

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

## **The Standards and the 2008 Performance Review**

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

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

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

## **This Report**

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

### ***Strengths***

- The Emergency Preparedness Plans and Policies— very comprehensive
- The Policies for Confidentiality and HIPAA compliance
- The New Employee Orientation Packet and Employee Performance Evaluation Process – Good overall process, including check for current licenses and credentials for staff
- The comprehensive policies and procedures for Information Technology, routine issues and good plan for business continuity in the event of an emergency.
- The Project Access activities, good partnership between community and Health Department to provide short term medical care to individuals
- The use of PHIMS system for tracking CD reports and activities and the EH On-site tracking system, TCEH
- The Client Satisfaction Survey with quarterly results/report to PHMT
- The examples of community involvement and partnership, including the Family Planning Advisory Committee and the HIV/AIDS testing grant proposal
- The CD website and CD Protocols manual
- The emphasis on training and the extensive tracking for every staff person through Smart PH
- The use of Logic Models for some programs, like On-site and Family Planning with identification of performance measures
- The explicit link made between the 5930 initiative and the CD and other program activities
- The OSS System Management Plan

## **Areas for Improvement**

- Establish a set of core indicators to identify overall health status of community and changes over time
- Link data review and conclusions to actions taken, especially link program evaluation results to program improvements, in other words, close the Plan-Do-Study-Act loop
- Continue to develop capacity for data driven policy and program decision making, and incorporate data and measurement into BOH presentations and recommendations to the BOH
- Adopt a process to review all policies and educational materials and date all documents with review or revision dates to assure they are still accurate and relevant
- Assure that program evaluations and results are used to establish a quality improvement plan for the agency Strategic Plan lacks performance measures, no regular updates to BOH on agency goals

## **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 MCPH 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

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

## Next Steps

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

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

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

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

**Finally, begin preparing now for the next performance review.** The Standards Performance process itself has been conducted using quality improvement principles and methods, including the Plan-Do-

Study-Act cycle. The next cycle is planned for 2009-2011, with site visits probably occurring in the spring of 2011.

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

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

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

# Summary Site Report

**Demonstrates = 2**

**Partially Demonstrates = 1**

**Does Not Demonstrate = 0**

## Standard 1: Community Health Assessment

Measure	Score	Compliance Demonstration
1.1 L	1	Partially Demonstrated
1.2 L	1	Partially Demonstrated
1.3 L	2	Fully Demonstrated
1.4 L	2	Fully Demonstrated
1.5 L	2	Fully Demonstrated
1.6 L	2	Fully Demonstrated
1.7 L	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	1	Partially Demonstrated
2.4 L	2	Fully Demonstrated
2.5 L	1	Partially Demonstrated
2.6 L	1	Partially Demonstrated
2.7 L	2	Fully Demonstrated
2.8 L	2	Fully Demonstrated
2.9 L	2	Fully Demonstrated
2.10 L	2	Fully Demonstrated
2.11 L	2	Fully Demonstrated

## Standard 3: Community Involvement

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

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

Measure	Score	Compliance Demonstration
4.1 L	1	Partially Demonstrated
4.2 L	2	Fully Demonstrated
4.3 L	1	Partially Demonstrated
4.4 L	2	Fully Demonstrated
4.5 L	2	Fully Demonstrated
4.6 L	2	Fully Demonstrated
4.7 L	2	Fully Demonstrated
4.8 L	2	Fully Demonstrated
4.9 L	2	Fully Demonstrated
4.10 L	2	Fully Demonstrated
4.11 L	2	Fully Demonstrated

#### Standard 5: Planning for and Responding to Public Health Emergencies

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

#### Standard 6: Prevention and Education

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

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

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

### Standard 9: Financial and Management Systems

Measure	Score	Compliance Demonstration
9.1 L	2	Fully Demonstrated
9.2 L	2	Fully Demonstrated

### Standard 10: Human Resource Systems

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

**Standard 12: Leadership and Governance**

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

**Overall Score Totals**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	61%	64%	55%
% Partially Demonstrates	35%	31%	34%
% Does Not Demonstrate	4%	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>	1	No current annual report(s) on core indicators were provided. No data on access to critical health services or environmental health risks were provided. There does not appear to be a set of core indicators that are regularly tracked to identify health status of the community.	Notifiable Conditions Summary October 2007, Perceptions of Tobacco Use and Impact December 2006, State of Children Report - 2006.	
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</p>	1	Documentation provided doesn't show evidence of a systematic process to track and analyze health data over time.	Action Planning for a Healthy Workforce packet, Healthy Aging Coalition packet, Medical Provider Survey	

	<p>the activities below):</p> <ul style="list-style-type: none"> <li>• signal changes in health disparities and priority health issues, or</li> <li>• identify emerging health issues, or</li> <li>• identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• gap analysis comparing existing services to projected need for services</li> <li>• recommendations for policy decisions, program changes, or other actions [see measure 1.3 L]</li> </ul>				
1.3 L	<p>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.</p>	2		Thurston County WorkWell announcement regarding federal grant to expand efforts to impact diabetes (Sept. 2007). Tobacco Prevention and Control materials.	
1.4 L	<p>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.</p>	2		Community Data Tidbits	Community Data Tidbits
1.5 L	<p>Description of method for community members to obtain technical assistance from LHJ on assessment methods, data collection or other issues.</p>	2		Community Data Tidbit November 2007, County Level Data Online	

1.6 L	List of LHJ staff responsible for assessment activities. Training or assessment meeting agendas and materials from last 24 months (at least two examples). Attendance documentation for staff listed above from last 24 months (at least one for each staff person)	2		Organizational Chart, Regional Assessment Meeting Agendas and Attendance List.	
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		UW Technical Proposal National Children's Study, BRFSS Study Amendment.	

### Score Totals for Standard 1: Community Health Assessment

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	71%	89%	78%
% Partially Demonstrates	29%	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		PHSS Website Homepage	
2.2 L	Publicly available 24 hour contact information for the LHJ current within last 14 months. Phone	2		Phone Book Pages, Website Home Page, Email to CapCom.	

	numbers for weekday and after-hours emergency contacts are available to (evidence of availability to both groups listed below): • law enforcement, AND • appropriate local agencies and organizations, such as tribal governments, schools and hospitals.				
2.3 L	At least one example of urgent communication sent within the last 24 months to each of the groups listed below: • media, AND • key stakeholders (these may be locally defined).	1	This measure looks for an urgent communication sent by PHSS to media within the last 24 months. The PHSS example about the Bird Flu Movie is not considered an urgent communication.	PHSS Communicable Disease Update on Salmonella and Pot Pies.	
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 Oct. 2007, Providers and Partners Contact List, screen print of provider database, verbal description of process to access data.	
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	There is a nice example of MRSA talking points in the information provided and another identifying the expectations for responding to a SECURES message. However, this measure envisions a systems approach to providing staff with expectations for a variety of media related issues through standard policies and/or procedures.	Policy 11-104 Roles and Responsibilities of SECURES Users, MRSA Talking Points e-mail 11/5/07.	
2.6 L	Written instructions on how to create a clear and accurate health alert and a media release. Written description of distribution steps and recipients for both health alerts and media releases.	1	Good documentation was provided for public health alerts. No documentation was provided regarding written instructions on creating a media release or the distribution steps for a media release.	CD Manual Task #34 Issuing Public Health Alerts.	
2.7 L	Public information that includes at least one example of each of the topics listed below: • health data,	2	Very comprehensive documentation was provided for this standard. An alternate method of documentation	Flu Mist Vaccination Clinic Announcement,	

	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.		would be providing direct access to your website or screen prints of the applicable pages.	Youth Suicide Article, Recycling and On-Site Sewage Articles, CD Articles, Data Tidbit November 2007.	
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2			
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2			
2.10 L	Two examples of educational material in non-English language OR Two examples of educational material in non-English language OR one example of educational material in non-English language and example of how interpretation assistance is available (such as a language line)	2			
2.11 L	Local resource/referral list(s) of each of the types of providers listed below: • private communicable disease treatment providers, AND • public communicable disease treatment providers, AND • providers of critical health services, AND • providers of preventive services. Note: In some cases providers for critical health services are also providers for preventive services. One example of using list to	2		Clinic Referral List, Immunization Clinic Options, STD Resources List, Chemical Dependency Program web page, South Sound Breastfeeding Network Resource Guide, Health Officer e-mail 2/12/08, Immunization	

	generate a referral.			Referral Phone Calls.	
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### Score Totals for Standard 2: Communications to the Public and Key Stakeholders

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	73%	84%	75%
% Partially Demonstrates	27%	16%	23%
% Does Not Demonstrate	0%	0%	2%

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

### Standard 3: Community Involvement

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

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

	<p>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>				
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### Score Totals for Standard 3: Community Involvement

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

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

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

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

	Measure	Score	Comments	Documents	Exemplary Documents
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHJ contact information, in the form of a designated telephone line or a	1			

	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)				
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.	1			
4.4 L	Written protocols for receiving and managing information on notifiable conditions and other public health concerns that include all the information listed below: • role-specific steps to take when receiving information AND • guidance on providing information to the public AND • description of the roles and relationship between communicable disease, environmental health and other programmatic activities.	2			
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system	2			

	may also track the broader category of mandated reporting.				
4.6 L	<p>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.</p> <p>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.</p>	2			
4.7 L	<p>Description of the method for tracking public health concerns, if not already captured by the systems described in either 4.5 or 4.8.</p> <p>Two examples of reports of concern received from the public indicating referral to appropriate agency for response.</p>	2	It was difficult to understand how or if these logs/reports were linked and the "Annual Complaint Report" does not indicate if issue was referred for resolution.	TCEH Database Users Manual with screen shot of complaint reports, Online website for EH- "Report a Problem", Amanda's Manual, Kathy's Log for Complaints- 2007 with referral noted, Annual Complaint Report from unnamed database showing type, status and Attempt results, but no indication if complaint referred	
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND	2			

	• 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		Appendix II Sample Health Officer Order, 10/06 Memo on Legal Authority Memo, DOH Emergency Preparedness and Response website-- Options for Initiating Quarantine of Isolation	DOH Emergency Preparedness and Response website-- Options for Initiating Quarantine of Isolation

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

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

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

## Standard 5: Planning for and Responding to Public Health Emergencies

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

	Measure	Score	Comments	Documents	Exemplary Documents
5.1 L	Examples of communications in which the primary contact person(s) is clearly identified for health risk reporting purposes (evidence of distribution to both groups listed below): • health providers, AND • public safety officials.	2		Adenovirus alert and distribution list, HIB Vaccine Recall and Supply alert and distribution list.	
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		PHSS Employee Emergency Procedures Handbook, PHSS Public Health Local Emergency Response Plan, 2006 Pan Flu Functional POD Exercise.	
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 •	2		Pan Flu Exercise - April 2007, Medical Reserve Corp Immunization Exercise - Dec. 2005	

	<p>exercises AND • response/restoration activities.</p> <p>Reports (at least one example) indicate full LHJ participation in other community emergencies with public health implications including all the activities listed below: • planning, AND • exercises AND • response activities.</p>			and Jan. 2006.	
5.4 L	<p>Written description or list of public health services that are essential for the public to access in different types of emergencies. Note: The intent of this measure is that the LHJ has identified the essential services it provides during a public health emergency and has told the public how to access those services. An example is a list of the issues on the emergency response webpage for which the public should contact the agency.</p> <p>At least two examples of information distributed/available to the public on how to access the essential services during an emergency.</p>	2		PHSS Public Health Local Emergency Response Plan, Environmental Health web pages, Flood-related water sampling instructions 12/07.	
5.5 L	<p>Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP.</p> <p>Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.</p>	2			

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

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	65%	59%
% Partially Demonstrates	0%	29%	29%
% Does Not Demonstrate	0%	5%	12%

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

## Standard 6: Prevention and Education

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

	Measure	Score	Comments	Documents	Exemplary Documents
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2			
6.2 L	Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. (See measure 12.7 L). Analyses (at least two examples) of community health data and program evaluation data used to develop	2		WorkWell: Workplace Health Promotion--Steps Initiative, Preconception Health Strategic Action Plan, Integration of HIV/AIDS Testing and Prevention Grant Proposal with	

	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.			workplan goals and SMART Objectives	
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>	1			
6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	1			

## Score Totals for Standard 6: Prevention and Education

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	50%	50%	39%
% Partially Demonstrates	50%	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
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		Thurston County Project Access
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	2	Due to lack of assessment results analyzed at the local level, it was difficult to demonstrate use of the data results to identify gaps other than primary care providers for one specific county location.	Provider Resource Lists, Medical Provider Survey, DOH letter requested new Medically Underserved Area.

	documentation and gap analysis of local capacity is needed.				
7.3 L	Surveys (at least one example within last 24 months) to assess the availability of critical health services and barriers to access. One gap analysis for access to critical health services based on the results of the surveys for availability and other assessment information.	2			BRFSS Questionnaire 2006, BRFSS Local add-on questions for emergency preparedness and draft grant application.
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.	1	Good documentation was provided that shows coordination of acute health services delivery among health care providers. However, no documentation was provided that identified efforts to link individuals with a primary care provider for a long term medical home.		Professional Services Contract - Project Access, VCI and Thurston Co.

### 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	2			

	<p>does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>				
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>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.</p>	1			
8.3 L	<p>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.</p>	2			
8.4 L	<p>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</p>	1			

	and performance measures, AND • evaluation of the initiatives.				
8.5 L	Customer service standards with related program performance measures for all employees with job functions that require them to interact with the general public, stakeholders and partners. Evaluation results of performance on customer service standards.	1	This measure requires customer service standards for all employees with job functions that require them to interact with the general public, stakeholders and partners. Expectations in position descriptions are not valid customer service standards for this measure. The PHD survey with specific measures and report are a good example that could be implemented to all employees who have contact with the public.	Personal Health Division client satisfaction survey-- How Well Did We Meet Your Needs Today, Quarterly Survey Results for 2007, email with evidence of discussion at PHMT meetings.	Personal Health Division client satisfaction survey-- How Well Did We Meet Your Needs Today, Quarterly Survey Results for 2007
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*	1			

	<p>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>				
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8.8 L	<p>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:</p> <ul style="list-style-type: none"> <li>• participation from stakeholders; such as hospitals, providers and involved community organizations, as appropriate, AND</li> <li>• participation by LHJ staff from communicable disease, environmental health and other public health programs, AND</li> <li>• review of the accessibility of essential public health services (See 5.4 L), AND</li> <li>• assessment of how the event was handled, AND</li> <li>• documentation of what worked well, AND</li> <li>• identification of issues, AND</li> <li>• recommend changes in response procedures and other process improvements</li> </ul>	1	<p>List of significant outbreaks indicates that three of the seven outbreaks, events or disasters did not have an after-action debrief.</p>	<p>TC Emergency Information and Advisories-- December 2007 flood, December 2007 Storm and Floods After-Action Debriefing-- 1/28/08, Pandemic Influenza Table-Top- 4/07, Norovirus Outbreak</p>	
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8.9 L	Two examples that demonstrate the use of after action/table top recommendations to improve two or more of the LHJ processes listed below: • monitoring and tracking processes • disease-specific protocols • investigation/compliance procedures • laws and regulations • staff roles • communication efforts • access to essential public health services (See 5.4), • emergency preparedness and response plans • other LHJ plans, such as facility/operations plan. Organizational goals and objectives reflect recommended changes from after action /table top evaluations.	2		December 2007 Storm and Floods After-Action Debriefing-- 1/28/08, Pandemic Influenza Table-Top- 4/07,	
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**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	2		TCPHD Financial Guidelines, Policy #12-401, County policy 3050, Strategic Plan, Budget with strategic plan	

	to budget and conclusions on needed actions. Description of process for assuring that all revenues are considered and collected.			elements, E-mail from Administrator re: OSS expenditures and revenues.	
9.2 L	Contract review for legal requirements is documented for two contracts executed in last 24 months. Regular (at least quarterly) monitoring of two contracts with comparison of actual performance to deliverables and conclusions on needed actions.	2		Mason Matters/Thurston Co. contract - 1/08, WPCAN contract 3/08, Griffin School District Grant File, NE Neighborhood Association STEPS Grant.	

### Score Totals for Standard 9: Financial and Management Systems

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

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

### Standard 10: Human Resource Systems

Human resource systems and services support the public health workforce.

	Measure	Score	Comments	Documents	Exemplary Documents
10.1 L	Human resources policies on all topics listed below: • promotion of diversity and cultural competence, AND • methods for compensation decisions, AND • personnel rules, AND • recruitment and retention of qualified and diverse staff. Description or evidence of how these policies are made available to staff.	1	No policy was provided for promotion of diversity and cultural competence.	Thurston County Personnel Rules and Policies, Thurston County - Local 618 Working Agreement, PHSS Intranet screen prints.	

10.2 L	<p>Documentation of how job descriptions for program positions or job classifications with a description of how they are made available to staff. Note: Job descriptions or job classifications are not required to be presented as documentation for this measure.</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>	1	Tracking report provided doesn't demonstrate that more than 80% of staff had a performance appraisal in 2007.	Performance Appraisals and Expectations form, screen prints of intranet.	
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		PHSS Policy #11-308, Table of staff, licenses/certifications and expiration dates, Performance appraisal and expectations form.	
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	2			

	<p>laws/regulations/policies, including investigation/compliance procedures</p> <ul style="list-style-type: none"> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul> <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 &lt; 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</p>	2		PHSS Policy 12-200, 12-202, list of staff that signed 2007 confidentiality statement.	

	confidentiality statements.				
10.6 L	Evaluation reports of facility and relevant work processes for compliance with ADA requirements within last 24 months.	1	No report provided regarding evaluation of facility for ADA compliance.	Space Planning e-mail 2/1/08.	

### Score Totals for Standard 10: Human Resource Systems

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

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

### Standard 11: Information Systems

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

	Measure	Score	Comments	Documents	Exemplary Documents
11.1 L	Description of IT safety and security processes that contains all of the activities listed below: • assuring protection of data (passwords, firewalls, backup systems) and data systems, AND • addressing security, AND • addressing redundancy, AND • appropriate use. Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months.	2		Electronic Information System and Communications Policy, Incident/Disaster Recovery and Business Continuity Plan, E-mail re: internet use reports, Access to server room report.	
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		2007 Information Technology Replacement Plan, Hardware Inventory, Organization Chart and related e-mails	

				re: technical assistance.	
11.3 L	Agency or county IS plan includes strategies for the use of future technologies by the LHJ.	2		Public Health & Social Services - 2007 Technology Portfolio, 2005 - 2008 Strategic Plan.	
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.	2		Various web page screen prints.	
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		PHSS Policy 11-200 (Faxes), Thurston County Policies on Confidentiality and Security of Health Information, Access to PHI Systems Guidelines, Thurston County ITCG-602, Data Sharing Agreement with DOH, Case Transfer Report.from PHIMS.	PHSS Policy 11-200 (Faxes), Thurston County ITCG-602

## Score Totals for Standard 11: Information Systems

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	100%	69%	50%
% Partially Demonstrates	0%	27%	36%
% Does Not Demonstrate	0%	4%	13%

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

## Standard 12: Leadership and Governance

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

	Measure	Score	Comments	Documents	Exemplary Documents
12.1 L	Board of Health documents, including two examples of BOH minutes, indicate that the BOH performs all the activities listed below: • orients new members, AND • sets operating rules including guidelines for communications with senior managers, AND • votes on and documents actions it takes.	2		Board Minutes - January 30 and December 3, 2007, Guidebook for Local Board of Health Members, Agenda Planner, Agenda Item Summary, Thurston County Board Briefing, Briefing Powerpoint Template.	Agenda Planner, Agenda Item Summary, Thurston County Board Briefing, Briefing Powerpoint Template.
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	No documentation was received showing BOH review of community health status, communicable disease or access to critical health services information. Evidence of BOH recommendations for actions on health policy decisions was documented.	BOH Minutes for August 6, 2007, BOH January 30, 2007 minutes with Wastemobile presentation, BOH December 3, 2007 minutes with Tobacco presentation.	
12.3 L	BOH review of an annual report or various separate reports with specific statements of progress toward	1	This measure envisions communications with the BOH regarding multiple program goals and	Tobacco Presentation to BOH - December 2007.	

	agency and program goals.		progress towards them. Minimal documentation was received that showed tobacco program goals with data to demonstrate whether the goals were being met. No documentation showing progress towards other program goals was provided.		
12.4 L	BOH review of written recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency.	0	No documentation was received that showed BOH review of recommendations based on evaluation of table top exercise or actual public health emergency.		
12.5 L	Written guidelines for effective assessment and management of clinical and financial risk. Certificate or evidence of insurance coverage for the LHJ's assessed risk.	1	No documentation was provided that showed guidelines for assessment of clinical risk.	PHSS Financial Guidelines, Certificates of Liability Insurance, Reproductive Health Clinical Practice Guidelines.	
12.6 L	Organization-wide strategic/operations plan includes both topics listed below: • vision and mission statements, AND • goals, objectives and performance measures for priorities or initiatives	1	No evidence of a vision for the agency or performance measures for the goals and objectives was provided. The version date on the Strategic Plan is June 29, 2005 and the accompanying tables with objectives, strategies and tasks is not dated. The most recent completion date for a task is 11/06 which raises the question about the current status of the plan.	PHSS Strategic Plan 2005-2008 with specific objectives and strategies table.	
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	1	The 2005-2008 Strategic Plan has some very good strategic initiatives. There are a number of prevention priorities in the plan. However, this measure also requires strategies for assessment capacity, use of local public health indicators, and response to after-action evaluations for public health emergencies.	PHSS Strategic Plan 2005-2008 with specific objectives and strategies table.	

	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.				
12.8 L	BOH minutes indicate review and adoption of the agency strategic plan within the last 24 months	0	The current strategic plan is 2005 - 2008 so no documentation is available regarding BOH approval within the last 24 months. As an alternative, documentation was requested to demonstrate that demonstrated communication with the BOH on the PHSS Strategic Plan. However, none was available.		
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.	0	Numerous examples were provided of program goals, objectives and performance measures. However, this measure requires a written quality improvement plan that should include opportunities for improvement identified through the monitoring of program performance measures.		
12.10 L	Written review of the quality improvement objectives from the previous year include: • performance measures are tracked, reported and used to assess the impact of		This measure is considered not applicable if there is no written quality improvement plan.		

	improvement actions, AND • meaningful improvement is demonstrated in at least one objective Note: Meaningful improvement can be shown by comparing re-measurement(s) of an outcome to the baseline measurement with a description of the action or intervention taken to improve performance. Re-measurement must show an improved result in the outcome measure. Revised QI plan with new, revised and deleted objectives is made based upon the review				
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**Score Totals for Standard 12: Leadership and Governance**

	Specific LHJ Totals	Peer Group Totals	Combined LHJ Totals
% Demonstrates	11%	46%	34%
% Partially Demonstrates	56%	41%	38%
% Does Not Demonstrate	33%	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		TCPHSS Website -- Personal Health section-- Report Notifiable Conditions, TB Web-based Workshop invitation sent to providers, Epi INFO Newsletter,	
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		TCPHSS Website for Notifiable Conditions and CD,	
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	Policy 12-206 regarding interpreter services is too (6/02) old to be valid without more current review date.	TB Brochure in Korean, numerous brochures and educational materials in Spanish	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from	1	The intent of this measure 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. The Pandemic Influenza work does not	Pandemic Influenza Workgroup Forum Materials	

	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.		provide any evidence of sharing local health data with the group.		
3.2 L	Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues. Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.	1	No documentation provided of CD program evaluation results or of reporting CD evaluation results to a community group or partner.	Pandemic Influenza Forum with gap analysis for services	
4.1 L	Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHI 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	No documentation of sending notifiable condition information to new providers or laboratories in community.	TCPHSS Website for CD, Epi INFO Newsletters,	
4.2 L	Information (not the notifiable conditions poster) about managing reportable conditions, such as treatment options or isolation	2		TCPHSS Website for CD, Epi INFO Newsletters,	

	requirements. Evidence of distribution to health care providers				
4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	1	No written documentation of process for identifying new providers in the community and engaging them in the reporting process.	One example of email from Health Officer for adding alternative providers to TCPHSS contact list	
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		Thurston County Epidemiology Response and CD P&P Plan,	Thurston County Epidemiology Response and CD P&P Plan--- pages 1-26
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS CD database	
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	2		Thurston County Epidemiology Response and CD P&P Plan,	

