



PUBLIC HEALTH ACCREDITATION BOARD

Beta Test Site Visit Report

Cover Sheet

Health Department Name:	Washington State Health Department
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<i>Check one:</i>	
Local Health Department	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>
Tribal Health	<input type="checkbox"/>

Name of State:	Washington
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Site Visitor Team Chair (name):	Christopher Atchison
Site Visitor Team Member (name):	Bonnie Sorensen
Site Visitor Team Member (name):	Steve Ronck

Dates of Site Visit:	June 1-4
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I. General Characteristics of the Health Department

The Washington State Department of Health was established in 1989 as a cabinet level agency with the agency head appointed by and a direct report to the Governor. The current Secretary of Health, Mary Selecky, took office in 1999 and is the longest serving cabinet official in Governor Gregoire's administration. Together with 35 local public health agencies, serving 39 counties, and 95 licensed hospitals, the agency serves a state population of approximately 6.6 million individuals. This figure reflects a state which has had a population increase of 13.1% since 2000, a rate which is considerably more than the 9.1% the Census reports for the nation as a whole.

The Department's organization includes a State Board of Health which has programmatic regulatory authority as well as advisory responsibilities. The Board's administration, although housed within the health department, is considered to be independent of the Department.

Washington is a strong home rule state with local initiatives and independent local health agencies. These agencies are voluntarily organized through the Washington State Association of Local Public Health Officials which is affiliated with the state Association of Counties. In order to promote greater collaboration, under legislative direction, the agency has established the Public Health Improvement Partnership. This new mechanism should only serve to enhance the planning, implementation and assurance of public health programs across the state.

The agency head is a non-physician who is supported by a physician State Health Officer. Staff units in the agency include: public health systems development; policy, legislative and constituent relations; the office of communications; public health preparedness and response and the office of performance and accountability. The agency is further divided into five operating divisions: central administration; community and family health; environmental health; epidemiology, health statistics and public health laboratories; and health systems quality assurance.

The agency budget approved for 2010 was \$1.137 billion of which \$ 180 million was state general fund appropriations. This supported a staff of just under 1,500 employees primarily located in Tumwater, Washington just outside the state capitol of Olympia. Another primary location for the agency is in Seattle and the campus of the University of Washington, approximately, 1 hour away, where the state public health laboratory and infectious disease epidemiology officials are housed.

II. Administrative Capacity and Governance

- **Standard A 1.1 Demonstrated:** The agency maintains an on-line policy and procedures manual as well as a current organizational chart. The agency also conducts a review of policies, by unit, on a triennial basis. Orientation to these materials is provided to all new employees.

- **Standard A 1.2 Demonstrated:** The agency has a confidentiality policy, reviewed as of March 2010. Employees provided training through the SmartPH classes and attest to their understanding of the elements of confidentiality. These forms are countersigned by the employee's supervisor.
- **Standard A 1.3 Demonstrated:** The agency follows an Executive Order of the Governor (05-03 – Plain Talk) which directs agencies to be user-friendly. The agency particularizes this policy through guidelines on writing and style and web page accessibility. Training is provided and the agency provided documentation of the agendas for several of these offerings.
- **Standard A 1.4 Demonstrated:** Washington State has civil service and bargaining agreements which guide all human services policy and practice. These policies and agreements are incorporated into the agencies Policy and Procedure 07.050 et al which address the elements of this standard.
- **Standard A 1.5 Demonstrated:** The agency has its own IT operation which is aligned with the state's Department of Information Services. The agency of 1,500 employees features more than 2,100 active computers, either desktop or laptop. Information technology standards are in place and current at of January 2010.
- **Standard A 1.6 Demonstrated:** The agency occupies rental space in Tumwater, Washington which the site team found to be fully accessible. This observation if further confirmed by outside review which finds that the building meet all of the provisions of the Tumwater building code and ADA requirements.

- **Standard A 2.1 Demonstrated:** The agency submitted an audit report issues by the Washington State Auditor's Office for the period July 2007 through June 2008 as well as reports to the HRSA covering the period of April 2009 through March 2010. Agency response to the audit outlined the steps the agency would take to address findings.
- **Standard A 2.2 Demonstrated:** The agency provided documentation of an agreement between the agency and Harborview Medical Center (2009-2010) and with Planned Parenthood of the Columbia/Willamette (2010).
- **Standard A 2.3 Demonstrated :** The agency budget for 2009-2011 was provided as well as several analyses of program accounts. Additionally, an audit report from the Washington State Auditor was provided to describe accountability.
- **Standard A 2.4 Demonstrated:** The site team was provided with the agency's 2009-2011 budget plan and decision packages as well as several examples of requests for outside funding.

- **Standard A 3.1 Demonstrated:** The site team was provided with the relevant sections of Washington Code which establishes and directs the work of the agency. Additionally the site team was provided with operational descriptions and organizations of the various programs and activities.
- **Standard A 3.2 Demonstrated:** Documentation provided by the agency describes the governing entity, i.e. the Governor's position in the State, the authority and guidelines under which the Governor executes her responsibilities.
- **Standard A 3.3 Demonstrated:** The agency provided information on the office of the Secretary including the procedure for her appointment, position status and responsibility.

- **Standard A 4.1 Demonstrated:** The site team was provided with a range of information including gubernatorial transition reports and the current Governor's Management Accountability and Performance (GMAP) tool which guides agencies in their implementation of gubernatorial priorities.
- **Standard A 4.2 Demonstrated:** The site team was provided with limited information regarding the agency's advice to the Governor re: her authority vis a vis public health. The example provided address emergency response and the public health role in those responses.

III. Assessments of Population Health and Public Health Issues

Standard 1.1

- **Measure 1.1.1 Demonstrated:** The guidance defined surveillance as "not only for reportable conditions, but to receive a report for any situation..." The Shellfish program and Reportable Disease (CDES) programs were presented as evidence of complete processes, confidentiality, 24/7 contact and testing of systems. Web access to the entire department also available.
- **Measure 1.1.2 Demonstrated:** The Reportable Disease (CDES) program was cited as the required documentation lists of providers, trainings, data reporting by site and distribution of data.
- **Measure 1.1.3 Demonstrated:** Four excellent examples were provided from Lead and Pesticide programs in Environment Health plus Center for Health Statistics (CHS) of collection of primary and secondary data.
- **Measure 1.1.4 Demonstrated:** Excellent examples were provided from Non Infectious Conditions Epi (NICE) and CHS of reports of data sent to local health jurisdictions (LHJs).

