FPLS Program Evaluation Pilot Results: Standards 2 and 8

Environmental Health Continuous Improvement Board

July 12, 2017

DEPARTMENT OF HEALTH

Agenda

- Background
- Pilot of Standards 2 and 8
  - Who
  - What
  - When
- Takeaways from Pilot
- Discussion / Questions to the Board

Background

- The Environmental Health Continuous Improvement Board (EHCIB) was chartered by the Local Public Health Association (LPHA) and the Minnesota Department of Health (MDH) to fundamentally advance Minnesota's state-local partnership in Environmental Health (EH).
- The Board will initially work on current Food, Pools and Lodging Services (FPLS) challenges and then work more broadly to monitor and advance state-local work in EH.

Quality Improvement

Phase	Activity
Plan	Determine goal(s) of improvement project
	Describe/map the current process
	Collect data on the current process
	Identify root causes
	Identify potential improvements
	Develop improvement theory(s)
	Develop action plan
Do	Test the improvement(s)
	Collect and analyze data
Study	Review data/analysis and make conclusions
Act	Decide to adopt, adapt or abandon

Themes for Improvement

Themes for Improvement included:

- Interaction
- Continuous Improvement
- Focus on public health risk
- Clear, consistent, transparent expectations
- Partnering relationships

New Evaluation Model

The Environmental Health Continuous Improvement Board (EHCIB) approved a new evaluation model where programs are evaluated **one standard at a time**.

Key recommendations included:

- Initiate a workgroup to develop metrics and tools
- Use the FDA Standards, Delegation agreements, and MN-specific criteria where valuable
- Implement a new program rating method of “meets” or “does not meet”
- Identify minimum required criteria
- Identify steps for programs to make improvements
- Focus on improving trust

Workgroup Members

- Members
  - Kim Carlton, MDH, co-chair
  - Jason Kloss, SWHHS, co-chair
  - Denise Schumacher, Michelle Messer, Caleb Johnson, MDH
  - Kirsten Knopff, MDA
  - Lisa Gyswyt, Wayzata-Minnetonka
  - Jason Newby, Brooklyn Park
  - Mike Melius, Olmsted County
  - Kris Keller, Washington County (until December 2016)
- Advisors
  - Steven Diaz, MDH
  - Jeff Luedeman, MDA
  - Karen Swenson, Brown-Nicollet
- Contributors
  - Sharon Smith, MDH DWP
  - Angie Cyr, MDH
  - Mageen Caines, Minneapolis

Pilot

- Standards 2 & 8
- MDH/MDA criteria as well as FDA Retail Standards criteria
- “Level 1” elements – Mandatory (failure to meet could result in loss of program)
  - Mostly statutory / Delegation Agreement items
- “Level 2” elements – Failure to meet would not result in loss of program
  - Mostly FDA Retail Standards items
- Pilot of **tools and instructions** only – not continuous improvement process

Pilot Roles

Self-Assessments were done by:

- MDH Field Operations
- MDA
- Kandiyohi-Renville

Verification Audits were done by:

- **MDH PWDU** reviewed ***MDA*** and ***Kandiyohi-Renville***
- **MDA** reviewed ***MDH Field Operations*** and ***Kandiyohi-Renville***
- **Kandiyohi-Renville** reviewed ***MDH Field Operations***

Pilot Timeline

- April 20: Conference call with participants
- June 2: Self-assessment phase completed; materials sent to auditing agencies
- June 5-23: Verification audit phase
  - Desk audit / records review with opportunity for questions along the way
- June 28: Workgroup and pilot participants meets to discuss
  - Conversation facilitated by Health Partnerships (Megan and Kerri)
- July 12 EHCIB meeting: Share pilot outcomes with EHCIB

Key Takeaways

Key Takeaways:

- Capacity and Time
- Flexibility
- Standardization and Training
- Streamlining
- Purpose

Capacity: Time Spent on Self-Assessment

Measurement	MDH Field Operations	MDA	Kandi-Renville
Number of inspection staff	50 inspectors 7 supervisors (include in self-assessment #s)	23 inspectors 4 supervisors (included in self-assessment #s)	2
Number of people who worked on the self-assessment	2	4	2
Length of time to complete Standard 2 Level 1 items	9 hours	3 hours	2 hours
Length of time to complete Standard 2 Level 2 items	55 hours	45 hours (not including some "interpretation time" of Standard)	6 hours
Length of time to complete Standard 8 Level 1 items	a few minutes	1 hour	30 minutes
Length of time to complete Standard 8 Level 2 items	45 hours	30 hours	8 hours
Have you previously done an FDA Self-Assessment of this standard?	Yes	Yes	Yes

Capacity: Time Spent on Verification Audit

Measurement	MDH PWDU	MDA	Kandi-Renville
Number of people who worked on the verification audit	3	3	2
Length of time to complete Standard 2 Level 1 items	5-10 minutes per auditor	2 hours	8 hours
Length of time to complete Standard 2 Level 2 items	4-5 hours per auditor	5 hours	4 hours
Length of time to complete Standard 8 Level 1 items	<5 minutes per auditor	30 minutes	10 minutes
Length of time to complete Standard 8 Level 2 items	2 hours per auditor (Kandi-Renville did not include a calculation workbook which would have increased the time spent)	2.5 hours	2 hours
Have you previously done an FDA Verification Audit of this standard?	Yes	Yes	No

Standardization and Training

- Interpretations of instructions and criteria varied from agency to agency
  - Especially for “Level 2” / FDA Standards – where no additional instructions given
  - Relied on past interpretation / precedent
  - Varying results from agency to agency (“meets” vs “does not meet”)
- Terminology and requirements inconsistent
  - Example: “Standardization" vs. "Standards"
- Training would be essential for staff performing self-assessments AND verification audits
- Explicit criteria for self-assessments and verification audits needed

Streamlining and Purpose

- Comments that the Excel documents that the workgroup created were easier to use than the FDA PDF worksheets
- “Clearinghouse” for interpretations is needed for consistency
- Consistent process for submitting information, question/answer period, and sharing results is needed
  - Multiple emails back and forth – lost track of information
- Does incorporating the FDA Standards protect public health?
  - Huge difference in time commitment between Level 1 and 2 items – consider the elements that are “essential” to a program

Alignment

- Original recommendation from EHCIB to Workgroup:
  - Use FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) and MDH and MDA delegation agreements as foundation for a unified evaluation process that could be used by both MDH and MDA, for statewide consistency and to benefit dual delegated agencies
- MDA has determined their timeline, process, and criteria for implementing the Standards, according to the new Delegation Agreement (effective 2018)
  - Independent of the workgroup
  - Using the continuous improvement process that was developed by the workgroup

Discussion – Pilot

1. What stands out?
2. Is alignment between MDH and MDA still a priority?
3. What needs to be addressed before moving forward?
4. What changes should be made?
5. What recommendations does the EHCIB put forth?
6. What does the EHCIB want to communicate about next steps?