

ADMINISTRATION REVIEW TOOL

AGENCY:
 ADMINISTRATOR:
 DATE:

REVIEWER:
 PARTICIPANTS:

Criteria for Compliance	Compliance Met		Comments / Documentation / Explanation / Timelines
	Yes	No	
I. ORGANIZATION:			
<p>A. There is a Local Public Health Authority (LPHA). (ORS 431.375, 413.414)</p> <p>B. There is a Local Board of Health (BOH). (ORS 431.410-414)</p> <p>C. There is evidence of communication between the LPHA and BOH. (ORS 431.418(3)(a)(c))</p> <p>D. An annual public health plan: <input type="checkbox"/> was submitted (date) <input type="checkbox"/> was approved (date) <input type="checkbox"/> addresses all program areas (ORS 431.385 (1-3), OAR 333-014-0060 (1)(3))</p> <p>E. There is an organizational chart. (Conference of Local Health Officials (CLHO) Minimum Standards for Local Health Departments)</p> <p>F. The essential services are provided. (ORS 431.416 (2)(a-e), OAR 333-014-0050) <input type="checkbox"/> epidemiology and control of preventable diseases and disorders</p>			

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<ul style="list-style-type: none"> <input type="checkbox"/> parent and child health services, including <input type="checkbox"/> family planning clinics <input type="checkbox"/> collection and reporting of health statistics health information and referral services <input type="checkbox"/> environmental health services <p>G. Other programs are provided according to the community's health needs. (OAR 333-014-0050 (3)(a-i)) QA only</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dental health, including preventive education, promotion of fluoride use and procedures for early detection and treatment of dental problems <input type="checkbox"/> Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the health department's role in the plans <input type="checkbox"/> Health education/health promotion including activities and programs to promote health and assist individuals and groups to achieve and maintain healthy behaviors <input type="checkbox"/> Laboratory services including providing diagnostic and screening tests to support public health services which are in compliance with quality assurance guidelines established by the State Health Division; <input type="checkbox"/> Medical examiner services to coordinate the epidemiological investigation of deaths of public health significance with the county medical examiner; 			

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<ul style="list-style-type: none"> <input type="checkbox"/> Nutrition services including identification and intervention with clients at nutritional risk, and education and consultation for the promotion of good dietary habits; <input type="checkbox"/> Older adult health including services to reduce morbidity and premature death; detect conditions which impair functioning; strengthen the ability to remain independent; and to promote physical, social and emotional well-being; <input type="checkbox"/> Primary health care services including participation in community efforts to promote necessary services and/or provide health services; <input type="checkbox"/> Shellfish Sanitation (in coastal counties) to monitor harvesting and provide public information to harvesters of shellfish. <p>H. LPHA maintains an office open to the public during the normal work week of the local government. (OAR 333-014-0070 (6))</p>			
II. FISCAL:			
<p>A. An annual budget is submitted to the BOH by the Public Health Administrator. Date approved (ORS 431.418(3)(c), 431.375(3))</p> <p>B. An annual financial audit has been conducted and submitted to the State of Oregon. Date of audit _____</p>			

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<p>(DHS, LPHA Financial Assistance Contract, Exhibit G; OMB Budget Circular A-133)</p> <p>C. If a schedule of fees has been adopted:</p> <ul style="list-style-type: none"> <input type="checkbox"/> fees for public health services are reasonably calculated not to exceed the cost of the services performed <input type="checkbox"/> LPHA is charging fees according to this schedule. Date approved by BOCC (ORS 431.415(3)) <p>D. LPHA shall establish such fiscal control and fund accounting procedures as are necessary to ensure proper expenditure of and accounting for the financial assistance disbursed to LPHA by DHS.</p> <ul style="list-style-type: none"> i. separate accounts are established for each grant for which LPHA receives financial assistance from DHS ii. separate expenditure reports are submitted quarterly <p>(DHS, LPHA Financial Assistance Contract, Exhibit H (2)(c), (8)(a,b); 45 CFR § 92.20)</p>			
III. STAFFING & QUALIFICATIONS:			
<p>A. A qualified health administrator has been appointed to supervise activities of the district in accordance with the law. (ORS 431.418(1), OAR 333-014-0070, CLHO Minimum Standards)</p> <p>B. There is a licensed professional nurse who directs nursing</p>			

