



# California Department of Public Health Accreditation Readiness Journey

Office of Quality Performance and Accreditation (OQPA)

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# Presentation Objectives

1. Provide an overview of the California Department of Public Health's (CDPH) accreditation journey
2. Review the development of tools used in the CDPH accreditation process



# Accreditation Process Overview

## 1. Pre-application

- ❑ Submit a Statement of Intent (SOI)

## 2. Application

- ❑ Application form with pre-requisites

## 3. Document Selection and Submission

- ❑ Applicant selects documentation and submits it to e-PHAB for review

## 4. Site Visit

- ❑ Site visit is conducted by a team of peers and report developed

## 5. Accreditation Decision

- ❑ PHAB Board will award accreditation status for 5 years if successful

## 6. Reports

- ❑ Department submits annual reports to PHAB

## 7. Reaccreditation (every 5 years)

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# Accreditation Readiness Steps



# Accreditation Readiness Accomplishments

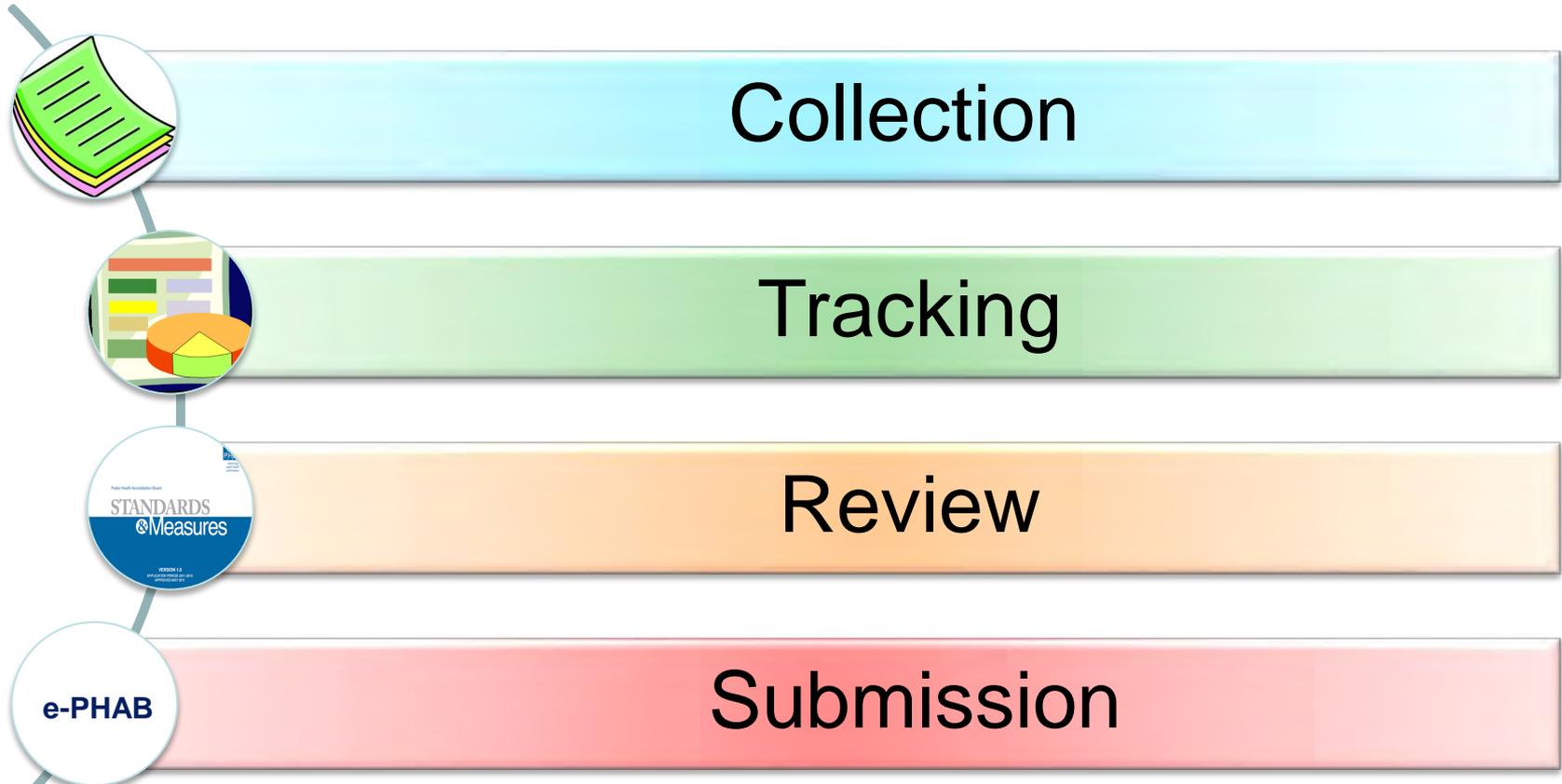
- ✓ 105 Measures of Quality Assessed...
- ✓ 1,136 Documents Loaded to e-PHAB...
- ✓ 19,173 Pages Reviewed...
- ✓ Coordinated Staff Time and Effort...
- ✓ Improved Quality of Performance...

