

Washington State Department of Health

2011 Standards Review
LHJ Evaluation

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The Northwest Center for Public Health Practice (NWCPHP) promotes excellence in public health by linking academia and the practice community. As part of the University of Washington School of Public Health, NWCPHP provides training, research, and evaluation for state, local, and tribal public health in six Pacific Northwest states—Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

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**WASHINGTON STATE DEPARTMENT OF HEALTH
2011 STANDARDS REVIEW
LHJ EVALUATION**

INTRODUCTION

The fourth performance review cycle of local health jurisdictions (LHJ) was performance in 2011. This was funded by the Robert Wood Johnson Foundation Multi-State Learning Collaborative Grant. This review was previously conducted in 2005 and 2008 to identify whether standards are being met, areas of strength, and opportunities for improvement. To align with the national accreditation standards work currently underway, LHJs chose one of three review types a) the Basic Standards, b) the full Washington State Standards, or c) the Public Health Accreditation Board (PHAB) Standards.

The purpose of this project was to conduct an outcome evaluation of the 2011 Washington State LHJ Standards review process. The evaluation was conducted by the Northwest Center for Public Health Practice (NWCPHP) on behalf of the WADOH.

NORTHWEST CENTER FOR PUBLIC HEALTH PRACTICE

NWCPHP promotes excellence in public health practice by linking academia and the practice community. As part of the University of Washington School of Public Health, NWCPHP provides training, research, and evaluation services for state, local, and tribal public health in six Pacific Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming). Services provided by NWCPHP also include technical assistance and a wide range of evaluation, education, and training activities.

EVALUATION DESIGN

The evaluation gathered information on five topics:

1. Time preparing for the Standards review
2. Reasons LHJs chose a particular type of Standards review
3. Standards review preparation strategies, tools, & barriers
4. The three sets of 2011 Standards
5. Standards review logistics

METHODS

After discussions with WADOH project leads, a list of draft questions was developed by NWCPHP staff. The draft questions were then reviewed and edited by WADOH staff, and a final list of 23 questions was agreed upon. (Attachment A)

A survey instrument was created in the online tool, SurveyMonkey and launched on March 13, 2011. Coordinators and leadership at all LHJs that participated in the 2011 Standards review received an email link to the survey instrument 1-5 days after the end of their review, and had 2.5 weeks to respond. Reminders were sent to non-responders after one and two weeks.

Individuals who responded that they ‘did not assist with preparation’ were directed out of the survey, and their responses were erased. All remaining responses, including partial responses, were included in this analysis. Missing responses were not included in the calculation of percentages; however “N/A” responses were included.

FINDINGS

Sample

The survey instrument link was sent to 166 people, of which 109 responded, leading to a response rate of 65.7%. Four individuals did not assist with preparation, so only 105 responses were used. There are 35 LHJs in Washington State, only 34 participated in the 2011 Standards Review. Staff from 33 of those 34 LHJs responded to the survey, with between 1 and 11 responses from each LHJ. Of these LHJs, 42 completed the Basic review, 12 completed the Washington review, and 51 individuals completed the PHAB review. (Table 1)

Time Preparing for the Standards Review

Overall, over three-quarters of respondents indicated that the amount of time provided for preparation for the 2011 Standards Review was adequate (78% strongly agree/agree). However, among individuals who completed the Basic Review, over a third disagreed with this statement (38% disagree/strongly disagree). Respondents estimated a wide range of times and months that they had spent preparing, but most respondents who had participated in the Basic Review estimated that they and their agency spent fewer months preparing than those LHJs that participated in the Washington or PHAB reviews. Similarly, those who participated in the Basic review estimated their agency overall had spent fewer hours preparing than those who participated in the Washington or PHAB reviews. (Table 2) Some of these discrepancies across groups may be due to the fact that the Basic Standards were published later than the other two Standards. Most Standards Coordinators spent both more hours and more months preparing for the review than team members, those who assisted with preparation, or those who had a role categorized as “other.” (Table 3)

Reasons for Choosing a Particular Review Type

Individuals who participated in each review type (Basic, Washington, PHAB) were shown different sets of questions about why their agency had chosen that particular review type. Thus, comments cannot be aggregated across review types.

Respondents who had participated in the Basic Standards review indicated the reasons their agency had chosen this review type were time constraints (100% strongly agree/agree), financial

constraints (100%), the cost of doing a more extensive review outweighed the value/benefit to their agency (88%), an absence of dedicated personnel capable of leading the Standards Review preparation (76%), and the type of review best fit with their overall agency work plan (75%). Nearly half said that they lacked confidence in their ability to complete a more extensive review (44%) and over a quarter reported the absence of personnel knowledgeable about leading the Standards Review preparation (34%). Few thought that lack of leadership or BOH support was an issue (17%). (Table 4) In the qualitative responses, participants indicated that there was a “lack of resources” to do a more robust review, there was “limited value gained,” and they did not want to “[take] staff from other responsibilities.”

Respondents who had participated in the Washington Standards review indicated the reasons their agency had chosen this review type were time constraints (92% strongly agree/agree), dedicated personnel capable of leading Standards Review preparation (75%), financial constraints (67%), and personnel knowledgeable about leading Standards Review preparation (67%). Exactly one-quarter said that they lacked confidence in their ability to complete a more extensive review. (Table 5) In the qualitative responses, participants said “there just wasn’t the time available to commit to this effort,” and “we did the same as we always have done in the past.”

Respondents who had participated in the PHAB Standards review indicated the reasons their agency had chosen this review type were personnel with dedicated time to complete review (85% strongly agree/agree), personnel capable of leading Standards review preparation (83%), personnel knowledgeable about leading Standards review preparation (83%), to prepare for voluntary national accreditation (77%), and confidence in their ability to complete the chosen review (62%). (Table 6) In the qualitative responses, participants said they chose this review “to better learn how to improve the quality and capacity of our agency,” and because “our strategic plan was leading in this direction.”

Standards Review Preparation Strategies

Over 50% of respondents found five strategies particularly helpful in their preparation: starting the preparation process well in advance (83% strongly agree/agree), creating a timeline to prepare (80%), using an advisory team/group (71%), creating a Standards review team (63%), and splitting preparation among a large group of people (55%). (Table 7)

There was a notable difference of opinion across the review types related to the number of individuals involved in the review. Most individuals who participated in the Basic review indicated that it was helpful for preparation to be conducted by one or two people (63%) rather than split among a large group (22%). This was in contrast to those who participated in the Washington and PHAB reviews who indicated it was helpful for preparation to be split among a large group (67% and 82% respectively).

Standards Review Preparation Tools

Over half of respondents found six tools particularly helpful in their preparation for the review: Guidance for 2010-2011 Standards (Guidelines) for Local Health agencies (84% strongly agree/agree), summary of 2010-2011 Standards for public health in Washington State (78%), Guidelines for the Basic Set of Public Health Standards (70%), agency-wide team meetings (62%), LHM program Review Table (59%), and the WADOH training: Preparation for Standards Review (53%). (Table 8) In the open-ended questions, three people noted using crosswalks and two called out the assistance they received from Spokane Regional Health District.

There were a number of differences across review types on which tools were reported as helpful. As might be expected, those who participated in the PHAB review found the PHAB acronyms and glossary more helpful (60%) than those who participated in the Washington (42%) or Basic (27%) reviews. Similarly, those who participated in the Basic review found the Guidelines for Basic Set of Public Health Standards more helpful (88%) than those who participated in the Washington (58%) or PHAB (56%) reviews.

A larger percentage of those in the Basic review found the FAQs about Standards in the PHIP Nuts and Bolts newsletter helpful (56%) than those in the Washington (33%) or PHAB (37%) reviews. A much larger percentage of individuals found the MindManager software helpful in the PHAB (50%) and Washington (67%) reviews than the Basic review (24%). In the open-ended responses MindManager also received mixed reviews among participants of all review types. Finally, there was a gradient in the reported helpfulness of agency-wide team meetings for respondents in the PHAB (77%), Washington (58%), and Basic (46%) reviews. Four respondents who completed the PHAB wrote about the importance of internal leader(s) to guide the process.

Standards Review Preparation Barriers

Overall, more than half of respondents indicated they encountered the following barriers to their preparation for the 2011 LHM Standards Review: inability of staff to complete other work (76%), clarity of requirements (68%), time to prepare (67%), selecting documents (66%) and finding documents (65%). The only notable difference in barriers across review types was in the time to prepare. Those who completed the Basic review more frequently cited this as a barrier (77%) than those who participated in the Washington (58%) or the PHAB (61%) reviews. (Table 9)

A number of themes emerged from the open-ended questions. Ten respondents commented on staffing issues, ranging from “not having designated assessment staff,” to losing “key Standards positions due to lay-offs,” to pulling staff away from other work. Six indicated that time was an issue due to other routine job duties. Five respondents said that money or funding was an issue due to the shrinking resources of many LHJs. Five found the documentation requirements to be burdensome and four discussed struggling with the changes the Standards have undergone from 2008 to 2011 as well as the addition of the Basic option.

2011 Standards

More than half of all respondents agreed with all of the statements about the 2011 Standards. (Table 10a) However, across the review types there were consistent differences in the amount of agreement. The highest amount of agreement was among those who participated in the PHAB

review, a more moderate amount among those in the Washington review, and the lowest amount of agreement among those who participated in the Basic review

Over 60% of participants agreed they were able to use the LHJ Guidance document to identify documents that met the intent of the 2011 Washington State Standards and Measures (78%), participating in the review improves the quality of their agency's work (66%), participating in the review helps instill a culture of quality improvement in their agency (64%) and participating has helped prepare them for accreditation (63%). However, among those who participated in the Basic review a much lower percentage agreed with this final statement (33%).

