

Standards for Public Health in Washington State: 2008 Performance Review Report *Spokane Regional Health District*

The Standards and the 2008 Performance Review

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

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

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

This Report

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

Strengths

- The breadth and depth of assessment activity, with numerous substantial reports
- The user friendly graphical presentation of the reports
- The clear engagement of the community in participating in and using the assessment capacity on SRHD as a part of community problem solving
- The formal process of developing pre-project goals for assessment projects and post-project analysis of project impact
- The QI Plan, structures and processes/projects
- The Strategic Plan, work plan structure and development of specific measureable plans for priority areas, specifically the work plan for the priority regarding being a data driven agency with logic models and objective measures in every program

Areas for Improvement

- Keep working on the development of measurement at the program level, separate from logic models
- Provide additional information to the community on the website regarding access to critical health services in the community as well as the essential services provided by SRHD during emergencies
- Develop or document active processes of monitoring in administrative areas such as budgets, performance evaluations, and vendor contracts
- Work with the BOH to strengthen their orientation and operating processes; as performance measures are developed, assure that presentations to the BOH include data as well as descriptive information

The Performance Review Approach

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

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

Results of the Site Review

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

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

Scoring and Related Information in the 2008 Review Site Reports

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

- *For all Standards:* the final segment of this part of the report provides you with a roll-up of all Standards, with the same benchmark data from the peer group and statewide roll-ups.

Peer Groupings

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

Next Steps

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

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

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

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

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

Strategies for building on your current performance:

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

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

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

Summary Site Report

Demonstrates = 2

Partially Demonstrates = 1

Does Not Demonstrate = 0

Standard 1: Community Health Assessment

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 1.1 L | 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 | 2 | Fully Demonstrated |
| 2.7 L | 2 | Fully Demonstrated |
| 2.8 L | 2 | Fully Demonstrated |
| 2.9 L | 2 | Fully Demonstrated |
| 2.10 L | 1 | Partially Demonstrated |
| 2.11 L | 2 | Fully Demonstrated |

Standard 3: Community Involvement

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 3.1 L | 2 | Fully 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 | 2 | Fully Demonstrated |
| 4.5 L | 2 | Fully Demonstrated |
| 4.6 L | 2 | Fully Demonstrated |
| 4.7 L | 2 | Fully Demonstrated |
| 4.8 L | 2 | Fully Demonstrated |
| 4.9 L | 2 | Fully Demonstrated |
| 4.10 L | 2 | Fully Demonstrated |
| 4.11 L | 2 | Fully Demonstrated |

Standard 5: Planning for and Responding to Public Health Emergencies

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

Standard 6: Prevention and Education

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 6.1 L | 1 | Partially Demonstrated |
| 6.2 L | 1 | Partially Demonstrated |
| 6.3 L | 1 | Partially Demonstrated |
| 6.4 L | 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 | 1 | Partially Demonstrated |
| 7.3 L | 2 | Fully Demonstrated |
| 7.4 L | 2 | Fully Demonstrated |

Standard 8: Program Planning and Evaluation

| Measure | Score | Compliance Demonstration |
|---------|-------|--------------------------|
| 8.1 L | 2 | Fully Demonstrated |
| 8.2 L | 1 | Partially Demonstrated |
| 8.3 L | 1 | Partially Demonstrated |
| 8.4 L | 1 | Partially Demonstrated |
| 8.5 L | 2 | Fully Demonstrated |
| 8.6 L | 1 | Partially Demonstrated |
| 8.7 L | 1 | Partially Demonstrated |
| 8.8 L | 2 | Fully Demonstrated |
| 8.9 L | 1 | Partially Demonstrated |

Standard 9: Financial and Management Systems

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

Standard 10: Human Resource Systems

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

Standard 12: Leadership and Governance

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

Overall Score Totals

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 64% | 64% | 55% |
| % Partially Demonstrates | 33% | 31% | 34% |
| % Does Not Demonstrate | 3% | 4% | 12% |

Note: Totals may not equal 100% due to rounding

Detailed Agency Report

Standard 1: Community Health Assessment

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

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|----------|--|--|
| 1.1 L | <p>Annual report or various separate reports with trended data (collected at least every other year) on a set of core indicators that include measures of:</p> <p>population health status AND, communicable disease AND, environmental health risks and related illnesses, AND health disparities AND, access to critical health services.</p> <p>Note: The focus of this measure is the largest set of public health data that includes more than a specific set of core indicators or the set of 32 local Public Health Indicators. See the Performance Management Glossary for definitions of health data.</p> <p>Written definition or description of quantitative data.</p> <p>Qualitative data such as barrier analysis and focus group or interview results (See Glossary)</p> | 2 | | Spokane Counts, Health Care Access Indicators, Spokane Counts Methodology, Aging with Care | Spokane Counts, Health Care Access Indicators, Aging with Care |
| 1.2 L | <p>Description of data tracking and analysis process, or reports of analyzed data indicating regular (systematic) process. Note: Health data, as defined in the Glossary, includes Local Public Health Indicator Report.</p> <p>Review of evidence-based practices.</p> <p>Use of health data to (at least one of the activities below):</p> | 2 | | Spokane Counts, Aging with Care, Immunization Assessment Recommendations, Data tracking and analysis process | Immunization Assessment |

