



# **PUBLIC HEALTH**

**ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON**

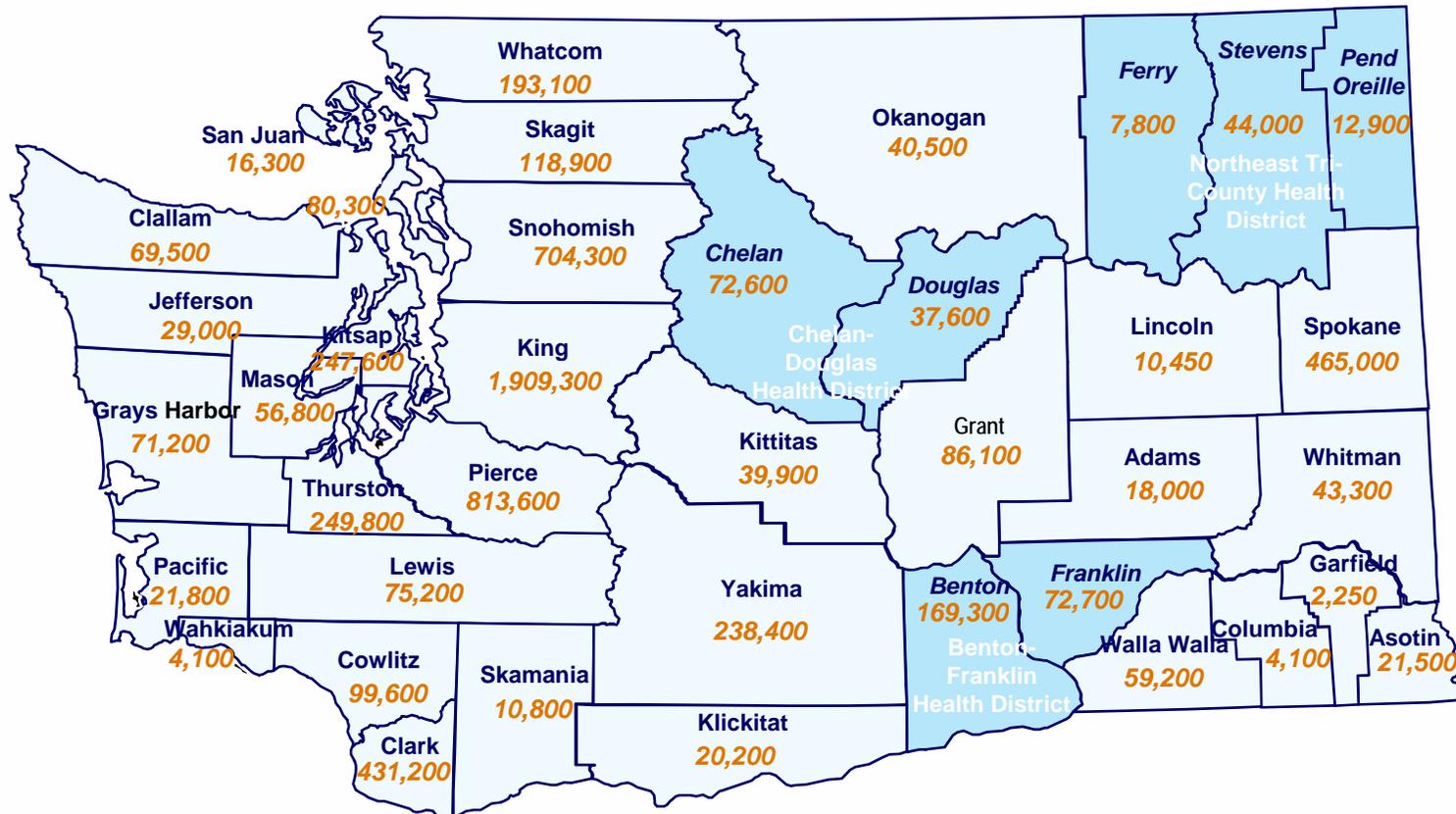
## **Public Health Standards and Accreditation in Washington State**

