

Proposed Administrative Standards for  
Public Health  
in Washington State:  
Evaluation Report

Submitted by:  
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## I. Introduction

### A. *Background*

The Proposed Administrative Standards for Public Health in Washington State were developed in 2004 by a subgroup of the Public Health Improvement Partnership (PHIP) Standards Committee. These Proposed Administrative Standards were evaluated during the 2005 Performance Assessment to validate the ability of sites to provide documentation for the measures and to confirm the usefulness of the measures, similar to the 2000 Evaluation of the current Standards for Public Health. This report summarizes the 2005 on-site review process, findings and recommendations regarding the Proposed Administrative Standards and their implementation.

The intent of the Proposed Administrative Standards is to provide performance measures for administrative capacities as an additional important topic area to the existing Standards for Public Health (See the 2005 Overall System Performance Report - November 2005).

The Proposed Administrative Standards are intended to describe the minimum required performance for the administrative services and activities addressed by the four standards of this additional topic area. This is different than the current Standards for Public Health which are stretch measures to encourage and promote system improvement. The results described in this report must be analyzed in the context of the measures being “the floor” or required to open the doors, and that all public health agencies should be able to demonstrate performance in these measures.

### B. *The Proposed Administrative Standards*

The Proposed Administrative Standards for Public Health in Washington State are organized into four standards:

- **Fiscal Capacities:** Effective financial and management systems are in place in all public health agencies.
- **Human Resource Capacities:** Human Resource systems and services support the public health workforce.
- **Information Systems Capacities:** Information Systems support the public health mission.
- **Leadership and Governance Capacities:** Leadership and governance bodies set agency policy and direction.

For each standard, specific measures are described for local health jurisdictions (LHJs) and the state Department of Health (DOH) and its programs. Most of the measures are the same for both levels of public health, but several separate LHJ or DOH measures are stated in the Fiscal Standard and in the Leadership and Governance Standard. Throughout this report, a reference to the Proposed Administrative Standards encompasses the entire topic area at both levels (standards, measures). References to specific standards and/or measures in this report are numbered as in the following example: AD 1.3 L/S refers to:

- AD = the Administrative topic area
- 1 = First Administrative standard (*Effective financial and management systems are in place in all public health agencies.*)
- 3 = Third measure for the standard (*The budget is aligned with the agency strategic plan and reflects agency goals.*)
- L/S = LHJ and DOH level measure (L or S alone would designate that the measure applies just to LHJs or just to DOH programs)

## **II. Methodology**

### **A. Consulting Team**

The consulting team was selected by the Public Health Standards Committee through a sole source contract process. The team members have a wide range of experience in measurement, standards/site reviews, healthcare systems and public sector services. (See Attachment A) The two MCPP members of the team participated in site visits at both local health jurisdictions and state programs, in addition to developing the Self-Assessment Guide, training materials, and data collection and analysis tools. All members of the team participated in the production of this report, which contains both quantitative and qualitative analysis based on the site visits.

### **B. Inter-rater Reliability**

In order to ensure that both consultants were rating performance similarly, a work session was conducted to review the scoring interpretation for consistency resulting in clarification of several principles that were then consistently employed for the site visits. Additionally, the two consultants conducting the LHJ site visits jointly visited the four largest jurisdictions, providing additional opportunity for clarification of interpretation of measures.

### **C. Self-Assessment Guide**

Each LHJ and DOH program was sent a Self-Assessment Guide before the assessment site visit. The Self-Assessment Guide was intended to assist in the documentation and self-assessment of performance with the Proposed Administrative Standards. LHJ and DOH sites were requested to submit their completed Self-Assessment to the consultant team before their scheduled site visit, either electronically, by fax, or in hard copy.

### **D. Site Visit, Documentation Review and Data Collection Process**

The site visit process included all 35 local health jurisdictions in the state and 26 DOH program sites selected by the DOH for evaluation. For purposes of data collection two of the local health jurisdictions, Whitman, and Columbia counties, were evaluated together. This resulted in a potential total of 34 LHJ data points since the two jurisdictions were evaluated and documented as one LHJ site. Three LHJs did not present documentation for this topic area, however, resulting in 31 data points for LHJ aggregate results. This evaluation was conducted in LHJs during April and May 2005 and in DOH programs during April and July 2005.

### **E. Performance Scoring**

The following guidelines were used for scoring:

- **Demonstrates:** The required documentation was present, with all required elements. For example, measure AD 2.4 L/S states "Staff have access to written, up-to-date personnel rules and/or labor contracts, and written job specifications and position descriptions." Therefore, in the example above, documentation must show performance for each component of the documentation listed (personnel rules or labor contracts, job description, and how these are available to staff) to be scored as *Demonstrates*.
- **Partially Demonstrates:** If some documentation was present, but did not include all of the elements, then the measure was scored as *Partially Demonstrates*.
- **Does Not Demonstrate:** If the site provided no documentation, or if the materials presented were not sufficiently related to the measure, then the measure was scored as *Does Not Demonstrate*.
- **Not Able to Rate:** If a site did not present documentation for an entire topic area, the measures were scored *Not Able to Rate*, as there was no way to assess performance.
- **Not Applicable:** For DOH, only three measures were applicable to all DOH programs. All the other Administrative measures were evaluated at just one or two sites. The DOH Matrix developed in advance of the site visits identified the

measures applicable to each specific program. All other measures are rated *Not Applicable* for DOH programs. For LHJs, all measures were applicable.

The *Demonstrated Performance* section (III) below presents results of the scoring.

#### ***F. Interviews/Closing Conference***

A closing conference took place at the end of each site visit to provide the site with a general summary of the consultant's initial and general impressions of the site's performance, including the documents being requested for the exemplary practice review, and an opportunity for sites to discuss any ideas or concerns about the Proposed Standards or the site survey process. Consultants did not provide scoring during the closing conference, pending quantitative analysis.

#### ***G. Data Processing and Analysis***

Data processing consisted of importing the scores for all measures for all LHJ sites and DOH programs from the Access database into an SPSS (Statistical Analysis for the Social Sciences) data file. Quantitative data was cleaned for any miscoding by performing appropriate response range and logic checks.

### **III. Findings Regarding Demonstrated Performance in the Proposed Administrative Standards**

#### ***A. Summary of Performance for LHJ, DOH Programs and State Board of Health (SBOH)***

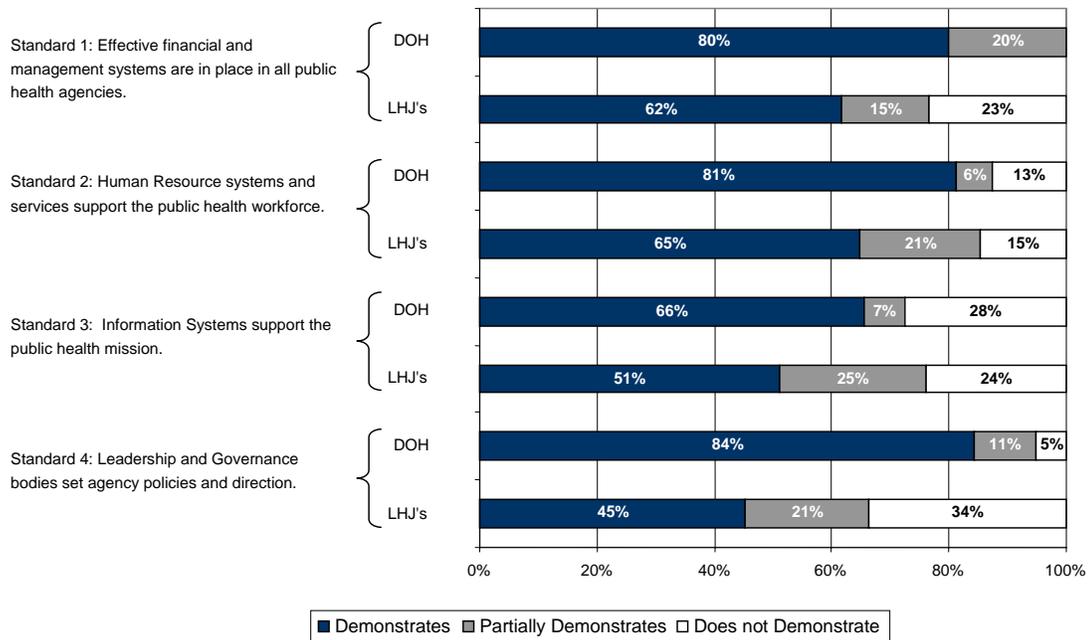
Major findings for LHJs, DOH programs and SBOH include:

- DOH programs and SBOH demonstrate higher performance in all four standards (66% to 84%) than aggregate LHJ percent demonstrated in the four standards (45% to 65%).
- DOH/SBOH aggregate percent demonstrated performance is 80% or more in three standards; fiscal (80%), Human Resources (81%), and Leadership and Governance (84%). The lowest demonstrated performance for DOH in a standard is in Information Systems with 66% demonstrated performance.
- DOH/SBOH demonstrated 100% performance on 26 measures (out of 35 total measures). All of these measures were evaluated at just one or two sites that fully demonstrated performance. There were three measures where no DOH program was able to fully demonstrate performance; AD 1.1 [*state audit report indicates functioning in accordance with BARS, GAAP, and demonstrates adequate controls*], AD 1.7 [*Contracts between state programs and local districts are consistent, systematically monitored, and use consistent procedures for solicitation.*] and AD 4.5 [*A quality improvement plan is implemented, revised and updated annually*].

