

Triennial Review Survey: January 2015
Open-Ended Comments

1) Considering your previous experience with the triennial review, do you see duplication in the information requested in the triennial review site visit tools and other information you already provide the programs and/or is submitted by your program throughout the year? If so, please describe.

STATE Comments: 19 responses total

No/Limited Duplication (12/19 responses: 63%)

- No (4)
- I don't see duplication with information requested for my program other than the civil rights portion, but the WIC civil rights portion is very specific to USDA/FNS requirements around posting civil rights poster and annual CR training for staff documentation.
- No, not really. Vital Records is unique in comparison to the other departments.
- No. The tool utilized is program specific. We don't believe there is any duplication. Onsite reviews are 1 part of the programs quality management activities.
- Not under the current system--but I think there is room for consolidation if the reviewers could evaluate to the level to satisfy across programs. For example, the protocols could be evaluated by one entity at OHA IF they were evaluated for compliance, scope of practice, following most recent national standards of care....
- From a Reviewer's perspective, I would answer no.
- I do not, this is a great chance for us to review the counties reporting requirements and data quality improvement
- WIC utilizes our own forms and submits these for inclusion in the triennial review report.
- For the STD program reviews, no.

Duplication with other program reports/reviews/data submission (6/19 responses: 32%)

- Very similar questions are asked during our reporting that occurs 3x a year. Although the time frame is different and our reporting does not include the Administrator, which is very valuable.
- There is necessary duplication between the triennial review and our twice-yearly work plan review. However, as the latter is less formal and therefore has no consequences when baseline requirements are unmet, I am exceedingly grateful for the triennial review process as it establishes a measure of accountability within our programs. The less formal twice-yearly work plan review provides state program staff an opportunity to check in with LPHAs to determine whether steady progress is being made toward program requirements and the opportunity to provide technical assistance to mitigate – as able – the more formal corrective action of the triennial review.
- Somewhat- there may be some overlapping elements through the data submission process, however, these are never specifically addressed in an aggregate format until the program review.
- CD and STI Standing Orders
- There is some duplication in the data that we look at during the agency review and at other times during the three-year review period. Much of the data are provided annually by the Immunization Program. But the agency review is the only time we look at everything together to get an overall picture of how well the county is meeting program requirements.
- Most of the materials presented in the triennial review are put together at the state level from data already submitted to us by local health departments. Most of it is readily available to them at any time.

Triennial Review Survey: January 2015
Open-Ended Comments

Duplication between reviewer requests (1/19 response: 5%)

- Yes, at this time there is duplication; part of the problem was, that it was not known what each section (administration/ fiscal) was asking for and how it aligned with what our program required and we were also asking.

LOCAL comments: 32 responses total

Duplication with other program reports/reviews/data submission (12/32 responses: 38%)

- I really don't understand why we must submit some (but not all) nurse standing orders for the Administrative section when those are also reviewed as part of the program review (TB & STI are not part of those tools, but in my experience of 4 triennials, the programs have always reviewed those standing orders)
- It seems like the whole purpose of triennial review is to meet the bureaucratic requirements of the Federal government. It is not meaningful to me. For example, I need to give data to the Family Planning Program about abnormal pap results for the FPAR reports. What is the information really used for? Why is it important?
- Some, particularly in the Reproductive Health program
- I think this is for you to discern. You could compare program reports to overall triennial review items. Programs have specific items they ask and require, which need only an acknowledgement in an overall review. Funding and strategic planning, alone with Community Assessments have been reduced to funding stream variances from the state.
- Duplication in the tools seem to be at the triennial review and not during the year
- Some information is duplicative; varies by program.
- Depends on what info is shared or needed. The Administrative Review portion seems always to provide new information about new requirements.
- Data is regularly submitted through State-run data bases for immunizations and communicable disease.
- I have found that the state has access to current plans and documentation
- Lots of duplication - especially in finance. Full financial audit plus those for Title X & WIC & Preparedness, etc. (I understand that those are federal requirements). There are also fiscal duplication with various competitive sub-grants that come thru our IGA.
- There is some duplication - fiscal reporting.
- The fiscal review and contract compliance are almost completely redundant of program fiscal reports / process reviews that are required quarterly or annually (depending upon the program)

No/Limited Duplication (12/32 responses: 38%)

- No (4)
- Not really.
- There is not much duplication, in my opinion. However, I have only participated in 1 review.
- In the vital records section, I recall that the information requested in the site visit tools did align well with the way we already operate vital records.
- There is only limited duplication
- In my administrative role I do not see duplication. There may, however, be some program-specific duplication that I am not aware of because of my role.
- I don't think that the programs that I work in are duplicative but fiscal might be.
- I found the info requested to be program specific and not that much redundancy
- I did not see any duplication.

