



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Beyond the Obvious: How Local Preparedness Programs Can Help Meet Accreditation Activities

2017 NC Public Health
Preparedness Symposium
May 18, 2017





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Who is an Agency Accreditation Coordinator (AAC)?






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**i don't know
whether to
take that as a
compliment
or a insult**



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**There is a reason Preparedness
Coordinators make good AACs**

- ✓ Comprehensive knowledge of many aspects of LHD
- ✓ Ability to “make it happen”
- ✓ Project management skills
- ✓ Strong attention to detail
- ✓ Technology skills
- ✓ Creative thinking skills
- ✓ Good at multi-tasking
- ✓ Good in a crisis 😊





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- **Crosswalk the PHP&R AA(s)**
- **Point out “other” activities where preparedness could provide evidence**

Not a review of all preparedness-related benchmarks- see January webinar.



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Disclaimer

These are suggestions and potential ideas, but the strength of the evidence is up to each agency and only Site Visitors assess evidence.

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**Let's start by
cross-walking
your 2017/2018
514 AA...**




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Designate, at minimum, one representative as a Public Health All Hazards Planner/Preparedness Coordinator. This person shall participate in state and regional planning processes by attending, at a minimum:

a. Not less than 75% of the PHP&R regional in-person planning meetings scheduled in the Local Health Department's PHP&R region.


b. The annual PHP&R Symposium

Standard: Agency Core Functions and Essential Services
Function: Assessment
Essential Service 2: Diagnose and investigate health problems and health hazards in the community.
Benchmark 6: The local health department shall be able to respond to a public health emergency on a 24-hour-a-day, 7-day-a-week basis.
Activity 6.3: The local health department shall participate in regional emergency preparedness exercises and activities.
Documentation:
A. Since the previous site visit, records of local agency participation in regional or multi-county trainings, planning meetings, or exercises




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? Are you a unit director?

Is there a session on public health law included?

a. Not less than 75% of the PHP&R regional in-person planning meetings scheduled in the Local Health Department's PHP&R region.


b. The annual PHP&R Symposium

Standard: Agency Core Functions and Essential Services
Function: Assurance
Essential Service 6: Enforce laws and regulations that protect health and ensure safety.
Benchmark 16: The local health department staff shall have knowledge of public health law and an understanding of the relationship between the law and public health practice.
Activity 16.1: The local health director and unit directors, such as directors of communicable disease, nursing, clinical services and environmental health, shall receive ongoing training in current public health law and its application.
Documentation:
A. List of appropriate directors who require training (must include health director, directors of communicable disease, nursing, and environmental health)
AND
B. Since the previous site visit, evidence of at least two trainings each for appropriate directors in relation to applicable laws and their application to public health practice




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Meet the following MCM requirements:


- a. Complete call down drills, communication platforms checks, and systems checks as required by the MCM ORR tool.
- b. Complete TEPW and MYTEP, as well as trainings and exercises with AAR and CAP per HSEEP guidance as required by the MCM ORR tool. Submit the MYTEP, AAR, and CAP by April 15, 2018 to the PHP&R regional planner.

Standard: Agency Core Functions and Essential Services Function: Assessment Essential Service 2: Diagnose and investigate health problems and health hazards in the community.
Benchmark 7: The local health department shall maintain and implement epidemiological case investigation protocols providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.
Activity 7.6: The local health department shall annually test or implement the local public health preparedness and response plan.
Documentation: A. For each year since the previous site visit, record of annual exercises or execution of preparedness plan




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Maintain preparedness and response activities by:


- a. Maintaining a system to receive reports of communicable diseases, environmental hazards, and other public health threats on a 24-hours-a-day, 7-days-a-week basis.

Standard: Agency Core Functions and Essential Services Function: Assessment Essential Service 2: Diagnose and investigate health problems and health hazards in the community.
Benchmark 5: The local health department shall establish and maintain a system to receive and provide health alerts and public health response for health care providers, emergency responders, and communities on a 24-hour-a-day, 7-day-a-week basis.
Activity 5.1: The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
Documentation: A. Copy of Notification Protocol from local Public Health Preparedness and Response Plans (or equivalent) OR written policies and procedures regarding after-hours calls <div style="text-align: center;">AND</div> B. Current after-hours call list <div style="text-align: center;">AND</div> C. For each year since the previous site visit, evidence of distribution and education of partners to the most current notification protocol




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Can you educate partners on current notification protocol when collecting:




Provide updates and data for each POD/LRS location, hospital information sheets, and other documents as requested.

Standard: Agency Core Functions and Essential Services
Function: Assessment
Essential Service 2: Diagnose and investigate health problems and health hazards in the community.
Benchmark 5: The local health department shall establish and maintain a system to receive and provide health alerts and public health response for health care providers, emergency responders, and communities on a 24-hour-a-day, 7-day-a-week basis.
Activity 5.1: The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
Documentation:
A. Copy of Notification Protocol from local Public Health Preparedness and Response Plans (or equivalent) OR written policies and procedures regarding after-hours calls
AND
B. Current after-hours call list
AND
C. For each year since the previous site visit, evidence of distribution and education of partners to the most current notification protocol



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HDSAI Interpretation Changes

5.1: Ability to receive reports 24/7




Partners must be educated annually about current notification protocol.



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Maintain preparedness and response activities by:

b. Establishing and maintaining an OSHA-compliant respiratory protection program in accordance with 29 CFR 1910.134. This may be in conjunction with other programs in the LHD



Standard: Facilities and Administrative Services

Benchmark 30: The local health department shall provide safe and accessible physical facilities and services.


Activity 30.5: The local health department shall comply with OSHA regulations.

Documentation:


A. Policies and procedures regarding OSHA compliance

AND

B. Since the previous site visit, evidence of two examples indicating utilization of policies



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Maintain preparedness and response activities by:

c. Maintaining a current ICS and NIMS as guided by the NCPH Workforce ICS and NIMS Training Directive.



Standard: Agency Core Functions and Essential Services

Function: Assurance

Essential Service 8: Assure competent public and personal health care workforce.

Benchmark 23: The local health department staff shall meet statutory and regulatory qualifications for their positions.

Activity 23.2: The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.

Documentation:


A. Evidence of up-to-date registration, certification or licensure for staff as required by each staff position.

Site Visitors will review randomly selected personnel records based on health department size. All records reviewed must meet the documentation required.


Health Dept. Staff	Personnel Records Accessed
30 or fewer	Up to 8 records
31-100	Up to 15 records
101 or more	Up to 15% of total staff's records

Site visitors will review at least one individual in each of the following roles: public health nursing, environmental health, and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested.

Make requirements
 VERY clear in Training
 Policies regarding who
 is required to take
what!!




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Coordinate efforts towards completing the gaps that were identified in the February 2017 PHP Capabilities Rubric Report by:

- a. Submitting semi-annual performance and rubric activities and updates to the NCDETECT database no later than September 3, 2017 and February 3, 2018. These results will be included by PHP&R in the public health preparedness SFY 2017-2018 regional work plan.

Standard: Facilities and Administrative Services
Benchmark 32: The local health department shall operate a secure and effective management information system.
Activity 32.1: The local health department shall have computer equipment and software needed to interface with state data management systems.
Documentation:
A. Since the previous site visit, evidence of data exchange between LHD and two different state systems



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Special Needs Registries?




Standard: Agency Core Functions and Essential Services
Function: Assurance
Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Benchmark 19: The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.

Activity 19.1: The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.


Documentation:

- A. Since the previous site visit, data on utilization of agency services by underserved populations
- AND
- B. Since the previous site visit, data on utilization of agency services by at-risk populations
- AND
- C. Since the previous site visit, data on utilization of agency services by vulnerable populations
- AND
- D. Evidence of annual review of utilization data




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Do you do any programming around non-English speakers?




Standard: Agency Core Functions and Essential Services
Function: Assurance
Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Benchmark 19: The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.

Activity 19.2: The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.


Documentation:

- A. Since the previous site visit, evidence of participation by such persons in at least one planning activity targeted at that population
- AND
- B. Since the previous site visit, evidence of participation by such persons in at least one implementation activity targeted at that population.





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Do you distribute brochures, flyers, etc. in Spanish or other languages?

Standard: Agency Core Functions and Essential Services
Function: Assurance
Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
Benchmark 21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.
Activity 21.2: The local health department shall make available complete and up-to-date information about local health department programs, services and resources.
Documentation:
A. Since the previous site visit, evidence of three examples of linguistically and culturally appropriate information about agency programs, services, and resources





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Have/are you considering implementing a new program that may have an evidence-base?