Looking at the breakdown of responses by LHJs rather than by individuals, all staff at 17 LHJs agree that participation in the review has helped their LHJ prepare for national accreditation. Staff at 4 LHJs are split and all staff at 10 LHJs disagree with this statement. Similarly, all staff at 18 LHJs believe they plan to apply for accreditation within 3 years, staff at 1 LHJ are split, and all staff at 12 LHJs disagree with this statement. (Table 10b) Nearly all of the LHJs who participated in the PHAB reviews agreed with both of these statements, while responses across LHJs were split among those who participated in the Washington and Basic reviews. (Table 10c)

Standards Review Logistics

Although some of the Standards process logistics were handled well, there is room for improvement. Most respondents felt the timeline was clearly communicated (88%), it gave them enough time to prepare and submit documents (78%), and they knew who to contact when they had questions or needed clarification (73%). However, only about half indicated their questions were responded to in a timely matter (55%) and fewer said that responses were clear (47%) and useful (45%). (Table 11)

The only notable difference across the review types was in perceptions of WADOH's responses to questions. Seventy percent of those who participated in the Washington review indicated their questions were responded to in a timely matter and that responses were clear and useful. However those who participated in the PHAB and Basic reviews had lower rates of agreement that responses were clear (50% and 38% respectively), and useful (48% and 35%, respectively).

The website seems to have been problematic, with only 39% indicating it was a good way to organize information and even fewer saying that it was easy to find materials (31%) and all the materials they needed were there (28%). In the open-ended responses it appeared that participants approved of the concept of a website to organize materials, but not the way it was executed this year. Five respondents expressed frustration with the website. They indicated that the organization was not intuitive, the documents on the site were not comprehensive of everything they needed, and some of the details were not tended to, such as ensuring all the links worked. Two respondents specifically requested a FAQ-style page, "so that questions asked/answered could be shared by all participants, ideally organized by domain/standard."

Closing Conferences

Both types of closing conference received largely positive reviews. For the site visits, the majority of respondents indicating that the schedule was clearly communicated (74%), the time was sufficient (81%), it provided them with useful feedback (82%), and reviewers were knowledgeable about the Standards (82%). For the phone calls/iLincs, the majority of respondents indicating that the schedule was clearly communicated (73%), the time was sufficient (77%), it provided them with useful feedback (68%), and reviewers were knowledgeable about the Standards (77%). The slightly lower levels of agreement for the phone call/iLincs are largely due to a higher number of N/A responses.

Open-Ended Questions

Resources

Participants were asked what additional resources would have been helpful in their preparation for the LHJ Standards review. Five indicated that funding, especially to support a dedicated Standards staff member, would be ideal. Three mentioned that having staff with time or greater knowledge of the review process or familiarity with the Standards program would be helpful. Finally, three commented that increasing the clarity of communication on timelines, documentation submission guidelines, and resources is important for future years.

Additional Comments

Two additional themes emerged from the open-ended questions at the end of the web survey: the importance of an ongoing review preparation process and a desire to see the benefits of accreditation. Five respondents commented on the importance of having a continuous, ongoing process for the Standards review, rather than a push 4-6 months before the review. Many of the comments mentioned in previous sections about time, money, and changing standards were also echoed.

Three participants said that more should be done to display the benefits of accreditation to LHJs, with one commenting s/he would like to see “tangible evidence or testimonials from LHDs or WADOH regarding specific changes or improvements resulting from the previous iteration.” Another commented that the Review process should be shared with the media to alert the community to the quality improvement being demonstrated at LHJs.

Overall, there was a wide range of emotions and tones represented in the web survey. Some participants were very frustrated by the process, as evidenced by the following comments:

“This is my third round of Standards review and each time I wonder if the benefit of this exercise exceeds the cost. Given the rapidly diminishing resources available for public health I found myself often frustrated with the amount of time spent reading and attempting to interpret performance standards that often seemed to be repetitive or immaterial to public health outcomes.”

“This type of review is layered on top of other work and activity plans, measurable outcomes and deliverables that are required by multiple separate programs and contracts. My biggest frustration about the contracts and the standards review is that an extremely high and steadily increasing percentage of

time is spent pushing paper and producing deliverables rather than on the work itself. We have huge needs in our counties, and I am continually being pulled away from activities that I truly believe will have the biggest positive impact on the health of our community. For a community with few resources, that is a shame. I firmly believe that we DO need to be accountable and good stewards of the funds we have been given, deliver the highest standard of care possible, and make every effort to improve and measure the health of our community. However, I don't think the processes in place are the correct course of action. Instead of being a solution, they have become another barrier, adding to the many barriers already present in our community. The ratio of actual work time vs. deliverables MUST change for us to see any lasting improvement or change.”

Others clearly saw a benefit in the work:

“I had never participated in a Standards Review process before. I thought it was an amazing learning experience to better understand the whole system. The DOH Beta test "lessons learned" session at Joint Conference was particularly useful in understanding what was required and how to improve our response to measures.”

“Though demanding this work certainly identifies shortcomings which we will address. This is great preparation for an application for accreditation with PHAB.”

Some participants expressed qualified views on the process:

“Always a time consuming process, however it is good exercise. Unfortunately as our capacity erodes, our ability to address some of the areas in a meaningful way is limited. We always have great plans to create new policies, develop more comprehensive strategic plans, etc following our review, however the day-day demands, especially now, take over and some things seem like they always remain in the pile of "things to do". There remain a couple standards that I think need a little tweaking. One that comes to mind is the example of receiving e-mail reports of CD. We are all on PHIMS so assume we all receive e-mail alerts of CD reports, so why do we need to make a copy of a PHIMS screen to document that. Thanks for all the hard work that goes into this process. Really appreciated not only the recognition of different levels of local capacity, but actual action to reflect that difference with the option of participating in the basic set of standards review. We look forward to getting our final report!”

TABLES

Table 1: Survey Respondents' LHJ Affiliation by Role.

	Role				All Roles (n=104)
	Coordinator (n=31)	Team Member (n=50)	Assisted w/ prep (n=11)	Other (n=12)	
<i>Basic Standards</i>					
Adams	1	2	-	-	3
Clallam	1	-	1	1	3
Columbia	-	-	-	-	0
Grant	1	-	-	-	1
Grays Harbor	1	-	-	-	1
Jefferson	1	-	-	-	1
Kittitas	1	1	-	-	2
Klickitat	-	1	-	1	2
Lewis	1	-	-	1	2
Lincoln	2	-	-	-	2
Mason	-	2	1	-	3
Northeast Tri-County	1	1	-	-	2
Pacific	2	2	-	-	4
San Juan	1	1	-	-	2
Skagit	1	-	2	-	3
Skamania	1	-	2	-	3
Wahkiakum	1	-	-	-	1
Walla Walla	1	1	-	-	2
Whitman	1	2	-	-	3
Yakima	1	-	1	-	2
<i>Washington State Standards</i>					
Asotin	1	2	-	-	3
Chelan-Douglas	1	-	-	-	1
Garfield	1	-	-	-	1
Snohomish	1	5	-	-	6
<i>PHAB Standards</i>					
Benton-Franklin	1	3	-	-	4
Clark	1	-	1	-	2
Cowlitz	-	2	1	1	4
Island	1	4	-	-	5
Kitsap	-	2	-	1	3
Seattle & King	1	1	1	3	6
Spokane	1	1	1	3	6
Tacoma-Pierce	1	9	1	-	11
Thurston	1	2	1	1	5
Whatcom	1	4	-	-	5

Table 2: Preparation Time for 2011 LHJ Standards Review, by Review Type.*

	Review Type						All (n=104)	
	Basic (n=42)		Washington (n=12)		PHAB (n=51)			
	N	%	N	%	N	%	N	%
<i>Individual Time Spent Preparing (months)</i>								
<1	10	24.4	1	9.1	12	23.5	23	22.3
1-2	13	31.7	2	18.2	6	11.8	21	20.4
3-4	6	14.6	4	36.4	11	21.6	21	20.4
5-6	5	12.2	1	9.1	7	13.7	13	12.6
>6	7	17.1	3	27.3	15	29.4	25	24.3
<i>Individual Time Spent Preparing (hours)</i>								
<20	9	21.4	1	9.09	12	23.5	22	21.2
21-60	16	38.1	2	18.2	21	41.2	39	37.5
61-100	10	23.8	3	27.3	10	19.6	23	22.1
101-140	4	9.5	2	18.3	4	7.8	10	9.6
>140	3	7.1	3	27.3	4	7.8	10	9.6
<i>Agency Time Spent Preparing (hours)</i>								
<60	4	9.5	1	9.1	-	-	5	4.8
61-200	15	35.7	-	-	4	7.8	19	18.3
201-340	7	16.7	2	18.2	4	7.8	13	12.5
341-500	8	19.1	-	-	9	17.7	17	16.3
>500	-	-	5	45.5	17	33.3	22	21.2
Don't Know	8	19.1	3	27.3	17	33.3	28	26.9
<i>Time Provided was Adequate</i>								
Strongly Agree	-	-	1	9.1	9	18.8	10	9.9
Agree	26	61.9	8	72.7	35	72.9	69	68.3
Disagree	12	28.6	1	9.1	4	8.3	17	16.8
Strongly Disagree	4	9.5	1	9.1	-	-	5	5.0

* Columns may not add to total N due to non-response.

	Role			
	Coordinator	Team	Assisted	Other
	(n=31)	Member	w/ Prep	(n=12)
	(n=31)	(n=50)	(n=11)	(n=12)
	%	%	%	%
<i>Individual Time Spent Preparing (months)</i>				
<1	6.7	14.0	90.9	33.3
1-2	20.0	28.0	-	8.3
3-4	16.7	30.0	-	8.3
5-6	13.3	12.0	9.1	16.7
>6	43.3	16.0	-	33.3
<i>Individual Time Spent Preparing (hours)</i>				
<20	-	16.0	72.7	50.0
21-60	16.1	54.0	27.3	33.3
61-100	32.3	24.0	-	8.3
101-140	22.6	4.0	-	8.3
>140	29.0	2.0	-	-

	Strongly	Agree	Disagree	Strongly	N/A
	Agree	Agree	Disagree	Disagree	
	%	%	%	%	
Time constraints	82.5	17.5	-	-	-
Financial constraints	78.1	22.0	-	-	-
Absence of dedicated personnel capable of leading Standards Review preparation	46.3	29.3	14.6	9.8	-
Absence of personnel knowledgeable about leading Standards Review preparation	19.5	14.6	43.9	22.0	-
Lack of confidence in ability to complete more extensive review.	17.1	26.8	39.0	17.1	-
Lack of leadership or Board of Health support.	4.9	12.2	43.9	26.8	12.2
Cost of doing more extensive review outweighed value/benefits to our agency	58.5	29.3	7.3	2.4	2.4
This type of review was the best fit with overall agency workplan.	30.0	45.0	20.0	-	5.0
Other, please specify*					

*See p25 for responses.

Table 5: Reasons for Choosing Full Washington Review. (N=12)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%	%	%	%	%
Time constraints	16.7	75.0	-	-	8.3
Financial constraints	8.3	58.3	16.7	-	16.7
Dedicated personnel capable of leading Standards Review preparation	8.3	66.7	8.3	-	16.7
Personnel knowledgeable about leading Standards Review preparation	-	66.7	16.7	-	16.7
Lack of confidence in ability to complete more extensive review.	8.3	16.7	50.0	8.3	16.7
Other, please specify _____*					

*See p25 for responses.

Table 6: Reasons for Choosing PHAB Review. (N=48)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%	%	%	%	%
Personnel capable of leading Standards Review preparation	44.7	38.3	4.3	-	12.8
Personnel knowledgeable about leading Standards Review preparation	40.4	42.6	2.1	-	14.9
Confidence in ability to complete chosen review.	21.3	40.4	19.2	6.4	12.8
To prepare for voluntary national accreditation	25.5	51.1	10.6	-	12.8
Our agency has personnel with time dedicated to completing the review.	58.3	27.1	2.1	-	12.5
Other, please specify _____*					

*See p25 for responses.

	Review Type			All (n=98) SA/A*
	Basic (n=41)	Washington (n=12)	PHAB (n=45)	
	SA/A*	SA/A*	SA/A*	
Started the preparation process well in advance of the review	68.3	100.0	90.9	82.5
Used an advisory team/group to prepare	53.7	50.0	93.4	71.4
Most/all of the preparation was conducted by one or two people	63.4	33.3	11.1	35.7
Preparation was split among a large group of people	22.0	66.7	81.9	54.6
Created a Standards Review team	43.9	41.7	86.3	62.9
Used available assessment staff	39.1	9.1	68.8	49.5
Created a time line to prepare.	62.5	75.0	97.8	80.4
Contacted other LHJs for assistance	19.5	16.6	26.6	22.5
Contacted DOH for assistance	17.1	25.0	37.8	27.6
Conducted a peer review (mock review) of documents	12.2	-	53.4	29.6

*SA/A = Strongly Agree/Agree

†Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Tables 14-16 for complete data.

	Review Type			All (n=97) SA/A*
	Basic (n=41)	Washington (n=12)	PHAB (n=44)	
	SA/A*	SA/A*	SA/A*	
SmartPH Online Course: Orientation WA’s Standards for Public Health	31.7	25.0	34.1	31.9
DOH Training: Prep for Standards Review	53.6	58.3	51.1	53.1
DOH Training: MindManager Software	22.0	36.4	42.9	33.0
MindManager Software	24.4	66.7	50.0	41.1
FAQs about Standards included in PHIP Nuts & Bolts newsletter	56.1	33.3	36.6	44.7
Agency-wide Team Meetings	46.3	58.3	76.7	61.5
Summary of 2010-2011 Standards for Public Health in Washington State	67.5	75.0	88.4	77.9
Guidance for 2010-2011 Standards (Guidelines) for Local Health Agencies	75.6	91.7	90.5	84.2
PHAB Acronyms and Glossary	26.9	41.7	59.5	43.2
LHJ Program Review Table	53.7	50.0	65.9	58.5
Guidelines for Basic Set of Public Health Standards	87.8	58.3	55.8	70.0

*SA/A = Strongly Agree/Agree

†Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Table 17-19 for complete data.

	Review Type			All (n=96) SA/A*
	Basic (n=40)	Washington (n=12)	PHAB (n=44)	
	SA/A*	SA/A*	SA/A*	
Time to prepare	77.0	58.3	61.4	67.4
Lack of knowledge of review process	25.0	-	25.6	22.1
Using Mind Manager	35.0	8.3	23.8	26.6
Clarity of requirements	72.5	66.6	65.2	68.4
Finding documentation	70.0	66.7	60.4	65.3
Selecting documentation	72.5	58.3	62.8	66.3
Inability of staff to complete other work	74.4	75.0	76.7	75.5
Management support	12.5	8.3	16.3	13.7
BOH/Commissioners support	17.5	8.3	9.3	12.6

*SA/A = Strongly Agree/Agree

[†]Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Table 20-22 for complete data.

	Review Type			All (n=94) SA/A*
	Basic (n=40)	Washington (n=10)	PHAB (n=44)	
	SA/A*	SA/A*	SA/A*	
I was able to use the LHJ Guidance Document (Guidelines) to identify documents that met the intent of the 2011 Washington State Standards and Measures	70.0	100.0	79.5	77.7
The Guidance Document (Guidelines) for Local Health Agencies were clear	45.0	80.0	66.0	58.5
Participating in the Standards Review improves the quality of our agency’s work.	52.5	60.0	79.6	66.0
Participating in the Standards Review helps to instill a culture of quality improvement in our agency.	50.0	60.0	77.3	63.8
Participating in the Washington Standards Review has helped prepare us for national voluntary accreditation.	32.5	70.0	88.7	62.8
Our agency plans to apply for national voluntary accreditation in the next 3 years.	25.0	60.0	86.4	57.5

*SA/A = Strongly Agree/Agree

[†]Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Table 23-25 for complete data.

Table 10b: Plans for Accreditation. (N=31)[¥]			
	Staff Agree	Staff Split	Staff Disagree
Participating in the WA Standards Review has helped prepare us for national voluntary accreditation.	17	4	10
Our agency plans to apply for national voluntary accreditation in the next 3 years.	18	1	12

[¥] N =LHJs, not individual responses.

Table 10c: Plans for Accreditation, by Review Type. (N=31)[¥]									
	Basic (n=18) [¥]			Washington (n=3) [¥]			PHAB (n=10) [¥]		
	Staff Agree	Staff Split	Staff Disagree	Staff Agree	Staff Split	Staff Disagree	Staff Agree	Staff Split	Staff Disagree
Participating in the WA Standards Review has helped prepare us for national voluntary accreditation.	7	2	9	1	1	1	8	2	-
Our agency plans to apply for national voluntary accreditation in the next 3 years.	6	1	11	2	-	1	10	-	-

[¥] N =LHJs, not individual responses.

	Review Type			All (n=94) SA/A*
	Basic (n=40) SA/A*	Washington (n=10) SA/A*	PHAB (n=44) SA/A*	
	The 2011 Standards Review timeline was clearly communicated.	87.5	80.0	
The 2011 Standards Review timeline gave enough time to prepare and submit necessary documents.	67.5	80.0	86.4	77.7
I knew who to contact when I had questions or needed clarification	62.5	90.0	79.6	73.4
Those I contacted for clarification responded to my questions in a timely manner.	50.0	70.0	56.8	55.3
Responses to my questions were clear	37.5	70.0	50.1	46.8
Responses to my questions were useful	35.0	70.0	47.8	44.7
The Standards Review website was a good way to organize Standards information.	40.0	50.0	35.7	39.1
It was easy to find materials on the Standards Review website.	30.0	40.0	29.6	30.9
The Standards Review website had all the materials I needed.	30.0	40.0	23.3	28.0

*SA/A = Strongly Agree/Agree

†Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Table 26-29 for complete data.

	Site Visit (n=74) SA/A*	Phone Call/iLinc (n=22) SA/A*
	The Site Visit schedule was clearly communicated.	74.3
The Site Visit time was sufficient.	81.1	77.3
The Site Visit provided us with useful feedback.	82.4	68.2
The reviewers were knowledgeable about the Standards.	82.4	77.3

*SA/A = Strongly Agree/Agree

†Responses of “Not Applicable” were included in the calculation of percentages but are not given. See Table 30+31 for complete data.

APPENDIXES

APPENDIX A: FULL DATA TABLES**Table 13: Response for Review Type By Actual Review Type**

	Actual Review Type		
	PHAB (n=51)	Washington (n=9)	Basic (n=40)
	%	%	%
<i>Review Type Selected</i>			
PHAB	68.6	-	-
Full Washington	29.4	100.0	-
Basic	2.0	-	100.0

Table 14: Helpful Preparation Strategies, Basic Review. (n=41)

	Strongly Agree		Disagree	Strongly Disagree		N/A
	Agree	Agree		Disagree	Disagree	
	%	%		%	%	
Started the preparation process well in advance of the review.	24.4	43.9	14.6	2.4	14.6	
Used an advisory team/group to prepare	17.1	36.6	17.1	7.3	22.0	
Most/all of the preparation was conducted by one or two people.	24.4	39.0	26.8	4.9	4.9	
Preparation was split among a large group of people.	4.9	17.1	36.6	22.0	19.5	
Created a Standards Review team	7.3	36.6	22.0	12.2	22.0	
Used available assessment staff	9.8	29.3	9.8	12.2	39.0	
Created a time line to prepare.	12.5	50.0	22.5		15.0	
Contacted other LHJs for assistance	0.0	19.5	41.5	12.2	26.8	
Contacted DOH for assistance	0.0	17.1	41.5	12.2	29.3	
Conducted a peer review (mock review) of documents	2.4	9.8	26.8	22.0	39.0	

