Preparing for National Accreditation
Objectives

- Describe key steps in accreditation preparation
- Share resources available for quality improvement and accreditation preparation
- Share lessons learned by others
Outline

• Prerequisites
  • Community Health Improvement Process
  • CHA
  • CHIP
  • Strategic Plan
• Self Study Process
  • Creating an accreditation team
  • Selecting documentation
• Engaging your governing entity
• Quality Improvement
The Prerequisites for Accreditation
Three Prerequisites

- Community Health Assessment (PHAB Standard 1.1)
  - Measure 1.1.1 – 1.1.2
- Community Health Improvement Plan (PHAB Standard 5.2)
  - Measure 5.2.1 – 5.2.4
- Agency Strategic Plan (PHAB Standard 5.3)
  - Measure 5.3.1 – 5.3.3

Standards and Measures VERSION 1.5 – Overall Changes
Why Prerequisites?

- Good measure of capacity to address identified health needs
- Foundation for other documentation
- Identify community and health department needs
- Springboard to the future
Connecting the Prerequisites

- Community Health Assessment
- Agency Strategic Plan
- Community Health Improvement Plan

Diagram showing the connections between these components.
The Community Health Improvement Process
Community Health Improvement Process

Community Health Assessment

Community Health Improvement Process

Community Health Improvement Plan
Common Elements in Community Health Improvement Process Models

1) Prepare and plan
2) Engage the community
3) Develop a goal or vision
4) Conduct community health assessment(s)
5) **Prioritize health issues**
6) **Develop community health improvement plan**
7) Implement community health improvement plan
8) Evaluate and monitor outcomes
Common Community Health Improvement Process Models/Frameworks

- PRECEDE-PROCEED (1970s)
- Planned Approach to Community Health (PATCH) (1983)
- Healthy Communities (1980s)
- Mobilizing for Action through Planning and Partnerships (MAPP) (2001)
- Association for Community Health Improvement (ACHI) Toolkit
- State-specific models/frameworks
The Community Health Assessment
Community Health Assessment

A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.
Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment

Measure: 1.1.1 T/L: Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department

Measure 1.1.2 T/L: A tribal/local community health assessment

Measure 1.1.3 A: Accessibility of community health assessment to agencies, organizations, and the general public
PHAB Requirements & Documentation: CHA Process (Measure 1.1.1 T/L)

1. Participation of representatives from a variety of sectors of the Tribal or local community
   - Membership list
   - Meeting attendance records

2. Regular Meetings or communications with partners
   - Meeting agendas
   - Meeting minutes
   - Copies of e-mail communications

3. The process used to identify health issues and assets
   - Mobilizing for Action through Planning and Partnership (MAPP)
   - Association for Community Health Improvement (ACHI) Assessment Toolkit
   - Assessing and Addressing Community Health Needs (CHA)
   - University of Kansas Community Toolbox
1. Dated within the last five years
2. Data/information from various sources and how data were obtained
   - Primary and secondary data
   - Quantitative and qualitative data
   - “Non traditional” data collection encouraged
3. Demographics of the population
4. Description of health issues
   - Population groups with particular issues/inequities
5. Description of factors that contribute to specific populations’ health challenges
   - Health status disparities, health equity and high health-risk populations
6. Description of Tribal or community assets or resources to address health issues
7. Local community has had an opportunity to review and contribute to the CHA
   - Publication in local press with feedback forms
   - Publication on LHD website with comment forms
   - Community/town forums
   - Listening sessions
   - Newsletters
   - Presentations/discussions at local meetings

7. Ongoing monitoring, refreshing, and adding of data and data analysis
   - Town meetings
   - Community groups
PHAB Requirements & Documentation: CHA Distribution (Measure 1.1.3A)

1. Information provided to partner organizations concerning the availability of the community health assessment

2. Availability of the CHA findings to the public
Common Steps in Conducting a Community Health Assessment

1. Develop an assessment plan
2. Engage the community and local public health system partners
3. Define the population
4. Identify community health indicators that align with your Community’s vision* or goals for the assessment
5. Collect data on identified indicators
6. Analyze data
7. Summarize key findings
8. Report results back to community and partners

*not a PHAB requirement and in some cases visioning may come before the CHA conduct
Common Partners to Engage

