

# Exploring the Voluntary National Accreditation Program for Kentucky's Public Health Departments

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## **EXECUTIVE SUMMARY:**

Accreditation for state and local health departments has become a hot topic in the world of Public Health during recent years. In September 2006, after more than two years of work, the National Association of County and City Health Officials (NACCHO) released a definitive report, *The Final Recommendations for a Voluntary National Accreditation Program for State and Local Health Departments*. Standards developed through an accreditation program would be designed to promote the pursuit of excellence among public health departments, continuous quality improvement, and accountability for the public's health.<sup>1</sup>

This Kentucky Public Health Leadership Institute (KPHLI) Change Master Project is intended to raise awareness of the Voluntary National Accreditation Program for State and Local Health Departments. Another objective is to assess knowledge of the logistics of accreditation among Local Health Department Directors in Kentucky and to compare that data with actual information on the accreditation process from North Carolina health departments. North Carolina has recently implemented a statewide mandatory accreditation program and is gradually completing the process for all local health departments. The North Carolina project received legislative funding to begin implementation. Currently there are sixteen states involved in developing performance and capacity assessment or accreditation programs.<sup>2</sup> Surveys were sent to health department directors in both states and results tabulated. In general, health department directors in Kentucky were in favor of pursuing accreditation, but expressed concern about funding the initiative. Health department directors in North Carolina provided information about their process and the positive outcomes they anticipated as a result.

The deliverable of this Change Master Project is a TRAIN module designed to educate public health employees about the status of the accreditation initiative, the merits of accreditation, and the likelihood of the development and implementation of an accreditation process for the Kentucky Department for Public Health and local health departments in Kentucky.

## **INTRODUCTION/BACKGROUND:**

Accreditation is by no means a new term in the healthcare industry. Standardization of hospital care actually started in the early 1900s. In 1910, hospitals began tracking patients to determine if treatment was effective or not. In 1917, the American College of Surgeons developed the "Minimum Standard for Hospitals," a one page document. Over the next few years, the program evolved and standards of care improved with more than 3,200 hospitals eventually achieving approval under this program. In 1951, "The American College of Physicians (ACP), the American Hospital Association (AHA), the American Medical Association (AMA), and the Canadian Medical Association (CMA) joined with the American College of Surgeons (ACS) to create the Joint Commission on Accreditation of Hospitals (JCAH), an independent, not-for-profit organization."<sup>3</sup> Their

primary purpose was to provide voluntary accreditation to hospitals to ensure a standardized level of care. Today, the Joint Commission evaluates and accredits nearly 15,000 healthcare organizations and programs in the United States.<sup>4</sup> Their primary mission is to ensure the safety and quality of care provided to the public through the provision of healthcare accreditation. In other words, the Joint Commission sets the standards by which healthcare quality is measured in America and around the world.

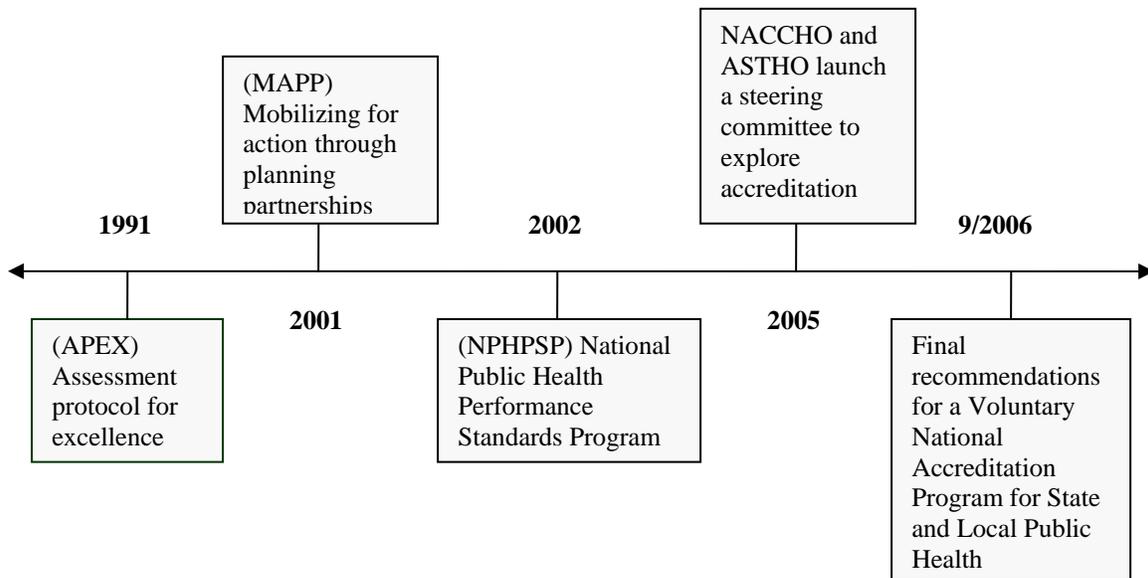
To date, there is no national accreditation program for public health as there is for hospitals. The 2003 Institute of Medicine report, “The Future of the Public’s Health,” called for the establishment of a national Steering Committee to examine the benefits of accrediting public health departments.”<sup>1(p5)</sup> The Centers for Disease Control and Prevention, through its *Futures Initiative*, also identified accreditation as a key strategy for strengthening the public health infrastructure. With these two strong recommendations, the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) examined the implications of a national public health accreditation program.<sup>5</sup> Through project *Exploring Accreditation*, a national Steering Committee was convened with representatives from eleven different agencies. The committee concluded that an accreditation program was feasible and recommended moving forward. The Steering Committee and its workgroups developed a draft model and sought feedback through presentations, Web-based feedback, and formal surveys. After receiving feedback, they revised the model and developed a summary document, “*Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments.*” This document was released on September 12, 2006 and emphasized that the voluntary national accreditation program should:<sup>1(p4)</sup>

- Promote high performance and continuous quality improvement.
- Recognize high performers that meet nationally accepted standards of quality.
- Clarify the public’s expectations of state and local health departments.
- Increase the visibility and public awareness of governmental public health, leading to greater public trust, increased health department credibility and accountability, and ultimately a stronger constituency for public health funding and infrastructure.

