LHJ Standards Review Input

August 2011

1. **Should Washington adopt the PHAB Version 1 standards? This is the version DOH and LHJs will use to apply for PHAB Accreditation starting this fall.**
   - Yes. Why have something different than a national standard?
   - Yes.
   - Yes.
   - Yes, too much work to have different sets of standards with unclear benefit.
   - Yes, we have done some truly incredible work under the Washington standards, but we need to focus on national standards. We are better served by meeting a national standard that is more widely recognized and understood.
     - We should deem jurisdictions that apply for PHAB accreditation as having met Washington requirements for participation - as long as they are willing to share their results with the system.
     - Jurisdictions that do not apply for PHAB should still use PHAB standards and we should review according to them. And, as economic times improve, encourage/incentivize more jurisdictions to apply for accreditation.

2. **Should Washington retain the 8 additional Washington only measures which are not in PHAB Version 1? These are unique to Washington and relate to completing steps in the PDSA quality improvement cycle.**
   - No. Why are we any different than the national standards?
   - No.
   - I don't think so, but haven't reviewed them specifically. I'd like to do that before we make a decision.
   - I think the committee should look at these again and have a good discussion. I need to hear what others are thinking before firming up my opinion.
   - This should be discussed in detail in September. The department may not have the resources to train, review and follow up on Washington specific standards. If we think the department may have the resources to do this, it is a different conversation. Staff from the department and local health had lots of questions about the 8 standards, both process and content. It will take a more complex and sophisticated review process to retain them.

3. **Should Washington adopt a second set of Standards similar to the 2011 Basic set but based on PHAB Version 1?**
   - No. See below, if we adopt the national standards we ought to adopt the entire package, including the frequency between evaluations. Given a 5-year cycle it's an adequate time to prepare, unlike the relatively short cycles between standard revisions and evaluation we've had in the past.

- No.
- Yes.
- No. I think this was a lot of work and we are working in an environment of diminished resources and won't have the support of the contractor.
- I defer to local health on this one. But having 3 sets: basic, Washington and PHAB was too hard. It was really confusing, plus we lost the comparability. At the most there should be 2 options.

4. **Should Washington maintain the every three year review cycle? PHAB uses a five year review cycle.**
   - No. Use the PHAB standards package in its entirety. See above.
   - No.
   - We should stay in sync with PHAB on timing if we're using their set – otherwise it creates undue burdens on LHJs going for accreditation on multiple timeframes.
   - Every five years makes sense now so we can leverage the work that is done on accreditation at the nation level.
   - 5 year cycle for consistency with the national standard.

5. **Since DOH can no longer use consultant services, what options might be available to assist with future Standards reviews? For example, could we involve the Washington PHAB trained reviewers to help with the reviews, or ask partners such as the NWCPHP for assistance?**
   - Need more time to ponder this; NWCPHP should be able to come up with reasonable options. Seems though we should be able to come up with a cadre that could be able to do it, albeit, we'll lose the analysis portion of the evaluations unless we've got a supporting organization.
   - This is another reason to use a 5-year cycle. Having NWCPHP help with this is a great idea, but they're not liable to do it for free. I don't see any alternative to doing it ourselves, but someone (each LHJ?) will have to pay for some travel unless it's all electronic.
   - We could still use our DOH reviewers but I think the LHJ's should contribute some staff resources as well. I would think that the NWCPHP would require funding to help out. If they don't that would be a good option otherwise we need to figure out how to do it between DOH and LHJ's.
   - I am not sure I can offer any helpful ideas here. Recruiting and training volunteers, from LHJ or department, appears to be our best option in these economic times. For example, we could train a volunteer from Spokane to review in Tacoma along with a DOH staff person. In the future, when economic times improve, we should consider consultants again. The NWCPHP is likely to be quite expensive.

6. **Are there other questions about the next review cycle that need addressing soon?**
   - We should consider including some real performance measures, at least in areas like EH where we already have them.
   - Washington reviews should complete the opening/closing conference by video until economic times improve. This will save dollars on travel as well as staff time.