

AGENCY REVIEW

PUBLIC HEALTH FOUNDATION OF COLUMBIA
COUNTY

November 8- December 7, 2015

Prepared by
Oregon Health Authority
Public Health Division

Ronit Zusman
Public Health Consultant

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR PUBLIC HEALTH SYSTEMS INNOVATION AND PARTNERSHIP UNIT (PHSIP)</p> <p>ADMINISTRATION</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 2.</p>	
REVIEWER: Ronit Zusman	RESPONDENTS: Sherrie Ford, MPH, Sarah Present, MD, MPH

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/17/2015 – 11/18/2015</p> <p>CENTER FOR PREVENTION & HEALTH PROMOTION</p> <p>MATERNAL CHILD HEALTH</p> <p>BABIES FIRST! PROGRAM</p> <p>Program meets all compliance requirements.</p> <p>For more detailed information, please see the completed program review tool in section 3.</p>	NA
<p>REVIEWER: Francine Goodrich, State MCH Nurse Consultant</p>	<p>RESPONDENTS: Toni Harbison, RN, MCH Nurse Home Visitor, Heather Bell, RN, MCH Nurse Home Visitor, Sherrie Ford, BS, MPH, Administrator</p>

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR PUBLIC HEALTH SYSTEMS INNOVATION AND PARTNERSHIP UNIT (PHSIP)</p> <p>CIVIL RIGHTS</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 4.</p>	
REVIEWER: Ronit Zusman	RESPONDENT: Sherrie Ford, MPH

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
ENTER FOR PUBLIC HEALTH PRACTICE ACUTE AND COMMUNICABLE DISEASE PREVENTION PROGRAM There are no compliance findings. For more detailed information, please see the completed program review tool in section 5.	
REVIEWER: Melissa Powell	RESPONDENTS: Sherrie Ford

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
DATE: 11/23/15 CENTER FOR HEALTH PROTECTION DRINKING WATER SERVICES No compliance findings, all elements are in compliance. For more detailed information, please see the completed program review tool in section 6.	N/A
REVIEWER: Tia Skerbeck	RESPONDENTS: Joel Ferguson

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 12/09/2015</p> <p>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</p> <p>FISCAL- OFFICE OF FINANCIAL SERVICES</p> <p>The LPHA Purchasing/Procurement process must follow Federal regulations in 45CFR 74.21- Standard for Financial Management System as well as 45CFR 92.20- HHS Standards of Financial Management Systems by ensuring that:</p> <ul style="list-style-type: none"> • Grantee inventory system to control purchase, use, ordering of medication and supplies is effective and that periodically confirms inventory with actual inventory counts. • Property Management systems includes ID number, current locations and federal share of the asset. <p>LPHA Invoice and expenditure processing must follow Federal Regulations in 2CFR 230- Cost Principles for Not- Profit Organization by ensuring that</p> <ul style="list-style-type: none"> • Payments for memberships, Subscriptions and Professional Activities must be in the name of the grantee organization and not in the name of an individual. <p>LPHA must base Family Planning/Title X charges and fees consistent with Guidelines, Section 6.3: 45 CFR 59.5 –Section 8. This includes:</p> <ul style="list-style-type: none"> • Submit Cost Analysis of services updated every two years. <p>For more detailed information, please see the completed program review tool in section 7.</p>	<p>02/10/2016</p> <p>Resolved, federal share of the assets and ID number will be tracked from now onwards</p> <p>12/28/2015</p> <p>Resolved. The grantee stopped using grant award funds to pay for members subscription since July 2015</p> <p>12/28/2015</p> <p>Fiscal 02/04/2016</p>
REVIEWER: Joass Lyatuu	RESPONDENTS: Nicole Melling/ Sherri Ford

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: NOVEMBER 17, 2015</p> <p>CENTER FOR HEALTH PROTECTION</p> <p>ENVIRONMENTAL PUBLIC HEALTH</p> <p>FOOD, POOL & LODGING HEALTH AND SAFETY PROGRAM</p> <p>The LPHA must maintain an inspection rate of 100% for all licensed facilities. The Organizational Camp Program is below the compliance rate.</p> <p>On handwritten inspection reports, the LPHA must provide all the header information; and match the inspection date with the date report is entered into Phoenix software program</p> <p>The LPHA must document on the food service inspection report how priority and priority foundation violations have been resolved at the time of the semi-annual inspection. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.</p> <p>For more detailed information, please see the completed program review tool in section 8.</p>	<p>6/30/2016</p> <p>3/31/2016</p> <p>3/31/2016</p>
REVIEWERS: Erica Van Ess and Cindy Robinson	RESPONDENT: Mark Edington