Standard: Agency Core Functions and Essential Services
Function: Assurance
Essential Service 10: Research for new insights and innovative solutions to health problems.
Benchmark 28: The local health department shall use research to develop and evaluate public health programs.
Activity 28.1: Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.
Documentation:
A. Since the previous site visit, evidence of internet or library search
OR
B. Since the previous site visit, record of consultation with academic institution, professional organization, or state consultant, regarding information about evidence-based best practices




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Have any staff participated in CDC-provided Communications or other trainings?

Standard: Agency Core Functions and Essential Services Function: Assurance Essential Service 8: Assure competent public and personal health care workforce.
Benchmark 25: The local health department shall build relationships with entities that conduct education or research to enrich public health practice.
Activity 25.1: The local health department shall work with academic institutions and other programs such as universities, colleges, community colleges, Area Health Education Centers, CDC and professional associations to provide training opportunities for current staff and future public health practitioners.
Documentation: <ul style="list-style-type: none"> A. Since the previous site visit, evidence from each of at least two programs or institutions demonstrating the provision of training opportunities



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Post-Disaster Community Assessment





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Has your county accessed local needs?

Standard: Agency Core Functions and Essential Services Function: Policy Development Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.
Benchmark 11: The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.
Activity 11.1: The local health department shall participate in a collaborative community steering committee to identify health issues and needs.
Documentation: <ul style="list-style-type: none"> A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to identify health issues and needs <li style="text-align: center;">AND B. Evidence of the department's active participation in this collaborative process





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Did a group then identify strategies to address needs?

Standard: Agency Core Functions and Essential Services Function: Policy Development Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.
Benchmark 12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.
Activity 12.1: The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.
Documentation: <ul style="list-style-type: none"> A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to identify strategies for addressing community health problems <li style="text-align: center;">AND B. Evidence of the department's active participation in this collaborative process





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Did a group then assess resources needed to tackle that strategy?

Standard: Agency Core Functions and Essential Services Function: Policy Development Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.
Benchmark 12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.
Activity 12.2: The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.
Documentation: A. Since the previous site visit, evidence of participation in a collaborative process to assess resources needed to address community health problems





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Did a group then implement that strategy/program?

Standard: Agency Core Functions and Essential Services Function: Policy Development Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.
Benchmark 12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.
Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.
Documentation: A. Since the previous site visit, evidence of a collaborative process on the implementation of a population-based program to address community health problems



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ZIKA

**Disease
Du Jour:
AA 613 & Beyond**



Pandemic Flu




Ebola



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Collaborate with community partners including communicable diseases, hospitals, and law enforcement to convene and facilitate:

- a. One informational sharing session, one training session, meeting, webinar, or conference call for responding to high consequence pathogens such as Ebola and Zika by May 30, 2017.**




<p>Standard: Agency Core Functions and Essential Services</p> <p>Function: Policy Development</p> <p>Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.</p>
<p>Benchmark 13: The local health department shall identify and build upon community assets and direct them toward resolving health problems.</p>
<p>Activity 13.1: The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.</p>
<p>Documentation:</p> <ul style="list-style-type: none"> A. Since the previous site visit, documentation of targeted outreach and training activities with two new community partners or contacts




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Develop and implement a public health message campaign for mosquito vector control to include processes and procedures for Zika by May 30, 2017.


Standard: Agency Core Functions and Essential Services
Function: Policy Development
Essential Service 3: Inform, educate, and empower people about health issues.
Benchmark 10: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.
Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.
Documentation:
A. Since the previous site visit, evidence of planning, implementation and evaluation of health promotion/disease prevention programs targeted to the general public
AND
B. Since the previous site visit, evidence of planning, implementation, and evaluation of educational materials targeted to the general public

*LHD must develop




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Do you talk to the public and policy leaders about outbreaks or acute disease threats?

Standard: Agency Core Functions and Essential Services
Function: Policy Development
Essential Service 3: Inform, educate, and empower people about health issues.
Benchmark 9: The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.
Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.
Documentation:
A. For each year since the previous site visit, evidence of dissemination of information on current local issues to the public
AND
B. For each year since the previous site visit, evidence of dissemination of information on current local issues to policy leaders





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Do you talk to policy leaders about community needs related to outbreaks, acute disease threats, or disasters?

