Standards for Public Health in Washington State: 2008 Performance Review Report
Public Health – Seattle and King County

The Standards and the 2008 Performance Review

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

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

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

This Report

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

Strengths

- The assessment and reporting capacity—broad based, as represented in the most recent Community Counts and the Health of King County, as a resource to the community and focused specifically, as represented in the Diabetes in King County Data Watch and the Access Report.
- The work on developing core indicators, as represented in the report to the BOH.
- The Operational Master Plan and Business Plan 2008, with the Appendix B measures of performance.
- The BOH engagement, as represented in the BOH Orientation, Work Program, involvement in the OMP, and the structure and format of the BOH staff reports.
- The information technology service delivery plan and the new staff orientation to IT.

Areas for Improvement

- Move forward in development of Quality Improvement across all aspects of the organization, building on the OMP and Business Plan work, as well as the development of program goals, objectives and measures.
- Review/revise/assure dating of materials.

The Performance Review Approach

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

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

Results of the Site Review

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

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

Scoring and Related Information in the 2008 Review Site Reports

- *For each measure* [scored by the reviewer]:
    - 2 = demonstrates the measure,
    - 1 = partially demonstrates the measure,
    - 0 = does not demonstrate the measure,
- Also, some measures were Not Applicable to a specific program and these measures are noted as NA.
- *Comments* provide clarification regarding the intent of the measure or the score assigned.
- *Documents* lists, in abbreviated form, the documents that were the basis for the score. When multiple documents were provided and some did not demonstrate the measure or there were many more examples than needed, they are not all listed.
- *Exemplary documents* lists documents requested for review as potential examples in the exemplary practices compendium.
- *For each Standard*: at the end of each Standard, there is a roll-up of the scores on all *applicable* measures in the Standard (the percent of measures scored as *demonstrates*, the percent scored as *partially demonstrates*, the percent scored as *does not demonstrate*). Next to your roll-up for the Standard is a roll-up for peer counties, and then a statewide roll-up. Your peer counties are identified below, based on the DOH analysis of Dominant Rural Urban Commuting Area Codes (for detail on this methodology, please go to the DOH website http://www.doh.wa.gov/Data/Guidelines/RuralUrban.htm). There is no intent, in an improvement-focused effort, to compare specific organizations to one another. However, this roll-up data does provide each site reviewed with performance benchmarks.
- *For all Standards*: the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

Peer Groupings

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

Next Steps

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

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

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

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

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

Strategies for building on your current performance:

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

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

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

Summary Site Report

Demonstrates = 2

Partially Demonstrates = 1

Does Not Demonstrate = 0

Standard 1: Community Health Assessment

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

Standard 2: Communications to the Public and Key Stakeholders

Measure	Score	Compliance Demonstration
2.1 L	2	Fully Demonstrated
2.2 L	2	Fully Demonstrated
2.3 L	2	Fully Demonstrated
2.4 L	2	Fully Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially Demonstrated
2.7 L	2	Fully Demonstrated
2.8 L	2	Fully Demonstrated
2.9 L	2	Fully Demonstrated
2.10 L	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	1	Partially Demonstrated
4.2 L	2	Fully Demonstrated
4.3 L	2	Fully Demonstrated
4.4 L	1	Partially Demonstrated
4.5 L	2	Fully Demonstrated
4.6 L	2	Fully Demonstrated
4.7 L	2	Fully Demonstrated
4.8 L	2	Fully Demonstrated
4.9 L	2	Fully Demonstrated
4.10 L	2	Fully Demonstrated
4.11 L	2	Fully Demonstrated

Standard 5: Planning for and Responding to Public Health Emergencies

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

Standard 6: Prevention and Education

Measure	Score	Compliance Demonstration
6.1 L	2	Fully Demonstrated
6.2 L	2	Fully Demonstrated
6.3 L	1	Partially Demonstrated
6.4 L	2	Fully Demonstrated

Standard 7: Helping Communities Address Gaps in Critical Health Services

Measure	Score	Compliance Demonstration
7.1 L	2	Fully Demonstrated
7.2 L	2	Fully 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	2	Fully Demonstrated
8.5 L	2	Fully Demonstrated
8.6 L	1	Partially Demonstrated
8.7 L	1	Partially Demonstrated
8.8 L	2	Fully Demonstrated
8.9 L	2	Fully Demonstrated

Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	2	Fully 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	2	Fully Demonstrated
11.2 L	2	Fully Demonstrated
11.3 L	2	Fully Demonstrated
11.4 L	1	Partially Demonstrated
11.5 L	1	Partially Demonstrated