Standard 1.2

- **Measure 1.2.1 Demonstrated:** Two excellent examples were provided of original analysis and conclusions that were shared and discussed with stakeholders from the Tobacco and Food Safety Programs.
- **Measure 1.2.2 Demonstrated d:** Multiple examples were provided from CDE of analysis shared with LHJs, examples from Tobacco of county-specific data and resources meeting community needs distributed statewide. Also specific examples were provided from the Nutrition and Physical Activity program meeting LHJ community needs.

Standard 1.3

- **Measure 1.3.1 Demonstrated:** At least six examples of use of data to inform policy were provided from the Food Safety, Immunization and Nutrition and Physical Activity. Most impressive were the two examples from the Food Safety program; one of which was the bare hand contact as source of food borne illnesses which resulted in changes of inspection forms to impose more severe penalties on facilities in violation. The other example was the analysis of food borne illness caused by food slicers which has had nationwide impact and is ongoing at this point in time.
- **Measure 1.3.2 Demonstrated:** Health of Washington 2007 is an extraordinary global profile that includes health status, infectious disease, risk/protective factors, chronic illness, environment, maternal and child health, occupational and health care services which was broadcast in 2008 via media press release plus available on website.
- **Measure 1.3.3 Demonstrated:** More than two extraordinary examples of local public health indicators on web searchable by trend, jurisdiction and by indicator were provided. Also, there is extraordinary web availability of assessment tools, templates and examples of LHJ use of community assessments.

IV. Investigations of Public Health Problems and Hazards

Standard 2.1

- **Measure 2.1.1 Demonstrated:** There are perfect protocols from CDES for pertussis and Food Safety plus standard operational protocol for failing wastewater system.
- **Measure 2.1.2 Demonstrated:** Both CDES and Wastewater had documentation of expertise and capacity to manage multiple, concurrent investigations.

- **Measure 2.1.3 Demonstrated:** Résumés and job descriptions of both non infectious epidemiologist and environmental epidemiologist were included. Also a completed investigation of cluster of aplastic anemia related to benzene plus completed pesticide summary report was presented.
- **Measure 2.1.4 Demonstrated:** MOA with Dept of Fish and Wildlife plus a report of a joint investigation with tribes in Shellfish program were provided; also MOA with Dept of Agriculture and USDA and Cross Border Mutual Assistance agreements in CDES; also joint investigation with Dept of Agriculture of raw milk and cookie dough outbreak.
- **Measure 2.1.5 Demonstrated:** All three requirements, tracking log of WNV lab tests, performance of timely reporting results sent to LHJs, copies of applicable reportable disease laws were provided.
- **Measure 2.1.6 Demonstrated:** There are extensive logs of technical assistance calls/emails plus periodic and regular training of LHJs by Wastewater and Food Safety programs.

Standard 2.2

- **Measure 2.2.1 Demonstrated:** Complete protocols including contacts, clinical management, prophylaxis, biologics and legal authority were provided for Pertussis and Botulism.
- **Measure 2.2.2 Partially Demonstrated:** One requirement is "describing initiation triggers for All Hazards/ERP..." Guidance states "department is to show that the containment/mitigation protocols include the criteria for when a particular PH event will trigger use of department's all hazards or ERP." CDES provided CEMP which referenced Annexes 1-7 for small pox, SARS, Pan Influenza, vector, food borne and environmental health. The CEMP did not describe criteria for trigger for all hazards response. Although annexes requested, not provided and in response to question about triggers in CEMP or annexes, Daniel Banks responded that the department does not use triggers, but rather processes. He further stated that the department's response evolves or expands through regular communication with the senior management officials including the Secretary who make up the Assessment Response Team (ART). The environmental health Radiation protocols were provided including the low threshold for activating SEOC and calling 208 NUCLEAR. The WNV protocol was presented as phased response to burden of disease.
- **Measure 2.2.3 Demonstrated:** The threshold for AAR was Department EOC activation per Daniel Banks. List of events and completed H1N1 AAR was provided.

Standard 2.3

- **Measure 2.3.1 Demonstrated:** ERPs for Radiation and Public Health Emergency Response Program (PHERP) , policies and 24/7 for PHERP, call down lists for CDES and PHERP plus MOA for Shellfish enforcement were provided.
- **Measure 2.3.2 Demonstrated:**The co-location of infectious epidemiologists and lab is definitely advantageous. All examples provided including CLIA certificates, ERP for laboratory response network, CDES policy for lab, MOA with Alaska, Oregon, Idaho and Washington for lab assistance plus lab specimen protocol all provided.
- **Measure 2.3.3 Demonstrated:** ERP again cited, a spreadsheet of all Department employees who will volunteer and MOA for mutual assistance aid presented. On site, Medical Reserve Corps at local level mentioned to be considered to assist state. EMAC also mentioned on site visit.
- **Measure 2.3.4 Demonstrated:** PHERP examples of MAA for 2009 flood, additional draft MAAs, an H1N1 steering committee roster plus conference call and meeting notes presented. Table top exercises for LHJs mentioned during on site visit. Although 2.3.3 and 2.3.4 measures were deemed determined by virtue of examples presented, could benefit by enhanced work in these areas.

Standard 2.4

- **Measure 2.4.1 Demonstrated:** ERP again presented plus PHERP call down list and after hour contacts. Website access plus emergency communication plan section of overall communication plan presented.
- **Measure 2.4.2 Demonstrated:** SECURES is HAN system used by 11 other states plus evidence of 2009 test contact of LHJs presented.
- **Measure 2.4.3 Demonstrated:** H1N1 press release, fact sheets on website presented.
- **Measure 2.4.4 Demonstrated:** again multiple examples of timely information by website, fact sheets, releases in response to H1N1 presented.
- **Measure 2.4.5 Demonstrated:** extensive examples of communications, calls, guidelines provided to LHJs for Wastewater, Food Safety and PHERP.

