



North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

A Review of a State-Based Local Health Department Accreditation System

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August 9, 2018



GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health

Overview

- Review program history and structure
- Discuss challenges and benefits of a state-based system
- Identify lessons learned from program's sixteen-year history
- Describe where the North Carolina Local Health Department Accreditation (NCLHDA) program is going in the future

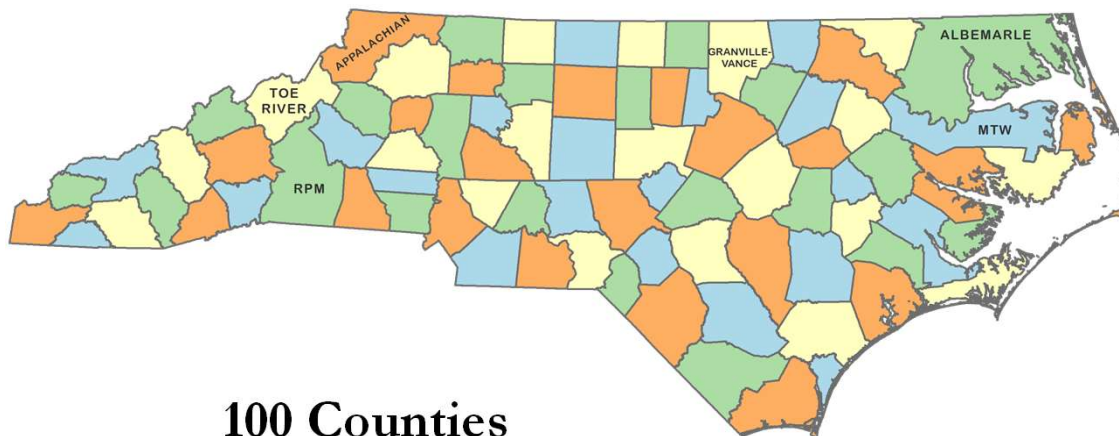


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NCLHDA Program History and Structure



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100 Counties
84 Local Health Departments



