PUBLIC HEALTH ACCREDITATION: A JOURNEY FOR EVERYONE

April Harris MPH CHES
Three Rivers District Health Department (Kentucky)
Overview

• Why pursue public health accreditation?
• TRDHD’s Journey
• Accreditation and QI
• NACCHO Resources
Why Pursue Accreditation

- Accreditation provides public notification that a health department meets standards of quality set forth by the accrediting agency (the Public Health Accreditation Board).
Who is PHAB?

The Public Health Accreditation Board (PHAB) is the accrediting agency for state, local, Tribal, and territorial health departments.

PHAB’s Goal: The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments (state, local, Tribal, territorial).

Visit www.phaboard.org for details about PHAB’s voluntary national accreditation process and fees.
April 7, 2014
Public Health Accreditation Board (PHAB)
Distribution of Health Departments:
- Local: 185
- State: 24
- Tribal: 2
- Centralized States Integrated System: 67
- Multi-Jurisdictional: 3

281 Health Departments in e-PHAB

Key:
- States with health departments in process
- States with accredited health departments

Population (last updated 4/1/2014)

<table>
<thead>
<tr>
<th>Population Covered</th>
<th>193,251,423</th>
</tr>
</thead>
<tbody>
<tr>
<td>by Health Departments in e-PHAB</td>
<td></td>
</tr>
<tr>
<td>Unduplicated Population Covered by Accredited Health Departments</td>
<td>21,712,137</td>
</tr>
</tbody>
</table>
Background

- District Health Department
  - 45,000
- 65 Employees
- Board of Health (5)
Accreditation Basics

- The value of accreditation
  - The state of public health
    - No Outcomes
    - Little Accountability

- Necessary buy-in
  - Staff
  - Governing Body
  - Community

- Tell your story
  - It won’t be a fairy tale
  - It is the work you have been doing!
PHAB’s Process

- Pre-application
  - Statement of Intent
- Application
  - In-Person Training
- Document Selection and Submission
  - e-PHAB
  - 12 months
- Site Visit
- Accreditation Decision
- Reports
- Reaccreditation
Role of the Board of Health

- DOMAIN 12
- Public Health Policies
- Communication
- Strategic Plan
Role of the Community

- DOMAIN 4
- Partnerships
- Communications
- Grants
Three River’s Accreditation Process

2007: Assessments began
2008: Assessments continued, Community Partnerships formed
2009: Strategic planning complete, vision/mission and Quality Improvement training for staff
2010: Community Health Assessment complete
2011: Accreditation Coordinator appointed and Community Health Improvement Plan complete, Board of Health trainings
2012: Official Site Visit
2013: Accreditation Awarded 😊
Three Pre-Requisites
Accreditation Basics

- **Educate Yourself**
  - You will be the subject matter expert
  - Keep an open mind
  - Stay motivated

- **Educate Others**
  - Change is scary
  
  “If you tell me, I will listen. If you show me, I will see. But if you let me experience, I will learn.”

  *Lao-Tse, 5th-century BC philosopher*
Making it Work

- Leadership Support
- Building My Team
- Having a Timeline
- Utilizing Accreditation Networks
- Look for What You Have
Making it Work
2014
WANTED: ACCREDITATION

www.trdhd.com

TRDHD’s Most Wanted

All One TEAM
Striving for Excellence
Educating and Empowering
with Every Encounter

Reward Posted By
THREE RIVERS DISTRICT HEALTH DEPARTMENT

(502) 484-3412

Public Health Prevent, Promote, Protect

Public Health Prevent, Promote, Protect
Benefits

- Board of Health involvement
- Community support
- Grant money
- Employee morale
- Public health identity
- Culture of quality improvement
- Physical & infrastructure clean-up
Lessons Learned

- Don’t “start” with Domain 1
- Don’t “start” until you know what gaps exist
- Document Description Template
  - WHO, WHAT, WHEN, WHERE & WHY
- Share & Learn from Others
- Hurry Up & Wait
- Keep the Momentum
Lessons Learned

- Move towards electronic documentation maintenance
- Communicate, communicate, communicate
- Don’t focus on the end product, focus on the process
Documentation

- More is not necessarily better
  - Think A-Z
- Upload what they ask for
- Be direct
- Have a wide array of documents
**e-PHAB**

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**Required Documentation 2.**

Documented distribution of health profiles to public health system partners, community groups and key stakeholders such as governing entities or community advisory groups, via email and websites, etc.