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/17/2015</p> <p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>HEALTH SECURITY, PREPAREDNESS AND RESPONSE</p> <p>PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 10.</p>	
REVIEWER: Kris Hansen, Akiko Saito	RESPONDENT: Anne Parrott

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

CENTER FOR PUBLIC HEALTH PRACTICE

IMMUNIZATIONS

Agency is required to comply with Immunization Forms Retention Schedule; at the time of the visit, staff were not aware of this requirement, and did not have a retention schedule.

Fixed at time of visit; no further follow up required.

LPHA is required to manage active patient population in ALERT IIS using status codes.

Fixed at time of visit; no further follow up required.

LPHA is required to meet Vaccine Billing Standards. At time of visit, LPHA is not charging maximum allowable amount for VFC and 317 Eligible clients (\$21.96).

Corrective action plan due by 1/15/16 to include revision of Cost Assessment

LPHA is required to submit payment promptly for Billable Vaccine Project invoices. At the time of the visit, invoices were outstanding for PINS: 000005 & 00005B

Payment plans must be submitted to program by 1/15/16.

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY

COMPLIANCE FINDINGS

**TIMELINE
FOR
CHANGE**

LPHA is required to participate in annual quality improvement activities and use data from the AFIX assessment to direct immunization activities

Agency staff unaware of this requirement; plan to use 2014 & 2015 data in planning improvement activities due by 1/15/16.

For more detailed information, please see the completed program review tool in section 11.

REVIEWER: Mimi Luther

RESPONDENTS: Sherrie Ford, Nikki Morford

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/17/2015 – 11/18/2015</p> <p>CENTER FOR PREVENTION & HEALTH PROMOTION</p> <p>MATERNAL CHILD HEALTH</p> <p>MATERNITY CASE MANGEMENT (MCM)</p> <p>I. The MCM client record must contain documentation of the name of the recipient and the date that the initial assessment and client service plan, (CSP) were forwarded to the prenatal care provider. <u>OAR 410-130-0595(9)(a)(D),(c)</u></p> <p>For more detailed information, please see the completed Perinatal program review tool in section II. Maternity Case Management, H. (page 5 of tool).</p>	<p>Change/correction implemented now with follow-up confirmation by February 2016</p>
<p>REVIEWER: Francine Goodrich, State MCH Nurse Consultant</p>	<p>RESPONDENTS: Toni Harbison, RN, MCH Nurse Home Visitor, Heather Bell, RN, MCH Nurse Home Visitor and Sherrie Ford, BS, MPH, Administrator</p>

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/17/15 – 11/18/15</p> <p>CENTER FOR PREVENTION AND HEALTH PROMOTION</p> <p>MATERNAL CHILD HEALTH</p> <p>PERINATAL – OREGON MOTHERS CARE PROGRAM (OMC)</p> <p>I. An OMC coordinator has been identified and works with Oregon Health Authority (OHA) on developing a local delivery system for OMC services. PE42 (4)(b)(i) Issue: At time of Triennial Review, there is not a current OMC Coordinator designated for OMC program work.</p> <p>II. OMC site follows the OMC protocols, as described in OHA’s OMC Manual, April 2005. PE42 (4)(b)(ii) Issue: TPHFFCC has received contractual funding for OMC implementation for FY 2014-15 and 2015-16 but no service provision is noted since September 2014</p> <p>III. OMC site provides follow-up services to clients referred by various referral sources. OMC provides facilitated and coordinated intake services and referral to the following services: PE 42(4)(b)(ii),(iv)(A)-(B) Issue: OMC, as a program provision, is not functioning with assigned staff and data collection/verification of services provided at time of this Triennial Review process.</p> <p>IV. OMC site collects and submits client encounter data quarterly on individuals who receive OMC services. Data is submitted to OHA using approved OMC client data tracking forms. PE 42(4)(c) Issue: Required OMC data reports have not been submitted to State OMC WITI database since September 2014</p> <p>For more detailed information, please see the completed Perinatal program review tool in section: III. Oregon Mothers Care Site, pg. 9-10 in section 12.</p>	<p>February 2016</p> <p>TPHFFCC will need to determine if they will continue to provide the OMC program. They will coordinate resolution activities through State OMC Coordinator, Lesa Dixon-Gray who is aware of the issue and has made initial contact with Administrator, Sherrie Ford on 11/19/15 via email.</p>
<p>REVIEWER: Francine Goodrich, State MCH Nurse Consultant</p>	<p>RESPONDENTS: Toni Harbison, RN, MCH Nurse Home Visitor, Heather Bell, RN, MCH Nurse Home Visitor, Sherrie Ford, Public Health Administrator</p>

