Triennial Review Evaluation

A collaboration between Rede Group and Oregon Health Authority

Oregon Public Health Association (OPHA) Annual Conference
October 9, 2017

• Moderator: Eric Einspruch
• Panelists: Kim La Croix, Julie Wilkerson, Jennifer Seamans
Acknowledgements

• Project Team
  – Alex Muvua
  – Julie Wilkerson
  – Jennifer Seamans
  – Erin Charpentier
  – Jill Hutson
  – Eric Einspruch

• Collaborators
  – Danna Drum
  – Shaun Parkman
  – Kim La Croix

Special thanks to interns: McKenna Teltscher & Keirin Bryan
Public Health System Overview

&

Purpose of the Triennial Review

Kim La Croix, MPH, RD
Policy and Partnerships
Office of the State Public Health Director
Public Health System

A system is an interconnected set of elements that is coherently organized in a way that achieves something.

1. Elements
2. Interconnections
3. Function or purpose
Public Health Division

**Vision:** Lifelong health for all people in Oregon

**Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon

**Values:** Service excellence, leadership, integrity, partnership, innovation, health equity
Public Health Modernization

Communicable Disease Protection
Detect and respond to traditional and emerging infectious disease.

Equitable Access to Health Services
Ensure preventive services widely available.

Health Promotion, Disease and Injury Prevention
Support environments and policies that provide access to well being for everyone.

Environmental Health
Limiting environmental risks to human health.
Strategic Plan Goals

• Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease
• Goal 2: Strengthen public health capacity to improve health outcomes
Triennial Review

• **What?** Comprehensive review of LHDs
• **Why?** Assess compliance activities of local health departments, evaluate overall program effectiveness, and recommend modification to programs when requested.
• **How?** On-site or remotely with standardized tools. Results are shared with BOC and HA
• **When?** Every 3 years
• **Who?** Most public health programs (28)
Triennial Review Evaluation - Why?

Primary goal: Identify trends and recommendations for supporting LHDs in achieving greater compliance and to help align program efforts with public health modernization work.

Cross-cutting goals:

- Good stewardship and outcomes
- Quality improvement for OHA-PHD and LHDs
- Change agent for Public Health Modernization
Quantitative Analysis: Methods and Results

Julie Wilkerson, MPH
Associate, Rede Group
The Rede Group is a Portland based consulting firm working in the Northwest and across the country. We specialize in health related research, strategic communication, planning, engagement, and training.

We’ve worked with:
- Over 60 municipalities
- Over 25 states
- Over 30 tribes/tribal organizations
- Health equity coalitions
- Non-profit organizations
- Businesses
- Health care organizations
...and many others

Our services:
- Program evaluation
- Technical assistance
- Strategic planning
- Strategic communication
- Community health assessment planning
- Community health improvement planning
- Training
...and much more
Terminology

- **Agency Review**: The entirety of the document created by OHA, PHD for each individual Local Health Department. In total, there are 34 of these documents.

- **Program Review Tool (P)**: A series of forms created by OHA, PHD to assess particular program areas provided by individual LHDs.

- **Criteria for Compliance (C)**: Within each Program Review Tool there are multiple Criteria for Compliance (review requirements). If a criteria for compliance was not met it was considered a **compliance finding**.

- **Compliance Element (E)**: The Criteria for Compliance within each Program Review Tool includes individual elements for compliance.
### Immunization Review Tool

<table>
<thead>
<tr>
<th>Criteria for compliance</th>
<th>Y</th>
<th>N</th>
<th>Comments/documentation/explanation/timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Vaccines for Children (VFC) enrollment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Local Public Health Authority (LPHA) and all its satellite clinics must maintain enrollment in the federal Vaccines for Children (VFC) program. If LPHA contracts out for clinical services, LPHA will ensure that contractor maintains enrollment as an active VFC provider. (<a href="#">PE43.3.a</a>)</td>
<td>□</td>
<td>□</td>
<td>1</td>
</tr>
<tr>
<td><strong>II. Vaccine management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In addition to meeting federal and state VFC requirements, does the LPHA meet the following vaccine management requirements?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Conduct a monthly, physical inventory of all vaccine storage units? (<a href="#">PE43.3.c.i</a>)</td>
<td>□</td>
<td>□</td>
<td>Reviewer: ask to see copies of most recent inventory. If issues are identified, review the past several months. Click here to enter text.</td>
</tr>
<tr>
<td>2. Reconcile inventory in ALERT IIS monthly? (<a href="#">PE43.3.c.i</a>)</td>
<td>□</td>
<td>□</td>
<td>Reviewer: in advance of the visit, review inventory in ALERT IIS. Click here to enter text.</td>
</tr>
<tr>
<td>3. Submit vaccine orders according to the tier assigned by Oregon Immunization Program (OIP)? (<a href="#">PE43.3.c.ii</a>)</td>
<td>□</td>
<td>□</td>
<td>Reviewer: refer to Tab 4 in agency review binder. Click here to enter text.</td>
</tr>
</tbody>
</table>