**Guidance:**

The Tribal or local health department must provide documentation of the distribution of health profiles to public health system partners, community groups, other Tribal and local health departments, and key stakeholders, such as governing entities or community advisory groups. This may include partners, such as governing entities and elected/appointed officials, community based organizations, civic groups and any others who receive services, help in the delivery of services or support public health services. Distribution may be documented by a mailing list, email list-serve, posting on the web site, press releases, meeting minutes documenting distribution of the profile, presentations and inserts or flyers.

<table>
<thead>
<tr>
<th>DOCUMENTATION</th>
<th>TITLE</th>
<th>UPLOADED BY</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document 1.4.2.L.2.1</td>
<td>Email Distribution</td>
<td>April Harris 02-06-2012</td>
<td></td>
</tr>
<tr>
<td>Document 1.4.2.L.2.2</td>
<td>TRDHD Website</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The documentation provided is email distribution of the health profiles in 1.4.2.L.1 to community partners. Katherine Gitson and Rebecca Wilson, TRDHD Health Educators, sent the emails Thursday, February 2, 2012.
Mock Site Visit

- **Practice makes perfect!**
  - Internal with Key Staff
  - External with Public Health Staff
    - 3 Accreditation Coordinators
    - Internal Policy Analyst DPH (former employee)
    - Preparedness Manager (PPHR recognition)
    - Epidemiologist → Quality Improvement
      - Ready to Go
      - Needs some TLC
      - Start Over
  - Final Review with Director
Mock Site Visit

**TRDHD INTERNAL SITE VISIT REPORT**

<table>
<thead>
<tr>
<th>REQUIRED DOCUMENTATION:</th>
<th>SCORE:</th>
<th>COMMENTS:</th>
<th>HOW TO IMPROVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Explain what was missing or why it does not meet the measure. (must have comment if not “Fully Demonstrated”)</td>
<td>Describe very specifically on what needs to be improved upon. (must have comment if not “Fully Demonstrated”)</td>
</tr>
<tr>
<td>1.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Demonstrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slightly Demonstrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Largely Demonstrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fully Demonstrated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This piece of documentation is ready to be submitted to PHAB.

This piece of documentation will be ready to be submitted upon making the suggested changes.

This piece of documentation should not be submitted to PHAB and a new example should be given.
Mock Site Visit

- One and a half days
- De-briefed after each day
- Learning experience for everyone
- Would have been great for partners and board of health members
E-PHAB
Site Visit

- Prepare your Staff
  - Brag on Your Successes!
- Speak with your Board of Health
  - Breakfast Briefing
- Engage your Community Partners
  - Individual Visits
- Do a Visual Walk Through
Site Visit

- On-site meetings
  - Community: Specific One Hour Session
  - Board of Health: Specific One Hour Session
- Domain interviews (BOH & Community Partners can be involved)
- Discussion of documentation
- Identify a recorder
# Our Site Visit

[Image: PHAB logo]