# Accreditation Readiness Structure

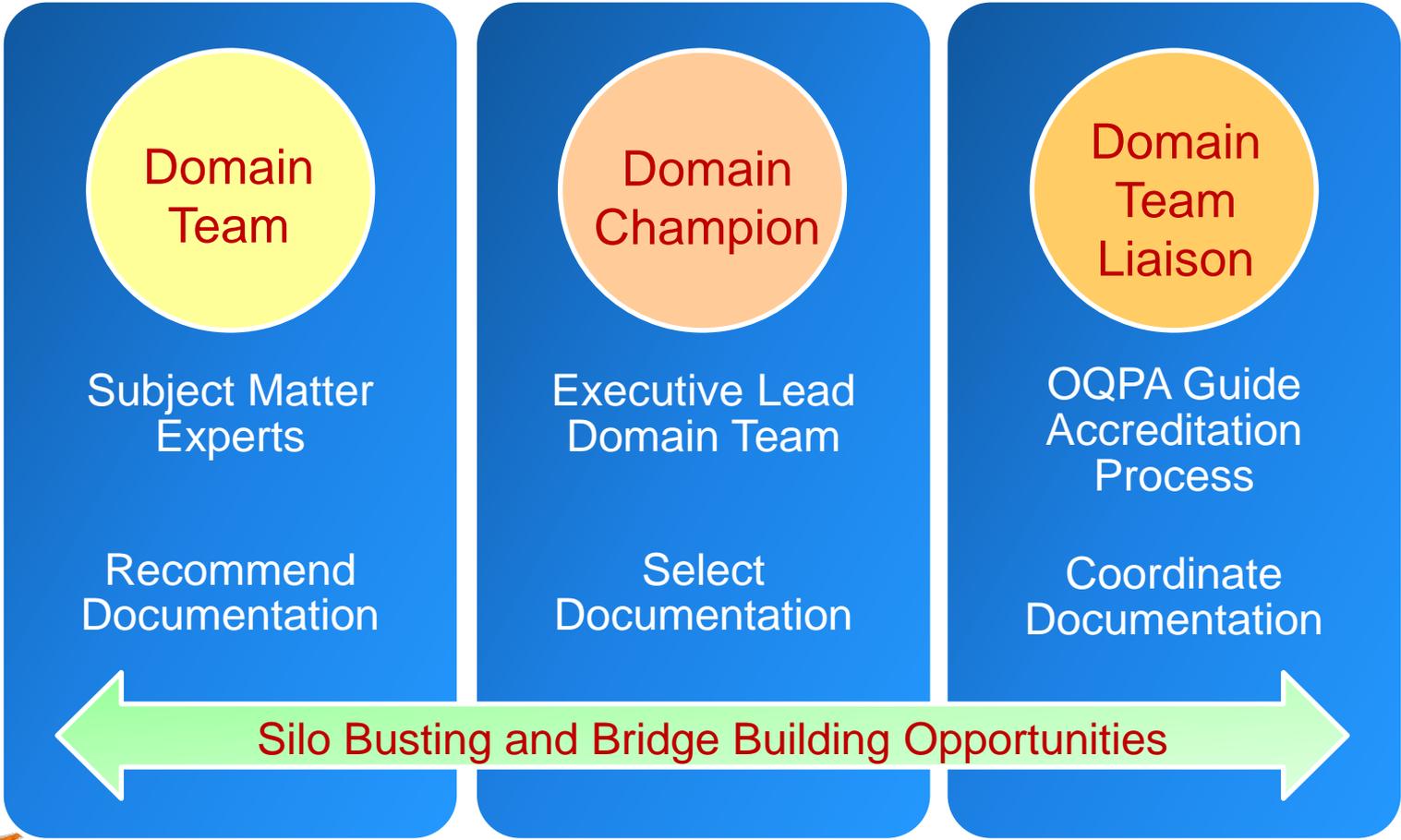
- **Formed Accreditation Readiness Team**  
(executive sponsorship)
- **Formed Domain Teams**  
(subject matter expertise)
- **Expanded Across the Department**  
(collaboration)
- **Centralized Documentation Collection and Organization**  
(coordination)



# Documentation Process Overview



# Documentation Collection



# Document Cover Sheet



## ACCREDITATION DOCUMENT COVER SHEET

Indicate Below the PHAB Standard/Measure the Documentation Addresses (i.e. 10.1.2.2a)	
Domain/Standard/Measure/Required Documentation:	
Document Title:	
Document Date:	
Short Description of Document:	
Where does the document originate?	
Center/Office:	
Division:	
Program:	
Internet/intranet link (if applicable):	
Document link on the ART SharePoint site (if uploaded):	
Is the document FINAL (no draft)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the document dated 2009 or later?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the document contain CONFIDENTIAL information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information/Text Location: <small>(Summary of where information/text located in document that addresses measure)</small>	
Comments: <small>(opportunities for improvement, gaps or issues in documentation to address, etc.)</small>	
Completed By:	

### Purpose:

- Identifies and describes document
- Indicates document origin and contact information
- Summarizes specific document text that addresses the measure
- Explains document risk points/gaps

### Value:

- Standardizes method for Domain Teams to submit documentation into shared electronic platform (SharePoint)
- Contains information from subject matter experts which contributes to OQPA narrative development



# Document Checklist



## ACCREDITATION DOCUMENT CHECKLIST

<b>Measure/Required Documentation:</b>	
Document Title:	
Reviewer:	
Date:	

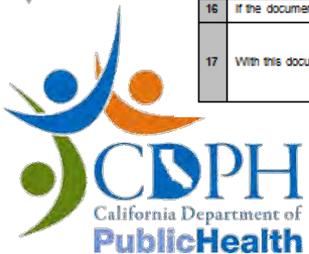
1	Is the document FINAL (no draft)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the document in PDF format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is this in effect and in use by CDPH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is this document WHAT CDPH has in place, regardless of HOW it gets done (i.e., contract, partner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does the document have to be signed? If yes, is it signed OR has the CDPH logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the documentation (policy, protocol, brochure) done by an entity on behalf of CDPH? If yes, include the evidence of such entity acting on behalf of the Department, such as MOU, letter of agreement, contract, executive order, ordinance, rules/regulations, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	Is the document (including brochures) dated appropriately? Within 5 years of planned submittal to PHAS (unless indicated otherwise) a) Annual: within previous 14 months b) Current: within previous 24 months c) Biennially: within each 24 month period, at least d) Regular: within a pre-established schedule, determined by CDPH e) Continuing: existed for some time, currently in use and will continue	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is this documentation the most direct and applicable to the measure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	If the document contains CONFIDENTIAL (personal information, identifiers) information, is that confidential information DELETED or COVERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Does the document indicate which section addresses the measure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Do meeting MINUTES used for documentation include any attachments referenced in the minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12	Are 2 examples provided (unless otherwise noted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13	Is the selected documentation a good representation of CDPH programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Does the selected documentation demonstrate organization-wide conformity with standards and measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15	Are multiple documents used to demonstrate ONE measure? If yes, does it include an explanation that describes how the documents, together, demonstrate conformity with the measure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
16	If the document is a POLICY or PROCEDURE, is it signed and dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17	With this documentation, is the Measure (select one):	<input type="checkbox"/> Fully Demonstrated <input type="checkbox"/> Largely Demonstrated <input type="checkbox"/> Slightly Demonstrated <input type="checkbox"/> Not Demonstrated