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: NOVEMBER 20, 2015</p> <p>CENTER FOR PREVENTION AND HEALTH PROMOTION</p> <p>AGRH</p> <p>REPRODUCTIVE HEALTH</p> <p>The LPHA shall comply with all Reproductive Health program requirements by adding the following components:</p>	
<p>1. Ensure medical services are following the national standard that is cited in their protocols.</p>	2/20/2016
<p>2. Ensure staff are provided training on:</p> <p style="padding-left: 20px;">a) Involving family members in the decision of minors to seek family planning services.</p> <p style="padding-left: 20px;">b) counseling minors on how to resist being coerced in engaging in sexually activities.</p>	12/20/2015
<p>3. Ensure there is a written record of the Advisory Committee determinations that all educational materials used within the family planning program is suitable for the population and community it serves.</p>	2/20/2016
<p>4. Ensure there are written emergency medical plans.</p>	12/20/2015
<p>For more detailed information, please see the completed program review tool in section 13.</p>	
REVIEWER: Carol Easter	RESPONDENTS: Nikki Canwell RN

PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/16/2015</p> <p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>HIV/STD/TB SECTION</p> <p>SEXUALLY TRANSMITTED INFECTIONS (STI)</p> <p>No evidence of policy and procedure/standing order in place for syphilis.</p> <ul style="list-style-type: none"> • Submit policy and procedure/standing order for syphilis signed by Health Officer. <p>8 of 16 gonorrhea cases in 2015 are missing documentation of treatment in Orpheus. 2 of 16 cases show treatment which is incomplete or not in keeping with treatment guidelines as outlined in section C1 of review tool.</p> <ul style="list-style-type: none"> • Verify treatment for gonorrhea cases in 2015 that are currently missing treatment (8 cases). • Verify adequate treatment was given in cases which currently show partial treatment (2 cases). For cases where verified treatment is not per CDC & STD Program recommendations, refer medical providers to current 2015 CDC STD Treatment Guidelines. <p>For more detailed information, please see the completed program review tool in section 14.</p>	<p>February 28, 2016</p> <p>February 28, 2016</p>
REVIEWER: Josh Ferrer	RESPONDENTS: Nikki Morford Canwell

THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: NOVEMBER 9, 2015</p> <p>CENTER FOR PREVENTION AND HEALTH PROMOTION</p> <p>HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION</p> <p>TOBACCO PREVENTION AND EDUCATION PROGRAM</p> <p>The LPHA is in compliance with all program requirements.</p> <p>For more detailed information, please see the completed program review tool in section 15.</p>	N/A
<p>REVIEWER: Sabrina Freewynn, Community Programs Team Lead, Health Promotion and Chronic Disease Prevention Section</p>	<p>RESPONDENTS: Sherrie Ford, Public Health Administrator, Public Health Foundation of Columbia County</p>

THE PUBLIC HEALTH FONDATION OF COLUMBIA COUNTY	
COMPLIANCE FINDINGS	TIME LINE FOR CHANGE
<p>DATE: 11/12/2015</p> <p>PUBLIC HEALTH DIVISION</p> <p>CENTER FOR PUBLIC HEALTH PRACTICE</p> <p>HIV, STD, TB SECTION</p> <p>TUBERCULOSIS PROGRAM</p> <p>LHD was unable to identify a location where an uninsured TB patient can obtain a chest x-ray if needed.</p> <p>TB Exposure and Control Plan was not available during visit.</p> <p>For more detailed information, please see the completed program review tool in section 16.</p>	<p>February 28, 2016</p>
<p>REVIEWER: Heidi Behm</p>	<p>RESPONDENTS: Sarah Present, Nikki Morford Canwell, Sherrie Ford</p>