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<p>practice.</p> <ul style="list-style-type: none"> • The supervising public health nurse meets minimum qualifications. (CLHO Minimum Standards 8.4) <p>C. Nursing staff is licensed by the Oregon State Board of Nursing. (OAR 333-014-0070(2))</p> <p>D. A health officer is employed or contracted who is a licensed physician and is responsible for the medical supervision of the health programs. (ORS 431.418(2), OAR 333-014-0070(3))</p> <p><input type="checkbox"/> The health officer meets minimum qualifications. (CLHO Minimum Standards)</p> <p>E. The Environmental Health Supervisor meets minimum qualifications. (CLHO Minimum Standards)</p> <p>F. Environmental Health Specialists (Sanitarians) are registered by the National Environmental Health Association (Sanitarians Registration Board). (OAR 333-014-0070(2))</p> <p>G. Written performance evaluations are conducted annually or according to county policy. (CLHO Minimum Standards 8.2)</p> <p>H. All positions have current written job descriptions, including minimum qualifications. (CLHO Minimum Standards 8.2)</p>			

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IV. MEDICAL RECORDS & CONFIDENTIALITY:			
<p>A. Client protected health information (PHI) is safeguarded from unlawful use or disclosure. (ORS 192.518 (a); 45 CFR parts 160 & 164; OAR 410-001-0170)</p> <p>B. HIPAA requirements are met. (45 CFR parts 160 & 164)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Privacy official is designated. <input type="checkbox"/> All members of workforce have been trained. <input type="checkbox"/> Initial HIPAA compliance training (date) <input type="checkbox"/> New employee training <p>C. Written policies and procedures exist to guide staff in maintaining appropriate confidentiality standards. (CLHO Minimum Standards 7.2)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clients may access their own records. (ORS 192.518(a)) <input type="checkbox"/> HIV records (ORS 433.045-433.080) <input checked="" type="checkbox"/> Immunization records (ORS 433.090 – 433.102) <input checked="" type="checkbox"/> Informed consent <input type="checkbox"/> Mandatory reporting <ul style="list-style-type: none"> <input type="checkbox"/> Elder abuse (ORS 124.060) <input checked="" type="checkbox"/> Child abuse (ORS 419B.005 – 419B.050) <input checked="" type="checkbox"/> Abuse Mentally Ill or of those with development disabilities (ORS 430.740-765) <input checked="" type="checkbox"/> Long-term care (ORS 441.640). <input type="checkbox"/> Release of protected health information with authorization (45 CFR parts 160 & 164) <input type="checkbox"/> Release of protected health information without authorization (45 CFR parts 160 & 164) 			

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<input type="checkbox"/> Rights of minors (ORS 109.610 – 109.697) <input type="checkbox"/> Subpoena (ORS 179.505(9), 433.008, 433.045(3)) D. Informed consent is obtained. E. Records are retained and destroyed according to the most current rules prescribed by the State Archives. (ORS 431.520, 192.005; OAR 166-030-0060, 166-150-0065 to 0075) F. Records are protected from fire, water, unauthorized access, and theft. (OAR 333-505-0050 (16), 166-020-0015; 45 CFR § 164.530(c))			
V. PHARMACY:			
A. There are written policies and procedures for drug dispensing, storage, security, and accountability, signed by the health officer. (OAR 855-043-0130(1)(a)) B. Drug cabinet or room is locked in the absence of the health officer or registered nurse. Only these persons shall have a key. (OAR 855-043-0130(4)(a)) C. Drugs which are outdated or damaged shall be quarantined and physically separated from the other drugs until they are destroyed or returned to supplier. (OAR 855-043-0130(4)(c)) <input type="checkbox"/> Emergency kit is adequately stocked and current. D. Drug dispensing record is maintained separately from the patient chart and kept for a minimum of three years.			

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<p>Record shall include the name of patient, name of drug, date, and initials of the person dispensing. (OAR 855-043-0130(5 (a) (A-D))</p> <p>E. Current pharmacy license is posted at all sites. (ORS 689.615 (1))</p>			
VI. LABORATORY:			
<p>A. Level of laboratory licensure: <input type="checkbox"/> Waived <input type="checkbox"/> PPM <input type="checkbox"/> Moderate complexity <input type="checkbox"/> High complexity</p> <p>B. Current, valid CLIA certificate is posted.</p> <p>C. Tests performed are within the scope of the certificate.</p> <p>D. A clinical laboratory director is designated.</p> <p>E. Laboratory policies and procedure manual has been developed, with each policy and procedure approved, signed and dated by the laboratory director annually.</p> <p>F. Products currently used are matched to those in procedure manual.</p> <p>G. Reference manual, from any reference laboratory used, is kept in the laboratory.</p> <p>H. A system is in place to identify each individual performing a test.</p>			

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<p>I. Annual personnel competency testing is documented for all individuals performing laboratory tests, including physicians and mid-level practitioners.</p> <p>J. Proficiency testing is done every 6 months for staff hired within the last year.</p> <p>K. A written quality assurance plan exists.</p> <p>L. Plan includes chart reviews for pre- and post-analytic phases of laboratory testing (i.e., there is a written order for test, results were documented and signed off by provider).</p> <p>M. A system is in place to identify and track all laboratory tests, including pap tests and those sent to a reference laboratory.</p> <ul style="list-style-type: none"> a. Confidentiality of results is assured. b. Test results are received only by the practitioner that ordered the test (ORS 438.430) <p>N. A list of “critical values” for all tests performed on-site and tests sent to reference laboratories is established.</p> <ul style="list-style-type: none"> a. A written policy outlines what action is to be taken, by whom, in the event of critical values. b. The critical value list is posted in a conspicuous place. <p>O. Protocols for equipment monitoring and calibration are in laboratory manual, and written records of these procedures</p>			

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<p>are available.</p> <ul style="list-style-type: none"> a. Temperature of refrigerators, freezers and rooms (daily) b. Microscopes (annually at a minimum) c. Centrifuges (annually at a minimum) d. Hemocue & glucose meters (daily or manufacturer guidelines) <p>(Local Health Department Regulatory Information, Clinical Laboratory Improvement Amendments)</p>			
VII. FACILITY:			
<ul style="list-style-type: none"> A. LPHA phone numbers and facility addresses are publicized. (CLHO Minimum Standards, 5.1) B. Written policies and procedures exist to guide staff in responding to an emergency. (29 CFR § 1910.38; CLHO Minimum Standards, 2.1) C. Equipment, including scales and fire extinguishers, is maintained and calibrated regularly. D. All indoor areas of health department facilities are smoke-free. (ORS 433.835-433.990) <ul style="list-style-type: none"> <input type="checkbox"/> No smoking signs are posted at all entrances. (ORS 433.850, OAR 333.015.0040) <input type="checkbox"/> If there is a designated employee lounge for smoking, provisions in OAR-333-015-0035 (3)(g)(A-E) are met. E. Entire campus is smoke-free. <i>(QA only)</i> 			

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VIII. CLIENT CARE PROTOCOLS:			
<p>A. Nurse scope of practice is supported by current, signed policies, procedures, and standing orders. (Oregon State Board of Nursing, Nurse Practice Act, Division 45)</p> <p>B. Current protocols for client services are available.</p> <p> <input type="checkbox"/> Communicable Disease <input type="checkbox"/> STD <input type="checkbox"/> Immunization <input type="checkbox"/> Family Planning </p>			

Revised 3/07