

Preparing for National Accreditation



Objectives

- Describe key steps in accreditation preparation
- Share resources available for quality improvement and accreditation preparation
- Share lessons learned by others



Outline

- Prerequisites
 - Community Health Improvement Process
 - CHA
 - CHIP
 - Strategic Plan
- Self Study Process
 - Creating an accreditation team
 - Selecting documentation
- Engaging your governing entity
- Quality Improvement



The Prerequisites for Accreditation



Three Prerequisites

- Community Health Assessment (PHAB Standard 1.1)
 - Measure 1.1.1 – 1.1.2
- Community Health Improvement Plan (PHAB Standard 5.2)
 - Measure 5.2.1 – 5.2.4
- Agency Strategic Plan (PHAB Standard 5.3)
 - Measure 5.3.1 – 5.3.3

Standards and Measures VERSION 1.5 – Overall Changes



Why Prerequisites?

- Good measure of capacity to address identified health needs
- Foundation for other documentation
- Identify community and health department needs
- Springboard to the future



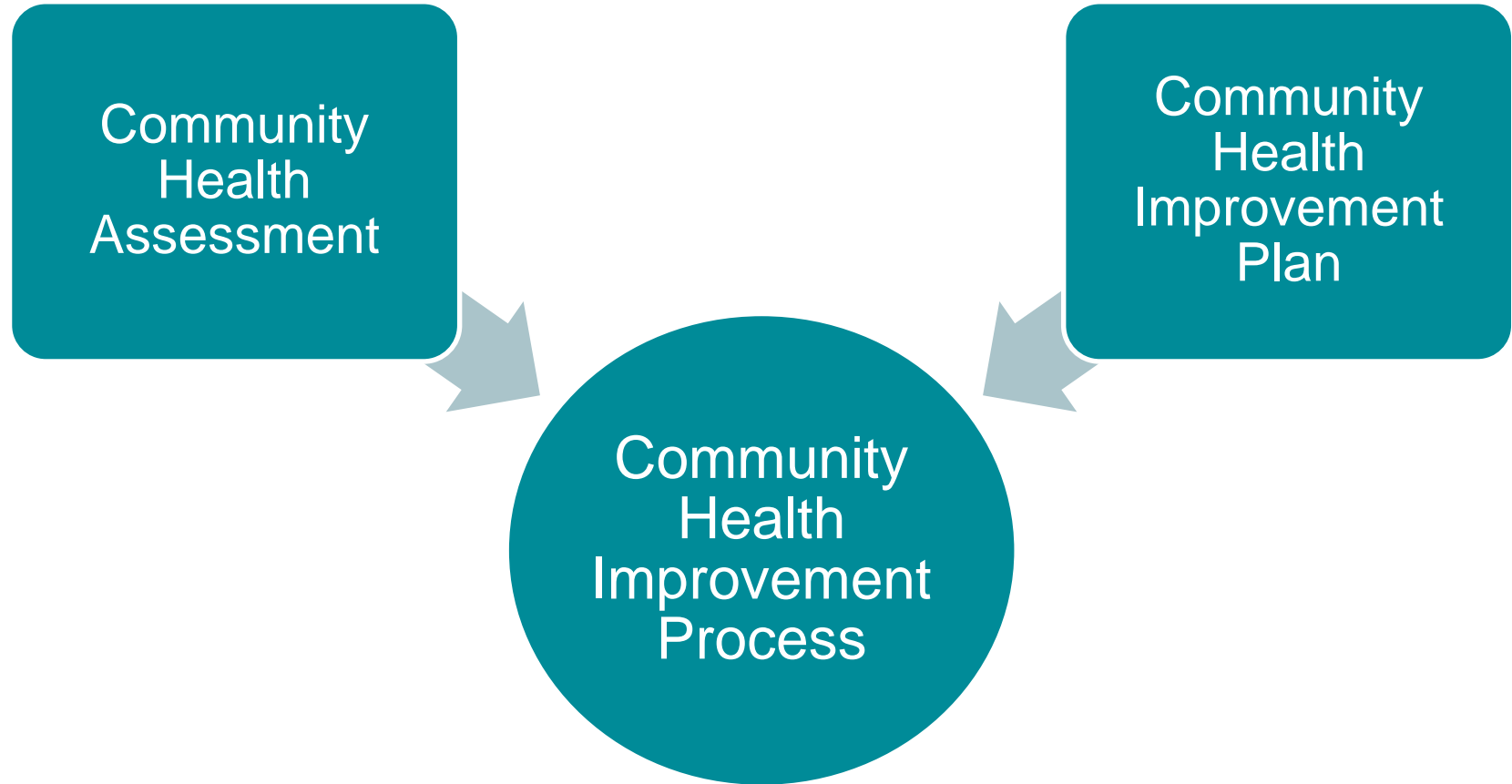
Connecting the Prerequisites



The Community Health Improvement Process



Community Health Improvement Process



Common Elements in Community Health Improvement Process Models

- 1) Prepare and plan
- 2) Engage the community
- 3) Develop a goal or vision
- 4) Conduct community health assessment(s)
- 5) Prioritize health issues**
- 6) Develop community health improvement plan**
- 7) Implement community health improvement plan
- 8) Evaluate and monitor outcomes



Common Community Health Improvement Process Models/Frameworks

- PRECEDE-PROCEED (1970s)
- Planned Approach to Community Health (PATCH) (1983)
- Healthy Communities (1980s)
- Assessment Protocol for Excellence in Public Health (APEX PH) (1991)
- Protocol for Assessing Community Excellence in Environmental Health (PACE EH) (2000)
- Mobilizing for Action through Planning and Partnerships (MAPP) (2001)
- Association for Community Health Improvement (ACHI) Toolkit
- State-specific models/frameworks



The Community Health Assessment



Community Health Assessment

A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.



