

Standards for Public Health in Washington State: 2008 Performance Review Report *Garfield County Health District*

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

- New assessment capacity being developed, which can build on use of the Local Health Indicators to create data for priority setting
- The Strategic Plan, which is a concise and focused statement of what your desired outcomes are in major program areas
- Public information initiatives, including the new Website and the brochure
- Partnerships in the community, as demonstrated in the school and immunization initiative as well as many other examples
- The work on notifiable conditions procedure, tracking form and log
- The After Action reports and local tabletops, POD exercise
- The Oral Health program as another example of community partnerships
- Creation of the notebook of policies and forms and holding the staff training day to work through a number of infrastructure development activities.

Areas for Improvement

- Learn how to make use of the data that is available as well as how to share it with the community in a systematic way that supports program development and improvement
- Keep building the Website, posting documents such as the 2007 Report and, eventually, data
- Add measures to the outcomes in the strategic plan, so it is clear how you will measure your progress towards the outcomes
- Add Environmental Health to the strategic plan

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 an electronic tool kit. This material will be available by year-end 2008 at www.doh.wa.gov/php/Standards/BestPractices/StandardsExemplaryPractices.htm.
- **Statewide initiatives** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

Finally, begin preparing now for the next performance review. The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011.

Strategies for building on your current performance:

- Save the documentation you have used in this cycle as a good starting point for continuing to identify documentation for demonstrating performance.
- Establish an electronic document library for collecting documentation and to facilitate the use of an electronic format for the next cycle.
- Adopt or adapt as many exemplary practices as possible to improve your performance against the measures. There is no reason to "re-invent the wheel", when another LHJ may have an excellent process or documentation method that you can start using with less time and effort.

- Identify methods for getting technical assistance from state programs, or from other LHJs that may have targeted the same areas for improvement. Great gains can be made through sharing ideas and resources.

Again, we thank you for all your work in preparing for this 2008 performance review, and especially for the terrific work you do in protecting and promoting the health of the citizens of Washington State that we were privileged to review.

Summary Site Report

Demonstrates = 2

Partially Demonstrates = 1

Does Not Demonstrate = 0

Standard 1: Community Health Assessment

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

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	1	Partially Demonstrated
2.4 L	2	Fully Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially Demonstrated
2.7 L	1	Partially Demonstrated
2.8 L	2	Fully Demonstrated
2.9 L	2	Fully Demonstrated
2.10 L	2	Fully 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	1	Partially Demonstrated
4.3 L	1	Partially Demonstrated
4.4 L	2	Fully Demonstrated
4.5 L	2	Fully Demonstrated
4.6 L	2	Fully Demonstrated
4.7 L	2	Fully Demonstrated
4.8 L	2	Fully Demonstrated
4.9 L	2	Fully Demonstrated
4.10 L	2	Fully Demonstrated
4.11 L	2	Fully Demonstrated

Standard 5: Planning for and Responding to Public Health Emergencies

Measure	Score	Compliance Demonstration
5.1 L	0	Not Demonstrated
5.2 L	2	Fully Demonstrated
5.3 L	2	Fully Demonstrated
5.4 L	1	Partially Demonstrated
5.5 L	1	Partially Demonstrated

Standard 6: Prevention and Education

Measure	Score	Compliance Demonstration
6.1 L	1	Partially Demonstrated
6.2 L	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	1	Partially Demonstrated
7.2 L	1	Partially Demonstrated
7.3 L	1	Partially 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	0	Not Demonstrated
8.4 L	1	Partially Demonstrated
8.5 L	1	Partially Demonstrated
8.6 L	0	Not 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	1	Partially Demonstrated

Standard 10: Human Resource Systems

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

Standard 11: Information Systems

Measure	Score	Compliance Demonstration
11.1 L	0	Not Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	0	Not Demonstrated
11.4 L	1	Partially Demonstrated
11.5 L	1	Partially Demonstrated

Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	1	Partially Demonstrated
12.2 L	0	Not Demonstrated
12.3 L	0	Not Demonstrated
12.4 L	2	Fully Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	1	Partially Demonstrated
12.7 L	2	Fully 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	45%	50%	55%
% Partially Demonstrates	45%	34%	34%
% Does Not Demonstrate	11%	16%	12%

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	<p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p>	1	No evidence in documentation provided of trended data, EH data, or qualitative data such as barrier analysis.	Local Public Health Indicators for Garfield County; Garfield County Diabetes Report 2007	
1.2 L	<p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p>	1	No evidence in documentation of review of evidence-based practices.	Staff Training Day Minutes 2/21/08, BOH Minutes 2/25/08, GCHD Planning Meeting 2/26/08	

	<ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L] 				
1.3 L	Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.	2		Staff Training Day Minutes 2/21/08, BOH Minutes 2/25/08, Pomeroy School District letter to parents about immunizations March 2008	
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		Community Health and Prevention Advisory Board Minutes 8/22/07	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		GCHD brochure 2005	
1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting	2		Statewide Assessment Meeting agenda and	

	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)			participant list 9/26/07; Introductory VistaPHw Training agenda and participant list 9/27/07, CHAMP Mentorship Training agenda 2/12/08; Regional Assessment Meeting agenda 1/23/08	
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.		The intent of this measure is that the LHJ collaborates with outside researchers (e.g., universities, state agencies, etc.) that are conducting research involving the health of county residents. This measure is not applicable.	BOH Minutes 1/22/08, Contract with Spokane Regional Health District for provision of assessment services Feb 2008	

Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	67%	70%	78%
% Partially Demonstrates	33%	22%	14%
% Does Not Demonstrate	0%	8%	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	2		GCHD brochure 2005, GCHD web	Garfield County Health District brochure 2005

	implementing elements of the PHIP Communications Plan.				
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.	2		GCHD website, GCHD Phone Tree Protocol revised 12/06	
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).	1	This measure requires examples of urgent communications sent to media and other stakeholders. Unable to verify distribution of an actual urgent communication (not a system test) through documentation provided. Availability of health alerts on GCHD web site was noted -- full text of alerts available from a link off the GCHD web home page.	GCHD Communication Log Procedure 5/07; GCHD Communication Log 5/07; GCHD Emergency Contacts - Communications; test fax to emergency contacts 2/08; GCHD website	
2.4 L	Contact lists for media and key stakeholders with effective or review date within last 14 months. Description/demonstration of availability to staff	2	Add the date the document was last updated to "GCHD Emergency Contacts - Communications"	"Emergency Contacts and Maps" from GCHD Communicable Disease and Emergency Response Manual; GCHD Emergency Contacts - Communications	
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	No evidence in documentation provided of the specific timeframes required for communications.	Public Information section from GCHD Communicable Disease and Emergency Response Plan	

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	The intent of this measure is to have written instructions or templates for creating health alerts and media releases. The GCHD Communicable Disease and Emergency Response Plan includes instructions for receiving and disseminating health alerts, but there is no evidence in the documentation provided of how GCHD creates health alerts for issues originating in Garfield County.	"Public Information" and "Alerts and Notifications" sections from GCHD Communicable Disease and Emergency Response Plan 3/13/07	
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.	1	No evidence in documentation provided that information on (1) health data and (2) access to the local health system (healthcare providers and prevention resources) are readily available to the public.	GCHD website	
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 in non-English language and example	2			

	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		Pomeroy Medical Clinic website; Garfield County Hospital District website; Garfield CSHCN Resource/Referral List	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	64%	70%	75%
% Partially Demonstrates	36%	27%	23%
% Does Not Demonstrate	0%	3%	2%

Note: Totals may not equal 100% due to rounding

Standard 3: Community Involvement

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

	Measure	Score	Comments	Documents	Exemplary Documents
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency	1			

