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

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 Pathways 2020 Report and Quality of Life Survey 2006, which contributes to the community planning process.
- The website as another community resource, especially the Communicable Disease pages with specific information describing the services of CCHD as well as transmission, populations at risk, symptoms, prevention, complications, diagnosis and treatment and links to other sites.
- The auditing of Communicable Disease files.
- The format for debriefs and after action reports and application of learning to improving protocols and guidelines.
- The MySpace page and Jail Project as a response to the epidemic of gonorrhea.

Areas for Improvement

- Develop clear goals, objectives and measures for programs, and start collecting data on performance.
- Link activities in the Plan-Do-Study-Act cycle so you and your stakeholders know (tell the story) how you evaluate and improve your work.
- Build on this work to institute a formal Quality Improvement process.
- Assure dates on policies and procedures, other documents (identify both to who and when on presentation materials).
- Address administrative requirements to the extent possible with other Cowlitz County departments.

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	2	Fully Demonstrated
1.2 L	2	Fully Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	2	Fully 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	2	Fully Demonstrated
2.3 L	2	Fully Demonstrated
2.4 L	1	Partially Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially 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	2	Fully Demonstrated

Standard 3: Community Involvement

Measure	Score	Compliance Demonstration
3.1 L	1	Partially Demonstrated
3.2 L	1	Partially Demonstrated

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

Measure	Score	Compliance Demonstration
4.1 L	2	Fully Demonstrated
4.2 L	2	Fully Demonstrated
4.3 L	2	Fully Demonstrated
4.4 L	1	Partially 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	1	Partially 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	2	Fully Demonstrated
5.2 L	2	Fully Demonstrated
5.3 L	2	Fully Demonstrated
5.4 L	2	Fully 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	2	Fully 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	2	Fully Demonstrated
7.2 L	1	Partially Demonstrated
7.3 L	0	Not Demonstrated
7.4 L	2	Fully 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	1	Partially Demonstrated
8.4 L	1	Partially Demonstrated
8.5 L	2	Fully Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	1	Partially Demonstrated
8.8 L	2	Fully Demonstrated
8.9 L	2	Fully Demonstrated

Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	1	Partially Demonstrated
9.2 L	0	Not Demonstrated

Standard 10: Human Resource Systems

Measure	Score	Compliance Demonstration
10.1 L	2	Fully Demonstrated
10.2 L	1	Partially Demonstrated
10.3 L	2	Fully Demonstrated
10.4 L	2	Fully Demonstrated
10.5 L	1	Partially Demonstrated
10.6 L	1	Partially 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	2	Fully Demonstrated
11.5 L	1	Partially Demonstrated

Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	2	Fully Demonstrated
12.2 L	2	Fully Demonstrated
12.3 L	2	Fully Demonstrated
12.4 L	2	Fully Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	1	Partially Demonstrated
12.7 L	1	Partially Demonstrated
12.8 L	2	Fully Demonstrated
12.9 L	1	Partially Demonstrated
12.10 L		

Overall Score Totals

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	59%	64%	55%
% Partially Demonstrates	39%	31%	34%
% Does Not Demonstrate	3%	4%	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	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: population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services. 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. Written definition or description of quantitative data. Qualitative data such as barrier analysis and focus group or interview results (See Glossary)	2		Quality of Life Survey 2006, Cowlitz County Health Department Annual Report of Activities 2006, 2006 Community Report Card	Quality of Life Survey 2006
1.2 L	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. Review of evidence-based practices. Use of health data to (at least one of the activities below):	2		Cowlitz County Syringe Exchange 2007, Epi team monthly meeting minutes December 20, 2007, Email Programmatic Adjustment Needed February 6, 2008, Email BOCC, Positive	

	• 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]			Outcomes February 12, 2008, Syringe Coverage 2006	
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.	2		E mail to CD staff Programmatic Adjustment Needed, Email to Finance Mgr, Email BOCC Positive Outcomes	
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		Highlights from the 2006 Community Report Card, Public Health Indicators presentation to the Public Health Advisory Committee January 24, 2008, Quality of Life Survey 2006	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		Cowlitz County Website, Data Request Form, Technical Assistance Request Form	
1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting	2		List of Contacts January 2, 2008, Regional Assessment	