V. Education of the Public

Standard 3.1

- **Measure 3.1.1 Determined:** Two examples from Tobacco program; one being news release and clippings on news reports about decreased smoking in WA. The second was news release and news clippings about the Health Youth Survey (HYS). Of note, on site, we learned about Immunization effort to educate moms of children 0-5 by adding age-appropriate prevention/health promotion messages to their 17 immunization reminders.
- **Measure 3.1.2 Demonstrated:** Several examples presented the best of which was a Healthyfish Choices Grocery Store Pilot including Healthyfish Guide and point of purchase cards based on social marketing. A second best example from Nutrition and Physical Activity was a revised plan for Action for Healthy Kids related to an assessment.

Standard 3.2

- **Measure 3.2.1 Demonstrated:** General information on department website plus multiple examples of educational materials with department logo was presented.
- **Measure 3.2.2 Demonstrated:** A well-written communication plan was presented.
- **Measure 3.2.3 Partially Demonstrated:** The same communication plan with section highlighted about communication during emergency activation was presented. On site, Cindy Gleason in PHERP stated that risk communication was handled by the communication office. The distinction between routine media communication and risk communication did not appear sharply defined. The communication plan did not delineate protocols or give guidance to anticipate, respond or prevent a crisis per the accreditation guidance. The communication plan also did not contain protocols for how to provide information for a given situation or describe how to deal with media during crises.
- **Measure 3.2.4 Demonstrated:** The website contained all the defined elements to make information available. As described by Bob Clark current website redesign should further improve public access and use.
- **Measure 3.2.5 Demonstrated:** Demographics, interpretive staff, TTY and two examples of multi-language material were presented.

VI. Engagement with the Community

Standard 4.1

- **Measure 4.1.1 Demonstrated:** Three excellent examples were provided of ongoing partnerships and evaluation of such were provided by Tobacco, Nutrition and Physical Activity and the Immunization programs.
- **Measure 4.1.2 Demonstrated:** Recruitment of extensive partnership by Immunization program to implement 2008 grant to increase adolescent immunizations. Used project manager and model for engagement including multiple focus groups and key interviews to engage.
- **Measure 4.1.3 Demonstrated:** Examples from Tobacco, Nutrition and Physical Activity and Immunization of documented requests for TA about recruitment and documentation of actual assistance provided.

Standard 4.2

- **Measure 4.2.1 Demonstrated:** Although only two examples of statewide assessment reports and their resultant dissemination were required, Department provided three comprehensive examples from Tobacco, NICE and Public Health Systems and Program Development. This measure is one of the Department's greatest strengths in light of the statutory requirement of LHJs to do assessments and the Department's effort to assist LHJs in compiling this data.
- **Measure 4.2.2 Demonstrated:** One example cited of educating elected official was Senator Parlette to support a Tobacco initiative. There was also cited an H1N1 conference call with elected officials as well as a presentation to the Board of Health by PHSPD on the standards assessment of LHJs.

VII. Public Health Policies and Plans

Standard 5.1

- **Measure 5.1.1. Demonstrated:** Provided the two required examples. The bill tracking system and the bill summary document were dated and appear to be ongoing documents. They have shown the list serve of Local Public Health Officials and the document is dated. They also describe an active relationship with ASTHO, Local Administrators and policy makers.
- **Measure 5.1.2. Demonstrated:** Showed the necessary documentation to meet this measure. Examples of this are the Water Supply Advisory Committee Roster, 1-8-10, and the Emergency Medical Services and Trauma Care Steering Committee meeting agenda dated 9-16-09.
- **Measure 5.1.3. Demonstrated:** Showed examples documenting necessary policies such as Healthcare Associated Infection Program dated 7-09. This plan relates to the mandatory healthcare associated infection regulatory efforts. They also have policies associated with Childhood Lead Poisoning Prevention Program dated 1-09. They produced a plan for Identifying and Eliminating Tobacco Related Disparities dated 1-09. They showed an assessment of smoking in adult populations by race.

Standard 5.2

- **Measure 5.2.1: Determined:** Documented the Strategic Planning Process Proposed timelines dated 9-18-07 and showed that this is an ongoing process thru 5-08. During this time they showed evidence that they communicated the plan to staff. They implemented the plan in 2008 and will

evaluate yearly beginning in May 0-09 and have a plan to evaluate in May 2010 and May of 2011. They produced a document showing a 12 member listing of committee members showing scheduled monthly meetings. Their QI plan is very detailed and seems to be very inclusive.

- **Measure 5.2.2: Determined:** Their QI plan showed detailed Mission, Vision, and Values statement. Their goals and objectives are measurable and time framed. They presented and excellent plan that was very well written. It is time framed beginning in 2009 through 2013.
- **Measure 5.2.3: Determined:** They used the Health Map process to conduct implementation of agency strategic plan. A PowerPoint presentation was included in the documentation describing falls to the elderly, cancer, obesity, and tobacco prevention. This was an excellent PowerPoint presentation.
- **Measure 5.2.4: Determined:** They showed documentation with a draft update to the strategic plan dated 3-09 and again 5-10. It appears that their plan to update annually is occurring.

Standard 5.3

- **Measure 5.3.1: Demonstrated:** The Department used the Adverse Event Reporting dated 1-20-09 as an example of a State Health Improvement Plan. This document has goals and objectives and they do list the members of the coalition and the partners responsible of achieving the established goals. On 1-27-10 there is a report on the actions taken on the 2009 goals. There is crossover from the Improvement Plan to the Strategic Plan with the relationship between adverse events and tobacco elimination. There appears to be a clear correlation between SHIP and the State Strategic plan.
- **Measure 5.3.2: Demonstrated:** Washington has several documents for State Improvement Plan. Activities are carried out at the program level and then shared with senior management through regular Strategic Plan and health Map process. Showed evidence by using the first two sections of the Strategic Plan to address issues related to the health of the population. The first section addresses the goal of improving health outcomes with the priority to reduce smoking and improve patient safety.
- **Measure 5.3.3: Demonstrated:** Provided a document called Implementation Guidance. The document shows the action plan for tobacco and patient safety and is dated 7-09. All through this section there are different strategies that show the implementation actions.
- **Measure 5.3.4: Demonstrated:** There is sufficient documentation showing the monitoring of progress on strategies and health improvement of the SHIP. There is a memo that shows activity on patient safety in which they increased the measure based on action steps toward their goals. Again, through this section they indicate action taken to revise their plan. These revisions are based on evaluation by the appropriate programs.