Triennial Review Survey: January 2015
Open-Ended Comments

Duplication between reviewer requests (5/32 responses: 16%)

- Requesting County EOP by at least 2 different reviewers, I would think that PHEP is who should be looking at it.
- Reproductive Health usually requests information that is in other programs, such HIPAA and Civil Rights
- There is duplication in who is reviewing which protocols. We had three different people ask to see the same protocols. This related to clinic protocols and administration protocols. The administrative review asked to see the clinic protocols as well as nurse delegation. Need to designate one area or the other.
- There is some duplication in information requested by each program.
- I would say yes at times. It depends a bit on the reviewer. It's not consistent. Examples would be when I scan documents to the reviewer and they have looked at them ahead of time and still have to ask the questions.

Duplication with Accreditation (3/32 responses: 9%)

- No. but there is duplication with Accreditation requirements
- Also, lots of duplication between Admin, Civil Rights and Accreditation. Can we consider waiving some triennial requirements for counties that are accredited?
- We are accredited, so sending information and then verifying parts of it would be good.

2) If you could make one to three improvements to the current triennial review process, what would they be? Please list them from highest to lowest priority.

STATE Comments: 29 responses total

Review/align protocols and/or program elements (10/29 responses: 34%)

- Our program element is out of date and doesn't reflect all the work that LPHAs are doing around immunizations. I don't know if other programs experience the same thing, but there are components of immunization and reducing the burden of vaccine preventable diseases in program elements other than ours (for example, CD and preparedness). Better alignment of programs elements would be helpful.
- The main problem I encounter is lack of adequate staffing. There seems to be no appropriate way to address this in the review. It would be helpful if OHA set a standard of minimum public health staffing per population.
- Our program takes a big binder full of data and resources along on agency reviews to leave with LPHA staff. I'm pretty sure this binder is never looked at again. It would be good to have some standards for what we take, or maybe we could post more information on the PHD website...?
- Tool format could be improved to be more user friendly.
- The RH Program is well into the process of providing all protocols needed for the program--I am hopeful that this level of support will drastically reduce the number of findings and reduce the overall program burden at the local level.
- Review all tools and see if there is any duplications and cross reference those instead of asking counties to supply for each reviewer. For instance, we had a county say that they were asked two separate times to supply an Emergency Operations Plan when that is something that Health Security could supply.
- Many of the CD measures are quality assurance. It is challenging to come up with compliance measures that are realistic for the LHDs. If we were to use PE1 (which covers CD), LHDs would always be out of compliance.
- Add compliance measures to CD reviews
- The tool we use asks the same questions in different ways multiple times, I'd prefer if it were shorter.

Triennial Review Survey: January 2015
Open-Ended Comments

- Better coordination between all PHD programs - get rid of waste (e.g. six people driving to one county for the same type of visit), enhance coordination between programs (e.g. WIC and Immunizations).

Re-organize travel logistics and/or review timing (6/29 responses: 21%)

- Arrange reviews so that reviewers could do 2-3 LHDs in one visit when the area is remote. Example, ideally we could do Malheur and Harney or Union and Baker within the same week. Or allow us to self-schedule with LHDs instead of requiring all programs to do the reviews in the same month. I think the requirement of all program reviews in a month unnecessarily stresses the LHD and also takes away focus from the specific programs.
- Can we look at the costs and benefits of conducting reviews in person? I think it's really important to conduct reviews in person, especially for rural/frontier counties that rarely see state PHD staff. However, travel can be quite expensive for counties that require a full day of travel each way, and it's hard to justify for a visit that lasts only a couple of hours.
- Regionalize the distant counties that are close to the same schedule For example Klamath and Lake counties, Curry and Coos counties.
- Schedule reviews by region to make better use of state staff resources -- trips could be combined if neighboring LPHAs had reviews in the same quarter, for example, and they could all be done in one 3-day trip.
- Be able to provide on-site support at least yearly--not a review, but mock review without compliance findings as T&A. Our program currently can't afford that level of on-site T&A
- Make the Review process an annual occurrence that is directly tied to program contract renewal, reflection on the past year's work and then planning. This annual process would also create the opportunity for Health Dept. staff administrators to discuss the terms of each Program Element contract and understand the expectations for work and explore what their capacity for work completion truly is. This annual process could be very streamlined and would offer a regular relationship building opportunity for State and County staff. Training and technical assistance would also be part of this process. Doing a Review every three years creates a lack of consistency (staff change or retire, people forget protocols, etc.). Have more of a QI focus.

Summarize the information/ change information back to LPHAs (5/29 responses: 17%)

- Do something with the information, perhaps by finding a way for LPHAs to learn from each other (e.g., best practices, managing workloads with limited staff, managing the changing landscape of public health)
- I think it would be helpful to get a completed report from administration/fiscal to ensure that all of our program requirements are being asked and the county is in compliance.
- Does the Office of Community Liaison do any sort of year-end summary of the year's reviews? I think it would be useful to get a high level overview of themes and trends, in addition to information about each LPHA reviewed during the year.
- The only improvement I would suggest (though it is a big one) is to revamp the process to provide information that is useful to the counties. If local health departments are not meeting their contractual obligations, they should not be hearing about it for the first time during a triennial review. I would really like to know what local health departments want from the review process.
- CLARITY ON RECORDS RETENTION and EASE OF DOCUMENTATION: We need to do more to help our LPHAs provide evidence of successfully meeting objectives. One of the challenges in our review is that because our program has only just begun to participate, we are asking now LPHAs to produce records we have never asked them to keep (e.g. evidence of meeting submission deadlines, proof of communications or meeting attendance, etc.). Even at the state program level our regional coalitions,

Triennial Review Survey: January 2015
Open-Ended Comments

which are typically led by state staff, are not consistently maintaining meeting minutes that could substantiate meeting attendance for LPHAs.

