# Standards for Public Health in Washington State: 2008 Performance Review Report
# *Pacific County Public Health and Human Services Department*

## The Standards and the 2008 Performance Review

Thank you for participating in the performance review of the Standards for Public Health in Washington State. The intent of the Standards is to provide an overarching measurement framework for the many services, programs, legislation, and state and local administrative codes that affect public health. The Washington State Standards for Public Health Performance address all 10 Public Health Essential Services and crosswalk directly to the NACCHO Operational Definition.

The Washington standards and measures exemplify the national goals for public health performance measurement and development of standards—quality improvement, accountability, and science. Points to remember when looking at the reports include:

- The Standards articulate a higher level of performance, often described as stretch standards, not a description of the system as it is performing currently.
- The Standards reflect an improvement cycle; results of the performance assessment should be used to target areas for improvement.

## This Report

The site reviews again demonstrated the incredible commitment, creativity and hard work of the people in the public health system. This report is specific to your local health jurisdiction and is intended to give you feedback about the materials you provided as a demonstration of how you met each measure. However, before describing the details that are in the report, we want to summarize overall observations regarding your organization's strengths and opportunities for improvement as observed during the site review.

### *Strengths*

- Engagement of the community in the work of public health, including IMM program planning, medical providers and a broader representation in Pan flu planning, and the OSS community forum process during consideration of a new ordinance
- The data driven planning reflected in the Health of Pacific County 2008 Report, the Legislative Tour packet, and the SA/Tobacco Strategic Plan, which is especially impressive as there is no dedicated assessment staff
- The expansion of program review and quality improvement approaches across program areas, as reflected in the QI plan
- The OSS materials for the new Operating Permits process, including the flow diagram (an all other flow diagrams that were shared)
- The DCD performance evaluation template and customer service component
- The engagement of the BOH through presentation of the Health of Pacific County 2008 Report

### *Areas for Improvement*

- Build on the use of data to drive planning to develop quantifiable performance measures for goals and objectives, so you establish in advance how you will measure success of the action or change
- Develop programs plans that are clear about what the work is and how it is measured, as distinct from specific new initiatives or improvement activities, using logic models or other tools to identify goals, objectives and quantifiable performance measures—for some programs the pieces are there and ready to be pulled together

- Use the program plans and work plan items such as those identified in the QI Plan to build an overall strategic plan, framed inside of a mission, vision, values statement
- Initiate performance evaluations in PHHS
- Keep bringing information to the BOH that builds their understanding of PH role in community, such as the AARs
- Look for resources to support expansion of the website as a way to reach and educate members of the community that might not otherwise see the information

## *The Performance Review Approach*

The performance review included 34 local health jurisdictions (LHJs) sites, 20 Department of Health (DOH) program sites and the State Board of Health for a total of 55 sites. Each site was asked to use the Guidelines to prepare for an on-site visit by organizing the documentation supporting the review of each measure.

During the site review, an independent consultant from MCPP Healthcare Consulting and an internal DOH reviewer evaluated the documents and scored each measure. When the reviewer had questions regarding the documentation, an informal interview was conducted with the appropriate manager or staff person from the agency. In addition, potential exemplary practice documentation was requested from each site. The on-site reviews concluded with a closing conference in which general strengths and opportunities for improvement were discussed, and feedback on the Standards and assessment process was obtained. All of this information will be compiled into an Overall System report, with recommendations regarding the next steps for the performance improvement of public health practice across the State.

## *Results of the Site Review*

The attached report is organized into three sections. First there is a summary showing each of the 12 standards and the performance on each measure in each standard. This section is color coded with green to indicate that the measure was demonstrated, yellow to indicate that the measure was partially demonstrated and red to indicate that the measure was not demonstrated. The measure is blank if it was scored as “not applicable”. This summary gives the agency immediate information on performance in each of the standards. The second section is a detailed summary for each measure with a list of all the documents used to score the measure and related comments for all measures applicable at the agency level. In this second section, measures that were scored at the program level show the calculated score derived from the program scores and the documentation and comments fields are blank. The third section of this report is the program detail with the list of documents and comments for each of the three programs reviewed for the LHJ. The scores from each of the three programs were aggregated to provide a single score for that measure at the agency level that is reported in section two.