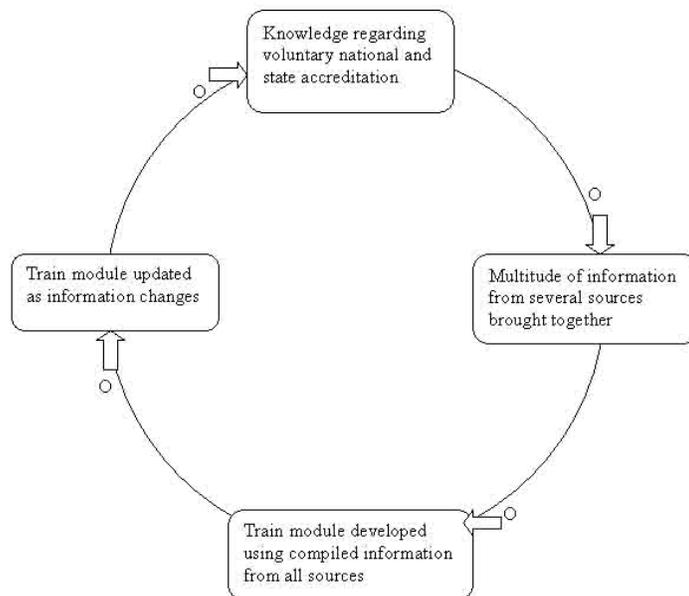
At the present time, Kentucky does not have an accreditation program in place to ensure health departments are held accountable for a higher level of performance. Many public health personnel are not aware of the requirements of an accreditation program. The goal of our Change Master Project is to increase awareness and educate public health officials on the implications and feasibility of seeking accreditation.

***Problem Statement:*** Despite the national and statewide push for health department accreditation, there is a lack of awareness in Kentucky regarding the scope, process, magnitude, and implications of achieving accreditation.

**Time Graph:**

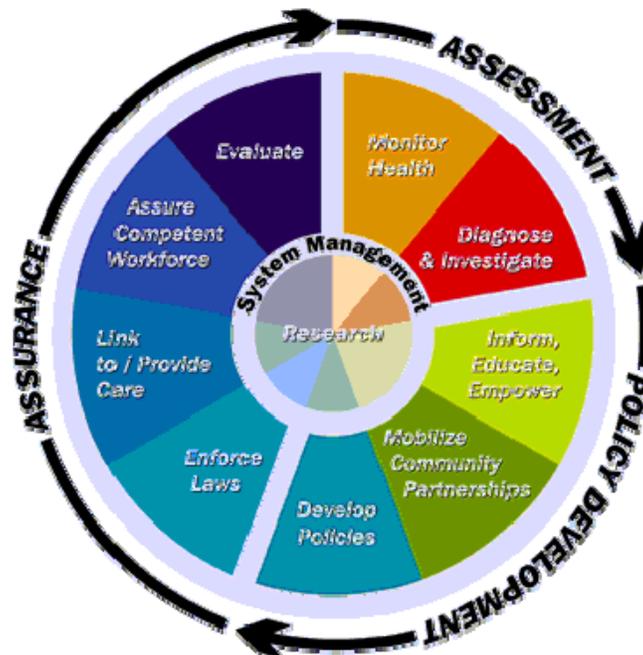


**Causal Loop Diagram:**



**10 Essential Public Health Services/National Goals Supported:** Our Change Master Project supports the following Essential Public Health Services and National Goals:

- Essential Service #5:** Develop Policies and Plans that Support Individual and Community Health Efforts. *An Accreditation Program in Kentucky will provide performance standards for public health systems and encourage their widespread use. It will also facilitate the development of national, state, and local partnerships, which will build a stronger foundation for public health preparedness. Through accreditation, public health will be required to undergo continuous quality improvement. As a result, the places where people live, work, learn, and play will be healthier and safer, especially for those at greater risk of health disparities.*
- Essential Service #8:** Assure a Competent Public and Personal Health Care Workforce. *Accreditation will promote continuous quality improvement of public health systems and will help employees to receive continuing education to develop competency in essential public health services.*
- Essential Service #9:** Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services. *Through accreditation, all people, especially those at greater risk of health disparities, can achieve their optimal lifespan with the best possible quality of health in every stage of life.*



**Figure 1: 10 Essential Services and Core Functions of Public Health**

## **PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:**

The objective of this Change Master Project is to raise awareness among public health employees of the Voluntary National Accreditation Program for State and Local Health Departments by developing a TRAIN module on the subject. The TRAIN module, “*Public Health Accreditation*”, will provide background information on the initiative, review the current status of the national program, and project the impact accreditation might have on Kentucky’s health departments. The module is designed to be updated and expanded as the national and state initiatives progress.

## **METHODOLOGY:**

The biggest challenge for the KPHLI Hillbillies in designing and completing our project on accreditation was determining focus and direction. We learned that there has been much work done at both state and national levels to define and structure the accreditation process to assure consistent high quality public health services. We researched current literature on the initiative, participated in NACCHO conference calls, and contacted the Executive Director of NACCHO for the latest information on accreditation. Several states have developed or are beginning to develop their own accreditation programs based on the national standards in anticipation of the implementation of the national program. Discussions have begun at the State level to determine if Kentucky will move forward to develop its own program. The Kentucky Health Departments Association (KHDA) has established a committee on accreditation to explore the project.

As a first step in raising awareness about accreditation, we developed a survey for distribution to Kentucky Health Department Directors to assess their attitudes and impressions about the impact of accreditation, the expected costs, funding sources and time needed to prepare for the accreditation visit. For comparison purposes, we developed a similar survey for distribution to health departments in North Carolina, where health department accreditation has been in effect since 2004. The state of North Carolina was selected because of the similarity to Kentucky in its demographics and geography. Survey results were tabulated and are included in this report. In addition, the KHDA accreditation committee polled health department directors for input on the initiative; those results are summarized as well.

Next we began the development of the TRAIN module intended to raise awareness and educate public health employees throughout the state. The *Public Health Accreditation* TRAIN module provides background information with input from state and national experts and proponents. The module is designed to be updated and expanded as the accreditation initiative progresses.

