

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

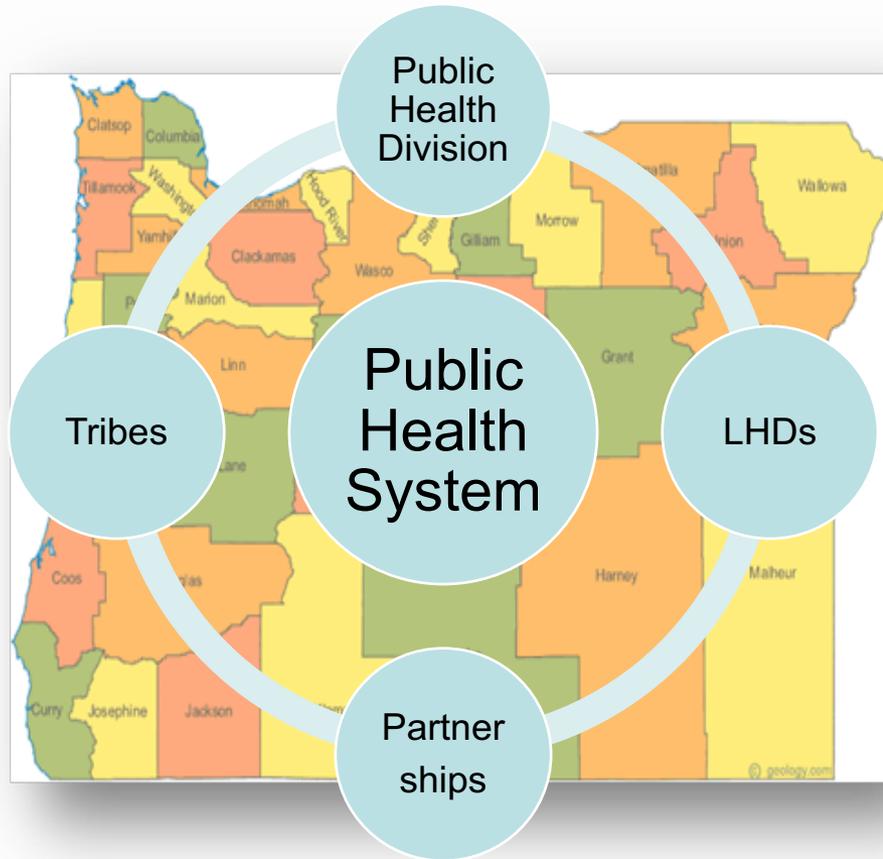
***Public Health System Overview
&
Purpose of the Triennial Review***

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

Oregon
Health
Authority

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

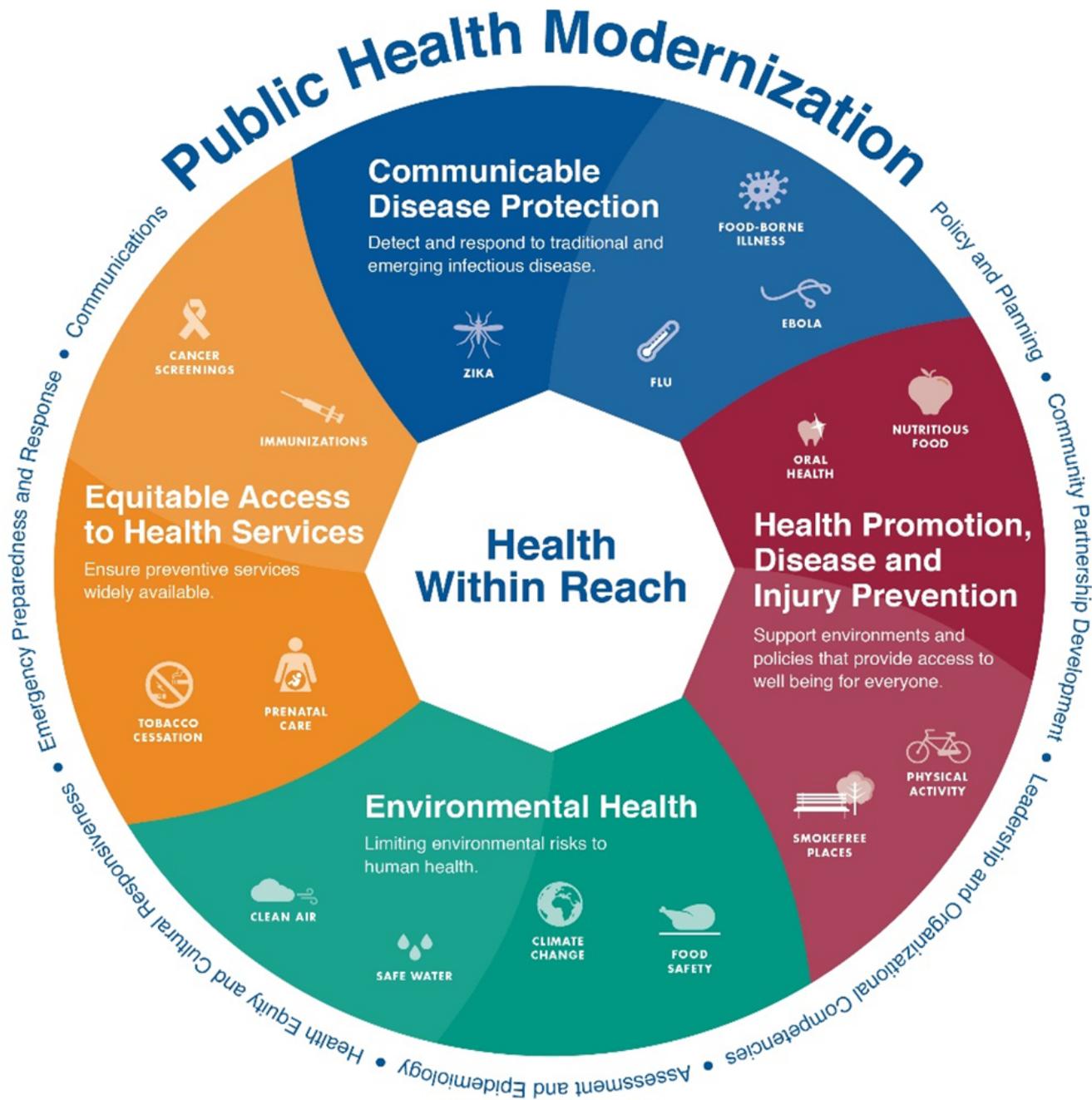
Public Health Division

Vision: Lifelong health for all people in Oregon

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

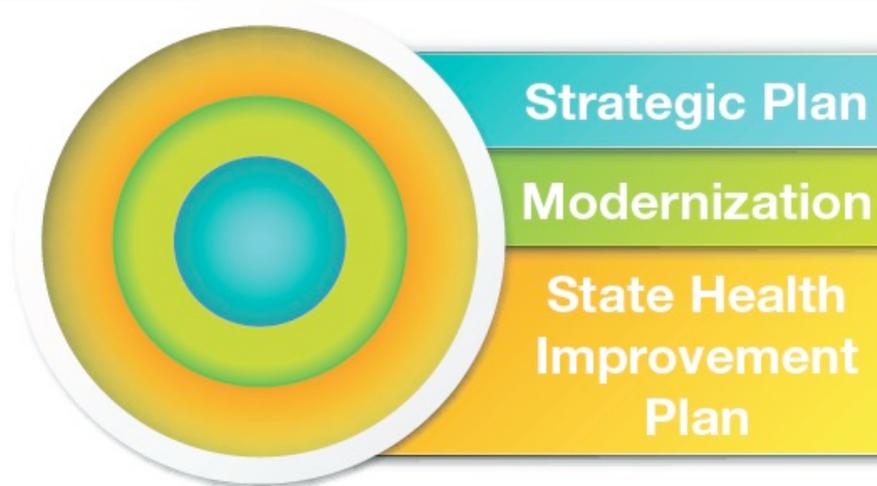
Values: Service excellence, leadership, integrity, partnership, innovation, health equity





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





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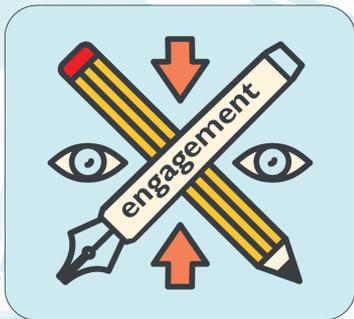
The Rede Group is a Portland based consulting firm working in the Northwest and across the country. We specialize in health related research, strategic communication, planning, engagement, and training.

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.

Example of Program Review Tool

Immunization Review Tool

Agency and clinic locations visited: [Click here to enter text.](#)

Reviewer: [Click here to enter text.](#)

Contact: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

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

Criteria for compliance	Y	N	Comments/documentation/explanation/timelines
I. Vaccines for Children (VFC) enrollment			
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. (PE43.3.a)	<input type="checkbox"/>	<input type="checkbox"/>	1
II. Vaccine management			
In addition to meeting federal and state VFC requirements, does the LPHA meet the following vaccine management requirements?			
1. Conduct a monthly, physical inventory of all vaccine storage units? (PE43.3.c.i)	<input type="checkbox"/>	<input type="checkbox"/>	Reviewer: ask to see copies of most recent inventory. If issues are identified, review the past several months. Click here to enter text.
2. Reconcile inventory in ALERT IIS monthly? (PE43.3.c.i)	<input type="checkbox"/>	<input type="checkbox"/>	Reviewer: in advance of the visit, review inventory in ALERT IIS. Click here to enter text.
3. Submit vaccine orders according to the tier assigned by Oregon Immunization Program (OIP)? (PE43.3.c.ii)	<input type="checkbox"/>	<input type="checkbox"/>	Reviewer: refer to Tab 4 in agency review binder. Click here to enter text.