***Comparability to the 2005 Evaluation results:*** Due to the major revisions in the Standards and measures, only some of the 2008 results can be compared to the results of the 2005 Evaluation results. Please use the crosswalk of the 2005 Standards to the 2008 Standards to identify the measures that are comparable between the two cycles.

***Scoring and Related Information in the 2008 Review Site Reports***

- *For each measure* [scored by the reviewer]:
    - 2 = demonstrates the measure,
    - 1 = partially demonstrates the measure,
    - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *Comments* provide clarification regarding the intent of the measure or the score assigned.
- *Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.
- *Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.

- *For each Standard*: at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the Standard is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm ). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all Standards*: the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

## *Peer Groupings*

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

## *Next Steps*

**First, celebrate what you have accomplished**. In the two and a half year period between the 2005 Evaluation and this performance cycle, it was clear to the site reviewers that improvements had been developed and implemented. Again, thank you for all of your hard work every day and especially for your work in preparing for the site reviews.

**Next, select the areas where you want to improve your performance.** All of the information provided in this report is intended to support improvement of your organization's work on behalf of the citizens in your community and Washington State. After you have had a chance to digest this report and share it with staff and your Board of Health, you should review the data again to determine which areas of your work might benefit from a *focused improvement process*. Develop a brief, but specific and doable work plan—don't try to improve everything at once!

In selecting your areas of improvement you will be able to look at your overall strengths and opportunities for improvement (summarized above), or at the scores of specific Standards or measures. You will be assisted in this effort by several initiatives:

- ***Exemplary practices:*** The Exemplary Practices Compendium provides you with documentation from many of the LHJs in Washington State. Potential exemplary practice documents were gathered from each of the sites and the very best examples for each measure will be organized into a electronic tool kit. This material will be available by year-end 2008 at www.doh.wa.gov/phip/Standards/BestPractices/StandardsExemplaryPractices.htm .
- ***Statewide initiatives*** such as the Multistate Learning Collaborative and other efforts like the 5930 Initiative provide opportunities for formal efforts to improve performance. Based on the recommendations in the system-wide report, the PHIP process will adopt additional statewide initiatives related to the measures.

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

**Strategies for building on your current performance:**

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

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

# Summary Site Report

**Demonstrates = 2**

**Partially Demonstrates = 1**

**Does Not Demonstrate = 0**

### Standard 1: Community Health Assessment

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

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

| Measure | Score | Compliance Demonstration |
|---|---|---|
| 2.1 L | 1 | Partially Demonstrated |
| 2.2 L | 2 | Fully Demonstrated |
| 2.3 L | 2 | Fully Demonstrated |
| 2.4 L | 2 | Fully Demonstrated |
| 2.5 L | 2 | Fully Demonstrated |
| 2.6 L | 1 | Partially Demonstrated |
| 2.7 L | 2 | Fully Demonstrated |
| 2.8 L | 2 | Fully Demonstrated |
| 2.9 L | 2 | Fully Demonstrated |
| 2.10 L | 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 | 2 | Fully Demonstrated |
| 4.3 L | 1 | Partially Demonstrated |
| 4.4 L | 1 | Partially Demonstrated |
| 4.5 L | 2 | Fully Demonstrated |
| 4.6 L | 2 | Fully Demonstrated |
| 4.7 L | 2 | Fully Demonstrated |
| 4.8 L | 2 | Fully Demonstrated |
| 4.9 L | 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 | 2 | Fully 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 | 0 | Not Demonstrated |
| 6.4 L | 1 | Partially Demonstrated |

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

| Measure | Score | Compliance Demonstration |
|---|---|---|
| 7.1 L | 2 | Fully Demonstrated |
| 7.2 L | 1 | Partially Demonstrated |
| 7.3 L | 2 | Fully 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 | 2 | Fully Demonstrated |
| 8.4 L | 1 | Partially Demonstrated |
| 8.5 L | 1 | Partially Demonstrated |
| 8.6 L | 0 | Not Demonstrated |
| 8.7 L | 0 | Not Demonstrated |
| 8.8 L | 2 | Fully Demonstrated |
| 8.9 L | 1 | Partially Demonstrated |

**Standard 9: Financial and Management Systems**

| Measure | Score | Compliance Demonstration |
|---|---|---|
| 9.1 L | 1 | Partially Demonstrated |
| 9.2 L | 2 | Fully Demonstrated |