Standard 12: Leadership and Governance

Measure	Score	Compliance Demonstration
12.1 L	1	Partially Demonstrated
12.2 L	2	Fully Demonstrated
12.3 L	2	Fully Demonstrated
12.4 L	1	Partially Demonstrated
12.5 L	1	Partially Demonstrated
12.6 L	2	Fully 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	71%	64%	55%
% Partially Demonstrates	29%	31%	34%
% Does Not Demonstrate	0%	4%	12%

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

	Measure	Score	Comments	Documents	Exemplary Documents
1.1 L	Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of: population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services. Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data. Written definition or description of quantitative data. Qualitative data such as barrier analysis and focus group or interview results (See Glossary)	2		PHSKC website: Community Health Indicators, Health of King County 2006, Diabetes in King County April 2007 Data Watch, Communities Count 2005/Affordable Housing and Homelessness	Health of King County 2006, Diabetes in King County April 2007 Data Watch, Communities Count 2005
1.2 L	Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report. Review of evidence-based practices. Use of health data to (at least one of the activities below):	2		Health of King County 2006, Diabetes in King County April 2007 Data Watch, BOH Packet 7/12/07 Menu Labeling	BOH Packet 7/12/07 Menu Labeling

	• signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]				
1.3 L	Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process.	2	Very nice format for presenting data analysis and health policy recommendations to BOH	BOH Packet 7/12/07 Menu Labeling, 7/19/07 Trans Fats	BOH Packet 7/12/07 Menu Labeling, 7/19/07 Trans Fats
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	The intent of this measure is to share assessment data outside of the LHJ and its governance. The broad availability of assessment reports on the PHSKC website makes these reports available locally, regionally and statewide.	PHSKC website: Community Health Indicators, Health of King County 2006, Diabetes in King County April 2007 Data Watch, Communities Count 2005/Affordable Housing and Homelessness	
1.5 L	Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.	2		PHSKC website, Data, Publications and Reports Page	

1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person)	2		List of staff, CHA 2006 training, RAM 2006 agenda, SAM 2006 agenda, documentation of 2007 trainings	
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		Healthy Homes Info, NIEHS Partner description	Healthy Homes Info, NIEHS Partner description

Score Totals for Standard 1: Community Health Assessment

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

Note: Totals may not equal 100% due to rounding

Standard 2: Communications to the Public and Key Stakeholders

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

	Measure	Score	Comments	Documents	Exemplary Documents
2.1 L	Description(s) of public health's mission and role in communication documents (at least one example) Note: This might include implementing elements of the PHIP Communications Plan.	2		PHSKC Website, About Us, Mission, Press Release October 2007, Day in the Life brochure	Day in the Life brochure
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-	2	The public number on the website is not explicit regarding 24/7 access for the public, nor does the phone script make this clear. However, the	PHSKC website main phone number, phone script/clarification	

	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.		numbers provided on the script are reported to go to an answering service and access to on-call staff. No documentation provided of distribution of emergency contacts to key stakeholders in the community such as hospitals.	regarding answering service and call roster, EOC callout roster /number of duty officer	
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		Vulnerable Populations Action Team, Health Advisory 10/17/07, PHSKC website press release 2/15/07	Vulnerable Populations Action Team
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		Media list, VPAT list	
2.5 L	Written description(s) of roles for working with the news media that identify the timeframes for communications. Written expectations for all staff regarding information sharing and response to questions (includes direct services, reception staff, not just lead communicators).	1	Policies appear to not have been reviewed/revised for some time.	Media Policy 2/23/00, Media Tips 12/6/00	Media Tips 12/6/00
2.6 L	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	1	Policies appear to not have been reviewed/revised for some time, other documents undated	Media Policy 2/23/00, Media Tips 12/6/00, News Release Checklist (undated), Template for News Release (undated)	Template for News Release (undated)
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	2		PHSKC website: CHI, Environmental Health, Communicable Diseases, Public Health Center and Office Locations	

	providers and prevention resources.				
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2			
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2			
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example 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. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to generate a referral.	2		Public Health Resources for Schools (updated 9/05),PHKSC website: Affordable Healthcare with links, Who Does What (HIV/AIDS brochure with Hotline number), example of transcript of Hotline/ACAP log regarding HIV referral to HMC and follow up to assure referral was completed	Public Health Resources for Schools (updated 9/05)

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	82%	84%	75%
% Partially Demonstrates	18%	16%	23%
% Does Not Demonstrate	0%	0%	2%

Note: Totals may not equal 100% due to rounding

Standard 3: Community Involvement

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

	Measure	Score	Comments	Documents	Exemplary Documents
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.	1			
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide	1			

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

Score Totals for Standard 3: Community Involvement

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	0%	9%	13%
% Partially Demonstrates	100%	91%	76%
% Does Not Demonstrate	0%	0%	10%

Note: Totals may not equal 100% due to rounding

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

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions and appropriate enforcement actions.