Standard: Agency Core Functions and Essential Services
Function: Policy Development
Essential Service 5: Develop policies and plans that support individual and community health efforts.
Benchmark 14: The local health department shall work with local, state and federal policymakers to enact policies, laws, rules, and ordinances that support individual and community health efforts.
Activity 14.1: The local health department shall disseminate information relative to public health needs to elected and appointed officials.
Documentation:
A. Since the previous site visit, information dissemination for two different public health needs





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Does your BOH communicate with elected officials and local boards about outbreaks, acute disease threats, or disasters?

Standard: Governance
Benchmark 40: The local board of health or the advisory committee on health shall advocate in the community on behalf of public health.
Activity 40.1: The local board of health or the advisory committee on health shall inform elected officials and community boards about community health issues.
Documentation:
A. Since the previous site visit, evidence of two examples that demonstrate that the BOH or advisory committee on health informed elected officials and community boards about community health issues



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Upcoming Opportunities





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Materials and Resources

<https://nciph.sph.unc.edu/accred>


As items are revised regularly, materials are rarely sent electronically or printed. Please visit the website for all materials.





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Accreditation Process Handbook

Now focused specifically on LHD preparation

- Includes information about site visit preparation discussed on conference calls
- Clarifies language regarding electronic submission




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Accreditation Process Handbook

A Local Health Department Tool for Accreditation Review and Site Visit Preparation
Revised May 2016

Revisions Approved by
NCLHDA Board
May 20, 2016



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Accreditation 101 Training: Individual

**6-hour training offered twice/year for
new AACs and back-ups**

- Offered on September 26th, 2017 @ NCPHA and again in Spring 2018 on opposite side of state
- Small registration fee (\$60) via NCPHA preconference





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Accreditation 101 Training: Team-Based

**LHD 3-hour “team” training offered
via local AHEC request**

- Audience of 15-20- request with an adjacent LHD if your team is small
- \$0 from NCIPH- some small fee may apply from AHEC





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Annual Training & Skill Building

One central, 2-day workshop for all AACs

- Plenary sessions on skill-building topics
- Break-outs to share best practices and troubleshoot activities


Sheraton Imperial in Durham
 July 24-25, 2017
 Registration now open!!





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Etc.

- *Board of Health Roles and Responsibilities for NCLHDA* slides and 4-page guide now on website (updated 1.10.17)
- Annually in January: webinar on materials update
- Presentations at professional association meetings:
 - *Here!*
 - *NCALHD New Health Directors Orientation*
 - *NCPHA Fall Conference, Leadership Section*





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Archived Trainings

Remember: you can always access archived trainings on our website:

For Health Departments



Training





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Keep Updated!

- Regularly review website for updated information
- Make sure we have up-to-date contact information for agency AAC and back-up AAC





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Our new one-stop shop
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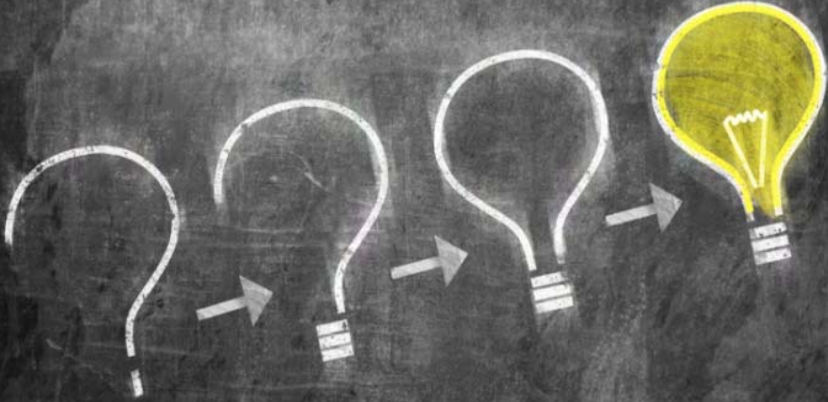


NCLHDAccreditation@unc.edu




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Questions


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Amy Belflower Thomas
NCLHDA Administrator
amy.b.thomas@unc.edu
(919) 843-3973

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