	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)			Meetings Agenda and participant list January 2008, Statewide Assessment Meeting September 26, 2007	
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		Aplastic anemia report exposure to Benzene from a Chemical Plant January 2008	

Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	89%	78%
% Partially Demonstrates	0%	8%	14%
% Does Not Demonstrate	0%	3%	8%

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		2006 Health Department Annual Report, Cowlitz County Health Department Brochure, Cowlitz County website: about us goals	
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-	2		Phone message during business hours, Answering Service phone list	

	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.			January 31, 2008, Emergency Response Team list	
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		Health Alert #2007-01 Gonorrhea Outbreak, Press release botulism Castleberry Food Products July 25, 2007	
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	1	Documents presented were in draft no final date or previous final date	Health Alert Network Contact List February 29, 2008, Health Alert Network (HAN) Protocol (no date in draft)	
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).	1	Documents presented were in draft no final date or previous final date.	Health Alert Network (HAN) Protocol (no date in draft), Policies: The internal and external Communications of the Health Department May 29, 2007, Communicating with the Media August 25, 2007, Procedure: Writing and Processing a Press Release (no date in draft)	
2.6 L	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	1	Documents presented were in draft no final date or previous final date	Health Alert Network (HAN) Protocol (no date in draft), Policies: The External and Internal Communications of	

				the Health Department May 29, 2007, Communicating with the Media August 25, 2007, Procedure: Writing and Processing a Press Release (no date in draft)	
2.7 L	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.	2		Affordable Health and Dental Care brochure English and Spanish, Cowlitz County website: Assessment, Environmental Health, Community Health, Communicable Disease	
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			
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			
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	1			

	in non-English language and example of how interpretation assistance is available (such as a language line)				
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.	2		Cowlitz-Wahkiakum Children with Special Health Care Needs Resource/Referral List, All the Essentials Guide August 30, 2007, Cowlitz County Help Card, General Call-in or in office request and resource given January 2007	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	64%	84%	75%
% Partially Demonstrates	36%	16%	23%
% Does Not Demonstrate	0%	0%	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	1			

	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.				
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.	1			

Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	9%	13%
% Partially Demonstrates	100%	91%	76%
% Does Not Demonstrate	0%	0%	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)	2			
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 the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2			
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	1			

	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.				
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 the EBP.	2			
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		Example of Phone Call Log Entry electronic, Call referral log	

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.	1			
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		Building Evacuation and Isolation Plan May 10, 2007, Monitoring the Cowlitz County Isolation Facility August 1, 2004 (outdated), Tuberculosis Exposure Manual	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	82%	88%	82%
% Partially Demonstrates	18%	12%	14%
% Does Not Demonstrate	0%	1%	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.	2		Health Advisory 2007-02 Salmonella linked to Peanut Butter, Heat Health Alert July 20, 2006	
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 environmental health risks, AND natural disasters or other threats to the public's health. The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Report of drills and/or after-action reviews (at least one example)	2		Cowlitz County Public Health Emergency Response Plan August 31, 2007, Operation TriPOD after action report November 28, 2007	

5.3 L	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. 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.	2		Pandemic Influenza Table Top Exercise July 18, 2007, Operation TriPOD After action report January 16, 2008, Public Health Duty Officer Triage matrix October 2, 2007, Cowlitz County Comprehensive Emergency Management Plan - Emergency Support Function #8 June 2007 draft, Governing Council Meeting August 17, 2007	
5.4 L	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. At least two examples of information distributed/available to the public on how to access the essential services during an emergency.	2		PanFlu Pocket Guide July 29, 2007, Emergency Resource Guide January 2007, Cowlitz County website	
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	1			

	months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.				

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	80%	65%	59%
% Partially Demonstrates	20%	29%	29%
% Does Not Demonstrate	0%	5%	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 provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	1			

6.2 L	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). Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.	2		Agency Reorganization Project Proposal February 11, 2008, First Steps Analysis to Board of Health, Set of 32 presentation to the Board of Health January 22, 2008	
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			
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).	1			

Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	50%	39%
% Partially Demonstrates	75%	48%	54%
% Does Not Demonstrate	0%	2%	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.	2		Adult Dental Planning Group December 18, 2007, Climate Change in Washington State March 27, 2007, Children's Oral Health Coalition meeting minutes February 12, 2008, On The Move Health Lifestyles, Public Health Advisory Committee minutes January 24, 2008	
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 documents presented for assessment on access to the four types of services or gaps in access to services.	All the Essentials: A Guide to Living in the Lower Columbia Area	dbo_AssessmentResultExemplaryDocumentCommentStr