PHAB Standards and Measures version 1.5: CHA

Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment

Measure: 1.1.1 T/L: Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department

Measure 1.1.2 T/L: A tribal/local community health assessment

Measure 1.1.3 A: Accessibility of community health assessment to agencies, organizations, and the general public



PHAB Requirements & Documentation: CHA Process (Measure 1.1.1 T/L)

1. Participation of representatives from a variety of sectors of the Tribal or local community
 - Membership list
 - Meeting attendance records
2. Regular Meetings or communications with partners
 - Meeting agendas
 - Meeting minutes
 - Copies of e-mail communications
3. The process used to identify health issues and assets
 - Mobilizing for Action through Planning and Partnership (MAPP)
 - Association for Community Health Improvement (ACHI) Assessment Toolkit
 - Assessing and Addressing Community Health Needs (CHA)
 - University of Kansas Community Toolbox



PHAB Requirements & Documentation: CHA Document (Measure 1.1.2 T/L)

1. Dated within the last five years
2. Data/information from various sources and how data were obtained
 - Primary and secondary data
 - Quantitative and qualitative data
 - “Non traditional” data collection encouraged
3. Demographics of the population
4. Description of health issues
 - Population groups with particular issues/inequities
5. Description of factors that contribute to specific populations’ health challenges
 - Health status disparities, health equity and high health-risk populations
6. Description of Tribal or community assets or resources to address health issues



PHAB Requirements & Documentation: CHA Document (Measure 1.1.2 T/L continued)

7. Local community has had an opportunity to review and contribute to the CHA
 - Publication in local press with feedback forms
 - Publication on LHD website with comment forms
 - Community/town forums
 - Listening sessions
 - Newsletters
 - Presentations/discussions at local meetings
7. Ongoing monitoring, refreshing, and adding of data and data analysis
 - Town meetings
 - Community groups



PHAB Requirements & Documentation: CHA Distribution (Measure 1.1.3A)

1. Information provided to partner organizations concerning the availability of the community health assessment
2. Availability of the CHA findings to the public



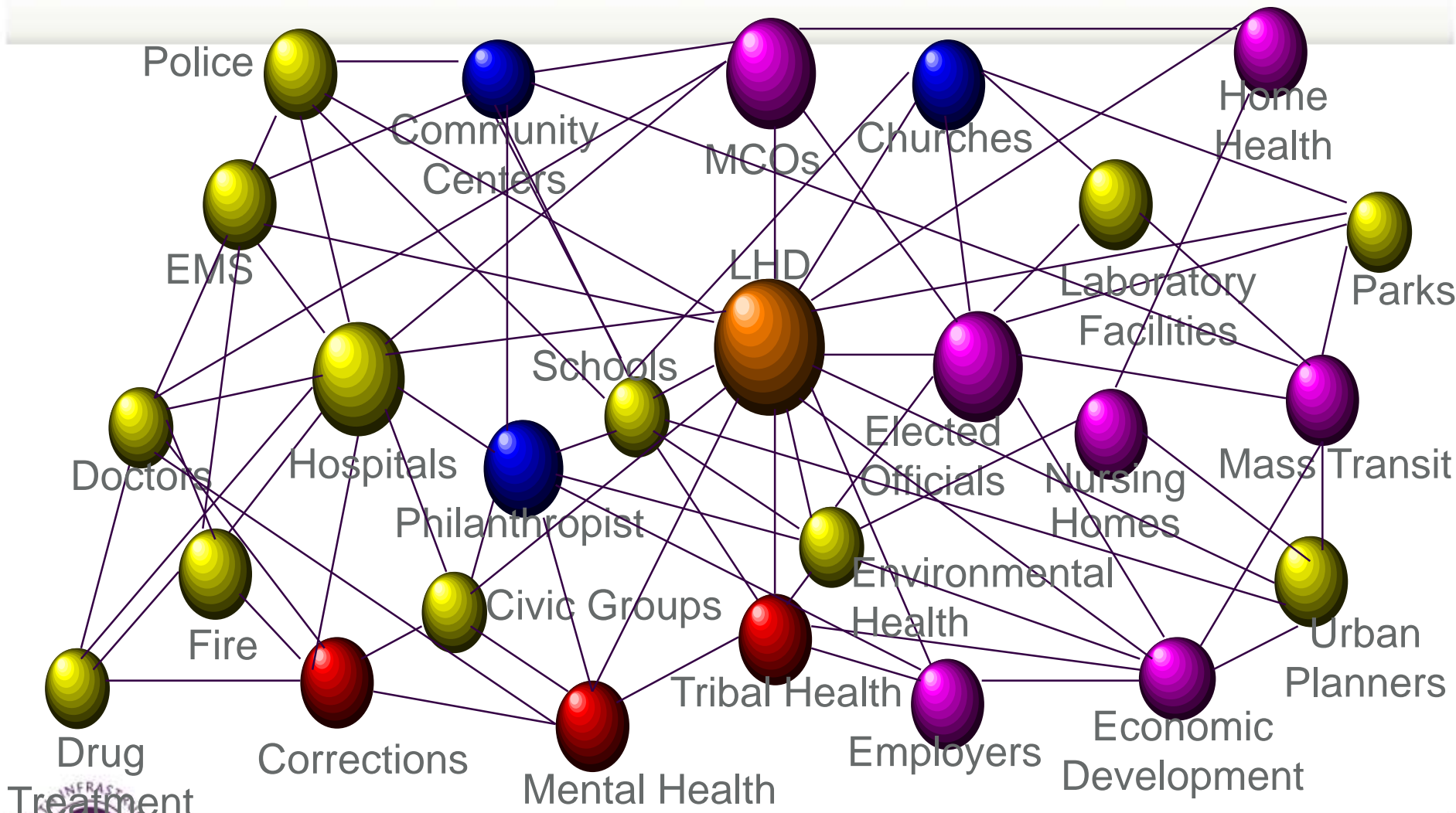
Common Steps in Conducting a Community Health Assessment

1. Develop an assessment plan
2. Engage the community and local public health system partners
3. Define the population
4. Identify community health indicators **that align with your Community's vision* or goals for the assessment**
5. Collect data on identified indicators
6. Analyze data
7. Summarize key findings
8. Report results back to community and partners

***not a PHAB requirement and in some cases visioning may come before the CHA conduct**



Common Partners to Engage



Common Sources of Community Health Assessment Data

1. Local, state, national databases

- County Health Rankings
- State vital records
- Healthy People 2020

2. Previously conducted health assessments or reports

- United Way CHA
- Hospital CHNA
- Federally-qualified community health centers



Common Sources of Community Health Assessment Data

3. Partners who have access to data through their organizations
 - County government agencies such as courts, police, schools, libraries, parks, city planners
 - Non-profit organizations
 - Managed care organizations
 - Universities and colleges
 - Chambers of Commerce



Community Health Improvement Plan



Community Health Improvement Plan

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.



PHAB Standards and Measures: CHIP

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan

Measure 5.2.1L: A process to develop a CHIP

Measure 5.2.2L: CHIP adopted as a result of the community health improvement process

Measure 5.2.3A: Elements and strategies of the health improvement plan implemented in partnership with others

Measure 5.2.4A: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners



PHAB Requirements & Documentation: CHIP Process (Measure 5.2.1L)

1. Broad participation of community partners
 - Participant lists, attendance rosters, minutes, subcommittees
2. Information from community health assessments
 - List of data sets
 - Evidence of participants' use of CHA
3. Issues and themes identified by stakeholders in community
4. Identification of community assets/resources
5. A process to set community health priorities



PHAB Requirements & Documentation: CHIP Document (Measure 5.2.2L)

1. Dated within the last five years
2. Desired measurable outcomes or indicators of health improvement and priorities for action
 - Strategies should be evidence based or promising practices
3. Policy changes needed to accomplish health objectives
4. Individuals/organizations responsible for implementing strategies
5. Consideration of state and national priorities



PHAB Requirements & Documentation: CHIP Implementation (Measure 5.2.3A)

1. A process to track actions taken to implement strategies in the CHIP
2. Implementation of the plan



PHAB Requirements & Documentation: Monitor CHIP Progress (Measure 5.2.4A)

1. Report on progress made in implementing strategies in the CHIP
 - Progress related to health improvement indicators
 - Annual basis
2. Review and revision, as necessary, of the CHIP strategies based on results of the assessment
 - If the plan was adopted less than a year before it was uploaded, the health department may provide (1) revisions of an earlier plan or (2) detailed plans for a revision process.



Agency Strategic Plan



What is a strategic plan?

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

(Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

[PHAB Acronyms and Glossary of Terms, Version 1.0](#)



What is the difference between a Community Health Plan and Strategic Plan?



PHAB Standards and Measures: Strategic Plan

Standard 5.3: Develop and implement a health department organizational strategic plan

Measure 5.3.1A: Department strategic planning process

Measure 5.3.2A: Adopted department strategic plan

Measure 5.3.3A: Implemented department strategic plan



PHAB Requirements & Documentation: Strategic Planning Process (Measure 5.3.1A)

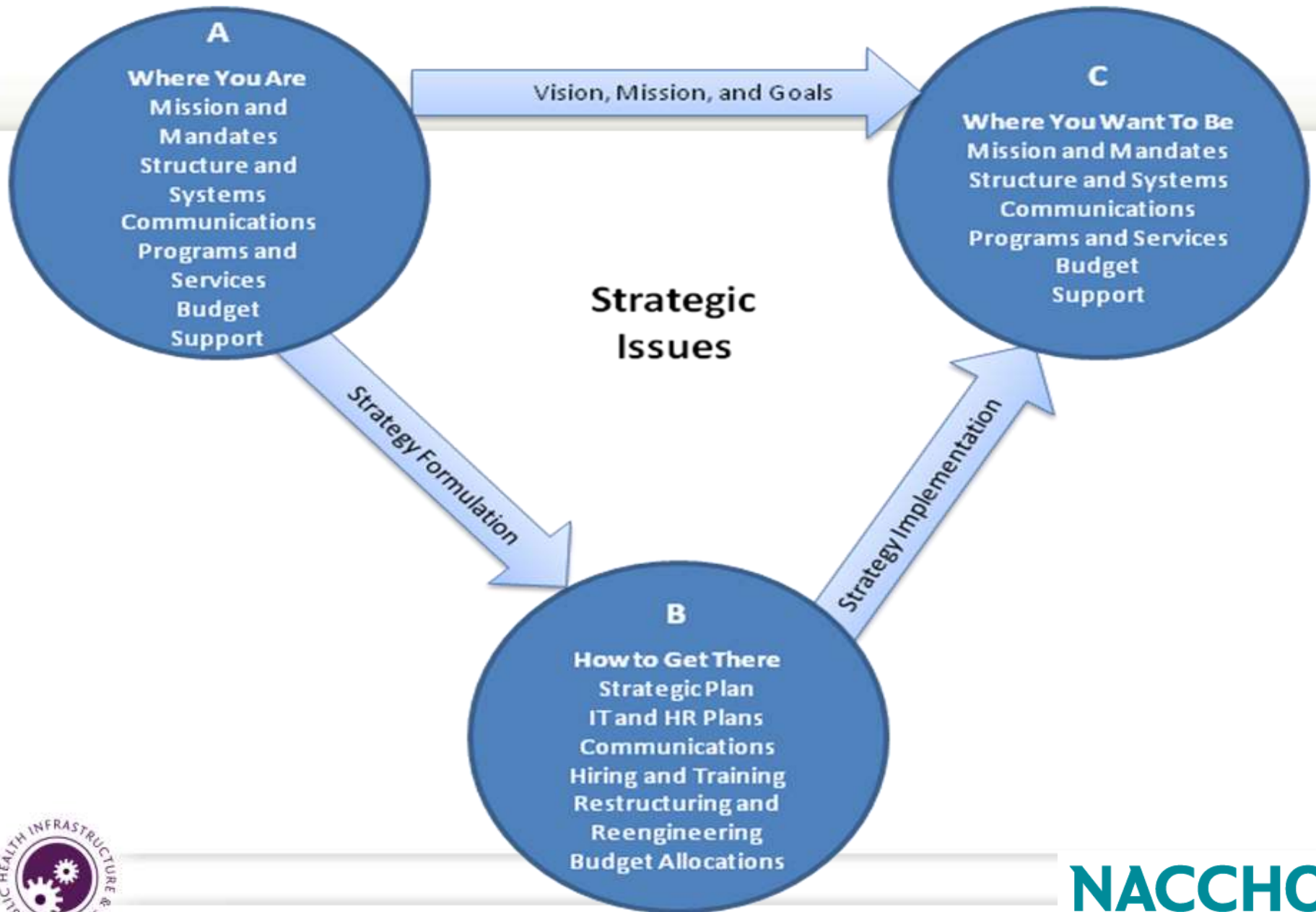
1. Management involved in the process
2. Steps must be defined and described
3. Members of the Governing Body involved in the process



PHAB Requirements & Documentation: Strategic Plan (Measure 5.3.2A)

1. Dated within the last five years
2. Mission, vision and guiding principles/values for the health department
3. Strategic priorities
4. Goals and objectives with measurable and time-framed targets
5. Consideration of key support functions required for efficiency and effectiveness
6. Identification of external trends, events, or other factors that may impact community health or the health department
7. Assessment of the HD's weaknesses and strengths
8. Link to the CHIP and the LHD's QI plan
9. Annual reports on progress towards goals (5.3.3A)





Develop Mission, Vision, and Values

Mission: The organization's purpose; what it does and why

To promote, protect and assure conditions for optimal health for residents of Madison County through leadership, partnership, prevention and response.
(Madison County Health Department, Illinois)

Vision: Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

The Northern Kentucky Health Department will be a nationally recognized leader in advancing the health and safety of the community. (Northern Kentucky Independent Health District)



Develop Mission, Vision, and Values

Values: Principles, beliefs or underlying assumptions that guide the organization.