**April 2010**

Torney Smith and Susan Ramsey

# Local Health Agencies/Population Served

## Washington State Local Health Jurisdictions



Washington State Total Population as of June 2009 – 6,668,200

Office of Financial Management Official 2009 Population Estimate [www.ofm.wa.gov/pop](http://www.ofm.wa.gov/pop)

# Washington State Standards Process

- Public Health Improvement Leadership-1993
- Developed collaboratively by local and state public health agencies in 1999
- Used every three years to review the performance of the public health **system** in Washington
- Baseline measurement in 2002
- Re-measurements in 2005 and 2008

# What We Have Had in Washington

- 12 public health standards and measures
- Regular assessment process (every 3 years)
- Local public health indicators
- Individual site reports and overall report
- Participation of every LHJ, DOH and SBOH
- Recommendations for quality improvement
- Measurement of progress in the public health system

# Benefits of Washington's Process

- Provides a system-wide snapshot
- Common language
- Create common expectations
  - What every person has a right to expect
- Capacity measures
- Site performance measureable over time

# Standards for Public Health in Washington

## Standard 1: Community Health Assessment



Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.

### Dept of Health/State Board of Health Measures

**1.1S** Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

### Local Health Jurisdiction Measures

**1.1L** Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.

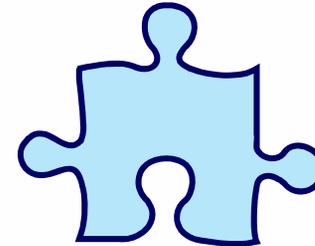
# 3 Basic Building Blocks for Improving Performance



## Health Indicators

How healthy are we?  
How does our health compare to others?  
What specific problems could we address?

*Population level data*



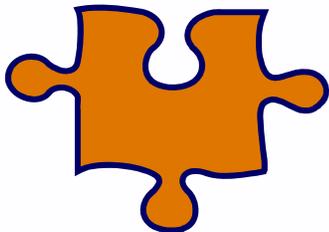
## Quality Improvement Efforts – Program/

### Service Based

How can we improve the work we do - that will result in better health or protection?

Applied at the program or service level: distinct programs/services e.g. *TB, Immunizations, WIC, Food safety.*

*Service-level data*



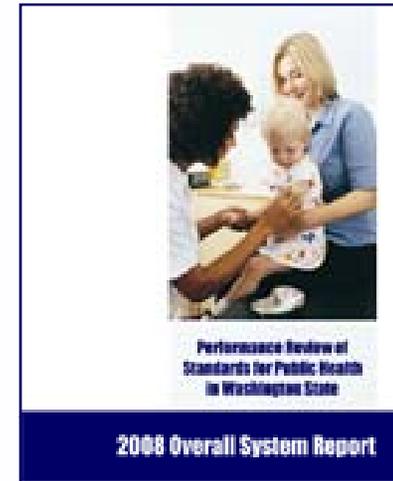
## Standards and Measures

What should a health department be able to do?  
Do we provide basic expected functions?  
How do we compare to others?  
Where do we need to improve?

*System/organization level data*

# 2008 System-wide Review

- Overall system report
- Individual site and special reports
- What we learned
  - Relationship of budget and FTEs to overall performance is nearing random (little or no correlation)
- Significant improvement over time



# WA Standards vs. the Accreditation Process

## WA System

- System wide snapshot
- QI approach
- Every measure scored
- Full participation
- Full disclosure of scores

## Accreditation

- County by county
- Pass or fail
- Confidential scores

# Washington Challenge

- Transition to accreditation
- Maintain our statewide results
- Maintain participation
- Make the process useful for Washington

# Our Options

- Continue our process without adjustments
- End the Washington process
- Develop an accreditation process
- Blend of PHAB and Washington process to prepare for accreditation

# Discussions about Accreditation

- Presentations to
  - Washington State Association of Local Public Health Officials
  - Health Officers and Administrators
  - Nursing and Environmental Health Directors
  - State Board of Health
- Review and vet the PHAB standards
- PHAB Director, Kaye Bender, invited for special session