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Approaches in Other States

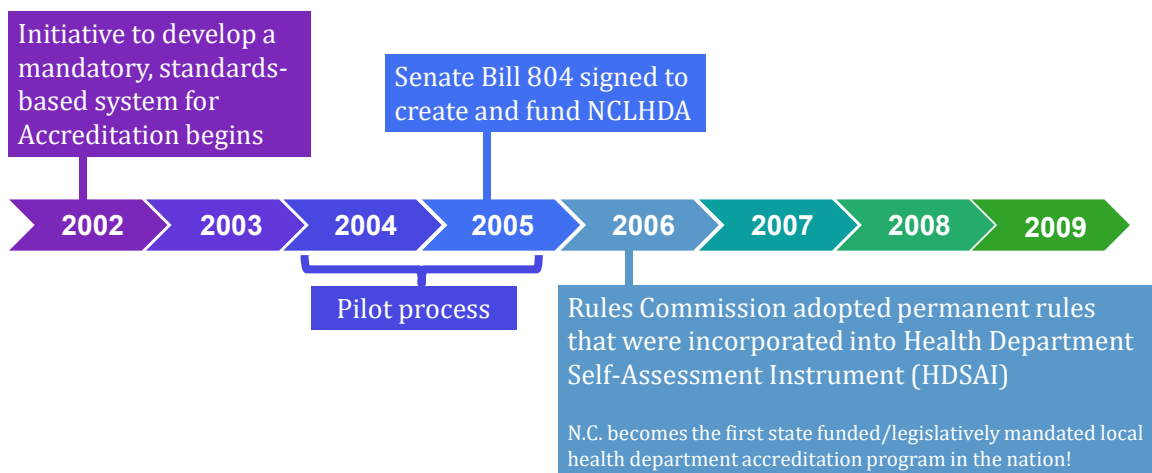
States with Local Systems

- Missouri
- Iowa (switching to PHAB)
- Michigan
- Washington
- North Carolina



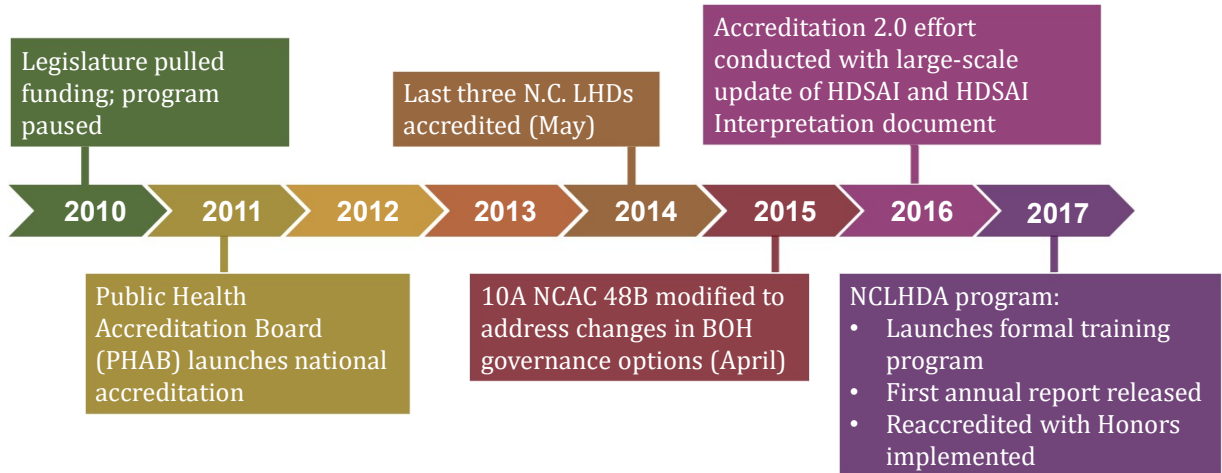
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Past: How did we get here?



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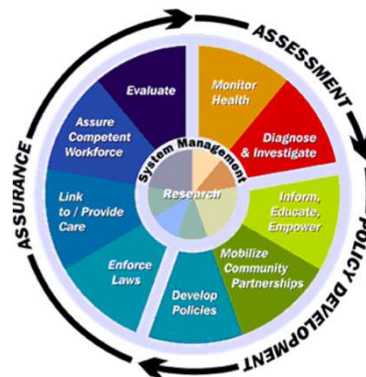
Past to Present



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Purpose of NCLHDA Program

The focus of NCLHDA is on the capacity of the local health department to perform at a prescribed, basic level of quality.



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Basic Components of the Process

- **Self-Assessment by the Agency**

- 147 Activities & 41 Benchmarks

- **Site Visit**

- Peer volunteers (Administration, Environmental Health, Nursing, Board of Health)
- Review documentation, tour facilities and conduct interviews
- Site Visit Report — recommendation

- **Board Adjudication**



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Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**

- **Assessment:** Department must meet 26 of 29 activities
- **Policy Development:** Department must meet 23 of 26 activities
- **Assurance:** Department must meet 34 of 38 activities

- **Facilities and Administrative Services**

- Department must meet 24 of 27 activities

- **Governance**

- Department must meet 24 of 27 activities



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Self-Assessment by the Agency

Continuous process of compiling evidence
over four years in accordance with established
requirements



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Health Department Self-Assessment Instrument (HDSAI)

- Available as Word document so agencies can add information into boxes for each Activity
- By General Statute, due to NCIPH within six months of accreditation expiration
- LHDs provide detailed written narrative within each Activity with links to evidence in electronic folders



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XXXXXXX Health Department Self-Assessment Instrument (HDSAI)

For use by local health departments
seeking re-accreditation status

Revised Version 6.0
Updates effective January 1, 2017

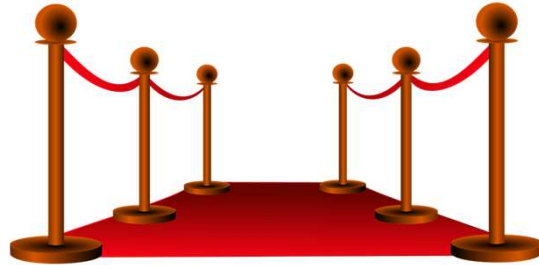
This document has been adopted by the NCLHDA Board. The Board
will continue to accept comments by local health departments, site
visitors, and other partners.