	Measure	Score	Comments	Documents	Exemplary Documents
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees.	1			

	Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)				
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers	2			
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2			
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving 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			
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	2			

	below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.7 L	Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response.	2	The intent of this measure is to evaluate the process for tracking public health concerns related to threats so the CD database and EH database are the more relevant tracking systems for this measure.	CDX Database for notifiable conditions, website for comments at metrokc.gov/comments/comments.cfm, three examples of emails requests for services--with referral to other agencies	
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2			
4.9 L	Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the	2			

	investigation), AND • type of documentation needed to take enforcement action.				
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 Response Plan-- March 2006--- page 7,	Isolation and Quarantine Response Plan-- March 2006--- page 7,

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	82%	88%	82%
% Partially Demonstrates	18%	12%	14%
% Does Not Demonstrate	0%	1%	4%

Note: Totals may not equal 100% due to rounding

Standard 5: Planning for and Responding to Public Health Emergencies

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters and other events that threaten the health of people.

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	1	No documentation provided in the materials to indicate a primary contact person. Not clear if public safety officials received communications.	West Nile Press Release May 31, 2007, Health Alert Carbon Monoxide Poisoning December 18, 2006, Press Release Power Outage 12/14/2006	
5.2 L	Local public health emergency preparedness and response plans	2		Environmental Health Division Report Draft	Environmental Health Division Report Draft

	(EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to the public's health. The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Report of drills and/or after-action reviews (at least one example)			August 2006, Pandemic Influenza Response Plan January 2007, Emergency Support Function #8 draft December 2, 2007, United States Postal Service Table Top After Action Report March 9, 2006	August 2006
5.3 L	Reports (at least one example) indicate LHJ leadership in community level public health emergency activities including all the activities listed below: • planning, AND • exercises AND • response/restoration activities. Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.	2		Health Care Coalition Annual Report 2007, Multi-Agency Coordinating Group January 2008, Vulnerable Populations Action Plan 2007	Health Care Coalition Annual Report 2007
5.4 L	Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health	1	No example in documents provided on how the public is informed/educated to access public health essential services during an emergency.	Essential Services Definition and Revised Listing for Pandemic Influenza February 9, 2007, PHSKC Website: Disaster Response,	Essential Services Definition and Revised Listing for Pandemic Influenza February 9, 2007

	emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency. At least two examples of information distributed/available to the public on how to access the essential services during an emergency.			Carbon Monoxide Safety Alert December 18, 2006,	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	40%	65%	59%
% Partially Demonstrates	60%	29%	29%
% Does Not Demonstrate	0%	5%	12%

Note: Totals may not equal 100% due to rounding

Standard 6: Prevention and Education

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion, healthy child and family development, as well as primary, secondary and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne) and injuries. Prevention, health promotion, health education, early intervention and outreach services are provided.

	Measure	Score	Comments	Documents	Exemplary Documents
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2			
6.2 L	Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L). Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.	2		King County Operational Master Plan---Final Report--August 2007--PHOMP Phase II section, pages 38-43; Access data summary (narrative) on page 76,	
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	1			

	revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.				
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			

Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	75%	50%	39%
% Partially Demonstrates	25%	48%	54%
% Does Not Demonstrate	0%	2%	7%

Note: Totals may not equal 100% due to rounding

Standard 7: Helping Communities Address Gaps in Critical Health Services

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

	Measure	Score	Comments	Documents	Exemplary Documents
7.1 L	LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action.	2		Access to Health Care in King County for the Uninsured, Underinsured and Medicaid Populations February 5, 2008, King County Safety Net Meeting Summary February 5, 2008,	
7.2 L	Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed.	2		Access to Health Care in King County for the Uninsured, Underinsured and Medicaid Populations February 5, 2008	
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2		Access to Health Care in King County for the Uninsured, Underinsured and Medicaid Populations February 5, 2008	
7.4 L	Program and activity planning processes, contracts or access initiatives reflect both types of	2		Children's Health Initiative Outreach and Access	

	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.			Committee February 2008	

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	68%	57%
% Partially Demonstrates	0%	25%	30%
% Does Not Demonstrate	0%	7%	13%

Note: Totals may not equal 100% due to rounding

Standard 8: Program Planning and Evaluation

Public health programs and activities identify specific goals, objectives and performance measures and establish mechanisms for regular tracking, reporting, and use of results.