**Standard 10: Human Resource Systems**

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

**Standard 11: Information Systems**

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

**Standard 12: Leadership and Governance**

| Measure | Score | Compliance Demonstration |
|---|---|---|
| 12.1 L | 1 | Partially Demonstrated |
| 12.2 L | 2 | Fully Demonstrated |
| 12.3 L | 2 | Fully Demonstrated |
| 12.4 L | 0 | Not Demonstrated |
| 12.5 L | 2 | Fully 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 | 60% | 50% | 55% |
| % Partially Demonstrates | 32% | 34% | 34% |
| % Does Not Demonstrate | 8% | 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 | 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:<br>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.<br>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.<br>Written definition or description of quantitative data.<br>Qualitative data such as barrier analysis and focus group or interview results (See Glossary) | 2 | | 2006 Board of Health Annual Report, July 24, 2007; Pacific County Strategic Plan 2007-2013; Health of Pacific County Annual Report 2008; Public Health Legislative Tour Report September 6 and 7, 2007 | |
| 1.2 L | Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.<br>Review of evidence-based practices.<br>Use of health data to (at least one of the activities below): | 2 | | 2006 Board of Health Annual Report, July 24, 2007; Assessment and Evaluation of the Immunization Program 2007 (undated); 2008 Basic Food Nutrition Education Program | |

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|---|---|---|---|---|---|
| | • 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] | | | Application Templates (undated); Pacific County Public Health Quality Improvement Work Plan for Year 2008, updated November 2007; Public Health Legislative Tour Report September 6 and 7, 2007 | |
| 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 | | Pacific County Public Health Quality Improvement Work Plan for Year 2008, updated November 2007 | |
| 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 | | 2006 Board of Health Annual Report, July 24, 2007 | |
| 1.5 L | Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues. | 2 | | PCPHHS Website/Board of Health Indicators Report | |
| 1.6 L | List of LHJ staff responsible for | 1 | Only one example of a training or | Pacific County Public | |

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|---|---|---|---|---|---|
| | assessment activities.<br>Training or assessment meeting agendas and materials from last 24 months (at least two examples).<br>Attendance documentation for staff listed above from last 24 months (at least one for each staff person) | | assessment meeting agenda was included for the last 24 months and agenda did not indicate skill development in Community Health Assessment, which is the intention of the measure. Training was not documented for each of the LHJ staff responsible for assessment activities. | Health and Human Services Assessment Team 2007 (undated); Training Excel Spreadsheet - local shared drive | |
| 1.7 L | Collaboration with outside researchers on activities that benefit the community. If the program does not use any research-based information, this should be stated. | 2 | | 2007 Shoreline Survey of the NAHCOTTA Shellfish Growing Area, Prepared by Scott Berbells, R.S. Health Services Consultant, May 2007 | |

Score Totals for Standard 1: Community Health Assessment

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 86% | 70% | 78% |
| % Partially Demonstrates | 14% | 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)<br>Note: This might include implementing elements of the PHIP Communications Plan. | 1 | While the Communications Plan shows the role of communications in Public Health, it is not an example of including a mission statement in communication documents. The department website does include some descriptions of public health's | Pacific County Public Health and Human Services Department website | |

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| | | | role, however, information contained there does not fully demonstrate this measure. | | |
| 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 | | Email dated 4/08 to Sheriff and EOC Manager regarding Emergency Contact; Memo to Community Partners dated 2/2008; Email dated 2/2008 to distribution list regarding Health Department reorganization; Email dated 2/2008 to school superintendents regarding Health Department reorganization; Email dated 2/2008 to sheriff, EOC manager, prosecutor, juvenile services administrator regarding Health Department reorganization; Pacific County Public Health and Human Services Department website | |
| 2.3 L | At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined). | 2 | | Email Health Alert from James Edstam, MD, MPH dated 3/08 regarding influenza; Pacific County Emergency Management Press Release dated 12/07 regarding emergency | |