- MCOs
- Home Health
- Parks
- Mass Transit
- Urban Planners
- Economic Development
- Employers
- Nursing Homes
- Laboratory Facilities
- Elected Officials
- Environmental Health
- Tribal Health
- Mental Health
- Corrections
- Civic Groups
- Philanthropist
- Schools
- Community Centers
- EMS
- Police
- Fire
- Corrections
- Doctors
- Hospitals
- Drug Treatment
- Churches
- LHD
- NACCHO

National Association of County & City Health Officials
Common Sources of Community Health Assessment Data

1. Local, state, national databases
   • County Health Rankings
   • State vital records
   • Healthy People 2020

2. Previously conducted health assessments or reports
   • United Way CHA
   • Hospital CHNA
   • Federally-qualified community health centers
3. Partners who have access to data through their organizations
   • County government agencies such as courts, police, schools, libraries, parks, city planners
   • Non-profit organizations
   • Managed care organizations
   • Universities and colleges
   • Chambers of Commerce
Community Health Improvement Plan
A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.
**PHAB Standards and Measures: CHIP**

**Standard 5.2:** Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan

**Measure 5.2.1L:** A process to develop a CHIP

**Measure 5.2.2L:** CHIP adopted as a result of the community health improvement process

**Measure 5.2.3A:** Elements and strategies of the health improvement plan implemented in partnership with others

**Measure 5.2.4A:** Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners
1. Broad participation of community partners
   • Participant lists, attendance rosters, minutes, subcommittees
2. Information from community health assessments
   • List of data sets
   • Evidence of participants’ use of CHA
3. Issues and themes identified by stakeholders in community
4. Identification of community assets/resources
5. A process to set community health priorities
1. Dated within the last five years
2. Desired measurable outcomes or indicators of health improvement and priorities for action
   • Strategies should be evidence based or promising practices
3. Policy changes needed to accomplish health objectives
4. Individuals/organizations responsible for implementing strategies
5. Consideration of state and national priorities
1. A process to track actions taken to implement strategies in the CHIP

2. Implementation of the plan
1. Report on progress made in implementing strategies in the CHIP
   • Progress related to health improvement indicators
   • Annual basis

2. Review and revision, as necessary, of the CHIP strategies based on results of the assessment
   • If the plan was adopted less than a year before it was uploaded, the health department may provide (1) revisions of an earlier plan or (2) detailed plans for a revision process.
Agency Strategic Plan
What is a strategic plan?

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

What is the difference between a Community Health Plan and Strategic Plan?
Standard 5.3: Develop and implement a health department organizational strategic plan

Measure 5.3.1A: Department strategic planning process
Measure 5.3.2A: Adopted department strategic plan
Measure 5.3.3A: Implemented department strategic plan
PHAB Requirements & Documentation: Strategic Planning Process (Measure 5.3.1A)

1. Management involved in the process
2. Steps must be defined and described
3. Members of the Governing Body involved in the process
PHAB Requirements & Documentation: Strategic Plan (Measure 5.3.2A)

1. Dated within the last five years
2. Mission, vision and guiding principles/values for the health department
3. Strategic priorities
4. Goals and objectives with measurable and time-framed targets
5. Consideration of key support functions required for efficiency and effectiveness
6. Identification of external trends, events, or other factors that may impact community health or the health department
7. Assessment of the HD’s weaknesses and strengths
8. Link to the CHIP and the LHD’s QI plan
9. Annual reports on progress towards goals (5.3.3A)
Develop Mission, Vision, and Values

**Mission:** The organization’s purpose; what is does and why

To promote, protect and assure conditions for optimal health for residents of Madison County through leadership, partnership, prevention and response. (Madison County Health Department, Illinois)

**Vision:** Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

The Northern Kentucky Health Department will be a nationally recognized leader in advancing the health and safety of the community. (Northern Kentucky Independent Health District)
Develop Mission, Vision, and Values

Values: Principles, beliefs or underlying assumptions that guide the organization.

Collaboration: We work together for the mutual benefit of the community through the sharing of information, resources and ideas to achieve a common goal.

Excellence: We strive to provide the highest quality services through individual efforts and teamwork.