| | | | | | |
|-------|---|---|--|---|--|
| | <ul style="list-style-type: none"> • signal changes in health disparities and priority health issues, or • identify emerging health issues, or • identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts • gap analysis comparing existing services to projected need for services • recommendations for policy decisions, program changes, or other actions [see measure 1.3 L] | | | | |
| 1.3 L | Written recommendations for policy decisions, program changes, budget changes or other actions. For health policy decisions not tied to the analysis in 1.2L, the health data that led to the health policy decision that was made. Note: The intent is to assure that health policy decisions are based on data, whether the health policy flows from review of data analysis or from the health decision making process. | 2 | | Strategic Plan Priorities/Unintentional and Intentional Injury, Senior Health Assessment Impact Report, Aging and Long Term Care 5 Year Plan/ | |
| 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 | | Senior Health Assessment Concept Paper, Post Project Checklist | Senior Health Assessment Concept Paper, Post Project Checklist |
| 1.5 L | Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues. | 2 | | SRHD website, data request form and procedures, assessment services flyer | Assessment services flyer |
| 1.6 L | List of LHJ staff responsible for | 2 | | Training | Training |

| | | | | | |
|-------|---|---|--|---|---------------------------|
| | 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) | | | Documentation spreadsheet, Assessment Training and Meetings material | Documentation spreadsheet |
| 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 | | Diabetes Study | |

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 | | SRHD website Mission/Vision/Goals | |
| 2.2 L | Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone numbers for weekday and after-hours emergency contacts are | 2 | | SRHD Phone book listing, SRHD website, PHEPR Region 9 Contact List | |

| | | | | | |
|-------|---|---|---|--|-------------------------------|
| | available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals. | | | | |
| 2.3 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 | | Meningococcal press release 1/28/98, 1/27/08 alert to health care providers, 1/29/08 alert to homeless shelters | |
| 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 contact list, PIO 24-7 Communication contacts, SRHD emergency communication plan, PHEPR Region 9 contact list, file path to PHEPR dashboard, PHEPR dashboard | PHEPR dashboard |
| 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 | Timeframes for communication are contained in Media Relations Guidelines, which were last revised/reviewed 11/01. | SRHD Emergency Communications Plan, PIO Media Relations Guidelines, Initial Media Script Template | Initial Media Script Template |
| 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. | 2 | | SRHD Emergency Communications Plan, Health Advisory Template | |
| 2.7 L | Public information that includes at least one example of each of the | 2 | Information on access to the local health system is only provided for a | Assessment publications, | |

| | | | | | |
|--------|--|---|---|--|--|
| | topics listed below: • health data, AND • information on environmental health risks, AND • communicable disease and other threats to the public's health, AND • access to the local health system, healthcare providers and prevention resources. | | small subset, for the specific program of Breast and Cervical Health. The measure seeks lists, brochures, or links (on the website) to providers of broad healthcare and prevention services. | Environmental Public Health, Communicable Disease, Breast and Cervical Health access 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) | 1 | | | |
| 2.11 L | Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. | 2 | | List of clinics/providers, SRHD STD tracking form | |

| | | | | | |
|--|---|--|--|--|--|
| | One example of using list to generate a referral. | | | | |
|--|---|--|--|--|--|

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 82% | 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. | 2 | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services | 1 | | | |

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

Score Totals for Standard 3: Community Involvement

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 50% | 9% | 13% |
| % Partially Demonstrates | 50% | 91% | 76% |
| % Does Not Demonstrate | 0% | 0% | 10% |

Note: Totals may not equal 100% due to rounding

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

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

enforcement actions.

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|---|-------|----------|-----------|---------------------|
| 4.1 L | Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees. Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information) | 1 | | | |
| 4.2 L | Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements. Evidence of distribution to health care providers | 2 | | | |
| 4.3 L | Written description of process for identifying new providers in the community and engaging them in 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 | 2 | | | |

| | | | | | |
|-------|--|---|--|-------------------------------------|--|
| | relationship between communicable disease, environmental health and other programmatic activities. | | | | |
| 4.5 L | Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting. | 2 | | | |
| 4.6 L | Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP. | 2 | | | |
| 4.7 L | Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8. Two examples of reports of concern received from the public indicating referral to appropriate agency for response. | 2 | | SRHD Procedure Manual, CD phone log | |
| 4.8 L | Tracking system for environmental health investigations and compliance activities that includes documentation of all the information | 2 | | | |

| | | | | | |
|--------|--|---|--|---|--|
| | listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies. | | | | |
| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 2 | | | |
| 4.10 L | Protocols for the use of emergency biologics (for example, the “yellow book”). | 2 | | | |
| 4.11 L | Protocols for exercising legal authority for disease control (including quarantine and non- voluntary isolation) | 2 | | SRHD EPR Plan, Tab A- Public Health Emergencies - Current Legal Authority | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 91% | 88% | 82% |
| % Partially Demonstrates | 9% | 12% | 14% |
| % Does Not Demonstrate | 0% | 1% | 4% |

