A ROADMAP TO ACCREDITATION

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Director, Office of Performance Management
Oklahoma State Department of Health

Oklahoma Public Health Association
Pre-Conference
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Introduction to National Accreditation
Goal of Accreditation

The goal of the national public health department accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, tribal and territorial public health departments.
What is Public Health Accreditation?

✓ The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.

✓ The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
The Public Health Accreditation Board (PHAB)

• PHAB is a non-profit, voluntary public health accreditation organization founded in 2007 whose goal is to advance public health performance by providing a national framework of standards for local, state, territorial and tribal health departments.

• PHAB is the national organization charged with administering the public health accreditation program.

• PHAB’s office and staff are located in Alexandria, VA
Accreditation requires an ongoing health departmental commitment to improvement and adherence to national standards.
Criticality of PHAB
3 Prerequisites

Assessment

Health Improvement Plan

Strategic Plan

Improve Targeted Health Outcomes
Achieve Targeted Improvements in the Health Status of Oklahomans
Strengthen Public Health Systems
Lead Public Health Policy & Advisory Development
Reduce Health Inequities
Target Campaigns on Community Health, Return on Investment, & Scientific Evidence
Focus on Core Public Health Priorities
Solve as Educational Resource on the Value of PH Public Health Issues
Focus on Prevention
Facilitate Access to Primary Care
Use Comparative Effectiveness Research & Evaluate Science
Monitor ACA Funds & Outputs
Evaluate Infrastructure to Support Public Health Systems
Leverage Affordable Care Act Reform for Health Outcome Improvement
Engage Communities to Leverage Effectiveness
Utilize Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes

Strategic Map: SFY 2011-2015

Achieve Targeted Improvements in the Health Status of Oklahomans

- Improve Targeted Health Outcomes
- Lead Public Health Policy & Advisory Development
- Strengthen Public Health Systems
- Leverage Affordable Care Act Reform for Health Outcome Improvement

- Reduce Health Inequities
- Target Campaigns on Community Health, Return on Investment, & Scientific Evidence
- Focus on Core Public Health Priorities
- Focus on Prevention

- Solve as Educational Resource on the Value of PH Public Health Issues
- Monitor ACA Funds & Outputs
- Evaluate Infrastructure to Support Public Health Systems

- Engage Communities to Leverage Effectiveness
- Utilize Social Determinants of Health & Whole Person Wellness Approaches
- Responsibly Align Resources to Maximize Health Outcomes
Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity
Structural Framework

- Domain
- Standard
- Measure
- Documentation
- Guidance
Integration Between QI & Accreditation

- QI is interwoven throughout the standards and measures
- QI is specifically and separately addressed in Domain 9
- Interdependent for excellence
Roles in the Accreditation Process

• Accreditation Coordinator
• Accreditation Team
• Health Department Director
• Health Department Staff
• Other Important Stakeholders:
  – Governing Entity
  – Partner Organizations
  – Community Partners
  – Technical Assistance Providers
Accreditation Coordinator Role

• Act as cheerleader and primary communicator
• Assess department readiness
• Complete SOI and Application
• Lead the Accreditation Team
• Manage the selection of documentation
• Maintain a document management process
• Prepare staff, community reps, and governance for site visit (one-pagers)
• Assist PHAB with site visit logistics and agenda
• Lead department through site visit
Core Accreditation Team

• 5 – 12 members with expertise and willingness
• Assist Accreditation Coordinator manage each step
• Domain Teams - identify potential documentation
  – Consider and select documentation for each measure across a variety of public health programs
  – Provide access to people in the department and other agencies and organizations
• Access to resources
Health Department Director

• The health department director should:
  – Set the tone for accreditation and QI
  – Attend the online orientation
  – Approve the Statement of Intent
  – Approve the Application
  – Monitor the progress of the health department through the next steps
  – Be present and engaged in the site visit
  – Monitor all accreditation related reports
  – Celebrate achievements!
Department Staff

• All on board!
• Understand purpose of accreditation
• Familiar with standards and measures
• Contribute ideas for documentation
• Assist arrangements for site visit
• Be prepared for site visit
• Enthusiasm and support for accreditation
## Culture Change

<table>
<thead>
<tr>
<th>Bureaucratic Culture</th>
<th>Accreditation Management Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internally focused</td>
<td>Externally focused</td>
</tr>
<tr>
<td>Community does what we say</td>
<td>We listen to community</td>
</tr>
<tr>
<td>We are enforcers</td>
<td>We are resources</td>
</tr>
<tr>
<td>Stasis oriented</td>
<td>Change oriented</td>
</tr>
<tr>
<td>Experience Based</td>
<td>Evidence Based</td>
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<tr>
<td>Task oriented</td>
<td>Results oriented</td>
</tr>
<tr>
<td>Last month’s result</td>
<td>Pattern of variation/Trend</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Event oriented</td>
<td>Process oriented</td>
</tr>
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7 Steps of Accreditation

1. Pre-Application
2. Application
3. Documentation Selection & Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation
Step 1 - Pre-application