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Site Visit

Evaluation of the health department's degree of compliance with the Benchmarks and associated Activities



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Site Visitors

- Serve as independent contractors of NCLHDA program and as representatives of the Board
- Primary role is to amplify, clarify and verify the health department's self-assessment
- Are peers in most cases — understand local public health issues, programs and challenges



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Board Adjudication

NCLHDA Board considers recommendation for accreditation from Site Visit Report and makes a decision on accreditation status



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NCLHDA Board

Local Health Directors (3):

- Rebecca McLeod (Burke County) Teresa Ellen (Wilson County), Chris Dobbins (Gaston County)

Boards of Health (4):

- Barbara Ann Hughes (Wake County), Bob Blackburn (Cleveland), Benjamin Tillett (Person), Susan Elmore (Orange)

County Commissioners (4):

- Barbara Beatty (Catawba), Ann Holton (Pamlico), Bob Byrd (Alamance), Bertadean Baker (Warren)

N.C. Division of Public Health (3):

- Chris Hoke, Phyllis Rocco, Larry Michael

At-large (3):

- Bill Sollecito (UNC-CH), David Stanly (Brunswick Human Services), Jerry Parks (retired ARHS)



Chair:

Chris Dobbins



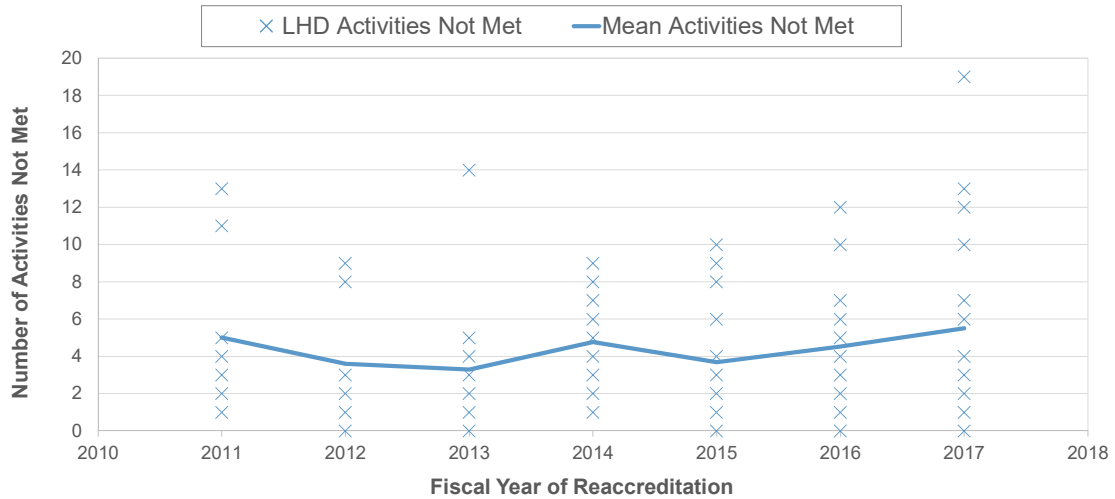
Vice-Chair:

Teresa Ellen



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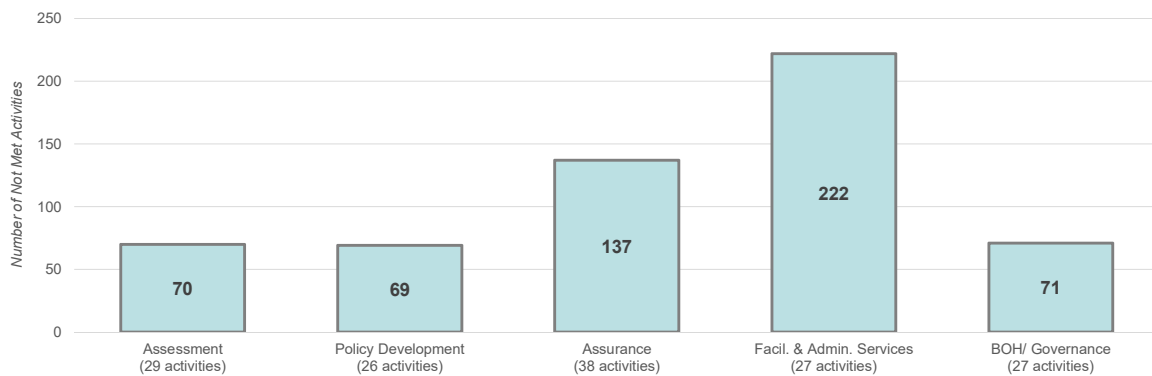
Activities Missed Over Time



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Activities Not Met, 2011-2018

LHD Reaccreditations (n=131)