## RESULTS:

- Kentucky: Survey results from Kentucky Health Department Directors indicate, in general, a positive attitude toward accreditation. Surveys were completed by 23 of the 56 health department directors (41%). In addition, two surveys were completed by staff from the Kentucky Department for Public Health for a total of 25 survey respondents. A copy of the survey with tabulated results and comments is included in Appendix A. The following is a summary of responses received from Kentucky Health Department Directors:
  - 88% thought accreditation was a good idea for Kentucky and would pursue it even if it were only voluntary.
  - 43% expected the cost of preparing for accreditation to be more than \$10,000.
  - 52% expected the main funding source to be from the Kentucky Department for Public Health.
  - 62% intended to prepare for accreditation without hiring additional staff to oversee the process, and expected that it would take 6-12 months to prepare for the site visit.
  - 36% recommended health department should be accredited every three years.
  - 32% recommended health department should be accredited every five years.
  - Advantages of accreditation: Improved grant and other funding opportunities, increased accountability and credibility, and assurance of consistent high quality services.
  - Disadvantages of accreditation: cost, time and resources necessary for accreditation, as well as the impact of the upcoming retirement of 25% of health department employees statewide.
- North Carolina: As of February 2007, North Carolina has accredited 25 of its 85 health departments with five more health departments slated to be accredited in 2007. From the accredited health departments, we received six surveys. A copy of the survey with tabulated results and comments is included in Appendix B. The following is a summary of responses received from North Carolina Health Department Directors:
  - The population served by the responding health department directors varied from 23,000 to 850,000 with full-time equivalent employees varying from 70 to 500.
  - None of the respondents hired additional staff to prepare for accreditation.

- It took four of the respondents 0-6 months to prepare for accreditation; one took 6-12 months; one did not reply.
- Five of the respondents estimated the preparation cost was more than \$10,000, with one estimating \$5,000-\$10,000.
- North Carolina requires a comprehensive community health assessment and re-accreditation every 4 years.
- There is only one category of accreditation regardless of health department size.
- Funding for accreditation is received from local government and legislative funding through the NC Department of Health and Human Services.
- Advantages of accreditation: increased department status, consistent quality of services in each jurisdiction, strengthened policies and procedures, standardized processes and programs to support the 10 Essential Services of Public Health, building public trust and confidence, and improved opportunities in pursuing grants and contracts. Preparing for accreditation was an extremely valuable organizational learning experience and an excellent team building opportunity.
- Disadvantages of accreditation: time and resources needed to prepare, the challenge for smaller health departments, and the time taken away from daily activities in order to prepare for accreditation.
- Recommendations for Kentucky's Health Department Directors in preparing for accreditation: share successful policies and other strategies with each other to avoid "re-creating the wheel."
- Kentucky Health Departments Association: In the fall of 2006, the Accreditation Committee of the Kentucky Health Departments Association (KHDA) polled health department directors to assess their views on moving forward with the development of a Kentucky accreditation model versus waiting for the development of the national model. Of those who responded, 58% favored development of a Kentucky model. Recommendations:
  - Existing models from North Carolina and Washington be reviewed and used as a starting point for the Kentucky accreditation model.
  - Legislative funding should be used to establish an accreditation body and to financially assist health departments in the process.

- A “Kentucky Academy for Public Health” could be established to develop the model and oversee the process. Public Health Institutes have been established as non-profit corporations for this purpose in several states including Louisiana, Michigan, Illinois, Missouri, North Carolina and Washington.
- The Kentucky Department for Public Health should provide guidance in spearheading and pursuing funding for the development of the initiative, and technical assistance from the State universities.
- Kentucky Health Department Directors recommended building political support for accreditation both locally and in Frankfort, Kentucky’s state capital.
- Those respondents who favored waiting for the national program cited time, expense and “re-inventing the wheel” as the major drawbacks for creating a Kentucky model.
- North Carolina Accreditation Road Maps: As part of the ongoing development of the North Carolina Accreditation initiative, a tool has been developed as a guide for states exploring the accreditation process. The purpose of the tool is to provide public health partners with a check-list of issues to consider when thinking about creating a new accreditation system for local and/or state public health agencies. The report identifies five phases of accreditation readiness; Planning, Enhancing Partnership and Communication, Creating the System, Piloting the System and Implementing the System. *The Accreditation Road Map* was released in draft form on January 29, 2007 and is included with permission in this report as Appendix C. The North Carolina Institute of Public Health will provide technical assistance to states using this tool and answer questions about phases and elements included.

## **CONCLUSIONS:**

The purpose of our Change Master Project is to ensure public health personnel throughout Kentucky are aware of the accreditation requirements as set forth through the Steering Committee’s summary report “Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments”. This increased awareness will help public health officials decide if they want to participate in a Voluntary Accreditation Program or not. Even though accreditation will be work intensive, accreditation will help local health departments ensure that a strong public health system is in place to respond effectively to both day-to-day public health issues and to public health emergencies. Current information indicates that it will be several years before the national program is implemented. Kentucky has an opportunity to be at the forefront by building on existing models to develop a Kentucky-specific program. A member of our Change Master Group will serve on the KHDA Accreditation Committee and continue to work with the group as Kentucky prepares to pursue and develop a statewide accreditation process. The KPHLI Hillbillies recommend that Kentucky move forward and explore the development of such an Accreditation Program.

## **LEADERSHIP DEVELOPMENT OPPORTUNITIES:**

### ***Jeffery Florek***

I have enjoyed my year in KPHLI and would like to point out that you get out of it what you put into it. I wasn't able to put as much time as I would have liked, however I have a wealth of information I can go back and look at as I please. Being new to public health this was the best thing my supervisor, "Georgia Heise", could have done for me. Finally this was a great opportunity to network with wonderful people especially my group who I will continue to stay in contact with.

### ***James House***

The Kentucky Public Health Leadership Institute has been both a challenging and rewarding program. Through the many reading assignments and surveys, I have been forced to take a hard look at myself and how I interface with others. The Public Health Leadership Profile was very valuable as it compared how I see myself to how others see me. I have applied what I learned and have grown both personally and professionally. The reading assignments were also extremely valuable. I have learned new management methods and have gained a stronger understanding of the role of public health and of the many issues we face on a day-to-day basis. I have met many people and have made several new friends. I would like to thank Shawn Crabtree, Executive Director, Lake Cumberland District Health Department, for allowing me to participate in this learning opportunity.