- Determine Eligibility
- Readiness Checklists
- Online Orientation
- Statement of Intent (SOI)
Step 2 - Application

• Completed online through PHAB
• Three prerequisites
• Letter of support
• Electronic signature
• Eligibility to apply
• Completeness review
• Applicant training
Step 3 - Documentation

- Must be complete within 12 months
- Use guidance in the Standards & Measures document
- All staff may play a role
- PHAB conducts a completeness review
Documentation Timeframes

- **Annually** – within the previous 14 months of documentation submission;
- **Current** – within the previous 24 months of documentation submission;
- **Biennially** – within each 24-month period, at least, prior to documentation submission;
- **Regular** – within a pre-established schedule, as determined by the health department; and
- **Continuing** – activities that have existed for some time, are currently in existence, and will remain in the future.
- **Within 5 year timeframe** - if not noted otherwise.
**Standard 5.3: Develop and implement a health department organizational strategic plan.**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3.1 A Conduct a department strategic planning process</td>
<td>The purpose of this measure is to assess the health department's strategic planning process.</td>
<td>A functional and useful strategic plan requires that it be understood by staff and implemented by the health department. The development of such a plan requires a planning process that considers opinions and knowledge from across the health department, assesses the larger environment in which the health department operates, uses its organizational strengths and addresses its weaknesses, links to the health improvement plan that has been adopted by the community, and links to the health department's quality improvement plan.</td>
</tr>
</tbody>
</table>

**Required Documentation**

1. Description of elements of the planning process used to develop the organization's strategic plan:
   a. Membership of the strategic planning group

**Guidance**

1. The health department must document the process that it used to develop its organizational strategic plan. The planning process may have been facilitated by staff of the health department or by an outside consulting organization or individual. If the health department is part of a super health agency or umbrella agency, the department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process.
   a. A list of the individuals who participated in the strategic planning process and their titles must be provided. Participants should include the health department's...
## Measure 5.3.1 A, continued

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<td>a. Membership of the strategic planning group</td>
<td>a. A list of the individuals who participated in the strategic planning process and their titles must be provided. Participants should include the health department’s governing entity members or representatives. Documentation could be meeting minutes, a report that presents the members of a strategic planning committee, or other formal listing of participants.</td>
</tr>
<tr>
<td>b. Strategic planning process steps</td>
<td>b. Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described, such as opportunities and threats analysis or environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, or scenario development.</td>
</tr>
</tbody>
</table>
Review IT Needs

- Assess the Information Technology Capability of the Health Department
- Will need:
  - Internet access
  - Word processing software
  - Ability to create PDF documents
  - Ability to scan documents
  - Ability to create an electronic file system
E-PHAB

• Paperless accreditation process
• SOI, application, documentation, and reports all handled in system
• Communication record
Welcome to e-PHAB

The Public Health Accreditation Board (PHAB) is the official accrediting body for national public health department accreditation. e-PHAB is PHAB's online information system that health departments, site visitors, PHAB staff, and PHAB's Accreditation Committee use throughout the accreditation process. Users are granted access to different information, depending on their role and the step in the accreditation process.

Username:

Password:

Forgotten your password? Click here.

LOGIN

CLICK HERE TO REGISTER WITH E-PHAB
Measures Requiring Additional Information from the Health Department

<table>
<thead>
<tr>
<th>#</th>
<th>MEASURE</th>
<th>PRE SITE VISIT REVIEW STATUS</th>
<th>LAST UPDATED</th>
<th>ASSIGNED STAFF</th>
<th>ALERTS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td><strong>DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>STANDARD 1.1 - PARTICIPATE IN OR CONDUCT A COLLABORATIVE PROCESS RESULTING IN A COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1</td>
<td>Participate in or conduct a state partnership that develops a comprehensive state community health assessment of the population of the state</td>
<td>Accepted by Chair</td>
<td>2012-03-12 15:42</td>
<td>Sitevisit Chair</td>
<td></td>
</tr>
</tbody>
</table>

Measures Accepted by Site Visit Team Chair

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Step 4 – Site Visit
Site Visit Purpose

• Overall purpose:
  – 1 Quality & performance improvement
  – 2 Recommendation/rating on accreditation documentation

• Process purposes:
  – Verify accuracy of documentation
  – Seek answers to questions regarding conformity
  – Opportunity for discussion/further explanation
Site Visitors

• Site Visit Team and Team Chair
  – PHAB appointed/trained
  – 3 to 4 members
  – Peer review model
  – Confidential
  – Will try to match site visitors to applicant:
    • Governance
    • Region
    • Continuity
Site Visit General Process

- Ask questions on documentation and operations
- Further documentation or examples from other program areas
- Direct observation of facilities and program or services’ implementation
- Opportunity to describe operations, relationships, and roles
Pre-Site Visit

• Site visitors will:
  – Review documentation
  – Forward to PHAB any requests for additional documentation/questions

• PHAB will:
  – Schedule visit with HD and PHAB teams
  – Set and provide agenda prior to visit
Preparation for Site Visit

• Have documentation readily available for your domain and be prepared to explain your reasoning for documentation meeting measure during interviews and to clarify any questions, if asked.

