2007 and Goals for 2008, OSS Work Group Minutes and meeting materials online on website, | Accomplishments for 2007 and Goals for 2008, OSS Work Group Minutes and meeting materials online on website |

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| | or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | | | 2007 Goals and Accomplishments Report | |
| 3.2 L | <p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> | 2 | The requirement for a gap analysis for local critical health services and for prevention services is NA for EH programs, but the other two requirements do apply to EH. | <p>June 19.2007 BOH meeting approval of OSS Management Plan, April 07 BOH minutes with review of EH</p> <p>Accomplishments for 2007 and Goals for 2008, OSS Work Group Minutes and meeting materials online on website, 2007 Goals and Accomplishments Report</p> | EH Accomplishments for 2007 and Goals for 2008 |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 | | EH Complaint Response Protocol, CD-100 Policy for Receiving and Managing Information-6/07, | |
| 4.8 L | Tracking system for environmental health 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 | | Tidemark Advantage database, complaint log | |

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| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 2 | | Complaint Response Protocol | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | No documentation of all new employees in last 24 months having received an orientation to the LHJ EPRP or of annual review of the PHERP with all staff. | 4/08 All staff mtg attendance sheet and PPT for PHERP 101 presentation | |
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 2 | | OSS section of website, EH Accomplishments for 2007 and Goals for 2008, Septic 101 class packet of materials | Septic 101 class packet of materials |
| 6.3 L | 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. | 1 | No documentation of review (at least every other year) of prevention and health education information of all types (including technical assistance) for CD materials or of written description of the process to organize, develop, distribute or select, evaluate and update materials. | Septic 101 Class packet of materials, Wells 101 updated class | |

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| | Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | | | | |
| 6.4 L | 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, or peer education). | 2 | | OSS Work group agendas, minutes and materials 2006-2008, Septic 101 class, Operation and Maintenance Program | |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures 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, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 2 | | Environmental Health - Accomplishments 2006- Goals for 2007, Environmental Health - Accomplishments 2007- Goals for 2008, EH Specialist job description | Environmental Health - Accomplishments 2007- Goals for 2008, |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: <ul style="list-style-type: none"> • improve program activities and services, OR • revised educational curricula or materials. | 2 | | Environmental Health - Accomplishments 2006- Goals for 2007 and the Accomplishments 2007- Goals for 2008, 2007 HHS Goals & Accomplishments Report (trended data) , PH Newsletter- 10/07 and 3/08, BOH | |

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| | | | | minutes- 12/07, EH Workload Indicators Report with 2004, 2005, 2006 and 2007 actual data | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 | | Septic 101 Classes and Well 101 classes and evaluation surveys, summary of changes based on panel feedback | |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. | | No collaboration projects were presented for EH for this measure | No documents | |
| 8.6 L | One example for each program being reviewed of evaluations 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 for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months. | 2 | | Septic 101 Classes and Well 101 classes and evaluation surveys, summary of changes based on panel feedback | |
| 8.7 L | Aggregated annual internal audit* results for last two years of on a sample of communicable disease | 0 | The intent of this measure is to conduct audits of a sample of OSS staff investigation and enforcement | No documentation of audits presented | |

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| | <p>investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | | reports to identify timeliness and compliance with procedures and regulations. | | |
| 10.4 L | <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</p> | 2 | | All Staff meeting for PHERP--07, 2007 Travel/Training excel log for OSS staff, | |

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| | <p>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>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</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> | | | | |
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Score Totals for: Waste Water Management

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| % Demonstrates | 78% |
| % Partially Demonstrates | 17% |
| % Does Not Demonstrate | 6% |

Note: Totals may not equal 100% due to rounding