Collaboration: *We work together for the mutual benefit of the community through the sharing of information, resources and ideas to achieve a common goal.*

Excellence: *We strive to provide the highest quality services through individual efforts and teamwork.*

Innovation: *We creatively apply the most advanced technology, information and research to be a revolutionary leader in public health.*

Integrity: *We act with a consistency of character and are accountable for our actions.*

Respect: *We approach all people with significance, understanding, compassion and dignity.*

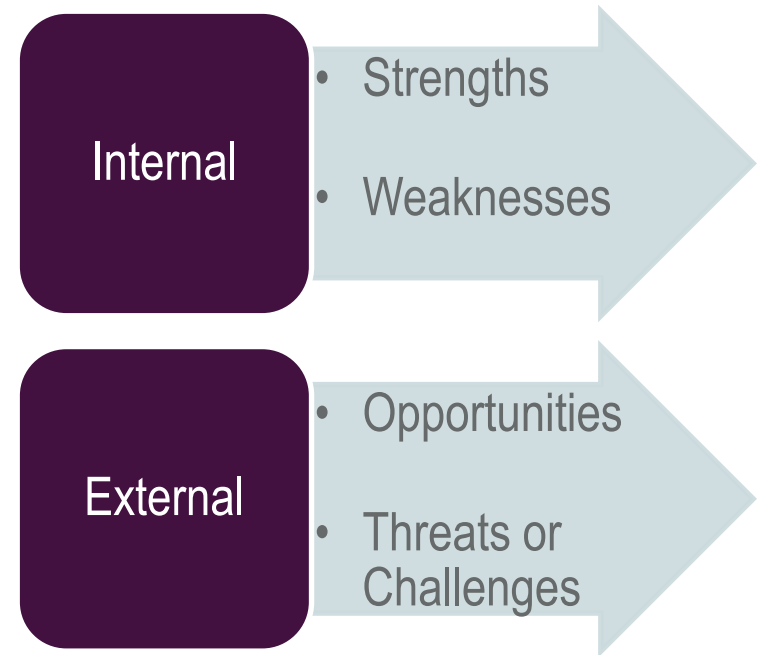
Service: *We responsively deliver our exceptional and comprehensive programs with a highly skilled workforce*

Northern Kentucky Independent Health District Department



Conduct a SWOT/SWOC & Environmental Scan

- Determine the value of existing data
- Collect or compile any additional data needed
- Summarize the data and information
- Complete a SWOT/SWOC Analysis



Potential Data Sources

LHD Annual reports	Partnership or stakeholder analysis results
Community Health Assessment (CHA) results	Policy and legislative scan
An agency review against national standards, such as those of PHAB	LHD program evaluation and QI results
Local Public Health System Assessment (LPHSA) results	Customer service/ satisfaction feedback
LHD Financial Analysis	Results of a traditional SWOT analysis previously completed
Employee/Workforce climate survey results or feedback	Competitive or market analysis



Analyze Results and Select Strategic Priorities

- Analyze SWOT/SWOC and other data
- Identify and frame cross-cutting themes, emerging issues and key strategic issues

Which issues are strategic?

Which issues are in the community health plan that the LHD will address?

What does the LHD need to do to prepare for threats and challenges?

What does the LHD need to do to improve weaknesses

What does the LHD need to do to achieve the vision?

- Prioritize issues for inclusion in strategic plan



Develop Strategies, Goals, and Objectives

Goals

Long-range outcome statements that are broad enough to guide the organization's programs, administrative, financial and governance functions. (Allison & Kaye, 2005)

Objectives

Short to intermediate outcome statements that are specifically tied to the goal.
Objectives are clear and measurable.

SMART objectives

S – Specific

M – Measurable

A – Achievable

R – Relevant

T – Time-oriented

Measure of change, in what, by whom, by when

20% increase in health department nursing staff by January 2014.



Develop Measurement and QI Plans

- Establish a process for monitoring implementation and evaluation
- Use QI to improve process and outcomes
- Maintain flexibility with the plan as the environment changes
- Communicate success and results through annual reports and other methods
- Revise and update the plan as needed



Form and Accreditation Preparation Team: Appoint an Accreditation Coordinator

Roles and Responsibilities:

- Serve as primary contact to PHAB
- Oversee the department Accreditation Preparation team
- Analyze results of self-study process and make recommendations
- Implement communications plan
- Maintain electronic filing system
- Serve as “Accreditation Expert”
- Maintain accreditation status



Form an Accreditation Preparation Team: Appoint an Accreditation Coordinator

Knowledge, Skills, Abilities:

- Understanding of PHAB process and standards
- Knowledge of health department jurisdiction
- Basic computer skills
- Excellent organizational skills
- Strong communication skills
- Strong facilitation skills
- Ability to collaborate with multiple audiences



AC Coordinator Other Considerations

- # of FTEs needed varies
- PHAB online training modules – must be completed prior to statement of intent
- PHAB in-person training
- Must be on site during entire site visit



Select the Accreditation Preparation Team

- Select as early as possible
- Ensure team is multi-disciplinary
- Experience and longevity



Accreditation Preparation Team: Roles & Responsibilities

- Identify, collect, and organize documentation
- Analyze results
- Identify opportunities for quality improvement
- Serve as Accreditation Champions
- Share information with all staff



Accreditation Preparation Team: Composition

The Accreditation Preparation Team consists of any combination of:

- The Health Director
- The Accreditation Coordinator
- Senior Management
- Program and frontline staff



Accreditation Preparation Team: Composition

Organizational characteristics to consider:

- Size of LHD
- Organization structure
- Manner in which tasks are delegated to staff
- Workload
- Current progress with self-study process



TRDHD Accreditation Team



Develop a Plan

1. Delegate responsibilities
2. Train the team
3. Develop a timeline



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Train the Team

- Overview of PHAB accreditation process
- Discussion of the standards and measures
- Purpose of the self-study process
- Detailed description of the self-study process
- Description of PHAB materials
- Roles and responsibilities



Develop a Timeline

- Include collection of documentation and analysis of results
- Stay on schedule
- Set realistic goals
- Allow for staff time



West-Allis Health Department: Case Example

3-year plan:

- **Year 1:** 40% of documentation collected
- **Year 2:** 80% of documentation collected
- **Year 3:** 100% of documentation collected

“The key to our success has been timing and pace.”