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|---|---|---|---|---|---|
| | | | | status following storm | |
| 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 | | Contact Information Notebook located in Director's Office, Local Press Release, Newspaper Contact Information dated 3/05 | |
| 2.5 L | Written description(s) of roles for working with the news media that identify the timeframes for communications.<br>Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators). | 2 | | Pacific County Media and Public Information Guide for Staff with accompanying memo dated 1/08; PCPHHS Emergency Information Communication Plan dated 10/25/07 | |
| 2.6 L | Written instructions on how to create a clear and accurate health alert and a media release.<br>Written description of distribution steps and recipients for both health alerts and media releases. | 1 | Documents do not include instructions on how to create a clear and accurate health alert and a media release. | PCPHHS 24/7 Emergency Communications Plan, dated 5/07; Response to Report of Notifiable Conditions PCPHHS, updated 3/08 ; Public Health Emergency Response Plan, updated 2007, Appendix F | |
| 2.7 L | Public information that includes at least one example of each of the topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources. | 2 | | DSHS flyer - Protecting the Abused and Neglected Child, dated 8/03; DOH Washington's Tobacco Quit Line flyer; Crisis Support Network flyer on Sexual Assault; DSHS flyer Healthy Kids | |

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|---|---|---|---|---|---|
| | | | | Now! Free or Low-Cost Health Insurance; Washington Basic Health for Adults flyer; Pacific County Community Development 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.<br>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 of how interpretation assistance is available (such as a language line) | 2 | | | |
| 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.<br>Note: In some cases providers for critical health services are also | 2 | | Pacific County Health Department South Bend CSO Pregnancy Testing for Confirmation, dated 12/17/07; Current list of Area Clinics and Hospitals, dated 1/1/08 | |

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| | providers for preventive services. One example of using list to generate a referral. | | | | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 82% | 70% | 75% |
| % Partially Demonstrates | 18% | 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 committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | 1 | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services | 1 | | | |

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|---|---|---|---|---|---|
| | reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.<br>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.<br>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | | | | |

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.<br>Evidence of distribution to health care providers | 2 | | | |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in the reporting process, OR<br>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 information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and | 1 | | | |

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| | 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.<br>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.<br>Two examples of reports of concern received from the public indicating referral to appropriate agency for response. | 2 | | Notifiable Conditions Policy 3/08, two case examples | |
| 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 | 2 | | | |

| | | | | | |
|---|---|---|---|---|---|
| | • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies. | | | | |
| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 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 and Quarantine process and forms 1/2/08 | Isolation and Quarantine process and forms 1/2/08 |

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 | Ex |
|---|---|---|---|---|---|

| | | | | | Do |
|---|---|---|---|---|---|
| 5.1 L | Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials. | 2 | | Memo dated 2/08 to providers regarding severe respiratory illness; Email dated 2/2008 to sheriff, EOC manager, prosecutor, juvenile services administrator regarding Health Department reorganization | |
| 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.<br>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.<br>The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan.<br>Report of drills and/or after-action reviews (at least one example) | 2 | | 2007 Public Health Emergency Response Plan, updated 4/07; Pacific County Pandemic Influenza Plan 2007, updated 5/07; Communications plan | |
| 5.3 L | Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities.<br>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the | 2 | | Pacific County Pandemic Influenza Fall Forum 12/06; Pacific County Severe Storm and Flood Response December 2-17, 2007/After Action Report/Improvement Plan March 19, 2008; Draft October 2007 Pacific County Public Health Tsunami Plan Outline | |

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| | activities listed below: • planning, AND • exercises AND • response activities. | | | | |
| 5.4 L | Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.<br>At least two examples of information distributed/available to the public on how to access the essential services during an emergency. | 1 | While general information on public health is available on the Pacific County website, information on essential services is not provided. | Pacific County website | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP.<br>Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | | | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 60% | 60% | 59% |

| | | | |
|---|---|---|---|
| % Partially Demonstrates | 40% | 31% | 29% |
| % Does Not Demonstrate | 0% | 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 |
|---|---|---|---|---|
| 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.<br>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).<br>Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices. | 2 | | Health of Pacific County 2008 Annual Report, Strategic Plan (SA) 2007-2013, Tobacco Program Plan 06/07 |

| | | | | | |
|---|---|---|---|---|---|
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).<br>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.<br>Written description of the process to conduct all the activities listed below:<br>• organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 0 | | | |
| 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 | 50% | 58% | 54% |
| % Does Not Demonstrate | 25% | 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 |
|---|---|---|---|---|
| 7.1 L | LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action. | 2 | | Pacific County Strategic Plan 2007-13 |
| 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].<br>Assessment information on access to the four types of providers listed above.<br>One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed. | 1 | Documentation does not provide assessment information on access to the four types of services. | Pacific County Public Health Quality Improvement Work Plan for Year 2008, updated 11/07; Current list of Area Clinics and Hospitals, dated 1/1/08 |
| 7.3 L | Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. | 2 | | Pacific County Highlights from the Healthy Youth Survey Fall 2006; Pacific County Health and Human Services Department Health of County Annual Report January |