Innovation: We creatively apply the most advanced technology, information and research to be a revolutionary leader in public health.

Integrity: We act with a consistency of character and are accountable for our actions.

Respect: We approach all people with significance, understanding, compassion and dignity.

Service: We responsively deliver our exceptional and comprehensive programs with a highly skilled workforce.
Conduct a SWOT/SWOC & Environmental Scan

- Determine the value of existing data
- Collect or compile any additional data needed
- Summarize the data and information
- Complete a SWOT/SWOC Analysis
<table>
<thead>
<tr>
<th>Potential Data Sources</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHD Annual reports</td>
<td>Partnership or stakeholder analysis results</td>
</tr>
<tr>
<td>Community Health Assessment (CHA) results</td>
<td>Policy and legislative scan</td>
</tr>
<tr>
<td>An agency review against national standards, such as those of PHAB</td>
<td>LHD program evaluation and QI results</td>
</tr>
<tr>
<td>Local Public Health System Assessment (LPHSA) results</td>
<td>Customer service/ satisfaction feedback</td>
</tr>
<tr>
<td>LHD Financial Analysis</td>
<td>Results of a traditional SWOT analysis previously completed</td>
</tr>
<tr>
<td>Employee/Workforce climate survey results or feedback</td>
<td>Competitive or market analysis</td>
</tr>
</tbody>
</table>
Analyze Results and Select Strategic Priorities

- Analyze SWOT/SWOC and other data
- Identify and frame cross-cutting themes, emerging issues and key strategic issues

Which issues are strategic?
Which issues are in the community health plan that the LHD will address?
What does the LHD need to do to prepare for threats and challenges?
What does the LHD need to do to improve weaknesses
What does the LHD need to do to achieve the vision?

- Prioritize issues for inclusion in strategic plan
Goals
Long-range outcome statements that are broad enough to guide the organization’s programs, administrative, financial and governance functions. (Allison & Kaye, 2005)

Objectives
Short to intermediate outcome statements that are specifically tied to the goal. Objectives are clear and measurable.

SMART objectives
S – Specific
M – Measurable
A – Achievable
R – Relevant
T – Time-oriented

Measure of change, in what, by whom, by when

20% increase in health department nursing staff by January 2014.
Develop Measurement and QI Plans

- Establish a process for monitoring implementation and evaluation
- Use QI to improve process and outcomes
- Maintain flexibility with the plan as the environment changes
- Communicate success and results through annual reports and other methods
- Revise and update the plan as needed
Form and Accreditation Preparation Team: Appoint an Accreditation Coordinator

**Roles and Responsibilities:**

- Serve as primary contact to PHAB
- Oversee the department Accreditation Preparation team
- Analyze results of self-study process and make recommendations
- Implement communications plan
- Maintain electronic filing system
- Serve as “Accreditation Expert”
- Maintain accreditation status
Form an Accreditation Preparation Team: Appoint an Accreditation Coordinator

**Knowledge, Skills, Abilities:**

- Understanding of PHAB process and standards
- Knowledge of health department jurisdiction
- Basic computer skills
- Excellent organizational skills
- Strong communication skills
- Strong facilitation skills
- Ability to collaborate with multiple audiences
AC Coordinator Other Considerations

- # of FTEs needed varies
- PHAB online training modules – must be completed prior to statement of intent
- PHAB in-person training
- Must be on site during entire site visit
Select the Accreditation Preparation Team

• Select as early as possible
• Ensure team is multi-disciplinary
• Experience and longevity
Accreditation Preparation Team: Roles & Responsibilities

- Identify, collect, and organize documentation
- Analyze results
- Identify opportunities for quality improvement
- Serve as Accreditation Champions
- Share information with all staff
The Accreditation Preparation Team consists of any combination of:

- The Health Director
- The Accreditation Coordinator
- Senior Management
- Program and frontline staff
Accreditation Preparation Team: Composition

Organizational characteristics to consider:

- Size of LHD
- Organization structure
- Manner in which tasks are delegated to staff
- Workload
- Current progress with self-study process
TRDHD Accreditation Team
Develop a Plan

1. Delegate responsibilities
2. Train the team
3. Develop a timeline
Train the Team

• Overview of PHAB accreditation process
• Discussion of the standards and measures
• Purpose of the self-study process
• Detailed description of the self-study process
• Description of PHAB materials
• Roles and responsibilities
Develop a Timeline

• Include collection of documentation and analysis of results
• Stay on schedule
• Set realistic goals
• Allow for staff time
3-year plan:

- **Year 1**: 40% of documentation collected
- **Year 2**: 80% of documentation collected
- **Year 3**: 100% of documentation collected

“The key to our success has been timing and pace.”