Standard 5.4

- **Measure 5.4.1: Demonstrated:** Evidenced agency collaboration with other agencies to develop the all hazard plan. They have produced meeting agenda's dated 1-16-08 with accompanying notes. There is an agenda dated 1-20-10 with 50 plus partners in attendance. They produced after action reports that were excellent.
- **Measure 5.4.2: Demonstrated:** A Comprehensive Energy Management Plan is shown in our documentation. This plan is very precise and laid out in action steps that can be followed and

implemented. This plan has been reviewed in 2005-06-07. They produced a State Agency Liaison agenda dated 1-20-10. Another agenda reflecting a meeting 7-16-08 for PHEPR. There is an Interagency Agreement with Health, General Administration, and the Military Department to work together on state and national guidelines around emergency response coordination, roles and responsibilities of partners and communication with regard to the emergency response plan (ERP).

- **Measure 5.4.3: Demonstrated:** The emergency preparedness group in the agency provides consultations to local jurisdiction regarding risk communication. Within this group they have an excellent communication plan. There is a dedicated person whose job is to work in local jurisdictions giving technical assistance on risk communication when requested. In fact, this person was in a county doing a workshop at the time of the site review. There was a steering committee agenda and steering committee notes dated 6-10-09. I also observed a template to local jurisdictions updated in 2009.

VIII. Public Health Laws and Regulations

Standard 6.1

- **Measure 6.1.1 : Demonstrated:** They exhibited and Interagency agreement between the agency and the office of the Attorney General. This agreement relates to 4 SHB 1103. The agency also has staff attorneys available for programmatic opinions.
- **Measure 6.1.2 : Demonstrated:** a) Presented two examples of law reviews that have occurred in last three years. They are an analysis for rules concerning Trauma Service Designation dated 8-5 09. Also reviewed the use of substance level III drugs which included an amendment to the client section dated 1-7-08. B) showed an example of a permanent rule of substance Carisprodel level IV drug. This was a movement from level III to IV for greater protection of use by the public. This was effective 2-5-10. The Trauma Registry was updated on 2009.
- **Measure 6.1.3: Demonstrated:** a) They presented information of the Sunrise Act, chapter 18.120 RCW permitting qualified people to provide health services. An example given was a Colon Hydrotherapist. They showed agenda's documenting that meetings were held. b) Showed proof of distribution to the governor on the expert panel that would be convened by Dr. Maxine Hayes on 1-1-08. In 1-08 there was correspondence from Dr. Hayes to the governor showing the work of the expert panel.
- **Measure 6.1.4: Demonstrated:** a) Letter from Art Starry on 1-7-10 to a number of persons listing all the bills for the new legislative year. Also showed an assignment of bills to appropriate persons. This is shown in a grid format so that tracking is accomplished in an easy format. b) Protocols for policy collaboration were shown from Marie D. Flake on 1-26-10 to WSALPHO legislative committee. She further sent information to all members in an overview format.

Standard 6.2

- **6.2.1 : Demonstrated:** a) Listed positions with regulatory and enforcement responsibilities such as Attorneys and Laboratory. Positions clearly outlined their function and responsibilities as required in this section. b) They use staff attorneys within the agency as hearing examiners. Staff attorney training agenda was presented showing dates and times. Also showed spread sheet with names,

titles, and appointment date. c) Presented audits of public health law done by staff attorneys as scheduled and prescribed by the agency. Further they maintain agency policies and procedure and applies this knowledge in a consistent application throughout the agency.

- **6.2.2 : Demonstrated:** a) Showed example of online Web application for Dental Hygienist Exams. b) They showed an 8-09 mailing of Vol.1, Issue 3, Patient Safety Query. They also included a distribution list of where this mailing would be sent. c) They distributed information on the new approved tamper-resistant paper from the Board of Pharmacy.
- **6.2.3 : Demonstrated:** a) Showed three FAQ web sites as examples. 1) Ambulatory Surgical Facilities 2) Professions in Mental Health Counseling 3) Transient Accommodations inspections. b) Newsletters were sent informing the public on tamper-resistant pharmacy paper on 1-5-10. A second newsletter was sent on 1-09 by the Washington Board of Pharmacy concerning the prescription monitoring program. c) Listed training sessions for licensed Physiological Orientation on 2-28-08. This included a list of attendees. d) Showed the Board of Pharmacy meeting with signup sheets on 9-17-09. Also showed a hearing on 9-17-09 for schedule IV drugs. e) Showed a Law and Regulation update PowerPoint on 9-17-09 on Coloform Bacteria through e-mail.

Standard 6.3

- **Measure 6.3.1: Demonstrated:** a) Authority listed is RCW-18.130, the uniform disciplinary act. The act regulates health professions. WAC 246-360-035 is the authority to conduct on-site surveys for transient accommodations. b) Procedure 262 addresses complaint response. This addresses complaints, the purpose of the complaint and the monitoring of the progress of the complaint.
- **Measure 6.3.2: Demonstrated:** a) Presented the document Enhance Patient Safety- Strategic Plan. Also showed a spread sheet with complaints against health care professionals and the timelines for which the problems will be addressed. This measure crosswalks 4.11 S and 4.12 S. b) Same as part a above. c) Produced a log showing certificates of need and the review process with time lines. Showed data base showing when the investigation is complete. This document is dated 2009 and reports action taken, follow-up dates and final disposition.
- **Measure 6.3.3: Demonstrated:** a) Produced a flow chart with referrals, data base, log of actions, and evidence of compliance monitoring. b) Showed sample agenda for Chiropractic Commission meeting. Has an example of case reviews and case presentation showing action to come into compliance.
- **Measure 6.3.4: Demonstrated:** a&b) Documentation is consistent with examples shown previously. c) Presented an audit identifying weaknesses in the process and measurements. This document is dated 8-21-07. I believe that Washington is strong in their enforcement activities.
- **Measure 6.3.5: Demonstrated:** Showed several documents with examples of how they share information with the public in regard to enforcement activities. They showed examples of relationships with sister agencies and the written agreements between them. They showed conference agendas, attendance logs, and follow-up minutes. Seems to me they exhibited a good system of how they enforce public health law.

