Needham Public Health Division

Road Map to Accreditation

MAY 31, 2018
The Needham Public Health Division is working toward national accreditation from the Public Health Accreditation Board (PHAB). The preparation for accreditation is long and labor intensive but will, in the long run, enhance the performance and quality of services provided by the department.

Accreditation provides local health departments with the opportunity to strive for a set of quality standards with the goal of continuously improving department capacity, quality, and accountability. Achieving accreditation recognizes a public health department’s successful completion of an intensive application and assessment process to ensure it meets PHAB standards.

Background

Why Pursue Accreditation?
Seeking voluntary accreditation through PHAB will enhance the Needham Public Health Division’s ability to:

- Effectively and efficiently meet community needs with high quality essential services;
- Improve operational processes and protocols in the process of meeting requirements;
- Enhance management processes and develop leadership within the health department;
- Adopt quality improvement practices;
- Adopt performance management practices;
- Better understand and build on the health department’s strengths and address areas in need of improvement;
- Improve competitiveness for funding;
- Strengthen relationships with community stakeholders and policy makers;
- Enhance the department’s status both locally and nationally.

The Challenges to Pursuing Accreditation

Public Health accreditation was developed for much larger health departments (unlike in Massachusetts, most health departments in the US are county-based and have significantly greater scope, resources, and responsibilities). Most of the 150 health departments that have achieved accreditation did so by fully engaging staff members and by assembling “accreditation teams” to meet the Standards and Measures established by PHAB.

The health departments that are most likely to succeed in this process are those that have already embraced and incorporated Quality Improvement and Performance Management into department operations.

The process can take several years, even for large and well-resourced local health departments. Some communities in Massachusetts have spent five or more years working toward accreditation.
Needham's Road to Accreditation

Health departments typically divide the work toward accreditation into phases, although there are several ways to organize this thinking. We have chosen the following:

I. Pre-application preparedness
II. Organizational readiness
III. Quality improvement and performance management
IV. Document organization
V. Application pre-requisites
VI. Application
VII. Accreditation requirements
VIII. Site visit

It should be noted that the process is not necessarily linear. Some of the work can be accomplished quickly with moderate effort while some standards and measures require adopting new ways of working and thinking and significant time commitments from staff members.

<table>
<thead>
<tr>
<th>PHASE</th>
<th>ACTIVITY</th>
<th>DUE DATE and COMPLETION</th>
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<tbody>
<tr>
<td>I. Pre-application Preparedness</td>
<td>During this initial phase the Needham Director of Health and Human Services and the Accreditation Coordinator will become thoroughly familiar with PHAB, the 12 Domains of Accreditation, Standards and Measures, application pre-requisites, and the resources necessary to achieve accreditation</td>
<td>April 2018</td>
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<td></td>
<td>• Accreditation Coordinator and HHS Director review PHAB Standards and Measures</td>
<td>Jan 2017, Jan 2017</td>
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<td>• Orientation for staff and Board of Health</td>
<td>Jan 2017, Jan 2017</td>
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<td>• Assess Needham’s readiness to undertake accreditation</td>
<td>Jan 2017, Jan 2017</td>
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<td>• Prioritize accreditation tasks</td>
<td>Feb 2018, Apr 2018</td>
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<td>• Join state and national accreditation networks</td>
<td>Jan 2018, Jan 2018</td>
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<td>• Develop an internal communication plan regarding progress toward accreditation</td>
<td>Mar 2018, Mar 2018</td>
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<td>• Complete formal readiness assessments using NACCHO and PHAB tools</td>
<td>Apr 2018, May 2018</td>
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<td></td>
<td>• Complete Roadmap to Accreditation</td>
<td>May 2018, May 2018</td>
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<tr>
<td>II. Accreditation Organizational Readiness</td>
<td>During this phase we will conduct organizational self-assessments of system readiness (using PHAB Standards and Measures) and of performance management readiness (using the Turning Point Performance Management Self-Assessment tool).</td>
<td>September 2018</td>
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<td></td>
<td>• Establish Accreditation Team</td>
<td>Sep 2017, Dec 2017</td>
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<td>• Elaborate on and develop a plan to address deficiencies discovered in self-assessments</td>
<td>Jun 2018</td>
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<td>• Initial identification of documentation available for each domain</td>
<td>Jan 2017, Jan 2017</td>
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<td></td>
<td>• Conduct performance management self-assessment</td>
<td>Aug 2018</td>
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<td></td>
<td>• Identify strengths and weaknesses in performance management</td>
<td>Sep 2018</td>
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### III. Quality Improvement and Performance Management

During this phase Needham will train staff on Quality Improvement and Performance Management; will identify projects that will benefit from QI, will develop a comprehensive QI plan in the context of Performance Management program.

- Identify a Quality Improvement Team  
  - May 2018
- Train staff on QI concepts and tools  
  - May 2018
- Establish a QI tracking system  
  - Jun 2018
- Develop QI plan  
  - Jun 2018
- Begin QI project  
  - Jun 2018
- Train staff on Performance Management  
  - Sep 2018
- Establish Performance Management system incorporating QI  
  - Nov 2018

### IV. Document Organization

This phase includes assigning Domain Leaders\(^1\) to identify existing documentation to meet PHAB requirements and documentation gaps. A documentation management system will organize, track, and facilitate PHAB submissions.

- Develop documentation management system including tracking system with expiration alerts.  
  - Jul 2018
- Assign staff members as Domain Leaders  
  - Jul 2018
- Identify existing documentation  
  - Aug 2018
- Identify documentation gaps  
  - Aug 2018
- Develop plan to produce required documents  
  - Sep 2018
- Assign staff to tasks  
  - Oct 2018

### V. Application Pre-requisites

Needham produces the three pre-requisites for accreditation: Community Health Assessment (CHA); Community Health Improvement Plan (CHIP); Department Strategic Plan

- Evaluate Beth Israel Deaconess Needham (BID-N) Community Health Needs Assessment for use in CHA  
  - May 2018  
  - May 2018
- Develop plan to augment BID-N assessment  
  - Jun-Jul 2018
- Engage community members  
  - Jul-Aug 2018
- Develop Community Health Assessment Addendum  
  - Aug-Oct 2018
- Gather additional data (survey, focus groups, etc.)  
  - Sep-Oct 2018
- Draft Community Health Assessment  
  - Oct 2018
- Finalize Community Health Assessment  
  - Nov 2018
- Continue the CHA process into the CHIP  
  - Jan 2019
- Finalize Division Strategic Plan  
  - Mar 2019

### VI. Application

Having accomplished the pre-requisites, Needham will submit the Letter of Intent to PHAB

- Submit Letter of Intent  
  - Apr 2019
- Submit PHAB fee  
  - Apr 2019
- Submit pre-requisites  
  - Apr 2019

### VII. Meeting Accreditation

During this phase Needham will provide PHAB with all required documentation and respond to PHAB requests. Needham will also participate in all necessary training and orientation meetings.

- March 2020

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\(^1\) Larger local health departments establish Domain Workgroups to work with Domain Leaders. Given the size of the Needham Public Health Division staff, workgroups are unfeasible.

May 14, 2018
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Date</th>
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<tbody>
<tr>
<td>• Accreditation Coordinator will attend necessary meetings and orientations at PHAB.</td>
<td>Jun 2019</td>
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<td>• Assure that all required documentation meets PHAB requirements and date restrictions.</td>
<td>Apr ’19 – Mar 2020</td>
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<td>• Submit required documentation.</td>
<td>Apr ’19 – Mar 2020</td>
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<tr>
<th>VIII. Site Visit Preparation</th>
<th>May 2020 or as determined by PHAB</th>
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<tbody>
<tr>
<td>A site visit team will be established and prepared during this phase.</td>
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<tr>
<td>• Identify members of the site-visit preparation team including the Director of HHS.</td>
<td>May 2019</td>
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<td>• Solicit consultation from accredited local health departments.</td>
<td>May 2020</td>
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<td>• Conduct a mock site-visit</td>
<td>Apr 2020</td>
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<tr>
<td>Pre-Application</td>
<td>Organizational Readiness</td>
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<tr>
<td>Review Standards &amp; Measures</td>
<td>Establish PHAB Team</td>
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<td>Orient staff and Board</td>
<td>Plan to address deficiencies</td>
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<td>Assess readiness</td>
<td>Conduct self-assess against Standards &amp; Measures</td>
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<td>Prioritize tasks</td>
<td>Self-assessment on Performance Management</td>
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<td>Join networks</td>
<td>Identify PM strengths and weaknesses</td>
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<td>Link with other LHDs</td>
<td>Train staff on PM</td>
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<td>Internal Comm Plan</td>
<td>Establish PM system</td>
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<td>Roadmap</td>
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