	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%	11%	13%
% Partially Demonstrates	100%	72%	76%
% Does Not Demonstrate	0%	17%	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	1			
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.	1			
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	2			

	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		Website: numbers to call in emergency, smoking complaint tracking form, solid waste tracking log, notifiable conditions tracking form	

4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2			
4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2			
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2			
4.11 L	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation)	2		Isolation Guidelines, WACs re: Quarantine (located in CD and ER 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%	81%	82%
% Partially Demonstrates	18%	10%	14%
% Does Not Demonstrate	0%	9%	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.	0	The intent of this measure is to clearly identify an individual as the primary contact in emergency communications distributed to health providers and public safety providers. The measure requires examples of emergency communications. No examples of emergency communications were identified in the documentation provided.	GCHD Phone Tree Protocol revised 12/06; PHRED User Account Maintenance Form updated 6/07	
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		GCHD Communicable Disease and Emergency Response Plan 3/07; BOH Minutes 2/25/08; GCHD After Action Report of Garfield County Table Top Exercise 6/26/07	

5.3 L	<p>Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>	2		<p>GCHD After Action Report of Garfield County Table Top Exercise 6/26/07; Pandemic Flu Tabletop invitation list 6/6/07; Garfield County Hospital District Bioterrorism Table Top 9/6/07</p>	
5.4 L	<p>Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on how to access the essential services during an emergency.</p>	1	<p>The intent of this measure is for the LHJ to (1) identify the essential public health services it will continue to provide during emergencies and (2) tell the public how to access these services during emergencies. No evidence in documentation provided that essential public health services have been identified and communicated to the public.</p>	<p>GCHD web site, "Your Guide to Preparing for Public Health Emergencies"; Emergency Resource Guide 1/07</p>	
5.5 L	<p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP.</p> <p>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.</p>	1			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	60%	59%
% Partially Demonstrates	40%	31%	29%
% Does Not Demonstrate	20%	9%	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	2		Smile Survey 1/05/06, Oral Health Activity Plan, Public Awareness Log	

	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.				
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: <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 	1			
6.4 L	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%	33%	39%
% Partially Demonstrates	75%	58%	54%
% Does Not Demonstrate	0%	8%	7%

Note: Totals may not equal 100% due to rounding

Standard 7: Helping Communities Address Gaps in Critical Health Services

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

	Measure	Score	Comments	Documents	Exemplary Documents
7.1 L	LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action.	1	The intent of this measure is that the LHJ leads or participates in community processes (with health care providers) to set goals and take action on access to critical health services, based on information about local resources and trends. No evidence in documentation provided of using information on local resources/trends to plan actions to address gaps in critical health services.	GCICC Minutes 7/20/06; Community Health and Prevention Advisory Board (CHAPAB) Mailing List; CHAPAB Minutes 7/20/07	
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 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.	1	No evidence in documentation provided of assessment information on access to providers who deliver critical health services.	Renewal of HPSA Designation for Low-Income/Homeless Dental Primary Care 5/30/07; CSHCN Resource/Referral List; PITA Plan Survey Tool 3/07	
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	1	This measure requires analysis of gaps in access to critical health services. No evidence of gap analysis in documentation provided.	PITA Plan Survey Tool 3/07	

	of the surveys for availability and other assessment information.				
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		2007-2008 MCH Oral Health Consolidated Contract Activity Plan; Washington State Medical Home Leadership Network Team Action Plan 6/07.	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	25%	42%	57%
% Partially Demonstrates	75%	42%	30%
% Does Not Demonstrate	0%	17%	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	1			

	requirements, knowledge, skills, and abilities for staff working in the program.				
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 management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices.	0			
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,	1	No data yet collected from survey.	Client satisfaction survey template, Client service procedure	Client satisfaction survey template

	stakeholders and partners. Evaluation results of performance on customer service standards.				
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			
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;	1			

