

## Accreditation Preparation and Quality Improvement: FAQs from Webinars



### Introduction

The Public Health Accreditation Board (PHAB) is developing a voluntary national accreditation program for state, territorial, tribal, and local health departments (LHDs), with an expected launch date of 2011. Since 2008, NACCHO has hosted a webinar series on Accreditation Preparation and Quality Improvement. The free archived webinars are available at [www.naccho.org/topics/infrastructure/accreditation/webcasts.cfm](http://www.naccho.org/topics/infrastructure/accreditation/webcasts.cfm). Below are frequently asked questions (FAQs) and answers from the webinars.

### 1. Are there any guidelines regarding the three prerequisites for accreditation: community health assessment, community health improvement plan, and strategic plan?

To apply for voluntary national accreditation, LHDs must submit three prerequisites. PHAB describes the prerequisites as follows.

- A **community health assessment** involves a process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. It is one of the core functions of public health. It involves the systematic collection and analysis of data in order to provide the LHD and the community it serves with a sound basis for decision-making. It should be conducted in partnership with other organizations in the community and include collecting data on health status, health needs, community assets, resources, and other community determinants of health status.

The intention here is that, for accreditation purposes, the LHD can demonstrate that it systematically assesses its jurisdiction's health status and can describe it. Most LHDs should have access to much of the data needed. Partnerships with hospitals, academic institutions, other governmental agencies (such as schools or police), and

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non-profit health promotion organizations will help to access additional data needed to assess the health of the community.

- A **community health improvement plan** is a long-term systematic effort to address issues identified by the assessment. Both the LHD and a broad set of community partners participate in its development. Partners can use a solid community health improvement plan to prioritize activities and set priorities. For accreditation purposes, the community health improvement plan should be updated at least every five years.
- An LHD's **strategic plan** is internal to the LHD, although it may have been developed with input from partners. It shapes and guides what the LHD does and why. It sets forth the LHD's vision, mission, guiding principles, values, and strategic priorities. It also describes measurable and time-framed goals and objectives. The strategic plan should include steps to implement portions of the community health improvement plan and other strategic issues for the LHD.

NACCHO's accreditation preparation website includes samples of these documents ([www.naccho.org/topics/infrastructure/accreditation/prerequisites.cfm](http://www.naccho.org/topics/infrastructure/accreditation/prerequisites.cfm)) and also contains an accreditation preparation toolkit ([www.naccho.org/accreditation/toolkit](http://www.naccho.org/accreditation/toolkit)) with examples and worksheets to assist in developing these prerequisites.

## 2. What is a good first step for preparing for accreditation, even if my LHD is a long way off?

For LHDs that anticipate applying in the future, PHAB recommends working diligently on the following:

- Appoint an accreditation coordinator and department-wide team to review the standards, measures, and documentation guidance and identify documents. NACCHO has developed a sample accreditation coordinator position description ([www.naccho.org/accreditation/coordinator](http://www.naccho.org/accreditation/coordinator)) to assist with this appointment.
- Review the documentation requirements for the standards and measures and note the areas where potential documentation needs to be updated and organized. This includes dating agendas, communications, and policies as they are developed; signing and dating contracts; keeping sign-in sheets for various trainings; and creating an electronic filing system to store information so that it can be easily found for future reference during the self-assessment.
- Begin or refine work on the prerequisites, which are described above.
- Prepare documentation according to the concepts in the current measures and guidance but do not organize materials according to the specific measure number (e.g., 1.1.2). All of the elements of the PHAB accreditation documents are subject to change once the comments from the beta test, the website feedback, and the think tanks have been considered. However, PHAB does not expect changes in the framework, the link to the 10 essential public health services, the public health concepts and processes represented by the documentation, or the underlying philosophy that accreditation is based on performance and quality improvement.

In addition, PHAB's website ([www.phaboard.org](http://www.phaboard.org)) contains more information about the accreditation program; the monthly newsletter, in particular, is a good source for updates ([www.phaboard.org/index.php/latest\\_news/newsletters/](http://www.phaboard.org/index.php/latest_news/newsletters/)).

## 3. How do I get managers or staff to support accreditation and quality improvement?

Engaging staff in accreditation preparation and quality improvement (QI) efforts at the outset is key to success, because staff throughout the LHD will contribute to and benefit from these activities. NACCHO has developed a presentation to introduce LHD staff to QI ([www.naccho.org/topics/infrastructure/accreditation/qi-training.cfm](http://www.naccho.org/topics/infrastructure/accreditation/qi-training.cfm)). Presentations are also available to introduce staff to accreditation ([www.naccho.org/topics/infrastructure/accreditation/staff-training.cfm](http://www.naccho.org/topics/infrastructure/accreditation/staff-training.cfm)) and to garner support from the local governing entity ([www.naccho.org/topics/infrastructure/accreditation/governing-body-training.cfm](http://www.naccho.org/topics/infrastructure/accreditation/governing-body-training.cfm)). Users can download and customize these presentations.

## 4. What is a good estimate of the time devoted to and the cost of preparing for accreditation? When will we know the costs of applying?

The agency time and costs involved with preparing for accreditation have not yet been quantified. The National Opinion Research Center is evaluating the beta test, which includes collecting information about the staff time and costs dedicated to accreditation activities. Additionally, PHAB's Fee Development Committee is actively developing the model and criteria for determining the fee structure for the accreditation program. To this end, a market survey will be developed, distributed, and analyzed in winter 2011. The committee hopes to conclude its work in spring 2011 and publish the fees soon thereafter.