| | | | | | |
|---|---|---|---|---|---|
| | One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information. | | | 2008 | |
| 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 | | NW Health Foundation Grant - Pacific County Access and Health Improvement Partnership; CHOICE Cover All Kids Project Contract | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 75% | 42% | 57% |
| % Partially Demonstrates | 25% | 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.<br>For each program reviewed, written | 1 | | | |

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| | description(s) of professional 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.<br>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. | 2 | | | |
| 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 | 1 | No documentation from PCPHHS, but the PCDCD standards might be adopted and utilized by PCPHHS in the future. | PCDCD performance evaluation template, with specific customer service | PCDCD performance evaluation template, with specific customer service |

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| | interact with the general public, stakeholders and partners.<br>Evaluation results of performance on customer service standards. | | | segment/standards | segment/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.<br>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.<br>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.<br>OR<br>Aggregated annual internal audit* results for last two years of on a sample of program or activity case | 0 | | | |

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| | write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L] | | | | |
| 8.8 L | List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • 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 | | List of outbreaks and events, Pan Flu 5/10/06 AAR, Severe Storm 3/19/08 AAR | Pan Flu 5/10/06 AAR |
| 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 | 1 | The Annual Report to the BOH does not have specifics related to the AARs findings, except for the reference to improving notifiable conditions--there is more detail on emergency planning in the QI plan that was not incorporated into the | Emergency Reduced Staffing Plan 4/08, Health of Pacific County 2008 Annual Report and workplans | |

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| | procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations. | | BOH presentation.. | | |

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 | Documents do not demonstrate that the annual budget is aligned with the organization's strategic plan or linked to the organization's goals. Documents do not describe a process for assuring that all revenues are considered and collected. | Revenue Status Report, County of Pacific, 9/1/2007 through 9/30/2007; Expenditure Status Report, County of Pacific, 9/1/2007 through 9/30/2007 | |
| 9.2 L | Contract review for legal requirements is documented for two | 2 | | CHOICE Regional Health Network | |

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| | contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions. | | | Cover All Kids Project, PCHD-CHOICE Cover All Kids 2008, dated 3/25/08; Personal Service Contract for Substance Abuse Prevention Services, dated 8/28/2007; AIDS Omnibus Quarterly Narrative Report, July - September 2007, Pacific County | |

Score Totals for Standard 9: Financial and Management Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 50% | 18% | 35% |
| % Partially Demonstrates | 50% | 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 | 2 | | Collective Bargaining Agreement by and Between Pacific County, Washington | |

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| | decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff.<br>Description or evidence of how these policies are made available to staff. | | | and Local 367-C of the Washington State Council of County and City Employees and the American Federation of State, County and Municipal Employees, AFL-CIO, July 1, 2006-June 30, 2009; Pacific County Discrimination and Harassment Policy; Pacific County Personnel Policy | |
| 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.<br>Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007.<br>Validation that an annual training plan is included in evaluation for each employee. | 1 | Documents do not demonstrate that an annual training plan is included in evaluation for each employee. No tracking reports with evaluation completion dates provided. Annual evaluations completed only for DCD employees. | Email to Health Employees dated 11/13/07 regarding Job Descriptions | |
| 10.3 L | Description of process to assure that employees have the appropriate licenses, credentials and experience | 2 | | PCPHHS Human Resources Policy Concerning License | |

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|---|---|---|---|---|---|
| | to meet job qualifications and perform job requirements. | | | Renewal | |
| 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<br>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 | 1 | | | |

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| | throughout the year.<br>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures. | | | | |
| 10.5 L | Confidentiality and HIPAA policy.<br>List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements. | 2 | | PCPHHS, Personal Health Services Privacy Manual: Policies and Procedures Concerning Protected Health Information (PHI), adopted 4/1/2003; Confidentiality Policy, revised July 2003; PCPHHS Personal Health Services Employee Confidentiality Agreement concerning Personal Health Information (Form 1) | |
| 10.6 L | Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months. | 2 | | State of Washington American with Disabilities Act, Self-Evaluation Review Form, dated 12/15/2007 | |