- **Terry Brandenburg, Former Health Commissioner**
Selecting and Organizing Documentation

- Organize the process
- Gather documentation
Organize Documentation: Storage

- SharePoint
- Cloud
- Shared drive

Not recommended:
- e-PHAB
- Hard copies
- On a computer
### Organize Documentation: PHAB Documentation

#### Selection Spreadsheet

<table>
<thead>
<tr>
<th>Standard</th>
<th>Domain</th>
<th>Measure</th>
<th>Required Documents</th>
<th>Assigned to</th>
<th>Example 1</th>
<th>Owner (Division/Bureau/Office/Program and Contact Name)</th>
<th>Date (Does Document Require updating?)</th>
<th>Notes</th>
<th>Example 2</th>
<th>Document Title</th>
<th>Owner (Division/Bureau/Office/Program and Contact Name)</th>
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#### Notes
- Each row represents a document that needs to be selected for documentation.
- The 'Assigned to' column indicates who is responsible for the document.
- The 'Example 1' and 'Example 2' columns are placeholders for specific examples or notes related to the document.
### Document List for Accreditation

#### Domain 1

<table>
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<th>Standard</th>
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<td>Davidson Surveillance Sites Fax List</td>
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<td>Outbreak of Influenza at Hart County Health Care Center</td>
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<td>Local Health Department Weekly Influenza Surveillance 2012-2013 Report Form</td>
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<td>1.2.3 A</td>
<td>Rowland Health Assessment and Planning Process 2011-2012</td>
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<td>Rowland LIFE (LUA Improving Functional Exercise) Program</td>
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<td>Rowland BRCHPC Community Wide Survey</td>
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<td>Rowland LIFE Program Pre-Assessment Questionnaire</td>
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<td>Rowland Year to Date Reportable Disease Report</td>
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<td>Rowland 2011 Final Aggregate Report for Tuberculosis Program Evaluation</td>
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<td>Rowland NEDSS Report</td>
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<td>Rowland Email to DPH re ARPE final report</td>
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*The documents listed on e-PHAB are: LCMV Presentation, Meeting Sign in Sheet, & Meeting Minutes

