

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Instilling Food Safety Culture Prior to Permit Issuance

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

Data collected so far indicates a correlation between practice implementation and the anticipated improved outcomes.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The Southern Nevada Health District (SNHD) services the municipalities of Clark County, Henderson, City of Las Vegas, North Las Vegas, Mesquite, and Boulder City, Nevada. The combined resident population for these municipalities is 2.1 million. Additionally, each year the region hosts 40 million visitors. Over 19,000 food establishments are currently permitted, and an average of 250 permits are released each month by the Facilities Design Assessment and Permitting (FDAP) office. The Revised Permitting Process (RPP) protects residents, visitors and the region's tourism industry by promoting food safety culture in newly permitted facilities. Prior to 2014, the permitting process required that food facility applicants submit construction plans with supporting documentation of their operating procedures at an initial intake meeting with our Facilities Design Assessment and Permitting (FDAP) staff. Once the plans were approved, field inspections were conducted at several points during construction, and the permit was released following a final permitting inspection. Following release of the permit, the facility could begin operation. Approximately 30-60 days following start of operation, an initial grading inspection was performed by the assigned Food Operations Inspector to evaluate food safety practices. With this process in place, 6.4% of newly permitted facilities were found to have an adverse outcome (downgrade or closure) at the initial grading inspection. This was understood to result from observations that many new operators lacked the requisite food safety knowledge and/or restaurant experience to adequately control foodborne illness risk factors. Because these operators were potentially putting the public at risk prior to their first graded inspection, the FDAP office revised the permitting process to introduce and reinforce food safety culture concepts prior to issuance of health permits. The goal of the Revised Permitting Process (RPP) was to reduce the downgrade/closure rate at initial grading inspections for newly permitted facilities to 5% or less. Additionally, it was hoped that introduction to and reinforcement of food safety concepts throughout the permitting process would produce sustainable practices to improve overall food safety performance during future operation. The RPP consists of three components: 1) incorporation of food safety knowledge assessment at the initial plans intake meeting 2) required Food Safety Assessment Meeting (FSAM) for applicants needing assistance in developing food safety knowledge and practices, and 3) a collaborative final permitting inspection including the assigned operations inspector, to further emphasize food safety concepts. Implementation of the RPP was staged, and began with the introduction of the collaborative final inspection concept. Operations inspectors were required to attend all final permitting inspections with FDAP staff to initiate the relationship between the permittee and the inspector, reinforce the need for active managerial control, and familiarize the inspector with the establishment. All staff required training on what their roles would be during the final permitting inspection, how to handle scheduling conflicts, and a revised coding scheme for the inspection software. During this period, standardized practices were developed and implemented for FDAP staff. These included identification and evaluation of minimum sanitary design standards, revision of the intake questionnaire to include operational concerns, and mandatory attendance of someone knowledgeable about food operations at the initial plans intake meeting. FDAP staff were trained to incorporate menu review and operational considerations into the equipment and construction review, and to determine if the applicant demonstrated sufficient managerial control over foodborne illness risk factors. Finally, the Food Safety Assessment Meeting (FSAM) parameters and procedures were developed. The FSAM is a mandatory meeting between the permit applicant, the FDAP inspector and the Food Operations inspector wherein the applicant must demonstrate sufficient food safety knowledge to operate their establishment in a manner that protects public health. Development of the FSAM included establishment of criteria for requiring an FSAM, development of discussion guidelines for the FSAM based on the FDA's Foodborne Illness Risk Factors, description of Food Operations and FDAP roles during the FSAM, and actual training of EHS staff to conduct FSAMs. The RPP was fully implemented by October 2014, with ongoing improvements based on feedback from inspectors and operators. Data collected to this point shows that the RPP met its goal by reducing the initial downgrade/closure rate for new facilities' initial inspections to 3.3%. As this was a pilot program and a novel concept, implementing it across the entire SNHD EH staff took a large amount of effort from staff and supervision. Implementation success was largely due to support from upper management, and the previous introduction of the Foodborne Illness Risk Factor concept to operators during routine inspections.

<http://www.southernnevadahealthdistrict.org/food-establishments/food-safety-assessment-meeting.php>

<http://www.southernnevadahealthdistrict.org/ferl/reducing-fbi-risk-factors.php>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?

- Is it new to the field of public health

OR

- Is it a creative use of existing tool or practice:

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Approximately 6% of newly permitted food facilities were placing the public at risk by operating without adequate food safety knowledge/active managerial control over risk factors. This was evidenced by the number of downgrades and closures occurring at the initial grading inspection following permit approval. Approximately 250 new food establishment permits are released each month. 2.1 million residents and over 40 million visitors to Clark County who consume or purchase food products at newly permitted food establishments were potentially affected by this issue. No prior efforts were made that specifically targeted safe operation of newly permitted facilities, outside of routine inspections which took place 30 to 60 days following issuance of the permit. SNHD initiated a "Think Risk" program in 2010 to reinforce active managerial control over foodborne illness risk factors, but this had no impact on downgrade/closure rates for new facilities, since "Think Risk" concepts were not introduced until the facility was actually inspected. The Revised Permitting Process (RPP) introduces food safety culture when the health permit is first applied for. EHS staff evaluate the applicants' level of food safety knowledge during the initial meeting, thereby reinforcing the importance of developing managerial controls and staff training programs before opening the restaurant. Utilization of the Food Safety Assessment Meeting (FSAM) allows the applicant to further prepare for safe operation by mandating understanding of food safety concepts, analyzing their workflow, and development of employee training programs. The applicant must actively demonstrate control over risk factors in their facility in order to "pass" the FSAM and proceed with the permitting process. Finally, the RPP allows SNHD staff to slow down or stop the permitting process until the applicant is able to demonstrate that they can operate safely. The initial downgrade/closure rate for newly permitted facilities has been cut in half since implementation. The RPP incorporated changes into existing workflows as well as introduction of a novel concept. Plan review meeting content was revised to include evaluation of the applicants' food safety knowledge (including a food safety quiz which is completed prior to the meeting) and detailed discussions about operations, in addition to construction and design evaluation. The FSAM is a novel concept which, as far as we know, is only practiced at SNHD. We developed and implemented the program using the Plan-Do-Study-Act model, and continue to use PDSA to refine the process.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

The project was initiated in May 2014 when EH Management mandated collaborative final permitting inspections including both the FDAP inspector and the assigned Food Operations inspector. At that time, the issue of releasing permits to applicants who did not have requisite food safety knowledge was addressed, and staff from FDAP and Food Operations were instructed to collaborate on a solution. The concept of the Food Safety Assessment Meeting was developed in response to analysis of the problem. Additionally, it was determined that FDAP staff would require training to incorporate evaluation of food safety knowledge into the existing plan review process. The project was anticipated to be completed within 12 months. Throughout the development and implementation process, project staff worked closely with SNHD's EH Analyst and IT department to develop reports and coding to support data analysis and collection. Project staff also regularly consulted the Food Operations supervisory unit to develop implementation schedules and plans. Inspection staff themselves were trained on the new processes, and consulted throughout for feedback on methods. New documents had to be developed for use by inspectors and permit applicants both to support the evaluation of food safety knowledge and to collect pertinent data. The project itself was presented to multiple outside individuals and entities both to make them aware of the project and to get feedback, including an NSF trainer, the Nevada Food Safety Task Force, and the Nevada Restaurant Association. Additionally, permit applicants experiencing the new procedures were advised they were participating in a pilot program and interviewed for feedback. This was especially important during development of the FSAM, as we would frequently have up to five Food Operations inspectors observing the meetings as part of the training process. By March 2015, all training was considered completed and the process was considered "finalized". We are now in the data collection and evaluation phase. This project did not require any special funding or budgeting. We are currently evaluating the cost-effectiveness of the FSAM, as it is arguably the most time-intensive aspect of the program.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

The goal of the RPP was to reduce the number of downgrades and closures at the initial grading inspection for newly permitted facilities to 5%. This goal was based on an original data set that showed that at least 9% of newly permitted facilities were operating with unsafe practices, based on downgrade/closure rates, and we wanted to cut that rate in half. We found out that our original reports had errors, which had artificially inflated the downgrade/closure rates. Once we repaired the data, we found that only 6% of newly permitted facilities were experiencing downgrade/closures at the initial grading inspection. Nevertheless, implementation of the new process reduced that rate by about half, so we were still able to achieve our original objective. All data was collected and analyzed in-house, using our Envision Connect software to collect data and generate reports. A critical component of the program was proper development of coding schemes to enable capturing essential data. This included separate codes for use by FDAP staff and Food Operations inspectors during collaborative final inspections and FSAMs, to prevent duplication of statistics. For instance, because both the FDAP inspector and the Food Operations inspector participate in the FSAM, and both have to enter that activity in the computer system to log their time, we needed a way to extract that only one FSAM was performed. Reports developed for this project included downgrade/closure rates for the first grading inspection following the release of the permit and downgrade/closure rates for facilities that participated in an FSAM. These were compared to overall downgrade/closure rates and rates prior to implementation of the project. While we have not adjusted the process yet due to data collected, we did make adjustments throughout implementation based on feedback received from EH staff and permit applicants. Some of the changes included revisions to questionnaires utilized by the permit applicants, and guidance documents used by staff.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Because this practice is only dependent upon staff availability, we do not anticipate sustainability issues in the immediate future. FDAP staff initially faced the common obstacle of not having the right representatives available during the initial plan review meeting. Contactors, architects and plans expeditors were accustomed to showing up alone and just reviewing the plans with the FDAP inspector. The new process required that someone knowledgeable about the food operation be present during the meeting as well, and this took some time for everyone to get used to. One positive result is that there is now a community-wide expectation that the food safety evaluation will occur, and operators are arriving much better prepared than before the RPP was implemented. Our FSAM rate has actually dropped simply because applicants come to the plan review meeting with operational plans supporting safe food handling practices already in place. Because we have had no pushback from the community, our Board of Health, or other sources, we believe there is adequate stakeholder commitment to sustain the practice. We will be conducting a cost/benefit analysis with regard to the FSAM portion since this is the most time-intensive component of the process for staff.

Additional Information

How did you hear about the Model Practices Program?: *

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |