

# Accreditation Coordinator Learning Community Call

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January 26, 2016

National Indian  
Health Board



**NACCHO**  
National Association of County & City Health Officials

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# Agenda

Welcome	Lia Katz, ASTHO	3:00-3:05
Partner Introductions	ASTHO NACCHO NIHB	3:05-3:10
PHAB Accreditation Process Improvement	Robin Wilcox, PHAB	3:10-3:25
Evaluating Accreditation	Jessica Kronstadt, PHAB	3:25-3:40
Questions and Discussion		3:40-4:25
Closing		4:25-4:30

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# PHAB ACCREDITATION PROCESS IMPROVEMENT

January 2016

# Accreditation Process Improvement Principles

- Effectiveness
- Efficiency
- Excellence
- Fairness
- Consistency
- Continuous Quality Improvement
- Collaboration
- Transparency

# Seven Step Process

1. *Preparation*
2. *Registration and Application*
3. Documentation Selection and Submission
4. Site Visit
5. *Accreditation Decision*
6. Annual Reports
7. Reaccreditation

# Preparation

Now	Previous
Called "Preparation"	Called "Pre-application"
Online Orientation Required (AC & HDD)	Online Orientation Required (AC & HDD)
<i>New and improved</i> Readiness Checklists	Old Readiness Checklists

Readiness Checklists		
1.	Initial Accreditation Preparation Checklist	Determines eligibility and support for the health department seeking public health department accreditation.
2.	Plans and Processes Checklist	Determines if important, key, and major plans and processes are in place.
3.	Infrastructure Checklist	Determines if the health department has the capacities that are essential to being prepared for accreditation.
4.	Accreditation Process Checklist	Determines if the health department has the accreditation related processes in place that will help them as they seek public health department accreditation.

# Registration and Application

Current	Previous
Called “Registration”	Called “Statement of Intent” (SOI)
90 days to complete Registration (or start over)	One year to complete
Application	Application
6 months to complete Registration (or start over)	One year to complete
HDD states that they have completed and current CHA,CHIP, & SP	Upload CHA, CHIP & SP
HDD states that the have currently or substantially developed workforce development, emergency operations, and QI plans	none
HDD states that the have currently or substantially developed performance management system and branding strategy	none

# New Policy: Extensions

A legitimate cause or extenuating circumstance: an event or circumstance that is beyond the control of the health department and that significantly compromises the health department's ability to complete a PHAB accreditation process step within the timeframes set by PHAB.

- (1) Damage to the health department facility, such as a flood or fire, that hinders the health department's normal operations;
- (1) A public health emergency, such as a documented outbreak or environmental disaster, that requires the health department to redirect resources in order to contain or mitigate the public health problem or hazard; or
- (1) An unanticipated change in the health department director or Accreditation Coordinator (for example, separation from the health department for any reason or a serious illness) that would create a significant disruption in the health department's accreditation process work.

# Extensions (Appendix 3)

PHAB Accreditation Process Step	Required Timeframe/Deadline	Maximum Extension (Additional Time Provided)
Registration on e-PHAB	90 days after beginning the registration process	None: the health department must begin its registration over.
Application Submission	6 months from acceptance of registration by PHAB	None: the health department must begin its registration over.
Accreditation Coordinator Training	Health department Accreditation Coordinators are scheduled to attend the next quarterly training after their fee is received by PHAB.	PHAB will delay training for 3 scheduled trainings.
Documentation Submission	12 months	6 months
Respond to the Completeness Review	30 calendar days	30 calendar days
Respond to the Pre-site Visit Review	30 calendar days	30 calendar days
Action Plan	90 calendar days from notification that an Action Plan is required	60 calendar days
Action Plan Report	12 months from notification of acceptance of Action Plan	6 months
Annual Report Section 1	Health departments have access to the Annual Report Tab in e-PHAB starting on the first day of the quarter of the year in which they were accredited. They have three months to submit Section 1 of the Annual Report. It is due last day of the quarter of the year in which accreditation was conferred.	3 months
Annual Report Section 2	Due 30 days from notification of approval of Section 1	The health department does not receive feedback from PHAB on its Section 2 of the Annual Report.

# New Policy: Inactive Status

- Inactive Status is a pause in the accreditation process.
- The purpose of the Inactive Status is for the health departments to have time to identify or develop documentation.
- Provided for health departments that are in the accreditation process but are not prepared to complete a step in the process.
- Different than an extension, which may be granted for situations beyond the health department's control (see definition above).

# Inactive Status

- Health departments will not have access to e-PHAB during the Inactive Status.
- Amount of time of the Inactive Status will be determined in consult between PHAB and the health department.
- \$100 a month will be charged the health department for maintenance of the health department in e-PHAB and for ongoing technical assistance from PHAB staff.
- Inactive status may be requested by a health department or may be required by PHAB.

# Factual Errors

Now	Previous
The HD receives the SVR at the same time as the Accreditation Committee, for their information.	The HD received the SVR 30 days before the Accreditation Committee received it.
The HD does not review the SVR for factual errors.	The HD had 30 to review the SVR and submit factual errors before the SVR was provided to the Accreditation Committee for review.

# Action Plan

Now	Previous
The Accreditation Committee may send an Action Plan back to a HD one time for revision.	If the Accreditation Committee did not accept the Action Plan, the HD was “Not Accredited.”

# Summary Of Changes

[HTTP://WWW.PHABOARD.ORG/WP-CONTENT/UPLOADS/SUMMARY-TABLE-OF-REVISIONS-081715.PDF](http://www.phaboard.org/wp-content/uploads/summary-table-of-revisions-081715.pdf)

Process Step	Previous Process	New Guide to Initial Accreditation	Pages	Effective Date
Preparation for Accreditation	This step was previously called "Preapplication."	This step is now called "Preparation."	7	Feb 1, 2016
Registration and Application	This step was previously called "Statement of Intent."	This step is now called "Registration."	8	Feb 1, 2016
	Once the health department began the SOI, they had one year to complete it and submit it to PHAB.	Once the health department begins registration, they have 90 days to complete it and submit it to PHAB.	9	Feb 1, 2016
	Once the SOI was accepted by PHAB, the health department had one year to complete and submit the application.	Once the SOI is accepted by PHAB, the health department has 6 months to complete and submit the application.	9	Feb 1, 2016
	Health departments were required to upload their Community Health Improvement Plan, Community Health Improvement Plan, and Strategic Plan as part of the application.	Health department directors are required to state that the health department has an adopted and current (dated within the last five years) community health assessment, community health improvement plan, and department strategic plan.	7 & 10	Feb 1, 2016
	No current provision.	Health department directors are required to state that the health department has in place a current (dated within the last five years) or has substantially developed	7 & 10	Feb 1, 2016



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# Evaluating Accreditation



Jessica Kronstadt | January 2016

[phaboard.org](http://phaboard.org)

# Public Health Agency Accreditation System

Approved December 2013

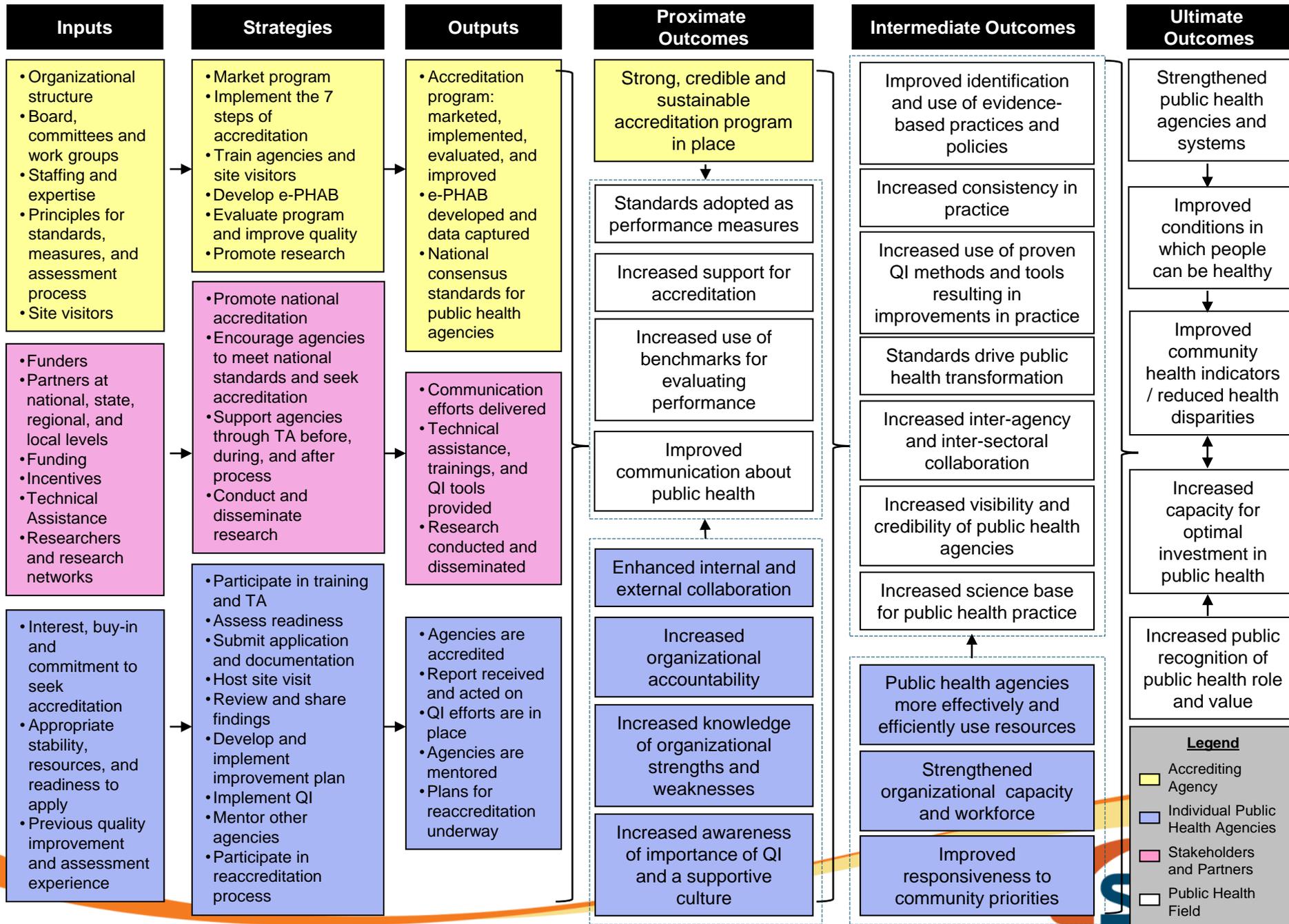


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# External Evaluation

# External Evaluation Overview



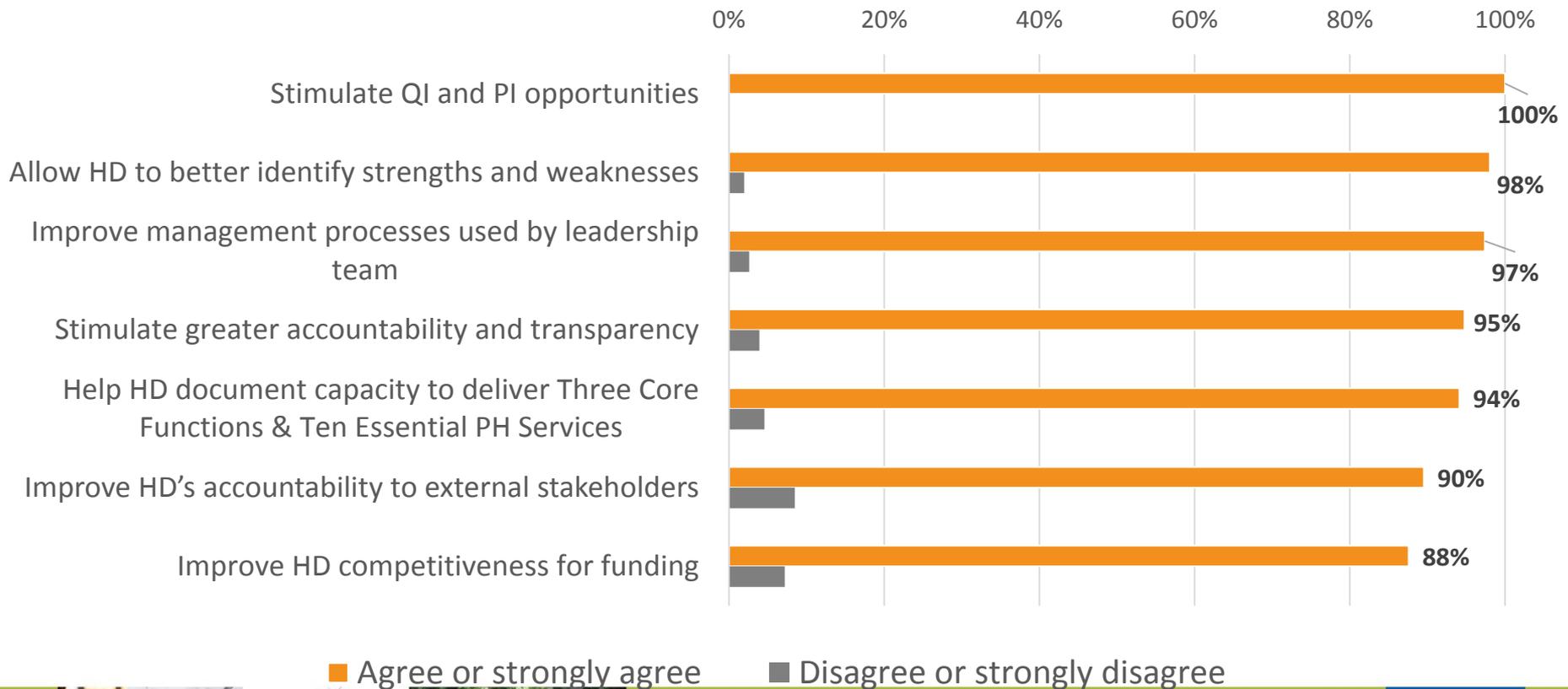
- Initial 3-year contract
- Focus on process and short-term outcomes
- Data collection from HDs
  - Survey 1: After HDs submit their Statement of Intent (n=154)
  - Survey 2: After HDs are accredited (n=51)
  - Survey 3: One year after HDs are accredited (n=46)
  - 3 focus groups
  - Interviews with 18 HD staff/stakeholders



# Motivators and Perceived Benefits



HDs who recently submitted an SOI believe accreditation will...



■ Agree or strongly agree

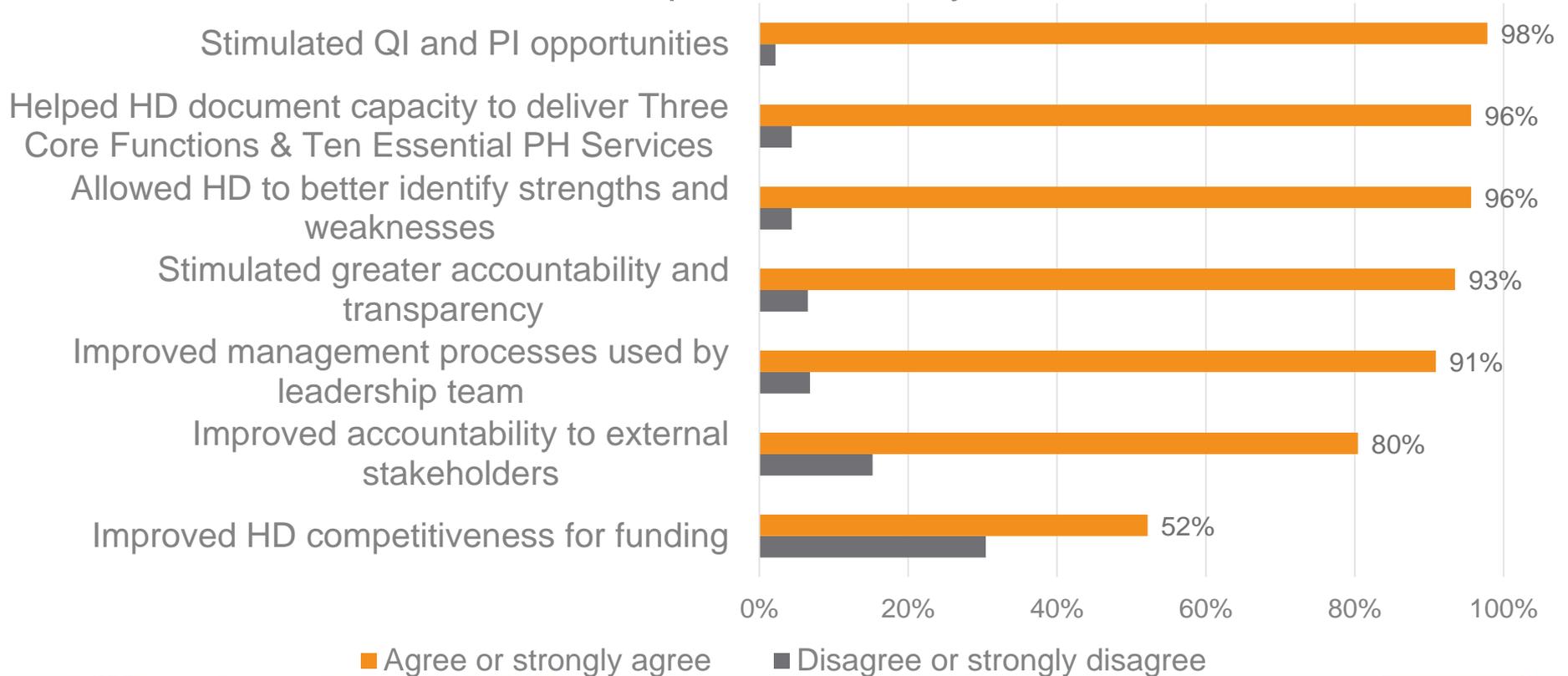
■ Disagree or strongly disagree



# Benefits Experienced by Accredited Health Departments



Benefits and outcomes experienced one year after accredited



# Quality Improvement



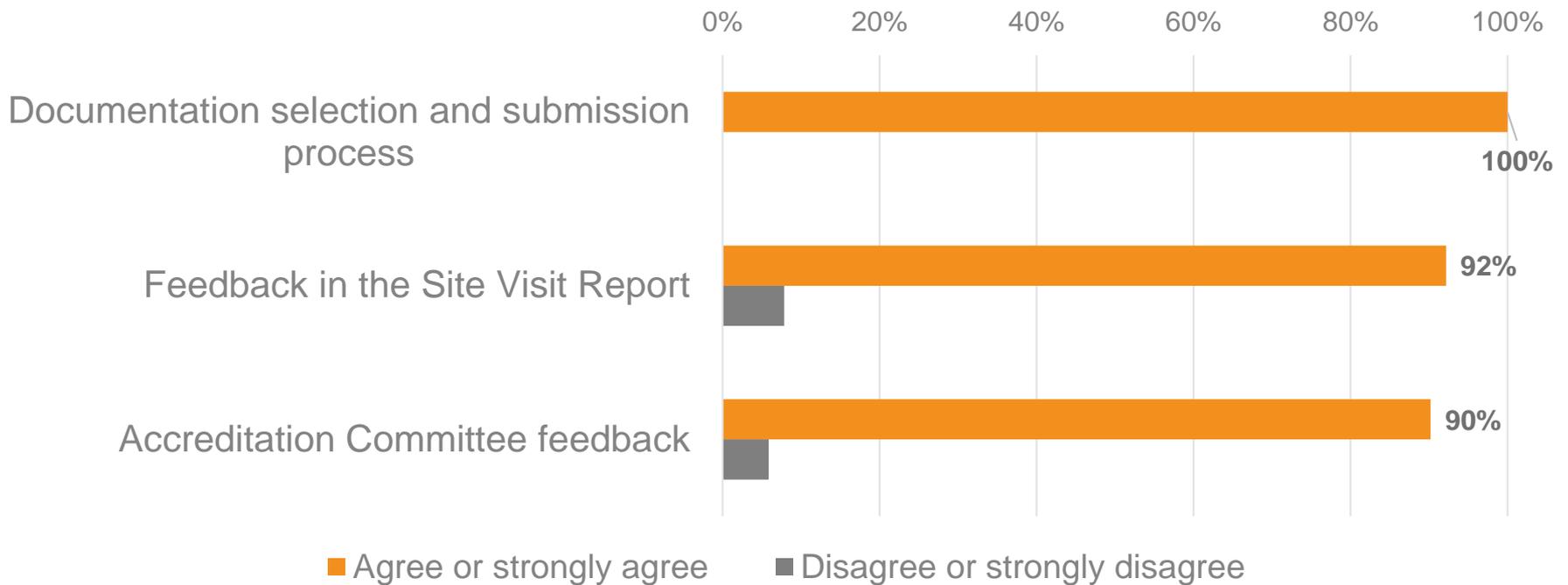
	Survey 1	Survey 2	Survey 3
HD uses or has implemented/plans to implement strategies to monitor and evaluate effectiveness and quality.	85%	100%	-
HD uses or plans to use information from QI processes to inform decisions.	78%	98%	98%
HD has implemented or plans to implement new strategies for QI.	71%	92%	-
HD compares programs, processes, and outcomes against other similar HDs as a benchmark for performance.	55%	-	71%
HD has implemented strategies for QI to demonstrate continued conformity with the Standards & Measures.	-	-	100%
As a result of the accreditation process, HD has a strong culture of QI.	-	-	93%



# Quality Improvement



Part of accreditation process that allowed HD to identify areas for QI and PI



# Overall Satisfaction



- HD leadership teams viewed PHAB accreditation fees as a good value
  - 92% strongly agreed or agreed (Survey 2)
- HDs felt they made the correct decision to apply for PHAB accreditation
  - 100% strongly agreed or agreed (Survey 2)
- HDs did not experience adverse effects from having participated in accreditation
  - Almost all said there were no adverse effects (24 of 26 respondents to Survey 3 open-ended question)



# In Their Own Words



- Accreditation “was a major opportunity to change our organizational culture to one where QI and performance management initiatives have become the norm” (Survey 3)
- HD has “experienced a significant positive transition in QI and performance improvement” (Survey 3)
- Accreditation holds HDs accountable for activities, which has helped institutionalize QI (focus group)
- Accreditation is “one of the best leverage points” to improve the public health system and success on objective health measures (focus group participant)



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# Internal Evaluation and Annual Report