## Complete and Review:

- Domain Team and/or OQPA

## Purpose:

- Assess the presence of document elements (date, signature, etc.)
- Identify gaps that may require corrective response or additional information



# Documentation Tracking



Pre-populated by OQPA

Completed by Domain Team

Measure	Description and Required Documentation	# Examples Required	Guidance	Timeframe	Document Title	Description of Documentation	Document Last Updated Date	Document Hyperlink	Contact for Document	Program/Center Information
<i>Standard 1.1: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment - See SHA specific document (OQPA-accreditation prerequisite)</i>										
Standard 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population										
1.2.1.A Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards										
	1. Processes and/or protocols to maintain the comprehensive collection, review, and analysis of data on multiple health conditions from multiple sources	2	<p>1. The health department must provide written processes and/or protocols to collect comprehensive data from multiple sources and to review and analyze those data. Processes and protocols must include how data are collected, such as fax, emails, web reports, phone calls to the health department or to another site, such as emergency management or a 9-1-1 call center. <b>The surveillance system must be able to receive reports at any time.</b> The health department defines from whom the reports are received.</p> <p>A Tribal surveillance system may include a diverse set of partners, including, but not limited to, federal entities, Tribal epidemiology centers, local and state health departments, or other system partners. Since many Tribal surveillance systems include multiple partners outside of the Tribe, MOUs, MOAs or other formal written agreements may be used as documentation to demonstrate processes, protocols, roles and responsibility, confidentiality protection (2 below) and reporting.</p>	within 5 years	1a. CalREDIE Reference Guide	This document describes standards, protocols and guidelines for CalREDIE.	Dec-12	<a href="http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1.CalREDIE%20Reference%20Guide.pdf">http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1.CalREDIE%20Reference%20Gui</a>	Allison Jacobsen	CID
					1b. CMRCDPH110a	This is a list of reportable diseases in CA.	Oct-11	<a href="http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1.http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1">http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1.http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1</a>	Allison Jacobsen	CID
					2. Physician Requirements for Cancer Reporting in California	California Cancer Reporting System Standards	2013	<a href="http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1">http://cdphitraneltsites/executev/edQP4/ART/Shared%20Documents/Domain_Team_Documentation_Folders/Domain%20Team%2012.1.A%20Documents/12.1.A.1.%20Final/Example%2012.1.A.1</a>	Fred Molitor	Center for Chronic Disease Prevention and Health Promotion

Tracking sheet lists final selected documents and is uploaded to shared electronic platform (SharePoint)

# Documentation Review



## Documentation Review Principles

### Assess Documentation Conformity to the Measure

- Does the documentation fit with the guidance?
- Does the documentation meet the intent of the measure?
- Is the documentation reasonable and appropriate for the measure?

