North Carolina Local Health Department Accreditation

Stakeholder Evaluation Report FY 2006-2014

June 2014

UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

THE NORTH CAROLINA Institute *for* Public Health

ACKNOWLEDGMENTS

The annual evaluations of the FY 2006-2014 North Carolina Local Health Department Accreditation (NCLHDA) program that formed the basis of this FY 2006-2014 evaluation report were conducted by Mary Davis, DrPH, MSPH, Molly Cannon, MPH, and Melodi Thrift at the North Carolina Institute for Public Health (NCIPH), the service and outreach arm of the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. This is the same organization that administers the NCLHDA process; thus this evaluation should be considered an *internal evaluation*. This report was prepared by NCIPH staff members and accreditation coordinators, Amy Lowman, MPH and Liz Mahanna, MPH, Mary Davis, DrPH, MSPH at NCIPH, and NCLHDA program administrator, Dorothy Cilenti, DrPH, MPH, MSW.

BACKGROUND

The NCLHDA program is a collaborative effort among the North Carolina Association of Local Health Directors, the Association of North Carolina Boards of Health, the Division of Public Health in the North Carolina Department of Health and Human Services, and NCIPH at the UNC Gillings School of Global Public Health.

The goal of the NCLHDA program is to improve and protect the public's health by assuring the capacity of NC local health departments (LHDs) to perform core functions and essential services**.** The core functions of assessment, policy development and assurance are defined through 41 benchmarks and 148 activities that are based on the 10 Essential Public Health Services plus Facilities and Administrative Services and Governance. These standards are based on NC's public health statutes and are aligned with the National Association of County and City Health Officials Operational Definition of a Functional Local Health Department and the National Public Health Performance Standards Program.

LHDs that meet the required number of activities under the three accreditation standards[1] may qualify to be recommended to the NC Local Public Health Accreditation Board for full accreditation status. The Board makes the final decision on an LHD's status. An LHD that does not meet the required number of

[1] The three accreditation standards and number of met activities required to qualify for full accreditation are:

- Agency Core Functions and Essential Services
  - Assessment Function = 26 of the 29 activities
  - Policy Development Function = 23 of the 26 activities
  - Assurance Function = 34 of the 38 activities
- Facilities and Administrative Services = 24 of the 27 activities
- Board of Health/Governance = 25 of the 28 activities

activities may be recommended for conditional accreditation. LHDs that receive this recommended status will be given the opportunity prior to the accreditation board meeting to correct any 'not met' activities in order to convert their recommended status to full accreditation. Accreditation status is valid for four years. Accredited LHDs must apply for reaccreditation every four years after initial accreditation in order to maintain their accreditation status.

This report examines NCLHDA evaluation data from FY 2006-2014 to provide information to the Accreditation Board to assess the performance of the program to date.

EVALUATION METHODOLOGY

Purpose

The purposes of this evaluation review were to examine for FY 2006-2014: 1) overall performance of LHDs participating in the NCLHDA program; 2) participant satisfaction with accreditation output; and 3) preliminary outcomes of accreditation.

Data Collection and Analysis

We reviewed NCLHDA annual evaluation reports and county site visit reports to compile data on LHD performance on HDSAI activities for all program years since the final state rules were established in 2006. We analyzed agency performance on HDSAI activities in three ways. First, we summarized how many agencies achieved accreditation status and for how many activities agencies received a score of 'not met'. Second, we summarized the number of 'not met' activities by agency accreditation type—initial or re-accreditation. Third, we summarized the standards that were missed by five or more agencies by agency accreditation type—initial or re-accreditation. We also aggregated measures of participant satisfaction and preliminary outcomes of accreditation from the annual evaluation reports for FY 2006-2014.[2]

RESULTS

LHD Accreditation Performance

For the years 2006-2014, 81 of the 85 LHDs applying for initial accreditation under the final rules received full accreditation status and one received conditional accreditation status. Three additional LHDs

[2] Due to budget cuts, there were no site visits in FY 2010 during the months of October 2009-September 2010. For the purposes of this report, the two local health departments that were accredited between July-September 2009 are included in FY 2011. The years cited in this report refer to fiscal years. The program fiscal year runs from July 1 through June 30.

are pending action by the Accreditation Board on June 20, 2014. Among the 48 LHDs that applied for re-accreditation, 100% (48/48) received full accreditation.

Table 1 summarizes the number of activities for which agencies received a 'not met' score. As a group, the 85 LHDs applying for initial accreditation met nearly all the accreditation standards; there were 208 total occurrences of unmet activities out of 12,580 observations, for a rate of unmet activities of less than 2%. Fifteen LHDs met all activities, 71 did not meet 3 or fewer activities, 11 did not meet 4-6 activities, and the remaining 3 did not meet more than 6 activities. Among 48 LHDs going through re-accreditation, the majority (28/48) did not meet 3 or fewer activities, 10 did not meet 4-6 activities, and 10 did not meet more than 6 activities.