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January 18, 2016

Commissioner Henry Heimuller
Columbia County Board of County Commissioners
230 Strand Street 331
St. Helens, OR 97051

Dear Commissioner Heimuller:

The triennial onsite agency review of the Public Health Foundation of Columbia County (PHFCC) was conducted between November 8 and December 7, 2015. The Oregon Health Authority Public Health Division evaluated county public health programs for compliance with state and federal public health laws and the Financial Assistance Agreement. The review included the appraisal of 14 program areas.

During the review, there were some areas identified as needing attention, including Communicable Disease (CD), Sexually Transmitted Diseases (STD), and Tuberculosis (TB). As a result, Sherrie Ford is actively working with our office and other state staff to develop and implement a CD/STD/TB Integrated Quality Improvement Plan that serves as the foundation of the commitment of PHFCC to continuously improve the quality of the treatment and services it provides. While there are some areas that need attention, PHFCC is on an overall positive and dynamic trajectory to adopt new planning processes and a vision focused on the future.

A full report, including the specific timelines for correction, has been sent to Sherrie Ford, Administrator of the PHFCC and staff in the Public Health Systems Innovation and Partnerships (PHSIP) Unit will work with her to document resolution of the findings.

We think the report will also be of assistance to the PHFCC staff in their continuing efforts to provide quality public health services to your community.

Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will write you a letter to confirm compliance and close the file for this review.

Our office will contact Sherrie Ford to see if you would like us to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to decide if this meeting is attended by one or more of the commissioners. This meeting can be conducted in-person or via telephone.

Programs included in the compliance review:

Administration	Immunization
Babies First!	Health Officer
Civil Rights	Perinatal
Communicable Disease	Reproductive Health
Drinking Water	Sexually Transmitted Infection
Fiscal	Tobacco Prevention and Education
Food, Pool and Lodging	Tuberculosis
Health and Safety	

Commendations

Administration

The Public Health Foundation of Columbia County (“PHFCC”) has undergone significant transformation in the ever-changing field of public health in Oregon. They have their sights set on a community in which health care is accessible and breathing easy, eating right, exercising, and drinking water are the natural, default choices. This is a challenge that they work toward each day as they partner alongside their Coordinated Care Organization (CCO), school districts, food banks, and county commissioners.

The PHFCC has enthusiastic and highly capable new leadership and staff that are working hard to create comprehensive policies and business processes that are easily accessible to the public and workforce. They are on-course of adopting new planning processes and engaging staff and the

community to improve the community's health. This is particularly impressive given the challenges our local public health departments face.

The PHFCC Administrator, Sherrie Ford, is committed to developing a strong public health infrastructure in Columbia County and Oregon. Sherrie demonstrates organizational abilities, strong work ethics and a commitment to grow, rebuild and improve her department. For example, under her leadership, PHFCC is actively working to develop more efficient partnerships with their CCO. Sherrie is embracing cutting-edge strategies to adopt in the multifaceted wave of change of public health.

Several staff receive special commendation for particularly difficult work, flexibility and dedication in the past few years: Lori Peterson, Billing Specialist for work implementing electronic health records; Micaela Swanson, Lead Front Office Clerk for a recent overhaul of all policies and procedures, including the creation of nearly 100 new procedures, workflows, or job aides to guide staff activities; Laura Meyer, Medical Assistant who has set a standard of work for others to follow.

With the 2013 implementation of electronic medical records, PHFCC can now successfully bill most major insurance carriers. Their funding model is slowly transforming from primarily state-funded to more diverse revenue sources.

The PHFCC has long-lasting relationships with community members and partners. PHFCC has strong collaborations with Columbia Pacific Coordinated Care Organization (CPCCO). Three PHFCC employees serve on the CCO's Community Advisory Council (CAC), creating a leadership opportunity for PHFCC to champion community innovations. The PHFCC Administrator, Sherrie Ford, also serves on the CCO Board of Directors and has been actively involved in the development of the CCO Strategic Plan, which includes population-based strategies and improved engagement with the CACs. In addition, PHFCC has been an active partner in developing a community health assessment and community health improvement plan.

Administrator Ford has implemented a new process of communication with staff and the governing bodies by sending on-going, weekly reports to staff, the board of county commissioners and board of directors. The board reports include pertinent outbreak, emergency, and capacity information; financial

reports; and opportunities to advocate for current public health issues. The agency is also using social media to communicate important public health messages to the public.

Babies First & Perinatal

The Public Health Foundation of Columbia County (PHFCC) continues to strive to provide a multiple service model that meets the healthcare needs of community families within its Perinatal and Babies First! Maternal Child Health (MCH) services. Public Health Nurse Toni Harbison has former work experience with the Nurse Family Partnership (NFP). Her knowledge and experience with MCH Home Visiting process is reflective in her thorough documentation process in client records. A consistent and high percentage of Babies First clients receive recommended program developmental screenings.

Sexually Transmitted Infections

PHFCC provides an array of STD clinical and case management services out of its St. Helens clinic. PHFCC also serves as the medical sponsor for three school-based health clinics in Columbia County which offer STD clinical services. The program does an excellent job of pairing HIV/Hepatitis C/Syphilis screening for clinic patients in order to identify potentially undiagnosed cases.

Drinking Water

Columbia County's Drinking Water Program is in the hands of competent and professional environmental health specialists who work cooperatively with state Drinking Water Program staff to help assure safe drinking water for the 85 water systems it supervises. The program is to be commended for its dedication to drinking water safety in the county. The program has good documentation of work performed, and the files are well organized. The program completed all of the required 2012, 2013, and 2014 water system survey work, with 100% of the surveys completed prior to the December 31 deadline in all three years. The program has been consistent and timely in responding to water quality alerts over the past three years with a typical response time of 1-2 days of notification.

Food, Pool and Lodging

Columbia County Environmental Health is doing a good job of providing services to the community. The inspection rates for licensed facilities is

excellent with all program areas in compliance except for the Organizational Camp Program. The Environmental Health Specialist responsible for conducting food facility inspections has completed the state standardization recertification process. Satisfactory completion of this process complies with the field review portion of the triennial review.

Tobacco Prevention & Education Program (TPEP)

PHFCC has continued to implement a well-planned and well-organized Tobacco Prevention and Education Program (TPEP). Partnerships and collaboration with stakeholders throughout various sectors and geographic areas of Columbia County are helping move policy, system and environment change efforts forward. Assessment and policy efforts address community environment changes to reduce and prevent tobacco use, with a focus on worksites, parks and tobacco retailers. An example of success is the recent adoption by the City of St. Helens of a tobacco-free parks ordinance.

PHFCC has a tobacco-free policy for their property, and is working to expand that to other Columbia County properties, to join the approximately 25% of Oregon counties who have a tobacco-free policy for all county properties. The program involved youth to conduct a successful tobacco retail assessment to address the availability and promotion of tobacco. PHFCC is working with the CCO to bring additional resources to support tobacco prevention efforts in Columbia County.

Health Security, Preparedness and Response

PHFCC is part of the Portland Metropolitan Statistical Area and therefore enveloped into the Cities Readiness Initiative (CRI) with larger populated counties and added responsibilities for the Preparedness Coordinator and the Local Public Health Authority (LPHA). The Public Health Emergency Preparedness Coordinator, Anne Parrott, and the partnerships she has forged in Columbia County are effective and have resulted PHFCC's ability to prepare the community for emergencies and respond to and recover from incidents.

Compliance Findings Summary

Administration

The LPHA is in compliance with all program requirements.

Babies First!

The LPHA is in compliance with all program requirements.

Civil Rights

The LPHA is in compliance with all civil rights compliance responsibilities. The LPHA must provide documentation that the Civil Rights Self-Assessment (CRSA) has been reviewed by the LPHA.

Communicable Disease

The LPHA is in compliance with all program requirements.

Drinking Water

The LPHA is in compliance with all program requirements.

Fiscal

The LPHA must comply with the following by 2/10/2016:

1. The LPHA Purchasing/Procurement process must follow Federal regulations in 45CFR 74.21- Standard for Financial Management System, as well as 45CFR 92.20- HHS Standards of Financial Management Systems by ensuring:
 - Proper segregation of duties between the person ordering supplies and the person receiving and verifying the supplies.
 - Grantee inventory system to control purchase, use, ordering of medication and supplies is effective and confirms inventory with actual inventory counts.
 - Property Management systems include ID number, current locations and federal share of the asset.
2. LPHA Invoice and expenditure processing must follow Federal Regulations in 2CFR 230- Cost Principles for Not- Profit Organization by ensuring that payment for memberships, subscriptions and professional activities are in the name of the grantee organization and not in the name of an individual.
3. LPHA must base Family Planning/Title X charges and fees consistent with Guidelines, Section 6.3: 45 CFR 59.5 –Section 8. This includes submitting updated cost analysis of services every two years.

Food, Pool and Lodging Health & Safety

The LPHA must comply with the following:

1. By 6/30/2016, the LPHA must maintain an inspection rate of 100% for all licensed facilities. The Organizational Camp Program is below the compliance rate.
2. By 3/31/2016, the LPHA must provide on handwritten inspection reports all the header information; and match the inspection date with the date report is entered into Phoenix software program.
3. By 3/31/2016, the LPHA must document on the food service inspection report how priority and priority foundation violations have been resolved at the time of the semi-annual inspection. If the priority/priority foundation violation has not been corrected, a recheck inspection must be conducted within 14 days.

Immunizations

The LPHA must comply with the following:

1. Agency is required to comply with Immunization Forms Retention Schedule; at the time of the visit, staff were not aware of this requirement, and did not have a retention schedule. *Finding Resolved: fixed at time of visit; no further follow up required.*
2. LPHA is required to manage active patient population in ALERT IIS using status codes. *Finding Resolved: fixed at time of visit; no further follow up required.*
3. LPHA is required to meet Vaccine Billing Standards. At time of visit, LPHA is not charging maximum allowable amount for VFC and 317 Eligible clients (\$21.96). Corrective action plan due by 1/15/16 to include revision of Cost Assessment.
4. LPHA is required to submit payment promptly for Billable Vaccine Project invoices. At the time of the visit, invoices were outstanding for PINS: 000005 & 00005B. Payment plans must be submitted to program by 1/15/16.
5. LPHA is required to participate in annual quality improvement activities and use data from the AFIX assessment to direct immunization activities. Agency

staff unaware of this requirement; Plan to use 2014 & 2015 data in planning improvement activities due by 1/15/16.

Maternal Child Health- Maternity Case management

The MCM client record must contain documentation of the name of the recipient and the date that the initial assessment and client service plan, (CSP) were forwarded to the prenatal care provider. OAR 410-130-0595(9)(a)(D), (c). Change/correction implemented now with follow-up confirmation by February 2016

Perinatal

While the PHFCC has received funding to provide Oregon Mothers Care (OMC) services in FY15 and FY16, no OMC coordinator is designated and no OMC service provision (including intake and referral services) is noted since September 2014. In addition, no data reports have been submitted since September 2014.

The PHFCC must determine if they will provide OMC services and coordinate resolution of the findings with state OMC coordinator by February 2016.

Public Health Emergency Preparedness

The LPHA is in compliance with all program requirements.

Reproductive Health

The LPHA shall comply with all Reproductive Health program requirements by adding the following components:

1. By 2/20/2016, ensure medical services are following the national standards that is cited in their protocols.
2. By 2/20/2016, ensure staff are provided training on involving family members in the decision of minors to seek family planning services and counseling minors on how to resist being coerced into engaging in sexual activities.
3. By 2/20/2016, ensure there is a written record of the Advisory Committee determinations that all educational materials used within the family planning program are suitable for the population and community it serves.

