

THE ACCREDITATION PROCESS

Lessons learned from Ventura County Public Health's Journey

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VCPH'S JOURNEY TO ACCREDITATION

Objectives

- Provide an overview of Ventura County Public Health's (VCPH) journey to 5 year accreditation
- Share VCPH successes and lessons learned from each key step



VENTURA COUNTY PUBLIC HEALTH: A DEPARTMENT WITHIN A LARGER HEALTH AGENCY



- 2 Hospitals
- 45 Ambulatory Care Medical Clinics
 - VC Health Care Plan
 - Behavior Health
 - Public Health
 - Animal Services
 - Medical Examiner



VCPH PROGRAMS REFERENCED IN PHAB MEASURES

- Public Health Lab
 - Emergency Preparedness
 - Women Infant and Children
 - Maternal, Child and Adolescent Health
 - Immunization
 - Communicable Disease
 - Chronic Disease
- * Environmental Health was the main non PH program referenced



OUR ACCREDITATION STEPS & TIMELINE

1. Pre-application (preparation & staff buy in) Early 2012
2. Application (w/CHA, CHIP & SP) November 2012
3. Documentation Submission November 2013
4. Site Visit – late April 2014
5. PHAB Decision (June 2014)
6. Annual Reports (June 2015/2016/2017/2018)
7. Re-Accreditation (June 2019)



STEP ONE - PRE-APPLICATION - EARLY 2012

1. Self Assessment:

- Find a tool: PHAB Accreditation Readiness Checklist
- NPHPS: 3 Core Functions and 10 Essential Services

2. Why accreditation? Messaging the value to senior mgt., staff, governing entity, and community partners:

- Define the value of accreditation early and repeat often.
 - Value to the community, department, programs, and individual
- Keep staff engaged, it is a long process.
 - Focus the health department on common goal toward accreditation
- Energize the workforce and develop a strong team.



STEP ONE - LESSONS

1. Self Assessment

- PHAB is QI focus: Keep it positive with staff. Deficiencies are opportunities for improvement not a mechanism to point out future cuts in programs or staff.

2. Update staff and stakeholders at each step of the process.

- Staff: Accreditation takes a dept. wide team approach and process. Walk the process together. Have periodic celebrations.
- Provide updates to stakeholders and your governing entity. Provide the value gained with each step. This will help during the site visit.



STEP TWO - APPLICATION - NOVEMBER 2012

1. Required documents: Check they are within the allowable timeframe.
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
 - Department Strategic Plan (SP)
 - Health Department Organizational Chart
2. Confirm your core team, process, and communication plan



STEP TWO - LESSONS

1. Required documents: again, check they are within the allowable timeframe, at the time of your planned submission
 - CHA, CHIP, SP: Assure you have been using these documents and documenting reviews and revisions.
 - Performance Management Plan: It is not required at the time of applying. It is in the best interest of your process to have one by the time your apply.
2. Confirm your core team, process, and communication plan



STEP THREE - DOCUMENT SELECTION

1. Pre-Requisites documents:

- CHA
- CHIP
- SP

2. Required documents which are Plans

- Response plans
- Communication plan(s)
- All Hazards Emergency Operations Plan
- Health Department-specific workforce development plan
- Quality Improvement Plan

3. Documents for Required Systems

- Performance management
- Financial management

4. Press that submit button on time: one year from application date!



STEP THREE - DOCUMENT SELECTION LESSONS

1. Carefully review PHAB document preparation Do's and Don'ts
2. Develop system to collect, track, review, submit and retrieve all documents
 - A good documents naming and storing system can prevent rework
 - Keep a record of documents considered and why they were not utilized. You may be asked for other or different documentation of conformity for a measure. "Considered but not submitted" documents may be helpful later.
3. Pre-Application documents:
 - Record and track all reviews and revisions (key do regular reviews of your documents and revise as needed)
4. Plans: Assure they have been disseminated and implemented



STEP FOUR - SITE VISIT LESSONS

1. Invite your governing entity and community partners early.
2. The site visit will have three concurrent meetings during the two days. Plan the days to assure staff are not overlapping interview times.
3. Review the your facility early on for dept. logos and other signage
4. Review the responses from the documentation submission review. Measures which were re-opened or had questions might require more supportive documentation during site visit.



STEP FIVE - SITE VISIT LESSONS

1. Relax. Want to help determine how your department demonstrates conformity to the measure.
2. Have electronic versions of documents you feel the team may request you upload into e-phab.
3. Plan healthy snacks for your staff or partners as some may need to stay for multiple sessions.
4. Have IT on site, should a problem arise.
5. Relax. Take time off.



STEP FIVE - PHAB BOARD DECISION LESSONS

1. Plan the:
 - Outcome notification. How you will communicate the outcome (accredited/not accredited)?
 - Thank You's to staff, partners, governing entity
 - Celebration.
 - Media outreach.
2. Once accredited: review the report and identify priority areas for improvement. (start with measures not “fully demonstrated”)



STEP SIX – ANNUAL REPORTS & STEP SEVEN – RE-ACCREDITATION LESSONS

1. Identify areas to improve from the site visit report.
2. Review the current PHAB version and begin planning for next Accreditation application cycle.

Accreditation is all about Performance Management and CQI:
Value opportunities for improvement and keep up the great work!