- LHJs' aggregate demonstrated performance is highest in the Human Resources standard with 65% demonstrated performance, and the lowest in the Leadership and Governance standard with 45% demonstrated performance.
- LHJs did not demonstrate 100% performance in any measure, but did demonstrate 80% or higher performance in eight measures (out of the 36 total measures). There were no measures where no LHJ was able to demonstrate performance; although for one measure AD 4.5 [A quality improvement plan is implemented, revised and updated annually] only one LHJ was able to demonstrate performance.

See chart below for performance by standard for both LHJs and DOH programs.

**Chart 1: DOH & LHJ Demonstration of Administrative Standards**

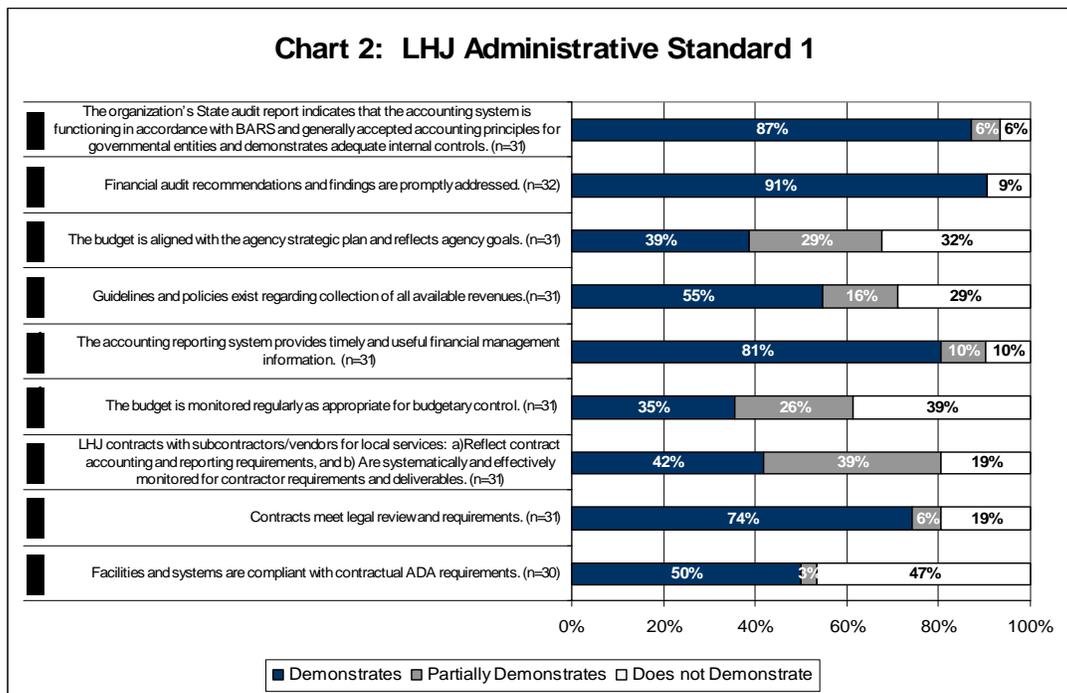


## B. Local Health Jurisdictions: 2005 Performance Results

### Measures for Fiscal Capacities

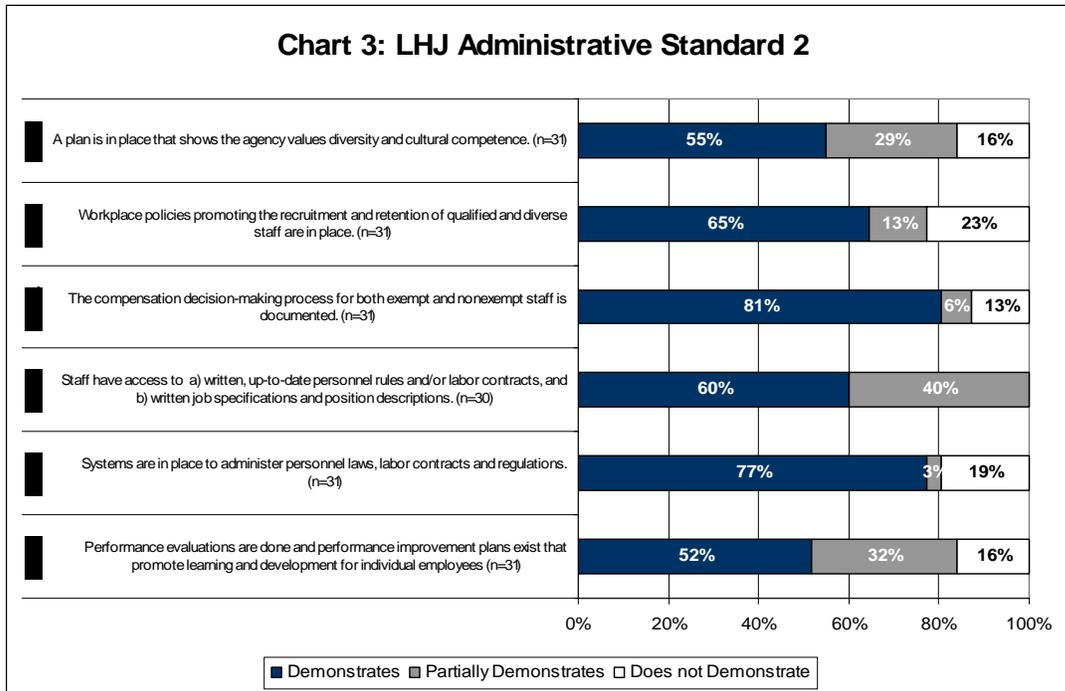
For two-thirds of the measures (6 of 9 measures or 67%) in this standard, at least 50% or more of the LHJs demonstrated performance. The measures with lower demonstrated performance (AD 1.3, AD 1.6 and AD 1.7) indicate areas of needed improvement in:

- Assuring that budgets are aligned with agency strategic plan and goals
- Regularly monitoring budgets for budgetary control
- Systematically monitoring for contractor requirements and deliverables



## Measures for Human Resource Capacities

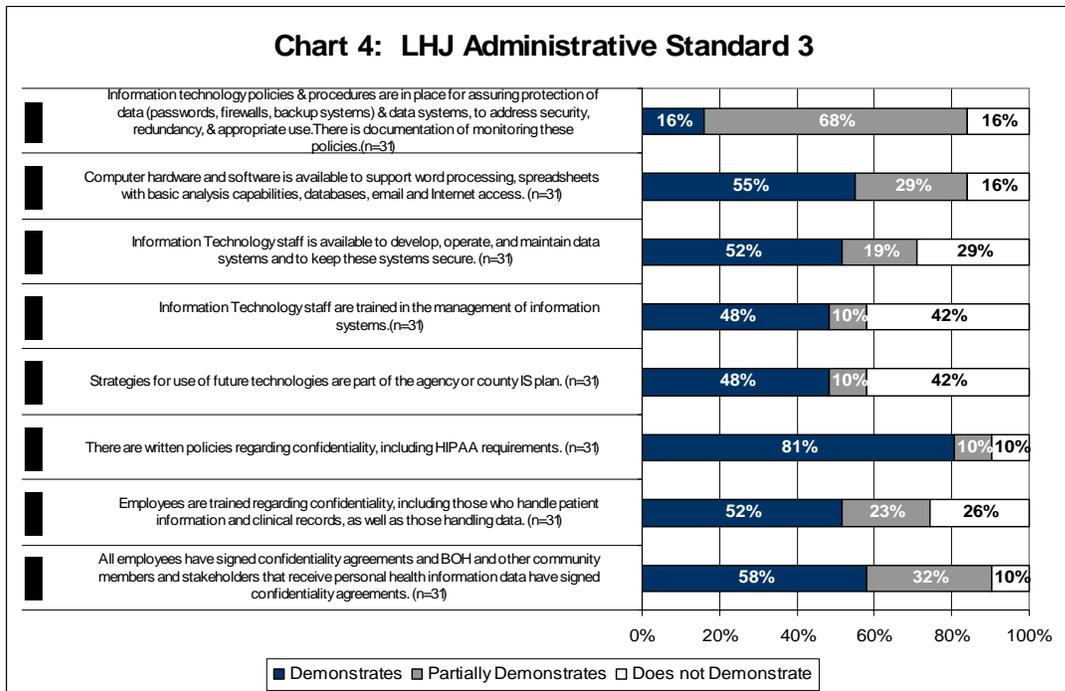
As can be seen in the chart below, all measures in this standard had at least 50% or more of the LHJs able to demonstrate performance.