Increase reviewer training (4/29 responses: 14%)

- Give us written protocols about how to conduct reviews and guidance around more generic areas of the review (standing orders, etc.).
- Increase the "expert consultation" the reviewers bring to the table by increasing the number of opportunities at the local level or increasing access to the experts.
- More training for reviewers to ensure consistency, coordination and that we are providing a good service.
- Reviewers need to submit tools and compliance findings in a more timely manner. It should not take more than a month to do this.

Other (4/49 responses: 14%)

- Doesn't seem to have a lot of teeth to force compliance...but that could be the way our programs are structured.
- More of a link/coordination with budget information. I review program delivery but don't have a good sense of how the money is spent.
- Trust the department conducting the review to know what the updates, laws and changes are, rather than questioning if these are the appropriate laws, when the questioner has minimal knowledge of the department or related regulations and laws.
- Respect review process of a uniquely different department, unlike any of the others.

LOCAL Comments: 45 responses total

Electronic documentation/document sharing /template options (17/45 responses: 38%)

- Better/easier access to example documentation and/or policies and procedures from other counties in Oregon.
- Have an online portal to complete the review tools. This could include being able to check "yes" or "no" for each criteria for compliance, as well as being able to upload pdf files for documentation where needed. This may allow for easier identification of any possible gaps, and could act as sort of a pre-review with the LPHA and the State reviewer.
- State should have a web site for these standard P&P. HAN is a complete pain in the ass to do document sharing and counties can't agree on a format...so state develops an accessible standard for document sharing.
- I think it is expensive, time and travel-wise; would like to see more of it done electronically or by phone if at all possible.
- More templates provided by the state.
- Streamline with a look to currently provided program and state supported funding streams. Provide templates for required items, especially policies and procedures that can be adapted locally. Roll Preparedness in to a coordinated effort with other base programs that provide the backbone for response.
- I would like to see policy and procedure templates available from all programs, especially Reproductive Health.
- MOST policy/procedures are the same from county to county, please provide standard sets.
- How can we streamline this process so it doesn't require 2 weeks .Is there a way to submit documents ahead of time and just review - I understand family planning is developing state wide protocols that

Triennial Review Survey: January 2015
Open-Ended Comments

should be standard. If that is the case, then we wouldn't need to have them reviewed as you would already be on top of that. Some of the data (immunizations -particularly perinatal Hep B) isn't made available to us ahead of time, so when the reviewers come-we haven't been aware of any issues and end up with a compliance problem -when we didn't have the data before.

- Streamline process for reviewing documents (Do not request documents ahead of review period).
- Develop a State/CLHO policy and procedure doc on the triennial review process that reflects both State and Local needs in light of PH transformation and accreditation implementation.
- I would like to see it as more of a training and growing area for staff vs. going through specific review tools. I do understand the importance of federal requirements like in preparedness but I like the idea of workplans vs. answering questions.
- Electronic submission with examples, as is similarly required for accreditation
- Skype utilization
- Record reviews can be done electronically.
- Standing orders for all programs follow in the footsteps of the immunization program
- The state should adopt standard standing orders for HO's, I have tried to promote this at HO caucus.

Align with accreditation (8/45 responses: 18%)

- Drop the requirements that are covered by Accreditation - most all of the administrative review is addressed by accreditation site reviewers -eg Civil rights, HIPAA/confidentiality, general admin & HR policies, workforce licensure and evaluation, consent. Accreditation does a pretty thorough review of CD and EP as well - policies, exercises and response to real events and outbreaks.
- Eliminate duplication with Accreditation by waiving portions of triennial for departments that have PHAB accreditation.
- Make all triennial tools, reports, etc. compliant with PHAB documentation requirements (actually, please make all OHA documentation compliant with PHAB requirements!)
- All health departments be accredited and eliminate the triennial review
- I would like to see this process be more aligned with helping us become accredited, if possible. I'm not sure how but accreditation is quite a big undertaking for smaller health departments.
- Align with the accreditation process. Goals and planning documents based on CHA and CHIP.
- Any review items which are covered by Accreditation should be removed or more quickly reviewed.
- Certain components should be waived if duplicative certification is already achieved that addresses the same standards (CHA, policy review, etc. if one is complete for Accreditation or CCO or PCPCH).

Align requests and/or reviewers (7/45 responses: 16%)

- Clarify, specify & unify all document pre-submission requirements. Specify those requirements on the tools. It's crazy-making to get multiple email document requests from multiple programs with different deadlines & which are not specified on the tools so we have no advance notice.
- Incorporate quarterly reports that have already been submitted into the triennial review
- When review tools are updated, include notation of what in the ORS may have changed from the last review tool.
- Coordination of fiscal requirements for various programs - asking for same information with the same submission deadlines.
- Coordination regarding policy review between programs (3 different reviewers reviewed policies) 2 1/2 days required review for Family Planning - shorten review time
- Better communication across programs.
- More consistency amongst reviewers; some are very ridged and strict, some very lenient.

Triennial Review Survey: January 2015
Open-Ended Comments

Change timing/travel logistics (4/45 responses: 9%)

- I wish there was more coordination in the scheduling. It is difficult to juggle when multiple reviews are occurring at the same time.
- Spread the reviews out over the three years, not all of them at once.
- More flexibility when scheduling.
- Doing all programs at once is a stress for the agency, who is trying to conduct business as usual to provide needed services to clients. Might be nice to space them out over the course of the 3 years.

Other (9/45 responses: 20%)

- Not sure if overwhelming is the best word, but it comes close to describing the amount of work that goes into a review, the amount of time it takes (a lot of other work is put on hold and piles up during the month) and there is a fair amount of staff time involved. That said, I don't know if the amount of time and personnel is unreasonable, especially given that they only occur every three years.
- Assure that LHDs who are not providing direct clinical services are assuring that those services are available in the county, are affordable and provided in a culturally appropriate manner.
- I also think State program staff need to be better acquainted with the way programs are implemented in various ways, with equal effectiveness, across local programs.
- Administrative reviewers do not appear qualified to evaluate laboratory. Recommend sending lab personnel instead.
- Align the triennial review process and FDA Voluntary National Retail Food Regulatory Program Standards so that review/records from triennial review could be used by County for FDA Voluntary National Retail Food Regulatory Program Standards self assessment. Not asking the state to perform all facets of FDA Voluntary National Retail Food Regulatory Program Standards self assessment but it would benefit County and reduce duplication. I would also like to mention that OHA Foodborne Illness Prevention Program are also participants in the FDA Voluntary National Retail Food Regulatory Program Standards.
- Site review by state personnel
- Limit the review to the pieces mandated by law - including Lab and CD.
- Increase focus on technical assistance to help us meet the contractual requirements.
- The programs that aren't based on Federal requirements, i.e., STD/HIV/TB, could use the process to hear about local issues and provide more support to the LHD.

3) One of the main objectives of the triennial review is to ensure contract compliance. Do you feel that the current process is the best way to assess and achieve contract compliance? Why or why not?

STATE Comments: 21 responses total

Related to frequency of review (12/21 responses: 57%)

- Would have preferred a "don't know" option, but it does seem that several programs are required to do compliance reviews biennially, while the rest of the state PH programs review triennially. WIC review focuses on both contract compliance and technical assistance, and local agencies are also required to do an "off year" or mid-review cycle self-evaluation as well using same review tools, to hopefully identify areas that had been out of compliance and assure that they continue to remain in compliance.
- The triennial review is just once every 3 years. Given the current rate of turnover, when I do a review and look at patient charts many times the RN who cared for the patient is no longer employed by the LHD. IT seems like some sort of review needs to occur more than once every 3 years.
- Providing data annually or more often would be a better way to ensure compliance. Our program does provide compliance data more than once every three years for some areas covered in the PE, but

Triennial Review Survey: January 2015
Open-Ended Comments

nothing is specifically labeled as being related to the program element. So I guess some branding would be good.

- An evaluation once every 3 years allows for a long period of time in which a sub-recipient can be out of compliance. I think that more frequent, less intense site visits might be more helpful.
- As noted in answer #6 (Note: respondent mentions annual review), I believe there is a more productive method to conduct a Review process that will assure stronger outcomes for a county.
- A streamlined biennial review process would allow for more regular contact which would enhance oversight of contract compliance.
- We have had many LHDs out of compliance for months and months and I have never seen any action taken in terms of contract compliance.
- Three years is way too long to wait between reviews for folks ensuring contract compliance. But this doesn't apply to my program since we aren't ensuring contract compliance during the CD review.
- Reviewing every three years can be a long time when requirements are revised; we can provide technical assistance but cannot ensure the county is in compliance until the triennial review time for that county.
- If there is a contractual issue between a local health department and the state, it should be acted on immediately. If we are only monitoring contractual compliance once every 3 years, we are not maintaining our fiduciary duty.
- While the triennial review process is the best tool we currently have to assess and achieve contract compliance, its very nature of occurring only triennially renders it somewhat ineffective in its administration, as the process for corrective actions is not effective across the span of OPHD programs. Within the PHEP program, for example, shortcomings cannot be resolved in a matter of months - they require constant and steady progress toward a goal of community resiliency. To cite two examples, an LPHA cannot within a matter of weeks or months meet a minimum requirement of coordinating complex activities with local and regional partners nor can it bring itself up to an annual attendance standard of 75% of bi-monthly meetings. These activities take consistency over months or years to establish as compliant.
- In my opinion, contract compliance should be an ongoing process with opportunities for assessment and improvement throughout a contract year.

