

While in beautiful downtown Yakima the last couple of days I spent some time going through the Standards and measures to come up with some suggestions on how they might be pared down for Option 3 for smaller LHJs. I attempted to apply the following ideas:

- I assumed smaller LHJs would not address the optional standards. Those are the PHAB national accreditation standards that had no close equivalent in the Washington State standards.
- I tried to retain measures addressing the essence of each major theme in the standards, but looked for measures to omit that drilled down to require more detail. This is not to say those details are trivial, but if we have to give up some measures these seemed like relatively good candidates.
- I looked for measures that were less relevant or applicable to smaller LHJs. For example, small LHJs have relatively few opportunities to make assessment-based public health policy decisions, and don't usually develop and update their own educational materials.
- For some measures, the required documentation could be reduced without losing most of the measure's value.

Aside from the question of which measures to omit, we probably need to consider a couple of other questions. Should there be an LHJ size cutoff above which Option 3 is not available? Should that be FTEs (perhaps < 25?) or population served (< 100k?) or something else? Also, we need a way to refer to this version of the standards which is not pejorative. Actually, just calling it Option 3 is fine. Or we could call it the Small LHJ version. Finally, there is the possibility of dropping the third required program for applicable measures.

What follows is just one person's take on this after one pass through the Standards, and I am offering it only as a discussion starter. Actually I was surprised that there were only 31 measures left (out of 78, I believe) when I got to the end. I looked only at the non-optional measures. For some measures, I suggested a reduction in the documentation requirements.

Domain A – 11 measures currently.

Keep 2:

A1.2B – Confidentiality

A2.3B – Financial management system

Domain 1 – 10 measures currently.

Keep 4:

1.1.1B – 24/7 surveillance system to receive reports

1.2.2L – Reporting public health data to the public.

Required documentation: first bullet item only (2 examples), omit other requirements.

1.3.1B – Use of data in public health decisions.

1.3.3L – Annual report to BOH.

Omit requirement for documentation of specific BOH decisions based on annual report.

Domain 2 – 8 measures currently.

Keep 5 measures:

2.1.1B – Protocols/procedures for investigations.

2.1.5B – Timely reporting of notifiable conditions and investigation results (omit lab reporting).

Do not require copies of applicable laws.

2.2.3B – AARs

Require 2 examples of AARs, but allow exercise AARs (not just real events). Omit other required documents.

2.4.2B – 24/7 system to alert community/providers/responders.

2.4.4B – Timely communications to public during emergencies.

Allow examples from exercises as well as actual emergencies. Allow info provided to public via media.

Domain 3 – 9 measures currently (11 instances when applied to individual programs).

Keep 3 measures:

3.1.1B – Provide public with prevention/wellness info.

3.1.2.B – Implement health prevention strategies.

3.2.4B – Information is made available through various methods including a web site.

Domain 4 – 3 measures currently.

Keep 1 measure:

4.1.1B – Active community partnerships.

Two examples with list of participants, omit other documentation requirement.

Domain 5 – 6 measures currently.

Keep 2:

5.2.2B – Develop strategic plan.

5.4.2 – Develop/maintain public health emergency response plan.

Domain 6 – 8 measures currently (15 instances when applied to individual programs).

Keep 5 (9 instances):

- 6.2.2B – Make laws and regulations available to public.
- 6.2.3B – Education provided to regulated entities re compliance.
- 6.3.1B – Protocols for enforcement actions.
- 6.3.2B – Inspection frequency per regs, or risk based frequency.
- 6.3.4B – Analyze data on complaints and investigations.

Domain 7 – 5 measures currently.

Keep 1:

- 7.2.1B – Collaborative effort to improve healthcare access.

Domain 8 – 6 measures currently (12 instances when applied to individual programs).

Keep 4 (10 instances):

- 8.1.2B – Job descriptions available to staff.
- 8.1.3B – Confirm staff/hires have necessary qualifications, licenses.
- 8.2.1B – Performance evaluations and training plans.
- 8.2.3B – Staff leadership/development activities.

Domain 9 – 11 measures currently (17 instances when applied to individual programs).

Keep 4 (4 instances):

- 9.2.1B – Establish QI plan.
- 9.2.2B – Implement QI efforts.
- 9.2.3L – Staff participate in QI methods and training.
- 9.2.4L – Review QI plan & results annually.

Domain 10 – 1 measure.

Omit.