

# North Dakota Department of Health Accreditation Performance Improvement Plan

## I. Purpose and Scope

The goal of the North Dakota Department of Health (DoH) is to apply for public health accreditation by December 2013. DoH began its accreditation preparation efforts with a review of the PHAB Standards and Measures to determine the level to which the department is conforming to the measures. The Accreditation Coordinator assigned each section; the domains, standards and measures that were most pertinent to their roles and responsibilities. The Accreditation Coordinator then facilitated discussion with the section chief and key staff in each section to identify documentation that demonstrated conformity. A gap analysis was conducted from all section reviews and a draft performance improvement plan was created. The Accreditation Team provided comments on the draft plan with final approval provided by the state health officer and deputy state health officer.

## II. Structure

The North Dakota Department of Health is organized into seven functioning sections; Medical Services, Administrative Support, Emergency Preparedness and Response, Health Resources, Environmental Health, Community Health, and Special Populations. The Accreditation team is comprised of the chief from each section, Public Information Officer, Internal Auditor, Healthy North Dakota Director and the Accreditation Coordinator (Organizational Chart attached). DoH will be implementing Share Point to upload and store accreditation documentation.

<b>Performance Improvement Calendar (2012-2013)</b>				
	<b>Staff Responsible</b>	<b>Target Date</b>	<b>Completion Date</b>	<b>Additional Comments</b>
<b>A. Develop a State Health Assessment Process</b>				
<ul style="list-style-type: none"> <li>• Identify collaborative process or model</li> <li>• Identify partnership</li> <li>• Create process work-plan</li> </ul>	Accreditation Coordinator HND Director Senior Management	October 2012		Consider the MAPP process Consider HND Coordinating Committee as the task orientated partnership and SVS as the Steering committee to prioritize, identify solutions and

				advocate/communicate statewide.
<b>B. Complete a State Health Assessment</b>				
<ul style="list-style-type: none"> <li>Identify process for integrating population/health issue needs assessments</li> <li>Develop a vetting process for preliminary findings</li> <li>Create a comprehensive report</li> <li>Share and distribute report</li> <li>Link assessment with the state health improvement plan</li> </ul>	Accreditation Coordinator HND Director	January 2013		
<b>C. Develop and Conduct a Comprehensive State Health Improvement Planning Process</b>				
<ul style="list-style-type: none"> <li>Identify collaborative process or model</li> <li>Identify partnership</li> <li>Identify process for integrating existing comprehensive plans (SVS strategic map)</li> <li>Create process work-plan</li> </ul>	Accreditation Coordinator HND Director Senior Management	October 2012		Consider the MAPP process Consider HND Coordinating Committee as the task orientated partnership and SVS as the Steering committee to prioritize, identify solutions and advocate/communicate statewide.
<b>D. Implement a State Health Improvement Plan</b>				
<ul style="list-style-type: none"> <li>Explore methods to align state priorities with local and tribal priorities</li> <li>Identify policy changes needed to accomplish objectives</li> </ul>	Senior Management Accreditation Coordinator HND Director	July 2013		

<ul style="list-style-type: none"> <li>• Create a state health improvement plan/report</li> <li>• Implement strategies in partnership with others</li> <li>• Monitor and complete evaluation reports</li> </ul>				
<b>E. Implement the Strategic Plan</b>				
<ul style="list-style-type: none"> <li>• Determine meeting schedule/structure and coordinate with QI committee meetings</li> <li>• Develop a review and progress reporting plan</li> </ul>	Senior Management Accreditation Coordinator	September 2012		Regular scheduled meetings. Describe how targets are used for budget and program decisions/prioritization tool.
<b>F. Create a Department Operations and Personnel Procedure Manual</b>				
<ul style="list-style-type: none"> <li>• Include a standardized law and administrative rule review and evaluation procedures</li> <li>• Include standardized legislative and policy development procedures</li> <li>• Review programmatic procedures and link accordingly</li> <li>• Include standardized employee orientation procedures (checklists)</li> <li>• Include</li> </ul>	Senior Management Accreditation Coordinator HR Director	March 2013		Employee orientation checklist needs to include how to access intranet or polices on the intranet. Procedures for accessing JDQ/job descriptions. Procedures for linking laws on the website to make them accessible to the public. Procedures for payroll. Consider orientation checklist for all employee levels (management, etc.) Consider creating an orientation document for deputy and state health officer positions. Describe purpose of section chief meetings

<p>procedures for verifying employee re-certifications</p> <ul style="list-style-type: none"> <li>• Include procedures for reviewing and approving policies and procedures</li> </ul>				<p>and provide reporting guidance.</p>
<p><b>G. Develop a Department Specific Workforce Development Plan</b></p>				
<ul style="list-style-type: none"> <li>• Explore use of Talent Management System along with Electronic Learning Management System</li> <li>• Identify core competencies using EPR matrix as a template</li> <li>• Identify core or standardized trainings and link to employee orientation as appropriate</li> <li>• Link plan to JDQ and Performance Standards and Evaluations</li> </ul>	<p>Senior Management HR Director Accreditation Coordinator</p>	<p>September 2013</p>		<p>Consider including the following training in the policy; Aspects of laws for which the employee is programmatically responsible for, Cross Cultural Communication, Performance Management and QI. Consider PH 101 as a core competency (“PH 101” book)</p>
<p><b>H. Create a Performance Management System</b></p>				
<ul style="list-style-type: none"> <li>• Determine an appropriate QI infrastructure</li> <li>• Develop a department performance improvement policy</li> <li>• Complete performance</li> </ul>	<p>Senior Management Accreditation Coordinator</p>	<p>September 2013</p>		<p>Consider establishing a Steering Committee and a QI Council.</p> <p>Consider a dashboard as tool for reporting and monitoring performance goals and objectives.</p>

<p>management assessments that include a customer and employee satisfaction focus</p> <ul style="list-style-type: none"> <li>• Create a QI plan and align with department strategic plan</li> <li>• Identify and establish a tool for monitoring performance goals and objectives</li> </ul>				<p>Include a cultural competence assessment.</p>
<p><b>I. Provide Communication, Technical Assistance and Consultation to Tribal Health Partners</b></p>				
<ul style="list-style-type: none"> <li>• Identify key contacts</li> <li>• Identify delivery methods and messaging/content</li> <li>• Explore needed infrastructure to liaison with tribes on health issues</li> </ul>	<p>Senior Management, OEHD Director, Indian Affairs Commission Accreditation Coordinator</p>			<p>Provide assistance in data, performance management, evidence-based best practices, engaging communities, environmental health hazards (CTG may take care of this gap). Provide data sharing-data reports and county health profiles</p>
<p><b>J. Assure Data Collection, Analysis and Evaluation</b></p>				
<ul style="list-style-type: none"> <li>• Explore information technology capabilities</li> <li>• Describe a plan for monitoring and evaluating compliance inspections and enforcement activities</li> <li>• Determine a process for communicating and prioritizing trends</li> </ul>	<p>Senior Management Accreditation Coordinator</p>			<p>Consider Health Resources as a template. Consider linking performance indicators to QI policy.</p>