### Evaluate Documentation Details

- Is the document authenticated (i.e. CDPH logo, etc.)?
- Does the document meet the time frame established in PHAB requirements?
  - Dated within 5 years unless otherwise indicated in the PHAB guidance

## Narrative Writing Elements

### Explain Documentation (tell the story)

#### Identify and explain key concepts

- Provide context by describing background information for the concept being explained
- Utilize sufficient detail to adequately inform those who may be unfamiliar with the concepts

#### Answer who, what, where, when, why and how questions

- Consider these questions when explaining how the documentation meets the requirements of the measure

#### Tie multiple documents together to show collective conformity

- State why each document is being used
- Indicate how each document contributes to meeting the measure requirements

#### Specify page numbers and/or sections to identify text location

- Point to specific information that shows relevant evidence of where documentation conforms to the measure and highlight document

## Writing Conventions

- Use complete sentences, appropriate grammar and punctuation and avoid first person language (I think)
- Spell out an acronym name before the acronym is used in text
- Use phrases such as "OQPA has added or recommends" when providing a recommendation to strengthen
- Write the narrative so that a person unfamiliar with CDPH can understand the documentation



# Documentation Narrative

Domain 10: Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

Page 1

Measure 10.2.3 Communicate research findings, including public health implications	
Required Documentation 1 of 1 (2 Examples)	
RD1: Documentation of communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public	
Example 1: Documents	Description of Documentation and Conformity to Measure
1. CDPH Maternal and Infant Health Assessment (MIHA) County Report, February 2012	The Maternal and Infant Health Assessment (MIHA) County Report provides prevalence of health conditions and behaviors, along with demographic characteristics of women around the time of pregnancy in the top 20 birthing counties in California, compared with the state overall. A copy of this report is provided.
2. Email from CDPH MCAH Program (provides MIHA Distribution List)	Also provided is a copy of the email distribution list of the stakeholders that CDPH shared the report. The email distribution list was provided by CDPH's Maternal Child and Adolescent Health (MCAH) Program as noted in an email from Moreen Libet to Latesa Slone on September 30, 2013. Tribal partners are highlighted on the distribution list.
3. CDPH Email Distribution list for MIHA Report	These documents are an example of how CDPH communicates research findings that have been evaluated by experts, together with their public health implications, to stakeholders. Representatives of both Tribal and local health departments are included in the list.
Example 2: Documents	Description of Documentation and Conformity to Measure
1. CDPH Email to Stakeholders (Announce Breastfeeding Data), July 30, 2013	On July 30, 2013 CDPH's Maternal, Child and Adolescent Health (MCAH) Division produced and shared their 2012 report in-hospital breastfeeding initiation rates, via email with stakeholders.  To produce this report, MCAH monitors in-hospital infant feeding practices utilizing data obtained during newborn screening for genetic diseases. These data are then posted on CDPH's website and the report is also shared by email with various stakeholders that include local and tribal health departments, hospital administrators, nurse managers and obstetrics.
2. Hospital Breastfeeding Data from CDPH	
3. Email from MCAH (with Distribution List), August 23, 2013	The documentation provided is an email sent from CDPH on July 30, 2013 to share this data with these stakeholders, together with a copy of the data report printed from the web page link that is listed in the email.
4. Web Page Screen Shot of Indian Health Program Contact Info	An email distribution list was provided by the MCAH program used to distribute the 2012 breastfeeding data. One of the noted recipients is Patricia Lavalos (highlighted) with DHCS; Department of Health Care Services who is identified as being with the Indian Health Program (IHP) as noted by the website screen shot.
5. CDPH Letter to Stakeholders, July 29, 2013	Also provided is a copy of the signed letter dated July 29, 2013 from CDPH to inform stakeholders about the data.