## Measures for Information Systems Capacities

For almost two-thirds of the measures (5 of 8 measures or 63%) in this standard, at least 50% or more of the LHJs demonstrated performance. The measures with lower demonstrated performance (AD 3.1, AD 3.4 and AD 3.5) indicate areas of needed improvement in:

- IS policies and procedures for assuring protection of data... and evidence of monitoring these policies
- IT staff are trained in management of information systems
- Strategies for future technologies are part of agency or county IS plan

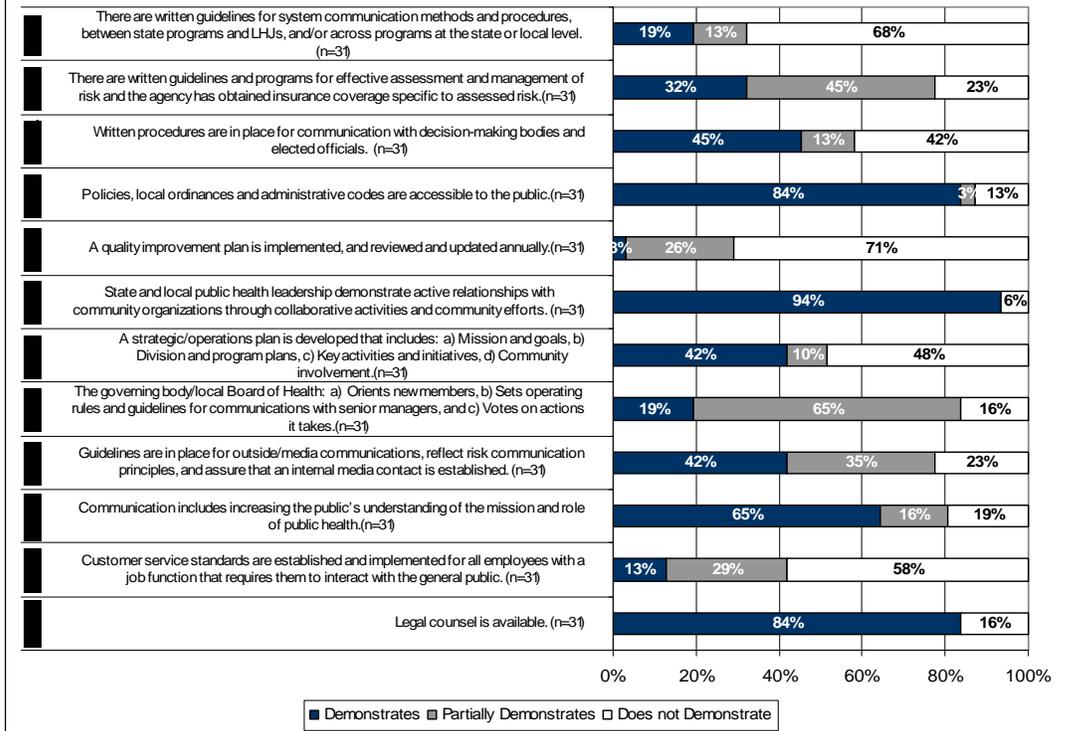


## Measures for Leadership and Governance Capacities

Only one quarter of the measures in this standard (4 of the 12 measures or 25%) had at least 50% or more of the LHJs able to demonstrate performance. One measure, AD 4.5 [*A quality improvement plan is implemented, revised and updated annually*] had just 3% of LHJs able to demonstrate performance. The measures with lower demonstrated performance (AD 4.1, AD 4.2, AD 4.3, AD 4.5, AD 4.7, AD 4.8, AD 4.9 and 4.11) indicate areas of needed improvement around the issues of:

- Written guidelines for system communication methods and procedures
- Written guidelines and programs for assessment and management of risk and risk insurance coverage
- Written procedures for decision-making bodies and elected officials
- Quality improvement plan that is implemented, revised and updated annually
- Strategic/operations plan with mission..., program plans, key activities, etc.
- Orientation, operating rules, and voting on actions taken for governing body or local Board of Health
- Guidelines for outside/media communications and local contact person
- Customer service standards are established and implemented

**Chart 5: LHJ Administrative Standard 4**



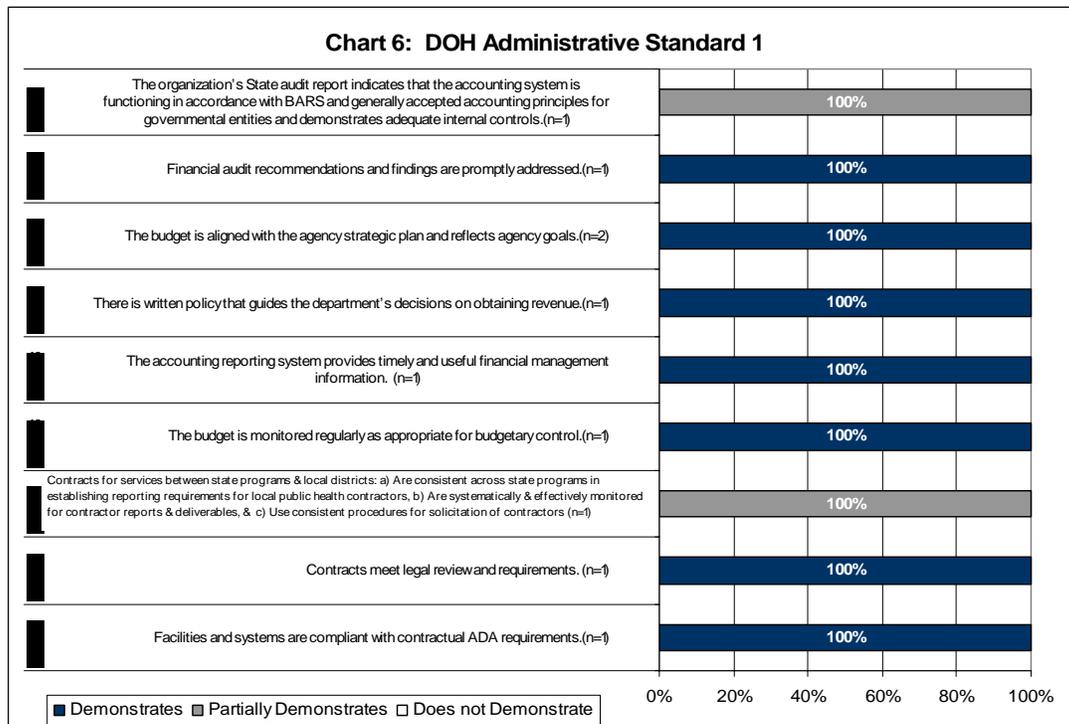
### C. State Programs and State Board of Health: 2005 Overall Performance Results

At the state level many of the Proposed Administrative measures were evaluated in just one or two sites resulting in many measures scoring 100% demonstrated performance. Only three measures were evaluated for all 25 DOH programs and the SBOH; AD 2.4 [Staff have access to written personnel rules, labor contracts and job descriptions], AD 3.7 [Employees are trained regarding confidentiality, including HIPAA requirements], and AD 3.8 [All employees have signed confidentiality agreements and BOH and other community members that receive PHI have signed agreements].

#### Measures for Fiscal Capacities

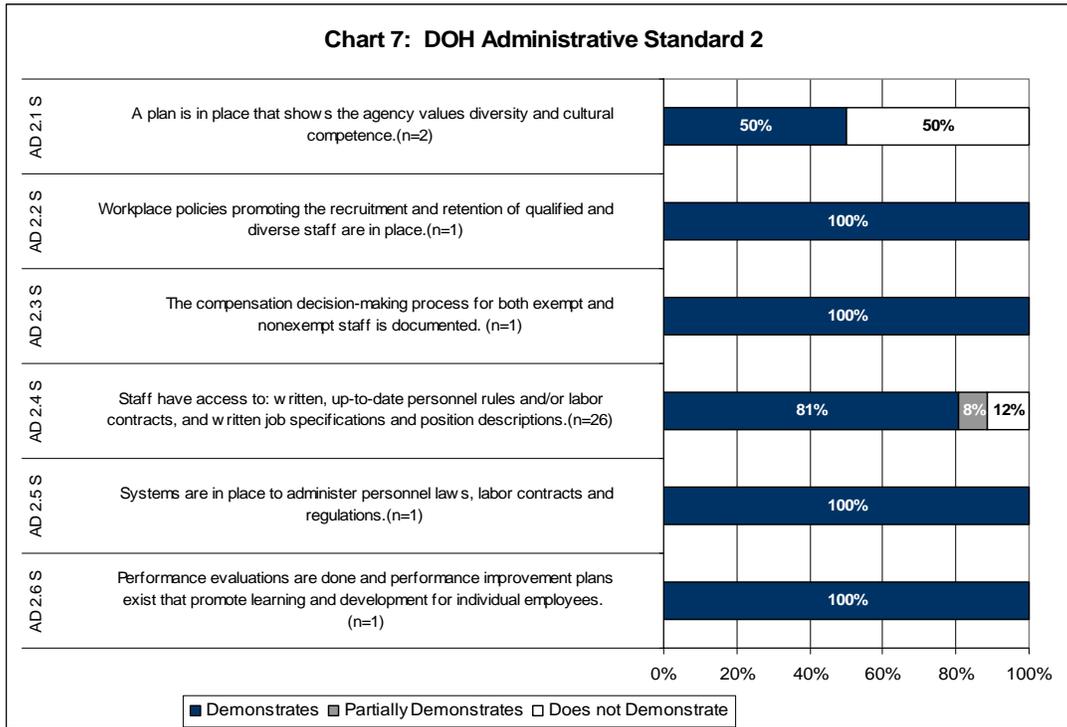
All nine measures in this standard were evaluated in just one or two sites. More than three quarters of the measures (7 of 9 measures or 78%) had 100% demonstrated performance. The two measures with “partially demonstrated” performance (AD 4.1, and AD 4.7) indicate areas of needed improvement around the issues of:

- State audit report demonstrates adequate controls,
- Contracts between state programs and local districts are consistent, systematically monitored, and use consistent procedures for solicitation.



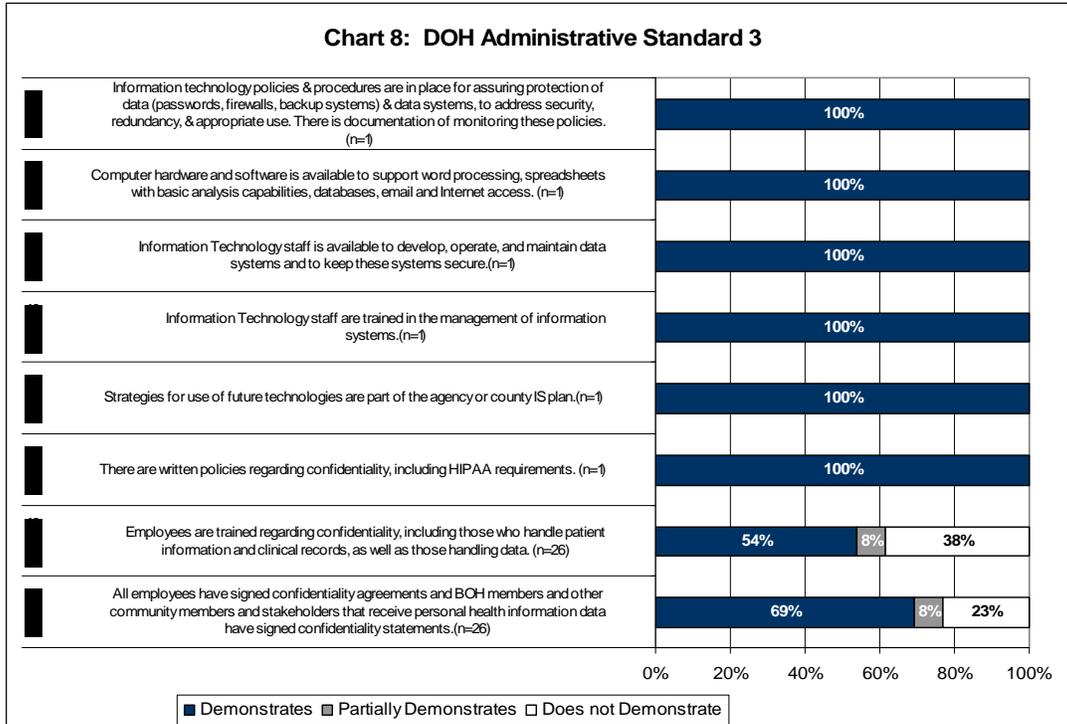
## Measures for Human Resource Capacities

As can be seen in the chart below, all measures in this standard had at least 50% or more of the DOH programs/SBOH able to demonstrate performance.



## Measures for Information Systems Capacities

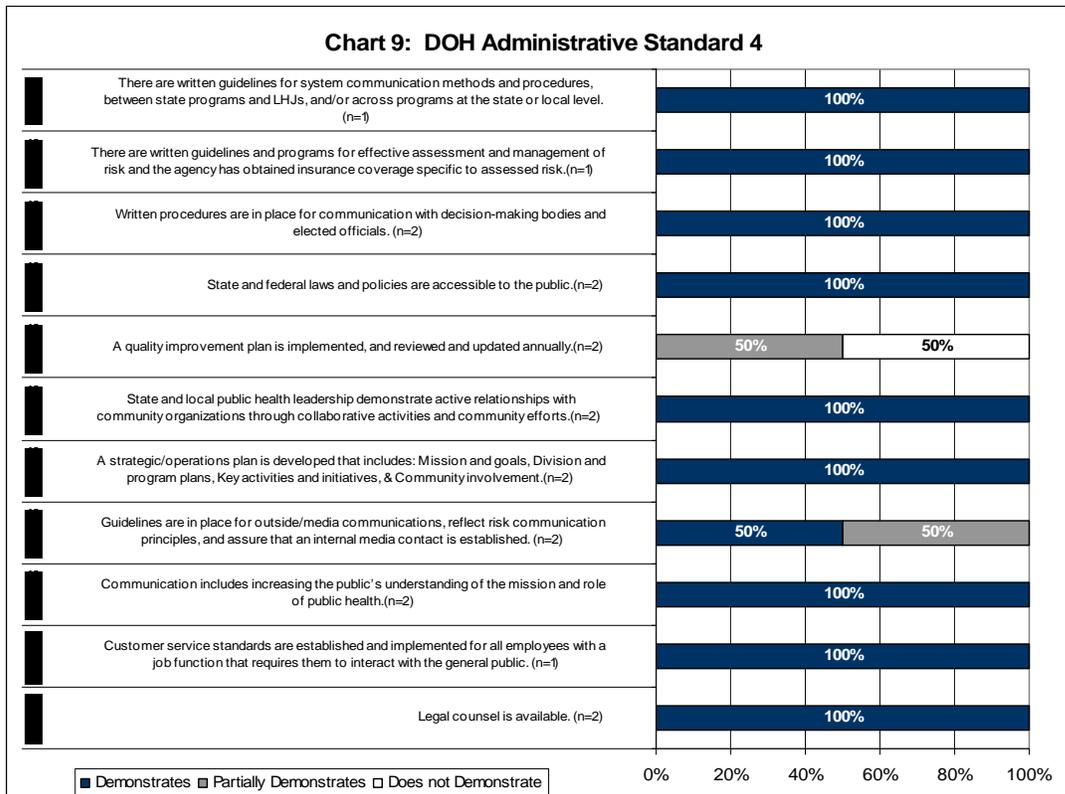
As can be seen in the chart below, all measures in this standard had at least 50% or more of the DOH programs/SBOH able to demonstrate performance.



