

## Triennial Review Evaluation

### Background:

The Triennial Review Evaluation<sup>1</sup> study examined compliance findings from a three-year cycle (2014-2016) of triennial reviews to identify common trends among the findings and to identify specific barriers and challenges to achieving compliance.

### Results:

#### *Quantitative*

- The 5 programs with which LPHAs most commonly had compliance findings were: Immunization, Environmental Health, WIC, Fiscal and Reproductive Health.
- Of the 116 criteria for compliance within the program review tools, 84 (72%) were aligned with one or more foundational program sub-functions, 32 (28%) were not aligned with any of the foundational programs.

#### *Qualitative*

Reasons for Compliance Findings:	Reasons for Being in Compliance:
Challenges in determining review requirements	Internal organizational factors
Hiring, retention, and management of staff	OHA staff relationship & partnership
Lack of staff training	State administration of review tools
Staff prioritization of other work	OHA, PHD training and other opportunities for learning
Record keeping	

### Recommendations from the Evaluation:

#### *Review Tools and Review Process*

- Align review tools with state and federal regulations
- Standardize the application of review tools among reviewers
- Clarify and communicate changes in review tools and requirements well in advance of the process
- Align review tools with PH Modernization programs and capabilities
- A more proactive site review process, characterized by collaborative relationships and informal conversation between OHA, PHD and LPHAs beginning several months in advance of site visits.

#### *Organizational Factors and Collaboration*

- Improve training opportunities:
  - Onboarding of new staff, and skill refreshers
  - Ensure understanding of review process and requirements, include sample protocols when appropriate
  - Integrate opportunities for networking among LPHAs as part of training opportunities
    - Promote leadership and management role in review process
- Integrate review requirements into existing centralized record keeping systems and improve data retrieval functionality for the review process.

<sup>1</sup> Full report: <http://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/lhd-trt.aspx>

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### Feedback from CLHO Systems and Innovation:

- Improve overall coordination of the review process
- Develop timeline for implementation of recommendations
- Use technology when feasible
- Differentiate between what is a funding requirement and what is not a funding requirement (e.g. certain rules and regulations) in the review tools.
- Training recommendations:
  - Consider combining training on accreditation and triennial review
  - Provide training on what has changed in the PE and the review tools
  - Training should focus on innovative best practices that can be implemented at the local level
  - Training should not focus on compliance and procedural info shared at program meetings
  - Topics should be based on needs identified by the LPHAs
  - Training should not be mandatory

### Recommendations OHA has implemented:

- ✓ New tools for Communicable Disease and Administration
  - Piloting new Administrative review tool to:
    - Adapt to differences in public health service delivery (subcontracting)
    - Address duplication of components across tools (emergency plans)
    - Eliminate components that are not appropriate roles and responsibilities for PHD (Board of Pharmacy and Board of Nursing requirements)
    - Incorporate new administrative rules
  - Updating Communicable Disease review tool to:
    - Improve transparency and ensure a better understanding of CD functions by moving a number of compliance items from QA
    - Address duplication of components across tools (standing orders that immunization program also reviews)
    - Correctly cite all COM and QA components
- ✓ Sharing best practices among reviewers to improve standardization and inter-rater reliability between and across reviews.
- ✓ Revised internal review tool procedure to include a 3-month phase-in period before a new tool may go into effect

### Other actions OSPHD is considering:

1. Engage in larger system training conversation through CLHO Systems and Innovation Committee and CLHO to discuss overall training needs, venues, frequency, available resources, etc.
2. Develop an annual program update training plan for local staff and PHD Reviewers. The training could focus on Program Element and Triennial Review tool changes, how to be successful with program implementation and the triennial review process.
3. Increase alignment between the program review tools and the Oregon Public Health Modernization Manual