	Measure	Score	Comments	Documents	Exemplary Documents
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	1			

8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	1			
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case 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.	2			
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	2		CARES--- Customer Service Standards, Client Satisfaction Survey Report with annual data from 2005, 2006 and 2007 (n=approx. 6,000)	CARES--- Customer Service Standards, Client Satisfaction Survey Report with annual data

8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1			
8.7 L	Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of 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	1			

	development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]				
8.8 L	List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements	2	AAR summaries did not explicitly state the participants in the AARs, but interviews confirmed participation of key stakeholders and PH-SKC staff. Add section to AARs to list participants in future AAR reports.	Activations, Exercises and Drills 2006-2008 List, AARs for the events and disasters, Yakima AAR and Windstorm 2006 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 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	2		Windstorm 2006 Action Plan for Improvement, Pertussis Protocol---old and revised	Windstorm 2006 Action Plan for Improvement

	facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations.				

Score Totals for Standard 8: Program Planning and Evaluation

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	56%	31%	24%
% Partially Demonstrates	44%	60%	58%
% Does Not Demonstrate	0%	9%	18%

Note: Totals may not equal 100% due to rounding

Standard 9: Financial and Management Systems

Effective financial and management systems are in place in all public health organizations.

	Measure	Score	Comments	Documents	Exemplary Documents
9.1 L	Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected.	2		2008 Budget Transmittal letter, Seattle & King County 2008 Business Plan October 1, 2007, 3rd Quarter Forecast 2007, King County Policies regarding accounts receivable 1990, BOH Code Title 3 Personal Health Services Fees December 9, 2005, PHSKC website: Environmental Health Services 2008,	3rd Quarter Forecast 2007
9.2 L	Contract review for legal requirements is documented for two contracts executed in last 24 months.	2	The focus of this measure is for external contracts. The intent of the measure is that contracts are	King County Agency Services boilerplate 2008, Health Families	

	Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.		monitored fiscally and programmatically. In the documents presented, fiscal and program monitoring were shown as joint activities in one case, but fiscal only in the other. Monitoring would be stronger if program and fiscal monitoring were done in a coordinated fashion, against specific contract deliverables.	Friends of Youth North and Eastside Healthy Start contract Calendar Year 2007, Contract Scope of Work, Monthly Monitoring description, and Invoice, Center for Multicultural Health Financial Audit November 20, 2006, Lifelong AIDS monitoring financial audit November 20, 2006	

Score Totals for Standard 9: Financial and Management Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	55%	35%
% Partially Demonstrates	0%	41%	54%
% Does Not Demonstrate	0%	5%	11%

Note: Totals may not equal 100% due to rounding

Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these	2		PHSKC Intranet: Diversity & Social Justice Group, Diversity and Social Justice Group Strategic Plan 05-07, King County Intranet: Diversity	Diversity and Social Justice Group Strategic Plan 05-07

	policies are made available to staff.			Management, King County Intranet: Affirmative Action Advisory Committee, King County Equal Employment Opportunity/Affirmative Action Plan 08-12, King County Personnel Guidelines April 1, 2005,	
10.2 L	Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure. Tracking report with listing of staff evaluation completion dates for all eligible (employed more than 12 months). Note: This measure includes public health staff, but not staff from human services if the departments are combined. This does include Environmental Health staff even if they are organized under another department. To fully demonstrate performance in this element the tracking report must indicate that more than 80% of employees have completed performance evaluations in 2007. Validation that an annual training plan is included in evaluation for each employee.	1	Job descriptions are available, but no documentation provided on tracking of completed performance evaluations or inclusion of a training plan in the annual evaluation of each employee.	PHSKC webpage: Job Descriptions, King County Personnel Guidelines April 1, 2005, King County Intranet: Training and Organizational Development,	
10.3 L	Description of process to assure that employees have the appropriate licenses, credentials and experience to meet job qualifications and perform job requirements.	2		PHSKC Credentials Office Description (1/10/08)	PHSKC Credentials Office Description (1/10/08)

10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the	1			

	training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.				
10.5 L	Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.	2		PHSKC Health Information Privacy Policy (3/24/05), Workforce Confidentiality Agreement, PHSKC Confidentiality Agreements Procedure (3/24/05), PHSKC Policy Security and Health Information Privacy Sanctions (3/24/05), 2006 Confidentiality and Mobile Device Workforce Log	
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	2		KC Intranet /Disability Services, KC ADA Compliance Plan/Facilities (12/07)	KC ADA Compliance Plan/Facilities (12/07)

Score Totals for Standard 10: Human Resource Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	67%	58%	50%
% Partially Demonstrates	33%	41%	36%
% Does Not Demonstrate	0%	2%	14%

Note: Totals may not equal 100% due to rounding

Standard 11: Information Systems

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication.

