

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

JUNE 21, 2011

PUBLIC HEALTH STANDARDS WORKGROUP

Participants

Co-Chairs Susan Ramsey (absent), Torney Smith

Staff Simana Dimitrova, Jane Lee

Members Barry Kling (Chelan-Douglas); Cindan Gizzi (Tacoma-Pierce); Jeff Ketchel (Grant); Luann D'Ambrosio (UW); Marni Mason, Diane Altman Dautoff (Consultant); Jennifer Tebaldi, Maryanne Guichard, Pamela Lovinger, Allene Mares (DOH)

MEETING NOTES

WELCOME

Torney Smith

Torney welcomed all and expressed Susan's apologies for unexpectedly missing the meeting.

NORTHWEST CENTER FOR PUBLIC HEALTH PRACTICE EVALUATION RESULTS

Luann D'Ambrosio and Nora Kleinman

The NWCPHP, under contact from DOH (with funding from the MLC grant), conducted two evaluations of the 2011 Standards Review process; an LHJ web survey, and site reviewer interviews. The web survey response rate was 105/162 or 65%, and 33 of 34 LHJs responded. Key results:

- Reasons for choosing the Basic option were time and money (100% each), with cost of more extensive review outweighing value/benefit to agency (88%)
- Reasons for choosing the Washington option were time (92%), dedicated personnel capable of leading effort (75%) and personnel knowledgeable (67%)
- Reasons for choosing the National/PHAB option were personnel with dedicated time to complete review (85%), personnel capable of leading prep (83%), and personnel knowledgeable about leading prep (83%)
- Best preparation strategies were to start early (83%), create a timeline (80%) and teamwork (71%)
- Barriers were inability to complete other work (76%), clarity of requirements (69%), and selecting documents (66%). BOH and/or management was not a barrier (13%)
- Participation in review helped me prepare for accreditation; 17 agree, 4 are split, and 10 disagree.
- LHJs who plan to apply for accreditation within 3 years; 18 yes, 1 is split, and 12 no.
- Many additional comments

The full report will be shared with the Public Health Standards workgroup in July 2011.

2011 WASHINGTON STATE STANDARDS PERFORMANCE REVIEW SUMMARY REPORT

Mason and Diane Altman Dautoff, Consultants

Highlights from the draft report were presented. The review includes:

- A summary of the processes
- Results from the DOH/PHAB Beta test
- The 10 LHJs who did the National review
- The 4 LHJs who did the Washington review
- The 20 LHJs who did the basic review
- It describes why there is little comparability of this review to other cycles

Key points from the National/Washington results:

- Overall improvement from the previous cycle in percent scored as demonstrated
- 5 of the 11 domains had more than 85% demonstrated
- The lowest scoring domain was 9 (*Evaluation of programs effectiveness and QI*)
- Percent demonstrated performance was only slightly correlated to LHJ size

Recommendations for System Improvement:

- Development and implementation of strategic plans
- Development and implementation of community health improvement plans
- Take action on data analysis closing the Plan-Do-Study-Act cycle
- Continue emphasis on monitoring performance and using the results
- Implementation of quality improvement
- Customer satisfaction
- Performance evaluations and training plans
- Agency knowledge and application of laws
- Review of prevention and health education information

The workgroup had the following suggestions:

- Provide a comparison of performance for the 14 LHJs who did the National or Washington review to their performance in 2008. Marni will provide this.
- Add a graphic showing LHJs performance across the system. Marni will provide this.

Action: The recommendations for system improvement were discussed and approved. The group kept all recommendations recognizing that some (such as those relating to the CHIPs) are not currently in the Washington or basic set and are PHAB requirements.



Recommendations for the next performance review

Action: The recommendations for the next performance review were discussed, clarified and approved. The Standards Workgroup will meet in the fall of 2011 to develop a recommendation to the Public Health Improvement Partnership and to the Secretary of Health regarding the set of standards to be used by Washington in the next cycle. Barry Kling asked if a second set of standards for smaller LHJs was precluded by these recommendations and it was clarified by Torney and Marni that at this time a second option is not precluded.

LHJ QUALITY IMPROVEMENT PLANS GUIDANCE

Jane Lee

New this year was a requirement linking participation in the standards review process to Local Capacity Development Funds. The second requirement is for each LHJ to submit a draft quality improvement plan based on the results of their 2011 Standards Review, to DOH by September 30, 2011. The draft plan must contain the following elements:

- Areas that need improvement (including which standards and measures)
- Which quality improvement tools are you using to achieve the improvement
- Designated lead on implementing the established quality improvement activities
- Specific objectives and timeframe for improving each area

DOH will share additional information later in June.

NEXT STEPS

Next meeting will be held in September, date TBA.