	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 • 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	2		AAR WASABE, AAR 6/27/07, AAR 10/23/07	
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	2	WASABE AAR recommended local tabletop exercise and POD exercise. The reports here demonstrate using the WASABE recommendations.	AAR 6/27/07, AAR 10/23/07, PanFlu Tabletop Survey Tool	

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.				
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Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	22%	21%	24%
% Partially Demonstrates	56%	53%	58%
% Does Not Demonstrate	22%	26%	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	This measure requires evidence of a process for assuring that all revenues are considered and collected; no evidence of this in the documentation provided. Also, documentation of alignment of the budget with the agency strategic plan would be strengthened by tracking the estimated dollar allocation (along with the revenue source) for each activity listed in the strategic plan.	2007 budget expenditures and revenues; BOH minutes 1/22/08; BOH minutes 3/17/08; 2007/2008 Garfield County Health District Strategic Plan	
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	1	This measure requires evidence of regular monitoring of two contracts with comparison of actual performance to deliverables. No evidence in the documentation	WIC dietician contract 6/06; Contract with Spokane Regional Health District 2/08;	

	comparison of actual performance to deliverables and conclusions on needed actions.		provided of contracting monitoring for contracts the GCHD has initiated (monitoring of in-bound contracts is not the intent of this measure).		
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Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	18%	35%
% Partially Demonstrates	100%	76%	54%
% Does Not Demonstrate	0%	6%	11%

Note: Totals may not equal 100% due to rounding

Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	1	No evidence in documentation provided of human resources policies on promotion of (1) diversity and cultural competence and (2) recruitment and retention of qualified and diverse staff.	Garfield County Personnel Policy updated December 2006	
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	1	No evidence in documentation provided of a tracking report showing completion of staff performance evaluations.	GCHD Public Health Nurse job description; GCHD Employee Training, Licensing and Certifications procedure and log	

	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.				
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		GCHD Employee Training, Licensing and Certifications procedure and log	
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	2			

	<p>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.</p>				
10.5 L	<p>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.</p>	2		<p>Policy on Disclosing Protected Health Information; Employee Training on Protected Health Information and Privacy Practices; sample of signed Employee Non-Disclosure Agreement</p>	
10.6 L	<p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p>	0	<p>This measure requires evidence of evaluation reports of facility requirements with ASA requirements. No evidence in the documentation provided of an evaluation of the Pomeroy School District building's compliance with ADA. Documentation</p>	<p>Letter from Pomeroy School District 2/26/08</p>	

			would be strengthened by including an ADA evaluation report.		
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Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	48%	50%
% Partially Demonstrates	33%	35%	36%
% Does Not Demonstrate	17%	17%	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.	0		No documentation provided.	
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		Intermountain Technology Service Agreement, Intermountain Technology Brochure	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	0	The intent of this measure is to have a written plan for information technology that includes strategies for use of future technologies by the LHJ. No evidence of such a plan in	Computer Committee Meeting notes 12/19/07	

			the documentation provided.		
11.4 L	Website contains at least the areas of information and content listed below: • 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available.	1	No evidence of health data or indicators on the web. Also no evidence of a description of how to obtain technical assistance or consultation from GCHD.	GCHD website	
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	No evidence in documentation provided of sharing data in a manner that complies with security and protection requirements.	GCHD Safeguarding Documents; GCHD Policy - Protecting Confidentiality of Protected Health Information; PHRED User Acct Maintenance Form	

Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	20%	31%	50%
% Partially Demonstrates	40%	42%	36%
% Does Not Demonstrate	40%	27%	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.	1	No evidence in documentation provided of BOH operating rules that address guidelines for communications with senior managers.	Welcome to Public Health - Guidebook for Local Board of Health Members; BOH minutes 12/18/06; GCHD BOH Charter 12/19/95	
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.	0	No evidence in documentation provided that BOH reviewed an annual report with trended data on core indicators (e.g., the Local Public Health Indicators).	BOH minutes 2/26/06; BOH minutes 5/21/07; 2007 GCHD Annual Report	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	0	The intent of this measure is for the BOH to review an annual report that shows agency progress toward goals.	2007 GCHD Annual Report; BOH minutes 3/17/08	

12.4 L	BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.	2		BOH minutes 2/25/08	
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	No evidence in documentation provided of written guidelines for effective assessment and management of clinical and financial risk.	WA Counties Risk Pool Joint Self-Insurance Liability Policy	
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	1	This measure requires inclusion of performance measures in the strategic plan. No evidence in the documentation provided.	2007/2008 GCHD Strategic Plan	
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.	2		2007/2008 GCHD Strategic Plan	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH Resolution 2008-1	
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through	1	This measure requires a quality improvement plan that includes timeframes for completion of objectives and performance measures. The strategic plan would	2007/2008 GCHD Strategic Plan	

	<p>use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.</p>		<p>be strengthened by addition of specific quantifiable performance measures.</p>		
12.10 L	<p>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</p>		<p>N/A because QI plan has not been in place for 12 months.</p>		

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	33%	35%	34%
% Partially Demonstrates	44%	25%	38%
% Does Not Demonstrate	22%	41%	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		GCHD Website: Communicable Disease and Flu Information	
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		GCHD Website: Communicable Disease	
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		PanFlu Brochure/Spanish, language line or local interpreter	
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	The intent of this measure is that data specific to CD is shared with the community and recommendations from the community (to address issues identified in data) are encouraged.	BOH minutes 3/17/08, 2007 Annual Report	

	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	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	1	This measure would focus on engaging the community in problem solving around gaps in access to services or issues identified through program evaluation, specific to CD. Documentation provided did not address this.	BOH minutes 3/17/08	
4.1 L	<p>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.</p> <p>Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)</p>	2		GCHD Website: Home page/Communicable Disease, GCHD Phone Tree, Notifiable Conditions flyer w/Garfield number,	
4.2 L	<p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p> <p>Evidence of distribution to health care</p>	1	The website is an excellent place to post advisories and alerts, but is a passive evidence of distribution. A log of advisories and alerts sent would demonstrate more active distribution.	GCHD Website: Home page/Advisories and Alerts	

	providers				
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.	1	No description provided of the process of engaging new providers in the reporting process once they are identified	Note describing that all providers in the community are employed by the hospital district, which notifies GCHD of changes in practitioners.	
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		Procedure for Notifiable Condition Investigation 2/08, Notifiable Condition Tracking Form and Tracking Log	Notifiable Condition Procedure and Tracking Form
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		Procedure for Notifiable Condition Investigation 2/08, Notifiable Condition Tracking Form and Tracking Log, 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 most effective population-based	2		DOH Website: Communicable Disease Epidemiology, samples reviewed were updated in 2007	

	methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2		Yellow Book and written description of use	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation provided that demonstrated EPRP review occurred twice in last 24 months. However, in future, the strategy of having a training day, like the one documented, will address this. Add a section listing those in attendance at the training day.	New employee Orientation Checklist, Staff Training minutes 2/21/08	Staff Training minutes 2/21/08
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.	0	This measure looks for description of specific prevention/health education strategies related to CD to be implemented by the LHJ. The documentation provided was not specific to this effort.	HD Planning minutes 8/28/07, 9/04/07. 1/10/08, BOH minutes 2/25/08	
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	1	Very nice review procedure and use of staff training to accomplish. Documentation was missing examples of materials revised based on the process.	Public Materials Annual Review Procedure, Staff Training Day minutes 1/10/08	Public Materials Annual Review Procedure