# Internal Evaluation

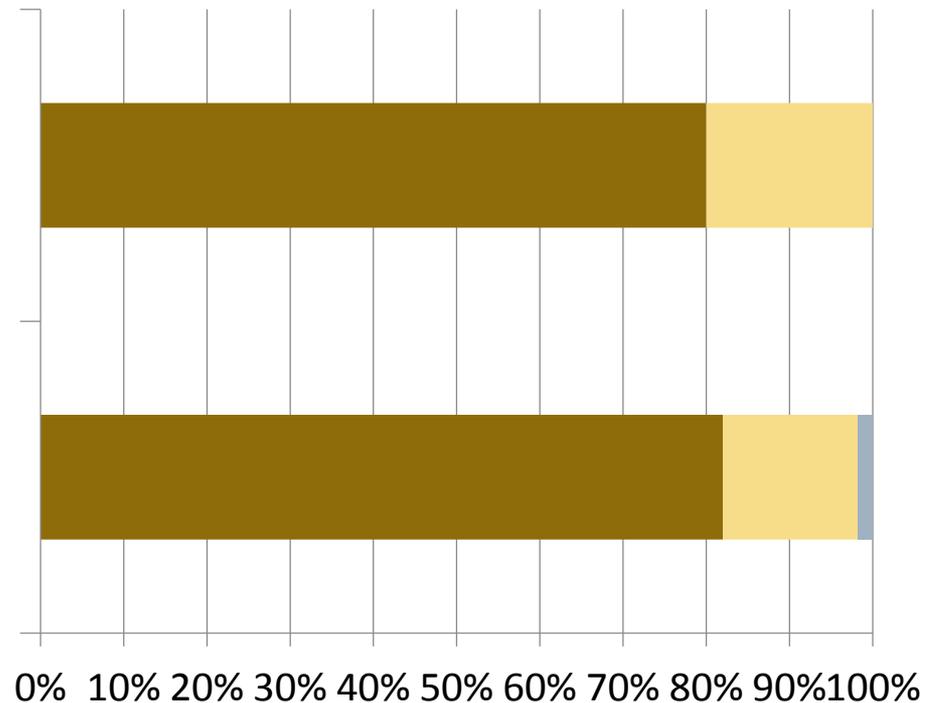
- Primarily focused on process
  - Allows PHAB to make informed decisions about improving the accreditation process
- Data Collection
  - Health department surveys (n = 112)
  - Site visitor surveys
  - Training evaluations
  - PHAB Accreditation Specialist surveys



# Overall Findings

Going through accreditation process has improved the performance of our HD.

Our HD made the right decision to apply for accreditation.



■ Strongly Agree   ■ Agree   ■ Disagree



# QI Project Examples

- Improve office safety for employees
- Improve staff recycling rates and other energy conservation efforts
- Decrease human-resources processing time for new applications (decreased by 40%)
- Improve the intake and orientation process for student interns
- Reorganize shared drive (60% reduction in electronic storage space, reducing need to buy additional servers)
- Better align estimated budgets for federal grants with spending
- Develop process to share surveillance data with surveillance sites, partners, staff
- Respond more quickly to requests for EH information



# QI Project Examples (cont.)

- Decrease time to share death data
- Improve outreach and coordination of services for breastfeeding women
- Increase the proportion of known animal bites reported within 48 hours
- Increase the percentage of tobacco clerks with valid tobacco permits (increased by more than 30%)
- Decrease frequency of a particular food establishment violation
- Improve process for gathering/analyzing customer satisfaction surveys

*“This project clearly demonstrated that even for a team just learning the process, amazing changes can come from approaching an issue using the processes and tools of the PDCA QI model.”*



# CHA/CHIP

- Activities/accomplishments include:
  - Using collective impact model to coordinate with partners
  - Aligning assessment with nonprofit hospital CHNAs
  - Engaging new partners (including Tribes)
  - Collecting/making available additional data
- Majority report progress towards CHIP health indicators
  - Community coalition worked to provide low-income people with vouchers to farmer's market, create city's first bike lane, partnered with school for a play/exercise facility during cold months. Obesity rates declined
  - Evidence-based, culturally appropriate program. Decrease in Hispanic teen pregnancy rates



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# ACLC Questions, Comments and Discussion



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Thank you and closing

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