The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure 9.1.1A. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department’s activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>OHA Fundamentals Map</th>
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<tbody>
<tr>
<td>Document Date:</td>
<td>7/24/2013</td>
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<tr>
<td>Version of Standards and Measures Used:</td>
<td>V1.0</td>
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<tr>
<td>Related PHAB Standard and Measure Number</td>
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Short description of how this document meets the Standard and Measure’s requirements:

In 2012 the Oregon Health Authority (OHA) underwent the process to develop a performance management system, to help align priorities and set directions and expectations for the agency. Part of this process was working with an outside consultant (Mass Ingenuity) to develop a fundamentals map, which includes internal performance measures. The attached document shows the OHA Fundamentals Map, developed as part of the OHA performance management system. Each measure has an ‘owner,’ who is responsible for gathering the data quarterly. Four of the measure owners, Suzanne Hoffman, Lydia Emer, and Bobby Green, and Katrina Hedberg, are Public Health Division representatives.

<table>
<thead>
<tr>
<th>Submitting Agency:</th>
<th>Oregon Health Authority – Public Health Division</th>
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<tbody>
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### Foundations

**Mission:** Helping people and communities achieve optimal physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

**Vision:** A healthy Oregon

**Values:** Service, Excellence, Leadership, Integrity, Health Equity, Partnership, Innovation

### Key Goals

- Improve the lifelong health of all Oregonians
- Improve the quality, reliability, and availability of care for all Oregonians
- Lower or contain the cost of care so it is affordable to everyone
- Prevent the leading causes of death, injury and disease
- Community engagement and collaboration
- Operational excellence (efficient and effective)
- Workforce reflects the values of the agency

### Core Processes

- **Health Monitoring and Development (OP1)**
  - 1. Defining data needs
  - 2. Identifying data sources
  - 3. Establishing standard methods, tools and techniques for monitoring and analyzing data
- **Policy and Program Development (OP2)**
  - 4. Developing policy
  - 5. Developing health and health care guidelines
- **Program Implementation and Management (OP3)**
  - 6. Ensuring equity in policy and program development and design
  - 7. Establishing metrics and outcomes
- **Prevention and Health Care Purchasing (OP4)**
  - 8. Identifying prevention and health care purchasing needs
  - 9. Consulting and engaging government and community stakeholders
  - 10. Planning and goal setting of programs
  - 11. Operationalizing policies and rules
  - 12. Providing outreach, communication and advocacy to clients
  - 13. Developing program eligibility and enrollment
- **Program Integrity (OP5)**
  - 14. Providing technical assistance and support
  - 15. Assuring quality and return on investment
- **Quality & Continuous Improvement (SP6)**
  - 16. Advancing shared vision
  - 17. Leading strategic planning

### Sub Processes

- **Service Improvement (SP3)**
  - 2. Identifying, and engaging stakeholders
  - 3. Establishing, and prioritizing goals
  - 4. Collecting, and analyzing data
  - 5. Developing, and implementing quality improvement strategies
  - 6. Monitoring and reviewing plans and providers

### Measures

- **Process Measures**
  - Accurate and accessible data
  - Producing meaningful information
  - Timely information
  - Adherence to culturally appropriate best practices

### Outcome Measures

- **Measurable and equitable access to services and resources Q22**
- **Quality of life Q33**
- **Eliminate disparities Q35**

### Measure Owner

- Tina Edlund
  - Mel Kohn
  - Tricia Tillman
  - Judy Mohr Peterson
  - TBD
  - Bobby Green
  - Suzanne Hoffman
  - Kelly Ballew
  - Learn Johnson
  - Cheryl Miller

### Key Performance Measures

1. Initiation and engagement of alcohol and other drug treatment services – Medicaid population
2. Follow-up after hospitalization for mental illness – Medicaid population
3. Mental and physical health assessment for children in DHS custody
4. Follow-up care for children prescribed with ADHD medication – Medicaid population
5. 30 day substance use (Ibicit- drugs & alcohol) among 0-, 2-, 11th graders – population
6. Prenatal care – Population & Medicaid population
7. Primary care sensitive hospital admissions/inpatient stays – Medicaid population
8. Patient Centered Primary Care Home (PCPCH) enrollment – Medicaid population
9. Access to care – Medicaid population
10. Member experience of care – Medicaid population
11. Member health status – Medicaid population
12. Rate of tobacco use – Population & Medicaid population
13. Rate of obesity – Population and Medicaid population
14. All cause readmissions – Medicaid population
15. Effective contraceptive use – Population & Medicaid population
16. Flu shots – ages 30-64 – Population & Medicaid population
17. Child Immunization rates – Population & Medicaid population
18. OHA customer satisfaction

Version: July 24, 2013