

What is PHAB?

 The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.



What is PHAB Accreditation?

- PHAB is the organization implementing national public health department accreditation.
- Accreditation provides the platform to build a successful program for improvement in your health department.
- Accreditation provides:
 - accountability to stakeholders
 - credibility to the health department and staff
 - a recognized level of capacity and service to the population



Accreditation Standards Background

- PHAB Standards & Measures 1.0 was approved in May 2011
- PHAB Version 1.5 became effective June 2014
 - Clarifies the wording of requirements, stipulates the number of examples that are required for each measure, and specifies the time frame for each measure.
 - Additionally, a limited number of noteworthy public health issues that are emerging as important forces in the advancement of public health have been included.



What is Public Health Department Accreditation?

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidencedbased 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.



Domain Standard Measure Documentation Guidance

Twelve Domains

- Conduct <u>assessments</u> focused on population health status and health issues facing the community
- Investigate health problems and environmental public health hazards to protect the community
- Inform and educate about public health issues and
- Engage with the community to identify and solve health problems
- Develop public health policies and plans
- Enforce public health laws and regulations
- Promote strategies to improve <u>access to healthcare</u> services
- 8. Maintain a competent public health workforce
- 9. Evaluate and <u>continuously improve</u> processes, programs, and interventions
- 10. Contribute to and apply the evidence base of public health
- 11. Maintain administrative and management capacity
- 12. Build a strong and effective relationships with governing entity



Our PHAB Accreditation Timeline

- PHAB Statement of Intent June 25, 2013
- PHAB Application October 22, 2013
- PHAB Accreditation Coordinator Training November 13, 2013
- PHAB Documentation Submission May 6, 2014
- PHAB Completeness Review May 23, 2014
- Response to Review June 19, 2014
- Pre-Site Visit Questions October 1, 2014
- Response to Pre-Site Visit Questions Due Oct 30
- Site Visit Dec 3 & 4, 2014



Before We Submitted our SOI

- CHNA & HIP completed in 2010
 - Facilitated hospital CHNA in 2013
- Strategic Plan
 - Originally developed in 2010 with a major revision in 2012
 - Accreditation is part of our strategic plan
- · Quality Improvement
 - QI projects identified in Strategic Plan
 - We had made a significant investment in training
 - A formalized QI Team with all staff representation
- Participated in Iowa Public Health Standards Pilot Application and Site Visit Project in 2011-2012



Iowa Public Health Standards Pilot

- Linn County was one of two LPHA's selected (Page was the other: one "small" and one "large" LPHA).
- Response from staff
 - ... as more work

Manage expectations: Either we meet the criteria or we don't. If we are missing evidence then that is okay. Don't try to document a process or create evidence just for the accreditation. It is a learning experience. We will work on the gaps after the evaluation is completed.

 \dots as good feedback for what we are doing well and where we can improve.

Strong interest at exit meeting.

Continued discussion at monthly all-staff meeting, before and after the evaluation.

Continued engagement through PHAB accreditation process.



Personnel Resources Preparing for PHAB Accreditation

- Policy Review Team
 - Team of 3-4 individuals reviewed policies to make sure they are current and aligned with PHAB.
- Accreditation Coordinator
- Assignment to current staff rather than dedicated role
- BOH Involvement
 - Approve policies, PHAB application, and funding
- Accreditation Team
 - Expanded initial policy review team to 6 individuals representing different divisions
 - Added 3 more team members after we "got going"



All Staff Kept Informed and Engaged

- Training at All-Staff meeting
- Monthly Written Executive Team Updates distributed to all staff
- Policies and Procedures
 - Reviews and draft approvals go through our Employee Relations Committee
 - New and updates to BOH and the BOH Policy & Government Relations Committee for approval
- Quality Improvement Team
 - Annual QI Plan
 - Trained staff of QI facilitators



Preparing & Submitting the Evidence

- We reviewed approximately 1500 documents and submitted approximately 900.
- Process took 5 months with an estimated 1400-1600 hours to prepare and submit evidence.
 - This includes the preparation of plans and programs for PHAB measures we did not meet.
 - We did not hire or contract additional staff.
 - Use all your resources. All staff must be engaged in gathering evidence.



Application Fee Schedule

LCPH funding came from within existing budget, not an additional funding request

Health Department Category	Population Size of the Jurisdiction Served	2014 - 2015 Total Fee
Category 1	Less than 50,000	\$ 12,720
Category 2	50,000 to 100,000	\$ 20,670
Category 3	>100,000 to 200,000	\$ 27,030
Category 4	>200,000 to 1 million	\$ 31,800
Category 5	>1 million to 3 million	\$ 47,700
Category 6	>3 million to 5 million	s 63,600
Category 7	>5 million to 15 million	\$ 79,500
Category 8	Greater than 15 million	\$ 95,400



Accreditation Helped Us Identify Gaps

- Better integration of CHNA, HIP, Strategic Planning, and QI Planning processes.
- An annually updated and reviewed (with BOH) QI Plan
- New Workforce Development Plan
- New Training Database
- Enhanced our Performance Management System
- First Cultural Competency Assessment
- First Agency-Wide Customer Satisfaction Survey
- Verification of New Employee Credentials
- Improved Policies and Procedures
- Improved 24/7 coverage (e.g. contact Number on our website)
- Overall Better Recordkeeping Documentation



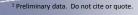
Linn County Benefits

- Site Visit and Feedback Report (still to come)
 - Three site visitors will review evidence and prepare feedback report. Report will be critical input to the Strategic Plan and QI Plan.
 - Site visits are experienced Public Health professionals.
 Each of ours are director and managers with over 20 years experience.
- We have received several grants along the way:
 - Four QI related grants for training, projects, and software for managing policies and procedures.
 - QI grant dollars have totaled \$22,000 over the last two years.



National Survey of Locally Accredited Health Departments ¹

- Process Benefits
 - Showed process improvement as slightly or significantly better by 80% or more respondents
 - Only one person did not see process improvement,
 - Increased capacity to address deficiencies.
 - Increased support from governing entity, community, and other public health stakeholders
- · Funding Benefits
 - Lowest of results not much new funding
 - There may be some lag following accreditation for financial results to become evident





National Survey of Locally Accredited Health Departments ¹

- Staff Benefits
 - Movement toward QI
 - Increased peer learning
 - Staff understanding of $\mbox{\sc QI}$
 - Understanding of services offered
 - Understanding public health
- Status Benefits
 - Increased staff morale, 100%
 - Internal credibility
 - Support from community organizations, more so than general public and media

¹ Preliminary data. Do not cite or quote.



You Can Do It!

- There is nothing to fear
 - Don't fear the time commitment, it is an investment in yourself
 - Don't make excuses about the application fee, it is a long-term investment that will have a direct payback.
 - Don't let the uncertainty be an excuse to not act.
 - Don't be afraid to use things you just developed.
- Act with a sense of urgency
 - Don't let the process drag out. You will never be "done."
 - There is no "Gold Level" in PHAB Accreditation.



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