### Note:
Grayed-out boxes starting with "QA:" indicate a Quality Assurance (QA) question.

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**All links verified 11/8/2016**

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**Program Review Tool**

**Criteria for Compliance**

**Criteria for Compliance Element**
Methods

- Counted, verified, and analyzed data in Excel
- Analyses for total number, percentage, and cumulative percentage of compliance findings by program tool was conducted in Excel
- Program level analysis was run by criteria for compliance for all programs & by comparative frameworks (region, population size, and review year) for all programs where 10 or more LHDs had compliance findings
Results:
Pareto Chart
Results

All Programs: Number & Percentage

Number of LHDs with Compliance Findings

Program Review Tool
Program Level Analysis

Methods

• Program level analyses were conducted based on the quantitative results previously counted and verified.

• Analyses were conducted on:
  – Criteria for Compliance findings by program criteria
  – Criteria for Compliance findings by comparative frameworks
    • Region
    • Population Size
    • Review Year

• Example: Communicable Disease
Program Level Analysis
Results: Communicable Disease

P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Criteria for Compliance & Quality Assurance

- P4C8. Timelines of CD reporting (n=34) 27 (79%)
- P4C11. Outbreak Investigations (n=34) 25 (74%)
- P4C9. Case Investigation (n=34) 25 (74%)
- P4C7. Surveillance Summary (n=34) 13 (38%)
- P4C10. Contact Management (n=34) 8 (24%)
- P4C3. Active Surveillance Protocols (n=34) 8 (24%)
- P4C5. Employee Vaccination Status (n=34) 4 (12%)
- P4C4. Employee Training (n=34) 4 (12%)
- P4C1. Bloodborne Pathogen Protocols and Training (n=34) 3 (9%)
- P4C6. Standing Orders (n=34) 1 (3%)
- P4C2. Control of Reportable Communicable Disease (n=34) 0 (0%)
Program Level Analysis
Results: Communicable Disease by Region

P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Region

- Eastern (n=9): 9 (100%)
- Southern (n=7): 7 (100%)
- Willamette Valley (n=6): 6 (100%)
- Central/North Central (n=6): 5 (83%)
- Metro (n=3): 3 (100%)
- North Coast (n=3): 3 (100%)
Program Level Analysis

Results: Communicable Disease by Size

P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Population Size

- Small (n=13): 13 (100%)
- Medium (n=7): 7 (100%)
- Extra-Small (n=7): 6 (85%)
- Large (n=4): 4 (100%)
- Extra-Large (n=3): 3 (100%)
Program Level Analysis

Results: Communicable Disease by Year

P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Review Year

<table>
<thead>
<tr>
<th>Review Year</th>
<th>Number of LHDs</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 (n=10)</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>2014 (n=11)</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>2016 (n=13)</td>
<td>12</td>
<td>92%</td>
</tr>
</tbody>
</table>
Program Level Analysis

Results: Women, Infants, and Children

P26. WIC Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

- P26C2. Certification (n=22) - 16 (73%)
- P26C3. Nutrition Education (NE) (n=22) - 15 (68%)
- P26C1. Program Management (n=23) - 14 (61%)
- P26C5. Program Integrity (n=22) - 8 (36%)
- P26C6. Fiscal Management (n=22) - 4 (18%)
- P26C4. Breastfeeding Promotion and Support (n=22) - 1 (5%)
Program Level Analysis
Results: WIC by Region

P26. WIC Program Review: Number of LHDs with Compliance Findings by Region

- Eastern (n=6): 6 (100%)
- Willamette Valley (n=5): 5 (100%)
- Central/North Central (n=5): 4 (80%)
- Southern (n=5): 2 (40%)
- Metro (n=2): 2 (100%)
- North Coast (n=1): 1 (100%)
Program Level Analysis
Results: WIC by Size

P26. WIC Program Review: Number of LHDs with Compliance Findings by Population Size

- Small (n=8): 6 (75%)
- Medium (n=5): 5 (100%)
- Extra-Small (n=5): 5 (100%)
- Extra-Large (n=2): 2 (100%)
- Large (n=4): 2 (50%)

Number of LHDs with Compliance Findings

Population Size
Program Level Analysis

Results: WIC by Year

P26. WIC Program Review: Number of LHDs with Compliance Findings by Review Year

<table>
<thead>
<tr>
<th>Review Year</th>
<th>LHDs (n)</th>
<th>Compliance Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>10</td>
<td>9 (90%)</td>
</tr>
<tr>
<td>2015</td>
<td>8</td>
<td>5 (63%)</td>
</tr>
<tr>
<td>2016</td>
<td>6</td>
<td>6 (100%)</td>
</tr>
</tbody>
</table>
Additional Analyses
Policy and Public Health Modernization

Julie Wilkerson, MPH
Associate, Rede Group
Additional Analyses: Policy Level

• Criteria for Compliance Elements for all 28 Program Review Tools developed by OHA, PHD were analyzed for alignment with federal or state statute, regulation, or policy.

• Alignment was based on the following levels of policy:
  - Federal (38%)
  - State (25%)
  - Other (23%)
  - Unidentified (14%)
## Policy Level Results: Criteria for Compliance by Policy

<table>
<thead>
<tr>
<th>Program Review Tool</th>
<th>Number of Criteria for Compliance Elements</th>
<th>Percent Federal CFR, OMB, Title #, USC, or CDC Guidelines</th>
<th>Percent State ORS or OAR</th>
<th>Percent Other Identification</th>
<th>Percent Unidentified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Health</td>
<td>115</td>
<td>83%</td>
<td>1%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Civil Rights</td>
<td>98</td>
<td>34%</td>
<td>51%</td>
<td>0%</td>
<td>15%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>97</td>
<td>0%</td>
<td>55%</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Fiscal</td>
<td>90</td>
<td>83%</td>
<td>0%</td>
<td>0%</td>
<td>21%</td>
</tr>
<tr>
<td>Fiscal NON-PROFIT</td>
<td>90</td>
<td>83%</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>WIC</td>
<td>90</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fiscal WIC</td>
<td>61</td>
<td>79%</td>
<td>0%</td>
<td>0%</td>
<td>21%</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>58</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Administrative</td>
<td>54</td>
<td>19%</td>
<td>56%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Vital Records</td>
<td>55</td>
<td>0%</td>
<td>93%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Communicable Disease*</td>
<td>45</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
<td>92%</td>
</tr>
<tr>
<td>Immunization</td>
<td>48</td>
<td>13%</td>
<td>15%</td>
<td>63%</td>
<td>17%</td>
</tr>
<tr>
<td>Babies First</td>
<td>43</td>
<td>0%</td>
<td>53%</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td>HIV Care and Treatment</td>
<td>37</td>
<td>0%</td>
<td>16%</td>
<td>84%</td>
<td>0%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>36</td>
<td>0%</td>
<td>8%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>HIV Prevention Program</td>
<td>35</td>
<td>6%</td>
<td>6%</td>
<td>89%</td>
<td>0%</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>34</td>
<td>0%</td>
<td>18%</td>
<td>65%</td>
<td>18%</td>
</tr>
<tr>
<td>Drinking Water Services</td>
<td>29</td>
<td>3%</td>
<td>41%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>STD</td>
<td>24</td>
<td>0%</td>
<td>25%</td>
<td>71%</td>
<td>4%</td>
</tr>
<tr>
<td>Healthy Communities Implementation</td>
<td>21</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>TPEP</td>
<td>20</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>WIC BPCP</td>
<td>19</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Health Officer</td>
<td>14</td>
<td>21%</td>
<td>7%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>13</td>
<td>15%</td>
<td>0%</td>
<td>38%</td>
<td>46%</td>
</tr>
<tr>
<td>WIC FDNP</td>
<td>10</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>1236</td>
<td>39%</td>
<td>25%</td>
<td>20%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Other Analyses: Modernization Program Level

- We analyzed to see how well the review tools aligned with the modernization foundational programs.