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 L	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months.	2	Many policies and procedures had no effective date, although footers referenced 05 versions.	PHSKC Policies/Procedure: General Security Safeguards 3/24/05, Physical Access 3/24/05, Security Program undated, Security Evaluation undated, Computing Device Use undated, Computing Device Risk Assessment undated, Data Backup and Storage undated, Information Systems Security Incident Response and Reporting undated, Information Systems Incident Response Report template, Audit Controls undated, Contingency Planning undated, Emergency Access to Electronic Systems undated, Information Systems Risk Management undated, Public Health HIPAA Site Assessment, 12/12/07 Auburn Clinic	Computing Device Risk Assessment undated, Information Systems Incident Response Report, Public Health HIPAA Site Assessment blank template
11.2 L	Documentation indicates that LHJ staff have computer technology as described above and access to trained staff for assistance in using the technology.	2		Welcome to Public Health: Orientation to IT Services, 10/07, PHSKC Information Technology Service	Welcome to Public Health: Orientation to IT Services, 10/07

				Delivery Plan 6/19/07 Software Inventory	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	2		KC Strategic Technology Plan 4/06, PHSKC Information Technology Service Delivery Plan 6/19/07	PHSKC Information Technology Service Delivery Plan 6/19/07
11.4 L	Website contains at least the areas of information and content listed below:• 24 hr. contact number for reporting health emergencies, AND • notifiable conditions line and/or contact, AND • health data and core indicator information, AND • how to obtain technical assistance and consultation from the LHJ, AND • links to legislation, regulations, codes, and ordinances, AND • information and materials on communicable disease, environmental health and prevention activities or links to other sites where this information is available.	1	Website is not explicit regarding availability of technical assistance	PHSKC website: Reporting, CHI, Lead, Codes, Communicable Disease, Chronic Disease	
11.5 L	Documentation of agency requirements for the use and transmission of personal health and other types of protected data to all three groups listed below: • within the agency, AND • other LHJs and/or agencies, AND • partner organizations. Agency requirements define which program data requires confidential and secure transmission (e.g., any identifiable information) and methods to assure confidential and secure transmission. For programs that collect and share identifiable information, two examples of sharing or transfer of data indicate compliance with the security and protection requirements.	1	Many policies and procedures had no effective date, although footers referenced 05 versions. No examples of sharing or transfer of data provided (MOUs are descriptions of the process, but not an example of the process).	PHSKC Policy/Procedure: Business Associates 3/24/05, Business Associate Agreement Template, Limited Data Set 3/24/05, Date Use Agreement Template, E-Mail Send and Receiving PHI 3/24/05, Remote Access undated, Electronic Information Access Management undated, Encryption and Decryption undated, Person or Entity Authentication	

				undated, MOU PH/DSHC, PH/OIRM	

Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	60%	69%	50%
% Partially Demonstrates	40%	27%	36%
% Does Not Demonstrate	0%	4%	13%

Note: Totals may not equal 100% due to rounding

Standard 12: Leadership and Governance

Leadership and governance bodies set organizational policies and direction and assure accountability.

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 L	Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.	1	No evidence in documents provided of guidelines for communications with senior managers.	SBOH Guidebook for Local BOH Members 2004, Staff Briefing on the KC BOH 12/13/07, BOH Operating Rules Rev07, Staff Briefing on 2008 BOH Scope of Work,, BOH Minutes 1/17/08, BOH Minutes 10/20/06	BOH Operating Rules Rev07
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		Staff Briefing: BOH Indicators 1/17/08, BOH Minutes 1/17/08, EH Indicators 3/08, BOH Minutes 1/20/06, BOH Resolution Re: HIV 10/16/07	Staff Briefing: BOH/Indicators 1/17/08

12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals.	2	For future clarification, the intent of this measure is for the BOH to review the agency and program goals identified in 8.1 rather than their own work program.	BOH 2007 Work Program, Regulations re: Nutrition Labeling 7/23/07, Trans Fats 7/23/07, Staff Briefing on Menu Labeling and Trans Fats 9/20/07, Staff Briefing on Regulations on Nutrition Labeling and Trans Fats 1/17/07[8]	Staff Briefing: BOH/Regulations on Nutrition Labeling and Trans Fats 1/17/07[8]
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.	1	There is no evidence in the documentation provided that the recommendations from any/all AAR recommendations were presented to the BOH.	BOH Minutes 12/15/06, Medication Center Vaccination Drill AAR, BOH Minutes 1/18/07, Windstorm 2006 AAR 2/2/07, Staff Briefing on Pandemic Flu Response Plan 1/21/07	Staff Briefing: BOH/Pandemic Flu Response Plan 1/21/07
12.5 L	Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the LHJ's assessed risk.	1	No evidence in documentation provided of the actual guidelines used by the Risk Management Program to assess exposure in PHSKC.	Certificate of Insurance Coverage, KC Code: Risk Management, PHSKC Policy RE: Incident-Accident Reports	
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	2		King County Operational Master Plan 8/2007, PHSKC Business Plan 2008, Appendix B Performance Measure Reporting Form	Business Plan 2008 Appendix B Performance Measure Reporting Form
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	2		King County Operational Master Plan 8/2007, PHSKC Business Plan 2008, Appendix B Performance	