## 5. How do I provide documentation in certain areas if my LHD does not provide those services (e.g., environmental health, primary care)? Or if my LHD contracts with other agencies to provide services?

From its inception, PHAB has stated that program-specific standards are outside the scope of its voluntary national accreditation process because programming varies from state to state and locality to locality. Therefore, LHDs are not required to demonstrate how any particular program area meets standards. Instead, they may choose from among all of the programs that they provide when the time comes to submit documentation.

LHDs need not create new documentation, provided some documentation is currently in use by the LHD. Many LHDs do not conduct all public health functions directly but rather have formal agreements, contracts, or partnerships with others to perform selected functions. The LHD must provide documentation that demonstrates that the function is being performed, although another entity may perform the function. The focus of the PHAB standards, measures, and documentation guidance is on *what* is provided, not on *how* it is provided.

The LHD being reviewed for accreditation is accountable for providing documentation that demonstrates conformity with the measures. PHAB will need to see not only the documentation but also evidence of a formal working relationship when the measure is met by another organization. LHDs will need to submit to PHAB formal documentation of the partnership or assignment of responsibility to others (e.g., memorandum or letter of agreement, memorandum of understanding, contract, legislative action, executive order, ordinance, or rules/regulations).

PHAB included some examples of such documentation in its November/December 2010 e-newsletter (<http://conta.cc/gpquc>).

## 6. When assembling documentation for accreditation, how much should my LHD include? What comprises sufficient documentation?

More documentation is not always better. For example, when a measure is met through a section in a manual, only the relevant sections should be submitted or highlighted and made easily accessible to reviewers (as opposed to simply submitting or providing the entire manual). Also, when PHAB specifies a specific number of items to fulfill a particular documentation requirement, LHDs should not exceed that number. PHAB deliberately provides limits so that LHDs may display their best examples, rather than submitting everything they have to offer.

NACCHO is working to compile documentation submitted by beta test sites in order to make it available to other LHDs interested in pursuing accreditation. An important caveat is that none of the beta test sites received accreditation status or an indication of the likelihood of accreditation status through the testing process, and therefore the documentation does not reflect items that PHAB has

officially approved for the purposes of meeting a standard or measure.

LHDs can receive updates on these and other forms of technical assistance through NACCHO's periodic online newsletter on accreditation preparation and QI ([www.naccho.org/topics/infrastructure/accreditation/newsletter.cfm](http://www.naccho.org/topics/infrastructure/accreditation/newsletter.cfm)).

## 7. Who are the best people to include on a QI team?

When engaging in QI, the LHD should include all the people who play a part in the process being addressed. These people often include a combination of senior managers and front-line staff. The support of senior management is necessary for success, and the insight of front-line workers is crucial for implementing a meaningful and relevant effort. Sometimes internal staff lead QI efforts; other times LHDs use external facilitators. If an LHD decides to use external facilitators, NACCHO offers a QI consultant list ([www.naccho.org/accreditation/consultants](http://www.naccho.org/accreditation/consultants)) and guidance for engaging a consultant ([www.naccho.org/accreditation/engaging](http://www.naccho.org/accreditation/engaging)).

## 8. What is a good "first step" for initiating QI at my LHD?

According to LHDs that have gone through the QI process for many years, the best way to begin is by selecting a small, manageable project. This could be an internal clinic procedure that is ineffective, a confusing process for reporting environmental health hazards, or an issue with customer or employee satisfaction. Starting with a small project allows LHDs to learn the basics of QI, experience successes, and gain the confidence to continue.

Many QI frameworks and approaches lend themselves to application within an LHD. One possibility is the Plan-Do-Check-Act (PDCA) cycle. NACCHO embraces this model because it provides a simple yet powerful structure to test and analyze potential improvements. However, many effective models exist for QI, and NACCHO does not endorse any single model as the best one to use.

## Plan-Do-Check-Act Resources

Information about PDCA and other QI models is available on NACCHO's accreditation preparation and quality improvement website. Specific guidance on PDCA is available through the following resources:

- *The ABCs of PDCA*: NACCHO's archived webinar (<https://cc.readytalk.com/cc/playback/Playback.do?id=btphd8>) and paper ([www.naccho.org/topics/infrastructure/accreditation/upload/abcs-of-pdca.pdf](http://www.naccho.org/topics/infrastructure/accreditation/upload/abcs-of-pdca.pdf))
- Introduction to QI for LHD staff, a NACCHO training ([www.naccho.org/topics/infrastructure/accreditation/qi-training.cfm](http://www.naccho.org/topics/infrastructure/accreditation/qi-training.cfm))
- Examples of PDCA efforts at LHDs from the NACCHO demonstration sites ([www.naccho.org/topics/infrastructure/accreditation/demosites.cfm](http://www.naccho.org/topics/infrastructure/accreditation/demosites.cfm))
- A storyboard template for LHDs to use to demonstrate their QI projects ([www.naccho.org/topics/infrastructure/accreditation/upload/qi-storyboard-template.doc](http://www.naccho.org/topics/infrastructure/accreditation/upload/qi-storyboard-template.doc))

# [FACT SHEET]

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