**Public Health Accreditation Board**
**Three Rivers District Health Department**

**Site Visit Agenda**
**December 11 - 13, 2012**

### Day 1: Wednesday, December 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location/Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>Entrance Conference</td>
<td>Site Visit Team: Dr. Georgia Halse, April Harris</td>
</tr>
<tr>
<td></td>
<td>* Purpose &amp; Process for Visit</td>
<td>Members of Management Team and Accreditation Team</td>
</tr>
<tr>
<td></td>
<td>* Overview of District and County Departments: Governance and Operations (Breakfast Provided)</td>
<td>Location: Conference Room</td>
</tr>
<tr>
<td>9:15</td>
<td>Walk Through</td>
<td>Site Visit Team: Dr. Georgia Halse, April Harris</td>
</tr>
<tr>
<td></td>
<td>CHA and CHIP (Standards 1.1 and 5.2)</td>
<td>Representatives of Health Department</td>
</tr>
<tr>
<td></td>
<td>Strategic Plan (Standard 5.3)</td>
<td>Location: Conference Room</td>
</tr>
<tr>
<td>10:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td>Concurrent Domain Sessions</td>
<td>Site Visit Team:</td>
</tr>
<tr>
<td></td>
<td>Domain 1 (11 measures)</td>
<td>Location: Resource Room</td>
</tr>
<tr>
<td></td>
<td>Domain 11 (11 measures)</td>
<td>Representatives of Health Department</td>
</tr>
<tr>
<td></td>
<td>Domain 2 (15 measures)</td>
<td>Location: Dr. Halse's Office</td>
</tr>
<tr>
<td></td>
<td>Lunch and Executive Session (Lunch Provided)</td>
<td>Site Visit Team:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Location: Conference Room</td>
</tr>
</tbody>
</table>

### Day 2: Thursday, December 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location/Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 PM</td>
<td>Meeting with Governing Entity</td>
<td>Site Visit Team: Members of Governing Entity</td>
</tr>
<tr>
<td>1:30</td>
<td>Concurrent Domain Sessions</td>
<td>Site Visit Team: Members of Management Team and Accreditation Team</td>
</tr>
<tr>
<td></td>
<td>Domain 11 (7 measures)</td>
<td>Location: Resource Room</td>
</tr>
<tr>
<td></td>
<td>Domain 5 (12 measures)</td>
<td>Representatives of Health Department</td>
</tr>
<tr>
<td></td>
<td>Domain 6 (10 measures)</td>
<td>Location: Conference Room</td>
</tr>
<tr>
<td>2:45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3:45</td>
<td>Follow up on Domains 1 &amp; 9, if needed</td>
<td>Site Visit Team: Members of Management Team and Accreditation Team</td>
</tr>
<tr>
<td>4:15</td>
<td>Adjourn</td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td>Executive Session (at Hotel)</td>
<td>Site Visit Team:</td>
</tr>
</tbody>
</table>

**Site Visit Team**
Board of Health Members
Dr. Halse/April Harris
Location: Conference Room
Our Site Visit

Day 2: Thursday, December 13
Location: Gallatin County Health Center

5:00 AM
Leave for GCCHC from District Office

8:30
Breakfast at GCCHC

9:00
Walk Through

9:15
Executive Session
*Will let Department know if we have any final follow up on Domains

9:30
Concurrent Sessions

Domain 0 (3 measures)
Representatives of Health Department
Location: GCCHC Office

Domain 4 (4 measures)
Representatives of Health Department
Location: GCCHC Office

Domain 7 (6 measures)
Representatives of Health Department
Location: GCCHC Conference Room

10:00
Meeting with Community Partners
Representatives of Communities
Location: GCCHC Conference Room

11:00
Break

11:15
Meeting with Director of Health Department
Dr. Heick/April Harris
Location: Conference Room

11:15 PM
Lunch, Executive Session and Report Development
*Any final follow up on Domain sessions

1:15
Exit Interview
Dr. Heick/April Harris
Location: GCCHC Conference Room

1:45
Adjourn
Site Visit Report

- Three Strengths
- Three Opportunities for Improvement
- Overall Impression of the Health Department
- Overall Domain Comments

Feedback for each Measure:
- Conformity
- Areas of Excellence
- Opportunities for Improvement
1.1.1 L:
Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department

Score: Fully Demonstrated

Comments

Conformity:

The LHD has provided sufficient documentation to demonstrate that it has formed a community based partnership and successfully collaborated with its partners, using the MAPP process, to conduct its Community Health Assessment that includes substantive contributions from community members.

