Triennial Review Recommendations

For PHD/CLHO Joint Leadership Team

September 2015

## Triennial Improvement Work Group Recommendations

1. **Recommendation**: Reduce duplication across program review tools duplication across program review tools PHD programs will be expected to coordinate across tools so that questions are only asked once.

 Notes:

* Total of 725 questions across 25 program areas/tools.
* 115 duplicative or overlapping questions were identified and reviewed with programs (16%).
* 71 of the 115 were moved to overarching tools (10%).
* 44 of the 115 stayed with program tool (6%).

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** Office of Community Liaison

**Pilot required:** No

1. **Recommendation**: Reduce multiple asks to counties for documents used by multiple programs.

 Notes:

* Single documents needed for multiple programs have been identified.
* PHD needs to develop a system for submission of these documents prior to the site visit.
* LHDs would need to submit documents prior to the site visit, which is a new practice for some.

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** TBD

**Pilot required:** No

1. **Recommendation**: Develop an electronic document submission process so documents can be submitted prior to the site visit. In order to reduce impact on time PHD staff spend at LHD during triennial review month, program reviewers should conduct as much of the review remotely as possible. Consider development of a web-based document repository. Phase I = electronic document submission. Phase II = repository.

Notes:

* LHDs would need to agree to submit all documents, except those with HIPPA/confidentiality needs, prior to the site visit on an agreed upon timeline.
* A preliminary conversation has occurred with OIS to explore feasibility of a web-based repository.
* Concern that not all LHDs have the capacity to support electronic document submission.

**Timeline/ Priority Level:** (v.1.0 - High priority-Short term; v.2.0 – Medium priority-unknown term):

**Follow Up/ Owner:** TBD

**Pilot required:** No

1. **Recommendation**: Make the overarching in-person exit interview with Boards of Health (often Commissioners) optional for LHDs. Agreement on whether an in-person exit interview will be held will be determined by LHD Administrator when the triennial interview is scheduled. Local health departments may also request an exit interview with a Board of Health member and/or Public Health Administrator. Adopt a policy that an in-person meeting with the Board must be held if a LHD does not resolve compliance findings in a timely manner.

 Notes:

* Some counties prefer not to use their limited time with their Board for the exit interview, while some counties find the exit interview helpful.
* A letter to the Board would continue to be sent.

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** TBD

**Pilot required:** No

1. **Recommendation**: Unless it is agreed upon and the LHD administrator is notified, the focus of the triennial review site visit is on contract compliance and the technical assistance needed to resolve compliance findings. Additional technical assistance should only be provided outside the triennial review and is outlined in a programmatic TA/ training schedule. Counties may request review of program-identified best practices (known as quality assurance review), which include technical assistance on these items.

 Notes:

* LHDs have expressed that they greatly appreciate receiving technical assistance from PHD programs; however, since the triennial review is an audit it is preferred that the technical assistance and auditor roles be separated to the extent possible. LHDs would prefer that non-compliance site visit findings technical assistance occur at a time separate from the triennial review site visit.
* PHD staff experience the triennial review as an opportunity for relationship building with LHD partners; however, the triennial review period has a high impact on LHD staff and technical assistance will be better received if it happens at another time, if at all possible. If the triennial review is the only time the technical assistance can be provided, then agreement should be reached at the time the site visit is scheduled.

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** TBD

**Pilot required:** No

1. **Recommendation**: PHD will conduct a review of certain areas of practice that are currently included in the triennial review and eliminate those review components when they are unnecessary. (For example, clarify if PHD must review the pharmacy during the triennial review, as the LHD is ultimately accountable to the Oregon Board of Pharmacy)

Notes:

* PHD will conduct a review of triennial review areas in which appropriate roles and responsibilities need to be clarified.
* This review will take some time as risk and liability must be assessed in consultation with PHD’s legal counsel.
* PHD programs will need to be involved in this process and federal requirements will likely need to be clarified.
* The result is likely to involve a culture shift for LHDs and PHD programs that will take some time to achieve.
* Regardless of outcome, an explanation will be provided for all areas reviewed.

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** Office of Community Liaison, Performance Management Program

**Pilot required:** No

1. **Recommendation**: Standardize triennial review practices across PHD programs.

 Notes:

* Some recommended areas that need standardization
	+ Individual program exit interviews
	+ State programs communicate findings and other issues with LHD programs and always “cc” the LHD administrator
	+ Sharing of compliance findings by individual PHD programs
	+ Communication of program findings to local health department programs occur all at one time.
		- Findings – cite all, but note resolution in letter
	+ Programs – prefill tool with data that is already on file

**Timeline/Priority Level:** (High priority-Short term):

**Follow Up/Owner:** Office of Community Liaison, Performance Management Program

**Pilot required:** No

1. **Recommendation**: Eliminate on-site program reviews if not required. Local health departments may request an onsite review by these PHD programs.

 Notes:

* Some PHD programs are not required to conduct an on-site visit as part of the triennial review.
* Reducing unnecessary site visits during the triennial review period will reduce the impact on LHD staff and clients.
* Programs that do not conduct an on-site visit are encouraged to engage in a non-triennial review site visit to provide technical assistance at another time.
* Some PHD programs may have difficulty getting approval to make non-triennial review site visits which means LHDs might not ever receive an in-person visit from some PHD programs if they do not visit during the triennial review period.

**Timeline/Priority Level:** (High priority-Medium term):

**Follow Up/Owner:** Office of Community Liaison, Performance Management Program

**Pilot required:** No

1. **Recommendation**: Maintain review process on a three-year timeline, but prioritize regional scheduling.

 Notes:

* Timing and frequency of the reviews were discussed at length.
* It was determined that a more frequent review schedule would pose capacity concerns for local and state staff.
* Highly recommend that PHD develop possible plan for scheduling review visit so multiple visits by PHD staff could occur regionally.

**Timeline/Priority Level:** (Medium priority-Short term):

**Follow Up/Owner:** TBD

**Pilot required:** No

## Improvements/ recommendations that have already been implemented since the beginning of the QI project:

1. Reduce duplication across program review tools
	1. Status: Started implementation, ongoing
2. Make the overarching in-person exit interview with Boards of Health (often Commissioners) optional for LHDs
	1. Status: Completed

## Strengths of the current process that will continue:

* Thorough – many checks and balances
* Meets statutory requirements
* Opportunity to build relationships
* Decreased number of compliance findings and time to become compliant is reduced
* Open communication between state and LHDs
* Remote/electronic communication
* State’s reviewer meeting
* Have programs that complete site visit process very well
* Subject matter expertise
* Opportunity to present to B.O.C.
* Compliance and quality assurance
* Tool is always available
* Consistency of timing, all at once
* State’s ability to leverage for counties

## Opportunities to be leveraged in the future:

* Appropriate level of messaging to B.O.C.\*
* Exit interview\*
* Streamline what is compliance and what is QA\*
* Faster acclimation to new process
* Who does clinical evaluation?
* Relationship building\*
* Time scheduling\*
* Standardization of process\*
* Communication\* – more strategic
* Inter-agency communication
* Use of technology\*
* Experience at the local level

\*addressed in recommendations

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