Program Review Tool

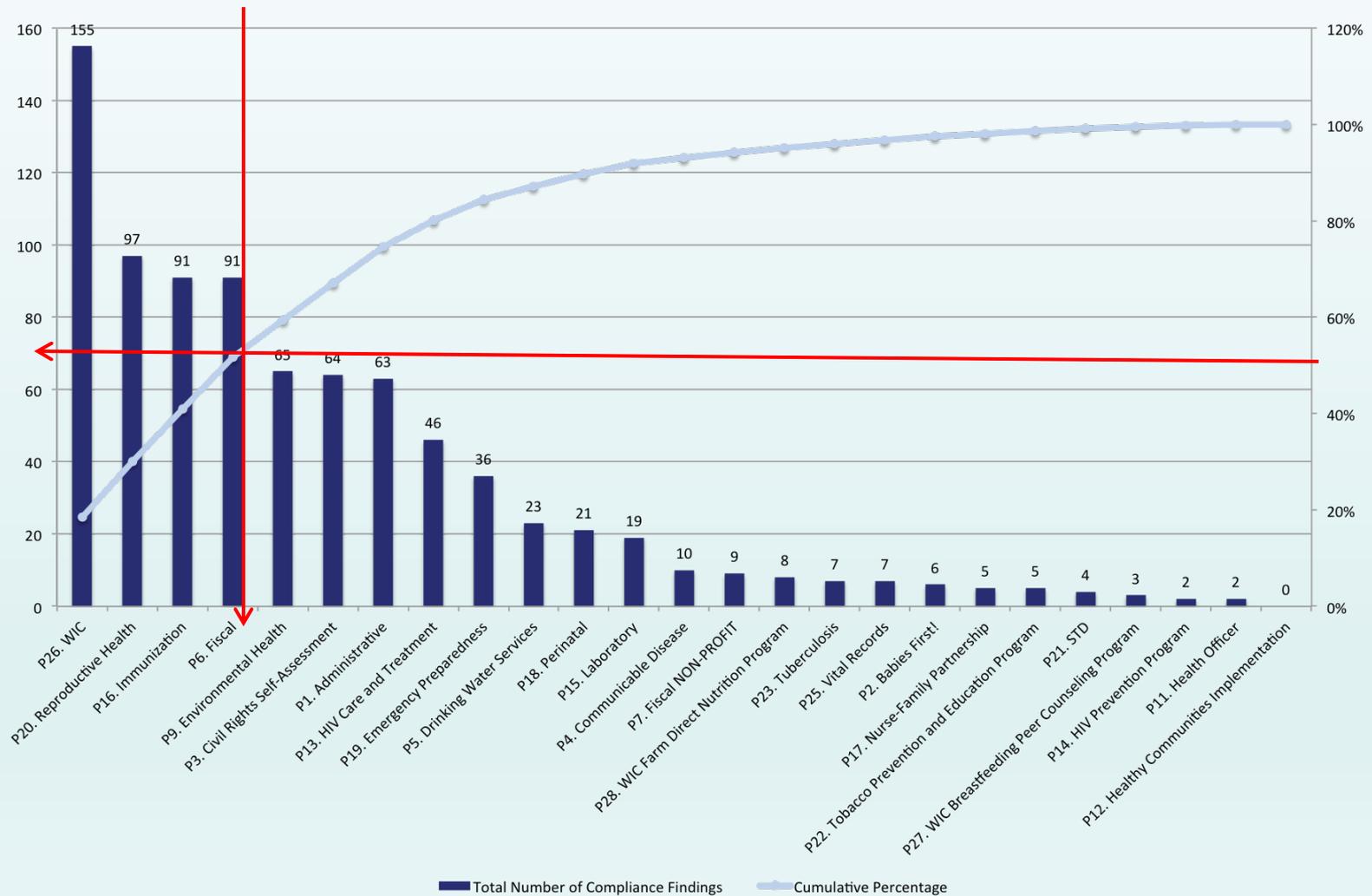
Criteria for Compliance

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

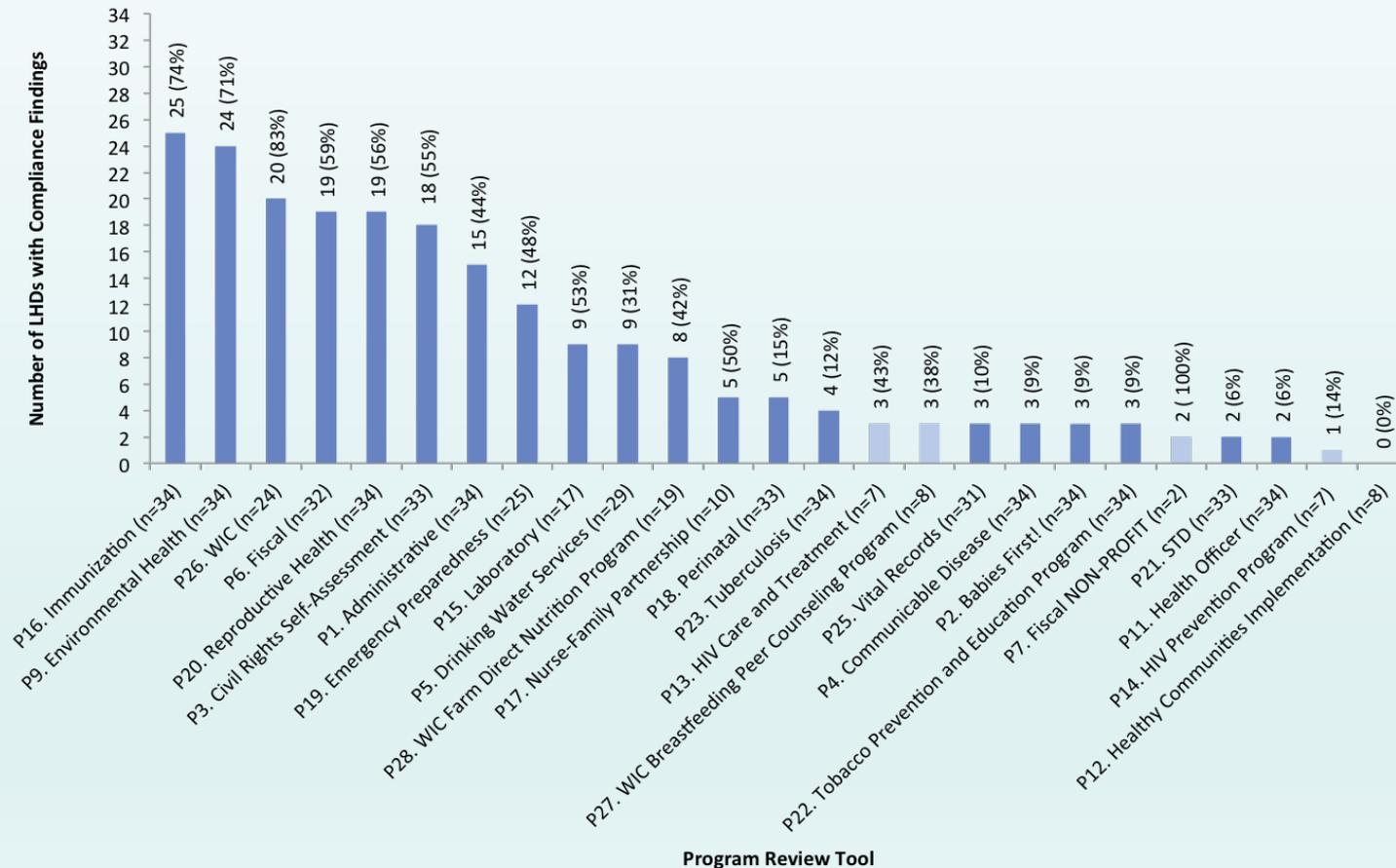
Results: Pareto Chart



Results

All Programs: Number & Percentage

Number of LHDs with Compliance Findings



Program Level Analysis

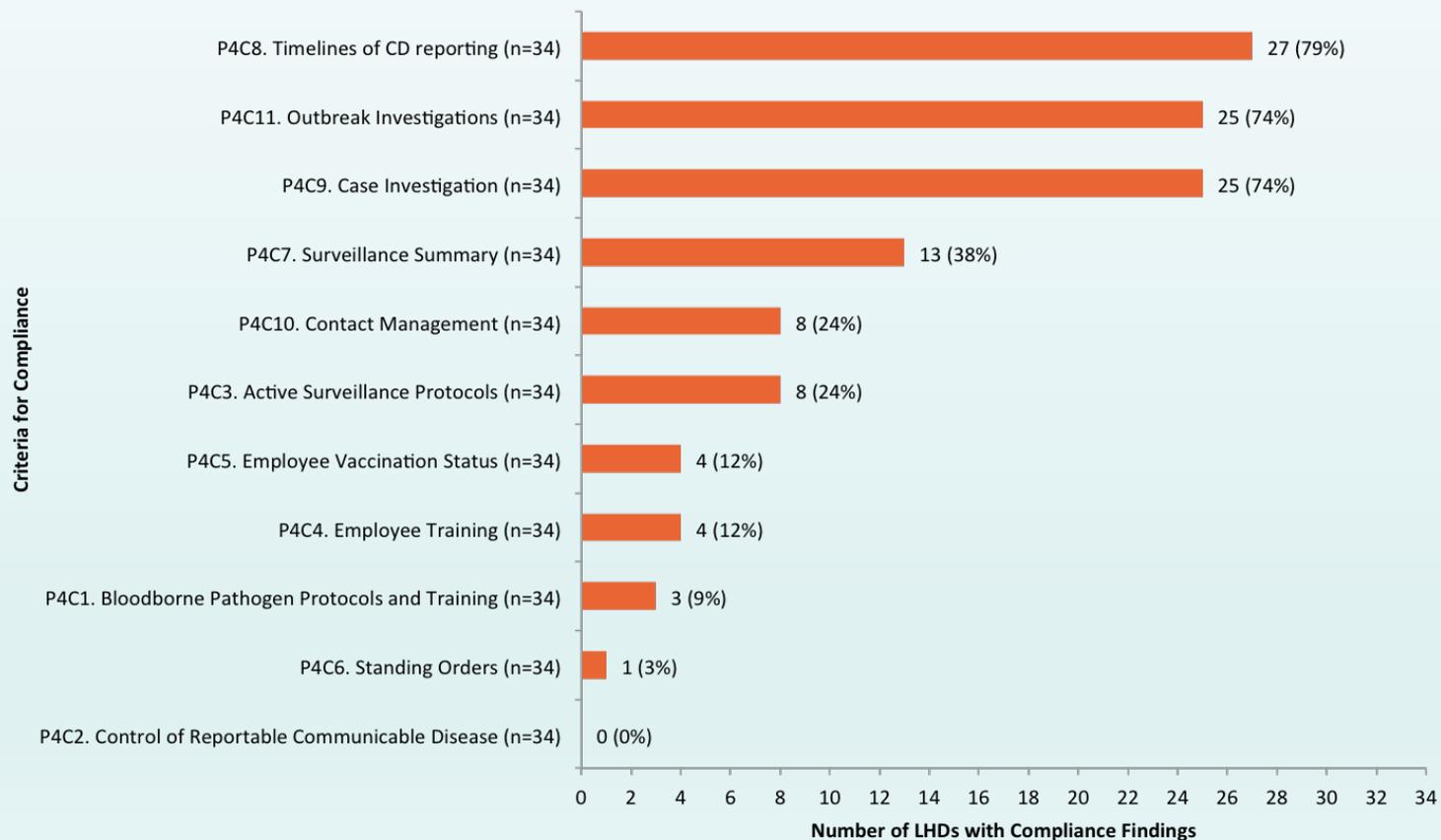
Methods