Note: Totals may not equal 100% due to rounding

Standard 5: Planning for and Responding to Public Health Emergencies

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

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|----------|--|---------------------|
| 5.1 L | Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials. | 2 | | Meningitis alert 1/8/08, faxes sent to Spokane HC providers, alert/page to public safety officials | |
| 5.2 L | Local public health emergency preparedness and response plans (EPRP) address all types of emergencies listed below: • environmental health risks, AND • communicable disease outbreaks, AND other public health emergencies. The LHJ EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of all types of responses listed below: disease outbreaks, AND environmental health risks, AND natural disasters or other threats to the public's health. The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and revisions of the plan. Report of drills and/or after-action reviews (at least one example) | 2 | | SRHD Emergency Response Plan, WASABE after action report and executive summary, Job Action Sheets, Tab H Incident Command System | |
| 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 | 2 | | WASABE planning website, after action report, and executive summary | |

| | | | | | |
|-------|--|---|--|--|--|
| | health implications including all the activities listed below: • planning, AND • exercises AND • response activities. | | | | |
| 5.4 L | Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency. At least two examples of information distributed/available to the public on how to access the essential services during an emergency. | 1 | This measure looks for a description of the local public health services that are considered essential for the public to access in an emergency and distribution of this information to the public. The materials available on this page of the website, which was not submitted as documentation, partially provide public information. | SRHD website, emergency response/personal preparedness/resources links | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 0 | | | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|----------------|---------------------|-------------------|---------------------|
| % Demonstrates | 60% | 65% | 59% |

| | | | |
|--------------------------|-----|-----|-----|
| % Partially Demonstrates | 20% | 29% | 29% |
| % Does Not Demonstrate | 20% | 5% | 12% |

Note: Totals may not equal 100% due to rounding

Standard 6: Prevention and Education

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

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|---|-------|---|--|---------------------|
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 1 | | | |
| 6.2 L | Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L). Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices. | 1 | The two STP work plans did not contain any reports of data or results of data analysis. | STP Priorities Revised-2006, Priority 5- Reproductive Health Priority Work Plan, Priority 3- Unintentional and Intentional Injury STP Work Plan; Gay, Lesbian, Bisexual, Transgendered ...Community Report | |

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|-------|---|---|--|--|--|
| 6.3 L | <p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.</p> | 1 | | | |
| 6.4 L | <p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p> | 2 | | | |

Score Totals for Standard 6: Prevention and Education

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|----------------|---------------------|-------------------|---------------------|
| % Demonstrates | 25% | 50% | 39% |

| | | | |
|--------------------------|-----|-----|-----|
| % Partially Demonstrates | 75% | 48% | 54% |
| % Does Not Demonstrate | 0% | 2% | 7% |

Note: Totals may not equal 100% due to rounding

Standard 7: Helping Communities Address Gaps in Critical Health Services

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

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|---|-------|---|--|---------------------|
| 7.1 L | LHJ leadership or participation in community process that includes health care providers and is based on information about local resources and trends to address all the issues and activities listed below: • health disparities and/or access to critical health services (including prevention services), AND • set goals, AND • take action. | 2 | | STD Medical Coalition Membership, 2007-2008 Road Map, Minutes from Coalition Meeting | |
| 7.2 L | Local resource/referral list of private and public communicable disease treatment providers, providers of critical health services and providers of preventive services. List must contain all four types of providers. [See measure 2.11 L]. Assessment information on access to the four types of providers listed above. One example of using the assessment of access to services to determine where detailed documentation and gap analysis of local capacity is needed. | 1 | Resource list was available. This measure is intended to identify gaps in access to critical health services in addition to the resource list. The assessment provided was specific to the resource list and whether it could assist in identifying gaps in local capacity to address critical health services. The assessment determined that the 2-1-1 system would not be useful in identifying gaps in local capacity. No additional assessment information on gaps was provided. | 2-1-1- Resource Website, 2-1-1 Business Plan, 2-1-1 Assessment Report | |
| 7.3 L | Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. | 2 | | Mental Health Report | |