Overall yes/no suggestions (5/21 responses: 24%)

- It works for communicable disease as there are very few compliance measures
- I'm not sure about this. I don't feel the current report/ or maybe our program has a clear way to measure/identify compliance. However, I'm not familiar with other methods, so I don't have any suggestions on how to do it better, perhaps this is the most realistic way.
- While any process can always be improved, I feel our review tools/process gives us a clear picture of how the county program is performing with regards to their contractual obligations.
- Overall, I am happy with the current review process, but there is always room for improvement.
- I can't really say it is the best way or not - haven't thought about other methods which would consider the larger agency.

Related to on-site visit (3/21 responses: 14%)

- Onsite reviews are required by HRSA but are also built in as a part of the program's overall quality assurance and quality improvement process. In addition to these reviews other activities used to monitor contract compliance includes quarterly reporting, data entry, fiscal oversight and client outcome data collection. Onsite review is an important aspect of this process and provides the program

Triennial Review Survey: January 2015
Open-Ended Comments

the opportunity to identify areas for improvement not seen through reporting alone and gives the program the opportunity to provide technical assistance and training while on site.

- Yes, because we do part of the review at the state office using TWIST and documents submitted by the agency. The on-site portion involves observations and other data gathering not possible otherwise.
- I think the in-person triennial review is more important for the purposes of program improvement and relationship building. I think contract compliance can largely be assessed through reports.

Other (1/21 responses: 5%)

- It duplicates other reporting requirements

LOCAL Comments: 23 responses total

Overall yes/no suggestions (16/23 responses: 70%)

- I have only been through one triennial review. Being relatively new to the department at the time and never having gone through a triennial review, I felt the process was very time consuming in order to be thorough.
- Yes as it systematically reviews each program element for compliance of program requirements.
- It allows both sides to meet "in the middle" of the work being performed and take a closer look at current practice and grant intent.
- There is such diverse experience with getting a passing grade depending on the person/personality of the person doing the evaluation, so it just needs to be a person to person real time compliance review with the contracting administrator.,
- There are 2 separate needs: 1.) contract compliance which is being accountable at the "boots on the ground" level and 2.) accountability for the higher level work at the community level needs assessment, program & policy development and assurance. We need to make sure that public health doesn't become so bureaucratic that we lose effectiveness.
- It is a good reminder of what the expectations are, which are big to you but only a small part of what we are doing in our programs.
- Although there are financial audits that support the way the money is spent, and program requirements that focus solely on the individual program(to the exclusion of a vision in many cases), I see no other process that provides the oversight. Unfortunately, the changes in Public Health Structure and Support may relegate this to counting chairs on the Titanic.
- Pretty straight forward and easy to understand.
- The review tools help to ensure compliance
- Not sure -I think the review tool helps.
- It's a one shot review every three years. Over and Done, doesn't drag out over the years.
- It is a brief single interaction every 3 years.
- There has to be some sort of a measuring tool used
- I am comfortable with the current process, but and simplification would be appreciated.
- Over site is good. When the reviewer changes their scope of focus changes.
- I believe that in-person visits are the most effective way to gain real perspective on how contract requirements are being met in a community.

Other ways to ensure compliance (4/23 responses: 17%)

- In most cases, contract compliance could be determined by running a report and requesting additional narrative.

Triennial Review Survey: January 2015
Open-Ended Comments

- Too much all at once; ongoing contact and accountability would be more productive and less stressful, I think. We all want to be in compliance; when we are not, what we need is TA. The state is great at doing TA, but again it's too many programs to address all at once.
- I believe we could submit information that shows this - reporting requirements, etc.
- A standardized procedure of being informed by the State on both new and eliminated contract compliance requirements annually would be more helpful and just as important. We appreciate the triennial review containing clearly identified emerging practices expected.

Related to frequency (3/23 responses: 13%)

- A lot of state programs seem to have their own annual or biennial processes & not depend upon the triennial for this function. Also, the triennial review is irrelevant for the fast-growing number of competitive sub-contract supplemental grants to the IGA
- Too much time between reviews
- All information is already submitted yearly.

4) On average, how much time do you (as an individual) spend preparing for and participating in your portion of the triennial review? Comments?

STATE Comments: 12 responses total

Answer related to travel time (7/12 responses: 58%)

- Does this include travel time? Our review is 2-3 hours, pulling appropriate data 1-2 hours. Travel time can take up quite a bit of time depending upon location.
- This does not include travel time.
- This would not include travel time to the location - for the far away places that is 2 days out of the office
- This is mainly due to travel because I have eastern counties. It takes about 2-3 hours to prepare and about 2-3 hours to finalize the document in addition to travel time and the time spent at the triennial.
- Per Review. Includes travel time
- This varies widely depending on the location and size of the review county.
- Depends on the size of the county and travel time

Other (5/12 responses: 42%)

- As a manager I lead the review team monthly meetings and am responsible for the review process. I review all documents from all reviews for completeness and accuracy before they are sent to the local agency.
- The staff person I manager spends time preparing. I assist or am involved at a smaller portion. The only time I am greatly involved at many hours in rewriting or updating the review tool to meet the changed laws and ordinances. This function is challenging for the staff person involved.
- Includes desk review prior to the visit, the onsite visit, compiling and writing the report, conducting follow-up and technical assistance.
- As a Reviewer I spend many hours preparing for each Review and then a one to one and half day site process. Then write-up varies but it's a time laden effort compiling the information that is acquired during the Review process.
- We are requesting to review the programs protocols, policies and procedures ahead of time so we can give technical assistance to the county to revise those that are out of compliance prior to the review. This allows them to fix them and have less compliance issues.