# Public Health Accreditation Board

## Voluntary Accreditation Goal:

*The goal of a voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments.*

Exploring Accreditation Final Report, p.4

# Eligible Applicants for Public Health Accreditation

- State health departments
- Territorial health departments
- Local (city and county) health departments
- Tribal health departments

## The Value of Accreditation: Agency & Public Benefits

- Improved public health outcomes
- A tool for quality and performance improvement
- Accountability
- Credibility
- Recognition of excellence
- Clarification of expectations
- Increased visibility

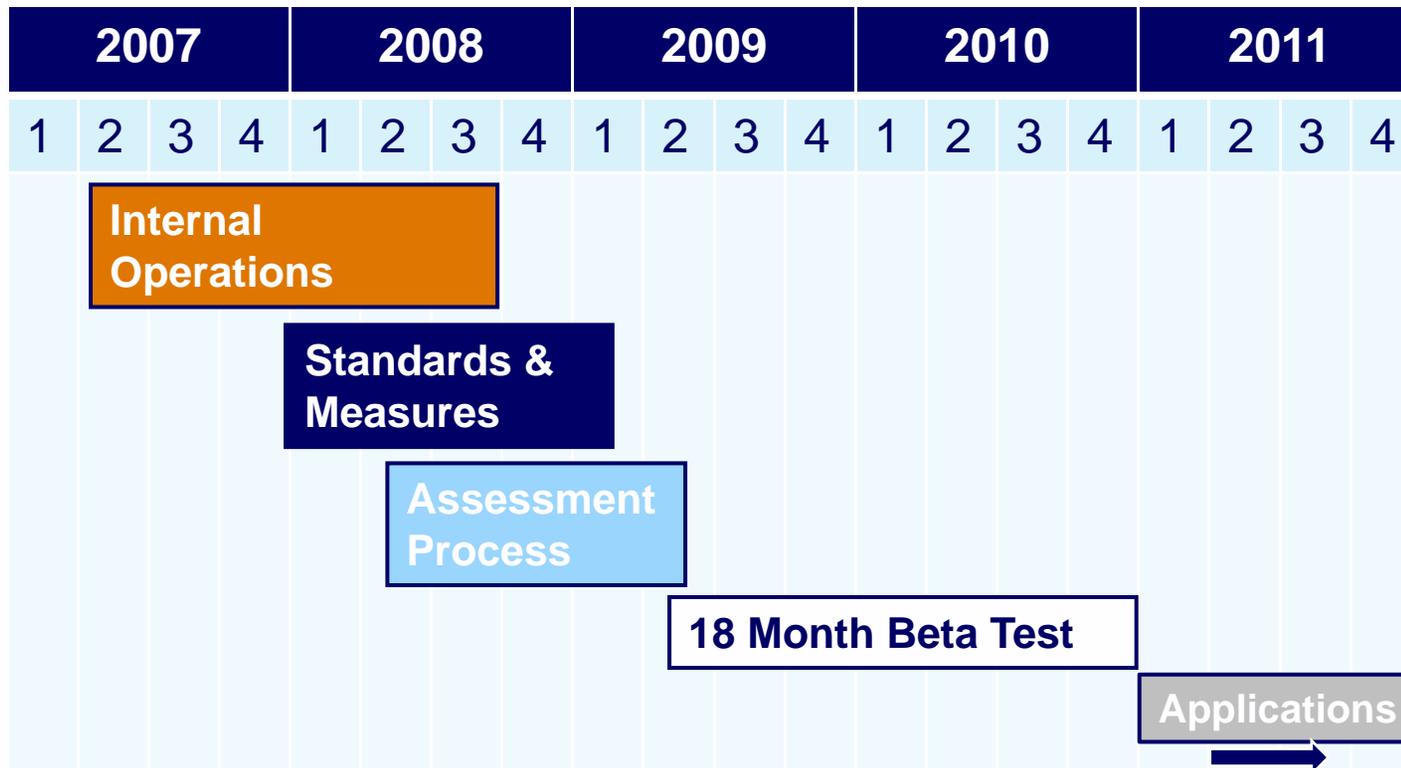
# PHAB Board of Directors

- Paul K. Halverson, DrPH, MHA, FACHE (Chair)
- William Riley, PhD (Vice Chair)
- Edward Harrison, MBA (Secretary/Treasurer)
- Marie Fallon, MHSA – NALBOH (Past President)
- Kay Bender, RN, PhD, FAAN (President, CEO)