*- Terry Brandenburg,
Former Health
Commissioner*

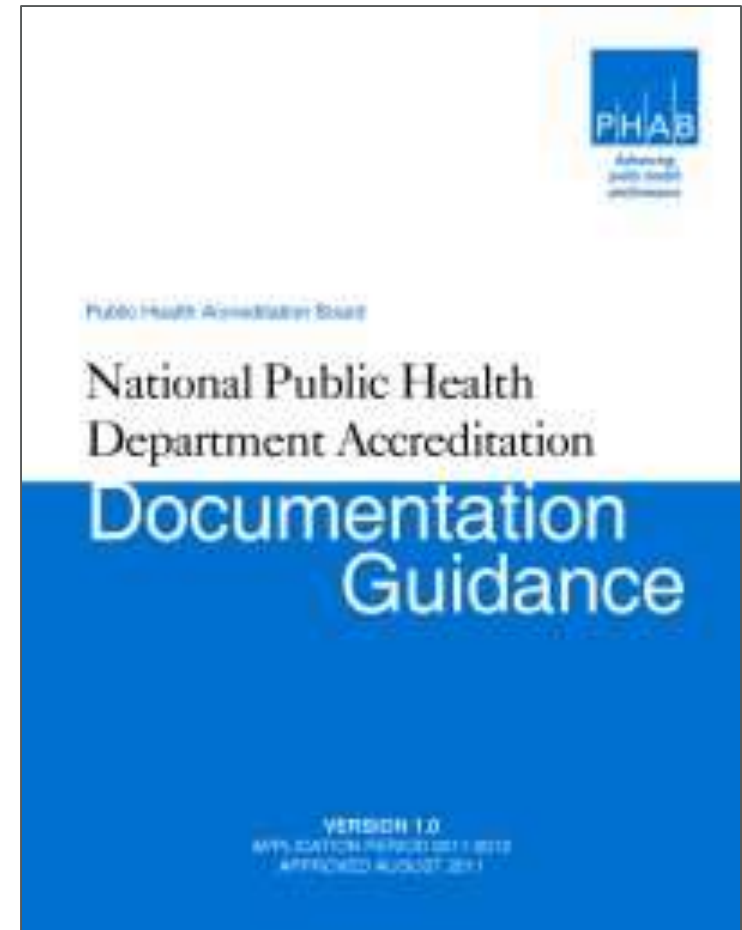
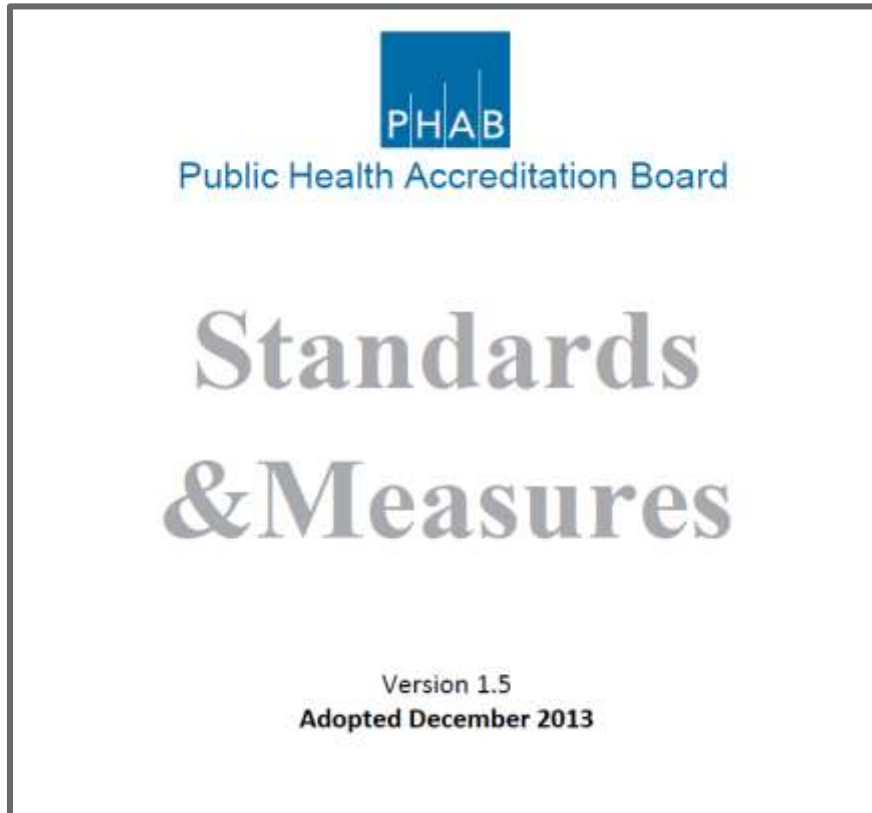


Selecting and Organizing Documentation

- Organize the process
- Gather documentation



PHAB Materials



Organize Documentation: Storage

- SharePoint
- Cloud
- Shared drive

Not recommended:

- e-PHAB
- Hard copies
- On a computer



H3S Public Health Accreditation Site

Site Dashboard Wiki Document Library Calendar Data Lists Members

Documents

- All Documents
- I'm Editing
- Others are Editing
- Recently Modified
- Recently Added
- My Favorites

Library

- Documents
 - Domain 01 ASSESS
 - Domain 02 INVESTIGATE
 - Domain 03 INFORM & EDUCATE
 - Domain 04 COMMUNITY ENGAGEMENT
 - Domain 05 POLICIES & PLANS
 - Domain 06 ENFORCE LAWS
 - Domain 07 ACCESS
 - Domain 08 WORKFORCE
 - Domain 09 QUALITY IMPROVEMENT
 - Meetings
 - Standard 9.1
 - 9.1.1
 - Measure 9.1.1(1)
 - Measure 9.1.1(2)
 - 9.1.2
 - 9.1.3
 - 9.1.4
 - 9.1.5
 - Standard 9.2
 - Domain 10 RESEARCH
 - Domain 11 ADMINISTRATION & MANAGEMENT
 - Domain 12 GOVERNANCE

Create Content... New Folder Upload Selected Items...

