

NACCHO's Accreditation Preparation & Quality Improvement (QI) Webinar Series  
Thursday, May 5, 2011 3:00PM EST

*In May 2011, NACCHO hosted a webinar entitled "The Road to Accreditation: Using QI to Achieve Standards." This webinar featured representatives from two local health departments (LHDs) preparing for accreditation: Judy Mattingly, the Accreditation Coordinator from the Franklin County Health Department (KY) and Keith Reed, the Administrative Director from the Comanche County Health Department (OK). The presenters talked about accreditation preparation, selecting a priority area for QI, conducting QI initiatives, and how QI uptake has occurred in their agencies due to their experiences.*

*The questions below were posed during the webinar.*

### **Accreditation**

***Would presenters be willing to share the tools they used to track accreditation documentation or other useful documentation?***

Final reports from the QI efforts of the PHAB beta test sites have been compiled online at <http://www.naccho.org/topics/infrastructure/accreditation/beta-test-qi-projects.cfm>. These reports include information about the tools used by each beta test site, including Franklin County and Comanche County. Both presenters used PHAB's self-assessment document to track their documentation. The Northern Kentucky Independent Health District Health Department has developed a spreadsheet for documentation collection that NACCHO makes available [online](#).

***Do you have any recommendations on how to start a self assessment or a community health assessment?***

NACCHO has developed an [organizational self-assessment guide](#) that can be useful to sites beginning an accreditation self-assessment. PHAB's standards and measures for the accreditation program's launch, version 1.0, will be available in June. Visit [www.phaboard.org](http://www.phaboard.org) to find additional information about the accreditation process.

Information about beginning a community health assessment (CHA), one of PHAB's three prerequisites, can be found online at <http://www.naccho.org/topics/infrastructure/accreditation/cha.cfm>. NACCHO currently has a funding opportunity available for LHDs interested in developing a high-quality CHA and community health improvement plan (CHIP). For information, visit <http://www.naccho.org/chachip>.

### **Training and Tools**

***Can you describe how staff was trained?***

In Comanche County, Keith Reed was able to provide his staff with training from a consultant, courtesy of the state health department (which was also a PHAB beta test site). In Kentucky, Judy Mattingly and other staff provided QI training to staff embarking on QI efforts. If you are interested in providing training to your staff and would like to hire a consultant, NACCHO has compiled a [list](#) of QI consultants and developed a [document](#) about engaging a consultant. Additionally, NACCHO has developed a [ready-made training](#) that is a PowerPoint presentation containing introductory information about QI. LHDs can customize this presentation with their own branding.

NACCHO's Accreditation Preparation & Quality Improvement (QI) Webinar Series  
Thursday, May 5, 2011 3:00PM EST

Franklin County Health Department and Comanche County Health Department were PHAB beta test sites, and NACCHO provided training and technical assistance for their QI initiatives, that were implemented after their PHAB efforts. Training consisted of monthly webinars ([www.naccho.org/accreditation/webinars](http://www.naccho.org/accreditation/webinars) under "QI Presentations"), one-on-one technical assistance via phone and e-mail, in-person training, and availability of two online trainings offered through the American Society of Quality. Information about these trainings, including costs, can be found at [http://www.asq.org/training/quality-101\\_Q101ASQ.html](http://www.asq.org/training/quality-101_Q101ASQ.html) and [http://www.asq.org/training/quality-tools\\_QT01LF.html](http://www.asq.org/training/quality-tools_QT01LF.html).

***Can you describe how to use a prioritization matrix?***

Both sites used prioritization matrices to choose the focus of their QI effort. Their [final reports](#) include information on the use of these tools. NACCHO describes five ways to prioritize the results of a self-assessment in "[First Things First: Prioritizing Health Problems.](#)"

**Staffing and Teams**

***If an LHD is actively seeking accreditation, do you feel it can do so with a 1/2 time (or less) accreditation coordinator?***

Both presenters advised that the time needed to prepare for accreditation is substantial and believe a full time equivalent, serving as the Accreditation Coordinator and possibly also responsible for facilitating QI initiatives throughout the agency, is preferred. However, the timeline for the PHAB beta test was extremely condensed and the software used for the process was not finalized, likely adding time to the process. Agencies interested in accreditation can begin gathering documentation now, through their daily work, to save time later. A description of useful knowledge, skills and abilities for an Accreditation Coordinator may be useful in identifying, appointing, or hiring someone for this role, and NACCHO has developed "[Accreditation Coordinator Duties](#)". NACCHO hopes to be able to provide information on time and cost to prepare for PHAB accreditation to LHDs in the future.

***Should an accreditation team and QI team consist of the same staff?***

Both agencies featured on this webinar had separate accreditation teams and QI teams. The teams needed for QI initiatives vary based on staff content knowledge for the program area of focus. In general, LHDs should try to ensure that any QI teams and the accreditation team have the leadership support and the authority they need to engage staff and get the work done.

***How did you recruit staff to your team? How do you provide short term incentives for their engagement?***

Judy Mattingly mentioned many great techniques for attaining staff buy-in and support for QI or accreditation activities. She organized celebrations and made the team meetings themed and fun. Because their overall project had a "git-r-done" theme, they chose to set up meetings with fun southern flair like cowboy boots and hats.

***How often did the QI teams meet?***

Teams met frequently during the plan phase of the initiative – every two weeks. As the effort progressed, groups met less frequently. Team dynamics and schedules usually determine how often groups meet.

NACCHO's Accreditation Preparation & Quality Improvement (QI) Webinar Series  
Thursday, May 5, 2011 3:00PM EST

**General QI**

***What are the steps to achieve an agency culture that embraces QI?***

In addition to capturing the QI uptake information Judy and Keith described, NACCHO is working to develop a roadmap to a culture of QI with input from many LHDs across the country. Stay tuned!

***How long was the process for these PDCA cycles from start to finish?***

As part of an add-on to the PHAB beta test, NACCHO provided technical assistance to the LHD sites as they conducted a QI effort based on their self assessment. These QI initiatives were completed with a specific timeline. PDCA cycles could be rapid in nature or require a longer period of time for full implementation. Duration depends on the nature of the issue being addressed, the availability of data, and the type of intervention used to exact change. The beta test sites were given up to six months from start to finish.

***Can the Franklin County Health Department share its QI plan?***

The Franklin County Health Department's [QI Plan](#) is available for download in NACCHO's quality improvement toolkit. As a template for guidance to develop their plan, FCHD used the Tacoma-Pierce County Health Department's (WA) [QI Plan](#), which is also available in the toolkit.