

The Nuts & Bolts of Preparing for PHAB Accreditation: How to Do it and How NACCHO Can Help

NACCHO's Accreditation Preparation & Quality Improvement (QI) Webinar Series
Monday, November, 2011 3:30PM ET

In November 2011, NACCHO hosted a webinar entitled "The Nuts and Bolts of Preparing for PHAB Accreditation" This webinar featured April Harris, Accreditation Coordinator from the Three Rivers District Health Department in Kentucky, Torney Smith, Administrator of the Spokane Regional Health District in Washington, and Barbara Worgess, Chief Public Health Officer at the Coconino County Public Health Services District in Arizona. These presenters discussed their experiences preparing for accreditation and answered a series of questions related to their efforts.

The questions below were posed during the webinar.

Staff engagement

How do you handle staff who might have a negative attitude about accreditation?

In any health department, not all staff will be on board with accreditation right away. It is important to communicate about the importance of this work in improving public health and to stay goal focused. It is also important to understand how particular staff need to be engaged, some will be engaged more or less than others. Often, agencies have cheerleaders that will look forward to being involved and will help move the group forward. Finally, it is worth considering why the individual has negative feelings and discuss them within the context of accreditation and why it is important.

What are some examples of fun activities to keep staff engaged and interested in the accreditation process?

In Three Rivers, the Accreditation Coordinator is hosting a PHAB narrative-writing party to involve staff in the process of applying to PHAB. They also have meetings at nearby restaurants instead of in the office to keep activities exciting. The team work wasn't always fun; the first few meetings were serious. As the team has grown together, however, they have learned more about each other and how to have fun together.

Agencies can also hear other examples of fun accreditation activities by listening to the NACCHO webinar, [The Road to Accreditation: Using QI to Achieve Standards](#), which includes a description of the Franklin County Health Department (KY) incorporated fun into their process.

How do you educate staff about the standards and measures?

There are several ways to educate staff about accreditation. LHDs can use newsletters, quality council meetings, logic models, and more to spread the message. Also, management can engage division directors to incorporate standards and measures into daily work activities. It is important to take that opportunity to educate staff around accreditation each time there is a meeting of the overall agency or individual departments. If each department has a representative on the accreditation or QI team, these meetings can be a good time for different employees to share updates and explain the standards and measures and how their work is applicable to progress towards accreditation.

What do you suggest for a health department whose Director of Health doesn't feel the need for Accreditation?

There is material that can be shared with the health director, including the CDC position statement, the IOM law and policy document, NACCHO's policy statement, and information from the Robert Wood

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Johnson Foundation. Also, agencies can find another local health department director in the area who is pro-accreditation and have them speak to the reluctant director about the benefits. Those positive health directors can share information about morale improvements due to employee involvement and pride in accomplishments.

Accreditation Teams and Coordinators

Do you recommend having a member of the Board on the Accreditation Team?

Having a board of health (BOH) member on the accreditation team can benefit the team significantly if he or she is an active participant. BOH members can be very useful in the strategic planning process as well as the community assessments. If BOH members don't have the time to be active participants, it can work well to keep them informed of activities while keeping the accreditation team roles reserved for employees.

For the accreditation team, do you pick only those staff in health department that shows interest in the process to keep the ball rolling?

There is no one right composition for an accreditation team. The speakers shared that they solicited volunteers for the accreditation team, which worked well. However, if an agency selects only those staff who are interested in accreditation without considering other factors, they could be missing a crucial voice from the agency – i.e. particular levels of staff or program areas. It is up to the Accreditation Coordinator to balance the need for representation and the engagement of the staff.

Do you need 1 FTE accreditation coordinator, or could it be less?

There is no one correct answer to this question, as need varies from agency to agency based on a number of factors. All three of the agencies featured on this webinar have a full time Accreditation Coordinator (AC). These ACs have other duties outside of accreditation preparation, however, including QI leadership and other special projects.

Documentation

Is it best to hyperlink to documents with a shared drive/folder or to have duplicates (one for accreditation, the other where it otherwise belongs)?

It is important for health departments to think about what works best for them when it comes to organizing their documentation. Some ACs prefer to have hard copies and additional electronic copies on the agency's shared drive for the accreditation team to examine. When it comes to electronic document storage, using electronic versions or attached files has been preferable to hyperlinks. If a document folder is moved or renamed or if there are updates on the server, hyperlinked documents could be compromised and lost. Because of this, agencies can copy the physical files to a "dump folder" after they have decided to use it for accreditation. The drawback is that files in the "dump folder" do not automatically update as they would with a hyperlink.

This webinar also referenced the spreadsheet that Northern Kentucky Health Department's accreditation team uses to organize their documentation. This Excel file is very detailed and provides a great way for agencies to store documentation. It will be available once it is updated in NACCHO's accreditation preparation toolkit.

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Choosing documentation seems like a late step in application submittal process, yet it seems that the speakers are identifying documents early on – when should this be done?

Health departments should consider the needs of their agency. Some health departments began collecting documentation before the PHAB application process opened, but others waited until it was available. Working to collect documentation before the application process begins can give your health department a clear picture of its readiness. Keep in mind, that no matter when you decide to begin collecting documentation, it is not a process that can be rushed. Because this effort is truly about quality improvement, the most important step is to understand the standards and measures to assess your organization and its ability to improve.

Resources and Tools

You mentioned a gap analysis of the domains done by the Stanislaus County Health Department in California. Where can I find that?

That document is available in [NACCHO's accreditation preparation toolkit](#).

Are there examples of QI plans on the QI webpage?

Yes. On NACCHO's QI website, under QI Resources, we have several QI plan examples. Keep in mind that no agency has been accredited yet, so none of these QI plans reflect approval by PHAB, they are meant to be examples for agencies to review.

If you are using logic models, does every program make one?

For the Spokane Regional Health District this is the case. Different programs are at different phases in the data gathering and usage process. Even the building maintenance group has logic models and uses them to improve the services they provide.

Software

Please provide more information about Mind Manager – how much it costs, where it is available, how many copies are recommended and how easy it is to learn.

When speakers purchased the software, it cost about \$350 per license. Each agency bought one copy of the software for each member of the accreditation preparation team. The software is available online at www.mindjet.com and both agencies reported that it was easy to use and that the tech support provided by the company is very helpful.

What are the names of the policy software and the decision-making software mentioned by Torney Smith?

The policy tracking software Spokane uses is PolicyTech; the decision software is Logical Decisions for Windows.

How does the Logical Decisions software compare to APEX-PH module 1 as an internal assessment?

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Logical Decisions software is used for different purposes than APEX-PH. However, if an agency defines criteria to assess the community and agency then rates each alternative to address gaps could be prioritized using Logical Decisions.

What do you think about Google documents or DropBox as a way to store and share documents at no cost?

Health departments without funding for software can explore free options including the several mentioned. Overall it is important that a health department finds a system that works for them and enables them to have documentation collected and organized in a way that will facilitate the upload process.

Quality Improvement (QI)

What challenges have you faced with regard to building a culture of QI and support for accreditation to staff that feel these efforts are additional burdens?

The key here is making sure that staff understand that quality improvement isn't just a monthly task or meeting – it is a way of doing business. Health departments have found that it was important to think about how the agency structure supports QI and to develop a robust training and mentoring program for those staff who have perhaps risen through the ranks without academic training on quality improvement. Having this in place can help an agency avoid some of the issues associated with having a few short term QI “projects” or one or two “QI people” at the agency – it makes it so that everyone thinks about it throughout their daily work.

Do you have example of how small (less than 10 staff) LPHD have done QI?

Yes, the “[Stories of Measurable Improvement in Public Health](#)” database has QI stories (narrative and storyboards) from all of the local beta test sites, of which there were several that were very small.

Presenter Info

Have any of the presenters submitted their applications for accreditation?

Both the Three Rivers District Health Department in Kentucky and the Spokane Regional Health District in Washington have submitted their applications to PHAB. Coconino County Public Health Services District in Arizona plans to apply in early 2012.

Would you please share the presenters' contact information?

April Harris, Accreditation Coordinator, Three Rivers District Health Department (KY):

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Torney Smith, Administrator, Spokane Regional Health District (WA): tsmith@spokanecounty.org

Barbara Worgess, Chief Public Health Officer, Coconino County Health Services District (AZ):

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Other

How can you find funding for software or other accreditation preparation activities?

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Presenters recommended reaching out to state and local funders who might want to support these activities. LHDs interested in accreditation can [subscribe to NACCHO's *accreditNATION* newsletter](#) so they can be kept informed of the latest funding opportunities in this area.

What is a reasonable timeframe from the decision to apply for accreditation to the onsite review?

There is no one answer to this question. The timeframe from deciding to pursue accreditation to applying to PHAB will depend on the readiness of the agency. Some factors include: which prerequisites are already in place, which staff are already engaged, if the governing entity is engaged and committed to paying the fees, and much more. PHAB has produced a fictional case study of a health department who goes through the entire process – it is available in the first module of their [online training](#). Once an LHD has applied to PHAB, the timeline follows PHAB's process. For more information, see PHAB's Guide to National Public Health Accreditation.

What advice do you have for the very small LHD's that have limited resources - both staffing and other?

Agencies should note that the standards and measures don't require that a health department directly provide every service mentioned in its standards and measures. Agencies simply have to ensure that those services are being provided. Therefore, small agencies can partner to address many of the standards and measures. A very small PHAB beta test site, Norton County Health Department in Kansas, decided after the beta test that accreditation is achievable by small agencies.

Three Rivers District Health Department has said that many agencies feel they can't afford the costs associated with accreditation – including staff time, fees, etc – but in reality, they can't afford not to meet the standards and measures if they are working to improve the health of their community. Smaller agencies should work to identify the greatest needs in their agencies and their communities and then work to address those. Once these needs are met, many standards and measures will fall into place.

Additionally, it was pointed out that PHAB's standards and measures were not developed so everyone could meet them. If the field had set up measures that everyone could meet, accreditation would not be about improving agencies or the health of the community. Therefore, if LHDs look at the standards and measures and realize they can't achieve them, they should think about how they can partner with other agencies – like neighboring health departments or universities – to address unmet measures.