- 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

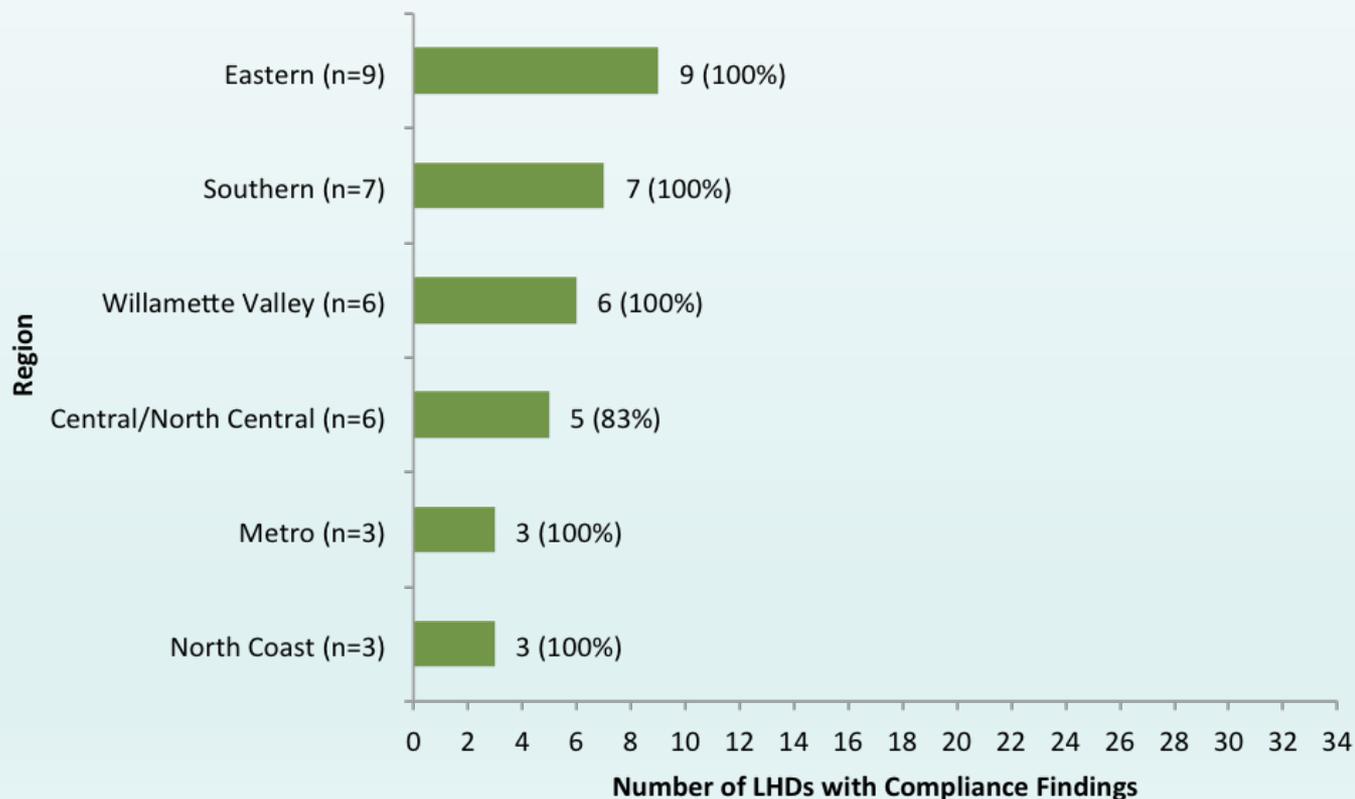
P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Criteria for Compliance & Quality Assurance



Program Level Analysis

Results: Communicable Disease by Region

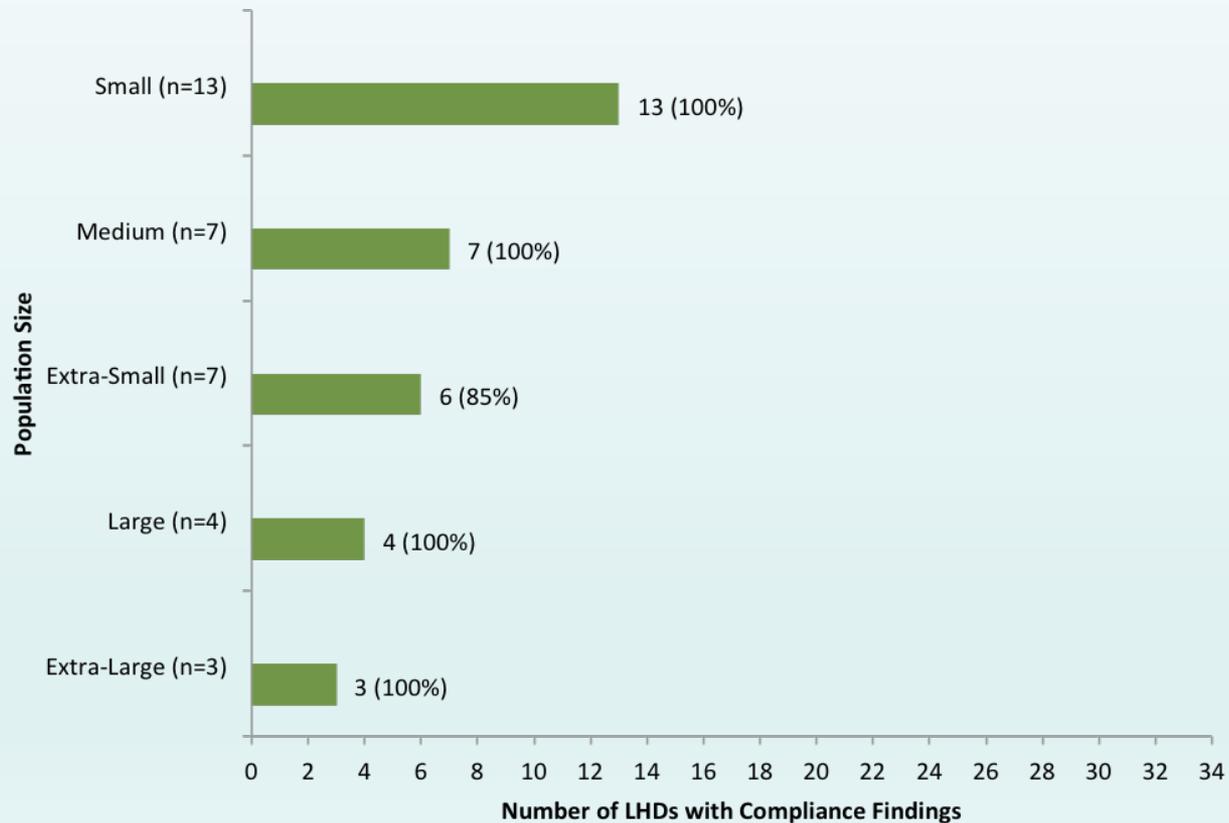
P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Region