- Analysis focused on identifying alignment or a lack of alignment between program tool (N=18) criteria for compliance and modernization foundational programs.

- Foundational programs used in this analysis were:
  - Communicable Disease Control
  - Prevention and Health Promotion
  - Environmental Health
  - Access to Clinical Preventive Services
  - Emergency Preparedness and Response (Foundational Capability)
Modernization Level Results:
Criteria for Compliance Alignment to Modernization Program Functions

• There were 116 criteria for compliance in the 18 program review tools analyzed.
  – 84 (72%) were aligned with one or more foundational program function or sub-function
  – 32 (28%) were unaligned with any of the foundational programs examined

• Program tools with a focus on population-based health services (Communicable Disease, Environmental Health) were completely or mostly aligned

• Program tools with a focus on individual level services (Nurse-family Partnership, Health Officer) were completely unaligned
Modernization Level Results:
Foundational program Function and Sub-function Alignment with Criteria for Compliance

- Environmental health, 76% of functions and sub-functions **not** aligned
- Prevention and health promotion, 60% of functions and sub-functions **not** aligned
- Emergency preparedness and response, 58% of functions and sub-functions **not** aligned
- Access to clinical preventive services, 50% of functions and sub-functions **not** aligned
- Communicable disease, 24% of functions and sub-functions **not** aligned
Qualitative Findings: Methods and Results

Jennifer Seamans, MST, MPH cand
LHD and PHD Interviews: Sampling

- Qualitative focus on 5 programs with greatest number of Triennial Review compliance findings
- 15 interviews of LHDs with compliance findings
- 10 interviews of LHDs without compliance findings
- 7 interviews with OHA, PHD staff
LHD and PHD Interviews: Methods

- Interviews conducted by telephone
- Transcribed and uploaded into Dedoose
- Coding tree and reviewer meetings
- Identification of emergent themes
- Anonymization of data throughout
LHD Interviews:
Yes/No Responses

• All LHD interviewees (with and without compliance findings)

• Asked which factors contributed to their program’s review outcome

• Self-reported yes/no responses regarding contributing factors

• Yes/no responses were not edited
  - Some Y/N responses were later contradicted in open-ended conversation
# LHD Interviews:
**Yes/No Responses**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Communicable Disease</th>
<th>Fiscal</th>
<th>Immunization</th>
<th>Reproductive Health</th>
<th>WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not understand requirements</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>External factors</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Lack of clarity from OHA on requirement</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of qualified staff available</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of resources</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Lack of staff training</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not aware of requirements</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor record keeping</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff turnover</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LHD Interviews: Yes/No Responses

Top Self–Reported Contributing Factors among LHDs with Compliance Findings
LHD Interviews: Yes/No Responses

Top Self-Reported Contributing Factors among LHDs without Compliance Findings
Contributing Factors among LHDs with Compliance Findings

“As far as I know, we’ve got practitioners just practicing these programs without any kind of orientation. It’s like, ‘Here you go. Hop to it. Get in that exam room and do that exam.’ Maybe that’s part of our problem as to why we can’t retain staff. If they had better orientation and support, then maybe we would be able to retain staff better too.”

—LHD
 Contributing Factors among LHDs with Compliance Findings

“I would love to meet all of these requirements, but again, prioritizing with what we have in a given situation, when we get busy, the lower priority thing for us would be the chronic case interview timeliness. These are people who have already been infected for a very long time. Many of them are very difficult to reach. They take a lot of time. We want to try and reach them, but if it’s a place where we have that and three outbreaks, I’m going to prioritize the outbreaks.”