	based practices (EBP) relating to the most effective population-based methods of disease prevention and control have been incorporated in specific conditions and the source of the EBP.				
4.10 L	Protocols for the use of emergency biologics (for example, the “yellow book”).	2		Emergency Biologics- - 2007 Booklet	
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.	2		Smart PH TCPHSS Dept. Emergency Preparedness course- - 2007 list of attendees and 2006 list of attendees, New Employee Orientation Packet Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2		TCPHSS ICD Team Logic Model-- 10/06 Draft, email regarding strategies for 5930 CD work	
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:	1	No documentation of written description of the process to organize, develop, distribute, select, evaluate and update materials. No documentation of at least every other year review of prevention and health education information of all types.	Example of MRSA talking points, fact sheets, CD Update Blast Fax; and Norovirus materials sent to nursing homes,	

	<ul style="list-style-type: none"> <li>• organize materials, AND</li> <li>• develop materials, AND</li> <li>• distribute or select materials, AND</li> <li>• evaluate materials, AND</li> <li>• update materials.</li> </ul>				
6.4 L	<p>Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).</p>	2		<p>Presentation to school nurses regarding CD Reporting and Investigation- 8/07, HIV Bloodborne Pathogens and You workshop for child care providers- 1/07 at the request of Child Care Action Council.</p>	
8.1 L	<p>For each program reviewed, a written description of program or activity goals, objectives and performance measures shows use of a systematic process or model. This does not have to be a single, agency wide document, although individual program plans ideally link to agency wide plans such as strategic and QI plans.</p> <p>For each program reviewed, written description(s) of professional requirements, knowledge, skills, and abilities for staff working in the program.</p>	2	<p>CD Logic Model is a draft from 10/06 which raises questions about current use to direct program activities or evaluation of effectiveness.</p>	<p>ICD Team Logic Model-- Draft 10/06, Community Health Nurse II, Advanced Practice Clinician, and Medical Assistant position descriptions</p>	
8.2 L	<p>For each program reviewed, reports of program performance measures with analysis against goals and trended data where possible.</p> <p>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.</p>	2	<p>Future performance monitoring and reporting activities should include the outcome measures identified in the CD Logic Model and the quantitative results for the measures in the LCDF Initiative. These results should be used to improve program activities.</p>	<p>LCDF application for Community Health Assessment, 2005, 2006 and 2007 Notifiable Condition Summaries with comparison to region and state rates</p>	

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"> <li>• 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</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>	2		11/07 BCC minutes regarding 5930 funding for CD program	
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"> <li>• analysis of data, AND</li> <li>• establishment of goals, objectives and performance measures, AND</li> <li>• evaluation of the initiatives.</li> </ul>	2		BCC minutes- 11/07- CD work supported by 5930, Pandemic Influenza Planning	
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 documentation provided.	No documentation provided	
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	2	It would be helpful to summarize the audit reports to make conclusions and improve investigation activities.	2006 and 2007 Emergency Preparedness report on timeliness, 20% sample of CD investigations audit table	

	<p>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>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural</li> </ul>	2		Smart PH training tracking for all staff for all staff meetings, All Dept meetings and other training courses and workshops	Smart PH training tracking for all staff for all staff meetings, All Dept meetings and other training courses and workshops

	<p>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 &lt; 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**

% Demonstrates	74%
% Partially Demonstrates	22%
% Does Not Demonstrate	4%

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

## SEXUALLY TRANSMITTED DISEASE (STD)

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		TCPHSS Website for Personal Health, Family Planning Clinical Services, Epi INFO Newsletter on STDs and Newsletter with expedited partner information	
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2		TCPHSS Website for Personal Health--- CD page with Notifiable Conditions information, Epi INFO Newsletter with expedited partner information	
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	Policy 12-206 regarding interpreter services is too (6/02) old to be valid without more current review date.	Prueba de VIH brochure in Spanish, STD brochure in Spanish	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community	1	This measure requires documentation of the review of data by community groups, so group charters are not valid documentation. Unable to verify how the review of some STD data by FPAC in February links to the recommendation and BOH action at the September meeting.	Family Planning Advisory Committee (FPAC) meeting minutes-- 2/27/07, FPAC minutes-- 9/11/07	

	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>	0	No documentation provided	No documentation provided	
4.1 L	<p>Information on notifiable conditions with required reporting timeframes and specific, current 24-hour LHH 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)</p>	1	No documentation of sending notifiable condition information to new providers or laboratories in community.	TCPHSS Website for CD, Epi INFO Newsletters,	
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 providers</p>	2		TCPHSS Website for CD, Epi INFO Newsletters	