## PHAB Standards and Measures guides review of documentation

### Narrative (Read Me) by OQPA:

- Lists documents being reviewed
- Tells the story of CDPH by explaining context, background and key concepts
- Ties multiple documents together to show collective conformity to a measure
- Specifies page numbers and sections to identify relevant evidence

### Domain Binders:

- Domain binders (hardcopy) containing narratives and documentation are developed for Policy (Executive) Review

# Strengthen Documentation

Domain 10: Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

Page 2

OQPA Recommendations to Strengthen Documentation	
Example 1:	
Example 2:	
OQPA Reviewer:	Domain Team Liaison:
Policy (Executive) Review	
Does the documentation satisfy the PHAB requirements? (Y/N)	
If not, how can the documentation be strengthened to meet the requirements?	
Beyond meeting the requirements for the documentation, might a different example or different documentation be preferred in order to accurately and fairly represent CDPH as a whole? (Y/N)	
If yes, what is recommended?	

## OQPA Recommendations:

- May suggest enhancements to strengthen documentation

## Policy (Executive) Review:

- Considers OQPA suggestions and may propose further recommendations

## Multiple Reviewer Recommendations:

- Improve documentation narrative content
- Enhance evidence of conformity to a measure
- Incorporate continuous quality improvement into the documentation review process

# Qualitative Review and Submission

## CONTINUOUS QUALITY IMPROVEMENT

Policy (Executive) Review

OQPA Strengthen Documentation Post Policy Review

Association of State and Territorial Health Official (ASTHO) Review

OQPA Strengthen Documentation Post ASTHO Review

Health Department Director Review

OQPA Strengthen Documentation Post Director Review

Documentation Conversion and Upload to e-PHAB

**SUBMIT**

# Document Conversion and e-PHAB Upload

## Document Conversion:

- Use **Adobe Pro** to convert (bind) final documents into **three PDF control files:**

- Read Me (Narrative)
- Example 1 Documents
- Example 2 Documents

Upload each PDF control file to e-PHAB

### Measure 10.2.3 A - Communicate research findings, including public health implications

#### Required Documentation & Guidance for Measure 10.2.3 A

Upload the following supporting documents for this Measure. For each upload, enter a helpful Title (required) and Description (optional).

#### Required Documentation 1.

Documentation of communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public

#### Guidance:

The health department must provide two examples of communication through which the department conveyed research findings and their public health implications to stakeholders, other health departments, members of the public health system and non public health system partners, and/or the public. Documentation could include: a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list-serve, newspaper article, webinar, or press release. Appropriate audiences could include: the health department's governing entity; elected/appointed officials; agencies, departments, or organizations that collaborate with the health department in the delivery of services; community and healthcare partners; and the general public. Audiences would be especially appropriate if involved in or affected by the research.

The research must have been evaluated by experts to provide valid implications.

In any state health department distribution list of research findings, the Tribal and local health departments in the state must be included.

In any local health department distribution list of research findings, the Tribal and state health department(s) in the state must be included.

In any Tribal health department distribution list of research findings, the state and local health department(s) in the state must be included.

DOCUMENTATION	TITLE	UPLOADED BY	ACTION
<a href="#">Document 10.2.3 A.1.1</a>	<a href="#">10.2.3 RD1 Read Me</a>	Leslie Stribling 01-08-2014	
<a href="#">Document 10.2.3 A.1.2</a>	<a href="#">10.2.3 RD1 Example 1 Documents</a>	Leslie Stribling 01-28-2014	
<a href="#">Document 10.2.3 A.1.3</a>	<a href="#">10.2.3 RD1 Example 2 Documents</a>	Leslie Stribling 01-28-2014	

# Lessons Learned

## 1. Organizational Commitment

- Engage executive leadership
- Embrace opportunities to build bridges across programs

## 2. Goals

- Assess needs and allocate resources
- Establish timeline for deliverables

## 3. Systems

- Create standardized file naming and document storage conventions
- Utilize tracking mechanisms

## 4. Training and Technical Assistance

- Facilitate reviewer training and Domain Team support
- Consult external resources for qualitative review

## 5. Communication

- Communicate frequently via meetings and committees
- Foster team culture



# The Road Ahead

- Site Visit Preparation: 3-4 months
- Site Visit: 2-3 days
- Accreditation Decision



# Discussion

Contact Office of Quality Performance and Accreditation:

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