—LHD
Factors for LHDs with Compliance Findings:
Challenges Determining Review Requirements

• Lack of clarity about the review process
• Inconsistency between reviewers
• Frequent changes in the review tool leading to incorrect documentation
Factors for LHDs with Compliance Findings: Staff Hiring, Retention, and Management

• Staff turnover
  • Gaps in institutional knowledge

• Lack of documentation
  • Absence of internal record keeping policies

• Lack of reinforcement of protocol in staff practices

• Lack of clarity in staff duties that led to requirements not being met
Factors for LHDs with Compliance Findings:
Lack of Staff Training

• Need for improved onboarding process for new staff
• Need for more frequent staff refreshers in light of changing review tools
Factors for LHDs with Compliance Findings:
Staff Prioritization of Other Work

• Challenges prioritizing time, staffing and other resources for review requirements
• Sense of urgency or client care
Factors for LHDs with Compliance Findings: Record Keeping Systems

- Inefficient or disorganized record keeping systems
- Recordkeeping practices as well as infrastructure
Contributing Factors among LHDs **without** Compliance Findings

“We have an awesome supervisor who just does a great job leading our team and spent hours getting the program ready for this review. She spent a lot of time on our policies and procedures, ensuring that they were completely updated and available for the reviewer. That took a lot of her time. She spent a lot of time with her staff, ensuring that they were available and prepared to answer questions.”

— LHD
Contributing Factors among LHDs without Compliance Findings

“We work really diligently on staff training and communication, and focus efforts on any findings that are repeat, either from one biennium to the next, or between LHDs. We continually evaluate the number and types of findings to identify whether it’s an isolated incidence or something that is more of a global concern. This has worked very well to assist our local agencies to come into compliance.”

—PHD
Factors for LHDs without Compliance Findings:
Internal Organizational Factors

• Clear staff policies, procedures and delineation of staff responsibilities

• Specialized staff support for documentation

• Staff longevity
  • Institutional knowledge of review process
  • Teamwork and reliance

• Review prioritized in leadership and management

• Well-organized record keeping systems
Factors for LHDs without Compliance
Findings:
OHA Staff Relationship and Partnership

• Professional relationship between OHA and LHD staff
  • Mutually positive, approachable and responsive when questions were asked

• Detailed OHA communications and updates available through multiple formats
  • Reinforcing the value of meeting review requirements
Factors for LHDs without Compliance Findings: OHA Administration of Review Tool

- Clear, current, and accessible communication of review requirements
- Detailed review tools that are updated & in sync with federal requirements
- Conversations between OHA, PHD and LHD staff began well in advance of review
  - Opportunities to ask questions and get informal feedback before the site visit
Factors for LHDs without Compliance Findings: OHA, PHD Trainings and Other Opportunities

• Quick & comprehensive onboarding for new staff

• Refresher courses and ongoing support for current staff

• Adapt trainings to compliance findings or changes in requirements

• LHD staff also valued trainings as an opportunity to interact with other LHDs
Suggestions for Ways OHA Can Help Improve Compliance

“We work really diligently on staff training and communication, and focus efforts on any findings that are repeat, either from one biennium to the next, or between LHDs. We continually evaluate the number and types of findings to identify whether it’s an isolated incidence or something that is more of a global concern. This has worked very well to assist our local agencies to come into compliance.”

--PHD
Suggestions for Ways OHA Can Help Improve Compliance

“A good relationship has made all the difference. [PHD staff] have been incredibly helpful in helping us understand what happens, coming down, visiting and talking with us, and going through things. If there’s an issue, we call them. Along the way we ask, ‘Why do you have this requirement for such and such?’ And they say, ‘Well, this is what we’re really looking for here.’ I think that is probably the most helpful.”

—LHD
Suggestions for OHA to Improve Compliance:
OHA Training Opportunities

• Improve quality, quantity, and access to training opportunities

• Standardize staff onboarding process

• Focus on helping LHDs strengthen policies and procedures supporting review

• Improve collaboration among LHDs
Suggestions for OHA to Improve Compliance:
OHA, PHD Communications

• Ensure OHA staff are available and responsive to LHDs
  • Frame review as collaborative rather than punitive

• Provide more detailed information about the review process well in advance

• Increase consistency in how review tool is applied between reviewers
Suggestions for OHA to Improve Compliance:
OHA Support for Infrastructure and Resources

- Reduce the time needed for documentation
- Provide sample policies, procedures and protocol
- Enhance existing record keeping systems, e.g. ORPHEUS, to simplify LHD compliance with review requirements
- Improve support for cost recovery measures
Suggestions for OHA to Improve Compliance:
Revision of Program Review Tools

• Examine review tools to ensure all criteria are required
• Improve alignment between program elements and review tools
• Eliminate redundancies between review tools
• Refrain from implementing review tools as a “one size fits all” application
Recommendations