4.3 L	Written description of process for identifying new providers in the community and engaging them in the reporting process, OR Reports showing regular identification of new providers in the community and actions to engage them in the reporting process.	1	No written documentation of process for identifying new providers in the community and engaging them in the reporting process.	One example of email from Health Officer for adding alternative providers to TCPHSS contact list	
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		Thurston County Epidemiology Response and CD P&P Plan,	Thurston County Epidemiology Response and CD P&P Plan,
4.5 L	Tracking system for notifiable conditions that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • subsequent reporting to state and federal agencies. Note: the system may also track the broader category of mandated reporting.	2		PHIMS database	
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	2		Thurston County Epidemiology Response and CD P&P Plan, MMWR Sexually Transmitted Disease Treatment Guidelines-2006	

	control have been incorporated in specific conditions and the source of the EBP.				
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	2		Smart PH TCPHSS Dept. Emergency Preparedness course- - 2007 list of attendees and 2006 list of attendees, New Employee Orientation Packet Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2		PHSS Children and Families Logic Models, Business Process Analysis for STD, PRO-07 STD Follow-Up and Partner Notification, Family Planning/Reproductive Health-School Based Education Program-- 6/07,	PHSS Children and Families Logic Models, Business Process Analysis for STD
6.3 L	Documented review (at least every other year) of prevention and health education information of all types (including technical assistance). Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. Written description of the process to conduct all the activities listed below: • organize materials, AND • develop materials, AND • distribute or select materials, AND • evaluate materials, AND • update materials.	1	No documentation of review (at least every other year) of prevention and health education information of all types (including technical assistance). No written description of the process to organize, develop, distribute, select, evaluate and update materials. Policy 11-400 Standardizing Print Documents Produced for Public Use is dated 6/04 and not valid for this review cycle.	Three examples of Health Officer review: STD presentations (10/05 and 3-06), STD brochure (8/06)	

6.4 L	Descriptions of at least two partnerships with the community and/or stakeholders to implement population based prevention and health education activities. Each of the two examples must demonstrate different implementation methods (e.g., train the trainer, technical assistance, social marketing, workshops, or peer education).	1	Bloodborne Pathogens Training PPT does not indicate any partner organization or any groups that may have received the training.	School/Agency Requests for 2007 list of requested Birth Control and STD/HIV training sessions, Bloodborne Pathogens Training	
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		PHSS Children and Families Logic Models, Business Process Analysis for STD, PRO-07 STD Follow-Up and Partner Notification, Family Planning/Reproductive Health-School Based Education Program-- 6/07, Education and Outreach Specialist I, Advanced Practice Clinician	
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	No documentation of use of the analysis to improve program activities and services.	2005 & 2006 Notifiable Conditions Summaries, Monthly County EPT Reports for April 07 - Jan. 08,	
8.3 L	Use of additional sources of information to improve services and activities, including an example from each program being reviewed from the information sources listed below: • experiences from service delivery, including public requests, testimony	2		DOH-- Sexually Transmitted Disease Profile-- Thurston county -2006, FPAC minutes 11/07	

	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	Documentation did not provide evidence of establishment of goals, objectives and performance measures or evaluation of the initiatives as part of a community collaborative project.	FPAC minutes 11/07, DOH-- Sexually Transmitted Disease Profile-- Thurston county -2006, Monthly County EPT Reports for April 07 - Jan. 08	
8.6 L	One example for each program being reviewed of evaluations of workshops, other in-person trainings (including technical assistance) or other health education activities with analysis of effectiveness conducted within last 24 months. One example for each program being reviewed of educational curricula or material revised to address evaluation results dated within last 24 months.	1	No documentation of educational curricula or material revised to address evaluation results dated within last 24 months.	Two evaluation forms for 5/15/07 STD class, 5/7/07 Birth Control Methods class evaluations	
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.	0	No documentation provided	No documentation provided	

	<p>Aggregated annual internal audit* results for last two years of on a sample of environmental health investigation/compliance action records including data on timeliness and compliance with investigation/compliance procedures.</p> <p>OR</p> <p>Aggregated annual internal audit* results for last two years of on a sample of program or activity case write-ups, such as for client visit; including data on timeliness and compliance with program protocols or on repetitive activities such as the development or use of prevention and health education materials [see 6.3 L] or health alerts [see 2.6 L]</p>				
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul> <p>Note: Fully demonstrates requires that 50% or more staff in each program being reviewed have attended at least three training</p>	2		Smart PH Student Transcript listing of training for individual employees, Course curriculum and materials for various courses	Smart PH Student Transcript listing of training for individual employees

	<p>sessions within the last three years. Programs with &lt; 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: Sexually Transmitted Disease (STD)**