Triennial Review Survey: January 2015
Open-Ended Comments

LOCAL Comments: 14 responses total

More than indicated on item time scale (4/14 responses: 29%)

- Regarding question #12. I'd estimate that every program invests an average of 10-20 hours, so the options in question #12 are an order of magnitude too low. My organization spends dozens of hours - WAAAAAY above the options offered in this survey
- Months
- The couple of months before the review it is 8 hour /week for 2 months...then no hours for 2 years...
- I spend many, many hours around policy review and creation.

On-going document preparation (4/14 responses: 29%)

- Always look at all the previous reviews and policy update as needed to be ready.
- As administrator I review all of the programs and tools. We tend to have the tools completed as much as possible before the state program person arrives.
- We have incorporated the triennial review components into our annual QA of staff and provide ongoing training/staff development.
- Overall, I feel we comply from day-to-day with the triennial tools/state and federal requirements. However, we are short-staffed due to budget constraints that makes it seem we are slower with keeping up-to-date with policy reviews and revisions, as required; especially coupled with the accreditation process.

Response related to how time is spent (3/14 responses: 21%)

- As the public health director, it takes quite a bit of time coordinating the planned visit. Then participating in the visit, then coordinating any response to the visit and then arranging for and participating in a formal exit interview with our Board of Commissioners
- Heaviest in the preparation piece.
- I have my first review this March, therefore the large amount of time spent in preparation.
- Based on my understanding of a triennial review, my county's historical performance, and my understanding of our current operational status, I expect that I would spend a few days to prepare and would participate as needed.

Other (3/14 responses: 21%)

- I was responsible for the vital records section of the triennial review and played a very large part in the administrative & civil rights section.
- At the Administrator for a small Public Health Dept., I am responsible for preparation for every program element.
- At our last triennial review I had just become the PHA, was the nursing supervisor, RH Coordinator, Lab Director, Pharmacy Director, and I am a primary care provider- it was quite overwhelming! We are working on spreading the jobs around more now but in a small county, with a small staff, it is challenging. We all wear more than one hat, so it is a lot to deal with all at the same time

Triennial Review Survey: January 2015
Open-Ended Comments

5) Thinking back to your last triennial review, what was the most valuable part?

STATE Comments: 22 responses total

On-site nature of visits/Relationship building (10/22 responses: 45%)

- The most valuable part for me as a state reviewer was to really learn about the work done by the LPHA and their biggest challenges, their partnerships within their county, and to just learn about the county and the people who live there in general.
- I traveled with the staff person to one of our larger counties because of changes and help with issues at the county. I was able to explain the law and ordinance changes and how they impact our work and the county responsibility. Normally, I do not travel with the staff person.
- On-site observations
- I appreciate the opportunity to be on-site with county staff. Each county health department is unique. All have dedicated staff members. On-site I get to encounter and observe the workings of that particular health department. I start each Review process with a meeting time with MCH staff as a group. So much is learned by just asking them, "So tell me about your work and what it means for you to be a Public Health Home Visiting Nurse right now?" Such valuable information!!
- Relationship building and having a great conversation about expectations.
- Relationship building, opportunity to speak with and educate Administrator.
- The most valuable part was establishing a face to face relationship with the LHD program staff, so they feel comfortable in asking me questions and help them troubleshoot any problems.
- Meeting with the county staff in their place of work and gaining a real feel for how their program is running and challenges they face.
- Organic discussion of activities and progress.
- Relationship building - brainstorming

Identifying and/or providing training/TA (9/22 responses: 41%)

- Although I don't perform the actual reviews, the most valuable part of our review process is the biennial compilation of the top compliance findings so that we can identify training and TA needs to assist local agencies.
- Understanding successes and challenges providing services. Discussions with staff. Providing technical assistance and training onsite. Identifying areas for overall program improvement.
- Working with local agency staff on improved service delivery.
- Opportunity to meet in person with all staff. Providing feedback on program and suggesting areas for improvement.
- Discussing the work that goes on and the relationship between communicable disease and environmental health and raising that to the attention of higher level management.
- I found it valuable to be able to provide technical assistance which will assist them to provide quality care for their community
- Visiting with local health department staff, finding out what is happening in the county and asking what assistance we can provide them with.
- Hearing what we can do to improve and how we can better support the county.
- As a reviewer, I believe the accountability aspect is the most valuable. We are there to make sure that the county complies with the requirements listed in Division 12. I also think we have an important role to provide technical assistance and offer suggestions to the counties on how to improve their programs.

Triennial Review Survey: January 2015
Open-Ended Comments

Other (3/22 responses: 14%)

- Chart review and the opportunity to tell the LHD they were doing a good job managing TB cases.
- Understanding how local sub-recipients operationalize the program and providing best practice suggestions for improvement
- I have already seen evidence that LPHAs that consistently perform poorly on contract compliance are making some efforts toward improving compliance based on the pending triennial review. In the single review that I have conducted to date, the LPHA was fully compliant, which provided an opportunity to give some formal kudos to the LPHA and individual program staff for their hard work.