Program Level Analysis

Results: Communicable Disease by Size

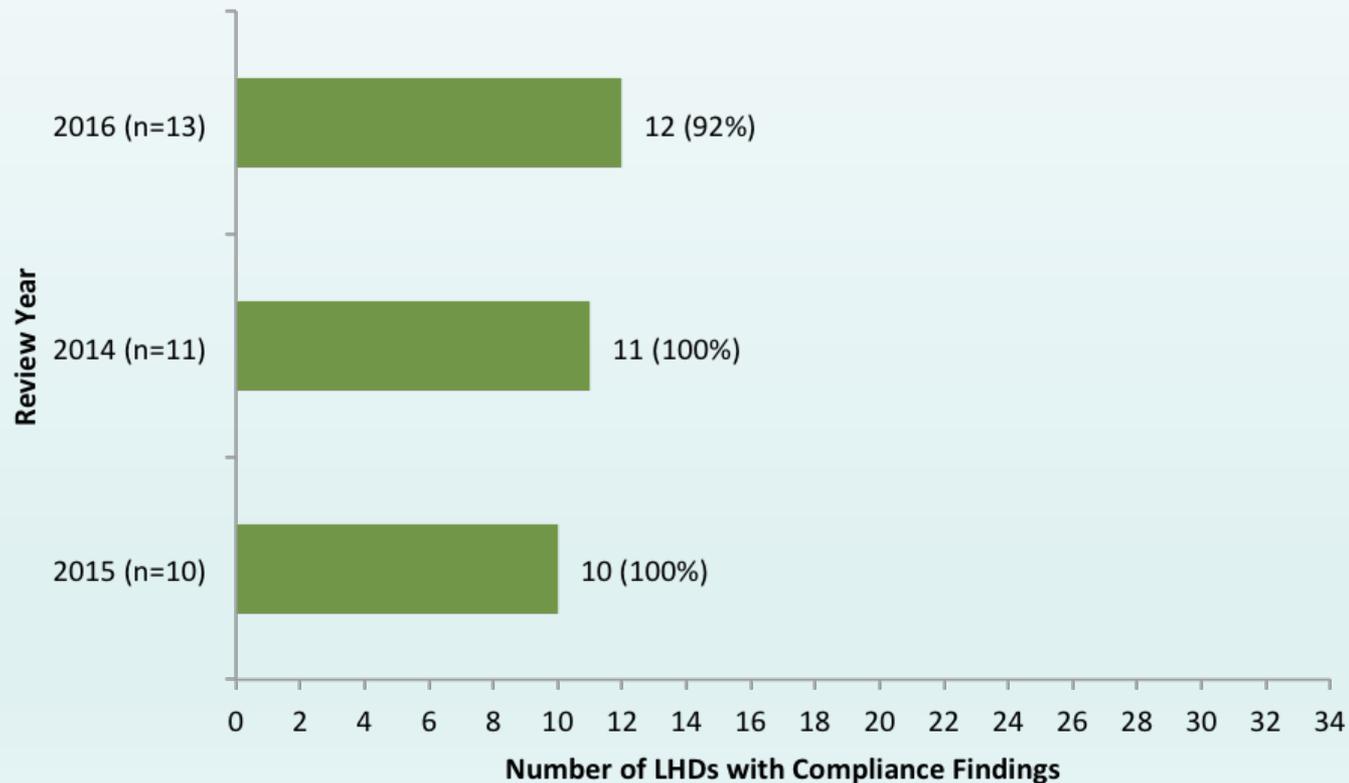
P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Population Size



Program Level Analysis

Results: Communicable Disease by Year

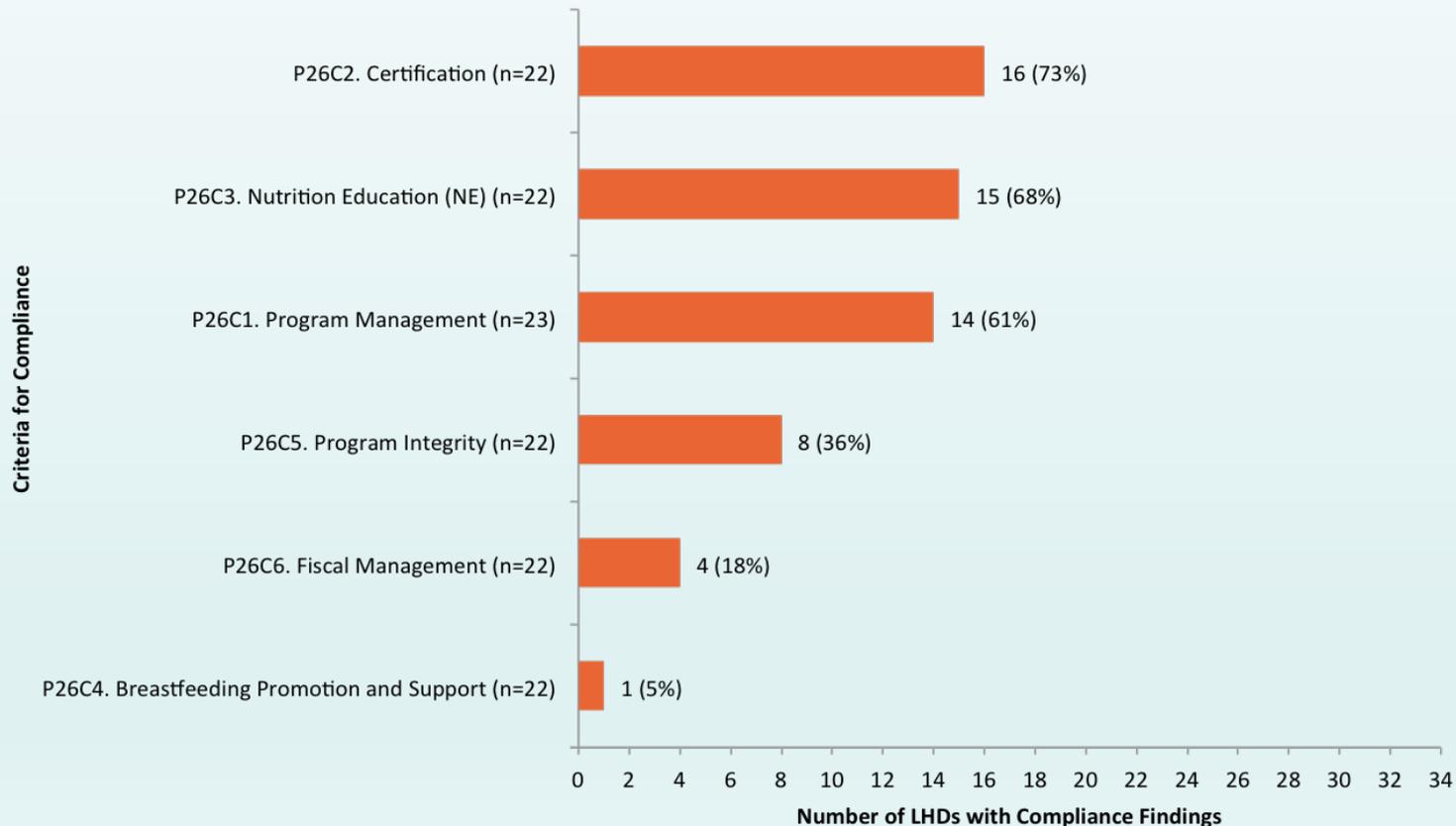
P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Review Year