Table 15: Helpful Preparation Strategies, Washington Review. (n=12)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%			%	
Started the preparation process well in advance of the review.	33.3	66.7	-	-	-
Used an advisory team/group to prepare	8.3	41.7	33.3	-	16.7
Most/all of the preparation was conducted by one or two people.	8.3	25.0	33.3	33.3	-
Preparation was split among a large group of people.	16.7	50.0	16.7	8.3	8.3
Created a Standards Review team	16.7	25.0	41.7	8.3	8.3
Used available assessment staff		9.1	36.4	18.2	36.4
Created a time line to prepare.	16.7	58.3	16.7	8.3	
Contacted other LHJs for assistance	8.3	8.3	41.7	25.0	16.7
Contacted DOH for assistance	-	25.0	25.0	25.0	25.0
Conducted a peer review (mock review) of documents	-	-	50.0	33.3	16.7

Table 16: Helpful Preparation Strategies, PHAB Review. (n=45)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%			%	
Started the preparation process well in advance of the review.	56.8	34.1	6.8	-	2.3
Used an advisory team/group to prepare	57.8	35.6	-	2.2	4.4
Most/all of the preparation was conducted by one or two people.	6.7	4.4	42.2	28.9	17.8
Preparation was split among a large group of people.	20.5	61.4	9.1	-	9.1
Created a Standards Review team	38.6	47.7	9.1	2.3	2.3
Used available assessment staff	24.4	44.4	24.4	2.2	4.4
Created a time line to prepare.	37.8	60.0	2.2	-	-
Contacted other LHJs for assistance	4.4	22.2	26.7	15.6	31.1
Contacted DOH for assistance	8.9	28.9	24.4	13.3	24.4
Conducted a peer review (mock review) of documents	26.7	26.7	13.3	6.7	26.7

Table 17: Helpful Tools for Review, Basic Review. (n=41)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
SmartPH Online Course: Orientation Washington's Standards for Public Health	-	31.7	34.2	7.3	26.8
DOH Training: Preparation for Standards Review	2.4	51.2	22.0	4.9	19.5
DOH Training: MindManager Software		22.0	19.5	19.5	39.0
MindManager Software	4.9	19.5	22.0	22.0	31.7
FAQs about Standards included in the PHIP Nuts & Bolts newsletter	7.3	48.8	17.1	7.3	19.5
Agency-wide Team Meetings	7.3	39.0	22.0	2.4	29.3
Summary of 2010-2011 Standards for Public Health in Washington State	15.0	52.5	25.0	2.5	5.0
Guidance for 2010-2011 Standards (Guidelines) for Local Health Agencies	12.2	63.4	14.6	-	9.8
PHAB Acronyms and Glossary	4.9	22.0	36.6	7.3	29.3
LHJ Program Review Table	4.9	48.8	14.6	4.9	26.8
LHJ Guidance for 2010-2011 Standards (Guidelines for Basic Set of Public Health Standards)	29.27	58.54	7.32	-	4.88

Table 18: Helpful Tools for Review, Washington Review. (n=12)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
SmartPH Online Course: Orientation Washington's Standards for Public Health	-	25.0	50.0	-	25.0
DOH Training: Preparation for Standards Review	-	58.3	25.0	-	16.7
DOH Training: MindManager Software	-	36.4	9.1	-	54.6
MindManager Software	25.0	41.7	8.3	-	25.0
FAQs about Standards included in the PHIP Nuts & Bolts newsletter	-	33.3	33.3	-	33.3
Agency-wide Team Meetings	8.3	50.0	33.3	-	8.3
Summary of 2010-2011 Standards for Public Health in Washington State	16.7	58.3	25.0	-	-
Guidance for 2010-2011 Standards (Guidelines) for Local Health Agencies	25.0	66.7	-	-	8.3
PHAB Acronyms and Glossary	-	41.7	41.7	-	16.7
LHJ Program Review Table	8.3	41.7	33.3	-	16.7
LHJ Guidance for 2010-2011 Standards (Guidelines for Basic Set of Public Health Standards)	8.33	50	16.67	8.3	16.67

Table 19: Helpful Tools for Review, PHAB Review. (n=44)

	Strongly Agree		Disagree	Strongly Disagree		N/A
	Agree	Agree		Disagree	Disagree	
	%	%	%	%	%	
SmartPH Online Course: Orientation Washington’s Standards for Public Health	2.4	31.7	29.3	7.3	29.3	
DOH Training: Preparation for Standards Review	11.6	39.5	20.9	7.0	20.9	
DOH Training: MindManager Software	14.3	28.6	9.5	7.1	40.5	
MindManager Software	23.8	26.2	14.3	7.1	28.6	
FAQs about Standards included in the PHIP Nuts & Bolts newsletter	7.3	29.3	14.6	4.9	43.9	
Agency-wide Team Meetings	30.2	46.5	16.3	2.3	4.7	
Summary of 2010-2011 Standards for Public Health in Washington State	16.3	72.1	-	-	11.6	
Guidance for 2010-2011 Standards (Guidelines) for Local Health Agencies	35.7	54.8	-	-	9.5	
Public Health Accreditation Board (PHAB) Acronyms and Glossary	21.4	38.1	9.5	-	31.0	
LHJ Program Review Table	17.1	48.8	9.8	-	24.4	
LHJ Guidance for 2010-2011 Standards (Guidelines for Basic Set of Public Health Standards)	13.95	41.86	4.65	4.7	34.88	

Table 20: Barriers to Review, Basic Review. (n=40)

	Strongly Agree		Disagree	Strongly Disagree		N/A
	Agree	Agree		Disagree	Disagree	
	%	%	%	%	%	
Time to prepare	46.2	30.8	23.1	-	-	
Lack of knowledge of review process.	10.0	15.0	55.0	12.5	7.5	
Using Mind Manager	20.0	15.0	27.5	5.0	32.5	
Clarity of requirements	27.5	45.0	25.0	-	2.5	
Finding documentation	25.0	45.0	27.5	2.5	-	
Selecting documentation	22.5	50.0	25.0	2.5	-	
Inability of staff to complete other work	38.5	35.9	25.6	-	-	
Management support	10.0	2.5	47.5	30.0	10.0	
Board of Health/Commissioners support	5.0	12.5	40.0	22.5	20.0	

Table 21: Barriers to Review, Washington Review. (n=12)

	Strongly Agree		Disagree	Strongly Disagree		N/A
	Agree	Agree		Disagree	Disagree	
	%	%	%	%	%	
Time to prepare	25.0	33.3	41.7	-	-	
Lack of knowledge of review process.	-	-	75.0	25.0	-	
Using Mind Manager	-	8.3	50.0	16.7	25.0	
Clarity of requirements	8.3	58.3	25.0	-	8.3	
Finding documentation	-	66.7	25.0	-	8.3	
Selecting documentation	-	58.3	41.7	-	-	
Inability of staff to complete other work	16.7	58.3	25.0	-	-	
Management support	-	8.3	41.7	41.7	8.3	
Board of Health/Commissioners support	-	8.3	50.0	25.0	16.7	

Table 22: Barriers to Review, PHAB Review. (n=44)

	Strongly Agree		Disagree	Strongly Disagree		N/A
	Agree	Agree		Disagree	Disagree	
	%	%	%	%	%	
Time to prepare	20.5	40.9	34.1	4.6	-	
Lack of knowledge of review process.	2.3	23.3	58.1	14.0	2.3	
Using Mind Manager	-	23.8	42.9	9.5	23.8	
Clarity of requirements	23.3	41.9	34.9	-	-	
Finding documentation	20.9	39.5	37.2	-	2.3	
Selecting documentation	7.0	55.8	37.2	-	0.0	
Inability of staff to complete other work	27.9	48.8	23.3	-	0.0	
Management support	4.7	11.6	55.8	23.3	4.7	
Board of Health/Commissioners support	2.3	7.0	37.2	16.3	37.2	

Table 23: Perceptions of 2011 Standards, Basic Review. (n=40)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
I was able to use the LHJ Guidance Document (Guidelines) to identify documents that met the intent of the 2011 Washington State Standards and Measures	2.5	67.5	25.0	-	5.0
The Guidance Document (Guidelines) for Local Health Agencies were clear	2.5	42.5	45.0	5.0	5.0
Participating in the Standards Review improves the quality of our agency's work.	12.5	40.0	25.0	20.0	2.5
Participating in the Standards Review helps to instill a culture of quality improvement in our agency.	5.0	45.0	32.5	15.0	2.5
Participating in the Washington Standards Review has helped prepare us for national voluntary accreditation.	5.0	27.5	32.5	20.0	15.0
Our agency plans to apply for national voluntary accreditation in the next 3 years.	-	25.0	30.0	35.0	10.0

Table 24: Perceptions of 2011 Standards, Washington Review. (n=10)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
I was able to use the LHJ Guidance Document (Guidelines) to identify documents that met the intent of the 2011 Washington State Standards and Measures	-	100.0	-	-	-
The Guidance Document (Guidelines) for Local Health Agencies were clear	-	80.0	20.0	-	-
Participating in the Standards Review improves the quality of our agency's work.	20.0	40.0	40.0	-	-
Participating in the Standards Review helps to instill a culture of quality improvement in our agency.	20.0	40.0	40.0	-	-
Participating in the Washington Standards Review has helped prepare us for national voluntary accreditation.	40.0	30.0	20.0	10.0	-
Our agency plans to apply for national voluntary accreditation in the next 3 years.	10.0	50.0	-	10.0	30.0

Table 25: Perceptions of 2011 Standards, PHAB Review. (n=44)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
I was able to use the LHJ Guidance Document (Guidelines) to identify documents that met the intent of the 2011 Washington State Standards and Measures	13.6	65.9	-	2.3	18.2
The Guidance Document (Guidelines) for Local Health Agencies were clear	4.6	61.4	15.9	4.6	13.6
Participating in the Standards Review improves the quality of our agency's work.	25.0	54.6	13.6	4.6	2.3
Participating in the Standards Review helps to instill a culture of quality improvement in our agency.	18.2	59.1	15.9	4.6	2.3
Participating in the Washington Standards Review has helped prepare us for national voluntary accreditation.	43.2	45.5	2.3	2.3	6.8
Our agency plans to apply for national voluntary accreditation in the next 3 years.	45.5	40.9	-	-	13.6