IX. Access to Healthcare

Standard 7.1

- **Measure 7.1.1: Demonstrated:** a) Collaborative Advisory Committee agenda. This group worked to establish a patient centered medical home. This agenda took place on 10-9-09. Minutes were also presented of the Northwest Region Stroke Committee and included the roster of members. Document was dated 12-8-09. b) In March 2009 The Regional Strategic Plan Collaborative met. The roster showed states represented as well individual members. Also showed a document of the American Indian Commission and Health Department plan. Included in this documentation was the American Indian Health Care Plan which was dated 7-07. They also produced the Guiding Principles to the Washington State Collaborative Advisory Committee. Present in the documentation were sign-in sheets dated 3-13-08. Numerous documents were shown emphasizing the meeting of this standard.
- **Measure 7.1.2: Demonstrated:** a) Showed two documents one was the 11-18-08 Assessing the need and potential location for additional level 2 trauma hospitals. The other document was the American Indian/American Native Improving Health through Partnerships. b) Signed letter of collaboration between the Representative of the Indian Health Plan and Secretary of Health Mary Selecky dated 7-07. Showed evidence of meeting of the Steering Committee Pharmacy Retreat 5-17-06. Worked with special groups around asthma, tobacco as well as many other examples.
- **Measure 7.1.3: Demonstrated:** Showed documentation of the evaluation of the American Indian Health Care Delivery system. Every two year the plan is evaluated and changed based on a needs assessment. Also looks at health status of Washington population and works in collaboration with groups such as Emergency Systems, Trauma Centers, and other groups. They have evaluated the need for State Emergency Air Medical Plan for central Washington (Very Rural). Has demonstrated work with the Emergency Cardiac and Stroke Care in Washington. Report shows many different partners were involved in this effort. They demonstrated the use of data analysis to identify gaps in service that were used to address the need for medical air service. This is an excellent report.

Standard 7.2

- **Measure 7.2.1: Demonstrated:** a) Showed a document dated 2008 called Improving Maternal and Infant Health, which is the example of working with coalitions and councils to reduce barriers. They also listed a document titled Maternal and Infant Health Workgroup dated 02-10-09 with conference notes, again, assessing the healthcare services and gaps. B) Showed proof of meetings with minutes between the Department of Health and Port Gamble S'Klellar tribe. This meeting was established to discuss long term care. Also included was a report entitled 2008

Tribal Indian Summit which was held in 12-08. There was an additional document on the American Indian Health Care Delivery Plan dated 08-08.

- **Measure 7.2.2: Demonstrated:** Department of Health has the Centennial Accord Agreement with the tribes showing outreach to tribes to improve access. Washington also has created the Decision Package in 2009 to support Women and Infants with money and personnel to develop better outcomes. Also documented was the use of telemedicine in trauma for rural counties In Alaska, Montana, and Idaho. In 2007 the Washington Collaborative made the decision to drop one program due to budget short fall in the state general fund and chose to continue to work on children's issues particularly on a medical home around obesity and asthma. Developed the Collaborative Handbook in 2008 as an effort to define partners.
- **Measure 7.2.3: Demonstrated:** Bill White worked to get additional funding for the contract with the Jamestown S'Klallam tribe to support work of the American Indian Commission. He also spoke at HHS Region X on 3-14-08 to identify American Indian funding. Washington's website has information on multicultural issues and cultural diversity. They have an intranet cultural diversity training available to employees at the State Health Department. In 2009 the Department of Health sponsored a multicultural summit with the theme of "Moving Barriers to Bridges". They offer a course called "Blind Sided" for National Disparity Employment Awareness Month in 10-09. Reviewer is impressed with the agencies move to be culturally competent.

X. Public Health Workforce

Standard 8.1

- **Measure 8.1.1 Demonstrated:** The agency has demonstrated its efforts to apply recruitment and retention policies and to make those available to the staff. There are eight required pieces of documentation associated with this measure and the department both met this requirement and provided additional information as well. Job postings clearly state the desire of the agency to apply equal opportunity standards in hiring and this information is shared publically. The agency provides workplace policy information via a web based New Employee Orientation as well as through their Human Resources portal. There is a web page which features information about employee satisfaction and employee accomplishments.
- **Measure 8.1.2 Demonstrated:** All new employees are provided a New Employee Orientation checklist (NEO Checklist) and supervisors are expected to use and document the use of this list during orientation.
- **Measure 8.1.3 Partially Demonstrated:** The Department's personnel system is overseen by the state through both civil service and, where appropriate, a Collective Bargaining Agreement with the State Federation of State Employees. Any special qualifications are to be stated in the Position Description Form as well as in any materials distributed pursuant to filling the position. Further, the Department houses much of the information the health professions and does review medical and nursing

licensure. However, the Department acknowledges that a complete review of all employees for all qualifications, such as specific certifications in the last two years.

- **Measure 8.1.4 Demonstrated:** The agency demonstrated collaboration with the University of Washington through the State Laboratory located on the UW campus. Further, the lab director told the site team of the significant interaction he has with the University in the recruitment of laboratory scientists.