% Demonstrates	55%
% Partially Demonstrates	36%
% Does Not Demonstrate	9%

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

## WASTE WATER MANAGEMENT

	Measure	Score	Comments	Documents	Exemplary Documents
2.8 L	Information about public health activities, including at least one example of each of the topics listed below: • educational offerings, AND • reporting and compliance requirements.	2		TCPHSS Website for Environmental Health--OSS, Thurston County News Releases--- 8/07, 8/06, 10/05, 11/07, 3/06	
2.9 L	Publicly available information for all the topics listed below (one example of each): • written policies, AND • local ordinances, AND • permit/license application requirements, AND • administrative code, AND • enabling laws. Form of documentation should indicate how it is made available to the public.	2		TCPHSS Website for Environmental Health--OSS with numerous topics on all topics	
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	Policy 12-206 is not valid as it is dated 6/02 with no review or revision date within last 3 years.	Flyers for Cleaning up a sewage spill in Spanish and Vietnamese	
3.1 L	Documentation of community and stakeholder review of local health data, including Local Public Health Indicators. Note: The intent is for LHJ staff to present local health data to community groups, such as advisory groups or agency committees with community member participation, to get input and feedback from community members and recommendations for action. Recommendations from community or stakeholder groups for at least one	2		Article IV Revision Process --- web-based with meeting materials, 12/06 Advisory presentation regarding marine recovery areas, resolution dated 1/08 for recommendations	

	of the following actions: • further investigation. OR • new program efforts, OR • policy direction, OR • prevention priorities.				
3.2 L	<p>Gap analysis for local critical health services and for prevention services reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Results of program evaluations reported to at least one of the groups listed below: • local stakeholders or community groups, or • regional partners, or • statewide program colleagues.</p> <p>Use of gap analysis and program evaluations in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues.</p>	0	While the gap analysis for critical health services is NA for EH programs, the requirement that results of EH program evaluations be reported to at least one of the stakeholders or community group and that program evaluations be used in building partnerships with state, regional, and/or local stakeholders and/or state level colleagues is applicable. No evidence of use of EH data to build partnerships was presented for this measure.	No documentation provided	
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		ONST.07.POL.844-- Onsite Sewage System Complaint Follow-up, Communicable Disease Manual,	
4.8 L	Tracking system for environmental health investigations and compliance activities that includes documentation of all the information listed below: • the initial report, AND • investigation, AND • findings, AND • compliance action, AND • subsequent reporting to state and federal agencies.	2		Thurston County EH (TCEH) Database Users Manual,	

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	SOP Manual needs to be reviewed and updated, some documents are dated 1993.	Sanitary Code for Thurston County-- Article IV- Amended 7/07, On-site Sewage Systems- 7/07,	
5.5 L	Documentation for most recent 24 months of all new employees receiving orientation to the LHJ EPRP. Annual review of LHJ EPRP with all employees (twice within last 24 months). Note: Review may be specific documentation for every program or division or agency wide with documentation of attendance from every division or program.	2		Smart PH TCPHSS Dept. Emergency Preparedness course- - 2007 list of attendees and 2006 list of attendees, New Employee Orientation Packet Checklist	
6.1 L	Written descriptions of key program or activity components relevant to prevention and health education activities provided by LHJs or through contracts with community partners. Strategies (evidence-based or promising practices) for prevention and health education activities provided by the LHJ or by contractors for any of the groups listed below: • individuals, OR • families, OR • community in general.	2	The HWPA documentation shows inclusion of new requirements. The 2005 information for OSS was not used for this measure as it raises the question about updating of goals and materials for these educational activities.	TCPHSSD EH Division OSS System Management Plan, Special Henderson Watershed Protection Area (HWPA) Requirements and workshop materials,	TCPHSSD EH Division OSS System Management Plan
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	1	Unable to validate the review (at least every other year) of prevention and health education information of all types (including technical assistance) or which materials have been updated. No written description of the process to organize, develop, distribute, select, evaluate and update materials.	2005 On-site Septic System Education goals, objectives and course materials, OSS Appendix E, CD-ROM for OSS	

	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).	1	Unable to validate that the planned Realtor training co-sponsored by WSU happened or that it is a partnership relationship with WSU.	WOSSA sponsored HWSA training with TCPHSS in January 2007, TCPHSS planning meeting to contact WSU regarding Realtor training on OSS	
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		TCPHSSD EH Division 1/08-OSS System Management Plan, 12/06 EH Outcome Measures Table, EH Senior, Spec I & II position descriptions,	TCPHSSD EH Division 1/08-OSS System Management Plan, 12/06 EH Outcome Measures Table
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	No documentation of analysis against goals and trended data or of use of the analysis to improve program activities and services.	December 2006 EH Outcome Measures Report,	
8.3 L	Use of additional sources of information to improve services and activities, including an example from	2		BOH minutes for 9/05, 3/06, 5/06, 11/06, 3/07, 6/07,	

	<p>each program being reviewed from the information sources listed below:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• funding availability, OR</li> <li>• evidence-based practices.</li> </ul>			7/07 and 12/07; Article IV revision meetings	
10.4 L	<p>Report of staff attending training and/or educational sessions within the last three years for at least three of the following topics, as appropriate:</p> <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Communications, including risk, media relations</li> <li>• State laws/regulations/policies, including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job specific technical skills</li> </ul> <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 &lt; 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</p>	2		Smart PH Student Transcript listing of training for individual employees, Course curriculum and materials for various courses	Smart PH Student Transcript listing of training for individual employees,

	<p>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: Waste Water Management**

% Demonstrates	67%
% Partially Demonstrates	17%
% Does Not Demonstrate	17%

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