Recommendations for Public Health System Improvement in Washington State

(The Public Health Standards Workgroup proposes that Washington's public health system focus on the three recommendations captured in boxes over the next 3 to 5 years. These are pending the Public Health Improvement Partnership's approval.)

September 14, 2011

Recommendations are made to assist local and state agencies in developing meaningful approaches to address deficiencies and capitalizing on opportunities.

1. Development and Implementation of Strategic Plans

The result for one measure in Standard **5.2** - Strategic Plans was below 50% demonstrated in the National/Washington set and two measures were below 50% demonstrated for the Basic set. Specifically, measure **5.2.2** scored 43% demonstrated in the National/Washington set and 20% demonstrated in the Basic set. While most LHJs have developed Strategic Plans, many of the plans did not include objectives with measurable, time-framed targets, a requirement to meet measure **5.2.2**. Of those LHJs that submitted Strategic Plans, only 45% of the Basic set and 55% of the National/Washington set were able to demonstrate implementation of the Strategic Plan in measure **5.2.3**.

Recommendation: Ensure that all state and local Strategic Plans include objectives that have measurable and time-framed targets. This improvement will provide the capacity to effectively monitor progress on the implementation of the Strategic Plans.

2. Development and Implementation of Community Health Improvement Plans

Two of the lowest scored measures in the National set were related to Community Health Improvement Plans (CHIP) in the LHJs. Of the ten LHJs that submitted the National set, only four (40%) submitted a CHIP that met the requirements of measure **5.3.2**. While all four of these LHJs demonstrated implementation of at least two strategies in their CHIP (Measure **5.3.3**) none of the four demonstrated monitoring progress or revision of the CHIP (0% demonstrated for Measure **5.3.4**).

Recommendation: Establish methods and templates for all health departments to develop and implement a State/Community Health Improvement Plan (SHIP/CHIP) and support health departments' SHIP/CHIP planning and development activities in a systematic way.

3. Taking Action on Data Analysis-Closing the Plan-Do-Study-Act Cycle

Many of the local and state health departments were only able to partially demonstrate performance on measure **9.1.5** – evaluating the effectiveness of programs and identifying improvement opportunities due to a failure to complete the **Plan-Do-Study-Act (PDSA)** cycle of improvement (e.g., not taking action on the results of monitoring program performance measures). Several recommendations related to specific areas that need 'closure of the **PDSA** loop' are described below.

Recommendation: All state and local management and evaluation processes should emphasize taking action in leadership and governance minutes and reports.

4. Continued Emphasis on Monitoring Performance Measures and Using the Results

While more agencies and programs at both the state and local level demonstrated the establishment of program goals, objectives and performance measures and the monitoring the results than in 2005 and 2008, this is still a system-wide area needing improvement. Standard **9** continues to have the third lowest level of performance (59% demonstrated). Measures **9.1.3**, **9.1.4** and **9.1.5** were scored through the review of 48 separate programs. Measures **9.1.3 B**, **9.1.4 B** and **9.1.5 B** are a prime area to demonstrate 'closing the **PDSA** loop' by tracking, analyzing and using program specific performance measures. There are numerous examples of exemplary practices at both the local and state level that will be available to be used by lower performing programs to improve.

Recommendation: All programs in LHJs and DOH should continue their focus and initiatives to establish and monitor performance measures and use the results to improve programs and services.

5. Implementation of Quality Improvement

Standard **9.2B** requires the development of an agency Quality Improvement (QI) Plan and conducting of quality improvement efforts and training. This was the lowest scored standard (50% demonstrated) in the National/Washington standards. Only 29% of the 14 LHJs were able to demonstrate having a QI Plan, only 50% demonstrated implementing quality improvement efforts, 64% demonstrated conducting quality improvement training for staff; of the LHJs that had QI Plans, only 50% demonstrated the review and revision of the QI Plan for measure **9.2.4 B**. DOH also only partially met measure **9.2.4 B**.

Recommendation: Ensure that health departments establish plans for conducting quality improvement efforts and for training their staff in quality improvement methods and tools.

6. Customer Satisfaction

Measure **9.1.6 B** requires that a systematic process for assessing and improving customer satisfaction be established in all agencies. At the local level, only 29% of LHJs that submitted the National/Washington set were able to demonstrate that they had established and evaluated customer service standards.

Recommendation: Establish systematic customer satisfaction processes in all health departments and monitor satisfaction results to identify areas for improvement.

7. Performance Evaluations with Training Plans

Measure **8.2.1 B** requires that performance evaluations are conducted routinely and include training plans that are updated annually. This measure was demonstrated by only 50% of LHJs submitting the National/Washington sets and by only 45% of the LHJs submitting the Basic set.

Recommendation: Ensure that performance evaluations, including plans for training and development, are conducted annually for all staff.

8. Agency Knowledge and Application of Laws

Measure **6.2.1 B** requires that agencies show how they train appropriate staff in the knowledge and application of public health laws. Only 14% of the LHJs submitting the National/Washington sets were able to demonstrate this measure while 79% partially met the measure.

Recommendation: All LHJs should develop a list of the positions with regulatory and enforcement responsibility and ensure that training for consistency in the application of public health laws is documented. In addition, LHJs need to establish processes to ensure the consistency of the application of laws, such as audits or case review.

9. Review of Prevention and Health Education Information

Measure **3.1.4 B** requires the review of all types of educational materials at least every other year. This was another area with low performance in the last two cycles as well as in this performance review. Of the 14 LHJs that submitted the National/Washington set only 21% were able to demonstrate this measure.

Recommendation: Implement systematic processes for the regular review of materials to revise or improve them, as needed.