Standard 8.2

- **Measure 8.2.1 Demonstrated:** The agency has an active and comprehensive employee evaluation process. This was demonstrated by example and a report provided during the site visit which documented the completion of annual employee performance evaluations.
- **Measure 8.2.2 Demonstrated:** Performance improvement is primarily addressed in the supervisor/employee workforce improvement process. This process is guided, in part, by a set of competencies developed by the agency. These competencies do not appear to reflect the adoption of a national set such as the Linkages Council however they do display the broad dimensions of qualities in the workforce a public health agency requires, e.g. not only technical competency but organizational relationships and cultural sensitivity as well.
- **Measure 8.2.3 Demonstrated:** The agency has a Training Quality Improvement Workgroup which is addressing the need for leadership and management development. The state enjoys a very active leadership program operated by the University Of Washington School Of Public Health in which the Agency is a regular participant. A list of employees and their participation in such training was provided to the site team during the site visit.
- **Measure 8.2.4 Demonstrated:** The agency provided documentation on requests for and response to those requests by local agencies. The agency facilitates local agency posting of job vacancies through APHA and its career mart.

XI. Continuous Improvement

Standard 9.1

- **Measure 9.1.1 Demonstrated:** The agency is involved in multiple and extensive efforts to develop performance management. The Governor has issued an Executive Order on Quality Improvement including a Government Management, Accountability and Performance (GMAP) process. Health is a defined element in this overall plan and the health department is a primary agency in the implementation of this Order. The GMAP process has produced documents and web based information which details the elements and progress of the health components in this plan.
- **Measure 9.1.2 Demonstrated:** With the Health Care element of the Governor's GMAP process the health department has identified a number of the critical measures including ones addressing chronic and infectious disease. These elements and the GMAP process itself are incorporated into the agency's strategic plan for 2009-2013.
- **Measure 9.1.3 Demonstrated:** The agency has both an overall strategic plan which provides more than the required number of examples addressing this measure. However, the agency also

submitted program level demonstration of goals, objective and performance measures meeting this requirement as well.

- **Measure 9.1.4 Demonstrated** The agency has complete reports on the two programs identified in 9.1.3, i.e. nutrition and physical activity and tobacco. Although constructed differently, each report is a data based summary of program accomplishments. Although there is not a time frame requirement these programs are current within the last 3 years.
- **Measure 9.1.5 Demonstrated:** The agency provided raw data on nutrition and a work plan update for tobacco. Different formats make comparability a challenge.
- **Measure 9.1.6 Demonstrated:** The agency provided the required elements of customer input into their programs. This included a current 2009-2011 Customer Service Action Plan for the organization of all departmental units into a customer service review process. One program was reviewed (radiation) for how customer feedback was applied.
- **Measure 9.1.7 Demonstrated:** Evidence of evaluation training as well as rosters was provided. The agency maintains a full roster of individuals, identified by expertise, who are available to local departments in the development of their community plans. An e-mail demonstrating the delivery of technical advice documents their assistance.

Standard 9.2

- **Measure 9.2.1 Demonstrated:** The agency has an extensive and comprehensive quality improvement plan, demonstrating each of the required elements and presented in a document which also describes the integration of this plan with other planning materials. For example, the plan contemplates the inclusion of the Governor's GMAP as well as the agency's HealthMAP plans into the QI architecture.
- **Measure 9.2.2 Demonstrated:** The agency provided examples of quality improvement efforts in Certificate of Need and Contracts.
- **Measure 9.2.3 Demonstrated:** Multiple examples of training at the state and local levels were identified.

XII. Evidenced Based Public Health Practices

Standard 10.1

- **Measure 10.1.1 Demonstrated:** The agency used examples from both food regulation and vaccine distribution to demonstrate how they had identified and then implemented improved practice at the agency.
- **Measure 10.1.2 Demonstrated:** The agency presented evidence of multiple modalities used to disseminate information about improved practice techniques. This included workgroup reports and PowerPoint presentations. It is also noted that the state provides a unified IRB process in which the agency has participated.

Standard 10.2

- **Measure 10.2.1 Demonstrated:** The agency provided examples of the distribution of information both through poster presentation and publication (MMWR).
- **Measure 10.2.2 Demonstrated:** The agency participates in a state government based IRB utility. The Washington State Institutional Review Board coordinates research projects done by the Health Department as well as the Department of Labor and Industries and the Department of Social and Health Services. A copy of the approval of a Youth Service survey was provided as a demonstration of the application of the IRB to an agency research project.
- **Measure 10.2.3 Demonstrated:** Although not fully centralized, the site team was provided with the identification of individuals able to provide expertise by subject area.
- **Measure 10.2.4 Demonstrated:** Examples of support for local or regional technical assistance was provided. The first topic addressed potential health hazards in the Budd Inlet in Thurston County (2008). The second address fish contaminants in Spokane (report issued in 2007).

XIII. Opportunities for Improvement

Although the agency demonstrated extensive ability to collect data, staff spoke to the classic public health challenge of providing analysis. Greater collaboration with academic programs might assist in addressing this challenge.

It also appears that the use of electronic systems could be expanded. For example, the site team observed that time and effort reporting is accomplished through hand written documents. If this activity were made electronic is possible that greater accountability for federal or other funding sources might result.

While the agency has aggressive planning and quality improvement programs the site visit team does suggest that a review of the examples cited in the accreditation report be undertaken to identify where further application of those examples might be beneficial. For example, although there was ample evidence of the relationship of the agency with the university community, an expansion of that relationship could be possible. This would include more collaborative agreements over recruitment and retention.

Although not required by this review, the development of federal policy for health reform offers a challenge and an opportunity. The improvement of population based health programs, patient centered care and the demonstration of "Meaningful Use" of health information promises new opportunities for public health agencies to align their programs with the greater health care system.

The agency is already providing national leadership in the association of environmental effects on human health (i.e. biomonitoring), this can be a topic of potential collaboration both across state agencies and levels of government and the private sector along with the research interests of the academic community.

Although the state has two Area Health Education Centers, there was little discussion of these Centers as a part of the agencies workforce development strategy. These HRSA programs should be more centrally associated with the agency's efforts.

Although the agency has developed emergency disaster plans over the years as a result of multiple responses, there is an opportunity to specifically define triggers that implore transition from routine public health response to an all hazards emergency response. Additionally, as part of that transition, a formal risk communication plan about how to anticipate and message the response, especially during high risk situations, would enhance the agency response.