Score Totals for Standard 10: Human Resource Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 67% | 48% | 50% |
| % Partially Demonstrates | 33% | 35% | 36% |
| % Does Not Demonstrate | 0% | 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 documents 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. | 1 | Documentation does not indicate that there is access to trained staff for assistance in using technology. | Spreadsheet showing computer inventory | |
| 11.3 L | Agency or county IS plan includes strategies for the use of future technologies by the LHJ. | 0 | No 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 | 2 | | Department of Community Development and Department of Public Health websites | |

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| | this information is available. | | | | |
| 11.5 L | Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations.<br>Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission.<br>For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements. | 2 | | PCPHHS SECURES Alerting System Policy and Procedure Manual, dated 11/29/06; Letter from DSHS to Pacific County identifying data security elements dated 2/4/08; Release of information, PHIMS Reports | |

Score Totals for Standard 11: Information Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 40% | 31% | 50% |
| % Partially Demonstrates | 20% | 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 | 1 | Although the Employment Agreement does lay out high-level expectations of the Director of Personal Health and Human Services, it does not include guidelines for communicating | Washington State Association of Counties Newly Elected Officials' Conference | |

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|---|---|---|---|---|---|
| | rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes. | | with senior managers. | Commissioner/Council member Training, December 6-8, 2006; Pacific County Commissioners Before the Local Board of Health Pacific County, Washington, Agenda and General Business, July 24, 2007 | |
| 12.2 L | BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions. | 2 | | Pacific County Commissioners Before the Local Board of Health Pacific County, Washington 2/26/08, Agenda item includes Annual "Health of Pacific County" report; Memo to Board of Health dated 3/6/08 indicating review and approval of workplan on annual health indicators report | |
| 12.3 L | BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals. | 2 | | Memo to Board of Health dated 3/6/08 indicating review and approval of workplan on annual health indicators report | |
| 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. | 0 | No documentation provided. | | |
| 12.5 L | Written guidelines for effective assessment and management of clinical and financial risk. | 2 | | Pacific County Risk Management Policy, undated; Certificate | |

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|---|---|---|---|---|---|
| | Certificate or evidence of insurance coverage for the LHJ's assessed risk. | | | of Liability Insurance, 9/18/2007 | |
| 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 | Although documents do identify goals, objectives and performance measures, they do not provide vision and mission statements. | Pierce County Health and Human Services Department, Health of Pacific County Annual Report, January 2008; Pacific County Public Health Quality Improvement Work Plan for Year 2008, updated 11/07; Pacific County Strategic Plan 2007-13 | |
| 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 | | PCPHHS, Health of Pacific County Annual Report, January 2008; Pacific County Public Health Quality Improvement Work Plan for Year 2008, updated 11/07; Pacific County Strategic Plan 2007-13 | |
| 12.8 L | BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months | 2 | | Memo to Board of Health dated 3/6/08 indicating review and approval of workplan on annual health indicators report | |
| 12.9 L | Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities | 1 | Documents do not identify performance measures. | Pacific County Public Health Quality Improvement Work Plan for Year 2008, | |

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| | for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures. | | | updated 11/07; Pacific County Health and Human Services Department, Health of Pacific County Annual Report, January 2008 | |
| 12.10 L | Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review | | Because the department's first Quality Improvement plan is for 2008, this measure does not apply. | | |

Score Totals for Standard 12: Leadership and Governance

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|---|---|---|---|
| % Demonstrates | 56% | 35% | 34% |
| % Partially Demonstrates | 33% | 25% | 38% |
| % Does Not Demonstrate | 11% | 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 | | E-mail to providers regarding reporting requirements 7/18/07, PCPHHS website/public health news | |
| 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 | | PCPHHS website/notifiable conditions | |
| 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 | | West Nile in Spanish, language line information | |
| 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. | 2 | The report is terrific! However, no documentation of also presenting the data to community groups to get feedback on recommendations for the actions in the workplan, which is really the focus of this standard/measure. | BOH presentation: Health of Pacific County 2008 Annual Report with workplan recommendations | |

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| | Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.<br>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.<br>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 1 | Limited documentation of CD use of analysis to build partnership | BOH presentation: Health of Pacific County 2008 Annual Report with workplan recommendations | |
| 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.<br>Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information) | 2 | | E-mail to providers regarding reporting requirements 7/18/07, PCPHHS website/emergency call information, 2/28/08 mailing to community partners, 3/5/08 e-mail to sheriff and 911 | |
| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.<br>Evidence of distribution to health care | 2 | | 3/2/08 health alert Flu treatment, 2/22/08 e-mail MRSA | |

| | | | | | |
|---|---|---|---|---|---|
| | providers | | | | |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in the reporting process, OR<br>Reports showing regular identification of new providers in the community and actions to engage them in the reporting process. | 1 | Documentation doesn't describe process to contact new providers and review notifiable conditions requirements with them. | 12/17/07 e-mail to providers, 11/29/07 e-mail from hospital listing providers | |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 1 | Documentation is missing for roles/relationships between CD and EH regarding, for example, food borne illness. | Notifiable Conditions Policy 3/08 | Notifiable Conditions Policy 3/08 |
| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting. | 2 | | PHIMS and local database for conditions not tracked in 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.<br>Protocols document which evidence based practices (EBP) relating to the most effective population-based | 2 | | Notifiable Conditions Policy 3/08, Control of Communicable Diseases Manual 18th edition | |

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| | 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, protocols for Employee Exposure to Blood Borne Pathogen (Hep B exposure) | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | No documentation of staff attendance | 6/28/07 and 12/14/07 staff meeting agendas with EP as agenda item | |
| 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 | Documentation provided described strategies, but no overall identification of key CD program components relevant to prevention and health education. | WNV Plan 4/08, MRSA school letter 11/5/07 | |
| 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 | 0 | The focus of this measure is on materials used for publicly distributed health education (training slides, brochures, flyers, etc). No written description or process or documented review of health educational materials, or examples of materials. | | |

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| | conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | | | | |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education). | 2 | | 1/14/08 Meeting with medical staff agenda, Pan Flu Forum 12/13/06 | |
| 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.<br>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 1 | The NC Policy describes the work at a high level, the workplans in the Annual Report add some specific objectives, but quantifiable performance measures are not included anywhere. | Health of Pacific County 2008 Annual Report and workplan, Notifiable Conditions Policy, job descriptions | |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>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 | While some program data has been used to develop the workplan, this measure is looking for tracking and use of performance measures that are specific to the goals and objectives established in 8.1 | Health of Pacific County 2008 Annual Report and workplan, Notifiable Conditions Policy | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from | 2 | | Department 2008 QI workplan/TB | |

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| | 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. | | | | |
| 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 is looking for completed activities of community collaboration in which there has been data analysis, goals, objectives and performance measures established, and then an evaluation of performance on the objectives and measures. The Policy identifies prospective evaluation data, but evaluation will not occur until 2009. | Notifiable Conditions Policy 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.<br>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 really focused on health education trainings and workshops, not tabletop exercises (which are specifically covered in a number of other measures). | Pan Flu tabletop AAR Updated Plan, Communication Plan | |
| 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 | According to question 4 of the 6/1/07 survey, no self assessment is done on a sample of CD investigations, which is the activity this measure is looking to document. | DOH surveys for 06 and 07 | |

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| | requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.<br>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.<br>OR<br>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L] | | | | |
| 10.4 L | Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and | 2 | | Training spreadsheet | |

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| | coaching • Job specific technical skills<br>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.<br>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures. | | | | |

## Score Totals for: Communicable Disease

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| % Demonstrates | 52% |
| % Partially Demonstrates | 35% |
| % Does Not Demonstrate | 13% |

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

## IMMUNIZATIONS

| | Measure | Score | Comments | Documents | Exemplary Documents |
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| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | PCPHHS website/recommended immunization schedule, provider vaccine update lunch 12/14/06 | |
| 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 | | PCPHHS website/recommended immunization schedule | |
| 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 | | Language line, Immunization information in Spanish | |
| 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 | 2 | The report is terrific! However, no documentation of presenting the data to community groups other than BOH to get feedback on recommendations for the actions in the workplan. | BOH presentation: Health of Pacific County 2008 Annual Report with workplan recommendations | |

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| | 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.<br>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.<br>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | BOH presentation: Health of Pacific County 2008 Annual Report with workplan recommendations, IMM local program review 1/28/08, AFIX reports07, State Review 12/27/07 | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 1 | No documentation of staff attendance | 6/28/07 and 12/14/07 staff meeting agendas with EP as agenda item | |
| 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 | Documentation provided described strategies, but no overall identification of key IMM program components relevant to prevention and health education. | Vaccine provider agreement | |

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| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).<br>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.<br>Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | 0 | The focus of this measure is on materials used for publicly distributed health education (training slides, brochures, flyers, etc). No written description or process or documented review of health educational materials, or examples of materials. | | |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education). | 2 | | AFIX onsite review, immunization provider update | |
| 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.<br>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 1 | The IMM Program Review describes improvement opportunities, the workplans in the Annual Report and 5930 Plan add some specific objectives, but quantifiable performance measures are not included anywhere. | Health of Pacific County 2008 Annual Report and workplan, IMM Program Review, 5930 Plan 4/15/08, job descriptions | |

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| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>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 | While some program data has been used to develop the workplan, this measure is looking for tracking and use of performance measures that are specific to the goals and objectives established in 8.1 | Health of Pacific County 2008 Annual Report and workplan, IMM Program Review, 5930 Plan 4/15/08 | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 2 | | 5930 Plan 4/15/08 | |
| 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 is looking for completed activities of community collaboration in which there has been data analysis, goals, objectives and performance measures established, and then an evaluation of performance on the objectives and measures. The Program Review identifies improvements, but not prospective evaluation data, and evaluation will not occur until 2009. | IMM Program Review 2008 | |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. | 0 | No documentation specific to IMM provided. | | |

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

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| | 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<br>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.<br>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures. | | | | |

Score Totals for: Immunizations

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| % Demonstrates | 50% |
| % Partially Demonstrates | 31% |
| % Does Not Demonstrate | 19% |

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

## WASTE WATER MANAGEMENT

| | Measure | Score | Comments | Documents | Exemplary Documents |
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| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | PCDCD website/EH/septic, food newsletter 07 with information on new septic regulations and local O&M services | |
| 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.<br>Form of documentation should indicate how it is made available to the public. | 2 | | PCDCD website/EH/septic with online application forms, general PC website/ordinances | |
| 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 | | Septic information in Spanish (two examples) | |
| 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 focus of this measure is on sharing data with the community and getting input and feedback. This is a good example of engaging stakeholders in development of a new local ordinance, and if data had been shared on number and types of failed systems in the last few years, it would fully demonstrate the measure. | OSS community workshops 4/10 & 11/07 | |

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| | 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.<br>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.<br>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | OSS community workshops and new local ordinance 07, Operational Permit Program 08 packet | Operational Permit Program 08 packet |
| 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 | This policy and the related procedure could be strengthened by expanding the description of the EH and other staff roles | OSS Failures and Repairs Flow Chart (undated), OSS Operations Permit Flow Chart 08, Permits Plus data base | |
| 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 | | Permits Plus data base | |

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| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 2 | | OSS ordinance 11/9/07 and OSS Failures and Repairs Flow Chart | OSS Failures and Repairs 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. | 0 | No agendas or staff attendance documentation provided | | |
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 1 | Documentation provided described a strategy, but no overall identification of key OSS program components relevant to prevention and health education. | Homeowners OSS packet | |
| 6.3 L | Documented review (at least every other year) of prevention and health education information of all types (including technical assistance).<br>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.<br>Written description of the process to | 0 | The focus of this measure is on materials used for publicly distributed education (training slides, brochures, flyers, etc). No written description or process or documented review of educational materials, or examples of materials (it is not clear that the flow diagram is made available to the public). | | |

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| | conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials. | | | | |
| 6.4 L | Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education). | 0 | No documentation provided of OSS related partnerships | | |
| 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.<br>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 1 | The Operational Permit application packet describes the work for one component of OSS activity, but other activities are not described nor are there goals, objectives, or quantifiable performance measures. | Operational Permit application packet | |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.<br>For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials. | 0 | No documentation provided of performance measures for objectives such as those envisioned in 8.1 | | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from | 2 | | OSS Failures and Repairs Flow | |

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| | 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. | | | | |
| 10.4 L | Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended | 1 | No information provided for other employees. | Documented trainings for one employee out of three employees | |

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| | 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.<br>Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures. | | | | |

Score Totals for: Waste Water Management

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| % Demonstrates | 44% |
| % Partially Demonstrates | 22% |
| % Does Not Demonstrate | 33% |

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