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|-------|--|---|--|---|--|
| | One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information. | | | | |
| 7.4 L | Program and activity planning processes, contracts or access initiatives reflect both types of activities listed below (at least one example of each): • coordination of health service delivery among health care providers AND • linkage of individuals to medical home. | 2 | | 2007 Consolidated Contract Deliverables for Maxillofacial Program and CSHCN Nutrition | |

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

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 75% | 68% | 57% |
| % Partially Demonstrates | 25% | 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 | 2 | | | |

| | | | | | |
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| | requirements, knowledge, skills, and abilities for staff working in the program. | | | | |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials. | 1 | | | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 1 | | | |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. | 1 | | | |
| 8.5 L | Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, | 2 | | Clinic Survey and Results from 2007 Customer Service Survey for SRHD Clinic 12/07, WIC | Clinic Survey and Results from 2007 Customer Service Survey for SRHD Clinic 12/07, WIC |

| | stakeholders and partners. Evaluation results of performance on customer service standards. | | | Client Satisfaction Survey with results | Client Satisfaction Survey with 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. | 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; | 1 | | | |

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| | including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L] | | | | |
| 8.8 L | List of significant outbreaks, environmental events, natural disasters, table top exercises or public health emergencies that have occurred during the last 24 months. After-action/table top evaluation for each event listed above with evidence that each evaluation included all the activities listed below: • participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND • participation by LHJ staff from communicable disease, environmental health and other public health programs, AND • review of the accessibility of essential public health services (See 5.4 L), AND • assessment of how the event was handled, AND • documentation of what worked well, AND • identification of issues, AND • recommend changes in response procedures and other process improvements | 2 | | 2002-2006 CD Report- List of Outbreaks, WASABE After-Action Executive Summary and Report, Region 9 Functional Communication Exercise- 4/25/06 | 2002-2006 CD Report- List of Outbreaks, Region 9 Functional Communication Exercise- 4/25/06 |
| 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 | 1 | Unable to determine how the documents presented link to and demonstrate taking improvement actions on AAR recommendations. | SRHD 2005 EPRP AAR-- Issues and Recommendations for Response Improvement Table, SRHD Incident Management Dashboard, SRHD Website- ICS Net-Info, PHEPR | |

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| | services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations. | | | Improvement Plan | |
|--|--|--|--|------------------|--|

Score Totals for Standard 8: Program Planning and Evaluation

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 33% | 31% | 24% |
| % Partially Demonstrates | 67% | 60% | 58% |
| % Does Not Demonstrate | 0% | 9% | 18% |

Note: Totals may not equal 100% due to rounding

Standard 9: Financial and Management Systems

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

| | Measure | Score | Comments | Documents | Exemplary Documents |
|-------|--|-------|--|---|---------------------|
| 9.1 L | Review of the LHJ annual budget shows: • alignment with the organization's strategic plan AND • linkage to the organization's goals. Regular (at least quarterly) budget monitoring with comparison of actual to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected. | 1 | While budget priorities were adopted, it was not possible to track the criteria used to the strategic plan and/or organizations' goals. Evidence of an active process of budget monitoring was weak. | Write Off Policy, calendar of regular budget review meetings, e-mail regarding budget changes | |
| 9.2 L | Contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with | 1 | This measure focuses on external contracts between the LHJ and subcontractors. While two examples of external contracts were provided, there was no evidence provided of | Guild School and PACE EH contracts | |

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|--|---|--|--|--|--|
| | comparison of actual performance to deliverables and conclusions on needed actions. | | the monitoring of those contracts for the deliverables described in the statements of work. In regard to review for legal requirements, it was stated that legal counsel had assisted in preparation of Standard Provisions, but there was no documentation of that review or legal sign off block on the Standard Provisions. | | |
|--|---|--|--|--|--|

Score Totals for Standard 9: Financial and Management Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 0% | 55% | 35% |
| % Partially Demonstrates | 100% | 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 policies are made available to staff. | 2 | | Employee Handbook, Cultural Competency Strategic Workplan, HR Policies | |
| 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 | 1 | No documentation provided regarding staff performance evaluations. | Supervisor Orientation Checklist for New Employees, Job descriptions | Supervisor Orientation Checklist for New Employees |