XIV. Summary of Findings

The Washington State Department of Health has an active and comprehensive planning process and implementation record regarding public health systems development. Consequently, this is an agency which is well positioned to respond to the elements of this survey. Although there were several measures which the site team felt did not fully meet the full definition of the PHAB guidelines, nonetheless the Washington State Health Department has demonstrated to the site team that it is carrying out a broad and robust state public health agenda.

ATTACHMENT

PHAB staff will attach a page (see below) that will provide the information that the department submitted on its application for accreditation. This will provide the PHAB Board with information concerning, for example, the department's size of population served, budget, FTEs, and programs provided.

Accreditation Type:		Application Type:	
Department Type:		Application Fee Submitted:	False
PHAB Training Complete:	False		
Total Population Served:	0	Square Miles in area served:	0
Annual Budget Amount:	\$0.00	Local Funding:	\$0.00
State Funding:	\$0.00	Federal Funding (CDC):	\$0.00
Federal Funding (Other):	\$0.00	Other Funding:	\$0.00
Total Number of Employees:	0	Total reported FTEs:	0
RUCA Code:	0	FIPS Code:	0
Duns Number:		Governance Structure:	
Appointing Authority:		Scope of Authority:	
Type of Agency::		Other Services Provided:	
Other Shared Services:			

Documents

Document Name	Document Type
---------------	---------------

Departments

test

Readiness Preparations

Readiness Preparation Activity	Date Participated	Comments/Other
--------------------------------	-------------------	----------------

Other Accreditations

Accreditation Name	Comments/Other
--------------------	----------------

Health Programs Directly Offered

Health Program Type

Health Programs Offered via Partnersihps/Contracts

Health Program Type



**Washington State Department of Health
Accreditation Coordinator: Susan Ramsey**

HEALTH DEPARTMENT INFORMATION

Health Department Type: State

Approximate population served: 6,668,200

Population Served (description):

Urban

Rural

Suburban

Frontier

Approximate Department Annual Budget: \$900 million

Number of Department FTE: 1540

State Public Health Structure

Decentralized
(independent local health departments)

Does the department report to a Board of Health? No

HEALTH DEPARTMENT CHARACTERISTICS

Describe unique characteristics (structure, functions, resources, etc.) of your health department.

Washington's Department of Health (DOH) is an executive branch agency of state government created in 1989 (Chapter 43.70 RCW). The Governor appoints the Secretary who is accountable to the legislature and the people of Washington.

The Department of Health works with its federal, state and local partners to help people in Washington stay healthier and safer. Our programs and services help prevent illness and injury, promote healthy places to live and work, provide education to help people make good health decisions and ensure our state is prepared for emergencies.

The department works with federal, state and local governments and non-governmental organizations to:

- Improve and protect health in Washington.
- Promote healthy behaviors.
- Maintain high standards for quality health care delivery.

The department's major services include:

- Chronic Disease Prevention
- Drinking Water Protection
- Public Health Emergency Preparedness and Response
- Community Environmental Health
- Shellfish and Food Safety
- Strengthening the Public Health Systems
- Family and Child Health and Safety
- Public Health Laboratories
- Access to Quality Health Care Services
- Patient and Consumer Safety
- Prevent and Respond to the Transmission of Communicable and Infectious Disease

The department has approximately 1500 staff. The majority of employees work at the Tumwater campus, which is comprised of four buildings. Several programs and regional offices are also located in Kent, Shoreline, Richland and Spokane. We have two unions representing our employees. The Washington Federation of State Employees represents 1,098 staff and the Service Employees International Union District 1199 NW represents 36 staff. The department offers employee tuition assistance for continuing education, sick leave, annual leave, shared leave, long-term disability insurance, dependent care assistance program, deferred compensation, and tuition waivers.

DOH employees are diverse. Eighty-five percent of employees are non-minority, 43 percent of staff is over 50 years of age, 52 percent of staff has college or advanced degrees and 64 percent of staff are in the key job class of Professionals.

Describe unique characteristics (structure, functions, resources, etc.) of the public health system in your state.

Washington’s public health system includes the state Department of Health (DOH), 35 local health jurisdictions that serve 39 counties, the Board of Health (SBOH), the Washington State Association of Local Public Health Officials (WSALPHO) and other partners.

Local Health Departments/Districts: Washington has 35 local health departments/districts. They are local government agencies, not satellite offices of the DOH or the SBOH. Local health departments carry out a wide variety of programs to promote health, help prevent disease and build healthy communities.

Washington State Board of Health: The 10-member board provides a citizen forum for the development of public health policy. It recommends strategies and promotes public health goals to the Legislature. It also regulates a number of public health activities including drinking water, immunizations and food handling. The Board and the Department are located on the same campus, but operate as independent entities.

Washington State Association of Local Public Health Officials: WSALPHO is a non-profit organization that brings together the leadership of the 35 local health departments. It promotes the mission of public health: to improve health status through the promotion of health and the prevention of and the protection from injury and disease.

The purpose of WSALPHO is to encourage improvement in the quality, capacity and leadership of health departments/districts in order to provide a more effective, efficient and consistent public health infrastructure throughout Washington State. Some of the activities include: playing an active role in public health policy, advising DOH regarding public health issues in the state, participating in the development and implementation of local public health standards, and active contribution to the development of leadership from, and among, the practicing disciplines of public health.

The structure of WSALPHO includes three leadership forums: the Public Health Nursing Directors; the Public Health Executive Leadership; and the Environmental Health Directors. The forums meet on a quarterly or bi-monthly basis. The governing structure is a Committee that is comprised of the Officers of each of the three forums and the Co-Chairs of the Public Health Improvement Partnership (PHIP) Committees; WSALPHO meets three times per year. The full-time Executive Director is an active participant in many of the PHIP committees and has been a member of the Statewide Standards Committee since its inception.

Public Health Partners: The Department of Health works with many health partners including the University of Washington School of Public Health and Community Medicine; American Indian Tribes and urban Indian health programs; hospitals and clinics; state and local community-based organizations, associations and coalitions. It also has close working relationships with federal agencies including the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Department of Agriculture and the National Institutes of Health.