Table 1. Number of Activities Scored as 'Not Met' by Agency Type

No. Activities 'Not Met'	Initial (N=85)	Re-accreditation (N=48)
0	15	2
1	25	8
2	20	9
3	11	9
4	5	3
5	3	6
6	3	1
7	0	2
8	1	3
9	0	2
10	0	0
11	1	1
12	0	0
13	0	1
14	0	1
31	1	0

Over time, the number of activities not met by initial accreditation LHDs increased between the group that went through accreditation from 2006-2009 and the group in 2011-2014 (Davis et al, 2011). Seven activities were consistently not met by five or more of both initially accredited agencies and re-accredited agencies (Table 2). Four of the seven activities pertain to the safety and accessibility of the LHD's physical facilities and services (benchmark 30). The two activities not met by the highest number of accredited and re-accredited LHDs relate to ongoing orientation and staff training (activity 24.3), and the LHD's responsibility to investigate and respond to environmental health complaints or referrals (activity

7.3). The other activity not met by a high number of both accredited and re-accredited LHDs is the requirement for evidence of current position descriptions and qualifications for staff (activity 31.4).

Table 2. State Accreditation Standards Not Met by 5 or More Accredited and Re-accredited Local Health Departments: North Carolina, 2006–2014

Accreditation Standard Language	No. Initial Agencies Not Meeting Standard, 2006-2014 (N=85)	No. Re-accreditation Agencies Not Meeting Standard, 2011-2014 (N=48)
Activity 7.3: The local health department shall investigate and respond to environmental health complaints or referrals.	9	14
Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.	12	12
Activity 30.2: The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.	6	7
Activity 30.3: The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.	8	8
Activity 30.4: The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.	5	12
Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.	6	9
Activity 31.4: The local health department shall have current written position descriptions and qualifications for each staff position.	6	11

NCLHDA Participant Satisfaction with Accreditation Output

Initial Accreditation Participants

Overall, local health directors reported high satisfaction with the accreditation program with some fluctuation in satisfaction over time. Among 79 health directors whose agencies participated in initial accreditation in 2006-2013[3], 65 of 74 (88%) evaluation respondents indicated they were satisfied with the output of the accreditation process given the time and effort they and their staff expended. One health director noted,

> *The accreditation process was a great team builder for our "new" management team. We approached accreditation as a team and learned the responsibilities/requirements of each section within the department. The accreditation process helped the management team see opportunities for change and improvements in our overall operation.*

Among the Agency Accreditation Coordinators (AACs) whose agencies went through initial accreditation 2006-2013, 66 of 67 (99%) evaluation respondents reported they were satisfied with the output of the accreditation process. One AAC noted,

> *All aspects of our organization have benefited. Our overall vision is more defined. Communication has improved. We are more efficient and effective.*

Re-accreditation Participants

Among the 35 health directors whose agencies applied for re-accreditation from 2006-2013, 19 of 28 (68%) evaluation respondents indicated they were satisfied with the output. Although this is a lower proportion compared to health directors of initial accreditation agencies, more than two-thirds of these health directors were satisfied with the program. One health director of a re-accredited agency was not satisfied, and explained that,

> *The process required extensive time commitment of key staff which caused other daily work to be delayed or omitted.*

Another health director of a re-accredited agency explained why he was satisfied:

> *Absolutely! We focused on a continuing process to enhance and simply make things better by using those guides (benchmarks). We assigned a full time staff person … to "make things better" in terms of QI/Accreditation. This way we … [could] be sure this was part of our daily function and a friendly reminder of documentation, etc. for four years down the road … as opposed to having lots of work to do in a short few months.*

[3] Complete evaluation data is not yet available for FY2014.

Among 35 re-accredited agencies from 2006-2013, 23 of 29 (79%) AACs indicated they were satisfied with the output. AACs commented that it was an excellent team building exercise and that it provided a refresher for staff on policies, the reason for policies, and inspired in staff ideas for ways to streamline policies.

Site Visitors

Site visitors were also asked to rate the overall effectiveness of the Accreditation Administration staff (NCIPH). Among 257 respondents, 95% (244) indicated high effectiveness (a score of 5 or 6 on a 6-point scale). Comments on ways to improve services included maintaining continuity despite staff turnover. In general, many site visitors echoed the following comments: "Given staff turnover, I think all was done extremely well" and "I don't see any need for improvement."

Preliminary Outcomes of Accreditation

Table 3 presents data from agencies going through initial and re-accreditation from 2007-2013[4] on specific practice changes made to prepare for accreditation or re-accreditation. Both health directors and AACs were asked to respond to this question. Discrepancies in reporting may be due to the extent to which an AAC or health director was involved with the entire process. The changes most reported by agencies include improved communications, enhanced personnel systems, and new filing systems for policies and procedures.

Table 3. Health Department Practice Changes Made Prior to Accreditation, 2007-2013

Changes	Health Director (n=76)	AAC (n=74)
Developed a strategic plan*	38*	38
Revised a strategic plan	31	29
Created filing systems for policies and procedures	46	34
Increased interaction with the Board of Health	39	34
Created a quality improvement team or other QI system	37	29
Developed a system for policy development*	42*	40
Updated licensing	14	11
Enhanced personnel systems	49	53
Improved communications	58	57

* Initial accreditation only, n = 65 total health directors

Annual program evaluations asked participating health directors and AACs whether they believe their agency's participation in the accreditation process will help it be a more effective public health agency.

[4] Data on LHD practice changes is not available for FY2006.

Over the time period for which data was collected, 72 of 93 (77%) health directors indicated they believe their agency's participation in accreditation will increase its effectiveness.[5] One health director provided the following comments regarding his/her response to this question:

> *Absolutely – it reminds us of the important focus of population health initiatives as well as the importance of interaction and relationships with our communities and clients.*

On average, 79 of 87 (91%) of AACs agreed that participation in accreditation will help their agency be more effective.[6] AACs reported that the process facilitated both internal and external communication and accountability. One AAC commented,

> *We are so much better for having gone through accreditation and re-accreditation. Staff training has improved our customer service ten-fold!*

LIMITATIONS

A key limitation of this report is that most data sources are self-reports of participants' experiences with the accreditation process. Some participants may not have been completely forthcoming with their opinions of accreditation because of concerns about confidentiality of their responses and the fact that evaluation team members and accreditation administration are all NCIPH staff members or contractors. However, evaluation staff did not share any individual responses or responses that could be identified by NCLHDA staff. Evaluation staff only shared aggregate information to staff and other stakeholders. Furthermore, health directors and agency accreditation coordinators were the only agency staff interviewed or surveyed and their opinions may not reflect the attitudes of all agency representatives.

SUMMARY AND CONCLUSIONS

LHD Accreditation Performance

In nine years (2006-2014), all 85 LHDs in North Carolina applied for initial accreditation. Eighty-one LHDs were fully accredited, one was conditionally accredited, and three are pending action by the Accreditation Board on June 20, 2014. All 48 LHDs applying for re-accreditation were awarded full accreditation status.

[5] This finding includes responses from some health directors twice, once after going through initial accreditation and once after going through reaccreditation. FY 2007 is not represented here because data on outcomes of accreditation was not collected in that year.

[6] This finding includes responses from some AACs twice, once after going through initial accreditation and once after going through reaccreditation.

Overall, the LHDs applying for initial accreditation status met nearly all of the accreditation activities. Over time, however, the number of activities missed by at least one LHD increased, and there was an increase in the number of activities missed by five or more LHDs, with re-accredited agencies in 2011-2014 missing the highest number of activities. Nearly all site visitors rated the accreditation administrative staff as highly effective overall.

Participant Satisfaction and Preliminary Outcomes of Accreditation

The NCLHDA program has maintained a high level of participant satisfaction over the years of implementation. While there were several years where participant satisfaction decreased, recent trends indicate that participants remain highly satisfied with the program. Health directors and AACs reported making process changes in nine strategic organizational areas in preparation for accreditation, and a high percentage of health directors and AACs agreed that participation in the process will make their agency more effective.

Over the life of the program, the Accreditation Administrator, program staff and partners have reviewed evaluation data and made specific program improvements to address participant suggestions. For example, tools have been made available to LHDs to better prepare them for re-accreditation. In addition, a workgroup of Accreditation program staff, nurse consultants and AACs have made suggestions to streamline the Health Department Self-Assessment Instrument (HDSAI) and required evidence. The accreditation program is also planning to move towards electronic submission of accreditation documentation beginning in fiscal year 2015. Future evaluations of the accreditation program should collect data describing actual outcomes of accreditation among participating LHDs in order to evaluate the difference the program has made in participating agencies and community health status.

References

Davis MV, Cannon MM, Stone DO, Wood BW, Reed J, Baker EL. Informing the national public health accreditation movement: lessons from North Carolina's accredited local health departments. *Am J Public Health.* 2011;101(9):1543---1548.

For more information, contact NCIPH Accreditation Administrator, Dorothy Cilenti at cilenti@email.unc.edu or 919-843-5427. For a complete description of the NCLHDA process and participants, please visit the program website at: http://www.sph.unc.edu/nciph/accred.