<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presented By</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 9:45 am</td>
<td>Welcome and Introductions</td>
<td>Chuck Thayer</td>
</tr>
<tr>
<td>9:45 – 9:55 am</td>
<td>ASTHO’s Role</td>
<td>Jamie Ishcomer</td>
</tr>
<tr>
<td>9:55 – 10:35 am</td>
<td>PHAB Accreditation: Overview and the Values and Benefits</td>
<td>Les Beitsch and Jamie Ishcomer</td>
</tr>
<tr>
<td>10:35 – 11:10 am</td>
<td>PHAB Accreditation: Roles, Responsibilities and Expectations of Agency Leadership</td>
<td>Les Beitsch and Jamie Ishcomer</td>
</tr>
<tr>
<td>11:10 – 11:50 am</td>
<td>Creating a Culture of Quality through Change Management</td>
<td>Les Beitsch</td>
</tr>
<tr>
<td>11:50 – 12:00 pm</td>
<td>Next Steps, Wrap Up, Questions, Evaluation</td>
<td>All</td>
</tr>
</tbody>
</table>

Break for lunch 12:00 – 1:00, those not taking part in the debrief and further discussion on next steps do not need to return back at 1:00.

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presented By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 1:30</td>
<td>Debrief morning training</td>
<td>All</td>
</tr>
<tr>
<td>1:30 – 3:00</td>
<td>Next steps</td>
<td>All</td>
</tr>
</tbody>
</table>
Vision
State and territorial health agencies advancing health equity and optimal health for all.

Mission
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
WHAT

Strengthen the public health infrastructure

Build state & territorial health agency capacity

Communicate the value of public health

to improve public health agency performance for improved population health outcomes
HOW

Provide customized & targeted technical assistance

Facilitate peer-to-peer learning

Provide tools & resources

to support public health accreditation readiness, performance management & quality improvement
<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1:</td>
<td>ASSESS</td>
</tr>
<tr>
<td>Domain 2:</td>
<td>INVESTIGATE</td>
</tr>
<tr>
<td>Domain 3:</td>
<td>INFORM &amp; EDUCATE</td>
</tr>
<tr>
<td>Domain 4:</td>
<td>COMMUNITY ENGAGEMENT</td>
</tr>
<tr>
<td>Domain 5:</td>
<td>POLICIES &amp; PLANS</td>
</tr>
<tr>
<td>Domain 6:</td>
<td>PUBLIC HEALTH LAWS</td>
</tr>
<tr>
<td>Domain 7:</td>
<td>ACCESS TO CARE</td>
</tr>
<tr>
<td>Domain 8:</td>
<td>WORKFORCE</td>
</tr>
<tr>
<td>Domain 9:</td>
<td>QUALITY IMPROVEMENT</td>
</tr>
<tr>
<td>Domain 10:</td>
<td>EVIDENCE-BASED PRACTICES</td>
</tr>
<tr>
<td>Domain 11:</td>
<td>ADMINISTRATION &amp; MANAGEMENT</td>
</tr>
<tr>
<td>Domain 12:</td>
<td>GOVERNANCE</td>
</tr>
</tbody>
</table>
What is Public Health Accreditation?

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.
What is Quality and Performance in Public Health?

• **Quality improvement** in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is 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. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010)

• A fully functioning **performance management system** that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)
Accredited States

Health Department Distribution | Accredited | In Process | Total in e-PHAB
--- | --- | --- | ---
Local | 188 | 155 | 343
State | 31 | 9 | 40
Tribal | 1 | 5 | 6
Centralized States Integrated System | 1/67 | - | 1/67
Multi-Jurisdictional | - | 8 | 8
Total Number of Health Departments | 220 + 1 system | 177 | 398
Population (Unduplicated) | 214,141,983 | 60,210,201 | 274,352,184

As of April 1, 2018 – www.phab.org
Accreditation & the 10 Essential PH Services

1. Conduct & disseminate assessments focused on population health status & public health issues facing the community
2. Investigate health problems & environmental public health hazards to protect the community
3. Inform & educate about public health issues & functions
4. Engage with the community to identify & address health problems
5. Develop public health policies & plans
6. Enforce public health laws
7. Promote strategies to improve access to health care
8. Maintain a competent public health workforce
9. Evaluate & continuously improve processes, programs & interventions
10. Contribute to and & the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity
Seven Steps of Accreditation

- Pre-Application
- Application
- Documentation Selection & Submission
- Site Visit
- Accreditation Decisions
- Reports
- Reaccreditation

# Readiness Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the health department eligible for PHAB accreditation? (see definitions below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the director of the health department support the health department’s seeking PHAB accreditation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the appointing authority for the health department director support the health department’s seeking PHAB accreditation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there is a Board of Health or other governing entity, does it support the health department’s seeking PHAB accreditation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the director of the health department considered the costs of applying for PHAB accreditation and the implications for the department’s budget?</td>
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<td></td>
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</tr>
<tr>
<td>Has staff of the department reviewed the ten essential public health services and determined that the department is providing all ten?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

*All items in this initial evaluation of readiness should be “yes” before moving forward.*
Major Plans

- State Health Assessment
- State Health Improvement Plan
- Strategic Plan
- Workforce Development Plan
- Performance Management System
- Quality Improvement Plan
- Organizational Branding Strategy
<table>
<thead>
<tr>
<th>S/CHA</th>
<th>OBS</th>
<th>S/CHIP</th>
<th>SP</th>
<th>WDP</th>
<th>PMS</th>
<th>QIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td></td>
<td>1.1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Significance: The health assessment provides the basis for the development of the health improvement plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.2</td>
<td></td>
<td>3.2.2.1 f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Link the branding strategy to the department’s strategic plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td></td>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduct a comprehensive planning process resulting in a CHIP</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.3</td>
<td></td>
<td>5.3.2 d: SP... must consider capacity for and enhancement of... communication (including branding)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3.2 g: linkages with the health improvement plan where appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3.2 c: SP must consider... workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3.2 c: goals and objectives with measurable time-framed targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.3.2 g: linkages with the quality improvement plan where appropriate</td>
<td></td>
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</tbody>
</table>

Domain 8: “A strategic workforce includes the alignment of workforce development with the health department’s overall mission and goals and development of strategies for acquiring, developing and retaining staff.” (189)
# Aligning Plans

**A Crosswalk of Plan Requirements in the Public Health Accreditation Board Standards and Measures, V 1.5**

<table>
<thead>
<tr>
<th>PMS</th>
<th>9.1.1.1: leadership’s engagement with establishing PMS... documentation could include strategic plans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIP</td>
<td>9.1.1.1 leadership’s engagement with establishing PMS... documentation could include training programs. 9.1.5.1: Staff development in performance management</td>
</tr>
<tr>
<td></td>
<td>9.1.3.4 Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes</td>
</tr>
<tr>
<td></td>
<td><strong>9.1.2 Significance:</strong> This plan is guided by the health department’s... health improvement plan.</td>
</tr>
<tr>
<td></td>
<td>9.2.1 Significance: This plan is guided by the health department’s... strategic plan. Guidance: The plan must address: Describe and demonstrate how improvement projects align with the health department's strategic vision/mission.</td>
</tr>
<tr>
<td></td>
<td>9.2.1 QI Plan Requirements: Quality improvement training, examples: new employee orientation; introductory course for all staff; advanced training for lead QI staff; continuing staff training on QI</td>
</tr>
<tr>
<td></td>
<td>9.2.1 QI Plan Requirements: Process to assess the effectiveness of the quality improvement plan and activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S/CHA</th>
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<th>S/CHIP</th>
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<th>QIP</th>
</tr>
</thead>
</table>

http://www.phf.org/resourcetools/Pages/A_Crosswalk_for_Aligning_Accreditation_Plans.aspx
# West Virginia: Completing the Major Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>What goes into it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Health Assessment</strong></td>
<td>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. Should include collecting data on health status, health needs, community assets, resources, and other community or state determinants of health status.</td>
</tr>
<tr>
<td><strong>State Health Improvement Plan</strong></td>
<td>A long-term, systematic effort to address issues identified by the state health assessment and state health improvement process. It is broader than the health department agency and its development, and should include participation of a broad set of community partners.</td>
</tr>
<tr>
<td><strong>Strategic Plan</strong></td>
<td>It shapes and guides what the health department does and why it does it; it sets forth the department’s vision, mission, guiding principles and values, and strategic priorities; and describes measurable and time-framed goals and objectives. The strategic plan should include steps to implement portions of the state health improvement plan as well as other strategic issues for the department.</td>
</tr>
<tr>
<td><strong>Workforce Development Plan</strong></td>
<td>Sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders. Must include an assessment of current staff competencies against the adopted core competencies.</td>
</tr>
</tbody>
</table>
## West Virginia: Completing the Major Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>What goes into it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Management System</strong></td>
<td>A fully functioning performance management system that is <strong>completely integrated into health department daily practice</strong> at all levels.</td>
</tr>
<tr>
<td></td>
<td>Sets organizational objectives across all levels of the department</td>
</tr>
<tr>
<td></td>
<td>Identifies indicators to measure progress toward achieving objectives on a regular basis</td>
</tr>
<tr>
<td></td>
<td>Identifies responsibility for monitoring progress and reporting</td>
</tr>
<tr>
<td></td>
<td>Identifies areas where achieving objectives requires focused quality improvement processes</td>
</tr>
<tr>
<td><strong>Quality Improvement Plan</strong></td>
<td>Describes what an agency is <strong>planning to accomplish</strong> and <strong>reflects what is currently happening</strong> with QI processes and systems in that agency</td>
</tr>
<tr>
<td></td>
<td>It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization</td>
</tr>
<tr>
<td><strong>Organizational Branding Strategy</strong></td>
<td>Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organizations. It should be linked to the department’s strategic plan.</td>
</tr>
<tr>
<td></td>
<td>Integrate brand messaging into organizational communication strategies and external communications</td>
</tr>
</tbody>
</table>
Benefits One Year after Accreditation

% Strongly Agree or Agree

97%
- Accreditation has stimulated QI and performance improvement opportunities

97%
- Accreditation has stimulated greater accountability and transparency within the HD

95%
- Accreditation has allowed the HD to better identify its strengths and weaknesses

92%
- Accreditation has helped the HD document its capacity to deliver Three Core Functions of Public Health and Ten Essential Public Health Services

80%*
- Accreditation has improved the HD’s overall capacity to provide high quality programs and services

Post-Accreditation Survey, N=118
*N=72

91%*
- Accreditation has stimulated greater collaboration across HD departments/units

88%
- Accreditation has improved the management processes used by the leadership team

86%*
- Accreditation has improved the credibility of the HD within the community and/or state

83%
- Accreditation has improved the HD’s accountability to external stakeholders

Post-Accreditation Survey, N=118
*N=35
"We believe that the overall and most important value that accreditation has brought to our agency is more teamwork among the department. Before we became an accredited health department we worked in silos. During the accreditation process we had to work together in order to achieve accreditation. Since then, we have continued to build and strengthen those relationships across divisions. There is more of a 'team' feeling throughout the department."

“I think that as we go through the follow-up process, accreditation will provide an additional opportunity to reinforce the roles and responsibilities of the health department with our chief elected officials and our local representatives to the state legislature.”
Impact of accreditation on:

• Quality Improvement and Performance Management
• Partnerships
• Administration and Management
• Future Directions

Has Voluntary Public Health Accreditation Impacted Health Department Perceptions and Activities in Quality Improvement and Performance Management?

Leslie M. Beitsch, MD, JD; Jessica Kronstadt, MPP; Nathalie Robin, MPH; Carolyn Leep, MS, MPH

ABSTRACT

Context: The Public Health Accreditation Board (PHAB) is now in its 10th year, making it an ideal time to study the impact of PHAB accreditation on local health departments (LHDs).

Objective: To examine whether applying for PHAB accreditation affects perceptions and activities regarding quality improvement (QI) and performance management (IPM) within LHDs.

Design: Data from the National Association of County & City Health Officials’ 2010, 2013, and 2016 National Profile of Local Health Departments and associated QI modules were linked to PHAB-applicant data collected in e-PHAB in a cross-sectional and longitudinal approach examining self-reported QI/PM activities.

Participants: Local health departments responding to National Association of County & City Health Officials Profile questionnaires and QI modules in 2010, 2013, and 2016.

Main Outcome Measures: Implementation of formal QI program within agency, numbers of formal QI projects in the past year, presence of elements indicating formal QI program implementation, and changes over time by accreditation status as of June 2017.

Results: Accredited and in-process LHDs showed greater gains over time in all of the outcome measures than LHDs not registered in e-PHAB. Results of logistic regression controlling for population served and governance type found accredited LHDs more likely to report formal QI programs agency-wide (odds ratio [OR] = 2.70; P < .001) and have implemented 6 to 8 elements of formal QI (OR = 2.20; P < .001) in 2016, compared with nonaccreditation-seeking LHDs. Between 2013 and 2016, LHDs that responded to both survey waves that were registered in e-PHAB or accredited were significantly more likely than nonaccreditation-seeking LHDs to report any increase in overall level of QI implementation (OR = 4.88; P = .006) and increase in number of elements of formal QI (OR = 16.1; P < .001).

Conclusions: Local health departments accredited by June 2017 and those in process reported more formal QI activities and showed greater improvements with QI/PM implementation over time than LHDs not undertaking accreditation. Public Health Accreditation Board accreditation appears to influence QI/PM uptake. As health departments are contemplating whether to apply for accreditation, the potential for developing a more robust QI/PM system should be taken into account.

KEY WORDS: accreditation, health department, performance management, PHAB, quality improvement

Open Access: https://journals.lww.com/jphmp/toc/2018/05001
‘We’re now better prepared, have staff ownership, a stronger workforce’

Accreditation Works!

Raising the Bar: Austin Public Health Upholds Accountability Through Accreditation

By Veena Viswanathan, MPH

Austin Public Health (APH) experienced significant gains while working to achieve public health accreditation through PHAB. Accountability to our residents, partners, and officials continues to drive APH staff to meet standards, collaborate on best practices, and prepare for reaccreditation. APH leaders, from front line to executive, play key roles that contribute to stronger services and better reach to those most in need. This article reflects the work of many APH leaders.

Preparing for accreditation and actually going through the site visit process helped APH to strengthen its infrastructure, communicate performance measures, track progress, and advance the workforce. We view accreditation as a roadmap to improve public health processes which, in turn, provides APH with focus to help our leaders prioritize efforts throughout the year.

One of the challenges we recognized when developing the accreditation prerequisites (community health assessment, community health improvement plan, and strategic plan) was fragmented staff and resources, which made prioritizing and organizing initiatives challenging. To leverage resources, APH centralized community health improvement planning and strategic planning into one planning unit, which improved coordination and resource-sharing. This reorganization enabled more staff to engage in improvement planning activities such as outreach to partners, facilitating groups, and collecting data for multiple planning processes. In addition, by merging strategic planning with change management, APH was able to focus priorities and reduce the number of teams/committees. The time saved was used to conduct quality improvement (QI).
A department director shared a story about trying to get additional staff to support its new strategic planning and accreditation efforts. Upon learning about the accreditation process, two legislators supported an increase of staff in the budget and it was approved. The director said that accreditation made the department “up its game and the quality of our work.”

Accreditation also improves morale. As a department director said:

“Accreditation has given staff and leadership a place to grow and improve. Accreditation is the greatest thing since sliced bread.”
PHAB Accreditation: Roles, Responsibilities and Expectations of Agency Leadership
What is your role as a Leader?

- Regularly communicate with staff about the accreditation process and the benefits and importance of accreditation
- Ensure that accreditation is a standing item on executive team meeting agendas
- Participate in the accreditation process by serving on domain teams and reviewing documents chosen for submission. Some leaders have gone so far as to personally review every document prior to being uploaded in e-PHAB
- Encourage managers and the executive team to participate in the accreditation process. This step is key to ensuring that the process is not merely viewed as the director’s project
- Promote fun activities such as potlucks, posters, or storyboards, or wear pins that promote accreditation efforts
- Hire and support key staff to lead the accreditation effort
Domain Team Leads and Teams

**Domain Team Leads**
- **Leaders**
- Subject Matter Experts
- Cross-agency representation
- Develops work plan with objectives, realistic timeframes and assigned responsibilities for Domain Teams
- Facilitates regular meetings with Domain Teams

**Domain Team Members**
- Programmatic staff
- Provide examples for required documentation
- Participate in meetings led by Domain Team Lead
REACREDITATION STRUCTURE

DIRECTORATE
- REVIEW DOCUMENTATION
- RENDER DOCUMENTATION APPROVAL
- SUBMIT DOCUMENTATION TO PUBLIC HEALTH ACCREDITATION BOARD (PHAB)

DIRECTOR & STATE PUBLIC HEALTH OFFICER
- APPROVE
  - REVIEW DOCUMENTATION
  - RECOMMEND DOCUMENTATION FOR DIRECTOR REVIEW

ADVISORY TEAM
- POLICY COMMITTEE
- PROVIDE REACREDITATION PROCESS FEEDBACK
- RECOMMEND LEADS AND TEAM MEMBERS

QUALITY REVIEW TEAM
- SUBSET OF POLICY COM. OR DIRECTORATE
- REVIEW DOCUMENTATION
- RENDER RECOMMENDATIONS FOR DOCUMENTATION IMPROVEMENT

LEADS
- STRATEGY AND OUTCOMES LEAD
- 12 DOMAIN TEAM LEADS
- FACILITATE DOCUMENTATION PREPARATION PROCESS
- GUIDE TEAMS THROUGH REACREDITATION REQUIREMENTS

TEAM
- STRATEGY AND OUTCOMES TEAM
- 12 DOMAIN TEAMS
- COORDINATE MAJOR PLANS AND POPULATION HEALTH OUTCOMES REPORTING
- SELECT AND COLLECT DOCUMENTATION
- APPLY REACREDITATION STANDARDS AND MEASURES
- WRITE NARRATIVES THAT "TELL CDPH STORY"

ACCREDITATION COORDINATOR
- CDPH LIAISON TO PHAB
- DEVELOP AND IMPLEMENT DEPARTMENT REACREDITATION PLAN

Reaccreditation Team
Roles and Responsibilities

Accreditation Coordinator
- California Department of Public Health (CDPH) Liaison to Public Health Accreditation Board (PHAB)
- Develop and implement Department Reaccreditation Plan
- Coordinate Domain Team Leads Program

Domain Team Lead
- Guide Domain Teams Through Reaccreditation Documentation Preparation Process
  - Guide
    - Provide PHAB Reaccreditation Standards and Measures technical assistance to team
  - Facilitate
    - Organize and facilitate team meetings
  - Coordinate
    - Manage a shared electronic platform (SharePoint) to store documentation and communicate information to support the reaccreditation process
  - Manage
    - Monitor team progress to ensure documentation preparation deliverables are met
  - Analyze
    - Facilitate team review, selection, and prepare documentation in alignment with PHAB requirements
  - Communicate
    - Provide team progress updates to Accreditation Coordinator and senior executives

Domain Team Member
- "Tell the Story" of how CDPH demonstrates Conformity to PHAB Reaccreditation Standards and Measures
  - Inform
    - CDPH staff from centers/offices demonstrate:
      - Program knowledge and public health experience and expertise during team discussions, documentation preparation, and when connecting departmental activities to domain intent
  - Assess PHAB Reaccreditation Standards and Measures to:
    - Identify CDPH programs, processes, policies, and plans that meet PHAB requirements
    - Detect gaps and risks and recommend resources to address concerns
    - Provide documentation, write narratives, and describe plans for advancement in areas addressed by requirements
  - Engage
    - Attend team meetings and complete deliverables in a timely manner

Office of Quality Performance and Accreditation: January 2018
His office is responsible for overseeing the state department of health, with the goal of ensuring that the department meets accreditation standards.

His office is divided into several sections, each with its own leader. These sections include:

- Accreditation Leadership Team:
  - State Health Officer
  - Deputy Director for Program Operations
- Accreditation Team:
  - Accreditation Coordinator
  - Accreditation Champions
- Domain Work Groups:
  - 12 Domain Leads

Each section has specific roles and responsibilities, which are outlined in the text.
Alabama Department of Public Health

Accreditation Leadership Team Roles and Responsibilities

Accreditation Coordinator
- Complete PHAB orientation and related training regarding the accreditation requirements and process
- Conduct assessments of the health department’s readiness to seek accreditation
- Coordinate the development and implementation of the department’s internal plan to educate and engage staff in the accreditation process; lead the Accreditation Champions
- Help to engage partner organizations and community partners in the accreditation process
- Facilitate the Accreditation Leadership Team meetings and activities and monitor/report progress made to attain accreditation for ADPH
- Provide support and maintain status information regarding the work plans of the Domain Leads and Workgroups
- Manage the selection process for documentation for the PHAB measures
- Develop and maintain a document management process for proposed and selected documentation for the PHAB measures
- Complete/submit required applications, documents, and applicable fees to PHAB
- Schedule, prepare for, and manage the PHAB Site Visit
- Coordinate the department’s review and response to the Site Visit Report
- Manage the development and submission of required annual reports and fees to PHAB
- Interact with PHAB, CDC, UAB Project Team, and other partners regarding accreditation activities
- Explore and help access educational and technical assistance resources in support of accreditation activities
- Help spread awareness of ADPH accreditation efforts
Alabama Department of Public Health

Structure of Accreditation Leadership Team and Reporting
Adopted July 18, 2013; Reviewed September 25, 2014

**Domain Leads**
- Complete PHAB orientation
- Serve as an active member of the Accreditation Leadership Team
- Participate in the development and completion of a timeline to attain accreditation for ADPH
- Enlist members of the respective Domain Workgroup
- Plan and direct activities of the respective Domain Workgroup
- Develop, facilitate, and monitor the work plan of the respective Domain Workgroup; periodically report progress
- Be well-informed regarding PHAB documentation guidance and requirements
- Serve as a subject matter expert for the respective Domain during the accreditation process and be knowledgeable regarding the related documentation
- Serve as the document provider for the respective Domain; collect documentation and/or develop and implement a creation strategy and submit the best potential documentation for review/selection per established procedure
- Identify opportunities for improvement within the respective Domain and participate in quality improvement initiatives to address them, when and as applicable
- Generate and maintain respective Domain Workgroup meeting agendas, sign-in sheets, and minutes following standard format and post them in the EDA
- Help spread awareness of ADPH accreditation efforts

**Domain Workgroup Members (One Workgroup for each Domain)**
- Participate in the development and completion of the respective Domain work plan
- Be familiar with the PHAB accreditation process and PHAB documentation guidance and requirements
- Be well-versed in the required documentation for the respective Domain Standards and Measures
- Serve as the document finder for the respective Domain; determine the status of required documentation and help collect and/or develop the documentation for the respective Domain
- Participate in quality improvement initiatives to address opportunities for improvement within the respective Domain, when and as applicable
- Help spread awareness of ADPH accreditation efforts

**Accreditation Leadership Team Roles and Responsibilities**

**Document Review Panel**
- Staff who review documentation proposed by the Domain Leads to ensure that it meets PHAB Standards

**Accreditation Coordinator/Performance Improvement Manager**
- Manages and coordinates the accreditation process (Domain 9 Lead)

**Accreditation Champions**
- Staff who advise/assist Accreditation Coordinator with marketing and employee education

**Accreditation Team**
- (12 Domain Leads - Led by Accreditation Coordinator)

**Domain Work Groups**
- (12 Workgroups – 1 for each Domain – Led by Domain Leads)
<table>
<thead>
<tr>
<th>Domain</th>
<th>Domain Team Lead</th>
<th>Domain Team Members (5-10 per domain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Assess</td>
<td>State Health Assessment</td>
<td></td>
</tr>
<tr>
<td>2: Investigate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Inform and Educate</td>
<td>Organizational Branding Strategy</td>
<td></td>
</tr>
<tr>
<td>4: Community Engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Policies and Plans</td>
<td>State Health Improvement Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agency Strategic Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All Hazards Emergency Operations Plan</td>
<td></td>
</tr>
</tbody>
</table>

6: Public Health Laws

7: Access to Care

8: Workforce

9: Quality Improvement

Performance Management System

Quality Improvement Plan

10: Evidence-Based Practices

11: Administration and Management

12: Governance
**ASSESS**

**DOMAIN 1:** Conduct and disseminate assessments focused on population health status and public health issues facing the community

**Standard 1.1:** Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

**Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and the Health Status of the Population

**Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public’s Health

**Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations regarding Public Health Policy, Processes, Programs, or Interventions

**DOMAIN 2:** Investigate health problems and environmental public health hazards to protect the community

**Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

**Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards

**Standard 2.3:** Ensure Access to Laboratory and Epidemiological/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Health Problems and Environmental Public Health Hazards

**Standard 2.4:** Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

**DOMAIN 3:** Inform and educate about public health issues and functions

**Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

**Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

**DOMAIN 4:** Engage with the community to identify and address health problems

**Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes

**Standard 4.2:** Promote the Community’s Understanding of and Support for Policies and Strategies that Will Improve the Public’s Health

**DOMAIN 5:** Develop public health policies and plans

**Standard 5.1:** Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

**Standard 5.2:** Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

**Standard 5.3:** Develop and Implement a Health Department Organizational Strategic Plan

**Standard 5.4:** Maintain an All Hazards Emergency Operations Plan

**DOMAIN 6:** Enforce public health laws

**Standard 6.1:** Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

**Standard 6.2:** Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

**Standard 6.3:** Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

**ACCESS TO CARE**

**DOMAIN 7:** Promote strategies to improve access to health care

**Standard 7.1:** Assess Health Care Service Capacity and Access to Health Care Services

**Standard 7.2:** Identify and Implement Strategies to Improve Access to Health Care Services

**WORKFORCE**

**DOMAIN 8:** Maintain a competent public health workforce

**Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers

**Standard 8.2:** Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual and Professional Development, and the Provision of a Supportive Work Environment

**QUALITY IMPROVEMENT**

**DOMAIN 9:** Evaluate and continuously improve processes, programs, and interventions

**Standard 9.1:** Use a Performance Management System to Monitor Achievement of Organizational Objectives

**Standard 9.2:** Develop and Implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions

**EVIDENCE-BASED PRACTICES**

**DOMAIN 10:** Contribute to and apply the evidence base of public health

**Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

**Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

**ADMINISTRATION & MANAGEMENT**

**DOMAIN 11:** Maintain administrative and management capacity

**Standard 11.1:** Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

**Standard 11.2:** Establish Effective Financial Management Systems

**GOVERNANCE**

**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
Creating a Culture of Quality through Change Management
Leadership and Culture

“The only thing of real importance that leaders do is to create and manage culture.” “If you do not manage culture, it manages you, and you may not even be aware of the extent to which this is happening.”

*Edgar Schein, professor MIT Sloan School of Management*
ACCORDING TO THE EMPLOYEE SURVEY, 98% OF YOU HAVE NO CONFIDENCE IN MANAGEMENT.

REST ASSURED, MANAGEMENT WILL MAKE SURE WE NEVER AGAIN GET SUCH A LOW SCORE.

CANCEL ALL FUTURE EMPLOYEE SURVEYS.
Why QI?

- Health departments operate a dynamic and continually changing environment
- QI is a means to achieve efficiencies and improve quality of programs & services
- Sustainability of improvements depends upon the organization’s culture of quality
Definition of a Culture of QI

➢ The shared beliefs, perceptions, norms, values, and expectations of individuals and organizations

➢ Culture develops over time as these shared attitudes are taught to new staff and it becomes the way an organization does business
Organizational Culture

- The core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations

- Develops over time as these shared attitudes are passed on from one “generation” of staff to the next

- Ingrained in the way an organization does business
Current Research

➢ Key Drivers to a culture of QI:

➢ Leadership Commitment
  ➢ Communicate vision
  ➢ Vocal and Visible support - demonstrated
  ➢ Reinforced – regular agenda item

➢ Accreditation

➢ Dedicated staff time to QI
Refresher Framework, 2013


Updated framework by the Public Health Foundation, 2013.
Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework
Visible Leadership

- **Visible Leadership** - Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance against targets between leadership and staff.
Visible Leadership

➢ Engage leadership in performance management
➢ Align performance management with organizational priorities
➢ Track and incentivize progress

Think about:
• Does senior management take a visible role in performance management?
• Is performance management emphasized as a priority and goal for your work?
Quality Improvement

➢ Use data for decisions to improve policies, programs and outcomes
➢ Manage changes
➢ Create a learning organization

Think about:
• Do you have a quality improvement process?
• What do you do with information gathered through reports?
• Do you have the capacity to take action for improvement when needed?
What Now?

Tips for starting your Accreditation Journey

How to Begin the Accreditation Journey

The journey to accreditation is all about discovery.

This is the ultimate opportunity for health department leaders to look at their organization and seek opportunities for improvement. This is likely to be the most successful and expansive quality improvement project that health department leaders will conduct in their careers.

Some leaders have said they felt like their departments must be perfect before applying for accreditation. However, the accreditation process is not about seeking perfection, it is about improving existing services through a continuous quality improvement process that continues long after accreditation status is achieved.
Appoint an accreditation coordinator. Utilize PHAB’s accreditation coordinator guide for selecting the person who will fill this critical role. This position should report to the highest level possible. In some departments, the position reports to the director.

Review PHAB’s online orientation to public health department accreditation.

Review the documentation requirements for the measures. Begin to collect and organize documentation that meets the requirements. Review PHAB’s accreditation readiness checklists with your leadership team and staff.

Begin or refine work on major plans, including the state health assessment, state health improvement plan, and strategic plan. The department must also have a quality improvement plan, performance management system, workforce development plan, organizational branding strategy, and emergency operations plan.
As a leader, you can also take steps to ensure a successful accreditation journey by serving as a point of contact and clearly setting internal and external expectations for the health agency:

- Secure commitment to accreditation from your governing body and your executive team.
- Design a communication strategy to use for department staff, external partners, the governing body, and elected officials. The strategy should showcase and highlight the steps to accreditation and the departmental improvements made during the process.
- Clearly communicate the expectation with other leaders within the department that sets accreditation as top priority and identify resources that support accreditation activities and initiatives. Provide input and play a role in the development and roll-out of an accreditation plan for the agency.
- Determine the optimal structure to identify opportunities for improvement and collect documents that provide evidence for meeting the PHAB measures. Some departments assign cross-agency teams with leads responsible for each of the 12 domains.
- A lead accreditation team should be formed and composed of executives, managers, supervisors, and line staff. This team will make key decisions regarding the accreditation process, tracking timelines, and setting policies.
# Milestone List

NJDOH PH Accreditation Project major milestones:

<table>
<thead>
<tr>
<th>PHASE</th>
<th>Description</th>
<th>Deliverables</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Application</strong></td>
<td>Accreditation Documentation Project Work Plan</td>
<td>Plan [P1]</td>
<td>Sep-20-13</td>
</tr>
<tr>
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<td>Statement of Intent [SOI] to PHAB Confirmation</td>
<td>Confirmation [C1]</td>
<td>Oct-03-13</td>
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<tr>
<td></td>
<td>State Health Assessment Improvement Templates</td>
<td>Template [T1-2]</td>
<td>Oct-31-13</td>
</tr>
<tr>
<td></td>
<td>State Health Assessment Report Improvement Plans</td>
<td>Reports [R1-R2]</td>
<td>Nov-30-13</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>SharePoint &amp; Sample Dashboard Screenshot Reports</td>
<td>Report [R2]</td>
<td>Dec-01-13</td>
</tr>
<tr>
<td></td>
<td>Quarterly Reports on Quality Improvement (QI) Project</td>
<td>Quarterly Report [FY14 QRI]</td>
<td>Dec-20-13</td>
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<tr>
<td></td>
<td>Generated Documentation List</td>
<td>List [L1]</td>
<td>Dec-30-13</td>
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<tr>
<td></td>
<td>PHA-Champs &amp; Stakeholder Meeting Off Site</td>
<td>Materials [M3]</td>
<td>Feb-TBD-14</td>
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<tr>
<td></td>
<td>NJDOH Stakeholder Meetings Roster</td>
<td>List [L2]</td>
<td>Jan-31-14</td>
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<td>Quarterly Reports on Quality Improvement (QI) Project</td>
<td>Quarterly Report [FY14 QRI]</td>
<td>Mar-21-14</td>
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<tr>
<td></td>
<td>PHA-Champs &amp; Stakeholder Meeting Off Site</td>
<td>Materials [M4]</td>
<td>Feb-TBD-14</td>
</tr>
<tr>
<td></td>
<td>Quarterly Reports on Quality Improvement (QI) Project</td>
<td>Quarterly Report [FY14 QRI]</td>
<td>Jun-20-14</td>
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<tr>
<td><strong>Application</strong></td>
<td>Accreditation Application to PHAB</td>
<td>Submission [S1]</td>
<td>Sep-15-14</td>
</tr>
<tr>
<td></td>
<td>Accreditation Application to PHAB Confirmation</td>
<td>Confirmation [C2]</td>
<td>May-01-14</td>
</tr>
<tr>
<td></td>
<td>PHAB - 2 Day Training PHA-C, PHA-PM</td>
<td>Training [TD] Off-Site</td>
<td>Jun-TBD-Jul</td>
</tr>
<tr>
<td></td>
<td>Quarterly Reports on Quality Improvement (QI) Project</td>
<td>Quarterly Report [FY15 QRI1]</td>
<td>Dec-19-14</td>
</tr>
<tr>
<td></td>
<td>Final Submission</td>
<td>Confirmation [C4]</td>
<td>Dec-31-14</td>
</tr>
</tbody>
</table>

See Appendix B for full timeline and work plan.
<table>
<thead>
<tr>
<th>Date</th>
<th>Plan</th>
<th>Implement</th>
<th>Document</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/12 – 6/30/13</td>
<td>State</td>
<td>State</td>
<td>Approved Project Initiation Checklist</td>
<td>By 4/30/13, 100% of Project Initiation Checklist items are completed.</td>
</tr>
<tr>
<td>1/1/13 – 6/30/13</td>
<td>CHD</td>
<td>1/1/13 – 9/30/13</td>
<td>Approved Pre-Requisites</td>
<td>By 6/30/13, 100% of Accreditation Team members are appointed and roles are documented in individual performance standards.</td>
</tr>
<tr>
<td>7/1/13 – 9/30/13</td>
<td>State</td>
<td>7/1/13 – 3/31/14</td>
<td>Submitted Application</td>
<td>By 6/30/13, Statement of intent is submitted to Public Health Accreditation Board for State.</td>
</tr>
<tr>
<td>10/1/13 – 3/31/14</td>
<td>CHD</td>
<td>4/1/14 – 9/30/14</td>
<td>Accreditation Decision Letter</td>
<td>By 9/30/13, application and fees are submitted for CHDs.</td>
</tr>
<tr>
<td>4/1/14 – 9/30/19</td>
<td>CHD</td>
<td>10/1/14 – 9/30/19</td>
<td>Submitted Annual Report</td>
<td>Within 30 days of receipt, respond to draft site visit report.</td>
</tr>
</tbody>
</table>

**Florida Public Health Accreditation Project – Macro View**

**As of April 15, 2013**

**1.0 Initiation**
- 1.1 Establish Governance Structure
- 1.2 Develop Accreditation Team charter and recruitment materials
- 1.3 Develop project plan

**2.0 Pre-Application**
- 2.1 Complete Readiness Checklist
- 2.2 Complete state and local standards/measure assessments
- 2.3 Develop pre-prerequisite review checklist and process

**3.0 Application**
- 3.1 Develop monitoring process for gap closure
- 3.2 Implement escalation process for problem solving
- 3.3 Participate in PHAB accreditation training

**4.0 Decision**
- 4.1 Participate in Site Visit
- 4.2 Submit additional documentation as requested
- 4.3 Respond to draft site visit report

**5.0 Improvement**
- 5.1 Prioritize and select fiscal year improvement projects
- 5.2 Assign responsibility for projects and select tools
- 5.3 Provide quality improvement training as indicated

**Implementation**
- 1.4 Establish project communications tools
- 1.5 Appoint/assign team members, implement training, document roles
- 1.6 Complete project initiation checklist actions

**Document**
- Approved Project Initiation Checklist
- Approved Pre-Requisites
- Submitted Application
- Accreditation Decision Letter
- Submitted Annual Report

**Measures**
- By 4/30/13, 100% of Project Initiation Checklist items are completed.
- By 6/30/13, 100% of Accreditation Team members are appointed and roles are documented in individual performance standards.
- By 8/30/13, application and fees are submitted for State.
- By 9/30/13, final evidence is submitted via PHAB for CHDs.
- By 9/30/14, Florida receives accreditation decision for CHDs.
Public Health Accreditation Timeline - September 2014 – June 2016

- Perf. Mgmt. Workgroup 11/2014
- QI Program Design 11/2014
- QI Resource Team trained 1/2015
- QI Steering Committee formed 10/2014
- Perf. Mgmt. Self-Assessment 10/2014
- QI Plan completed 3/2015
- QI Self-Assessment 1/2015
- Input Perf. Mgmt. Data into System 5/2015
- Workforce Development Plan completed 7/2015
- Create doc database 6/2015
- Workforce Development Plan completed 7/2015
- Documentation Selection 5/2015
- SHIP completed 8/2015
- Domain Lead doc training 7/2015
- Submit Application with pre-qualifications 9/2015
- Conduct mock review of doc. 3/2016
- Submit Agency documents 6/2016
- Domain Lead updates 5/2016
- Domain Lead updates 2/2016
- Domain Lead updates 4/2016
- Domain Lead updates 1/2016
- Domain Lead updates 3/2016

- SPHSA 10/2/2014
- Finalize FOCA Report 9/2014
- Full Draft SHSA Report 10/2014
- Review of FOCA 10/2014 to 12/2014
- Open Plan Reviews 2/2015
- SHA completed 1/2015
- SHA Listening Tour 2/2015
- Submit Statement of Intent 3/2015
- Feedback from SHAIC on FOCA and Strategic Goals 9/2014
- Focus Groups in Districts 9/2014 -10/2014
- Strategic Plan Review 12/2014
- Finalize FOCA Report 9/2014
- Review of SNS 10/2014 to 12/2014

Regularly Occurring Events:
- Bi-monthly coaching calls with IPHI (until 5/2015)
- SHA/SHIP Sr. Advisory Committee Meeting every 3 to 4 weeks
- Monthly update to SHAIC (until 12/2015)
# CDPH Reaccreditation Timeline

**2017**

| Apr 17 – May 12 | Evaluate PHAB Reaccreditation Process and Develop CDPH Timeline |
| May 15 – Jul 31 | Review PHAB Reaccreditation Standards and Measures (S&M) and Documentation Forms (narrative templates) |
| Aug 1 – Sep 15 | Perform S&M Gap Analysis (version 1.0 to reaccreditation requirements) |
| Sep 18 – Nov 27 | Create Domain Team Leads Program (application period Nov 27 – Dec 15) |
| Dec 18 – Feb 2018 | Recruit, Select, and Assign Domain Team Leads |

**2018**

| Feb 26 – Mar 30 | Identify, Select, and Assign Domain Team Members |
| Mar 6 – Mar 30 | Facilitate Domain Team Leads Training and Consultation |
| Apr 2 – Jul 30 | Conduct Domain Team Orientations |
| May 1 – Aug 2019 | Collect CDPH Documentation and Complete PHAB Forms (16 months) |
| Sep 3 – Sep 2019 | Conduct Qualitative Review and Approval of Documentation, Forms, and Population Health Outcomes Reporting (13 months) |

**2019**

| Oct 1 | Request Early Invoice for Reaccreditation Fee from PHAB |
| Oct 1 – Dec 31 | Access to e-PHAB Reaccreditation Application Module |
| By Dec 31 | Submit Application and Fee (on or before December 31, 2019) |

**2020**

| Upload CDPH Approved Documentation and Forms into e-PHAB |
| Submit Documentation/Forms (within 8 weeks of approved application) |

**PHASE 5: PHAB REVIEW AND SITE VISIT**

| TBD | PHAB Pre-Site Visit Review of Documentation (IF PHAB opens measures, CDPH must upload clarifying info w/in 6 weeks) |
| | Prepare CDPH Staff for Site Visit |
| | Conduct Virtual Site Visit (video conference not to exceed 4 hours) |

**PHASE 6: REACREDITATION REPORT AND DECISION**

| TBD | Generate Reaccreditation Report |
| | Render Reaccreditation Determination (Accredited or Not Accredited) |
What are YOUR thoughts on next steps?
Questions?

Evaluation

Thank you!

Jamie Ishcomer

jishcomer@astho.org