HEALTH DEPARTMENT PROGRAMS

Health Programs Offered Directly	Health Programs Offered Via Partnerships/Contracts
Body art (tattoos, piercing)	Adult Immunizations
Cosmetology businesses	Childhood Immunizations
Food service establishments	Blood lead
Health-related facilities	Cancer
Hotels/motels	Cardiovascular disease
Housing (inspections)	Diabetes
Public drinking water	High blood pressure
Schools/daycare	HIV/AIDS
Septic systems	Other STDs
Swimming pools (public)	Tuberculosis
Tobacco retailers	HIV/AIDS
	Note Type 1
	Note Type 2
	Other STDs
	Tuberculosis
	EPSDT
	Family planning
	MCH home visits
	Obstetrical care
	Prenatal care
	Well Child Clinic
	WIC
	Behavioral/mental health services
	Comprehensive primary care
	Home health care
	Oral health
	Substance abuse services
	Behavioral risk factors
	Chronic disease
	Communicable/ infectious disease
	Environmental health
	Injury
	Maternal and child health

Health Programs Offered Directly	Health Programs Offered Via Partnerships/Contracts
	Syndromic
	Chronic disease
	Injury
	Nutrition
	Physical Activity
	Tobacco Use
	Unintended pregnancy
	Violence
	Air pollution
	Groundwater protection
	Hazardous waste disposal
	Hazmat response
	Indoor air quality
	Radiation control
	Surface water protection
	Vector control

DOMAIN CONFORMITY				DOMAIN CONFORMITY			
Part A	ND	PD	D				
A1.1 B			X	2.3.2 B			X
A1.2 B			X	2.3.3 B			X
A1.3 B			X	2.3.4 B			X
A1.4 B			X	2.4.1 B			X
A1.5 B			X	2.4.2 B			X
A1.6 B			X	2.4.3 B			X
A2.1 B			X	2.4.4 B			X
A2.2 B			X	2.4.5 S			X
A2.3 B			X	TOTAL	0	0	36
A2.4 B			X	3	ND	PD	D
A3.1 B			X	3.1.1 B			X
A3.2 B			X	3.1.2 B			X
A3.3 B			X	3.2.1 B			X
A4.1 B			X	3.2.2 B			X
A4.2 B			X	3.2.3 B		X	
TOTAL	0	0	30	3.2.4 B			X
1	ND	PD	D	3.2.5 B			X
1.1.1 B			X	TOTAL	0	0	14
1.1.2 B			X	4	ND	PD	D
1.1.3 B			X	4.1.1 B			X
1.1.4 S			X	4.1.2 B			X
1.2.1 B			X	4.1.3 S			X
1.2.2 S			X	4.2.1 S			X
1.3.1 B			X	4.2.2 B			X
1.3.2 S			X	TOTAL	0	0	10
1.3.3 S			X	5	ND	PD	D
TOTAL	0	0	18	5.1.1 B			X
2	ND	PD	D	5.1.2 S			X
2.1.1 B			X	5.1.3 B			X
2.1.2 S			X	5.2.1 B			X
2.1.3 B			X	5.2.2 B			X
2.1.4 B			X	5.2.3 B			X
2.1.5 B			X	5.2.4 B			X
2.1.6 S			X	5.3.1 S			X
2.2.1 B			X	5.3.2 S			X
2.2.2 B		X		5.3.3 S			X
2.2.3 B			X	5.3.4 S			X
2.3.1 B			X	5.4.1 B			X
				5.4.2 B			X

ND = Not Demonstrated (0 points) | PD = Partially Demonstrated (1 point) | D = Demonstrated (2 points)

DOMAIN	CONFORMITY		
5	ND	PD	D
5.4.3 S			X
TOTAL	0	0	28
6	ND	PD	D
6.1.1 B			X
6.1.2 B			X
6.1.3 B			X
6.1.4 S			X
6.2.1 B			X
6.2.2 B			X
6.2.3 B			X
6.3.1 B			X
6.3.2 B			X
6.3.3 B			X
6.3.4 B			X
6.3.5 B			X
TOTAL	0	0	24
7	ND	PD	D
7.1.1 B			X
7.1.2 B			X
7.1.3 B			X
7.2.1 B			X
7.2.2 B			X
7.2.3 B			X
TOTAL	0	0	12
8	ND	PD	D
8.1.1 B			X
8.1.2 B			X
8.1.3 B		X	
8.1.4 B			X
8.2.1 B			X
8.2.2 B			X
8.2.3 B			X
8.2.4 S			X
TOTAL	0	0	16
9	ND	PD	D
9.1.1 B			X
9.1.2 B			X
9.1.3 B			X

DOMAIN	CONFORMITY		
9	ND	PD	D
9.1.4 B			X
9.1.5 B			X
9.1.6 B			X
9.1.7 S			X
9.2.1 B			X
9.2.2 B			X
9.2.3 S			X
TOTAL	0	0	20
10	ND	PD	D
10.1.1 B			X
10.1.2 S			X
10.2.1 B			X
10.2.2 B			X
10.2.3 S			X
10.2.4 S			X
TOTAL	0	0	12

SUMMARY OF CONFORMITY				
DOMAIN	SCORE	OUT OF	POSSIBLE	PERCENT
Part A	30	OUT OF	30	100.00%
Domain 1	18	OUT OF	18	100.00%
Domain 2	35	OUT OF	36	97.22%
Domain 3	13	OUT OF	14	92.86%
Domain 4	10	OUT OF	10	100.00%
Domain 5	28	OUT OF	28	100.00%
Domain 6	24	OUT OF	24	100.00%
Domain 7	12	OUT OF	12	100.00%
Domain 8	15	OUT OF	16	93.75%
Domain 9	20	OUT OF	20	100.00%
Domain 10	12	OUT OF	12	100.00%
TOTAL	217	OUT OF	220	98.64%

FOR FINAL SUBMISSION ONLY: SITE VISIT TEAM FINAL SCORE SHEET		
Team Chair	Team Member #2	Team Member #3
Christopher Atchison	E-Signature	E-Signature

ND = Not Demonstrated (0 points) | PD = Partially Demonstrated (1 point) | D = Demonstrated (2 points)