LOCAL Comments: 30 responses total

Technical Assistance/support provided (17/30 responses: 57%)

- Individual program improvement ideas
- The dialog with the OHA staff about quality improvement. Without fail, I learned something from each conversation about how to perform better and improve quality. Going through the triennial review process was also a good training tool for old and new staff members alike as to what the standards are. Everyone gets so busy with the day-to-day that it can be easy sometimes to start making short cuts.
- The collaboration with my program contacts at the state level and the tremendous amount of help and support that they provided
- Helpful guidance and the provision of samples from other counties for areas in need of improvement. I also appreciate the ability to build rapport with OHA staff.
- Recognizing our staff and the great job they do in staying compliance. Identifying opportunities for quality improvement.
- In reviewing the previous triennial review, the opportunity to add value to the organization by ensuring that we are current in operational requirements, contractual obligations, statutory requirements, and learning about best practices that other folks have been successful with.
- The reviewers were wonderful, with lots of TA and helpful tools
- The way the reviewer understood the constraints of our organization and assisted in obtaining the required elements to pass.
- Meeting the state contacts and having them visit our site. Reviewing data and providing suggestions for quality improvement.
- Recommendations for changes that will improve our services.
- Opportunity to make requests for data and other needs of State.
- Getting individualized program updates from the state
- Most of the feedback given was helpful.
- The anticipatory consultation and examples provided by reviewers throughout the review process.
- The most valuable part was staff learning from the process when the reviewer was more collaborative.
- The one-on-one with state personnel and suggestions/guidance offered.
- Gave our organization a road map for improvement.

Relationship building (4/30 responses: 13%)

- The most valuable part of the triennial review process was meeting the state liaison and building relationships. It was also rewarding to have confirmation that our department was doing a good job in tracking and appropriately allocating costs for grants.
- Learning more about the programs and meeting people from the state.
- Connections with state staff; resources.

Triennial Review Survey: January 2015
Open-Ended Comments

- State liaison coming to board meeting to share findings and build a relationship between "The State" and board members

Exit interview (3/30 responses: 10%)

- The exit interview at the administrative level. At the program level it may be meeting state staff.
- The debriefing with the review team
- The write up at the end of the review that the state does is a valuable tool which we used for accreditation many times. I think the presentation before the board of health is also valuable.

Ensuring contract compliance: (3/30 responses: 10%)

- Checking on our compliance with required contract agreements
- Ensuring compliance to the program contracts
- Realizing that there are so many contractual requirements and standards set forth by ORS and that our agency works so hard to comply with every single one.

Other (3/30 responses: 10%)

- Forcing us to look at P&P to make sure they reflect not only what we are doing, but what we need to be doing
- The most valuable part is the ability to show state staff how work gets done at the local level. It also is a good time marker to make sure all of our documents are up to date.
- Demonstration to our county commissioners work we do.

6) Thinking back to your last triennial review, what was the least valuable piece?

STATE Comments: 12 responses total

Review tools (3/12 responses: 25%)

- Going through the tools.
- For the most part, going through the review tool is the least valuable piece, except when it opens conversations about other issues.
- Going over the long drawn out questions on the tool. The questions that are broken into sub-questions that don't necessarily relate to most counties.

Duplicative work (3/12 responses: 25%)

- During my last agency review, I was required to spend a significant amount of time reviewing their vaccine refrigerator and their vaccine storage and management practices. These are also reviewed during Vaccines for Children reviews. We have since removed this component from the agency review.
- We had just undergone reporting so having to document very similar information was frustrating
- Requiring an LPHA to physically produce documentation to verify activities that I personally know them to have completed was a frustrating waste of time for both myself and the LPHA.

Other (6/12 responses: 50%)

- Aside from the chart review and document review, our TB review's content is pretty "soft."
- Some questions on review tool were found to be outdated. The program needs to revise its tool this year.
- Short deadline for submitting documentation.
- This particular county has very good data so reviewing it was quick and not a lot of discussion.

Triennial Review Survey: January 2015
Open-Ended Comments

- Not having an avenue to address the push-back from the LPHA since the measures are mostly QA.
- Discussions re: County asking why we require what we do without giving them (enough) funds to do it.

LOCAL Comments: 17 responses total

Time/Stress/Pressure (4/17 responses: 24%)

- The punitive feeling about what measures were not met, and the deadlines and reports to the boards; a great deal of stress and pressure
- Ulcers
- Staff time spend on the process from beginning to end.
- When the reviewer comes in as complete compliance mode vs partners and how do we help each other.

Duplicate work (2/17 responses: 12%)

- All the duplicate work on policies such as confidentiality. Seems multiple programs want the same thing. Some of the tools are outdated while others are current. We started using the tools posted on the liaison website and then found out some had been changed. This is confusing and wastes time to redo.
- The redundancy around WIC - since there is a 2 year cycle for WIC, seems that is sufficient, for the financial part especially.