### ***David Knapp***

This experience has reinforced to me that we are surrounded by highly dedicated professionals, extremely hardworking people that plan well together, work hard together, and sometimes under very trying conditions, to meet a common goal of serving our commonwealth. KPHLI offered the opportunity this past year to bring us together, to challenge us and to foster an environment where we have learned from each other and have accomplished our team's objective, a change master project. I have been proud to have been a part of this program and look forward to following KPHLI's future growth and participation by Kentucky's finest, our Public Health Workforce.

### ***Mary Ann Myhre***

My year in the KPHLI program has truly been an enriching experience, both personally and professionally. The summits were the most valuable aspect of the program for me. They were always so well planned and organized with just the right balance of formal and informal sessions. They also provided great networking opportunities and the chance to get to know staff from other health departments. Sharing experiences with dedicated public health staff from all over the state has provided me with a broadened perspective and a deeper understanding of how other health departments operate. Developing a working relationship with my Change Master "Amigos" to complete our project was both meaningful and rewarding. I am grateful for the past year and wish I had had this opportunity much earlier in my career!

## REFERENCES

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## APPENDIX A

### KPHLI Survey Results Voluntary National Accreditation Program in Kentucky

1. **Do you think Public Health Accreditation is a good idea for Kentucky?**
  - Yes (21)
  - No (2)
  - Comments:
    - It's coming anyway – might as well get use to it
    - Probably at some point
    - It is our future and will assist in establishing credibility as a viable component of the health care delivery system in our state.
  
2. **Since the accreditation process is voluntary, will your health department pursue accreditation?**
  - Yes (21)
  - No (2)
  - Comments:
    - Depends on how “voluntary” the system is.
    - Not at this time.
    - Depends on how much time is involved versus any benefit
  
3. **How much do you think it would cost for your agency to prepare for the initial accreditation?**
  - 0 - \$5000.00 (4)
  - \$5000.00 - \$10,000.00 (6)
  - More than \$10,000.00 (10)
  - Other:
    - No idea!
    - I do not have enough information to estimate a cost.
    - Unsure at this point.
  
4. **Where would you expect to receive funds to complete accreditation for your health department? (check the top three that would apply to your health department)**
  - Grants (8)
  - Board of Health (9)
  - Federal Agencies (4)
  - Local Government (3)
  - Other State Agencies
  - Kentucky Department for Public Health (13)
  - Other:
    - I would anticipate a mix of KDPH funds and local tax district funds.
    - I think if the local Board of Health is supportive, then the funding will simply be a re-shifting of existing fund to cover the expenses. Ideally, the KY DPH will give a one-time allocation as a motivation to encourage LHDs to pursue accreditation.

- I don't expect any financial assistance.
- Taxing district revenue
- Local tax money.
- I am not currently aware of funding streams for this endeavor.

**5. Do you anticipate hiring additional staff to oversee the accreditation process?**

- Yes (8)
- No (13)
- Comments:
  - Depends on what "process" requires.
  - Part-time only or as additional duties for another FTE.
  - Would have to review the final accreditation process and one drawback would be if additional staff were needed.
  - On contract

**6. In 2008, it is projected that Kentucky's public health workforce will lose over 25% of its personnel due to retirement. Current turnover rates are 11-15%. Based upon this information, do you think Kentucky will have the capacity to pursue and complete the accreditation process?**

- Yes (13)
- No (5) (*If no, how long do you think KY should wait to start process?*)
- Comments:
  - It depends on how many of 25% are replaced and priority dept for public health puts on accreditation.
  - Four of KY's universities and graduating public health students every year. While we may experience numerous retirements, there is great opportunity with our new grads.
  - The feds have communicated that at some point, health funds will be targeted to accredited agencies to assure efficient use of scarce funds. We may not have a choice
  - Turnover is irrelevant. Either we need it or we don't.
  - If qualified replacements are hired.
  - 2 – 3 years.
  - Should begin as soon as possible.
  - Once a process is determined, then we will not wait to get started, but it may take us longer to complete the process due to this pending statistic.
  - Enlist the assistance of outside resources – universities.
  - Hard to say.

**7. What kind of assistance, if any, do you expect from the Kentucky Department for Public Health?**

- Guidance (19)
- Funding (14)
- Resources (12)
- Personnel (5)
- Incentives (6)

- Program Evaluation (13)
  - Other:
    - All of the above
    - Probably depends on who is in charge & what kind of “pressure” they get to.
    - As the state DPH, we hope to get these from our federal partners.
8. **The accreditation process will require a community assessment to be completed. Has your agency completed a community assessment within the past 5 years?**
- Yes (11)
  - No (9)
  - If so, what instrument was used?
    - EKV’s Joe Beck’s Roundtable Priority Setting
    - Informal
    - We don’t use a formal tool but our own community evaluation generally from research of existing health data.
    - All LHD were required to perform a community assessment after 9-11.
9. **The accreditation process requires completing a readiness survey and an agency self-assessment. How long do you think it will take for your agency to prepare for an accreditation visit?**
- 0 – 6 Months (4)
  - 6 Months - Year (11)
  - Greater than 1 Year (8)
10. **Should different accreditation categories be established to accommodate health departments varying in size, resources and capacities?**
- Yes (11)
  - No (9)
  - Comments: No opinion at this time as the state DPH has not addressed this officially.
11. **After initial accreditation, what time span do you recommend for re-accreditation?**
- Every 2 Years (5)
  - Every 3 Years (8)
  - Every 4 Years (2)
  - Every 5 Years (7)
  - Comments: No opinion at this time as the state DPH has not addressed this officially.
12. **What are some advantages of achieving accreditation in KY?**
- Validation to payor sources that we know what we are doing.
  - I feel (in the future) that certain grants will only be available to accredited agencies.
  - Equal requirements statewide
  - Should improve system.
  - Would promote competition.
  - Establishes an expected level of accountability.
  - Assures a level of quality.

- Establishes consistency from agency to agency.
- Increases competitive edge for additional funding.
- Accountability and assurance.
- Ultimately, a condition of participation as in Medicare, Medicaid, and other Federal Grants.
- Perhaps to insure consistency or delivery statewide and to establish consistent standards.
- Credibility
- Evidence of meeting nationally set standards for quality and performance that can be marketed in-house (for team-building and morale) and to the community.
- Consistency of programming and standards setting among all Kentucky health departments.
- Access to funds/grants sources.
- Standardized performance and possibly assurance.
- Improve performance of the organization.
- Demonstrate to stake holders that the department provides high quality services and is well managed.
- Accountability, increased uniformity and consistency.
- Consistency of service.
- Standardization of quality assurance measures.
- Establishment of competencies for all positions.
- Increased opportunity for grant funding.
- Ability to measure effectiveness.
- Supports getting grants
- Assures the public that we strive for quality.
- It is all dependent upon the eventual use of accreditation. If required for federal funding then there is a major advantage.
- Accountability and uniformity for LHDs and DPH.
- Defining a minimal/baseline level of quality, service, etc...

**13. What are some disadvantages of achieving accreditation in KY?**

- Cost (2)
- Who will pay?
- Another financial burden on already limited resources.
- Nothing
- Cost and time and no real financial incentives to do it.
- Cost and need to hire additional staff (part-time) to coordinate.
- Additional expense on already strapped health departments.
- Cost of money and staff time, “opportunity lost”.
- Cost, upcoming retirement of 25% of LHD employees statewide.
- Extreme differences in LHD’s for size location, resources, number of staff.
- Cost, because we are so far behind.
- EXPENSIVE!
- It may well divert scarce resources from core activities. This would be significant.
- Resources involved – monies and personnel
- Cost and time.

**14. Would you utilize a training module on KY TRAIN if it contained information on achieving accreditation and frequently ask questions and answers?**

- Yes (20)
- No (2)
- Comments:
  - Sometimes, being professional isn't enough. You need to take the next step and tangibly demonstrate the fact. Accreditation raises the bar on all staff members and drives team work. I believe accreditation would help dissolve the stigma of only the poor go to the health department" by establishing the fact the health department is a first class health care provider.
  - #14 answered no because I would assign someone to monitor module
  - I don't see much advantage to KY doing this on their own. Wait for national standards and introduce things gradually to health departments, state officials and politicians.
  - I feel accreditation in KY should be voluntary and it should follow national standards as they are developed. I do not feel LHD's that do not have the resources to pursue accreditation should be penalized as to allocations provided by the state. First time accreditation is a long involved process.
  - Please note that this survey seems to be designed for Local Health Departments and since we are the state Department, the answers may not truly fit the question.

## APPENDIX B

### KPHLI Survey Results Voluntary National Accreditation Program in North Carolina

1. **What is the population of the area your health department serves?**
  - 23,000
  - 122,000
  - 125,000
  - 175,000
  - 200,000
  - 850,000
  
2. **How many full-time equivalent employees are in your health department?**
  - 70
  - 200 (2)
  - 210
  - 300
  - 500
  
3. **Did you hire additional staff to oversee the accreditation process?**
  - Yes (1)
  - No (4)
  
4. **How long did it take to prepare for the initial accreditation visit?**
  - 0-6 Months (5)
  
5. **How much did it cost for your agency too prepare for the initial visit?**
  - \$5000.00 - 10,000.00
  - More than \$10,000.00 (4)
  - Other: \$25,000
  
6. **The voluntary national accreditation program requires a community assessment to be completed. What community assessment is required for accreditation in North Carolina and how often is it completed?**
  - A community health assessment (as dictated by the state) is completed every 4 years.
  
7. **Have different accreditation categories been established in North Carolina to accommodate health departments varying in size, resource and capabilities?**
  - Yes (0)
  - No (5)

8. **What is/are your funding source(s) for the accreditation process?**
  - Grants
  - Local Government (3)
  - North Carolina Department of Health and Human Services (5)
  
9. **What kind of assistance, if any, did your health department receive from the North Carolina Department of Health and Human Services?**
  - Guidance (5)
  - Funding (5)
  - Resources (3)
  - Personnel (3)
  - Program Evaluation (4)
  
10. **How often are health departments in North Carolina required to be accredited?**
  - Every 4 years (5)
  
11. **What are some advantages of achieving accreditation in North Carolina?**
  - Accreditation is a concept everybody understands thus it raises the status of local public health once it occurs.
  
12. **What are some disadvantages of achieving accreditation in North Carolina?**
  - It did take time away from our day to day requirements.
  
13. **What additional information could you provide that would be beneficial to health department directors seeking accreditation in Kentucky?**
  - Share your successful policies and other documents with each other. No sense re-creating the wheel.

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**APPENDIX C**

**NORTH CAROLINA ACCREDITATION  
LEARNING COLLABORATIVE**

**ACCREDITATION ROAD MAP**

**DRAFT**

**January 29, 2007**

## **INTRODUCTION**

Accreditation of state and local public health agencies is on the national radar. In light of this development, the Robert Wood Johnson Foundation supported the National Network of Public Health Institutes and the Public Health Leadership Society to advance the efforts of 5 states already conducting systematic performance and capacity assessments or accreditation programs of their public health agencies through the Multi-State Learning Collaborative Performance Capacity Assessment of Public Health Departments (MLC).

States participating in this collaborative are Illinois, Michigan, Missouri, North Carolina, and Washington. To enhance existing processes, these states have engaged in specific projects, contributed to the national Exploring Accreditation project, and shared lessons learned with each other. One of North Carolina's projects in the MLC was to create this Accreditation Readiness tool.

In 2002, the North Carolina Division of Public Health and the North Carolina Association of Local Health Directors with support from the North Carolina Institute for Public Health (NCIPH) undertook an initiative to develop a mandatory, standards-based system for accrediting local public health departments throughout the state. In 2005, the NC legislature enacted a mandatory program requiring all 85 local health departments to be accredited by 2014. To date, 20 health departments have been awarded accreditation status by the North Carolina Local Health Department Accreditation Board.

Establishing an accreditation program requires more than creating an agency self-assessment instrument and developing a process. A successful program requires support from a variety of stakeholders, such as local health departments, state health officers, and political leaders. The NC Local Health Department Accreditation partnership which includes the state Division of Public Health, the North Carolina Association of Local Health Directors and the North Carolina Institute of Public Health has compiled a list of elements recommended for creating and implementing a successful accreditation program. This check-list of elements has been organized into an "accreditation readiness and implementation tool" that states can use to self-assess readiness to successfully initiate and implement an accreditation program.

## **HOW TO USE THE ACCREDITATION READINESS AND IMPLEMENTATION TOOL**

The purpose of this tool is to provide public health partners with a check-list of issues to consider when thinking about creating a new accreditation system for local and/or state public health agencies. We identified 5 phases of accreditation readiness: Planning, Enhancing Partnership and Communication, Creating the System, Piloting the System, and Implementing the System. Each phase contains elements that public health partners should consider and work through to establish a successful accreditation system. There is no set order for the elements within a phase; some steps may need to come before others in your state's situation. We do, however, recommend that you work through the phases in the order provided.

Within each phase, the elements are presented as a checklist with “Yes” (the element is completed), “In Process” (public health partners are working through completing this element), “No” (the element has not been started), or “Not Applicable” (this element does not apply to this situation) as possible response choices. We suggest that nearly all applicable elements within a phase be completed before moving to the next phase. Words that are shaded in grey throughout the tool are defined in the glossary of the Appendix.

### **TECHNICAL ASSISTANCE**

The North Carolina Institute of Public Health will provide technical assistance to states using this tool and answer questions about phases and elements. We will also serve as a gateway to the resources available through the North Carolina Local Health Department Accreditation program. Should states have questions that go beyond the NC experience, we will seek information from other MLC states. Finally, we will compile the experiences of states that use this tool both to improve it and expand our understanding of how accreditation systems develop.

<b>Phase I: Planning</b>				
<b>Definition: Public health leadership group in a state (at state or local level) is considering an accreditation system. This phase involves identifying and creating the necessary support for an accreditation system.</b>				
	<b>Yes</b>	<b>In Process</b>	<b>Not at all</b>	<b>Not Applicable</b>
<b>A. Leadership</b>				
<b>1. Is there a shared vision for public health in the state?</b> a. Is there a shared vision or state plan for the state’s public health system* b. Does this vision specifically address the role for local public health agencies in your state?				
<b>2. Does this vision support the concept of an accreditation system?</b> a. Is the aim or goal of the accreditation system clear? b. Is accreditation viewed as the “solution” to a particular problem?				
<b>3. Do state public health leaders support an accreditation system?</b> a. State health officer b. State commissioner for health and human services or similar agency				
<b>4. Do local public health leaders support an accreditation system?</b> a. Local health officials association or state association of city and county health officials b. State public health association/other professional associations c. Local board of health officials d. Other local public health directors/leaders (specify)				
<b>5. Is the environment amenable to accreditation?</b> a. Have leaders identified changes needed to enable accreditation to succeed (i.e. policy, funding, program requirements, political)? b. Have leaders committed to making these changes? c. Has the local leadership for any accreditation process been identified and supported?				
<b>6. Has a strategy to gain political support for an accreditation system been created?</b>				

<b>B. Options</b>				
<b>1. What type of performance improvement systems are viable in your state?</b> a. Accreditation System b. Other quality improvement process <b>2. Which system will your public health stakeholders and partners support?</b> <b>3. For which system could your state gain political support? (specify)</b>				
<b>C. Contextual Factors</b>				
<b>1. Are there gubernatorial or legislative QI initiatives?</b> <b>2. Is there a push for accreditation by state or local government or Boards of Health (BOH)?</b>				

\*Shaded Items will appear in the Glossary

<b>Phase II: Enhancing Partnerships and Communications</b>				
<b>Definition: Public health leadership has expressed support for an accreditation system. During this phase, public health and other stakeholders should be included in the process and communications strategies developed.</b>				
<b>A. Partnership</b>	<b>Yes</b>	<b>In Process</b>	<b>Not at all</b>	<b>Not Applicable</b>
<b>1. Have partnerships between state and local public health agencies been established around the concept of an accreditation system?</b>				
<b>2. Have partnerships with other stakeholders who can be champions for this issue been identified and established?</b> a. County commissioners or other local elected officials b. Boards of Health (State and Local) c. Legislators d. District/regional public health officials e. State governing board body f. Other health profession associations (e.g. medical society, nurses association) h. Schools or Programs in Public Health i. Health systems, hospital j. Other organizations (specify)				
<b>B. Communication</b>				
<b>1. Have messages about the real or perceived benefit of an accreditation system been crafted?</b>				
<b>2. Have strategies to convey these benefits been identified and implemented?</b>				

<b>Phase III: Creating the System</b>				
<b>Definition: With leadership and partner support and communications strategies, the actual planning to create the accreditation system occurs.</b>				
	<b>Yes</b>	<b>In Process</b>	<b>Not at all</b>	<b>Not Applicable</b>
<p><b>1. Has a conceptual framework, i.e., standards, benchmarks, and activities been established?</b>                      What is the framework based on:</p> <ul style="list-style-type: none"> <li>a. 10 Essential Services</li> <li>b. National Public Health Performance Standards</li> <li>c. NACCHO Operational Definition of a Health Department</li> <li>d. State Improvement Plan</li> <li>e. NALBOH</li> <li>f. Turning Point Performance Management Self Assessment Tool</li> <li>g. <i>Exploring Accreditation</i> Model</li> <li>h. Other State accreditation standards</li> <li>i. Other (specify)</li> </ul>				
<p><b>2. Has the conceptual framework been translated into specific, measurable standards, benchmarks, and activities?</b></p> <ul style="list-style-type: none"> <li>a. Required documentation has been identified to meet standards, benchmarks, and activities?</li> <li>b. Requirements for an agency to receive “accredited” status established</li> <li>--how many of which standards, benchmarks;</li> <li>--required standards</li> <li>--tiers of accreditation status</li> </ul>				
<p><b>3. Has the local health agency unit to be accredited been identified and explicitly defined in accordance with <i>Exploring Accreditation</i> definitions?</b></p> <ul style="list-style-type: none"> <li>a. County health department</li> <li>b. Multicounty health departments</li> <li>c. Health District</li> <li>d. State health department</li> <li>e. Combination of above</li> <li>f. Other configurations for service, i.e, mutual aid agreements</li> <li>g. Other (Specify)</li> </ul>				

<p><b>4. Have policies been developed to guide the implementation of the system?</b></p> <ul style="list-style-type: none"> <li>a. Site visitor qualifications</li> <li>b. Site visit review policies</li> <li>c. Guidance or rules for selecting an Accreditation Board</li> <li>d. Policies for Board deliberations</li> <li>e. Requirements for an agency to be re-accredited</li> </ul>				
<p><b>5. Have procedures been established for system components?</b></p> <ul style="list-style-type: none"> <li>a. Training of all participants (agency personnel, site visitors, consultants)</li> <li>b. Technical Assistance to participants by Accrediting Entity and other agencies</li> <li>c. Agency self assessment or other agency assessment process</li> <li>d. Site Visits</li> <li>e. Site Visitor Training and inter-rater reliability</li> <li>e. Accreditation Board deliberations</li> <li>f. Appeals</li> <li>g. Remediation</li> <li>h. Re-accreditation</li> <li>i. Accreditation system evaluation and quality improvement</li> </ul>				
<p><b>6. Have Accreditation Entity organization and operating procedures been established?</b></p> <ul style="list-style-type: none"> <li>a. Organizational Options             <ul style="list-style-type: none"> <li>--Separate non profit organization</li> <li>--Existing organization (state public health, public health institute, university organization)</li> <li>--Organization of partnerships</li> </ul> </li> <li>b. Operations             <ul style="list-style-type: none"> <li>--Staff</li> <li>--Budget (start up and ongoing costs)</li> <li>--Facilities requirements</li> </ul> </li> </ul>				
<p><b>7. Have accreditation system roles for various stakeholders and partners been established?</b></p> <ul style="list-style-type: none"> <li>a. State health department</li> <li>b. Local health departments</li> <li>c. Boards of health</li> <li>d. District or regional health officials</li> <li>e. Public health associations</li> <li>f. Public health institutes or university programs</li> <li>g. Elected officials</li> <li>h. Other (specify)</li> </ul>				

<p><b>8. Have funding sources for the system been identified and reviewed for suitability?</b></p> <ul style="list-style-type: none"> <li>a. State Legislature</li> <li>b. County commissioners</li> <li>c. Application fees</li> <li>d. Grants</li> <li>e. Other (specify)</li> </ul>				
<p><b>9. Has the system design been reviewed to ensure that it is likely to achieve its aims and goals?</b></p> <ul style="list-style-type: none"> <li>a. Have barriers to system implementation been identified?</li> <li>b. Will system components address these barriers?</li> <li>c. Have state and local leaders participated in this review?</li> </ul>				

<b>Phase IV: Piloting the System</b>				
<b>Definition: Once system elements, processes, and procedures have been established, we recommend that an accreditation system be piloted and/or a small scale implementation of the system occur, prior to full implementation.</b>				
	<b>Yes</b>	<b>In Process</b>	<b>Not at all</b>	<b>Not Applicable</b>
<p><b>1. Have <i>system elements</i> and tools been developed?</b></p> <p>a. Agency assessment instrument ready for distribution and use by health departments</p> <p>b. Training for participants developed and scheduled</p> <p>c. Technical assistance processes in place</p> <p>d. Site visit schedules in place</p> <p>e. Site visitors recruited</p> <p>e. Accreditation Board recruited and oriented</p> <p>f. Appeals process in place</p> <p>g. Evaluation system in place including Evaluation Domains</p> <p>h. Data systems in place (accreditation evaluation, benchmarking among accredited states, data sharing policies, data confidentiality policies etc.)</p> <p>i. Agency post-accreditation ongoing quality improvement</p>				
<p><b>2. Are tools to support the system ready?</b></p> <p>a. Communication tools, telephone and Internet/web sites</p> <p>b. Schedules prepared for agency self assessment, site visits</p> <p>c. Marketing materials</p>				
<p><b>3. Has a process for <i>pilot testing</i> the accreditation system been designed?</b></p> <p>a. Participating Health Departments have been identified (including a mix of health departments by number of employees, population served, urban/rural, services provided)</p> <p>b. Pilot test evaluation questions have been identified and agreed upon by stakeholders</p> <p>c. Data collection instruments and procedures are in place</p>				
<p><b>4. Are <i>quality improvement</i> processes in place to incorporate pilot recommendations from evaluation results and lessons learned?</b></p> <p>a. Reporting procedures of pilot test results have been agreed upon by stakeholders (internal, external reports, public presentations, data privacy issues addressed)</p> <p>b. Time and resources to act on recommendations is available to improve system prior to full implementation</p>				

<p><b>5. Is there a <i>communication strategy</i> to convey pilot results and recommendations to stakeholders and partners to ensure continued support of the process?</b></p> <p>a. Stakeholder/partnership meetings to review results and recommendations and provide feedback on system improvements</p> <p>b. Reports and meetings with elected officials (county commissioners and legislators) to convey results and next steps</p> <p>c. Mechanisms in place to receive ongoing recommendations</p> <p>d. Other strategies (specify)</p>				
<p><b>6. Are there strategies in place to ensure continued funding for <i>system sustainability</i>?</b></p>				
<p><b>7. Is the environment ready to support implementation of the full accreditation system?</b></p> <p>a. Policy, funding, and environmental changes have been implemented to support accreditation system incentives</p> <p>b. Communications have occurred with state and local leaders and staff to implement the full system</p>				

<b>Phase V: Implementing the System</b>				
<b>Definition: To implement the ongoing system, the following elements should be in place and be monitored on a regular basis.</b>				
	<b>Yes</b>	<b>In Process</b>	<b>Not at all</b>	<b>Not Applicable</b>
<p><b>1. Are methods in place to ensure that the following continue to be implemented by the Accreditation Entity according to agreed upon procedures?</b></p> <ul style="list-style-type: none"> <li>a. Training</li> <li>b. Technical Assistance</li> <li>c. Agency Assessment</li> <li>d. Site Visits</li> <li>e. Accreditation Board</li> <li>f. Appeals</li> <li>g. Remediation</li> <li>h. Re-accreditation</li> <li>i. Agency post-accreditation ongoing quality improvement</li> <li>j. Accreditation system evaluation and quality improvement</li> </ul>				
<p><b>2. Are methods in place to ensure that system policies are implemented as agreed?</b></p> <ul style="list-style-type: none"> <li>a. Requirements for an agency to receive “accredited” status</li> <li>b. Site visit review policies</li> <li>c. Guidance or rules for Accreditation Board deliberations, appeals, and remediation</li> <li>d. Requirements for an agency to be re-accredited</li> </ul>				
<p><b>3. Are accreditation system evaluation efforts planned, implemented, and supported?</b></p> <ul style="list-style-type: none"> <li>a. <u>Impact Measurement</u></li> <li>b. Processes to update policies and procedures on a regular basis</li> <li>c. Processes to regularly update standards and measures</li> </ul>				
<p><b>4. Are there strategies to continue leadership, partnership, and political support for the system?</b></p> <ul style="list-style-type: none"> <li>a. Regular updates and meetings with public health and political leaders</li> <li>b. Strategies to demonstrate system value</li> <li>c. Succession planning for accreditation leadership</li> </ul>				
<p><b>5. Does the Accreditation Entity have adequate resources and oversight?</b></p> <ul style="list-style-type: none"> <li>a. Resources—staff, funding, facilities</li> <li>b. Oversight—Performance review by partners</li> </ul>				

<p><b>6. Are there strategies to ensure continued funding for the system?</b>  a. Do these strategies include identifying other sources of funding for the system?</p>				
<p><b>7. Is there a process in place to communicate accreditation successes?</b>  a. Marketing plan  b. Strategies to report progress on achievement of accreditation system goals</p>				

## **GLOSSARY**

This glossary defines accreditation terms used in the tool. Definitions were compiled from a variety of sources. Sources for glossary terms are noted and more information on these is provided below.

**Accreditation** – (1) the development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards. (2) A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

*Exploring Accreditation*  
 1 – EA project definition  
 2 – Michael Hamm

### **Accreditation Board (Governing Body)**

An appointed group with representatives from various stakeholders that approves, or recommends, standards and benchmarks; awards, revokes, or suspends accreditation status, oversees appeals processes, and ensures ongoing evaluation of accreditation program.

*NC Local Health Department Accreditation*

### **Accreditation Entity**

An independent organization that provides services related to accreditation, including training and technical assistance to agencies applying for accreditation, training and monitoring site visitors, and supporting the Accreditation Board.

*Exploring Accreditation*

### **Activities**

Specific, actions that can be documented conducted or taken by a local health department or a local board of health.

*NC Local Health Department Accreditation*

### **Agency (self) assessment**

An internal review of the local health department's ability to meet benchmarks or delivery of essential services as indicated by the agency's performance of a set of prescribed activities.

*NC Local Health Department Accreditation*

### **Appeal**

A written objection of the Accreditation Board's decision regarding Accreditation status.

*NC Local Health Department Accreditation*

**Benchmark**

A standard established for anticipated results, often reflecting an aim to improve over current levels.

*Exploring Accreditation*

**Evaluation**

Systematic investigation of the merit, worth, or significance of an object

*CDC Evaluation Framework*

**Evaluation Domains**

Aspects of the system that the evaluation will examine. Domains from Exploring Accreditation include: effectiveness of the Accrediting Entity, accreditation process, marketing and customer satisfaction, accreditation standards and measures, improved performance of accredited agencies.

*Exploring Accreditation*

**Impact**

The total, direct and indirect, effects of a program, service or institution on a health status and overall health and socio-economic development.

*Exploring Accreditation*

**Local Public Health Agency (local health department)**

The governmental public health presence at the local level.

*NACCHO Operational Definition of a Functional Health Department*

**Performance standard**

A generally accepted, objective form of measurement that serves as a rule or guideline against which an organization's level of performance can be compared.

*Guidebook for Performance Measures  
Turning Point Program*

**Quality improvement**

Establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements and reports.

*Performance Management Self-Assessment Tool  
Turning Point Program*

**Pilot Testing**

Use and testing of a new product before it is officially launched.

*Exploring Accreditation*

**Public Health System**

Entities that contribute to the delivery of public health services within a community, including public health government agencies, private and voluntary agencies, and individuals and informal association.

*National Public Health Performance Standards  
Kentucky Public Health Leadership Institute*

**Remediation**

A process for a local health department to create and implement a corrective action plan in reference to “Not Met” Standards/Benchmarks.

*NC Local Health Department Accreditation*

**Site Visit**

An on-site visit of the health department by a team of experts to clarify, verify, and amplify the information in the self-assessment and the organization’s ability to meet a set of public health standards.

*NC Local Health Department Accreditation*

**Site Visitor**

A public health or other health professional responsible for ensuring that the local health departments have a fair, equitable assessment and that the Self-Assessment Instrument is clarified, verified and amplified.

*NC Local Health Department Accreditation*

**Standard**

A desired condition/state of affairs, and must be actionable, attainable, and measurable.

*Exploring Accreditation*

## SOURCES

**Exploring Accreditation--** The Exploring Accreditation project is an opportunity for leaders to consider whether and how a voluntary national accreditation program could lead to even better health for their constituencies. The Exploring Accreditation Steering Committee and its workgroups developed a proposed model to allow us to answer the question, “Is a voluntary national accreditation program desirable and feasible?” Information on the process and proposed model is available at <http://www.exploringaccreditation.org>.

**CDC Evaluation Framework—**Information available at <http://www.cdc.gov/eval/framework.htm>

**NACCHO Operational Definition of a Functional Health Department—**available at <http://www.nachho.org>.

**National Public Health Performance Standards—**Information available at <http://www.cdc.gov/od/ocphp/nphpsp/index.htm>

**North Carolina Local Health Department Accreditation--**The NC mandatory accreditation system was established and is managed by the following partners: the North Carolina Division of Public Health, the North Carolina Association of Local Health Directors, and the North Carolina Institute for Public Health. To learn more about this system go to <http://www2.sph.unc.edu/nciph/accred/>.

**Turning Point Program--**We used the *Performance Management Self Assessment Tool* from the Turning Point Performance Management National Excellence Collaborative as a model for this accreditation readiness tool. To access the tool and other resources go to: <http://www.phf.org/PMC.htm>.