## Measures for Leadership and Governance Capacities

As can be seen in the chart below, for more than 90% of the measures in this standard (10 of 11 measures or 91%), at least 50% or more of the DOH programs/SBOH were able to demonstrate performance. The measure with lower demonstrated performance (AD 4.5) indicates needed improvement in:

- Quality improvement plan that is implemented, revised and updated annually



## **IV. Recommendations: Improving Performance in the Administrative Standards and Measures**

Analysis of the quantitative and qualitative findings resulted in recommendations in the areas of budget alignment and monitoring, contracting, staff evaluation processes and content, staff training, information systems strategic planning, monitoring for security protocols, and support staff training; agency strategic planning, quality improvement plans, communication with governing bodies, risk assessment and management, and customer service standards. The specific recommendations for improvements to address each of the standards are described below.

### ***A. Fiscal Capacities***

Most DOH and LHJ sites provided documentation of state audits and follow-up for recommended actions.

#### **Recommendations:**

- **Integrate grant requirements, the agency's strategic plan and annual goals and objectives and assure alignment with LHJ budget.**
- **Develop and implement systematic budget monitoring processes in all LHJs.**
- **Assure that contracts between DOH and LHJs and between LHJs and subcontracts or vendors have legal review and are systematically monitored for requirements and deliverables.**

### ***B. Human Resources Capacities***

Since demonstrated performance in all measures of Human Resources was 50% or more for both LHJs and DOH programs, the recommendations for this standard include recommendations from the Overall System Report for performance on the current standards.

#### **Recommendations:**

- **Assure that all LHJ and DOH staff receive regular performance evaluations with individual plans for performance improvement.**
- **Staff are trained in the following topics as evidenced by documentation of online, classroom or other type of course content and specific staff participation or completion for:**

- **Methods to evaluate performance against goals and assess program effectiveness**
- **Confidentiality and HIPAA requirements**
- **Risk communications**
- **Community involvement (mobilization)**
- **Quality Improvement methods and tools**
- **Assure that appropriate staff have required current skills and knowledge in:**
  - **EH investigation and compliance procedures**
  - **Health promotion methods**

### ***C. Information Systems Capacities***

DOH demonstrated 100% performance in all measures relating to Information Systems, except for the two measures regarding confidentiality training and signed agreements. Therefore, the following recommendations are for LHJs.

#### **Recommendations:**

- **Conduct regular, documented monitoring of IS security processes.**
- **Identify IS needs and request that appropriately trained IT support staff are available for all LHJs.**
- **Assure that plans for public health IS systems include strategies for implementation of future technologies, including local LHJ staff participation in IS planning.**

### ***D. Leadership and Governance Capacities***

DOH and the State Board of Health demonstrated 100% performance in all but two measures relating to Leadership and Governance. The two measures with less than 100% performance relate to quality improvement plans and guidelines for risk communication and media contacts. Some of the following recommendations are just for LHJs with the rest recommended for implementation at both the state and local levels.

#### **Recommendation for LHJs:**

- **Develop and implement strategic/operational plans that include mission and goals, program specific plans, and key activities and initiatives in all LHJs.**
- **Develop or use county-based risk assessment and management processes in all LHJs.**

- **Develop and implement written operating rules with governing bodies and elected officials including orientation and communication for the local Board of Health.**

**Recommendations for LHJs, DOH and SBOH:**

- **Develop and implement quality improvement plans for each agency including specific objectives and performance measures reflecting the organization's strategic plan, community assessments and performance results, such as health indicators, program evaluations, and outbreak response or after-action evaluations.**
- **Establish or use existing customer service standards for all employees that interact with the general public and monitor and report satisfaction results.**

**V. Recommendations: Integrating the Administrative Standards Topic Area into the Current Standards for Public Health**

**A. *Changes to the Standards and Measures***

Each site visit ended with a debriefing session in which participants were invited to comment on the Proposed Administrative Standards. Additionally, as the consultant team evaluated the Administrative measures in the site reviews, issues of duplication, implicit but not explicit meaning, multiple ideas in a single measure, inconsistency among sections and gaps became apparent. The recommendations that follow reflect these sources of feedback.

**Recommendations:**

- **The Proposed Administrative measures be revised as described below and in Attachment B and then integrate the revised Administrative Standards as the sixth topic area in the 2006 Standards for Public Health for Washington State.**
- **Identify which Administrative measures apply to state level and DOH programs based on the demonstrated performance in this evaluation.**

There are no recommended changes to the text of the four standards in the Proposed Administrative topic area. There are numerous and detailed recommendations for the measures based on feedback, consultation and the field test results. These recommendations have reduced the total number of measures from 35 for DOH programs and 36 for LHJs to a total of 18 for both DOH programs/SBOH and LHJs as summarized below.

- **Fiscal Capacities Standard:** The key features in this standard are 1. Budget alignment and monitoring, and 2. Contract management. The measures have been consolidated down to two measures instead of nine.

- **Human Resource Capacities Standard:** The key features in the Human Resource standard are 1. Policies and procedures, 2. Staff management, 3. Training (new measure recommended from current Standards for Public Health), 4. Confidentiality policies and practices (moved from Information Systems standard), and 5. ADA compliance (moved from Fiscal standard). A total of five measures instead of six.
- **Information System Capacities Standard:** The five key areas here are 1. Monitoring the security of systems, 2. Trained IS support staff, 3. Planning for future technologies in IS, 4. Website content and maintenance, and 5. Confidentiality agreements and practices for electronic transfer of data. A total of five measures instead of eight.
- **Leadership and Governance Capacities Standard:** Key areas are: 1. Strategic planning, 2. Quality improvement plans, 3. Communications, 4. Risk assessment, and 5. Customer service. There are six recommended measures instead of 11 for DOH and 12 for LHJs.

See details of the recommended changes to the Administrative measures in Attachment B, below.

## **VI. Attachment A: Consulting Team**

### **Barbara Mauer, MSW CMC**

Ms. Mauer specializes in consulting with public and private sector healthcare and human service organizations. She has successfully led strategic planning, quality improvement, and complex project management engagements and has been a leader in the use of measurement as an integral part of planning for and managing health and human services. Prior to establishing a consulting practice, she held senior management positions within a large staff model HMO and a large county human services department. Ms. Mauer is the co-author, with Margot Kravette, of The Primary Care Performance Management System: A Team Approach to Winning in the New Healthcare Market, published by Manissex.

### **Marlene Mason, BSN, MBA**

Ms. Mason is a versatile healthcare management consultant with extensive experience in the establishment and implementation of quality programs in health plans and integrated delivery systems. She also has expertise in assessment and compliance with quality standards such as the Baldrige Criteria, the National Committee for Quality Assurance (NCQA), and HCFA's QISMC standards. As an excellent communicator who quickly builds trust and instills a spirit of cooperation in achieving desired results, she has a proven track record in managing, consulting and facilitating the integration of management and decision making processes.

### **Bruce Brown, Ph.D.**

Bruce Brown has over twenty-five years experience as a Research/Evaluation Methodologist, eight years experience as Program and Executive Director in the healthcare field, and eleven years experience as Assistant and Associate Professor of Sociology. His expertise includes research design, program evaluation, and statistical analysis. His research has been presented at numerous professional conferences and published in books and scientific journals.

### **Katherine G. Schomer, M.A.**

Katherine Schomer has over eight years experience with project coordination, management, and market research. Ms. Schomer has extensive experience in developing and managing customer satisfaction surveys, research databases, and survey design, as well as utilizing skills such as market segmentation and structural equation models. Her broad base of experiences in industry analysis includes work in the fields of financial services, telecommunications, software/hardware, aerospace, healthcare, insurance and utilities.

## VII. Attachment B: Draft Revised Administrative Standards and Measures

The following table is a revised version of the Administrative Standards Self-Assessment Guide, with the recommended revisions in the measures and descriptions of ways to meet the measure. The shaded rows are the Proposed 2005 measures recommended for elimination or combination with another measure. Retained, new or revised measures are un-shaded for clarity.