Health Officer review (2/17 responses: 12%)

- Health Officer - followed closely by Administrative and Civil Rights
- Health officer review is not useful.

Other (9/17 responses: 53%)

- The lack of guidance from evaluation staff on when we have done too much...how we could be more efficient at being compliant. Exit interview should include what we have over done as well as what we have underdone.
- Chart review
- Some programs were not responsive to scheduling requests and timelines.
- Inconsistency amongst reviewers; some are very ridged and strict, some very lenient.
- The OHD has improved the coordination of programmatic triennial reviews. Keep working on it until all of YOUR programs are in compliance, please.
- A lot of the same triennial review tools from the previous review, not much in the area of new/different tools to creatively think "out of the box" yet stay in compliance with rules and regulations.
- It is strictly a numbers game.
- Standardization!
- The written report

7) What, specifically, would give you more satisfaction with the triennial review process?

STATE Comments: 14 responses total

Streamlining process/travel (6/14 responses: 43%)

- I'd like to figure out a way to review charts without actually going onsite. For more remote LHDs we often don't review charts because it is not time efficient given the amount of travel required. This is unfortunate because most errors/problems are caught by looking the details of case management.

Triennial Review Survey: January 2015
Open-Ended Comments

- The burden of work in preparing at the local and State level is huge; the RH review is 3 days often 10+ hours all 3 days; and then there is hours of work after the review. I would like this to be reduced somehow and I suggest more frequent site visits to help prepare for the review
- Adequate time for submission of documentation.
- Less time spent traveling to the field locations - regionalism of reviews would save time traveling
- If our form was shorter and more streamlined.
- Making the process actually useful for local health departments. Providing them with a service they actually need instead of making them go through the process of proving compliance with things they have been doing for years.

Improvements in process (4/14 responses: 29%)

- Over the years we have refined our biennial review process with input from our local agency staff and also with the need to address federal requirements (both regulatory and audit findings) - we are currently looking at strengthening the required mid-cycle local agency self-evaluation process with additional TA to try to reduce the number of findings and especially reduce repeat findings.
- We think the review process works pretty well for our program.
- The meetings are very helpful and building a "team" is beneficial
- I am satisfied with the review process, but welcome suggestions on how to make the process more valuable to the counties.

Improving follow-up (4/14 responses: 29%)

- Clearer processes around follow up, making sure that the information (data, resources, etc) we bring to the review is meaningful and relevant, and knowing that the visit, itself, is a good use of LPHA staff time.
- A better tool. Appropriate corrective action. Enforceable accountability.
- Better follow up.
- 3 years is too long

LOCAL Comments: 23 responses total

Less time consuming/more streamlined processes (7/23 responses: 30%)

- I really don't think I have an answer. I am responsible for so many different programs that the sheer weight of getting ready is huge for me--could not have done it without the help of the state and my co-workers here at the health department
- A way to make it less time consuming.
- Some way to streamline the process as the event basically takes a full month to rotate through all of the programs.
- Granted, I'm fairly new to this field but I can see a huge time saver if the reviewers did not have to look through each county's policies and procedures. Standardized policies and procedures across the board if that's possible.
- Pretty much already said; I think not having all at the same time, more of an ongoing process, and possibly more electronic and phone work
- More policy templates or Standard Operating Procedures from the state that address all the compliance issues.
- More streamlined, quicker visits that cut to the chase and identify compliance or not with actual examples or tools for correction

Triennial Review Survey: January 2015
Open-Ended Comments

Less duplication/more alignment (5/23 responses: 22%)

- Less duplication & more overall state coordination. Coordination with competitive program sub-grants
Coordination with accreditation requirements
- Alignment with other things we need to be working on like accreditation.
- If it meant something to the state office and was acknowledged. If it was streamlined and incorporated the aspects of accreditation so that in completing a triennial review, the LPHD met all accreditation standards THIS STATE deemed as important.
- More coordination among the programs.
- As stated earlier, any alignment with FDA National Food Regulatory Retail Program Standards would be helpful for participating Counties.

Clarity on compliance (2/23 responses: 9%)

- Clarity on what is "compliance" and agreement on what a compliance-only review means
- Policies, procedures, tools for local public health to achieve in advance, compliance with programmatic requirements.

More staff (2/23 responses: 9%)

- More staff to prepare. That's outside of your area of control.
- It would be an internal issue, having more staffing/support.

Other (7/23 responses: 30%)

- Review Staff were pleasant to work with
- Shared learning and evidence that it was shared at the PHD.
- A meaningful health officer review - one which evaluates ways in which health officer can provide added value to public health in State (or at least elicits the health officer's opinions on that)
- I am happy to contribute more input to the process if needed, I don't have any issues with the current process.
- More collaborative and following a process more like PHAB. Showing proof through submission and highlighting the good work at the local level. The state should be able to see issue with submitted information and come in a training and mentoring mode to health the local department. I like the model in Washington where staff and locals are trained on the entire process and visit a health department together - PHAB model.
- New review tools
- There should be some follow up if there are major deficiencies and guidance as how to improve.