Rex Archer, MD, MPH; Leslie Beitsch, MD, JD; Shepard Cohen, MPA; Leah Devlin, DDS, MPH; Fernando A. Guerra, MD, MPH; Kenneth W. Kerik, MPH, RS; Jack O. Lanier, DrPH, MHA, FACHE; Hugh Tilson, MD, MPH, DrPH; Carol Moehrle; Judy Monroe, MD; Bud Nicola, MD, MHSA, FACPM; Alonzo Plough, MD, MPH; Harvey Wallace, PhD; F. Douglas Scutchfield, MD; H. Sally Smith

Organizational Representatives: Georges Benjamin, MD-APHA, Bobby M. Pestronk, MPH-NACCHO, Paul Jarris, MD-ASTHO

# Five Year Timeline



# PHAB Accreditation Processes

- Final set of standards and measures
  - 11 domains
    - 30 standards
      - Measures apply to LHJ and SHD
    - Guidance document indicates the documentation that will meet the measure
- Application for accreditation
- Site visit and documentation of performance
- Scoring and Accreditation conferred by Board
- <http://www.phaboard.org>

# Participation in Beta Test

- All sites in Washington encouraged to participate
- State health agency and several local health agencies submitted applications
- State health agency selected
- Site visit in June of 2010

# Revisions to the Standards

- Permission from PHAB to use the PHAB standards for Washington review
  - 80% of Washington measures align
- Include the Washington standards and measures that were not part of the PHAB standards
- Optional standards – those PHAB standards that were not part of the Washington reviews in the past

# Revisions to the Process

- Results of the DOH Beta Test as the Washington review for DOH
  - All PHAB standards plus Washington standards and measures
- Schedule local health reviews for Spring of 2011
  - Optional PHAB standards and measures
- Use all results to prepare for accreditation

# State Agency Preparation for Beta Test

- Agency preparation assigned to Performance and Accountability Manager, Susan Ramsey
- Training with key staff
- Standards team
  - Every division represented
  - Work session monthly
  - Mock reviews
- Use electronic collection of documentation
  - Mind Manager

# The New Washington Standards Process for 2010-2011

- Use trained staff as reviewers for local health in 2011
- Sites will have the information to prepare for accreditation
- Results will give sites information for next cycle, or for accreditation preparation
- Washington will have state-wide results – “snapshot” of the state
- Washington will have recommendations for the public health system

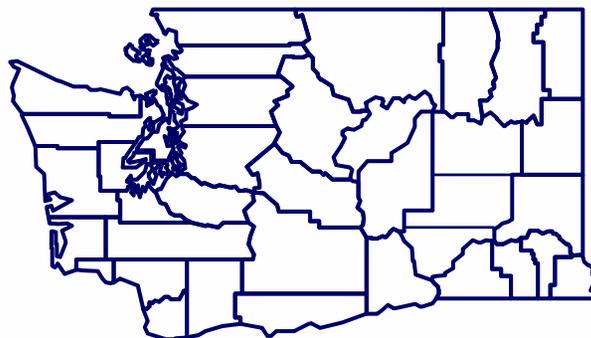
# Additional Changes

- Sites required to submit materials ahead of time
- 60% of Measures must have documentation to get a site visit
- Much of the review will be done offsite
- DOH is rethinking the Public Health Improvement Plan

# Our Goal

A predictable level of public health protection throughout the state

*“What every person has a right to expect.”*



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