Select 1 - 3 of 3 << 1 >>

- [9.1.1\(2\) Clackamas PM-QI Signin_04.25.13.pdf](#)
 Modified on: 04 June, 2013 By: Philip Mason
- [9.1.1\(2\) Clackamas PM-QI Training_04.25.13.pptx](#) (Performance Measures [Insert Team Name])
 Modified on: 04 June, 2013 By: Philip Mason
- [NARRATIVE 9.1.1\(2\).docx](#)
 Modified on: 04 June, 2013 By: Philip Mason

1 - 3 of 3 << 1 >>

Name ▾

- 📁 D1 Assessments for Population Health Data
- 📁 D2 Investigate Health and Environmental PH Hazards
- 📁 D3 Inform and Educate PH Issues and Functions
- 📁 D4 Engage Community to Address Health Problems
- 📁 D5 PH Policies and Plans
- 📁 D6 Enforce PH Laws
- 📁 D7 Improve Access to Healthcare Services
- 📁 D8 Maintain Competent PH Workforce
- 📁 D9 CQI
- 📁 D10 Apply Evidence Base Practice in PH
- 📁 D11 Maintain Administr and Mngmnt Capacity
- 📁 D12 Engage the Public Health Governing Entity

- 📁 2.1 Conduct Timely Investigations
- 📁 2.2 Mitigate Health and EH Hazards
- 📁 2.3 Access to Lab and EPI/EH Expertise
- 📁 2.4 Plan for Non Emergency Communications

📄 LHD_Domain2_Evidence.xlsx

- 📁 2.2.1 Protocols for Containment of Hazards
- 📁 2.2.2 Demonstrate Triggers for ERP
- 📁 2.2.3 Complete AAR Following Outbreaks

- 📄 2.2.1.1_IDER_2013.pdf
- 📄 2.2.1.1_OIDCM_Section5_CC.pdf
- 📄 2.2.1.1_WMD_HazMat_Final_2013.pdf



Organize Share with Burn New folder

- ★ Favorites
 - Desktop
 - Downloads
 - Recent Places
 - SkyDrive

- Libraries
 - Documents
 - Music
 - Pictures
 - Videos

- Computer
 - Local Disk (C:)
 - Removable Disk (I:)
 - HP_TOOLS (E:)
 - HP_RECOVERY (G:)
 - CD Drive (H:): U3
 - Removable Disk (J:)
 - Additional Documents
 - Beta Test Applications
 - Beta Test Self Assessment
 - Documents
 - FCHD 2011-2012 PHAB Documentation
 - PHC Desktop

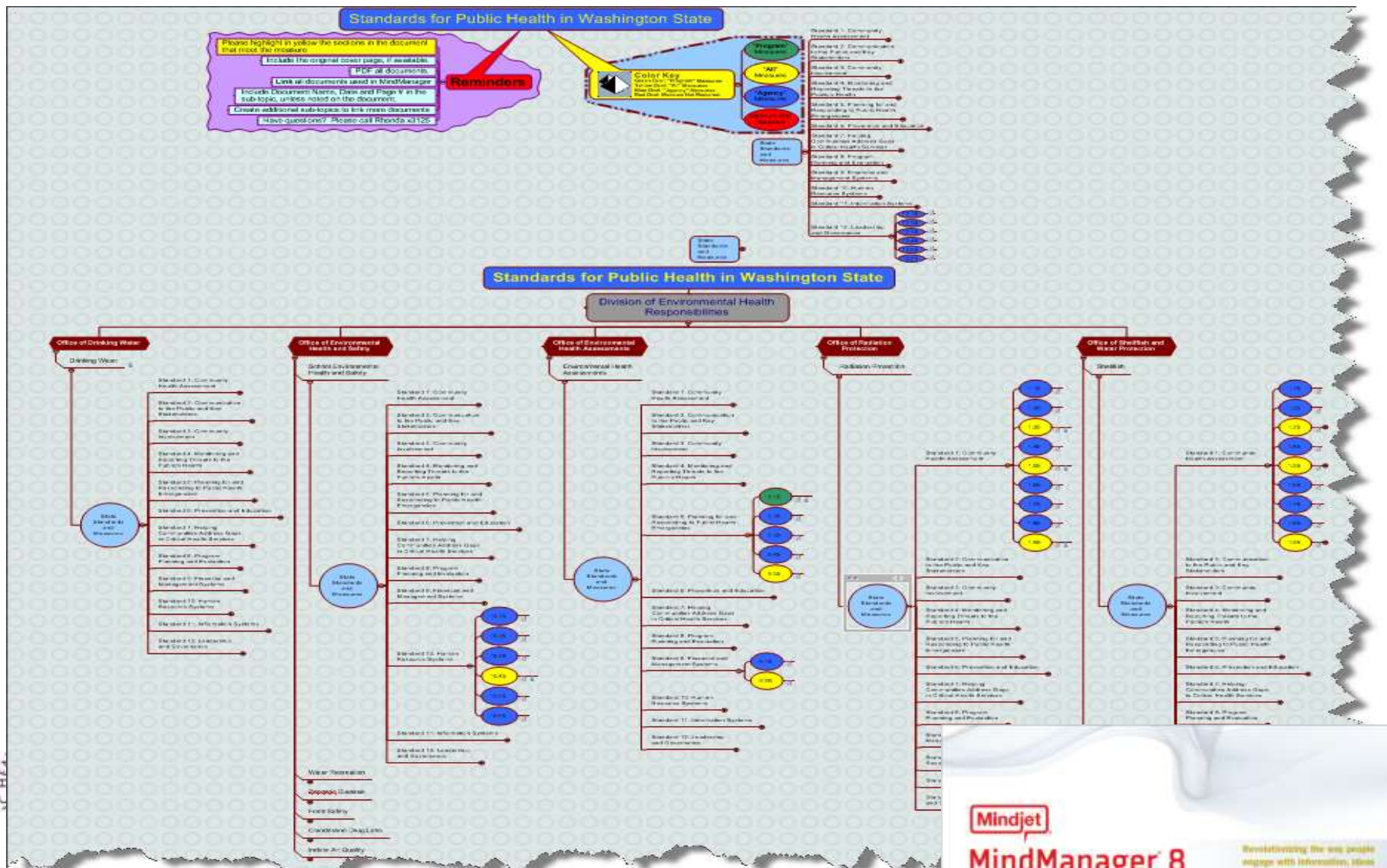
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Measure 1.1.1 T-L	9/29/2011 6:27 PM	File folder	
Measure 1.1.2 T-L	9/29/2011 6:27 PM	File folder	
Measure 1.1.3 A	9/29/2011 6:27 PM	File folder	
Measure 1.2.1 A	9/29/2011 6:27 PM	File folder	
Measure 1.2.2 A	9/29/2011 6:27 PM	File folder	
Measure 1.2.3 A	9/29/2011 6:27 PM	File folder	
Measure 1.2.4 L	9/29/2011 6:27 PM	File folder	
Measure 1.3.1 A	9/29/2011 6:27 PM	File folder	
Measure 1.3.2 L	9/29/2011 6:27 PM	File folder	
Measure 1.4.1 A	9/29/2011 6:27 PM	File folder	
Measure 1.4.2 T-L	9/29/2011 6:27 PM	File folder	
Measure 2.1.1 A	9/29/2011 6:27 PM	File folder	
Measure 2.1.2 T-L	9/29/2011 6:27 PM	File folder	
Measure 2.1.3 A	9/29/2011 6:27 PM	File folder	
Measure 2.1.4 A	9/29/2011 6:27 PM	File folder	
Measure 2.1.5 A	9/29/2011 6:27 PM	File folder	
Measure 2.2.1 A	9/29/2011 6:27 PM	File folder	
Measure 2.2.2 A	9/29/2011 6:26 PM	File folder	
Measure 2.2.3 A	9/29/2011 6:26 PM	File folder	
Measure 2.3.1 A	9/29/2011 6:26 PM	File folder	
Measure 2.3.2 A	9/29/2011 6:26 PM	File folder	
Measure 2.3.3 A	9/29/2011 6:26 PM	File folder	
Measure 2.3.4 A	9/29/2011 6:26 PM	File folder	
Measure 2.4.1 A	9/29/2011 6:26 PM	File folder	
Measure 2.4.2 A	9/29/2011 6:26 PM	File folder	
Measure 2.4.3 A	9/29/2011 6:26 PM	File folder	

