

**Columbus Health Department
Local Health Department Quality Improvement Standards Report - 2004**

The improvement standards are within 6 goal areas. There are 25 standards and 235 measures within the standards.

As a department we assessed our activities according to the 235 measures.

The Ohio Department of Health developed the standards so that all local health departments will be able to:

- Assess their operational capacity according to an objective, recognized framework that is based on the 10 Essential Services.
- Measure program processes for contributions to local health department operations. The standards do not address outcomes.
- Identify areas that are functioning well and areas that may require attention to respond to specific measures within specific standards.

Consolidated List of Improvement Areas and Committee Recommendations

Improvement Areas

1. An annual review of Communicable Disease quality improvement activities.
2. A written summary of Communicable Disease investigations including recommendations for improvement.
3. An overall summary of outbreaks and practice outbreaks.
4. A plan for how our lab will be utilized in an outbreak.
5. Assess if staff know their functional roles in an emergency.

6. Assess community satisfaction with community based services.
7. Track and document employee trainings individually.
8. Prepare a list of critical indicators.
9. Develop a comprehensive community health plan.

10. Develop a plan for environmental health education.
11. Provide additional training in risk communications.
12. Report lead poisoning and chemical risk data to the board and public.
13. After disaster response debriefings incorporate findings into a QI plan.
14. Develop procedures manuals where needed.
15. Develop compliance procedures where needed.
16. Document employee training in compliance procedures.

17. Have program administrators become familiar with essential indicators when developed.

18. Train health promotion staff in community mobilization methods.
 19. Evaluate community mobilization activities.
 20. Evaluate prevention services in all areas.
 21. Develop a formal QI plan for health promotion.
 22. Train all health promotion staff in health promotion methods.
 23. Incorporate the evaluation of health education into a QI plan.
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24. Match key indicator data (when developed) with a list of primary care services to identify gaps.
 25. Develop policies and procedures to monitor access to services.
 26. Incorporate surveys of primary care services availability into gap analysis.
 27. Develop criteria to evaluate access, quality, and effectiveness of personal health services every three years.
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28. Evaluate the effectiveness of community partnerships for impact on community health.
 29. Update job descriptions every three years.
 30. Monitor staff compliance, for all staff, with licensure and certification requirements.

Major Recommendations

1. Continue and complete items that are “in process”
2. Develop, advertise, and track essential/critical indicators of community health
3. Develop an overall Quality Assurance Plan for the health department or program specific plans where indicated
4. Create a mechanism to document staff training on an individual basis and monitor staff licensure and certification status
5. Develop procedure manuals and written compliance procedures where indicated