Table 26: Perceptions of 2011 Standards Review Process, Basic Review. (n=40)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
The 2011 Standards Review timeline was clearly communicated.	15.0	72.5	5.0	2.5	5.0
The 2011 Standards Review timeline gave enough time to prepare and submit necessary documents.	5.0	62.5	27.5	5.0	0.0
I knew who to contact when I had questions or needed clarification	2.5	60.0	22.5	-	15.0
Those I contacted for clarification responded to my questions in a timely manner.	2.5	47.5	2.5	-	47.5
Responses to my questions were clear.	2.5	35.0	12.5	-	50.0
Responses to my questions were useful.	2.5	32.5	12.5	2.5	50.0
The Standards Review website was a good way to organize Standards information.	-	40.0	15.0	5.0	40.0
It was easy to find materials on the Standards Review website.	-	30.0	17.5	7.5	45.0
The Standards Review website had all the materials I needed.	-	30.0	17.5	7.5	45.0

Table 27: Perceptions of 2011 Standards Review Process, Washington Review. (n=10)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%			%	
The 2011 Standards Review timeline was clearly communicated.	10.0	70.0	10.0	10.0	-
The 2011 Standards Review timeline gave enough time to prepare and submit necessary documents.	-	80.0	10.0	10.0	-
I knew who to contact when I had questions or needed clarification	20.0	70.0	10.0	-	-
Those I contacted for clarification responded to my questions in a timely manner.	20.0	50.0	10.0	-	20.0
Responses to my questions were clear.	10.0	60.0	10.0	-	20.0
Responses to my questions were useful.	10.0	60.0	10.0	-	20.0
The Standards Review website was a good way to organize Standards information.	-	50.0	20.0	10.0	20.0
It was easy to find materials on the Standards Review website.	-	40.0	10.0	20.0	30.0
The Standards Review website had all the materials I needed.	-	40.0	20.0	10.0	30.0

Table 28: Perceptions of 2011 Standards Review Process, PHAB Review. (n=44)

	Strongly	Agree	Disagree	Strongly	N/A
	Agree			Disagree	
	%			%	
The 2011 Standards Review timeline was clearly communicated.	38.6	52.3	4.6	-	4.6
The 2011 Standards Review timeline gave enough time to prepare and submit necessary documents.	31.8	54.6	6.8	2.3	4.6
I knew who to contact when I had questions or needed clarification	27.3	52.3	9.1	-	11.4
Those I contacted for clarification responded to my questions in a timely manner.	25.0	31.8	2.3	-	40.9
Responses to my questions were clear.	20.5	29.6	9.1	-	40.9
Responses to my questions were useful.	18.2	29.6	11.4	-	40.9
The Standards Review website was a good way to organize Standards information.	7.1	28.6	7.1	2.4	54.8
It was easy to find materials on the Standards Review website.	4.6	25.0	18.2	6.8	45.5
The Standards Review website had all the materials I needed.	4.7	18.6	18.6	4.7	53.5

Table 29: Closing Site Visit. (n=74)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
The Site Visit schedule was clearly communicated.	21.6	52.7	10.8	2.7	12.2
The Site Visit time was sufficient.	24.3	56.8	5.4	1.4	12.2
The Site Visit provided us with useful feedback.	28.4	54.1	5.4	1.4	10.8
The reviewers were knowledgeable about the Standards.	28.4	54.1	5.4	1.4	10.8

Table 30: Closing Phone Call/iLinc (n=22)					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	%	%	%	%	%
The [Phone Call/iLinc] schedule was clearly communicated.	18.2	54.5	-	4.5	22.7
The [Phone Call/iLinc] time was sufficient.	18.2	59.1	4.5	-	18.2
The [Phone Call/iLinc] provided us with useful feedback.	18.2	50.0	9.1	4.5	18.2
The reviewers were knowledgeable about the Standards.	27.3	50.0	4.5	-	18.2

APPENDIX B: OPEN ENDED RESPONSES

Why did you choose the [review type] review?

Basic

1. Because, if wanted flexible funding, there was no way to opt out.
2. It's the least of the various evils we had to select from
3. It's a tough choice between pressure of other work deliverables and pulling away to prepare for standards.
4. Overall lack of resources necessary to do WA or PHAB
5. We did not have a lot of previous data as we have been functional only for 1 1/2 years prior to the start of this review
6. Taking staff from other responsibilities
7. Our value gained from these measures is limited at best and not worth the expense of participation

Washington

1. Was involved in developing Basic set, thought it a conflict of interest to do them here.
2. The standards had to be done and we did the same as we always have done in the past
3. Our leadership chose for us to participate in the full standards process.
4. While we were confident we could complete the PHAB review, there just wasn't the time available to commit to this effort.
5. Prep & practice for national review/accreditation, which in turn could become a qualifier for grant/funding eligibility.

PHAB

1. Very time consuming for a department that has staff depleted by 30+ percent over past 2 years.
2. We chose to participate in full state review...
3. our strategic plan was leading in this direction
4. I did not know we chose national PHAB review
5. To better learn how to improve the quality and capacity of our agency

What additional tools or strategies, if any, did you use in preparation for the 2011 LHJ Standards review?

Basic

1. We created a spreadsheet that shows, in one view, all the standards. Domains ran in columns with the standards/measures for each domain listed horizontally. There was a box for each requirement for each measure. Boxes were color-coded and numbered (we have color-blind staff) so that one could see the status of the measure at a glance. Comment boxes included text from the guidelines and were color coded based on who they were assigned to, and indicated what documentation was needed and/or submitted for each measure. We found this easier than MindManager, as the entire set was in one place, seen in one view. When it was all pink, we were done. We had a PHAB and Basic version (once we changed to Basic). A counter at the top counted down the days left to submission based on the current date.

2. We accomplished what we did by our own doing, without outside help.
3. Previous review results and examples for various standards
4. No time to think about and work on with loss of so many staff in last 2 years. Anything we thought applied was given to director to put together and send.
5. N/A in my role
6. Our strategy was to keep plugging away at locating the documentation. My part time PHN was new as was my part time environmental health specialist. So the staff's ability to assist was very limited. I believe many smaller LHJ's are in the same situation- down to bare bones and no one to devote time to standards

Washington

1. Probably none since we have done the standards many times. The MindManager software was wonderful.
2. Received significant assistance from Spokane Regional Health District
3. Crosswalks from the previous standards completed in 2008 were helpful at times.
4. Came in an hour or two early each day so I could work on it without interfering with my usual workload.

PHAB

1. Time management and planning were essential strategies.
2. Comment on Mind Manager - although a great tool, it is double work to transfer documents to it from a regular shared drive, to which all team members have access. We cannot afford for every team member to have a copy of Mind Manager software. Plus- adding a step of transferring hundreds of documents necessarily opens the possibility of error. The final instruction about needing to send two formats of documents made us very glad we had chosen NOT to spend the time transferring our documents.
3. The template developed by Spokane Public Health District was very helpful for putting the information onto disc.
4. It was most helpful to have one person assigned to organize and monitor the Standards review process. She used many of the items above, but I didn't personally.
5. Used our Supervisor Group in the process
6. Not directly involved in the nuts and bolts
7. Strong internal leadership by [name] that set up agency and cross agency teams
8. Cross-walk between previous standards and 2010-11 standards.
9. Chartering the team lead and team process by Executive Team and having periodic progress reports. Identifying the teams and individuals within the department who were able to focus time and energy on this, as well as having knowledge of the whole department.
10. Appointed section leads responsible for assigned measures. Assembled a core team of four staff and trained them to be mentors and provide assistance to assigned section leads. One of the core team was responsible for logging in submissions and entering information in mind manager. All core team members had 24 hr access to a shared drive and could view information in mind manager. AS documentation was submitted, two core team members reviewed the materials. Biweekly or weekly progress reports were provided to department leadership, section leads and the core team.

11. Often, two measures seemed to be very similar. Sometimes, generally when measures fell in the same domain, the guidelines acknowledged the similarity and avoided possible confusion by clarifying the distinction. It would be helpful if something like this could be done for similar measures that were in different domains. Generally, the language of the measure, guidelines, etc. was ambiguous and it frequently wasn't clear what was needed.
12. Sharepoint Crosswalks
13. Identified shortcomings early on so we could prepare documentation for submission.
14. Experience as site reviewer for PHAB. We had three site reviewers from our agency to include one from our BOH.
15. Intermittent feedback to Quality Improvement Council and Management Team on progress and barriers to meeting specific measures.
16. We also used the PHAB guidance document
17. Our advantage was [names] - lots of experience and knowledge

What additional barriers, if any, did you face in preparation for the 2011 LHJ Standards review?

Basic

1. The time between when funds were available and the due date was only 6 weeks.
2. There was not clear messaging stating all of the requirements for the standards review, including use of MindManager, timelines for submission, method for submission, etc. These items were updated through FAQs or separate emails, but there wasn't a place to go back and look at all of the requirements or a summary document. The Basic Set option was offered well after document preparation had already begun. The Full Set was not finalized until well into 2011. This made it very difficult to meet standards that required action to be taken in consecutive years (like tracking progress on measurable outcomes for the strategic plan - we didn't have measurable outcomes last year, but added them this year to meet the standard - however we weren't able to track them from last year to this year because they didn't exist last year!).
3. not having a designated assessment staff and lack of organizational support/leadership
4. This review was concurrent with the tail end of a pertussis epidemic that had pulled many staff away from other programs they worked in, and this project became a priority at a time when pertussis investigations and debriefs and work/activity plans really needed to be the focus. Additionally, the timing was such that as funding was decreasing, staff were spread even thinner, and were then diverted to do this work. This review pulled staff away from work that had a bigger impact on our community.
5. In a small county it is difficult to compile the paperwork as we go, even though we have the best of intentions right after the standards are finished. We feel we do an amazing amount of work throughout the year but do not have a person available to make sure we get all of the minutes done or sign in sheets completed to verify what we do.
6. Too few staff and too many competing priorities.
7. Staff and Time to do standards.
8. No staff.
9. We are a small LHJ and Nurse Manager was pulled from other duties.
10. Trying to understand what exactly is being asked for.

11. Large barrier is the documentation requirements. Production of a report and distribution of a report is not adequate to validate a measure. we have to have minutes of meetings with stakeholders. There is no value to us of keeping minutes of stakeholder meetings so we will not just to meet a measure by some other agency.
12. that many documents we had were applicable to different standards, difficult to keep them all sorted and organized, we could not dedicate staff to this process, daily work could not be completed while working on standards,

Washington

1. The DOH changing the standards each time that the data is collected. I would like something to build on each time I have to do the Standards. I don't see ongoing quality improvement really (here) as we improve some areas as we do the standards, but then it seems DOH wants something else the next time the Standards are done. I would like some consistency so that I feel like I am making real improvements here instead of just collecting data to meet the standards.
2. The Board of Health was supportive of our efforts. The glitch in determining which standards to use slowed down our progress This was my first experience with standards. If I were to be here for the 2014 review I would insist that this health district be evaluated using the PHAB standards. I see funding for PHAB as being an issue.
3. Mostly the lack of time because all of us on the team also held other obligations. It was hard to be able to actually get away during the time we had set aside.
4. Budget issues. We have reduced staff so the process became tougher to complete when having to
5. Significant changes from previous versions of the standards. It was like starting all over

PHAB

1. Budget priorities. It was difficult at times to spend time on standards review (which has no revenue source or positive future implications at this time) when other work that had/has funding needed to be done.
2. Not always having the documentation for work done in the past. Time taken away from our primary duties!!
3. Need a sometimes in the list above, know good to make us choose between agree and disagree but in this case many of these answers would have been sometimes--NA was not the right answer but sometimes or often might have been better scoring categories
4. 1. It was difficult to make this work a priority during a time of rapidly diminishing resources. 2. The number of performance measures at times seemed to be overwhelming, especially given the existence of other work priorities. 3. I often found the performance measures difficult to interpret -- the language used lacked clarity.
5. Time to prepare both for the review and to prepare materials to meet standards is a major barrier for my programs.
6. The continual changes to the standards.
7. Management support was the # 1 reason we were able to do this
8. Budget struggles during preparation for Standards -we lost 3 key Standards positions (i.e., Domain Leads) due to lay-offs -morale was low; Standards seemed very low priority when people were losing their jobs, homes, etc. -with all the lay-offs and the concomitant increase in workload, remaining staff had less time for Standards

9. Our BOH was not advised of this work or its importance.
10. Standards were poorly constructed to assess important functions of communicable disease control. Standards repeatedly looked for regulatory oversight which is not a principal function of most areas of communicable disease control
11. lack of clerical support
12. Statement of the standards and the documentation required by DOH was open to interpretation and not always clear.
13. None
14. Perhaps it is captured above, but the people who were assigned to this project were also the same people who were involved in strategic planning and several other major agency priorities during this period. The review process requires a tremendous amount of time over the course of several months to do well and forces the agency to decide whether the review or other projects will take priority.
15. Coordinating schedules for the team and being able to have documents on that schedule.
16. There was a learning curve with Mind Manager and staff, the ability to merge documents or share while in Mind Manager

Please list any additional lessons you have learned from the 2011 LHJ Standards Review process?

Basic

1. Takes too much time and for what? As the LHJ we have many things to do... It's like a funnel and we are at the bottom, where all of the work and jobs that no one else wants to do goes.
2. More of a waste of money than anticipated.
3. I've learned how to submit answers and program descriptions to PHIP in the manner in which they prefer. This does not equate increased efficiency or performance.
4. The standards continue to change between each review, and will continue to change. This makes it very difficult for LHJs, especially when the Washington guidelines aren't finalized until IMMEDIATELY before documentation gathering must begin. You learn about the requirements as you need them.
5. There were a number of conflicting messages that went out regarding this process. i.e. trainings often conflicted with written materials, Mind Manager was at first the method of data collection and then needed revision due to issues with Mind Manager, etc. The agency mandating a review of this type needs to be sure all the ducks are in a row clear and concise information about how to proceed properly with as little disruption to daily operations as possible.
6. Need additional help in identifying what covers for a particular standard.
7. Basic set of standards were much less time consuming and better overall reflection of our capacity. While we would like to think we will be ready for accreditation, I am skeptical that an agency our size will ever be able to fully meet the standards as they are now. I am also not convinced that meeting all those standards equates to a higher functioning, better prepared or responsive, more competent, etc department. I haven't followed the conversations in great detail, but am hopeful there will be a "basic" set of standards for the accreditation process that will more appropriate and attainable for smaller jurisdictions.

8. We need to figure out how to building a standards review/QI process in our department that is on-going and year around. We need to look at how we can design such a program while still meeting our other program/community, etc. requirements.
9. It is helpful to do in person.
10. Next time I will select on-site exit interview. Found the phone option very awkward - and the link did not work.
11. For us we have a better understanding of what we need to do in our health dept in order to fulfill our obligations, responsibilities in addressing public health. It will be easier to start now in looking forward in following through than to look backwards.
12. The measure interpretations have literal and practical definitions and they are not interpreted the same.
13. That we can always improve what we are doing. That we were doing a lot of things correctly.

Washington

1. This Health District was very fortunate in having a staff nurse that had participated in three previous standards reviews. She was very knowledgeable in what documentation was required. Unfortunately, she is retiring and we are left with one nurse that has experience with standards. Being a small health district meant that we could not necessarily dedicate time to standards preparation due to being pulled away for some other task involving clients. We were fortunate to have an Administrative Assistant that took to Mind Manager like a duck to water. It was very easy for her to manipulate data into the appropriate cells in Mind Manager.
2. The importance of blocking out time to work on the standards.
3. There has to be a better method to implement individual standards into our core programs as part of our meetings, plans and community contacts. This is the future of Public Health and many of us are operating off what WE individually believe is good for our local constituents. If there is any chance of a process taking root that changes Public Health towards the standards, it will have to be tied towards dollars and regulations that essentially force us to look at different ways of doing business.
4. Need on-going internal QI process to keep us always prepared for standards review.
5. The 2011 Standards were influenced by the National Standards and thereby represented a significant change from the previous year. There was not enough transition time, resources etc. to address the needs of the LHJ during the transition.

PHAB

1. Document....document,...document
2. Had a few key things that "dinged" many of our responses that are easy fixes, even just a suggestion would be nice with time to correct, e.g add dates to all the titles, etc. Some comments unclear following the first submission. We really enjoyed our site visit and MindManager this year--think they were highlights. Am really looking forward to best practices links so we don't have to recreate any wheels. Think there needs to be a little more reality on the capacity of small health departments--in many cases our county documents are years (maybe even centuries!) old and are still being used....
3. I had never participated in a Standards Review process before. I thought it was an amazing learning experience to better understand the whole system. The DOH beta test

- "lessons learned" session at Joint Conference was particularly useful in understanding what was required and how to improve our response to measures.
4. Date all documents Develop a system for continually updating documents as they get beyond the standards time frames
 5. Our agency used a team approach. This worked well, however, Leadership did not stick to due dates and there for work was not done by some until the last possible moment. There was no review by upper management of all standards and our read me notes were not in "one voice" because we used a team approach. We would have done better if there had been upper mgmt review of read me notes and documentation before submission.
 6. The linking of the standards review process with our own QI council and processes was very reinforcing for all involved.
 7. -It takes more time to get broader participation across the department, but is worth the time. More staff understand about Standards now. -Having potential accreditation provided more interest in what the Standards are. -Getting feedback in written form initially, without face-to-face input, was more challenging than anticipated. The feedback seemed much pickier and terse in the written form. -With training and support, staff can understand and pull together materials for Standards review. -The people I work with are so awesome!!
 8. Preparation for review should be continuous, not just 6+ months before the review.
 9. It seemed more hit and miss than in previous years as to whether the provided documentation met the standard or not.
 10. Our agency should have a standing team of individuals who meet periodically on Standards Review and work closely with Quality Improvement Committee. Reduce to writing best practices, policies, and procedures and communicate across the agency on a regular basis. Require signatures to demonstrate receipt and acknowledgment whenever possible. For example: conferences, meetings, trainings, seminars...
 11. There were some items that I will taking to PHAB for greater clarification for the national standards based on the results of our state standard review.
 12. More demonstration that participation in standards review actually leads to improved capacity, quality, performance or public health is needed, especially for smaller jurisdictions.
 13. It is very helpful to have sufficient time to prepare well. We took one year with two meetings per month.
 14. Organization, document, keep the standards in mind at all times; meetings, forms, policies and procedures, ... we need to be better at identify and documenting the standard/measure during our normal course of work or process.

What additional resources would have been helpful in preparation for the LHJ Standards Review?

Basic

1. I do not require any additional resources to complete this task. I would prefer that the PHIP program not be tied to Local Capacity Funding anymore. Those monies should be allowed to be spent on local, on-the-ground programs determined by the LHJ, not used to fulfill the State's passion of conquering the universe of PH Standards.
2. A staff person familiar with such reviews dedicated to preparing our response

3. Clear timelines and requirements for documentation submission (method of submission, etc.).
4. All resources must be consistent with one another. An on site review would have streamlined the process considerably.
5. A single person was responsible for 90% of preparation - this is not likely to change given the constriction of funding that is ongoing.
6. More staff time dedicated but could not spare staff.
7. Really, I believe, what would really help would be to have funding for some dedicated staff time devoted to Assessment, standards, quality improvement, business process review and evaluation, and community health report cards.
8. More clear definition of examples needed for each standard reviewed. Could have shown better documentation to fulfill standard if had more knowledge of what was needed. Had to run around to get info needed on site visit day, and we didn't get the review until 4 days before visit.
9. Staff with some hostprical [sic] knowledge of programs, documentation, etc.
10. An on site reviewer at the beginning of the process would have been most efficient.
11. Ability to have additional time, staffing and dollars up front to pay for this.

Washington

1. Fund a position to work on the standards full time throughout the year pulling the documents needed into the system as the year goes by...instead of trying to find documents later for the review.
2. Not having an epidemiologist on the staff limits our ability to conduct meaningful assessments of the health of our community. We have to rely on Department of Health and the BRFSS surveys that the department conducts.
3. Having a dedicated environmental health person that helped to connect the dots for all LHJs that participated would have been helpful. Even though this is a "standard" process, it feels like we are very much alone in how we complete these tasks. If there was an EH person that knew these standards well and could help us select or develop plans, that would have been very useful.
4. The standards preparation took valuable time away from our mandated responsibilities. DOH either needs to streamline the process or provide the resources to complete this complex task.
5. Funding to support dedicated QI/standards position.
6. Over the last two years LHJs have experienced substantial cuts in programs and staff due to the great recession. There appears to be no recognition of that sea change at the state or federal level. This is one more example

PHAB

1. The links on the website for previous years were not working much of the time, best practices unavailable.....
2. I think that the documentation deadline should have been staggered to fit the on-site review schedule. We were the last or one of the last on sites and could have benefited from an extended timeline for submitting documentation. On the other hand, it was great to have had it completed in February so that I could devote time to other projects needing

attention. It just felt a bit strange returning to pulling additional documentation in May after almost a 3-month hiatus.

3. It may have been more an issue of communication from the local contact to the staff participating that could have been improved regarding timelines and resources available.
4. Our site reviewer was excellent. She served as as an reviewer/consultant in many cases and was a wonderful addition as she has extensive knowledge about organizational change which was my overarching organizational goal. More consultation from her in the future would be useful as we are intent on continuing with using the standards to transform our LHJ.
5. Opportunities to ask clarifying questions seemed less available this round. In the past it seemed that we got lots of encouragement to ask question.
6. More involvement from the director so that his appointees became more interested and participated more actively.
7. Adobe Professional on Desktop instead of CITRIX
8. The DOH website was not useful. DOH should have created and maintained an FAQ or similar resource on the website, so that questions asked/answered could be shared by all participants, ideally organized by domain/standard. The approach to managing inquiries/responses this time was so impractical as to be useless.
9. None that I am aware of.
10. More frequent and visible responses to questions from throughout the state in FAQ's An interactive website by domain, and maybe standard, that would facilitate discussion among participating LHJ's about the search for appropriate documentation.
11. Added clarity in some measures. This will change with the PHAB post beta standards and measures review.

Please list any additional comments or suggestions here.

Basic

1. Giving it took us months to complete the activity and the reviewers were given ample time to review and make comment it felt unreasonable that you would only give us 5 days after your review to make changes or find resources to substantiate something that might have been missing on our review.
2. Feedback from reviewers was not timely to the point of useless by the time it arrived. CDC and RWJF are pushing this agenda and have no jurisdictional or regulatory authority. This process seems very politically motivated. NOBODY will look at this information once compiled.
3. The 200-400 hours we spend preparing for the Standards were hours lost by our small agency. We should have been out doing home visits, food inspections and other more important public health work. I have been involved with all the PHIP evaluations, since their inception, and my opinion is that they have an extremely high level of cost versus a low level of benefit.
4. A more convincing presentation of the benefits of accreditation would engender greater participation.
5. We knew our review date several months in advance but weren't sent the time of the review until about two weeks before.

6. This type of review is layered on top of other work and activity plans, measurable outcomes and deliverables that are required by multiple separate programs and contracts. My biggest frustration about the contracts and the standards review is that an extremely high and steadily increasing percentage of time is spent pushing paper and producing deliverables rather than on the work itself. We have huge needs in our counties, and I am continually being pulled away from activities that I truly believe will have the biggest positive impact on the health of our community. For a community with few resources, that is a shame. I firmly believe that we DO need to be accountable and good stewards of the funds we have been given, deliver the highest standard of care possible, and make every effort to improve and measure the health of our community. However, I don't think the processes in place are the correct course of action. Instead of being a solution, they have become another barrier, adding to the many barriers already present in our community. The ratio of actual work time vs. deliverables MUST change for us to see any lasting improvement or change.
7. Always a time consuming process, however is good exercise. Unfortunately as our capacity erodes, our ability to address some of the areas in a meaningful way is limited. We always have great plans to create new policies, develop more comprehensive strategic plans, etc following our review, however the day-day demands, especially now, take over and some things seem like they always remain in the pile of "things to do". There remains a couple standards that I think need a little tweaking. One that comes to mind is the example of receiving e-mail reports of CD. We are all on PHIMS so assume we all receive e-mail alerts of CD reports, so why do we need to make a copy of a PHIMS screen to document that.. Thanks for all the hard work that goes into this process. Really appreciated not only the recognition of different levels of local capacity, but actual action to reflect that difference with the option of participating in the basic set of standards review. We look forward to getting our final report!
8. I feel like I am working backwards. I learned public health from doing the work directly with clients/programs and populations for over 20 years. The results are a relatively healthy community by standards of low obesity rates, high physical activity rates, low infant mortality, low teen pregnancy rates. Now I have to describe what I have been doing that has been successful in an academic language that just consumes time, energy and resources from doing the work of Public Health.
9. I believe it would be helpful to have funding to provide standards/QI training that is mandatory for all public health employees (perhaps a deliverable via the Consolidated Contract). The training should be consistent and interactive so that all public health employees are engaged - not just managers and a few others. It's needed, but something that is difficult to accomplish for all staff when it is seen as discretionary and there are so many other competing demands that are funded with expected deliverables.
10. The onsite reviewer spent too much time explaining her role, why she was there, ect. and then rushed us through the actual review of documents. This could have been a more informative process with time that was better used.
11. The onsite review was very helpful for all the staff for understanding the reasons why we did the review
12. The measures are not practical when interpreted to the extent required. The measure should evaluate the product provided, not the process to develop the product and the

process is varied across the state and size of LHJ. Many strategies that are useful in large jurisdictions are not valid or necessary in smaller jurisdictions.

13. Please look at the difference between health departments versus health districts, rural versus urban, size of staff. Look at why we need to be nationally certified, what is the purpose? We are already governed by federal and state rules for all the programs we run, we are held accountable by our statement of work, will the certified health departments end up with a certificate, but no services because they are only concentrating on the certification, will districts and departments cut employees and services to be able to meet certifications, did the public ask for this, is this efficient use of tax payers dollars-as a tax payers I would rather have services versus a certificate for a health dept or districts. Hospitals do have certifications because there was no one overseeing what each hospital was doing, but health departments and districts are being overseen by many different entities that keep us on track and ensure accountability, standards of care, and completion of work. I think as a co worker put it with certification we are going to end up with a gorgeous, shiny, fancy car, but no engine. We are going to hurt the ones we strive to serve. Standards and Certification are putting every health department or district in the same box and assuming that we all operate the same, offer the same services and have the same staffing levels and types of jobs. Each community is different and the standards do not give the community an opportunity to be itself. I am all for accountability and performance, but I think that those are already in place. If a district or department is not meeting those currently then they need to be brought up to meet what is deficient, not have all everyone else be punished or prove we are already doing this.

Washington

1. Funding public health programs and infrastructure fully would help public health agencies meet the standards.
2. Having the Mind Manager template available will reduce the time needed to prepare for the next round of standards.
3. The last minute addition of the Basic set of Standards really slowed us down, because we had started the preparation process, then had to stop while we waited to see what the basic set was and if it would be a choice for us.
4. Although the reviewers were helpful on issues of community health and public health nursing programs, I didn't feel that they had a particular interest for environmental health programs. In the next standards review process, if environmental health is viewed as an important part of this process, I hope that a reviewer is included that is a former environmental health specialist or EH Director that could help to clearly evaluate the type of documentation that could be provided and contribute useful input in relation to other county LHJ EH programs. It's challenging enough to get Administrators and local Board of Health members interested in EH programs, but there should be a rigorous and thorough review process that provides useful input by reviewers that not only have an interest in the process, but also have EXPERIENCE working in EH programs. That would help to legitimize this process even more and would have more buy in from all other EH Directors.
5. The significant changes since the previous version of the standards presented the need to basically start over. The linkages between these version does not allow for comparative

analysis of where we were versus where we are. Continuing this pattern of moving the target will not be productive.

6. More time. money. Not money that is currently supporting some of our few remaining public health programs. Suggesting that Local Capacity Development funding could/should be focused on the Standards simply makes the suggestor look ignorant of LHJ operations and makes LHJ staff cynical.

PHAB

1. The website is great but there were repetitive breakdowns in being able to open links. These were swiftly repaired whenever I reported the errors. I think [DOH staffer] is great - she seemed to be stretched in too many directions at times, and was not able to reply to my inquiries within a week several times.
2. While somewhat useful, this has taken a lot of man-hours to complete in a small LHJ that is understaffed already...
3. I thought the reviewers were great...very knowledgeable and cordial even when they didn't accept some of our documentation. :)
4. This is my third round of standards review and each time I wonder if the benefit of this exercise exceeds the cost. Given the rapidly diminishing resources available for public health I found myself often frustrated with the amount of time spent reading and attempting to interpret performance standards that often seemed to be repetitive or immaterial to public health outcomes.
5. It would be helpful to have the standards evaluation results available for review before the site visit. It was difficult for us to have a meaningful discussion with review staff because with a few exceptions we didn't know how we fared in meeting the different standards.
6. The on-site meeting should coincide with the full standards review and report so we can learn at that time where we are on track and not meeting standards.
7. As stated above, more information on how to use the standards process to support organizational culture change.
8. Site Visit reviewer was wonderful!
9. The feedback we got after the off-site review needed more clarity. What each column was/meant wasn't clear. Why were some documents listed under "documents applied for scoring" and not others? Some of the comments were somewhat obtuse. We spent quite a bit of time reading & re-reading trying to understand what the reviewer wanted or thought needed improvement.
10. This activity should be shared with the media so that the community knows the LHJ is reviewed and progress is being demonstrated through the quality improvement cycle.
11. The process took too long with too many standards/measures. This impacted our ability to provide public health services to the community. Communicable Disease control seems to be repeatedly required to demonstrate meeting more standards than other areas-including standards that are not especially relevant - such as regulatory oversight. Frequently the problem is to do with lack of documentation for activities that are being done. This begs the question about whether we are doing this process to improve public health or to improve our ability to be assessed- they are clearly not the same things.