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| | <p>classifications are not required to be presented as documentation for this measure.</p> <p>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.</p> | | | | |
| 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 | | Supervisor Orientation Checklist for New Employees, Employee Handbook (Credentials and Training) | |
| 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 • | 2 | | | |

| | | | | | |
|--------|---|---|--|---|---|
| | <p>Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills</p> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training sessions within the last three years. Programs with < 50% of staff having attended three training sessions in the last three years will be scored partially demonstrates and programs with 0% of staff having attended three training sessions in the last three years will be scored Does Not Demonstrate. Training documentation may be from automatically generated Learning Plan from the Smart PH system or a site specific excel or other type of tracking report for staff attendance at training and educational sessions throughout the year. Documentation of the content of the training sessions listed in the staff training report(s), such as agendas, PowerPoint presentations, websites screen prints, other training materials and/or brochures.</p> | | | | |
| 10.5 L | <p>Confidentiality and HIPAA policy. List of staff required per policy to sign confidentiality agreement with signature and date of signature, OR 10% sample of signed staff confidentiality statements.</p> | 1 | <p>HIPAA Policy does not appear to have been reviewed within the last 3 years.</p> | <p>Employee Handbook (Confidentiality), HIPAA Policy Manual (April 2003), confidentiality pledges</p> | |
| 10.6 L | <p>Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.</p> | 2 | | <p>Employee Handbook (Reasonable Accommodation, Disabled Parking), audits on ADA</p> | <p>ADA Facility and ADA Work Processes Audits</p> |

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|--|--|--|--|---------------------------------|--|
| | | | | Facility and ADA Work Processes | |
|--|--|--|--|---------------------------------|--|

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 | | IS\Measure 111.doc, IS\FPP-Security-SYS Access Policy.doc; datengineconverage.pdf, Sample SurfControl Reports.pdf; Data on Media and Aging Report, IS\SRHD Information Technology Disaster Recovery.doc Ageing Forecast | IS\FPP-Security-SYS Access Policy, IS\SRHD Information Technology Disaster Recovery |
| 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 | | IS\Measure 112.docx, SRHD hardware inventory.xls; Computer Technology.pdf, Job description Programmer Analyst, Documentation | |

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| | | | | regarding OMAHA System training and technical support. | |
| 11.3 L | Agency or county IS plan includes strategies for the use of future technologies by the LHJ. | 2 | | IS\InfoSystemsStrategicPlan.doc | |
| 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 | The web site does not have an explicit statement on how to obtain technical assistance and consultation. | SRHD web site | |
| 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. | 2 | | HIPAA-FFPP De-Identification of PHI, Noridian Administrative Services Completion Instructions, EDI Enrollment form, EDI 835 Health Care Claim Advice 12.5.2006, PHIMS Data Summary Spread sheet | HIPAA-FFPP De-Identification of PHI |

Score Totals for Standard 11: Information Systems

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 80% | 69% | 50% |
| % Partially Demonstrates | 20% | 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 | Minutes of 9/28/06 document the request for the development of an orientation for new members of the board and a new board member packet. Minutes of 3/22/07 document the request for development of a governance manual. No evidence was provided regarding the subsequent development and adoption of these documents. | BOH Minutes 9/28/2006, BOH Minutes 03/22/2007 | |
| 12.2 L | BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: • Local Public Health Indicators AND • community health status, AND • communicable disease AND • environmental health risks and related illness, AND • access to critical health services. Documented BOH recommendations for actions on health policy decisions. | 1 | The 1/26/06 BOH presentation on Spokane Counts does not meet the requirement for an annual report to the BOH. The 2/24/05 BOH Minutes submitted for health policy decisions was outside the 3 year time frame. | BOH Minutes 01/26/2006, BOH Minutes 2/24/2005 | |
| 12.3 L | BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals. | 1 | The 1/26/06 BOH presentation on Spokane Counts does not meet the requirement for an annual report of progress toward agency and program goals to the BOH. The 5/24/07 BOH | BOH Minutes 01/26/2006, 5/24/2007 BOH Minutes, Updated Initiatives May 2007 | |

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|--------|---|---|---|---|------------------------------|
| | | | minutes is a minimum provision of information regarding progress toward specific agency and program goals, lacking objective performance measures. | | |
| 12.4 L | BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency. | 0 | The BOH 9/28/2006 documentation does not reflect that written recommendations based on evaluation of events or exercises were presented to the BOH. | 9/28/2006 BOH Minutes | |
| 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. | 2 | | WGEP LiabilityQuest.pdg, WGEP Insurance Binder | WGEP LiabilityQuest.pdg |
| 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 | | Updated Initiatives May 2005, 2005-2009 Strategic Plan, Reproductive Health and Workforce Development workplans, Strategic Plan 2005-2009, dated 2004 | Reproductive Health workplan |
| 12.7 L | Organization-wide strategic/operations plan includes all the topics listed below: • assessment activities, and the resources needed, such as staff or outside assistance, to perform the work, AND • use of Local Public Health Indicators and other health data to support health policy and program decisions, AND • addressing communicable disease, environmental health events or other public health emergencies, including response and communication issues identified in the course of after-action evaluations, AND • prevention priorities intended to reach the entire population or at-risk populations in the population. | 1 | There was no evidence of addressing communicable disease, environmental health events or other public health emergencies in the strategic plan. | Updated Initiatives May 2005, Strategic Plan 2005-2009, dated 2004, Focus and Science Base Prevention and Data Driven Decision Making Workplan , Promote Healthy Nutrition and Physical Activity Workplan | |

| | | | | | |
|---------|---|---|---|---|---|
| 12.8 L | BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months | 1 | While the strategic plan was reviewed with the BOH, there was no evidence of Board action regarding the strategic plan in the past 24 months. | May 24, 2007 BOH minutes | |
| 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. | 2 | | SRHD 2007-2008 Quality Improvement Plan, 2007-2008 Selected Quality Improvement Objective Log, QI Objective and Performance Measures Tracking Form, | SRHD 2007-2008 Quality Improvement Plan, 2007-2008 Selected Quality Improvement Objective Log, QI Objective and Performance Measures Tracking Form, |
| 12.10 L | Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an | 2 | No revised QI plan due to recent adoption, requirement not applicable. | 2007-2008 Selected Quality Improvement Objective Log, QI Objective and Performance Measures Tracking Form, Recall Project Presentation | |

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|--|--|--|--|--|--|
| | improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review | | | | |
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Score Totals for Standard 12: Leadership and Governance

| | Specific LHJ Totals | Peer Group Totals | Combined LHJ Totals |
|--------------------------|---------------------|-------------------|---------------------|
| % Demonstrates | 40% | 46% | 34% |
| % Partially Demonstrates | 50% | 41% | 38% |
| % Does Not Demonstrate | 10% | 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 | | 4/07 Epigram Newsletter, List of Email and Fax sent to healthcare providers, 8/2007 Long Term Care Summit | |
| 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 | While this screenshot demonstrates the measure, it was difficult to identify the policies that are linked to this website. | SRHD website - Notifiable Conditions-WACs screenshot | SRHD website - Notifiable Conditions-WACs screenshot |
| 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 | | Spanish Pregnancy Flyer, Russian flyer for runny nose condition | |
| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. | 2 | | Gay, Lesbian, Bisexual, Transgendered, Intersexed, & Questioning Community-April 2006, January-February 2008 Spokane Counts Community review. | |

| | | | | | |
|-------|---|---|---|---|---|
| | Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | | | | |
| 3.2 L | <p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> | 1 | The documentation provided does not demonstrate a gap analysis for a CD issue such as MRSA. | Communicable Disease Report 2002-2006 | |
| 4.1 L | <p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a designated contact person, are provided to: • health care providers, including new licensees, AND • laboratories, including new licensees.</p> <p>Distribution of notifiable conditions information (at least annually to assure current 24 hour contact information)</p> | 1 | Could not verify distribution information for 2007. | Notifiable Conditions poster, SRHD Phone List for HCP Manual, 2006 PHL Report, PHLF visits-2006 | |
| 4.2 L | <p>Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation requirements.</p> <p>Evidence of distribution to health care</p> | 2 | | SRHD: Epigram Newsletters: Print screen of faxes sent to Spokane area Healthcare Providers 7/2007 Pertussis | Print screen of faxes sent to Spokane area Healthcare Providers |

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| | providers | | | Alert | |
| 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 | | PHL Activity Summary 2006 | |
| 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 | | SRHD CD Procedure Manual | SRHD CD Procedure Manual |
| 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 | | 12/31/07 PHIMS Export (redacted) | |
| 4.6 L | Protocols for specific conditions contain all of the information listed below for each specific condition: • case investigation steps (including timeframes for initiating the investigation), AND • reporting requirements, AND • contact information, AND • clinical management, including referral to care. Protocols document which evidence based practices (EBP) relating to the most effective population-based | 2 | The evidence for inclusion of EBP was found in the Rabies Protocol and supported by the references. Future revisions of the CD Manual could include EBP more consistently. | SRHD CD Procedure Manual-Rabies Protocol & Reference Appendix | |

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| | methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP. | | | | |
| 4.10 L | Protocols for the use of emergency biologics (for example, the "yellow book"). | 2 | | SRHD CD Procedure Manual-Anthrax & Botulism Protocols | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 0 | Unable to validate that any staff members have reviewed the video or had an annual review of the EPRP. | SRHD EPRP Video | |
| 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 | | DPR Program descriptions from SRHD Guide to Programs & Services Preparing for Public Health Emergencies Brochure, Pregnancy Journal | Preparing for Public Health Emergencies Brochure |
| 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 | 2 | | Annual Review of our public materials Procedure, CD Epi Workplan 2006 & 2007, Prenatal Hep B Fact Sheet | |

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| | 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 | | Communicable Disease Issues presentation at the request of Aircraft Inspectors-Nov. 2007, Presentation at the request of Spokane County Jail on MRSA- 9-26-06 | |
| 8.1 L | For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program. | 2 | Most of the program outcomes are stated as narrative, desired outcomes. The CD program performance measures could be strengthened by stating quantifiable performance measures for process, impact and population outcomes. | CD Epi Logic Model, Epidemiologist 1 Position Description, CD Epi 2006 & 2007 Work Plans | |
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. For each program reviewed, evidence showing use of the analysis for at least one of the activities listed below: • improve program activities and services, OR • revised educational curricula or materials. | 1 | The documentation provided does not demonstrate trended data or data results to compare against goals as required in this measure. | CD Epi Workplan 2006 and Pregnancy Journal | |
| 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, | 2 | | Legislative Advocacy Day 2008, MRSA-statewide Activity webpage, MRSA related e-mails, CD Epi Workplan 2007 | |

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| | including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | | | | |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. | 1 | The documentation provided did not include any analysis of data or establishment of goals, objectives or performance measures. | PanFlu Healthcare Subcommittee Triage Center Evaluation & Improvement 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 reviewed of educational curricula or material revised to address evaluation results dated within last 24 months. | 0 | No applicable documentation provided for this measure. | | |
| 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 | 2 | | 2007 & 2006 Notifiable Conditions Survey, 2006 and 2007 PHIMS random samples | |

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| | <p>identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | | | | |
| 10.4 L | <p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health promotion methods and tools • Quality Improvement methods and tools • Customer service • Cultural competency • Information technology tools • Leadership • Supervision and coaching • Job specific technical skills Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have</p> | 2 | | SmartPH Training Summary, SRHD EPRP Video | |

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

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| % Demonstrates | 74% |
| % Partially Demonstrates | 17% |
| % Does Not Demonstrate | 9% |

Note: Totals may not equal 100% due to rounding

FOOD SAFETY

| | Measure | Score | Comments | Documents | Exemplary Documents |
|--------|--|-------|----------|--|---|
| 2.8 L | Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements. | 2 | | SRHD website- Food Program Home page - Food Worker Permits, New and Existing Food Establishment Web Page | |
| 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 | | SRHD Website New and Existing Food Establishment Web Page, Food Establishment Regulations and Resources Web Page-containing two BOH resolutions related to Food, RCWs, and WACs and SRHD fee schedule and procedures | |
| 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 | | Chinese Handouts packet, Food Establishment Regulations and Resources Web Page-containing many examples of non-English educational materials | Food Establishment Regulations and Resources Web Page-containing many examples of non-English educational 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 | 2 | | Food Advisory Committee minutes 2-08 with attachments-Food Facts 2007, Food Advisory Committee minutes-6-07 | Food Advisory Committee minutes 2-08 with attachments-Food Facts 2007, |

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| | community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | | | | |
| 3.2 L | Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues. | 2 | | Food Advisory Committee minutes 6-07 regarding gap in program resources and related fee increases, Food Advisory Committee minutes 2-08 with attachments-Food Facts 2007 | |
| 4.4 L | Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities. | 2 | This procedure could be strengthened by explicitly describing the steps for the food inspector if the illness related inspection identifies significant problems. | Food Program Complaint Procedure, | |
| 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, | 2 | | Food Program Complaint Form, Food Safety Program Complaint Log | |

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| | AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies. | | | | |
| 4.9 L | Written procedures for investigation and compliance actions, based on local policies, ordinances and state laws contain all of the information listed below for each action: • case investigation steps (including timeframes for initiating the investigation), AND • type of documentation needed to take enforcement action. | 2 | | Food Program Complaint Procedure-7-06, Food Program Reconditioning and Destruction Policy | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 0 | No documentation of orientation of new employees to the EPRP or of existing employee review of EPRP plan or of review of video. | Documentation did not address the requirements of this measure. | |
| 6.1 L | Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general. | 1 | The website references only address regulatory education, such as food workers education. There was no evidence in the Food Planning Calendar of any strategies for planning for education/prevention for the general public. | Food Program Home Page- information related to Food Worker Permits and others; | |
| 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 | 2 | | 1-08 Handouts Coordination Memo, Espresso Stand Handout-2-08 revision | |

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| | 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 | | 3rd Annual Food Service Workshop- 3/27/06 Brochure, School Food Service Directors' meeting 3-07 with follow-up email for hand sanitizers. | |
| 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 | Most of the program outcomes are stated as narrative, desired outcomes. The Food safety program performance measures could be strengthened by stating quantifiable performance measures for process, impact and population outcomes. | EHS 1 Class Spec, EHS 2 Class Spec, Food Program Position Description, Food Program Logic Model 2-08, | |
| 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 | This measure requires tracking and data analysis for more than one identified performance measure, and use of these reports for improvement actions. The reports presented show data for individual staff or sub area inspections and not for other FP activities such as documenting performance measures for complaint investigations and audit results. The | 2007 Area 3 Work Plan and Area 3 and 7 Tracking2-08, 2007 Inspection Stats, FP meeting minutes for 12/07 | |

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| | | | performance results should be analyzed against program goals with documentation of analysis results. | | |
| 8.3 L | Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: <ul style="list-style-type: none"> • experiences from service delivery, including public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention and health education activities, OR • funding availability, OR • evidence-based practices. | 1 | The example provided for fees based on risk does not address the requirements of this measure. | Procedural Changes based on BOH testimony regarding permitting for change of ownership | |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below <ul style="list-style-type: none"> • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. | 2 | | 2005 and 2006 Annual Workshop Evaluation Summaries | |
| 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 | | Pig Out evaluation and revised handout to operators | |
| 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 | 2 | | 2007 Food Program Complaint Audit Summary - 2-14-08 | |

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| | <p>disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance. Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures. OR Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | | | | |
| 10.4 L | <p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • Confidentiality and HIPAA requirements • Communications, including risk, media relations • State laws/regulations/policies, including investigation/compliance procedures • Specific EPRP duties • Community involvement and capacity building methods • Prevention and health</p> | 2 | | Training Attendance, Training Topics, | Training Attendance, Training Topics |

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

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| % Demonstrates | 79% |
| % Partially Demonstrates | 16% |
| % Does Not Demonstrate | 5% |

Note: Totals may not equal 100% due to rounding

NUTRITION AND PHYSICAL ACTIVITY

| | 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 | | SRHD website for Physical Activity | |
| 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 N/A. | | |
| 2.10 L | Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line) | 0 | No documents were presented for this measure. | No documentation provided | |
| 3.1 L | Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one of the following actions: • further | 2 | | Healthy Communities Grant-Obesity Presentation to community group, Healthy Communities Action Plan 2006-2007, | |

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| | investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities. | | | | |
| 3.2 L | <p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p> | 0 | No documentation provided for this measure. | | |
| 5.5 L | Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program. | 0 | No documentation provided for this measure. | | |
| 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 | | PHHS Application narrative, Healthy Communities Action Plan 2006-2007 | PHHS Application narrative, Healthy Communities Action Plan 2006-2007 |

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| 6.3 L | <p>Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.</p> | 1 | No evidence of at least every other year review of educational materials. | Health Education Materials Acquisition and Development-Health Promotion (Draft), Physical Activity fact Sheet rev. 2006, | |
| 6.4 L | <p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p> | 2 | | ConCon SOW for Obesity Prevention and Healthy Communities--bike riding and gardening. | |
| 8.1 L | <p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans. For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p> | 2 | Most of the program outcomes are stated as narrative, desired outcomes. The Physical Activity and Nutrition program performance measures could be strengthened by stating quantifiable performance measures for process, impact and population outcomes. | Healthy Communities Logic Model, Healthy Community: Spokane Council District 1-- Action Plan- 2006-2007, 2005-2009 SRHD Strategic Workplan Priority 1 | |

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|-------|--|---|--|---|--|
| 8.2 L | For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible. 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 | This measure requires tracking and data analysis for more than one identified performance measure, and use of these reports for improvement actions. The reports presented show qualitative data for Task 2 of the HC Action Plan and not for other activities. The performance results should be analyzed against program goals with documentation of analysis results. | Mid Year Report for Healthy Communities Project--January - June 2007 | |
| 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 | | Chronic Disease Application- 2006 | |
| 8.4 L | For programs/activities that have initiated specific community collaborative projects, description of community collaboration project includes all of the factors listed below • analysis of data, AND • establishment of goals, objectives and performance measures, AND • evaluation of the initiatives. | 1 | No evidence of evaluation of the initiatives. | Healthy Communities Presentation with data analysis, Healthy Communities 2006-2007 Action Plan, Chronic Disease Application | |
| 8.6 L | One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being | 0 | This measure's focus is on program specific workshops and training sessions, not more general training such as policy development. | Documentation provided does not address measure. | |

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|--------|---|---|--|---|--|
| | reviewed of educational curricula or material revised to address evaluation results dated within last 24 months. | | | | |
| 8.7 L | <p>Aggregated annual internal audit* results for last two years of on a sample of communicable disease investigations records including data on timeliness and compliance with disease-specific protocols. OR *Note: An internal audit is a review of a sample of case files or other types of documented work, such as investigation reports, for requirements like timeliness, accuracy, and compliance with protocols or regulations. A sample of 30 files is considered sufficient to identify trends in compliance.</p> <p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p> | 0 | No documentation provided of annual internal audit results for last two years of on a sample of repetitive activities such as the development or use of prevention and health education materials. | No documentation provided | |
| 10.4 L | Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate: • Assessment and data analysis • Program evaluation to assess program effectiveness • | 2 | | Training Summary for 1 staff person, agendas and materials for Arbinger, Policy Development and for Technology of | |

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

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|--------------------------|-----|
| % Demonstrates | 47% |
| % Partially Demonstrates | 20% |
| % Does Not Demonstrate | 33% |

Note: Totals may not equal 100% due to rounding