• Be helpful and clear when answering documentation questions. Try to only answer what is being asked and do not be defensive.

• Quality improvement.
Required Presence

- Department Director
- Accreditation Coordinator
- Core Accreditation Team Members
- Domain Lead and Co-Leads
- Community Partners Representation
- Board of Health Leadership/ Governance Members
Site Visit Components

- Welcome meeting and entrance conference
- Department walk-through
- CHA/CHIP/SP team interview sessions
- Interviews with key staff
  - Domain leads and co-leads
  - Board of Health/Governing Authority
  - Health Department Director
  - Community partners
- Sampling and collection of additional information, if requested
- Exit Conference
Site Visit Report & Evaluation

Site Visit

• Will contain narrative:
  – Describing demonstration of conformity to measure
  – Areas of excellence or unique promising practices
  – Opportunities for improvement (noted even if measure is met)

• Due to PHAB 2 weeks after visit completion
• Health Department will have 30 day review period for factual accuracy only

Evaluation
Scoring

• A four point scale will be used during the site visit process:
  • Demonstrated
  • Largely Demonstrated
  • Slightly Demonstrated
  • Not Demonstrated

• Changes from Beta Test:
  • No numerical scores will be given, only ratings as above
  • Accreditation decision will be made by Accreditation Committee
Step 5 - Accreditation Decision

- Accreditation Committee
  - Appointed by the PHAB Board
  - Board and non-board members
  - Review SV reports and make accreditation status determination
  - Decision based upon SV team scores and descriptive information
Step 6 - Reports

• Annual Reports
  – Statement of conformity
  – Leadership and other changes that may affect ability to be in conformity
  – How department has addressed areas of improvement identified in site visit report
  – Be signed by Director of the department
Step 7 - Reaccreditation

• Receive advance notice of expiration

• Must repeat entire process every 5 years

• May require additional training
The PHAB Prerequisites: What are CHAs, CHIPs & SPs?
PHAB Prerequisites: CHAs, CHIPs, and SPs

CHA

CHIP

SP
The Three Prerequisites

• Community Health Assessment
  – Standard 1.1

• Health Improvement Plan
  – Standard 5.2

• Department Strategic Plan
  – Standard 5.3
Community Health Assessment

- Collaborative process
- Mobilize the community
- Gather resources
- Use for health improvement planning
- MAPP process
CHA – Required Documentation

• Various sector representative participation
• Regular meetings/communications with partners
• Process description used to identify health issues and assets (MAPP: accepted process)
• Assessment dated within last 5 years that includes: various data sources used; population demographics; population health issues description, distribution, and contributing causes; and community resources to address issues; and
• Documentation that community at large has had opportunity to review and contribute to the assessment
Community Health Improvement Plan

- Long-term effort
- Address issues from the CHA
- Broad participation
- Set community priorities
CHIP—Required Documentation

- Process in last 5 years that includes broad community participation, information from health assessments, issues and themes identified by community stakeholders, identification of assets and resources, and setting of health priorities
- Plan dated within last 5 years that includes health priorities, measurable objectives, time-framed improvement strategies and performance measures, policy changes needed, individuals and organizations that have accepted responsibility for implementing strategies, and **alignment** between the CHIP and state and national priorities
- Reports of actions taken related to implementing strategies in the plan, and examples of how the plan was implemented
- Evaluation reports on progress made in implementing strategies
- Revised plan based on evaluation results, if applicable
Department Strategic Plan

• Internal to the health department
• Sets what the health department plans to achieve and how it will do that. Its specific role, and in alignment with the CHIP, SHIP, and agency strategic plan

• Guide to:
  – Making decisions
  – Allocating resources
  – Taking action
Strategic Plan – Required Documentation

- Description of planning process including team membership and steps in the process
- Plan within last 5 years that includes mission, vision, values, strategic priorities, goals, objectives with measurable and time-framed targets, identification of external trends or factors, strengths and weaknesses assessment, and links to CHIP and QI plan
Important Accreditation Materials

• PHAB Standards and Measures, Version 1.0
• The Guide to National Public Health Department Accreditation, Version 1.0
• SOI One-Pager
• Application One-Pager
• PHAB Accreditation Fee Schedule, 2011-2012
• National Public Health Department Readiness Checklists
• National Public Health Department Accreditation Documentation Guidance
• National Public Health Department Accreditation Coordinators Handbook
Beginning Steps

• Do Readiness Checklist
• Select Accreditation Coordinator
• Appoint Core Accreditation Team
• Review standards and measures
• Define reporting/documentation structure
• Set up electronic filing system
• Prepare known documentation
• Complete pre-requisites (CHA/CHIP/SP) first!
Worth of Accreditation

- Objective assessment to national standards
- Strategic planning assessment tool
- Credibility & visibility
- Accountability to stakeholders
- Meeting standard of excellence
- Pride in organization
- Quality improvement
- Improved services to citizens