12. Keep Standards/Measures somewhat consistent for each cycle to enable reviewers and agency to draw accurate picture of progress (look back) and opportunities (look forward) for improvements.
13. Some standards are much more important than others in improving local public health programs. Not all are equal and shouldn't be counted as such. The standards should be weighted so departments spend time on attaining/implementing those more important standards first.
14. This exercise was time consuming. I suggest that if an LHD scores highly that it either be allowed to skip the next iteration, or to complete a "PHS-lite" process at the next iteration. In either case it would revert to the standard process for the subsequent iteration. This would save the high-scoring agency from repeating the costly exercise, and allow DOH to focus on the lower performing agencies in the state. A clear articulation of the value of this process and investment of resources would be useful. Beyond the intrinsic satisfaction of perhaps scoring well, and beyond the possible nexus with some DOH funding streams...what is the practical, applied value of this process? Let's have some case studies showing the demonstrable change in process, service, or (ideally) health outcomes in participating jurisdictions.
15. We need to close the remaining gap between the state standards and the national standards so we don't have to go through duplicate reviews in the future.
16. The WaDOH standards web info was poorly organized and not particularly useful. The overall utility of this process is debatable; it is not apparent what benefits obtain from the investment relative to the time and energy invested. I would like to have seen any tangible evidence or testimonials from LHDs or WaDOH regarding specific changes or improvements resulting from the previous iteration. I'd suggest that agencies scoring sufficiently well be allowed or directed to go through a PHS-lite process next time around, with perhaps a full process on the subsequent iteration. Why spend LHD and WaDOH time and energy confirming what we already know? In this fashion we could (1) provide a reward (or incentive) for doing well, (2) focus resources on the agencies with the most needs (and perhaps provide more direct support to those agencies). Executing this process well, which I believe we did, requires substantial time. Without real institutional support, this turns into just one more (time-consuming) thing to do--which is not a WaDOH issue, but is still an issue. I urge participating LHDs to 'budget' staff time for this rather than making it an 'additional duty'.
17. While the guidance was critical to prepare for this review, more needs to be done to make the guidance comprehensible. When 10 experienced public health professionals, many with Master's Degree's or even PhD's cannot determine what the guidance is asking for, or whether a specific piece of documentation does or does not meet a specific set of guidance criteria, there is something wrong with the criteria. Unless the goal is to keep an army of consultants employed from now on, more "plain language" work needs to be done to improve the guidance.
18. Though demanding this work certainly identifies shortcomings which we will address. This is great preparation for an application for accreditation with PHAB.
19. This years process was so much more enjoyable - we started early, formed a team, we held meetings twice a month, had discussions and implemented a new software application for storage and sharing.

APPENDIX C: SURVEY INSTRUMENT

Please help us evaluate the recent LHJ Standards Review by responding to the following questions. Your responses will help to plan for future Washington State performance reviews. We estimate this questionnaire will take 10-15 minutes to complete.

Confidentiality Statement: Your answers are confidential and will be analyzed collectively with other participant responses. The NWCPHP does not disclose individually identifiable responses. Please mark only one answer for each question unless otherwise requested. At the end of the survey, please click “Done” to submit your responses.

1. Estimate approximately how many months you spent preparing for the 2011 LHJ Standards Review?
 - < 1 month
 - 1-2 months
 - 3-4 months
 - 5-6 months
 - >6 months

2. Estimate approximately how many hours **you individually** spent preparing for the the 2011 LHJ Standards Review?
 - <= 20 hours
 - 21-60 hours
 - 61-100 hours
 - 101-140 hours
 - >140 hours

3. Estimate approximately how many hours **your agency** spent preparing for the the 2011 LHJ Standards Review?
 - <= 60 hours
 - 61-200 hours
 - 201-340 hours
 - 341-500
 - >500 hours
 - Don't Know

4. The time provided since the launch of the Standards Review in early summer 2011 was adequate to prepare and submit **documents** the 2011 LHJ Standards Review.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
5. What was your role in the 2011 LHJ Standards Review?
- LHJ Standards Coordinator (led standards preparation)
 - Team Member- (responsible for identifying and preparing materials)
 - Occasionally assisted with preparation
 - Did not assist with the preparation (**if answered, directed out of survey**)
6. My health department participated in:
- Basic Washington Standards Review:** The Basic set (reduced set by 60% fewer measures than the WA set).
 - Full Washington Standards Review:** The Washington set of standards and measures (80% overlap with the PHAB Beta set).
 - National PHAB Accreditation Preparation Review:** The full set of PHAB/National Standards as well as several Washington only measures.
7. Which LHJ do you work in? (**required question**)
- | | | |
|--|---|--|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Skagit |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Kitsap | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Benton-Franklin | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Chelan-Douglas | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Lewis | <input type="checkbox"/> Tacoma/Pierce |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Mason | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Northeast Tri County | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Garfield | <input type="checkbox"/> Pacific | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Grant | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Seattle/King | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Island | | |

(Each person only sees the appropriate review questions, based upon their LHJ)

8. Please rate your level of agreement with the following statements on why your agency chose the **Basic** review:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Time constraints					
b. Financial constraints					
c. Absence of dedicated personnel capable of leading Standards Review preparation					
d. Absence of personnel knowledgeable about leading Standards Review preparation					
e. Lack of confidence in ability to complete more extensive review.					
f. Lack of leadership or Board of Health support.					
g. Cost of doing more extensive review outweighed value/benefits to our agency					
h. This type of review was the best fit with overall agency workplan.					
i. Other, please specify _____					

9. Please rate your level of agreement with the following statements on why your agency chose the **Full Washington** review:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Time constraints					
b. Financial constraints					
c. Dedicated personnel capable of leading Standards Review preparation					
d. Personnel knowledgeable about leading Standards Review preparation					
e. Lack of confidence in ability to complete more extensive review.					
f. Other, please specify _____					

10. Please rate your level of agreement with the following statements on why your agency chose the **National PHAB** review:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Personnel capable of leading Standards Review preparation					
b. Personnel knowledgeable about leading Standards Review preparation					
c. Confidence in ability to complete chosen review.					
d. To prepare for voluntary national accreditation					
e. Our agency has personnel with time dedicated to completing the review.					
g. Other, please specify _____					

11. The following strategies were helpful in my preparation for the 2011 LHJ Standards Review.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Started the preparation process well in advance of the review.					
b. Used an advisory team/group to prepare					
c. Most/all of the preparation was conducted by one or two people.					
d. Preparation was split among a large group of people.					
e. Created a Standards Review team					
f. Used available assessment staff					
g. Created a time line to prepare.					
h. Contacted other LHJs for assistance					
i. Contacted DOH for assistance					
j. Conducted a peer review (mock review) of documents					

12. The following tools were helpful in my preparation for the 2011 LHJ Standards Review.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. SmartPH Online Course: Orientation Washington's Standards for Public Health					
b. DOH Training: Preparation for Standards Review					
c. DOH Training: MindManager Software					
d. MindManager Software					
e. FAQs about Standards included in the PHIP Nuts & Bolts newsletter					
f. Agency-wide Team Meetings					
g. Summary of 2010-2011 Standards for Public Health in Washington State					
h. Guidance for 2010-2011 Standards (Guidelines) for Local Health Agencies					
i. Public Health Accreditation Board (PHAB) Acronyms and Glossary					
j. LHJ Program Review Table					
l. LHJ Guidance for 2010-2011 Standards (Guidelines for Basic Set of Public Health Standards)					

13. What additional tools or strategies, if any, did you use in preparation for the 2011 LHJ Standards review?

14. To what extent were the following barriers in preparing for the 2011 LHJ Standards Review?

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. Time to prepare					
b. Lack of knowledge of review process.					
b. Using Mind Manager					
c. Clarity of requirements					
d. Finding documentation					
e. Selecting documentation					
f. Inability of staff to complete other work					
g. Management support					
h. Board of Health/Commissioners support					

15. What additional barriers, if any, did you face in preparation for the 2011 LHJ Standards review?

16. Please rate your agreement with the following statements: **(required)**

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. I was able to use the LHM Guidance Document (Guidelines) to identify documents that met the intent of the 2011 Washington State Standards and Measures					
b. The Guidance Document (Guidelines) for Local Health Agencies were clear					
c. Participating in the Standards Review improves the quality of our agency's work.					
d. Participating in the Standards Review helps to instill a culture of quality improvement in our agency.					
e. Participating in the Washington Standards Review has helped prepare us for national voluntary accreditation.					
f. Our agency plans to apply for national voluntary accreditation in the next 3 years.					

17. Please rate your agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. The 2011 Standards Review timeline was clearly communicated.					
b. The 2011 Standards Review timeline gave enough time to prepare and submit necessary documents.					
c. I knew who to contact when I had questions or needed clarification					
d. Those I contacted for clarification responded to my questions in a timely manner.					
e. Responses to my questions were clear.					
f. Responses to my questions were useful.					
g. The Standards Review website was a good way to organize Standards information.					
h. It was easy to find materials on the Standards Review website.					
i. The Standards Review website had all the materials I needed.					

18. What type of Closing Conference did you participate in: **(required question)**

- A On Site Visit
- Conference Call or iLinc Session **(skip to 19)**

19. Please rate your agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. The Site Visit schedule was clearly communicated.					
b. The Site Visit time was sufficient.					
c. The site visit provided us with useful feedback.					
d. The site reviewers were knowledgeable about the standards.					

20. Please rate your agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. The phone call agenda was clearly communicated.					
b. The phone call time was sufficient.					
c. The phone call provided us with useful feedback.					
d. The reviewers were knowledgeable about the standards.					

21. Please list any additional lessons you have learned from the 2011 LHJ Standards Review process?

22. What additional resources would have been helpful in preparation for the LHJ Standards Review?

23. Please list any additional comments or suggestions here.

Thank you for completing the questionnaire!