

Boston Public Health Commission

Work Plan to Address Gaps in PHAB Accreditation Requirements

| Domain 1: Monitor Health | | | |
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| Standard 1.1: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment | | | |
| Measure 1.1.2: Complete a local community health assessment | | | |
| Strategy: Add narrative components to the community health assessment | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Narrative discussion on causes of health challenges | Pam Jones, Director, Office of Policy and Planning, BPHC | David Aronstein, Director, Boston Alliance for Community Health | Q1-Q2 2014 |
| Description of assets and resources to address health issues | Pam Jones, Director, Office of Policy and Planning, BPHC | David Aronstein, Director, Boston Alliance for Community Health | Q1-Q2 2014 |
| Complete community health assessment document | Pam Jones, Director, Office of Policy and Planning, BPHC | David Aronstein, Director, Boston Alliance for Community Health | Q1-Q2 2014 |
| New resources needed? No | | | |

| Domain 3: Inform, Education, Empower | | | |
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| Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences | | | |
| Measure 3.2.2: Written protocol on disseminating information outside the health department for different audiences | | | |
| Strategy: Develop communication protocol | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Write a protocol describing the process for disseminating information accurately, timely, and appropriately | Nick Martin, Director, Office of Communications, BPHC | | Q1 2014 |
| New resources needed? No | | | |

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| Domain 3: Inform, Education, Empower | | | |
| Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences | | | |
| Measure 3.2.3: Written risk communication plan | | | |

| Strategy: Develop risk communication protocol | | | |
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| Activity | Lead | Consultant/Partner | Timeframe |
| Write a protocol for how information is provided to partners and media in a given situation | Nick Martin, Director, Office of Communications | | Q1-Q2 2014 |
| Notes: Heat and cold weather protocols are on file and might satisfy this measure | | | |
| New resources needed? No | | | |

| Domain 9: Performance Management System Measures | | | |
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| Standard 9.1: Use a performance management system to monitor achievement of organizational objectives | | | |
| Measure 9.1.1: Engage all staff in the development of a performance management system | | | |
| Strategy: Conduct meetings for all staff on developing a performance management system | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Open or all-staff meetings to develop shared understanding about public health performance management and to solicit input on system organization | Maia BrodyField, Chief of Staff, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Q1-Q2 2014 |
| New resources needed? No | | | |

| Domain 9: Performance Management System Measures | | | |
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| Standard 9.1: Use a performance management system to monitor achievement of organizational objectives | | | |
| Measure 9.1.2: Completed performance management self-assessment | | | |
| Strategy: Complete PMS self-assessment using the Turning Point Collaborative model | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Complete performance management self-assessment with input from Senior Leadership Team | Bradley Moore, Accreditation Coordinator, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Completed, July 18, 2013 |
| Develop performance management committee or team | Maia BrodyField, Chief of Staff, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Q4 2013 – Q1 2014 |
| Tools: http://www.phf.org/resourcestools/Documents/PM_Self_Assess_Tool.pdf | | | |
| New resources needed? Staff FTE to participate on PMS team | | | |

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| Domain 9: Performance Management System Measures |
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| Standard 9.1: Use a performance management system to monitor achievement of organizational objectives | | | |
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| Measure 9.1.4: Description of the process used to collect and analyze feedback from two different customer groups | | | |
| Strategy: Description of the process used to collect and analyze feedback from two different customer groups | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Two examples of feedback from two different types of customers in a report, survey, memo or form | Maia BrodyField, Chief of Staff, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Q2-Q3 2014 |
| Tool: Boston About Results (BAR) software infrastructure | | | |
| New resources needed? Staff FTE to participate on PMS team | | | |

| Domain 9: Performance Management System Measures | | | |
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| Standard 9.1: Use a performance management system to monitor achievement of organizational objectives | | | |
| Measure 9.1.5: Documentation of staff development in performance management | | | |
| Strategy: Train staff on the tools and techniques used in the performance management system | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Create training material and conduct training | Brad Cohen, Director, Office of Professional Development | Huy Nguyen, MD, Medical Director, BPHC; Maia BrodyField, Chief of Staff, BPHC; External consultant | Q1-Q2 2014 |
| New resources needed? Fees for external consultant, materials/facilities costs, staff FTE for training | | | |

| Domain 9: Performance Management System Measures | | | |
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| Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions | | | |
| Measure 9.2.1: Written quality improvement plan | | | |
| Strategy: Complete a quality improvement plan | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| A plan that describes (1) Key quality terms; (2) desired QI culture in the agency; (3) governance structure of a QI plan, including budget allocation; (4) types of QI training, like orientation; (5) identify improvement areas that align with the health | Maia BrodyField, Chief of Staff, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Q1-Q2 2014 |

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| department's mission; (6) measurable goals for QI implementation; (7) monitoring system for QI plan; (8) regular communication on health department QI activities, like a newsletter; (9) a review process of a QI plan | | | |
| Will also require engagement/training of community-based organization grantees/sub-contractors regarding PMS and quality improvement | | | |
| New resources needed? Materials/facilities/meeting costs, BPHC staff and CBO staff FTE for training | | | |

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| Domain 9: Performance Management System Measures | | | |
| Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions | | | |
| Measure 9.2.1: Implement quality improvement activities | | | |
| Strategy: Complete two activities based on the QI plan and present to open/all-staff meeting | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Complete two examples of QI activities (one from the program area and one from administrative area) | Maia BrodyField, Chief of Staff, BPHC | Huy Nguyen, MD, Medical Director, BPHC | Q2-Q3 2014 |
| New resources needed? No | | | |

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| Domain 10: Apply Evidence Based Public Health | | | |
| Standard 10.2: Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences | | | |
| Measure 10.2.2: Documentation of availability of expertise (internal or external) for analysis of research | | | |
| Strategy: Document staff training/expertise in Office of Research and Evaluation and relevant program staff | | | |
| Activity | Lead | Consultant/Partner | Timeframe |
| Create a document that lists training and expertise of BPHC staff and external partners involved in public health research and program/process/policy evaluation | Snehal Shah, MD, MPH, Director, Office of Research and Evaluation, BPHC | | Q1-Q2 2014 |
| New resources needed? No | | | |