Areas of Excellence:

The LHD demonstrates considerable competence in implementing the MAPP process.

Opportunities for Improvement:

An opportunity for improvement would be to ensure that the LHD captures specific comments from its partners in meeting minutes to establish a written record of input from the community.
11.1.6 A:
Use information systems that support the health department mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

Score: Fully Demonstrated

Comments

Conformity:

Two examples of utilizing software, one for the WIC program and another, Catalyst, enable staff to enter program plans and utilization information. As required, hardware and software inventories were provided.

1.1.3 A:
Ensure that the community health assessment is accessible to agencies, organizations, and the general public.

Score: Fully Demonstrated

Comments

Conformity:

The LHD documents that the CHA report was distributed to community partners and made available to members of the public through multiple means of communication which exceeded what was required to fully demonstrate this measure.
Areas of Excellence:

The LHD's use of the MAPP process is an example of a promising practice that should be emulated by other LHDs.

Areas of Excellence:

The LHD showed commitment and sensitivity in successfully negotiating policy changes to restrict tobacco access, doing so in a part of the country where tobacco is an important part of the area's history and culture.

Areas of Excellence:

The county boards of health are required by state statute to meet annually. Under Dr. Heise's leadership, the local boards meet quarterly. The additional meetings are used to educate the boards on public health and public health matters in their communities.
Opportunities for Improvement:

The Three Rivers Health District is recognized as an innovator and leader among local health departments in Kentucky by the other health departments and the state health department. Incorporating more technology into the daily operations in areas such as inspections, an electronic medical record for clinical programs, and utilizing social media in outreach programs is a natural direction to pursue.

Opportunities for Improvement:

The Record of Complaint form could be used as a quick summary of the complaint and outcome that could be useful for review and for sharing with others (e.g., reporting party) rather than having to review all follow up reports as well in order to get a full picture of the complaint.
Site Visitor

- Two SV Team, One Team Chair
- Weekly Phone Calls
- Inter-rater Reliability

- What is helpful from a Site Visitor perspective?
  - Documentation Descriptions
  - Highlights
  - The Best Two Examples
Celebrate
Next Steps

- Annual Report
  - Significant Changes
  - Address Areas of Improvement
- Maintain Culture
- Version 1.5
- OUTCOMES
Common Questions

- How much did it cost?
- How much time did it take as the Accreditation Coordinator?
- What’s going to change with PHAB?
- What would you do differently?
Accreditation and Quality Improvement

Accreditation is not the end!

Accreditation → Improve → Re-accreditation → Improve

Improving the public’s health through continuous quality improvement

NACCHO
National Association of County & City Health Officials
National Support for Accreditation

- National Public Health Improvement Initiative (NPHIII)
- Strengthening the Community of Practice in Public Health (COPPHI)
- NACCHO’s Accreditation Support Initiative (funded by OSTLTS at CDC)
- NACCHO’s Accreditation Preparation and Quality Improvement work
- NACCHO’s Accreditation Preparation: Community Health Assessment and Community Health Improvement Plan Project
- ASTHO’s support for state health departments
- Public Health Foundation’s work on Performance Management/Quality Improvement
NACCHO Resources

Specific NACCHO resources include:
- Example Documentation Repository
- Podcasts/PowerPoint presentations for local governing entities
- Roadmap to an Organizational Culture of QI

All NACCHO resources can be found at [www.naccho.org/accreditation](http://www.naccho.org/accreditation). If you cannot find a particular resource, please e-mail accreditprep@naccho.org.
This presentation was part of NACCHO’s Speakers Bureau of Accreditation Champions. The views that I have expressed today do not necessarily reflect NACCHO’s views.
QUESTIONS?

Three Rivers is PHABulous!
Accredited February 2013

ALL ONE TEAM,
Striving for Excellence,
Educating & Empowering
with Every Encounter

April.Harris@ky.gov 502.484.3412 ext. 127