*Documents listed on e-PHAB are: Influenza Update at HEART meeting Feb 2013 & Meeting Sign in Sheet
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<thead>
<tr>
<th>Measure</th>
<th>Required Documents</th>
<th>Assigned to</th>
<th>Example 1</th>
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<th>Owner</th>
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<th>Date (Does Document Require updating?)</th>
<th>Notes</th>
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<td>6.1.1 A Review laws to determine need for revisions</td>
<td>Evidence based and promising practices</td>
<td>Shannon</td>
<td>Powerpoint for WGAC graywater usage</td>
<td>Env</td>
<td>Health/Shannon</td>
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<td>Graywater Rules</td>
<td>Pool Rule Comments to DHHS</td>
<td>Env Health/Shannon</td>
<td>9/18/2011</td>
<td>Can use daycare rules</td>
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<td>Proposed graywater findings</td>
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<td>Input from stakeholders</td>
<td>Shannon</td>
<td>Memo to WGAC to comments</td>
<td>Env</td>
<td>Health/Shannon</td>
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<td>Could also use public notice</td>
<td>Email to Parks and Rec</td>
<td>Env Health/Shannon</td>
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<td>Shannon</td>
<td>Memo to Board re proposed changes to R &amp; S changes</td>
<td>Env</td>
<td>Health/Shannon</td>
<td>2/10/2011</td>
<td>Legislative update</td>
<td>Board Minutes/Julie M</td>
<td>2-17-11</td>
<td>(but still in draft form)</td>
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<td>Shannon</td>
<td>Missoule Active Transportation Plan, Board Letter</td>
<td>Admin/Julie M</td>
<td>5/9/2011</td>
<td>Pool Cooperative Agreement with - memo to Board</td>
<td>Board Minutes/Julie M</td>
<td>5/12/2011</td>
<td>This deals with regulations, and the Board memo to DHHS specifically references ongoing issues</td>
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<td>Requests to attend training + agenda</td>
<td>Env</td>
<td>Health/Shannon</td>
<td>6/20/11, 10/24/11</td>
<td>Needs to be examined. In hard copy</td>
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<td>Staff training</td>
<td>Shannon</td>
<td>Letter Group meeting + notes</td>
<td>Env</td>
<td>Health/Shannon</td>
<td>3/12/2011</td>
<td>Many other similar examples - does this meet guidelines?</td>
<td>ID/Needs regarding HIPPA and confidentiality</td>
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<td>Efforts to be consistent</td>
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Ready
| Documentation Type | Date of Document | Does document meet date requirement of the measure?
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<tr>
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<tbody>
<tr>
<td>2.1.2 Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols</td>
<td>08/04/11</td>
<td>yes</td>
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<td>This is a program evaluation for CPH's Tuberculosis clinic. Patient information has been redacted.</td>
<td>Sexual Health Clinic Audit</td>
<td>04/22/2022</td>
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<td>Completed AAR</td>
<td>Reporting Activities, Data, Decisions</td>
<td>05/27/11</td>
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<td>This is an After Action Report for a response to an outbreak of meningitis</td>
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<td>This is an After Action Report for a response to an outbreak of Varicella</td>
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<table>
<thead>
<tr>
<th>Documents</th>
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<tbody>
<tr>
<td>Goal</td>
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<tr>
<td>Completed</td>
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<td>%</td>
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</tbody>
</table>
Selecting Documentation

- Relevant to the Domain, Standard, and Measure
- Do not submit more than the PHAB requirement
- Broad program representation
- Reuse of documents
- Multiple documents
Submitting Documentation: General Guidance

- No draft documents
- All documentation must be in use at the time of application
- Everything must be submitted electronically to e-PHAB
- PDF versions are preferred; Word, Excel, and PPT accepted
- Recommended to provide explanation: document descriptions and whole measure narratives
- Where examples are required the agency must submit two, unless otherwise noted
- Signed and dated
- Highlight relevant sections of documentation
Engage the Local Board of Health
Defining the Local Governing Entity (LGE)

The LGE should meet the following criteria:

- Official part of the local government
- Responsible for policy-making and/or governing the LHD
- Serves advisory function to LHD
- Point of accountability for the LHD
Domain 12: Maintain capacity to engage the public health governing entity

**Standard 12.1**: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities and Authorities

**Standard 12.2**: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

**Standard 12.3**: Encourage the Governing Entity’s Engagement in the Public Health Department’s Overall Obligations and Responsibilities
Common Barriers to Attaining LGE Buy-In

- Don’t understand accreditation
- Don’t understand public health
- The costs of accreditation
- Don’t see the benefits
Attaining BOH Buy-in for Accreditation

Communicate the following to attain BOH buy-in:

- Public health and the LHD’s role, if necessary
- Overview of accreditation
- BOH’s role in accreditation
- Accreditation costs
- Accreditation benefits and incentives
Accreditation in Your LHD

• Communicate examples of how you are already preparing
• Examples could include the following:
  • Networked with accredited LHDs
  • Took advantage of training opportunities like this one!
  • Provided feedback on PHAB documents
  • Reviewed the standards
  • Developing prerequisites
  • Other
Quality Improvement
Quality Improvement

Improving the public’s health through continuous quality improvement

Accreditation → Improve → Improve → Re-accreditation

Improving the public’s health through continuous quality improvement
Quality Improvement

The use of a deliberate and defined improvement process focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. *

* Definition developed by the Accreditation Coalition Workgroup and approved by the Accreditation Coalition on June 2009
PHAB Requirements for QI

- Domain 9
- Performance Management System
- QI Plan
- QI Projects
Infrastructure for an Agency-Wide QI Program

- Leadership commitment
- Data driven
- QI plan
- QI team
- Link QI to agency strategic plan and direction
- Continued QI training
Questions?