	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.			Measure Reporting Form	
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	2		BOH Minutes 9/20/07	
12.9 L	Organization-wide quality improvement plan contains specific objectives that include all the topics listed below: • address opportunities for improvement identified through use of health data including from data sources such as: the core indicators, including Local Public Health Indicators, OR program evaluation results, OR outbreak response or after-action evaluation results, OR the strategic planning process, AND • may be program specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization, AND • identify timeframes for completion of objectives and responsible staff, AND • identify performance measures.	1	The documentation provided does not include an organization wide QI plan--the examples are not current and represent only segments of PHSKC. The position classification describes the intent to develop a full QI plan and process across PHSKC.	PHSKC Department QI Committee 2006 Work Plan, EMS QI Plan 2005, Position Classification QI Position 10/15/07	Position Classification QI Position 10/15/07
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 •		PHSKC does not have an organization wide QI plan in place, so no annual review is possible.		

	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				

Score Totals for Standard 12: Leadership and Governance

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	56%	46%	34%
% Partially Demonstrates	44%	41%	38%
% Does Not Demonstrate	0%	14%	29%

Note: Totals may not equal 100% due to rounding

Program Report

COMMUNICABLE DISEASE

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		Epi-Log available on website-- February 2008, website for PH-SKC-health/information for health providers--training opportunities	
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		PH-SKC website health/providers/epidemiology/reporting	PH-SKC website health/providers/epidemiology/reporting
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		Website for CD with disease specific materials--fact sheet for Chickenpox in Chinese, Korean, Russian, Spanish, etc.	Website for CD with disease specific materials
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	2	Excellent example of community involvement in review of local health data and resulting recommendations.	BOH HIV/AIDS Committee: Final Report and Recommendations--9/07 with data summaries and recommendations	BOH HIV/AIDS Committee: Final Report and Recommendations--9/07

	recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	2		PHSKC BOH report on public health indicators-- January 2008;	PHSKC BOH report on public health indicators-- January 2008;
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)	1	Although documentation did not identify that new providers receive notifiable conditions information, interviewee verified that new providers are identified through monthly updates to the Medical Society mailing list and several other mechanisms, such as Action Alert Network and the Epi-Log with the Notifiable Conditions information sent on a monthly basis. Still unclear whether new labs are notified.	PHSKC-- website for CD with Notifiable Disease Information; MRSA email with MRSA Guidelines document	
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.	2	Interview verified that Epi-logs are mailed monthly to providers as well as being available on the website.	PHSKC-INFO-X (PH related communication and information exchange), website	

	Evidence of distribution to health care providers			for CD--Epi-Log Newsletters	
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	2	Interview verified that new providers are identified through monthly updates to the Medical Society mailing list and several other mechanisms, such as Action Alert Network.	Health Care Providers Letter, Epi-Log Monthly Newsletter	
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	The procedure for Receiving and Assessing Immediately Notifiable Communicable Disease Conditions-March 2004, is dated 3/04 with no indication of review or update within the last 3 years and therefore is not valid documentation for this measure.	Pertussis, Measles and Salmonela Protocols,	
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		CDX Database--screen print for 1 case example	
4.6 L	Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the	2		Pertussis(2004), Measles and Salmonella (2004) Protocols --	

	most effective population-based 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		Acute HIBV Protocol, ANI EXP Protocol, 2007 Emergency Biologics (Yellow Book)	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No evidence that annual review is conducted of LHJ EPRP with all employees (twice within last 24 months.)	Flyer regarding NEO policy, Public Health New Employee Orientation agenda and presentation, Safety Orientation Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2	The intent of this measure is to have the key components of the entire program described (e.g. surveillance, education, reporting, investigation, etc.) rather than a component for a specific disease as presented in the WNV and HEP examples. The 2006 Surveillance Summary Working Draft - Introduction Section describes these components.	West Nile Virus Communication Plan 2007, Education Project for Hepatitis 2007, 2005 Surveillance Report and 2006 Surveillance Summary Working Draft - Introduction Section	
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	2	While the Policy for Producing Public Education Materials and Report does not include a description of the process to regularly update materials, the CD materials revision tracking form that is online shows this process for CD.	2005 and 2006 Surveillance Summary Report, Policy for producing public education materials and report, Chickenpox and Salmonella examples, Online materials updating and revision tracking system	

	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		Hepatitis Education Project 2008, 2006 Administrative Core Emergency Management Response Director, RCE Abstract Emergency Response Plan	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2		2008 Draft Strategic Plan, Operational Master Plan -- Appendix B including performance measures, Epidemiologist II position description, Performance Statistics Measures CDC Epidemiology	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	2		KingStat link - King County Aims High web site, 2005 and draft 2006 Surveillance reports, Meningococcal Fact Sheet 2007, Meningococcal Disease Protocol	2005 Surveillance Summary Report
8.3 L	Use of additional sources of information to improve services and activities, including an example from	2		2007 Letter to Nursing and Medical Directors (Long-term	

	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.			Care Facilities)	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		Hepatitis Education Project - Scope of Work July - December 2007, HEP Quarterly Report Template and July to December 2007 results	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	2		2005 and 2006 Public Health Immunization and Communicable Disease Update, Foodborne Illnesses presentations (before & after revision)	
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,	1	Does not provide aggregated annual internal audit* results for last two years on a sample of communicable disease investigations	Monthly QA Report Protocol, 2006 Performance Statistics Measures Report	Monthly QA Report Protocol, 2006 Performance Statistics Measures Report

	accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]				
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills	1	Does not provide documentation of the content of the training sessions.	Summary of Consolidated Course Completion (HIPAA) Compliance Office "Other Training", CD 2007 Training Log	

	Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.				

Score Totals for: Communicable Disease

% Demonstrates	78%
% Partially Demonstrates	22%
% Does Not Demonstrate	0%

Note: Totals may not equal 100% due to rounding

MATERNAL-INFANT HEALTH (FIRST STEPS)

	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		Maternity Support Services Brochure, Birthing Classes Brochure	
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.		This measure is NA for First Steps.		
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		Healthy Babies booklet in Spanish, Pointer Poster for Interpretation, Interpreter services report indicates 38,000 visits received interpretation.	
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	2	2004 documents are beyond the 3 year timeframe of this assessment and are not valid documentation.	Physician Lactation Education Collaborative of KC--9/05 minutes, Update of Breastfeeding Coalition--spring 2008 for revised training	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	1	No documentation presented for reporting results of First Steps program evaluation.	Presentation--Eliminating Racial Disparities in Birth Outcomes- 9/07	Presentation--Eliminating Racial Disparities in Birth Outcomes- 9/07
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No evidence that annual review is conducted of LHJ EPRP with all employees (twice within last 24 months.)	PH Center Preparedness Training and Exercise Plan, First Steps EPRP ongoing training, Flyer regarding NEO policy, Public Health New Employee Orientation agenda and presentation, Safety Orientation Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors	2		Nurse Family Partnership Brochure regarding home visits and other services, NFP 5 Week Infant Visit Protocol,	

	for any of the groups listed below: • individuals, OR • families, OR • community in general.				
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.	2	While the Policy for Producing Public Education Materials and Report does not include a description of the process to regularly update materials, the FS PDS and tracking form show this process for FS.	FS-PDS- Education Messages, Basic Health Message Revision Tracking Form, Old and revised PPMD basic health message for clinicians, Policy for Producing Public Education Materials and Report	
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		PDS- Nurse Family Partnership-- White Center Early Learning Initiative with Gates Foundation, PDS for Infant Mortality Prevention Project,	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the	1	This documentation did not provide evidence of program objectives or of professional requirements related to knowledge, skills and abilities.	DSHS website-- First Steps Manual- page 8 and pages 75-102 - professional requirements,	

	program.				
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	0	The chart audit summary is for 11/04 and is too old to be valid for this assessment and the other documentation .	FS Chart Audit Template, meeting notes with plan for chart audit	
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		CARES Customer Service Improvement Summary and Client satisfaction Report	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		White Center Early Learning Initiative Business Plan	White Center Early Learning Initiative Business Plan
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being	0	The intent of this measure is to show evaluation of training conducted by the program.		

	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	The intent of this measure is to show annual chart audits for the last 2 years. The chart audit summary is for 11/04 and is too old to be valid for this assessment and the other documentation .	FS Chart Audit Template, meeting notes with plan for chart audit	
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 •	1	The OATS attendance list indicates that most of the FS staff participated in OATS session 1, but this training does not contain required topics (as highlighted for review). No documentation of course content and materials.	Summary of Consolidated Course Completion (HIPAA) Compliance Office "Other Training", CD 2007 Training Log, Planned Training for	

	Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.			2008-- OATS Modules 1-4, Aug to Dec 07 OATS attendance list	

Score Totals for: Maternal-Infant Health (First Steps)

% Demonstrates	53%
% Partially Demonstrates	27%
% Does Not Demonstrate	20%

Note: Totals may not equal 100% due to rounding

ZOONOTIC 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		PHSKC Website for EH Division and for CD Notifiable Conditions--- rabies laws and pest control for rats	
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		Website metrokc.gov/health/ westnile; Title 8 regulations, Pest Control Operator Regulations,	
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		Information and brochures in Spanish for West Nile Virus, Spanish recorded WNV hotline	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further	1	The WNV IAWG shows review of data, but no recommendations for action and the Dog Day care shows recommendations but no review of data. The intent of this measure is to verify review of data with a community group that generates recommendations for action.	West Nile Virus Interagency Work Group 10/07 Meeting Minutes, Minutes and Update between Seattle Dog Daycare Owners and PH-SKC 2006	West Nile Virus Interagency Work Group 10/07 Meeting Minutes

	investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	2	The gap analysis for critical health services portion of this measure is NA for Zoonotics.	Rabies Post-Exposure Prophylaxsis evaluation powerpoint, Zoonotics Disease Prevention--Resources for Veterinarians in Seattle and King County	Zoonotics Disease Prevention--Resources for Veterinarians in Seattle and King County
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		Dead Bird Calls Flow Chart, Operator Guide for West Nile Virus, WNV Situation Report	Dead Bird Calls Flow Chart, Operator Guide for West Nile Virus
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		Bat Exposure Investigation Report Form and completed report	
4.9 L	Written procedures for investigation and compliance actions, based on	2		Rodent and Illegal Dumping Complaints	

	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.			Flow Chart, Health Code Enforcement for King County	
4.10 L	Protocols for the use of emergency biologics (for example, the "yellow book").	2		Acute HBV Protocol, Botulism Protocol	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	1	No evidence that annual review is conducted of LHJ EPRP with all employees (twice within last 24 months.)	Flyer regarding NEO policy, Public Health New Employee Orientation agenda and presentation, Safety Orientation Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2	The 2008 Zoonotics work plan contains descriptions of the key components of the zoonotics program in the objectives and strategies column. The two examples contain content that may address specific key components of a portion of the zoonotics program activities.	2008 Zoonotics and WNV Work Plans, Pandemic Influenza-Appendix G -- Plan Objectives section, Pet Shop Packet with letter and materials	
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data.	1	The policy does not provide a written description of process for updating materials.	Policy for Producing Public Education Materials and Reports, WNV Website Review-fall 2007, Stop Germs Packet for Veterinarians, Goat Ordinance materials and fact sheet	

	Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.				
6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	2		Municipalities annual training on WNV, Technical assistance to King County agencies regarding WNV preparedness response	
8.1 L	For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.	2	The two workplans contain a few narrative descriptions of performance measures listed in the tasks, but the program must establish quantifiable performance measures to support program evaluation and comparison against goals to evaluate effectiveness.	2008 WNV Work Plan and 2008 Zoonotics Program work plan, Health and Environmental Investigation II, PH Veterinarian Job Posting,	
8.2 L	For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials.	2	It is difficult to validate the analysis against goals without quantifiable goals or targets for specific performance measures. The reports do show comparison with state and relevant affected areas, however.	IAP Report 2007, EH Hazards- 3rd Quarter Report, Canine Leptospirosis data analysis, health advisory and materials-- April 2006	
8.3 L	Use of additional sources of information to improve services and	2		BOH King County BOH Code Merger:	

	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.			Pet Related Regulations, Backyard Poultry Project	
8.4 L	For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives.	2		2008 WNV Work Plan, WNV Update---8/07, WNV Phase Response Guidelines, DPH Executive Assignments,	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1	The intent of this measure is that the training evaluations are used to revise and improve the training curricula or materials. The documentation provided did not demonstrate this.	2006 Evaluation of Annual WNV, input process for Annual WNV training for Municipalities	
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	1	This measure requires the systematic audit of case reports (in this case complaints) for compliance with investigation and compliance procedures, not just timeliness.	Response time on receipt of complaint about rodents	

	requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]				
10.4 L	Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and	1	The documentation presented indicates HIPAA training for all staff and other training information was included in the Guidelines document itself, instead of providing a report of staff training. Documentation does not provide content of the training sessions.	Summary of Consolidated Course Completion (HIPAA) Compliance Office "Other Training", notes in the Guideline	

	coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.				

Score Totals for: Zoonotic Disease

% Demonstrates	70%
% Partially Demonstrates	30%
% Does Not Demonstrate	0%

Note: Totals may not equal 100% due to rounding