Program Level Analysis

Results: Women, Infants, and Children

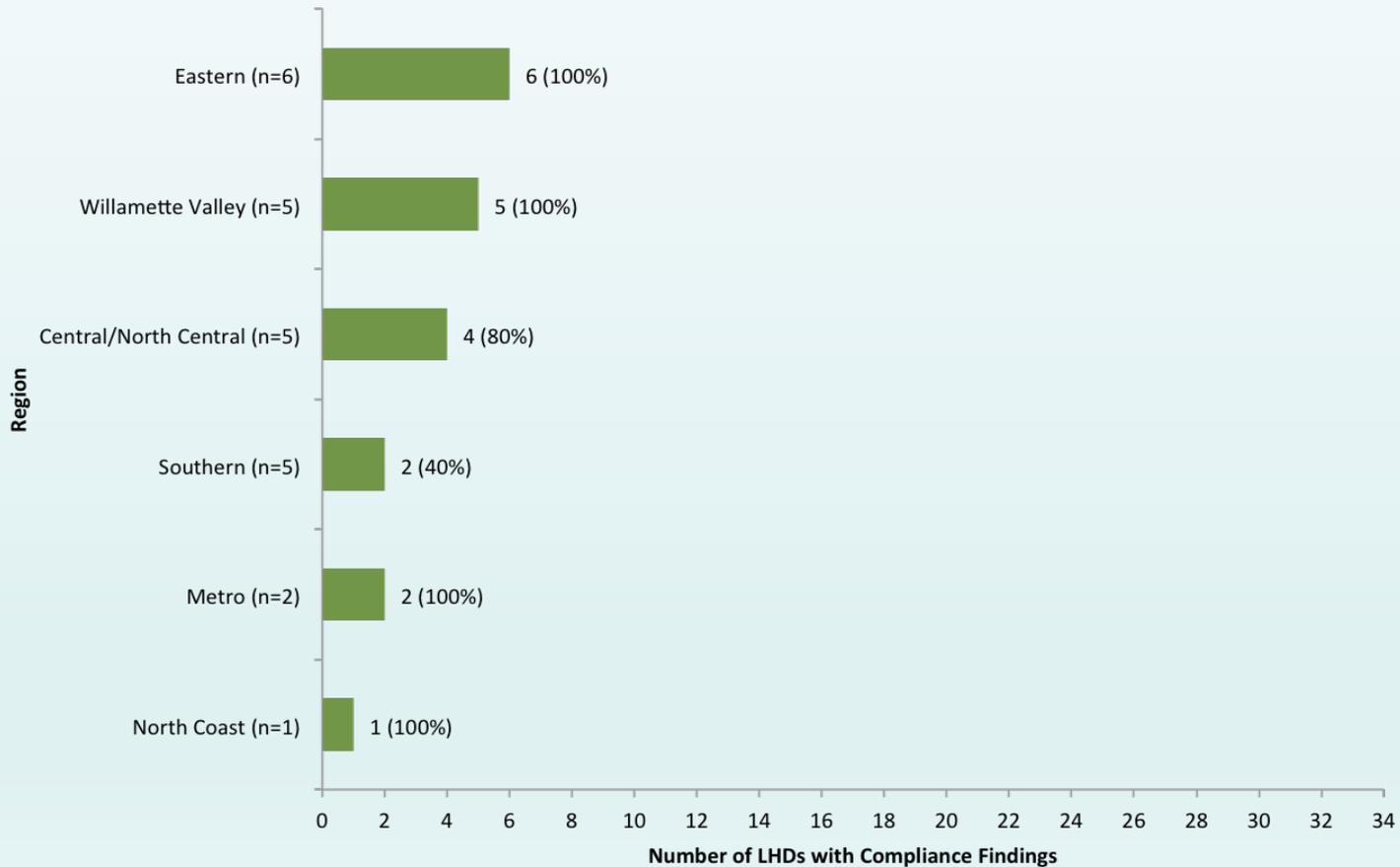
P26. WIC Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance



Program Level Analysis

Results: WIC by Region

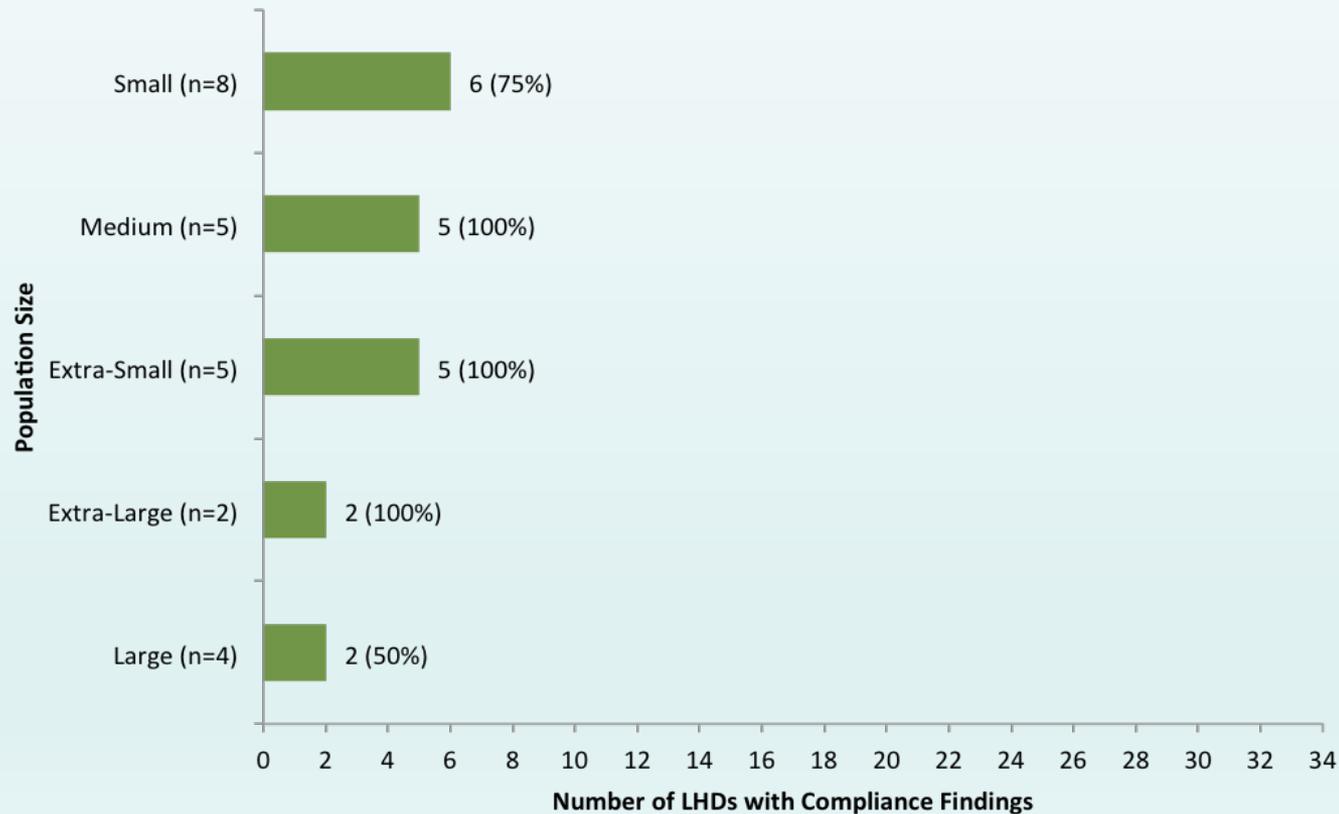
P26. WIC Program Review: Number of LHDs with Compliance Findings by Region



Program Level Analysis

Results: WIC by Size

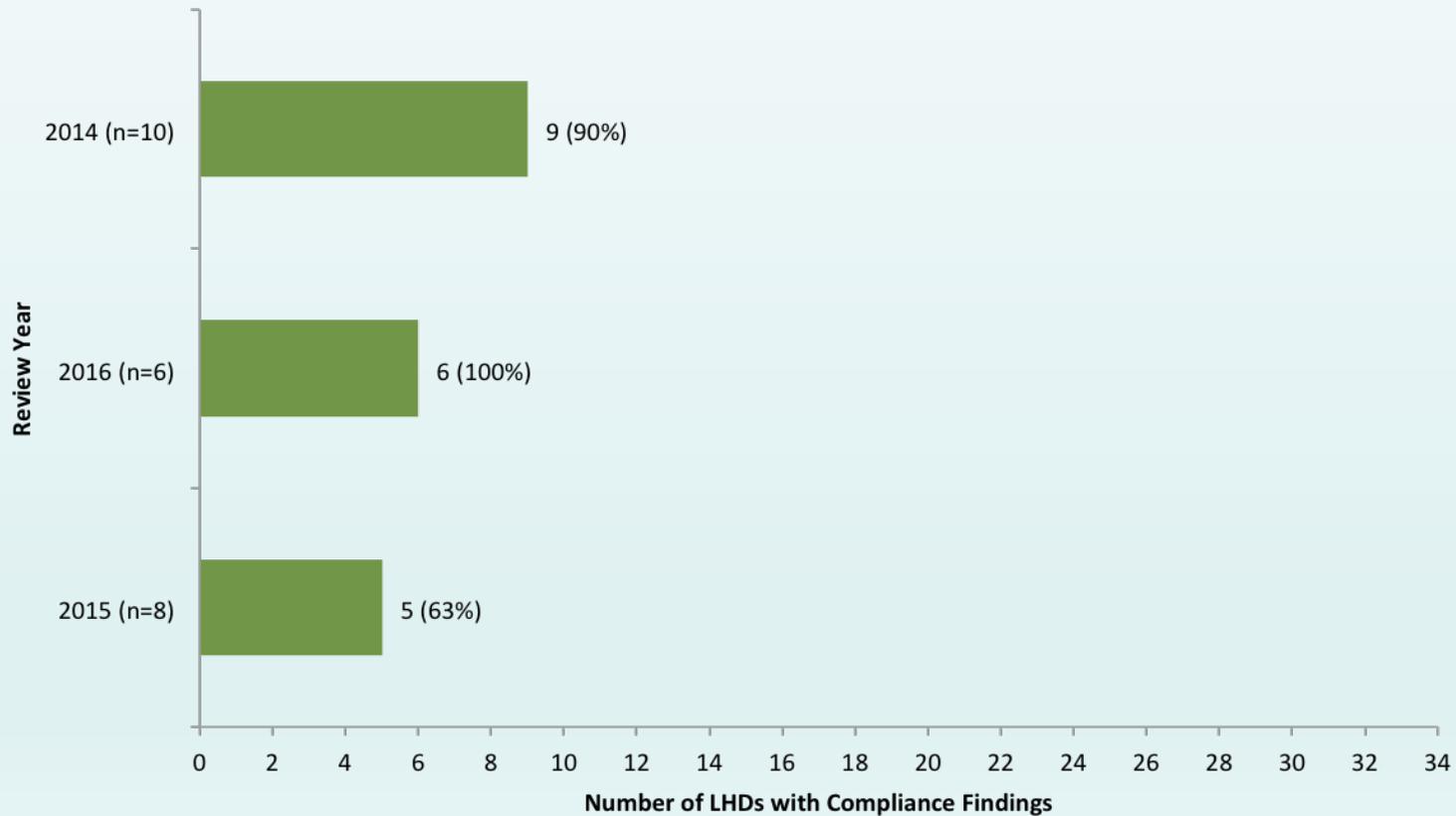
P26. WIC Program Review: Number of LHDs with Compliance Findings by Population Size