4. By 12/20/2015, ensure there are written emergency medical plans.

Sexually Transmitted Infections

The LPHA must comply with the following by 12/28/2016:

1. Submit policy and procedure/standing order for syphilis signed by Health Officer.
2. Eight of 16 gonorrhea cases in 2015 are missing documentation of treatment in database. Two of 16 cases show treatment which is incomplete or not in keeping with treatment guidelines as outline in section C1 of review tool.
 - a. Verify treatment for gonorrhea cases in 2015 that are currently missing treatment
 - b. Verify adequate treatment was given in cases which currently show partial treatment (2 cases).
 - c. For cases where verified treatment is not per CDC and STD program recommendations, refer medical providers to current 2015 CDC STD Treatment Guidelines

Tobacco Prevention & Education Program

The LPHA is in compliance with all program requirements.

Tuberculosis

The LPHA must comply with the following by 2/28/2016:

1. Identify location where uninsured TB patient can obtain a chest x-ray if needed.
2. Provide updated TB Exposure and Control Plan.

Quality Assurance Recommendations

Maternity Case Management & Babies First!

1. Recommend that new Public Health Nurse, Heather Bell, focus her home visiting work on prenatal clients, based on her OB and NICU nursing experience.
2. Client records documentation – Overall concise and comprehensive nursing documentation. Suggest a more detailed initial visit

- nurse/client care plan development that notes enrollment into Babies First! program, referral source and lists more detailed specific client focused goals.
3. Recommend updating of Policy and Procedure manuals for MCM and Babies First! programs that reflect current program rules and agency protocols.
 4. Recommend development of a policy that addresses guidelines for use of social media for communications with clients. For example: “Texting to clients is used only for the purposes of appointment scheduling and appointment reminders”.

Communicable Disease

1. Recommend producing an annual summary of CD data and making it available to the public.
2. Recommend locating case contacts (hepatitis).
3. Recommend timely case completion.
4. Recommend interviewing cases per investigative guidelines.
5. Recommend assessing vaccination status of vaccine preventable diseases.
6. Recommend locating and interviewing contacts of hepatitis cases.
7. Recommend testing household and sexual contacts of hepatitis cases.
8. Recommend collecting laboratory specimens to confirm outbreak etiology (up to 5 specimens per outbreak).
9. Recommend completing an epidemic curve for all common source outbreaks.
10. Recommend completing of outbreak reports and submitting them within the required timeframe according to the investigative guidelines.
11. Recommend monitoring Orpheus for new electronic laboratory reports.
12. Recommend working with long term care facilities to establish relationships and explain outbreak investigation expectation before norovirus season.
13. Request return phone calls and emails when ACDP staff inquire on the status of case investigations.
14. Recommend attending monthly Orpheus user group meetings.

Drinking Water

1. Conduct water system survey significant deficiency follow-ups
 - Report deficiency corrections to DWS (Compliance.DW@dhsosha.state.or.us) as they are corrected, rather than when *all* deficiencies are corrected. This allows the corrections to be entered into Data Online, and the water systems to receive credit for their efforts.

Health Security, Preparedness and Response

1. By September 1, 2016, develop a process or spreadsheet to track areas of improvement identified in exercises and apply activities to future exercises and work plans.

Other Notes

Fiscal

Columbia Public Health Foundation received Federal funds of \$418,310 including \$218,646 for the WIC Program for fiscal year 2014. It appears that the Public Health Foundation has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is fairly organized and efficient with commitment to quality, fairness and accuracy.

Health Officer

Dr. Sarah Present is the Health Officer who provides leadership and medical direction to PHFCC. Dr. Present has strong knowledge base in CD, TB, and epidemiology. Dr. Present is also a Health Officer for Clackamas County and two counties in Washington. Dr. Present is committed to assist with the development and implementation of a CD/ STD/ TB Integrated Quality Improvement Plan.

Laboratory Statement of Compliance

Public Health Foundation of Columbia County Laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as a Certificate of Provider-Performed Microscopy Procedures. The laboratory director listed for CLIA is Sarah Dalen Present, MD. The laboratory CLIA # is 38D0622272 and their certificate is valid through December 31, 2015.

Overall, the Public Health Foundation of Columbia County is composed of a committed team of public health professionals who deliver quality services to the community.

We thank you for your attention to correcting these compliance findings and for the strong public health work you do for the community.

Sincerely,



Danna Drum, Manager

Public Health Systems Innovation and Partnerships

cc: Tony Hyde, Commissioner
Earl Fisher, Commissioner
Sherrie Ford, Public Health Foundation of Columbia County Administrator