### A. Fiscal Capacities

*Standard 1: Effective financial and management systems are in place in all public health agencies.*

| Number                 | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation   |
|------------------------|---|---|--|
| PROPOSED<br>AD 1.1 L/S | The organization's State audit report indicates that the accounting system is functioning in accordance with BARS and generally accepted accounting principles for governmental entities and demonstrates adequate internal controls. | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Review of most current state audit report indicates compliance with all requirements: <ul style="list-style-type: none"> <li>• Functioning in accordance with BARS and GAAP, AND</li> <li>• Existence of adequate internal controls.</li> </ul> </li> </ul>                                 | This measure evaluates a regulated activity that is routinely monitored by counties for compliance. The 2005 results indicate that 87% of LHJs were able to demonstrate performance on this measure, so it is recommended that this measure be eliminated. |
| PROPOSED<br>AD 1.2 L/S | Financial audit recommendations and findings are promptly addressed.  | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Reports of recent audit results, AND</li> <li>❖ Meeting minutes or reports and summaries of the review of audit results are conducted within 45 days of receipt of audit results and indicate identification of conclusions and related recommendations for improvement actions.</li> </ul> | The 2005 results indicate that 91% of LHJs were able to demonstrate performance on this measure, so it is recommended that this measure be eliminated.   |

| Number                               | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation   |
|--------------------------------------|---|---|--|
| RECOMMENDED<br>NEW AD 1.1 L/S        | The budget is aligned with the agency strategic plan, reflects agency goals and is monitored on a regular basis. All available revenues are considered and collected. | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Budget documents reference strategic initiatives and goals, <b>AND</b></li> <li>❖ Written evidence of review, such as meeting minutes, checklists, summaries, or completed audit tools for budget management, <b>AND</b></li> <li>❖ Written policies describe how the organization ensures all available revenues are pursued and collected.</li> </ul> | Rationale: This measure addresses budgeting and management of the budget and combines Proposed AD 1.3, Proposed AD 1.4, and Proposed AD 1.6 measures. Compliance with the review portion is evidence that the financial system provides adequate and timely reports therefore Proposed AD1.5 could be eliminated. ( <i>Financial reports are necessary to review budget performance.</i> ) |
| PROPOSED<br>AD 1.3 L/S               | The budget is aligned with the agency strategic plan and reflects agency goals.<br>[See AD 4.7- requirement for strategic plan]                                       | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Budget documents reference strategic initiatives and goals, <b>AND</b></li> <li>❖ Documents indicate how budget items are aligned with strategic initiatives and goals.</li> </ul>  | Combined with new AD 1.1 L above.  |
| PROPOSED<br>AD 1.4 L<br>(local only) | Guidelines and policies exist regarding collection of all available revenues.   | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Written billing and collections policies or procedures describe how the organization ensures all available revenues are pursued and collected, including specific actions for staff, and annual budgeted revenue.</li> </ul>  | Combined with new AD 1.1 L above.  |
| PROPOSED<br>AD 1.4 S<br>(state only) | There is written policy that guides the department's decisions on obtaining revenue.  | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Policies describes revenue collection guidelines, including specifying options for seeking additional revenue and resources for funding, such as criteria for determining which grants to pursue and/or process for prioritizing bi-annual budget requests.</li> </ul>  | Combined with new AD 1.1 L above.  |

| Number                        | Measure  | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation   |
|-------------------------------|--|--|--|
| PROPOSED<br>AD 1.5 L/S        | The accounting reporting system provides timely and useful financial management information. | Performance with this measure can be demonstrated through:<br>❖ Sample of up to three regular financial reports that include at least quarterly budget to actual reports.  | Eliminate as new AD 1.1 L (above) requires evidence of regular monitoring of budgets which requires that financial reports are available to review. (81% of LHJs were able to demonstrate performance) |
| PROPOSED<br>AD 1.6 L/S        | The budget is monitored regularly as appropriate for budgetary control.                      | Performance with this measure can be demonstrated through:<br>❖ Written evidence of review, including checklists, summaries, or completed audit tools for budget management, AND<br>❖ Meeting minutes that document management team review of regular analysis, including trended data for key financial indicators, discussion and conclusions, and identification of actions to address current status, AND<br>❖ Summaries or reports of evaluation discussions and conclusions of effectiveness of actions across review periods. | Combined with new AD 1.1 L above.  |
| RECOMMENDED<br>NEW AD 1.2 L/S | Contracts are reviewed for legal requirements and are adequately monitored for compliance.   | Performance with this measure can be demonstrated through:<br>❖ Documented contract review process for legal requirements, AND<br>❖ Review two or three contracts files for evidence of measures for deliverables and accuracy of reporting, systematic monitoring and review processes conducted on a scheduled basis.  | Rationale: This measure consolidates the requirements for the legal review of contracts and for regular monitoring.  |

| Number                 | Measure  | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation                   |
|------------------------|--|---|--|
| PROPOSED<br>AD 1.7 L   | LHJ contracts with subcontractors/vendors for local services:<br><ul style="list-style-type: none"> <li>a) Reflect contract accounting and reporting requirements, and</li> <li>b) Are systematically and effectively monitored for contractor requirements and deliverables.</li> </ul> | Performance with this measure can be demonstrated through:<br><ul style="list-style-type: none"> <li>❖ Sample of up to three local subcontracts/vendor contracts that reflect state reporting requirements, AND</li> <li>❖ Reports or audit summaries indicate that monitoring of subcontractors/ vendors is conducted on a scheduled basis and include measures for deliverables and accuracy of reporting.</li> </ul> | Combine in new AD 1.2 L above.                 |
| PROPOSED<br>AD 1.8 L/S | Contracts meet legal review and requirements   | Performance with this measure can be demonstrated through:<br><ul style="list-style-type: none"> <li>❖ Documented contract review process, OR</li> <li>❖ Minutes, summaries or documented signature of reviewer which indicates acceptance of the entire contents of the contract.</li> </ul>   | Combine in new AD 1.2 L above.                 |
| PROPOSED<br>AD 1.9 L/S | Facilities and systems are compliant with contractual ADA requirements.  | Performance with this measure can be demonstrated through:<br><ul style="list-style-type: none"> <li>❖ Review of current audit or evaluation results of facility compliance with ADA requirements.</li> </ul>   | Move this measure to Human Resources standard. |

**B. Human Resource Capacities**

*Standard 2: Human Resource systems and services support the public health workforce.*

| Number                        | Measure   | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation  |
|-------------------------------|---|--|---|
| RECOMMENDED<br>NEW AD 2.1 L/S | Workplace policies promoting diversity and cultural competence, compensation decisions, personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff. | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Policy or procedure describes how diversity and cultural competency are assured during hiring or promotion activities, <b>AND</b></li> <li>❖ Policy or procedure describes methods for promoting recruitment and retention of qualified staff, <b>AND</b></li> <li>❖ Policy for establishing salaries with description of step increase process if applicable. <b>AND</b></li> <li>❖ Other policies for personnel management such as vacation approval or leaves of absence <b>AND</b></li> <li>❖ Information on how staff have access to this information.</li> </ul> | Rationale: This measure combines the requirements for HR policies from Proposed AD 2.1, Proposed AD 2.2, and Proposed AD 2.5 into a single measure. Most sites provided full HR policy manuals for documentation of performance which will facilitate evaluation of this new measure. |
| PROPOSED AD 2.1 L/S           | A plan is in place that shows the agency values diversity and cultural competence.  | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Strategic or HR plan or agency policy that describes actions for promoting diversity and cultural competence.</li> </ul>   | Combine with new AD 2.1, above  |
| PROPOSED AD 2.2 L/S           | Workplace policies promoting the recruitment and retention of qualified and diverse staff are in place.   | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Policy or procedure describes methods for promoting recruitment and retention of qualified staff, <b>AND</b></li> <li>❖ Policy or procedure describes how diversity is</li> </ul>  | Combine with new AD 2.1, above  |

| Number                        | Measure  | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation   |
|-------------------------------|--|--|--|
| PROPOSED<br>AD 2.3 L/S        | The compensation decision-making process for both exempt and nonexempt staff is documented.  | <p>assured during hiring or promotion activities.</p> <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Policy or procedure describing process for establishing salary ranges for exempt and non-exempt positions, including market surveys and other methods, AND</li> <li>❖ Policy or procedure describing how step increases are awarded.</li> </ul> | Eliminate this measure as 81% of LHJs were able to demonstrate performance.  |
| PROPOSED<br>AD 2.5 L/S        | Systems are in place to administer personnel laws, labor contracts and regulations   | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Procedures or protocols describe the process for monitoring hiring and personnel practices to assure that they comply with specific laws, contracts and regulations, such as interview processes, orientation and personnel discipline processes.</li> </ul>  | Combine with new AD 2.1, above   |
| Recommended<br>NEW AD 2.2 L/S | Job descriptions are available to staff and performance evaluations are done and performance improvement plans exist that promote learning and development for individual employees. | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Sample of 2-3 job descriptions, <b>AND</b></li> <li>❖ Log or checklist of completed evaluations for last two years, <b>AND</b></li> <li>❖ At least two blinded examples of staff evaluations to validate improvement plans for individual staff.</li> </ul>   | Rationale: This measure combines requirements for job descriptions and staff evaluations including Proposed AD2.4, and Proposed AD2.5. Eliminate AD 2.4 requirement for labor contracts as most sites demonstrated performance in 2005 field test. |
| PROPOSED<br>AD 2.4 L/S        | Staff have access to:<br>a) written, up-to-date personnel rules and/or labor contracts, and<br>b) written job specifications   | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Sample of 2-3 job descriptions, AND</li> <li>❖ At least two policies containing HR rules or two examples of labor contracts.</li> </ul>   | Combine with new AD 2.2, above   |

| Number                        | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation  |
|-------------------------------|---|---|---|
| PROPOSED<br>AD 2.6 L/S        | <p>and position descriptions.</p> <p>Performance evaluations are done and performance improvement plans exist that promote learning and development for individual employees.</p>   | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Policy describes the performance review process, including timeframe and templates/forms, AND</li> <li>❖ Log or checklist of completed evaluations for 12 months.</li> </ul>   | Combine with new AD 2.2, above  |
| RECOMMENDED<br>NEW AD 2.3 L/S | <p>Staff are trained in the following topics as evidenced by documentation of course content and specific staff attendance:</p> <ul style="list-style-type: none"> <li>• Methods to evaluate performance against goals and assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> <li>• Risk communications</li> <li>• EH enforcement procedures</li> <li>• Community involvement (mobilization)</li> <li>• Health promotion methods</li> <li>• Quality Improvement methods and tools</li> </ul> | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Documentation of course content and staff participation in online, classroom or other type of education or training for two or more staff in the following topics: <ul style="list-style-type: none"> <li>• Methods to evaluate performance against goals and assess program effectiveness,</li> <li>• Confidentiality and HIPAA requirements,</li> <li>• Risk communications,</li> <li>• Community involvement (mobilization)</li> <li>• Quality Improvement methods and tools, AND</li> </ul> </li> <li>❖ Staff resumes with specific education or training or documentation of participation and course content information for two or more staff as appropriate for the specific staff responsibilities in: <ul style="list-style-type: none"> <li>• Health promotion methods</li> <li>• EH investigation and compliance procedures</li> </ul> </li> </ul> | <p>Recommendation from Overall System Report: Training measures currently address all topic areas. It is recommended that most of the training measures be combined and moved to the Administrative Standard for Human Resources. It is recommended that the requirement for all staff to be trained in the emergency response plan and their role in the local plan continue to be a separate measure within EH standard 2 to assure the specific focus and measurement of this critical training issue.</p> |
| RECOMMENDED<br>NEW AD 2.4 L/S | <p>There are written policies regarding confidentiality, including HIPAA requirements and all employees have signed confidentiality agreements.</p>   | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Policies and procedures describe processes for protecting Personal Health Information (PHI), AND</li> </ul>  | <p>Move these requirements from Information Systems standard to Human Resources and combine Proposed AD 3.6 and Proposed AD 3.8 regarding policy and</p>  |

| Number                        | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation                            |
|-------------------------------|---|---|---|
|                               |   | ❖ Review of at least two signed staff confidentiality agreements.   | signed employee confidentiality agreements.             |
| RECOMMENDED<br>NEW AD 2.5 L/S | Facilities and systems are compliant with contractual ADA requirements. | Performance with this measure can be demonstrated through:<br>❖ Review of current audit or evaluation results of facility compliance with ADA requirements. | Moved from Fiscal standard to Human Resources standard. |

C. *Information Systems Capacities*

*Standard 3: Information Systems support the public health mission.*

| Number                        | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation  |
|-------------------------------|---|---|---|
| RETAIN PROPOSED<br>AD 3.1 L/S | Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems, to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance. | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Documentation that describes processes for protection of data and data systems, including redundancy, and appropriate use, <b>AND</b></li> <li>❖ Logs, checklists or results of evaluation reviews or audits show monitoring of IS security.</li> </ul>   | Revisions proposed for clarification that methods of documentation other than policies and procedures are acceptable.       |
| REVISE PROPOSED<br>AD 3.2 L/S | Computer hardware, software, and adequate, trained support staff are available to support word processing, spreadsheets with basic analysis capabilities, databases, email and Internet access  | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Lists or other documentation showing types of hardware and software routinely available to staff, <b>AND</b></li> <li>❖ Documentation of availability of email and internet for staff, <b>AND</b></li> <li>❖ Documentation of availability of staff with appropriate IT training to support users.</li> </ul> | This measure combines the requirements for IS technology and staff from Proposed AD 3.2 Proposed AD 3.3 and Proposed AD 3.4 |
| PROPOSED<br>AD 3.2 L/S        | Computer hardware and software is available to support word processing, spreadsheets with basic analysis capabilities, databases, email and Internet access   | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Lists or other documentation showing types of hardware and software routinely available to staff, <b>AND</b></li> <li>❖ Documentation of availability of email and internet for staff.</li> </ul>   | Combined in new AD 3.2 above.   |

| Number   | Measure   | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation  |
|--|---|--|---|
| PROPOSED<br>AD 3.3 L/S                             | Information Technology staff is available to develop, operate, and maintain data systems and to keep these systems secure.  | Performance with this measure can be demonstrated through:<br>❖ Review of minimum performance standards described in the IS plan, or county provider agreement.  | Combined in revised AD 3.2 above.   |
| PROPOSED<br>AD 3.4 L/S                             | Information Technology staff are trained in the management of information systems.  | Performance with this measure can be demonstrated through:<br>❖ IT training manual or curriculum agendas and materials , AND<br>❖ Logs or minutes of meetings indicating that staff have participated in training sessions.                                    | Combined in revised AD 3.2 above.   |
| RETAIN PROPOSED<br>AD 3.5 L/S as<br>NEW AD 3.3 L/S | Strategies for use of future technologies are part of the agency or county IS plan.   | Performance with this measure can be demonstrated through:<br>❖ IS plan or an IS segment in the strategic plan, or documentation of county IS services planning process that address future as well as current technology.                                     | No change to this measure, retain as is, but renumber as new AD 3.3.  |
| PROPOSED<br>AD 3.6 L/S                             | There are written policies regarding confidentiality, including HIPAA requirements.   | Performance with this measure can be demonstrated through:<br>❖ Policies and procedures describe processes for protecting Personal Health Information (PHI)  | Move this measure to Human Resources Standard AD 2.4. See new AD 2.4.   |
| PROPOSED<br>AD 3.7 L/S                             | Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data.   | Performance with this measure can be demonstrated through:<br>❖ Training materials, agendas or course outline showing topics regarding confidentiality, AND<br>❖ Training logs, minutes or confidentiality forms verify employees participate in the training. | Combine this measure with new training measure in Human Resources Standard AD 2.3. See new AD 2.3.  |
| PROPOSED<br>AD 3.8 L/S                             | All employees have signed confidentiality agreements and BOH members and other community members and stakeholders that receive personal health information data have signed confidentiality statements. | Performance with this measure can be demonstrated through:<br>❖ Review of at least two signed staff confidentiality agreements, AND<br>❖ Signed confidentiality statement for Board members, or<br>❖ At least one example of community member                  | Combine this measure with Human Resources Standard new AD 2.4. See new AD 2.4. Eliminate requirements for signed agreements from non-employees. |

| Number                        | Measure  | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation   |
|-------------------------------|--|--|--|
| RECOMMENDED<br>NEW AD 3.4 L/S | <p>The local jurisdiction (may be part of county) or DOH program website contains:</p> <ul style="list-style-type: none"> <li>• 24 hr. contact number for reporting health emergencies</li> <li>• Notifiable conditions line and/or contact</li> <li>• Community issue and health status information</li> <li>• How to obtain technical assistance and consultation from DOH or LHJ</li> <li>• Links to legislation, regulations, codes, and ordinances</li> <li>• Information and materials for communicable disease, environmental health and for prevention/health promotion programs.</li> </ul> | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Website screen prints or actual observation of the following topics: <ul style="list-style-type: none"> <li>• 24 hr. contact number for reporting health emergencies</li> <li>• Notifiable conditions line and/or contact</li> <li>• Community issue and health status information</li> <li>• How to obtain technical assistance and consultation from DOH or LHJ</li> <li>• Links to legislation, regulations, codes, and ordinances</li> <li>• Information and materials for communicable disease, environmental health and for prevention/health promotion programs</li> </ul> </li> </ul> | <p>Many sites used their website as source documentation for requirements in numerous measures. It is recommended that a new measure be added to the Administrative Standard for Information Systems to assess the contents of LHJ and DOH websites.</p>                                       |
| RECOMMENDED<br>NEW AD 3.5 L/S | <p>Written policies, including data sharing agreements, govern the use, sharing and transfer of data within DOH and among the DOH, LHJ's and partner agencies and all program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.</p>   | <p>Performance for this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Policy or data sharing agreement for data transfer with evidence that they are current, such as approval or revision date, <b>AND</b></li> <li>❖ Documents containing data or online data submittal that have been shared with other agencies show evidence of use of confidentiality procedures.</li> </ul>   | <p>Recommendation from Overall System Report for current Standards is to move the two measures in Assessment Standard 5 [<i>Health data is handled so that confidentiality is protected and health information systems are secure.</i>] to Administrative Standard on Information Systems.</p> |