	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).	0	No specific prevention and health education partnerships for CD observed.	GCHD Planning Calendar	GCHD Planning Calendar
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 strategic plan is terrific. It does need to have incorporated into it, or as a side-by-side document, a statement of how each outcome will be measured. If you track performance on those measures, you can look at changes over time and begin to set targets for performance. The intent of the measure is that, having established these outcomes, you will identify the professional skills, etc. needed to achieve the outcome.	GCHD Strategic Plan	GCHD Strategic Plan
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	The activity tracking and annual report are a good start on this. See comments in 8.1 regarding tracking measures directly related to the outcomes in the Strategic Plan.	GCHD Strategic Plan, Activity Numbers Log, 2007 Annual Report	
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,	0	This measure looks for documented discussion of program improvement based on information from a variety of sources. The documentation provided did not address this requirement.	Client Satisfaction Survey template, BOH Minutes 3/17/08	

	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.				
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.	0	No information specific to CD presented.	GCHD Strategic Plan, weekly planning meetings with Strategic Plan update on back 2/26/08	
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	This measure is focused on trainings or other health education activities delivered to the public, not employees.	Employee Training Day Evaluation 2/21/08	
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	1	Charts were audited but not for all elements specified in the measure. The use of the notifiable conditions tracking form for auditing in the future will simplify this for CD.	Employee Training Day Minutes 2/21/08	

	<p>identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community 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</p>	2		Training Logs 04 and 07	

	<p>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.</p>				
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Score Totals for: Communicable Disease

% Demonstrates	39%
% Partially Demonstrates	39%
% Does Not Demonstrate	22%

Note: Totals may not equal 100% due to rounding

FOOD SAFETY

	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		GCHD Website: Environmental Health, Food Service and Food Cards, links	
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		GCHD Website: Environmental Health, Food Service and Food Cards, links, RCWs and WACs available on site	
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		Food safety guide in Russian, language line or local interpreter	
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 data specific to Food Safety is shared with the community and recommendations from the community (to address issues identified in data) are encouraged.	2007 Annual Report	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	0	This measure would focus on engaging the community in problem solving around gaps in access to services or issues identified through program evaluation, specific to Food Safety. Documentation provided did not address this.	BOH minutes 3/17/08	
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		Procedure for Notifiable Condition Investigation 2/08, Notifiable Condition Tracking Form and Tracking Log	Notifiable Condition Procedure and Tracking Form
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		Notifiable Condition Tracking Form and Tracking Log, Complaint Access Data Base	

4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action.	2		Food Enforcement Flow Chart and Letter Template	Food Enforcement Flow Chart
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation provided that demonstrated EPRP review occurred twice in last 24 months. However, in future, the strategy of having a training day, like the one documented, will address this. Add a section listing those in attendance at the training day.	New employee Orientation Checklist, Staff Training minutes 2/21/08	Staff Training minutes 2/21/08
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.	0	This measure looks for description of specific prevention/health education strategies related to Food Safety to be implemented by the LHJ. The documentation provided was not specific to this effort.	HD Planning minutes 8/28/07, 9/04/07. 1/10/08, BOH minutes 2/25/08	
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	Very nice review procedure and use of staff training to accomplish. Documentation was missing examples of materials revised based on the process.	Public Materials Annual Review Procedure, Staff Training Day minutes 1/10/08	Public Materials Annual Review Procedure

	Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 				
6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	0	No specific prevention and health education activities related to food safety observed. Food and Beverage Worker's Manual did not provide additional information on partnerships.	GCHD Planning Calendar	
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 the measure is that, having established goals and objectives, you will identify the professional skills, etc. needed to achieve them. Job description alone does not fully meet the intent of this measure.	Position description EH	
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	The activity tracking and annual report are a good start on this. See comments in 8.1 regarding tracking measures directly related to the outcomes in the Strategic Plan. EH needs to be added to the Strategic Plan prior to establishing the measures.	GCHD Strategic Plan, Activity Numbers Log, 2007 Annual Report	
8.3 L	Use of additional sources of information to improve services and	0	This measure looks for documented discussion of program improvement	Client Satisfaction Survey template,	

	activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. 		based on information from a variety of sources. The documentation provided did not address this requirement.	BOH Minutes 3/17/08	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. 	0	No community collaborative projects	GCHD Strategic Plan, weekly planning meetings with Strategic Plan update on back 2/26/08	
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	This measure is focused on trainings or other health education activities delivered to the public, not employees.	Employee Training Day Evaluation 2/21/08	
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	No evidence of Food related illness or inspection reports being audited.	Employee Training Day minutes 2/21/08	

	<p>requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and 	2		Certificates and agendas for training	

	<p>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.</p>				
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Food Safety

% Demonstrates	37%
% Partially Demonstrates	26%
% Does Not Demonstrate	37%

Note: Totals may not equal 100% due to rounding

IMMUNIZATIONS

	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		News article 1/30/08, GCHD Website: Immunizations	
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		News article 1/30/08, GCHD Website: Immunizations	
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		Hep B Fact Sheet in Spanish, language line or local interpreter	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further	1	The intent of this measure is that data specific to Immunizations is shared with the community and recommendations from the community (to address issues identified in data) are encouraged.	2007 Annual Report	

	investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	0	This measure would focus on engaging the community in problem solving around gaps in access to services or issues identified through program evaluation, specific to Immunizations. Documentation provided did not address this.	BOH minutes 3/17/08	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No documentation provided that demonstrated EPRP review occurred twice in last 24 months. However, in future, the strategy of having a training day, like the one documented, will address this. Add a section listing those in attendance at the training day.	New employee Orientation Checklist, Staff Training minutes 2/21/08	Staff Training minutes 2/21/08
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 looks for description of specific prevention/health education strategies related to IMM to be implemented by the LHJ. The minutes of 1/10/08 provide a relatively weak example of this related to IMM.	HD Planning minutes 8/28/07, 9/04/07. 1/10/08, BOH minutes 2/25/08	

6.3 L	<p>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:</p> <ul style="list-style-type: none"> • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. 	1	<p>Very nice review procedure and use of staff training to accomplish. Documentation was missing examples of materials revised based on the process.</p>	<p>Public Materials Annual Review Procedure, Staff Training Day minutes 1/10/08</p>	<p>Public Materials Annual Review Procedure</p>
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2		<p>GCHD Planning Calendar with numerous IMM examples, news article 1/30/08</p>	
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	1	<p>The strategic plan is terrific. It does need to have incorporated into it, or as a side-by-side document, a statement of how each outcome will be measured. If you track performance on those measures, you can look at changes over time and begin to set targets for performance. The intent of the measure is that, having established these outcomes, you will identify the professional skills, etc. needed to achieve the outcome.</p>	<p>GCHD Strategic Plan</p>	

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	The activity tracking and annual report are a good start on this. See comments in 8.1 regarding tracking measures directly related to the outcomes in the Strategic Plan.	GCHD Strategic Plan, Activity Numbers Log, 2007 Annual Report	
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.	0	This measure looks for documented discussion of program improvement based on information from a variety of sources. The documentation provided did not address this requirement.	Client Satisfaction Survey template, BOH Minutes 3/17/08	
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	This measure envisions a step back to evaluate an initiative (for example, at the end of the school year) to determine if the overall approach yielded intended results. The documentation presented is more of a problem solving/reporting of activities rather than an evaluation.	GCHD Strategic Plan, weekly planning meetings with Strategic Plan update on back 2/26/08	
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	This measure is focused on trainings or other health education activities delivered to the public, not employees.	Employee Training Day Evaluation 2/21/08	

	reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.				
8.7 L	<p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>	0	No evidence of IMM activities being audited.	Employee Training Day minutes 2/21/08	
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		Training Logs 04 and 07	

	<p>Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year.</p> <p>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p>				
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Score Totals for: Immunizations

% Demonstrates	31%
% Partially Demonstrates	44%
% Does Not Demonstrate	25%

Note: Totals may not equal 100% due to rounding