Jennifer Seamans
MST, MPH cand
Recommendations:
Review Tools and the Review Process

• Align review tools with state and federal regulations
• Standardize the application of review tools among reviewers
• Frame the triennial review as a more proactive, collaborative, quality improvement process
• Clarify and communicate changes in review tools and requirements well in advance of the process
Recommendations:
Organizational Factors and Collaboration

• Improve training opportunities:
  – Onboarding of new staff, and skill refreshers
  – Understanding of review process and requirements
  – Sample protocols
  – Information and exchange among LHDs
    • Promote leadership and management role in review process
• Increase staff time efficiency in record keeping
  – ORPHEUS & other systems
    • Integrate QA information
    • Improve data retrieval functionality for the review process
Recommendations: Quality Improvement and Modernization
What do you think?

• What should recommendations should PHD and LHDs prioritize?
  – Consider how the recommendations align with:
    • Modernization
    • PHD Strategic Plan
    • PHD Mission, Vision, Values
  – Consider the feasibility and effectiveness of the recommendations
    • What is easy and should be done immediately?
    • What is more difficult but may have a greater impact?
Thank You!
Stay Well

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Appendices:

Comparative Frameworks
WIC Program Analysis
Program Level Analysis
Methods: Comparative Frameworks

- **Region**: Developed with input from OHA, PHD for each LHD based on geographic location.
  - **North Coast**: Clatsop, Columbia, Tillamook
  - **Willamette Valley**: Benton, Lane, Lincoln, Linn, Marion, Polk, Yamhill
  - **Metro**: Clackamas, Multnomah, Washington
  - **Eastern**: Baker, Grant, Harney, Lake, Malheur, Morrow, Umatilla, Union, Wallowa
  - **Central/North Central**: Deschutes, Crook, Hood River, Jefferson, North Central, Wheeler
  - **Southern**: Coos, Curry, Douglas, Klamath, Jackson, Josephine

- **Population Size**: Based on size categories developed for the Oregon Public Health Modernization Assessment.
  - **Extra-Small** (population below 20,000): Baker, Grant, Harney, Lake, Morrow, Wallowa, Wheeler
  - **Small** (population between 20,000 and 75,000): Clatsop, Columbia, Coos, Crook, Curry, Hood River, Jefferson, Klamath, Lincoln, Malheur, North Central, Tillamook, Union
  - **Medium** (population between 75,000 and 150,000): Benton, Douglas, Josephine, Linn, Polk, Umatilla, Yamhill
  - **Large** (population between 150,000 and 375,000): Deschutes, Jackson, Lane, Marion
  - **Extra-Large** (population over 375,000): Clackamas, Multnomah, Washington
Program Level Analysis
Results: Women, Infants, and Children

P26. WIC Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

- P26C2. Certification (n=22) 16 (73%)
- P26C3. Nutrition Education (NE) (n=22) 15 (68%)
- P26C1. Program Management (n=23) 14 (61%)
- P26C5. Program Integrity (n=22) 8 (36%)
- P26C6. Fiscal Management (n=22) 4 (18%)
- P26C4. Breastfeeding Promotion and Support (n=22) 1 (5%)
Program Level Analysis

Results: WIC by Region

P26. WIC Program Review: Number of LHDs with Compliance Findings by Region

- Eastern (n=6): 6 (100%)
- Willamette Valley (n=5): 5 (100%)
- Central/North Central (n=5): 4 (80%)
- Southern (n=5): 2 (40%)
- Metro (n=2): 2 (100%)
- North Coast (n=1): 1 (100%)
Program Level Analysis
Results: WIC by Size

P26. WIC Program Review: Number of LHDs with Compliance Findings by Population Size

- Small (n=8): 6 (75%)
- Medium (n=5): 5 (100%)
- Extra-Small (n=5): 5 (100%)
- Extra-Large (n=2): 2 (100%)
- Large (n=4): 2 (50%)
Program Level Analysis

Results: WIC by Year

P26. WIC Program Review: Number of LHDs with Compliance Findings by Review Year

- 2014 (n=10): 9 (90%)
- 2016 (n=6): 6 (100%)
- 2015 (n=8): 5 (63%)

Number of LHDs with Compliance Findings