Program Level Analysis

Results: WIC by Year

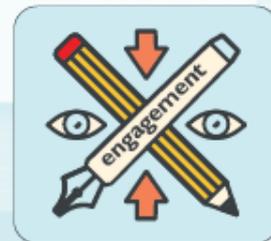
P26. WIC Program Review: Number of LHDs with Compliance Findings by Review Year



Additional Analyses

Policy and Public Health Modernization

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Associate, Rede Group



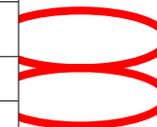
Additional Analyses:

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

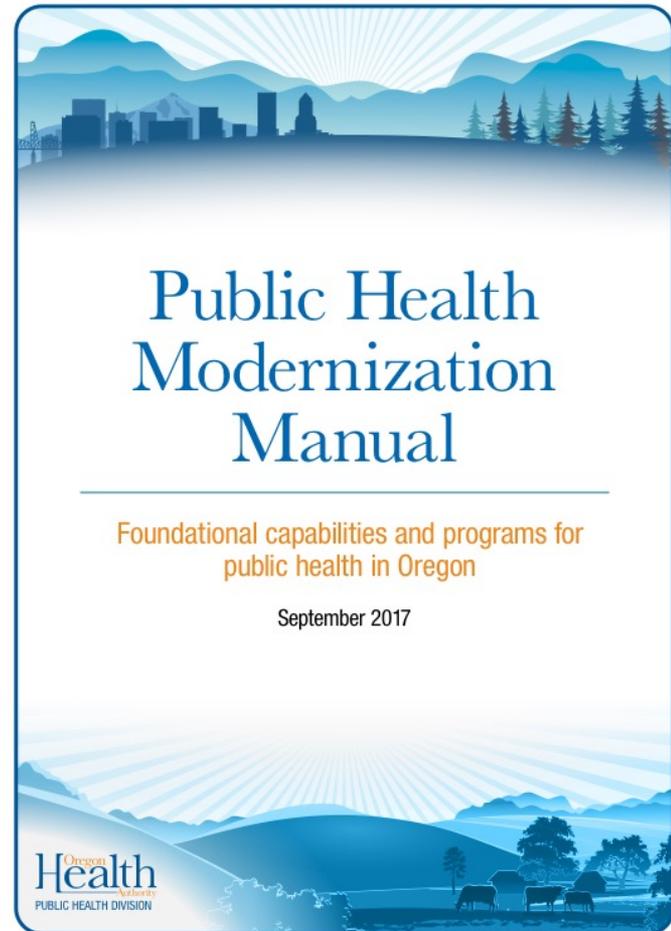
Program Review Tool	Number of Criteria for Compliance Elements	Percent Federal CFR, OMB, Title #, USC, or CDC Guidelines	Percent State ORS or OAR	Percent Other Identification	Percent Unidentified
Reproductive Health	115	83%	1%	5%	10%
Civil Rights	98	34%	51%	0%	15%
Perinatal	97	0%	55%	21%	25%
Fiscal	90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



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 *and*



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32 Total Interviews

15 Interviews with LHD programs who had compliance findings

10 Interviews with LHD programs who were in compliance

7 OHA, PHD interviews

25 LHD interviews conducted with 22 different LHDs



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

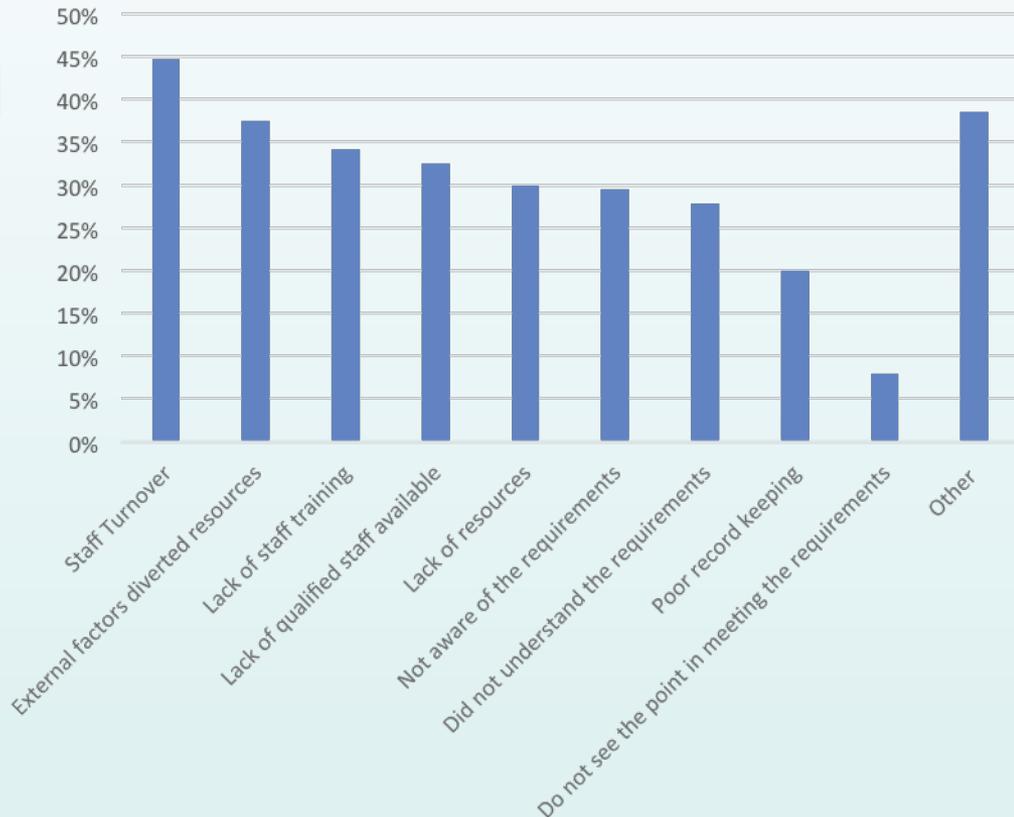
- All LHD interviewees (**with** and **without** compliance findings)
- Asked which factors contributed to their program's review outcome
- Self-reported yes/no responses regarding contributing factors
- Yes/no responses were not edited
- Some Y/N responses were later contradicted in open-ended conversation

LHD Interviews: Yes/No Responses

Factor	Program				
	Communicable Disease	Fiscal	Immunization	Reproductive Health	WIC
Did not understand requirements			✓	✓	
External factors		✓	✓	✓	
Lack of clarity from OHA on requirement	✓				
Lack of qualified staff available	✓		✓		
Lack of resources	✓				✓
Lack of staff training	✓	✓		✓	
Not aware of requirements		✓			✓
Poor record keeping		✓			✓
Staff turnover			✓	✓	

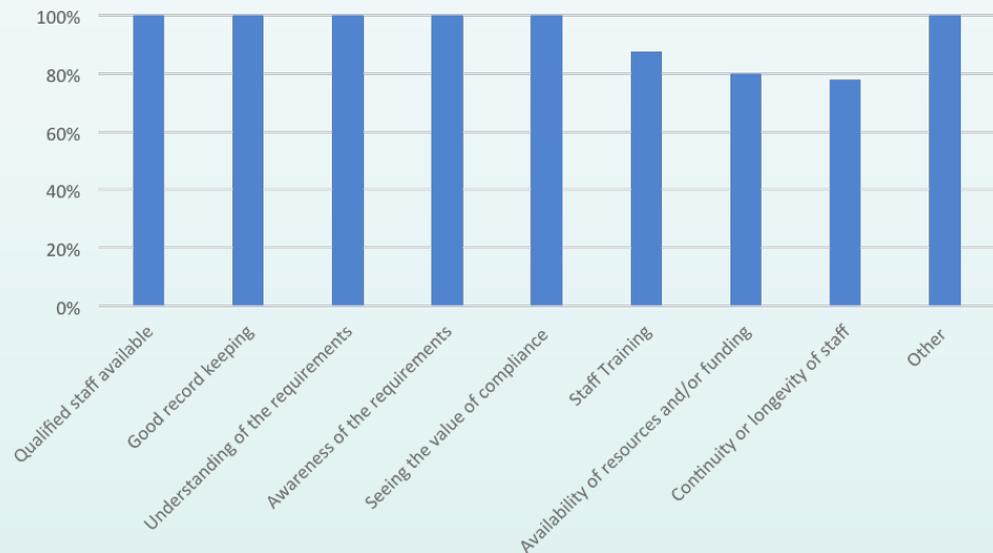
LHD Interviews: Yes/No Responses

**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

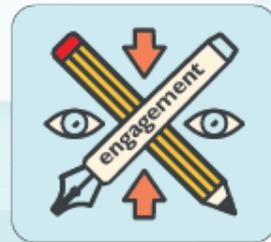
Suggestions for OHA to Improve Compliance:

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 *and*



Recommendations:

Review Tools and the Review Process

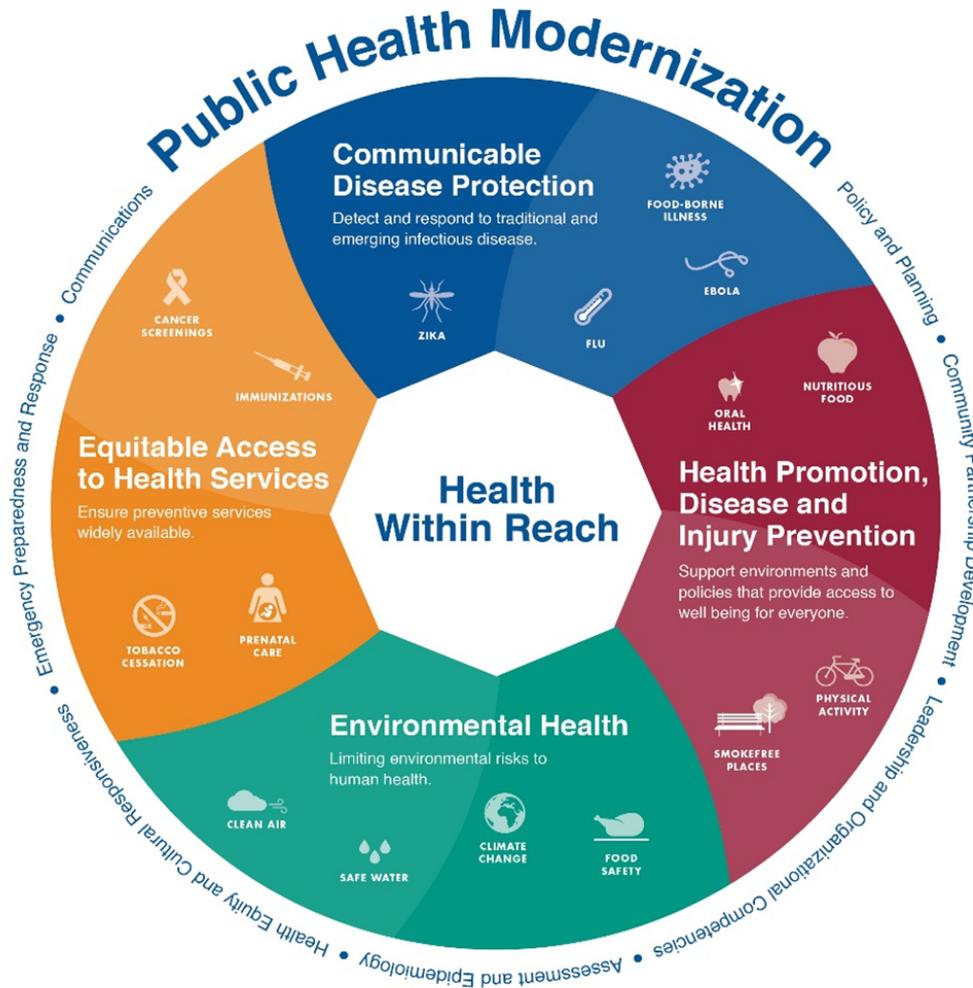
- Align review tools with state and federal regulations
- Standardize the application of review tools among reviewers
- Frame the triennial review as a more proactive, collaborative, quality improvement process
- Clarify and communicate changes in review tools and requirements well in advance of the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



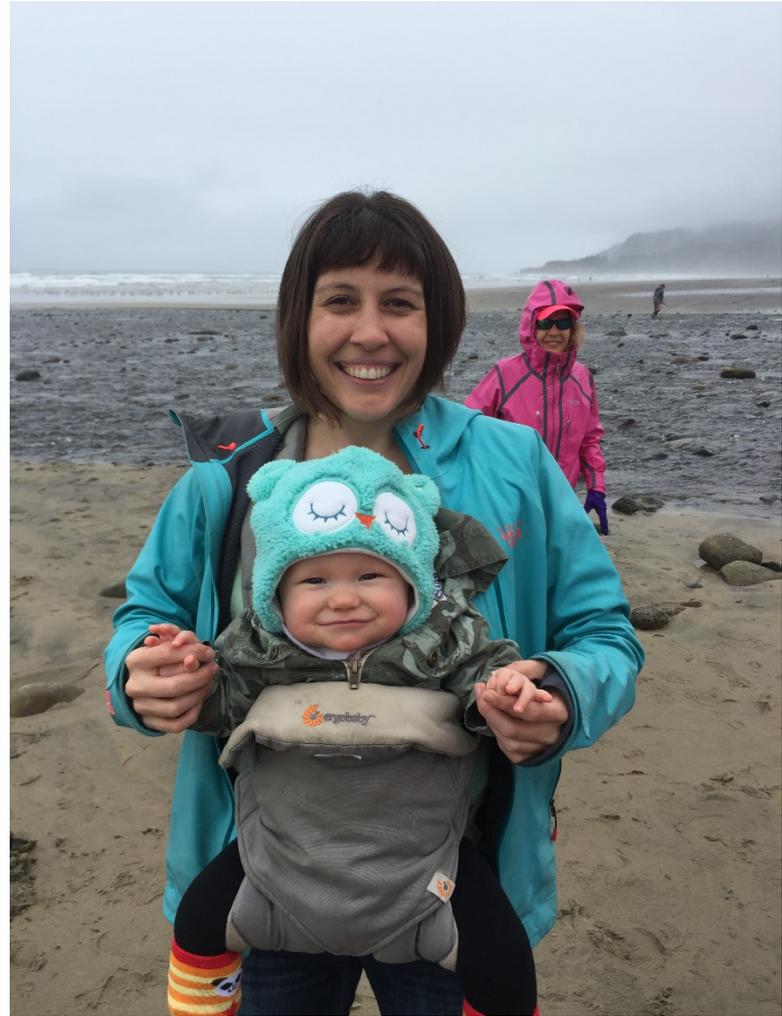
What do you think?

- 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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971-212-1110



Appendices:

Comparative Frameworks
WIC Program Analysis



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Program Level Analysis

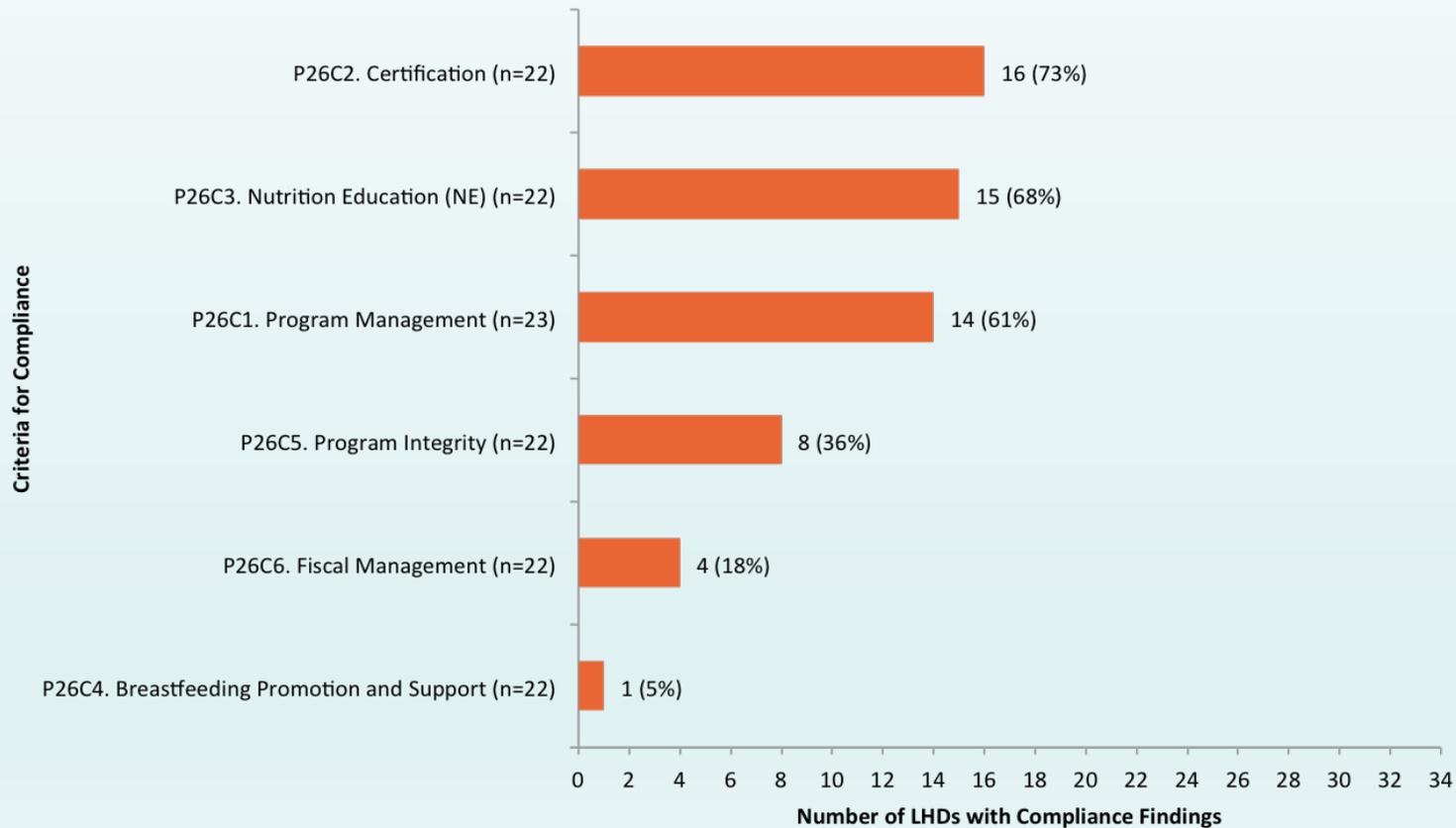
Methods: Comparative Frameworks

- **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 75,00): 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

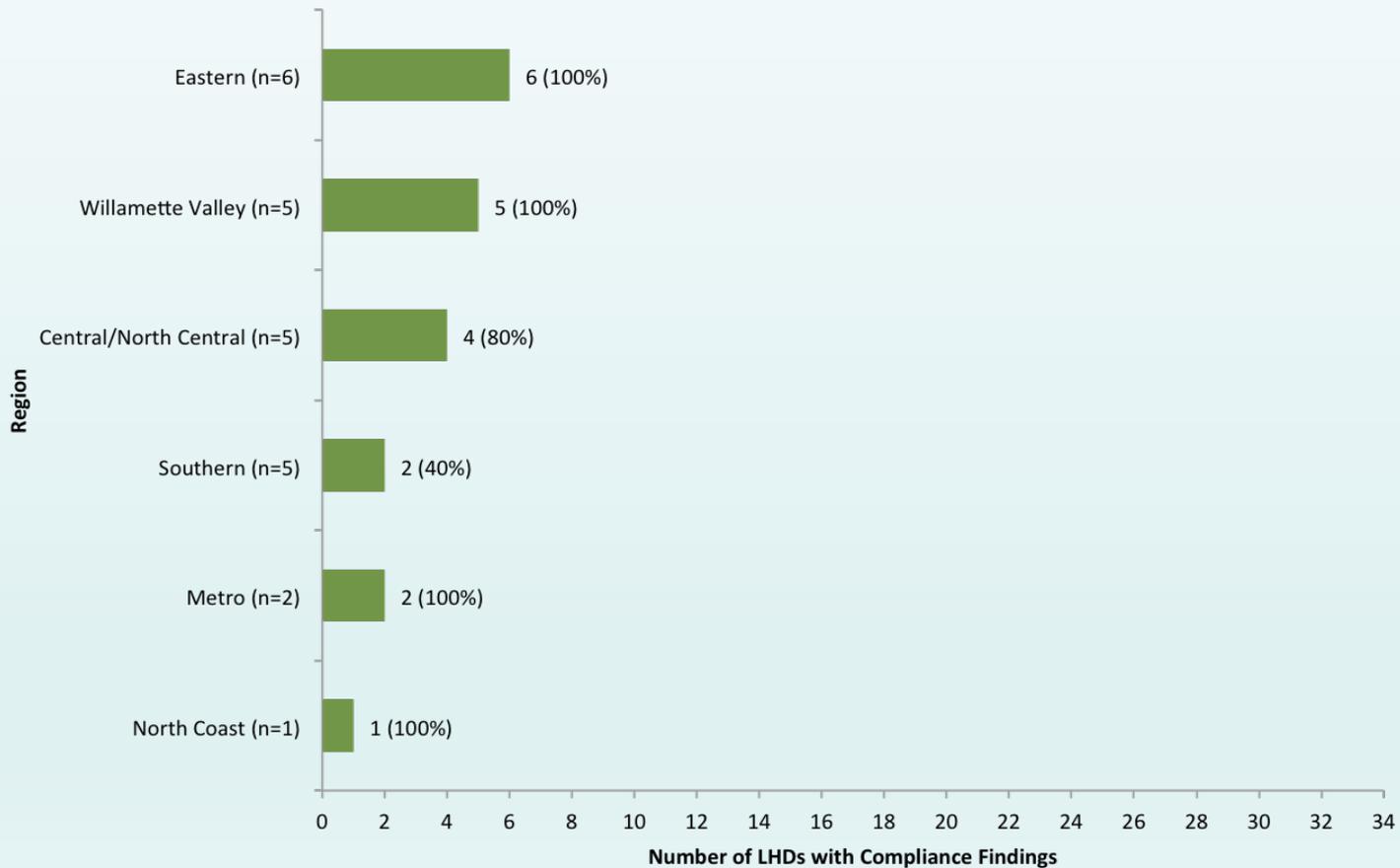
P26. WIC Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance



Program Level Analysis

Results: WIC by Region

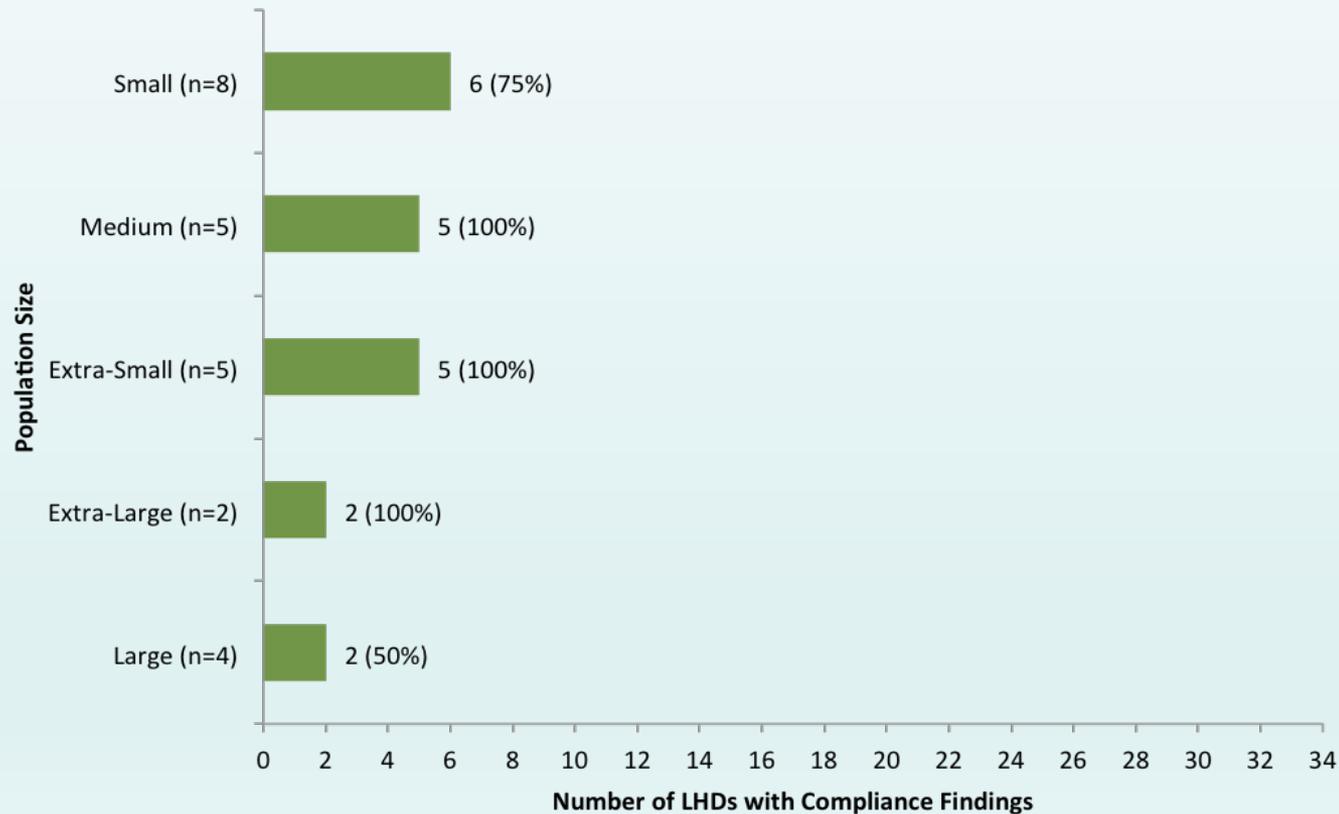
P26. WIC Program Review: Number of LHDs with Compliance Findings by Region



Program Level Analysis

Results: WIC by Size

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



Program Level Analysis

Results: WIC by Year

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