**D. Leadership and Governance Capacities**

*Standard 4: Leadership and Governance bodies set agency policies and direction*

| <b>Number</b>                                      | <b>Measure</b>  | <b>Some Examples of Optimal Ways to Meet the Measure</b>   | <b>Rationale for Recommendation</b>   |
|--|---|--|---|
| PROPOSED<br>AD 4.1 L/S                             | There are written guidelines for system communication methods and procedures, between state programs and LHJs, and/or across programs at the state or local level.  | Performance with this measure can be demonstrated through:<br>❖ Procedures or protocols describe the methods and requirements for managers or staff in communicating with other departments within the organization, including samples or forms and templates.   | Eliminate this measure as little to no documentation was available and communication processes are included in the current Standards (CD Topic area).   |
| RETAIN PROPOSED<br>AD 4.7 L/S AS<br>NEW AD 4.1 L/S | A strategic/operations plan is developed that includes: <ul style="list-style-type: none"> <li>• Mission and goals</li> <li>• Division and program plans</li> <li>• Key activities and initiatives</li> <li>• Community involvement.</li> </ul> | Performance with this measure can be demonstrated through:<br>❖ A current, written strategic plan includes all four requirements; <ul style="list-style-type: none"> <li>• Mission statement and goals</li> <li>• Division and/or program plans</li> <li>• Key activities and initiatives</li> <li>• Community involvement.</li> </ul> | Proposed AD 4.7 – no change. Retain as new AD 4.1.  |
| PROPOSED<br>AD 4.4 L                               | Policies, local ordinances and administrative codes are accessible to the public.   | Performance with this measure can be demonstrated through:<br>❖ Procedures describe how policies, local ordinances and administrative codes are accessible to the public.  | Eliminate this measure and include the requirement for local ordinances and administrative codes to be available on website in new AD 3.4. See AD 3.4 above. 2005 results show 84% of LHJs are able to demonstrate performance. |
| REVISE PROPOSED<br>AD 4.5 L/S AS<br>NEW AD 4.2 L/S | A quality improvement plan is implemented, and reviewed and updated annually.   | Performance with this measure can be demonstrated through:<br>❖ Current QI plan that covers all aspects of   | Revise to state: <i>There is a written quality improvement plan including specific objectives and performance</i>   |

| Number                            | Measure  | Some Examples of Optimal Ways to Meet the Measure  | Rationale for Recommendation  |
|-----------------------------------|--|--|---|
|                                   |  | <p>organizational performance, including results from system performance assessment, program evaluation results, outbreak response evaluations, and/or after-action debriefs , <b>AND</b></p> <ul style="list-style-type: none"> <li>❖ Reports or summaries of actions taken to implement the QI plan, <b>AND</b></li> <li>❖ Report showing annual review of process and effectiveness of QI plan, including continuing areas needing improvement, <b>AND</b></li> <li>❖ Updated QI plan linking areas of opportunity to identified actions or interventions.</li> </ul>                   | <p><i>measures reflecting the organization's strategic plan, community assessments and performance results; such as the core results measures, program evaluations, and outbreak response or after-action evaluations. The plan states timeframes for completion and staff responsible for specific objectives. Performance measures are tracked and reported and used to improve agency performance.</i></p> |
| <p>REVISE PROPOSED AD 4.3 L/S</p> | <p>Written procedures are in place for communication with the BOH, other decision-making bodies and elected officials. The governing body/local Board of Health:</p> <ul style="list-style-type: none"> <li>• Orients new members,</li> <li>• Sets operating rules including guidelines for communications with senior managers, and</li> <li>• Votes on actions it takes</li> </ul> | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Documentation of the methods and requirements for managers or staff in communicating with the BOH, decision-making groups and elected officials. <b>AND</b></li> <li>❖ Meeting minutes or reports or summaries of orientation plan for new BOH members, <b>AND</b></li> <li>❖ Minutes showing BOH voting on actions or recommendations, <b>AND</b></li> <li>❖ Documentation of establishing operating rules and/or guidelines for BOH communication with leadership.</li> </ul> | <p>Proposed AD 4.3 remains the same with revisions to include Board of Health requirements from Proposed AD 4.8.</p>  |
| <p>PROPOSED AD 4.8 L</p>          | <p>The governing body/local Board of Health:</p> <ol style="list-style-type: none"> <li>a) Orients new members,</li> <li>b) Sets operating rules and guidelines for communications with senior managers, and</li> <li>c) Votes on actions it takes.</li> </ol>   | <p>Performance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Meeting minutes or reports or summaries of orientation session for new BOH members, <b>AND</b></li> <li>❖ Minutes showing BOH voting on actions or recommendations, <b>AND</b></li> <li>❖ Documentation of establishing operating rules and/or guidelines for BOH communication with managers.</li> </ul>   | <p>Combine this measure with new AD 4.3 above.</p>  |

| Number  | Measure   | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation   |
|---|---|---|--|
| PROPOSED<br>AD 4.6 L/S                            | State and local public health leadership demonstrate active relationships with community organizations through collaborative activities and community efforts.      | Performance with this measure can be demonstrated through:<br>❖ Meeting minutes or summaries of events or activities indicate joint activities with public health leadership and community members.   | Eliminate this measure as community involvement is included in numerous topic areas within the current standards and a high percentage of sites (94%) demonstrated performance in 2005 evaluation. |
| PROPOSED<br>AD 4.9 L                              | Guidelines are in place for outside/ media communications, reflect risk communication principles, and assure that an internal media contact is established.         | Performance with this measure can be demonstrated through:<br>❖ Procedures or protocols reflect risk communication principles and describe guidelines, limits and required tasks for managers in communicating with outside entities and./or media, AND<br>❖ Documentation indicates internal position that serves as primary media contact for the organization. | Eliminate this measure as communication processes and guidelines for the media is included in numerous measures in the current Standards in the CD topic area.                                     |
| RETAIN PROPOSED<br>AD 4.10 L as NEW<br>AD 4.4 L/S | Communication includes increasing the public's understanding of the mission and role of public health.  | Performance with this measure can be demonstrated through:<br>❖ Examples of press releases, presentations or other materials provided to the general public regarding mission and role of public health.  | Proposed AD 4.10 - no change. Retain as new AD 4.4.  |
| RETAIN PROPOSED<br>AD 4.2 AS NEW<br>AD 4.5 L/S    | There are written guidelines and programs for effective assessment and management of risk and the agency has obtained insurance coverage specific to assessed risk. | Performance with this measure can be demonstrated through:<br>❖ Documentation that describes the methods and requirements for managers and staff to effectively assess and manage financial and clinical risk, AND<br>❖ Documentation of insurance coverage to handle assessed risk.  | Proposed AD 4.2 - no change. Retain as new AD 4.5.   |

| Number                                      | Measure  | Some Examples of Optimal Ways to Meet the Measure   | Rationale for Recommendation   |
|---|--|---|--|
| RETAIN PROPOSED AD 4.11 L as NEW AD 4.6 L/S | Customer service standards are established and implemented for all employees with a job function that requires them to interact with the general public. | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Documentation that describes standards and expectations for customer service for staff that interact with the general public,</li> <li>❖ Agendas and materials for training staff in customer service expectations and standards, with logs or list of staff participating in customer service training sessions, or</li> <li>❖ Surveys measuring customer satisfaction.</li> </ul> | Proposed AD 4.11 – no change. Retain as new AD 4.6.  |
| PROPOSED AD 4. 12 L                         | Legal counsel is available   | Performance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ Review of written agreement with legal counsel or other documentation describing process for obtaining legal consultation.</li> </ul>   | Eliminate this measure as this is a requirement of county government and a high percentage of sites (84%) demonstrated performance in 2005 evaluation. |