98 items



Organize Documentation: Mind Manager Software

www.mindjet.com



Organize Documentation: PHAB Documentation Selection Spreadsheet

PHAB-Standards-and-Measures-Documentation-Selection-Spreadsheet-Version-1.0.xlsx [Read-Only] - Microsoft Excel

Home Insert Page Layout Formulas Data Review View

Calibri 11 Wrap Text Merge & Center General \$ % .00 .00 Conditional Formatting Format as Table Cell Styles Insert Delete Format Sort & Find & Filter Select

E4

		EXAMPLE 1									
DOMAIN 2	Standard 2.1	Measure	Required Documents	Assigned to:	Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Office/Program and Contact Name)	
		2.1.1 A									
			1a.								
			1b.								
		2.1.2 S									
			1								
			2								
			3								
		2.1.2 T/L									
			1								
			2								
		2.1.3 A									
			1								
		2.1.4 A									
			1								

INTRO DOMAIN 1 DOMAIN 2 DOMAIN 3 DOMAIN 4 DOMAIN 5 DOMAIN 6 DOMAIN 7

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Start Microsoft Excel -...

2:35 PM

BRDHD- Accreditation Doc List 2013 (Read-Only) - Microsoft Excel

Document List for Accreditation

	A	B	C	D	E	F	G	H	I	J	K	L	
	Document List for Accreditation												
26	Domain 1	Standard 1.2	1.2.2 A	1	Bogard/Flora	24-7 After Hours Protocol from AHP			Y				
27				3	Bogard/Flora	County Night Message			Y				
28				3	Bogard/Flora	Notification Phase for Epi			Y				
29				3	Bogard/Flora	Screenshot from BRDHD Website			Y				
30				4	Bogard	24-7 Contact Drill from RPCs June 12'			Y				
31				4	Bogard	BRDHD and HEART MAN Drills for Nov. 2012			Y				
32				1	Davidson	Surveillance Sites Fax List			Y				
33				2	Davidson	TST Flyer			N		*The documents listed on e-PHAB are: LCMV Presentation, Meeting Sign in Sheet, & Meeting Minutes		
34				2	Davidson	TST Course Agenda			N				
35				2	Davidson	TST Registration			N				
36			2	Davidson	TST Course Evaluation			N					
37			3	Davidson	Outbreak of Acute Gastroenteritis at Metcalfe Health Care Center			Y					
38			3	Davidson	Outbreak of Influenza at Hart County Health Care Center			Y					
39			4	Davidson	Local health Department Weekly influenza Surveillance 2012-2013 Report Form			Y		*Documents listed on e-PHAB are: Influenza Update at HEART meeting Feb 2013 & Meeting Sign in Sheet			
40			1	Rowland	Barren River Community Health Planning Council Community Health Assessment and Planning Process 2011-2012			Y					
41			1	Rowland	LIFE (Life Improving Functional Exercise) Program			Y					
42			2	Rowland	BRCHPC Community-Wide Survey			Y					
43			2	Rowland	LIFE Program Pre-Assessment Questionnaire			Y					
44			1	Rowland	Year to Date Reportable Disease Report			Y					
45			1	Rowland	2011 Final Aggregate Report for Tuberculosis Program Evaluation			Y					
46	1	Rowland	NEDSS Report			Y							
47	1	Rowland	Indian Lands Map			Y							
48	1	Rowland	Federal Lands and Indian Reservations Map			Y							
49	1	Rowland	KY Federal Lands and Indian Reservations Map			Y							
50	1	Rowland	Email to DPH re ARPE final report			Y							



F6 Memo to WQAC from staff re: comments

1	A	B	C	D	E	EXAMPLE 1			EXAMPLE 2					
						Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
2	DOMAIN 6		Measure	Required Documents	Assigned to:									
3			6.1.1 A Review laws to determine need for revisions											Review Existing Laws a
4			Evidence based and promising practices	1a. Powerpoint for WQAC graywater science	Shannon	Powerpoint to WQAC	Env Health/Shannon	5/19/2011	Graywater Rules	Pool Rule Comments to DPHHS	Env Health/Shannon	9/18/2011	Can use daycare rules;	G:\Henv\F G:\Henv\File
5			Model Health laws	1b. Stringency Review for Reg 1 changes	Shannon	Proposed Strigency Findings	Env Health/Shannon	5/12/2011	Shows how we compared it to DEQ 4 - No final version tho this is what was adopted					G:\HenvFiles\Division
6			Input from stakeholders	1c. Memo to WQAC re response to comments	Shannon	Memo to WQAC from staff re: comments	Env Health/Shannon	6-May-11	Could also use public notice	Email to Parks and Rec	Env Health/Shannon	9/7/2011		G:\Henv\F G:\Henv\File
7			6.1.2 A Inform Board or officials of needed amendments											
8			written recommendation to Board	1 Memo to Board re proposed changes to Reg 1	Shannon	Memo to the Board for 2011 changes to Reg 1	Env Health/Shannon	2/8/2011		Legislative update	Board Minutes/Julie M	2-17-11 (but still in draft form)	Problem that this is not in written form to the Board.	G:\HenvFiles\Division
9			Second Possibility agency knowledge			Missoula Active Transportation Plan, Board Letter	Admin/Julie M	5/19/2011		Pool Cooperative Agreement withdrawl - memo to Board	Board Minutes/Julie M	5/12/2011	This deals with regulations, and the Board memo to DPHHS specifically references changing rules	G:\Health G:\Health Ac
10			Staff training	1	Shannon	Requests to attend training + agendas	Env Health/Shannon	5/20/11, 10/24/11, 11/29/11/1/12, 3/12/12	Needs to be scanned. In hard copy	8 hour hazmat refreshers				Educated public on the
11			Efforts to be consistent	2	Shannon	LicEst Group Meeting Notes	Env Health/Shannon	7/12/2011	Many other similar examples - does this meet guidance? Need to find! This would include	ID Notes regarding HIPPA and confidentiality	ID	10/25/2011	Note sure this is about consistency. More about: proper interpretation?	could aud G:\Henv\F G:

Owner's reasoning for why these documents fit the guidance		Documentation Guidance	Evidence Title of document/resource and page number (if available)	Owner Division/Bureau/Office & contact name	Full Hyperlink or Location Description See Key to Data Fields tab for instructions	Documentation Type See pg 3 of the Interpretation Guide for guidance	Date of Document or enter "unknown"	Does document meet date requirement of the measure? Within 5 years (2005-present) or other required timeframe
	2.1.2	Examples of documentation				use drop-down menu	{xxxxxxx}	use drop-down menu
		1 Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols						
This is a program evaluation for CPH's Tuberculosis clinic.			2010 Program Evaluation for Tuberculosis Program	Pete Denkowski - TB	S:\PH\Event Shared\Laurie\Accreditation\PHAB Evidence\Folders\02	Reporting Activities, Data, Decisions	08/04/11	yes
This is a clinic chart audit conducted by the Sexual Health Clinic. Patient information has been redacted.			Sexual Health Clinic Audit	Mysheika	WQW\ARC220\Megahealth_share\PH Event Shared\Laurie\Accreditation\PHAB			
	2	Completed AAR						
This is an After Action Report for a response to an outbreak of meningitis			Meningitis AAR	Beth Ransopher	S:\PH\Event Shared\Laurie\Accreditation\PHAB Evidence\Folders\02	Reporting Activities, Data, Decisions	05/27/11	yes
This is an After Action Report for a response to an outbreak of Varicella			Chickenpox AAR	Ryan Younge	S:\PH\Event Shared\Laurie\Accreditation\PHAB	Reporting Activities, Data, Decisions	10/14/11	yes
		Documents						
		Goal	4					
		Completed	4					
		%	100%					



Selecting Documentation

- Relevant to the Domain, Standard, and Measure
- Do not submit more than the PHAB requirement
- Broad program representation
- Reuse of documents
- Multiple documents



Submitting Documentation: General Guidance

- No draft documents
- All documentation must be in use at the time of application
- Everything must be submitted electronically to e-PHAB
- PDF versions are preferred; Word, Excel, and PPT accepted
- Recommended to provide explanation: document descriptions and whole measure narratives
- Where examples are required the agency must submit two, unless otherwise noted
- Signed and dated
- Highlight relevant sections of documentation



Engage the Local Board of Health



Defining the Local Governing Entity (LGE)

The LGE should meet the following criteria:

- Official part of the local government
- Responsible for policy-making and/or governing the LHD
- Serves advisory function to LHD
- Point of accountability for the LHD



PHAB Standards and the LGE

Domain 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities



Common Barriers to Attaining LGE Buy-In

- Don't understand accreditation
- Don't understand public health
- The costs of accreditation
- Don't see the benefits



Attaining BOH Buy-in for Accreditation

Communicate the following to attain BOH buy-in:

- Public health and the LHD's role, if necessary
- Overview of accreditation
- BOH's role in accreditation
- Accreditation costs
- Accreditation benefits and incentives



Accreditation in Your LHD

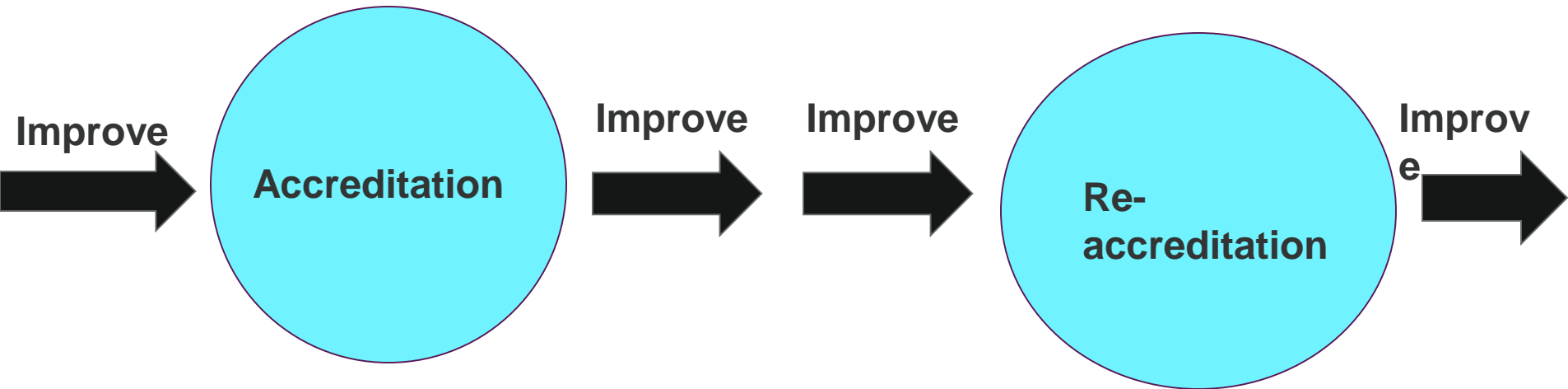
- Communicate examples of how you are already preparing
- Examples could include the following:
 - Networked with accredited LHDs
 - Took advantage of training opportunities like this one!
 - Provided feedback on PHAB documents
 - Reviewed the standards
 - Developing prerequisites
 - Other



Quality Improvement



Quality Improvement



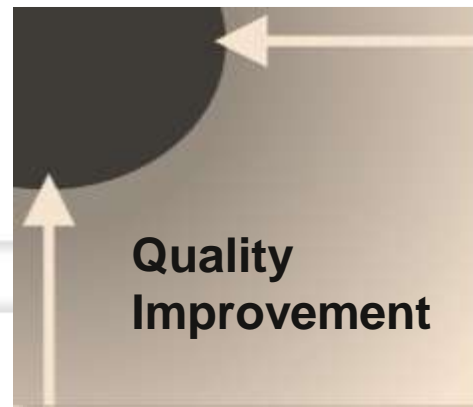
Improving the public's health through continuous quality improvement



Quality Improvement

*The use of a deliberate and defined improvement process focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. **

* Definition developed by the Accreditation Coalition Workgroup and approved by the Accreditation Coalition on June 2009



PHAB Requirements for QI

- Domain 9
- Performance Management System
- QI Plan
- QI Projects



Infrastructure for an Agency-Wide QI Program

- Leadership commitment
- Data driven
- QI plan
- QI team
- Link QI to agency strategic plan and direction
- Continued QI training



Questions?