	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.				
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	No documents submitted for strategic assessment for gaps in access to critical health services		
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.	2		General Call Log January 2007, Community Educator Job Description, Community Outreach Contractor activity July - September 2007 activity.	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	68%	57%
% Partially Demonstrates	25%	25%	30%
% Does Not Demonstrate	25%	7%	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	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.	1			
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			
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	1			

	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.	2		Customer Service Training July 20, 2006, Customer Service Survey Log 2006, 2007, 2008	
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	1			

	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]				
8.8 L	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 •	2		General staff outbreak debrief January 10, 2007, Restaurant Outbreak presentation to Board of Health July 24, 2007, Norovirus Outbreak After Action Report July 24, 2007, Exercise Report FluMist October 26, 2006, List of Sign Outbreaks, Environmental Events, Natural Disasters 24 month	

	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			period.	
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.	2		Restaurant Outbreak presentation to Board of Health July 24, 2007, Mission and Strategic Plan February 26, 2008, Operation TriPOD November 28, 2007	

Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	33%	31%	24%
% Partially Demonstrates	67%	60%	58%
% Does Not Demonstrate	0%	9%	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	Documents presented does not demonstrate how the budget is aligned with the organization's strategic plan goals. No evidence of description of the process to assure all revenues are considered and collected.	HD Budget 2008, Resolution 04-058 Contracting, Organization Budget Status December 18, 2007	
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.	0	There was no evidence in the documents submitted that contracts are monitored for compliance with performance requirements. The contract checklists submitted did not reflect legal review.		

Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	55%	35%
% Partially Demonstrates	50%	41%	54%
% Does Not Demonstrate	50%	5%	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.	2		Resolution 07-097 Adopting a policy related to personnel adjustments, Resolution 03-146 Affirmative Action Plan	
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	Documents presented showed evidence of 5 completed staff performance evaluations. 80% of staff are required to have completed performance evaluations within the last 14 months to show fully demonstrated.	Email regarding Job descriptions and work plans February 8, 2008	

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.	2		Employee tracking log identifying professional license expiration, Nursing Credentials DOH website notice.	
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills 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	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.	1	Documents presented were not dated in the review time period.	HIPAA Confidentiality Agreements 2006, 2007, 2008, Resolution 03-074 HIPAA policy, Policy: Protecting Health Information (no date in draft), Notice Patient Safety October 12, 2002, Notice of Privacy Practices October 12, 2002	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	Documents presented did not demonstrate evidence of compliance with ADA requirements within last 24 months.	Ergonomic Event Tracker 2007, 2008, Resolution 04-139 Safety Policy (out of date), Resolution 92-118 Ergonomics Policy (out of date), building plan 1978 (out of date)	

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	58%	50%
% Partially Demonstrates	50%	41%	36%
% Does Not Demonstrate	0%	2%	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	Documents presented did not demonstrate evidence of addressing redundancy, firewalls, backup systems.	Resolution 03-015 Electronic Mail Policy, Central Services Information Systems and Technology Security Policy Resolution 03-013, SAV visits log February 8, 2008	
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		Expectations of the Use of MS Outlook February 25, 2008, Central Services IT Support website	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	2		Cowlitz County Strategic Plan Goal #5 February 21, 2008	
11.4 L	Website contains at least the areas of information and content listed below:• 24 hr. contact number for reporting health emergencies, AND •	2		Website tracking form 2006, 2007, 2008, Cowlitz County website	

	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.				
11.5 L	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. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	1	Policies and Procedures not reviewed, revised, or updated during on-site review period.	Central Services Information Systems and Technology Security Policy (no date), Policy: Protecting Health Information (no date in draft), Notice Patient Privacy October 12, 2002 (outdated), Notice of Privacy Practices October 12, 2002 (outdated), Data sharing agreements 2007	

Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	69%	50%
% Partially Demonstrates	40%	27%	36%
% Does Not Demonstrate	0%	4%	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	Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.	2		Board of Health meeting orientation April 24, 2007, Board of Health meeting motion November 21, 2006, Board of Health meeting 1st mtg. January 30, 2007	
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.	2		2006 Annual Report to Board of Health, Board of Health meeting minutes January 22, 2008, and July 25, 2006	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	2		2006 Annual Report to Board of Health	
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		Board of Health meeting minutes January 22, 2008 and July 24, 2007	
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	Documents presented did not demonstrate how the county determined what their clinical risks were.	County Insurance 2008, Insurance Coverage for Risk Assessment	

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	Performance measures specific to Cowlitz County were not evident in the documents presented.	Mission and Strategic Plan February 26, 2008, Project Proposal - Agency reorganization and culture shift February 11, 2008	
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.	1	It is not evident by the documents presented that there is an organization-wide strategic plan to include assessment of activities and the resources needed to perform the work, addressing communicable disease, environmental health events or other public health emergencies.	5930 Update January 22, 2008, CD monthly stats 2007, Project Proposal February 11, 2008	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		Board of Health staff meeting minutes October 11, 2007	
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	1	Plan for Quality Improvement in development stage.	5930 Update January 22, 2008, Project Proposal February 11, 2008, Set of 32 January 22, 2008	

	may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.				
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		There was no evidence in the documents presented of an organizational quality improvement plan. This measure is not applicable.	Cowlitz County Quality Improvement Team progress report Maternal Child Health programs, First Steps January 3, 2008, MC Chart review 2006, 2007, MC Work Plan	

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	56%	46%	34%
% Partially Demonstrates	44%	41%	38%
% Does Not Demonstrate	0%	14%	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		Cowlitz County website: Communicable Disease page and links, 11/27/07 news release Hepatitis support group, brochure Hepatitis support group	Brochure Hepatitis support group
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		Cowlitz County website link to DOH Notifiable Conditions, WAC on website, Health Care Provider page, Rabies code	
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		Cover Your Cough web linkage to CDC with flyers and posters in multiple languages, Spanish Flu Vaccine brochure, Language Line	
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	2		Pathways 2020 Report Card 2006, 2006 CCHD Report of Activities to BOH (PP), PH Advisory Comm Minutes 9/28/06, BOC/BOH Minutes 4/24/07	2006 CCHD Report of Activities to BOH (PP)

	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.				
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.	1	The focus of this measure is on sharing results of gap analysis and evaluation with the broader community. No documentation was provided of sharing the information outside of CHD or the BOH.	Summary of Syringe Exchange Activities 2007, EpiTeam Minutes 11/15/07, 2/1/08 e-mail Alicia to Carlos	
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)	2		Administrative Outreach Log, CHD website Health Care Provider Homepage, HAN protocol undated, file with annual letters to reporters thanking them for participation, Mtg minutes 7/10/06 w/Peace Health, Agenda 10/06 w/Peace Health, data shared regarding reporting issues,	

				interview that April at Peace Health provides packets to new reporters	
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		Health Advisory 2/16/07 Salmonella, Health Alert 6/8/07 GI Outbreak, HAN protocol	
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		HAN Protocol undated, letter and form to healthcare provider undated, e-mail from Peace Health regarding new providers, administrative outreach log, interview that staff from Peace Health provides new packets to new providers	
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		FBI Procedure 2/28/07, Disease of Suspected Food Borne Origin 2/22/08	
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	2		PHIMS	

	may also track the broader category of mandated reporting.				
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		Salmonella guidelines 2/2208, using DOH guidelines	
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2		Rabies Post Exposure Tx 1/10/07, Emergency Biologics Book	
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 evidence provided of annual training for employees in local EPRP.	New employee orientation plan	New employee orientation plan template
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: •	2		CHD website: MRSA Resources, Disease Prevention information	

	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 evidence presented of process for review of materials, or standards methods to organize, develop, distribute, evaluate or update prevention and education materials produced by CHD.	CHD website: Communicable Disease, with disease specific subpages, such as Hep C	
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).	1	The documentation provided did not present a complete picture of the nature of the partnership with LCC. STD examples were excluded from the CD review process.	CHD website: Hep A, Foodhandler Hep A Immunization Log, interview	CHD website: Communicable Disease, Hep A (template for public information)
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.	1	The intent of this measure is the development of goals, objectives and performance measures for the CD program as a whole, which would be subsequently reflected in individual work plans and establishing the skills necessary to do the work identified in individual work plans. The documentation provided minimally relates to the intent.	LCDF 2007 Report, Job Descriptions and Work Plans	Work Plan and Workplace Expectations: Outreach Worker (template)

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	Minimal documentation of how audit results are used to improve program activities.	CD QI Matrix: Monthly Audit Measures, Audit Log 2007, April 2007 Chart Audit Notes	CD QI Matrix: Monthly Audit Measures
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		Elks Debrief 12/6/06, Parker's AAR, process to revise guidelines based on these reports	Elks Debrief (template)
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	The intent of this measure is that community projects use data, develop goals, objectives and performance measures and then evaluate effectiveness. Table top exercises are of short duration, don't collect data over time, and evaluate time limited action objectives. Consider, instead, applying this model to the partnership with LLC on Hep A.	Operation TriPOD 07 AAR	
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	0	There was no evidence in the documentation provided of completed evaluations, analysis of the evaluations, or revision of the training based on the evaluations.	Bloodborne pathogen training roster, copy of evaluation form	

	reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.				
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 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]	2		CD QI Matrix: Monthly Audit Measures, Audit Log 2007, April 2007 Chart Audit Notes	CD QI Matrix: Monthly Audit Measures
10.4 L	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 •	2		Smart PH transcripts and staff list	

	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 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. 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.				

Score Totals for: Communicable Disease

% Demonstrates	65%
% Partially Demonstrates	30%
% Does Not Demonstrate	4%

Note: Totals may not equal 100% due to rounding

SEXUALLY TRANSMITTED DISEASE (STD)

	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		The Daily News article on myspace project, weblink to MySpace, female STI poster, 3/07 Adult STI PP presentation	The Daily News article on myspace project
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		CHD website: Notifiable Conditions, link to DOH, WAC, Health Care Providers Home Page	
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		STD free clinic poster, flyers/pamphlets	
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	1	The intent of this measure is that community stakeholders are provided with data and given an opportunity to recommend future actions. In the documentation provided (which was great material) it was more of a briefing than eliciting a "where should we go from here" discussion.	PH Advisory Committee Minutes 1/24/08, Highlights from STD data, 1/24/08, MySpace Talking Points	Highlights from STD data, 1/24/08, MySpace Talking Points

	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		AAR: Cowlitz Jail STI Intervention Project,12/28/06, Going to the Source: A Strategy to Decrease the Prevalence of Gonorrhea in Cowlitz County, Storyboard on PP, presented to SSTDR Annual Meeting	Going to the Source: A Strategy to Decrease the Prevalence of Gonorrhea in Cowlitz County
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)	2		Letters to MDs thanking them for participation, Mtg minutes 7/10/06 w/Peace Health, Agenda 10/06 w/Peace Health, data shared regarding reporting issues, interview that staff at Peace Health provides packets to new reporters	
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		Health Alert #2007-01 Gonorrhea Outbreak, Press Release 12/5/06 Gonorrhea, CHD website: STDs, Gonorrhea	

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		E- mail from Peace Health regarding new providers, administrative outreach log, interview that staff from Peace Health provides new packets to new providers	
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.	1	Only the Health Alert was dated.	CHD Policies/Procedures Outbreak Investigation and Management undated, Managing Positive Sexually Transmitted Infections Procedure undated, Health Alert #2007-01 Gonorrhea	
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	
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	2		Chlamydia Guidelines 2/22/08, MMWR 8/4/06	

	most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
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 evidence provided of annual training for employees in local EPRP.	New Staff Orientation Plan	
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		STI Presentation, Going to the Source, Jail Screening POD, Posters and Flyers	
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 evidence presented of process for review of materials, or standards methods to organize, develop, distribute, evaluate or update prevention and education materials produced by CHD.	MySpace Project	

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).	1	PP presentation on STIs--not clear when presented, to who, for what purpose, and if this was an example of a separate partnership.	Going to the Source, Jail Screening POD, STIs PP presentation	
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.	1	The intent of this measure is the development of goals, objectives and performance measures for the STD program as a whole, which would be subsequently reflected in individual work plans. The documentation provided minimally relates to the intent.	LCDF 2007 Report, Job Descriptions and Work Plans	
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	Beginning steps toward using data and the results of planned interventions to build a model for program improvement.	Highlights from STD data 1/24/08, Jail Intervention AAR, 2/13/08 Minutes of STD workgroup	
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	2		Highlights from STD data 1/24/08, Jail Intervention AAR, MySpace talking points	

	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.				
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.	2		Highlights from STD data 1/24/08, Jail Intervention AAR	
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	No evidence provided of how survey data was used to improve materials, educational offerings.	HIV/STD satisfaction survey, summarized survey data	HIV/STD satisfaction survey
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 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.	2		CD QI Matrix: Monthly Audit Measures, Audit Log 2007, April 2007 Chart Audit Notes	

	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]				
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training	2		Smart PH Transcripts and staff list	

	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. 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.				

Score Totals for: Sexually Transmitted Disease (STD)

% Demonstrates	64%
% Partially Demonstrates	36%
% Does Not Demonstrate	0%

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		CCEH website: On-Site Sewage Systems, Sewage Repair, List of Installers, Permits, Installer Certification Process Information sheet, FAQs, links to DOH information sheets and WACs	
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		CCEH website: On-Site Sewage Systems, FAQs, DOH Recommended Standards and Guidance documents by type of system	
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)	0	No documentation provided		
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.	1	No evidence in documentation provided of reviewing local data, for example a tabulated summary of the data from the complaints data base..	OSS Complaints Database, Minutes OSS Advisory Group, OSS Designer Checklist	

	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.	1	The minutes of the OSS Advisory Group pick up in mid-process, and there is minimal documentation of presentation to them of evaluation of the issues/gap analysis prior to the initiation of revising the policies.	OSS Complaints Database, Minutes OSS Advisory Group, pumper certification application	
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.	1	Process is undated, no reference to providing information to the public	BOC Resolution 99 011re: relationship between EH and PH, ON SITE SEWAGE COMPLAINT PROCESS (undated)	
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	2		CC Building and Planning website: Permits Search, Permit data base, complaint data base	

	to state and federal agencies.				
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.	1	Documentation provided is not dated.	On Site Sewage Complaint Process (undated), information on septic letters (undated)	
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.	0	No documentation provided		
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	This measure has two steps: first, identify all of the activities that the OSS program should do to prevent OSS failures and two, implement those activities through educational or other strategies. The OSS Advisory Group, the handout on maintenance are examples of strategies, but what is missing is the first part--the identification of the overall list of activities.	Septic Tank Maintenance (undated)	
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	The development of the OSS ordinance is a good example of revised information. No documentation of a regular process to review and update all materials used in the program (many of which appear to be undated).	DOH/WACs and materials, OSS Advisory Group minutes	

	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.				
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 Certification Card development (letter 2/21/07), OSS Checklist and New Policies (letter 3/11/08)	
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.	1	The intent of this measure is the development of program goals, objectives and performance measures for the OSS program as a whole, which would be subsequently reflected in individual work plans and the skills necessary. The documentation provided minimally relates to the intent.	Job Descriptions and continuing education	
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.	0	The documentation provided contains information that could be converted into program performance measures and analyzed, but no documentation of reports of program performance measures with analysis against goals and trended data.	Complaint, Septic databases, logs	
8.3 L	Use of additional sources of information to improve services and	1	While it is clear that the OSS Advisory Group worked on improving the OSS	OSS Advisory Group, Complaint, Septic	

	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.		process, it is not clear from the meeting minutes if/how they were provided with analysis from additional sources of information as a part of considering areas for improvement.	databases, logs	
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.		Not involved in community collaborative projects	OSS Advisory Group	
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.	0	The focus of this measure is on evaluation of workshops provided by the OSS program and use of those evaluations to improve the workshop. None of the documentation provided addressed this focus.		
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 documented work, such as investigation reports, for	0	Tracking systems as provided in the documentation do not constitute an internal audit, which requires documented review of a sample of specific complaints to determine if OSS protocols were followed in a timely manner.	Complaint, Septic databases, logs	

	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]				
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and	2		Training log, course information	

	coaching • Job specific technical skills 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. 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.				

Score Totals for: Waste Water Management

% Demonstrates	28%
% Partially Demonstrates	44%
% Does Not Demonstrate	28%

Note: Totals may not equal 100% due to rounding