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Commonly Missed Activities

Accreditation Activity	Number Missed	% Missed in all Reaccreditations
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.	47	35.9%
Activity 24.3: The local health department staff shall participate in orientation and ongoing training and continuing education activities required by law, rule or contractual obligation.	39	29.8%
Activity 31.4: The local health department shall have current written position descriptions and qualifications for each staff position.	33	25.2%
Activity 31.5: The local health department shall implement a performance appraisal system for all staff.	29	22.1%
Activity 7.3: The local health department shall investigate and respond to environmental health complaints or referrals.	27	20.6%



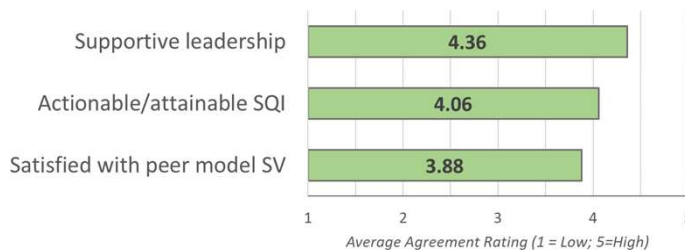
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General Satisfaction with Program & Process

Program Process Measures

- Leadership is supportive of Accreditation process
- SQI are actionable & attainable
- Satisfied with peer model for site visit teams

Process Measures



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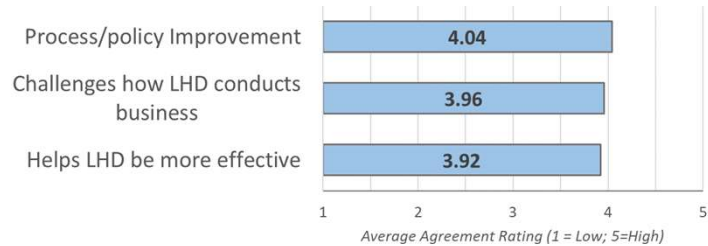
General Satisfaction with Program & Process

- Over 70% extremely or somewhat satisfied with NCLHDA Program
 - 6% somewhat or extremely dissatisfied

- Program Impacts

- Improves agency processes/policies
- Challenges agency to think about how business is conducted
- Helps agency become more effective

Program Impacts



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Pros and Cons of a State-Based System



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Benefit: Relevance to N.C. Public Health

Clinical Services

- Common in N.C. local health departments
- Facilities often need improvement

Board of Health

- Historically strong and highly valued in N.C.

Well-connected, yet autonomous Public Health System

- Though a home-rule state, reinforces connections between the N.C. Division of Public Health and LHDs



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Benefit: Flexibility in Changing Times

10A NCAC 48B .0203 BENCHMARK 3

(a) Benchmark: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

(b) Activities:

- (1) The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.
- (2) The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.

Standard: Agency Core Functions And Essential Services

Function: Assessment

Essential Service 1: Monitor health status to identify and solve community health problems.

Benchmark 3: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

Activity 3.1: The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.

Documentation:

A. Since the previous site visit, evidence of relevant expertise and/or training on collecting, managing, integrating and displaying health-related data for at least one (1) individual

INTERPRETATION

Intent

Assessment, and the future programming and policy that comes from it, must be based on accurate data. The LHD must build proficiency to gather and scrutinize that data, thus drawing valid conclusions on the meaning of the information. Individuals involved in carrying out this task for the department must be trained and will serve as a resource for all staff. This activity requires the department to assure that agency staff has the expertise and training needed to collect, manage, integrate and display health-related data.



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Benefit: Reduced Cost

	Population ≤ 100,000	Population 100,000 to 500,000	Population >500,000 to 1,000,000	Population >1,000,000 to 5,000,000	Population >5,000,000
Number of N.C. LHDs	54	27	2	1	0
NCLHDA Annual Fee	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700
PHAB Initial Fee	\$14,000	\$21,000	\$28,000	\$35,000	\$56,000
PHAB Annual Fee	\$5,600	\$8,400	\$11,200	\$14,000	\$22,400

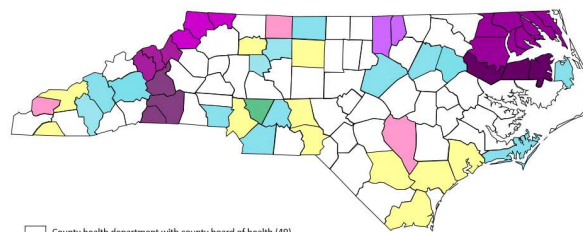


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Challenge: Relevance to N.C. Public Health

There is huge diversity in local health departments across the state. While implementing a set of standards for all, there are questions of fairness and equity between agencies.

Types of Local Public Health Agencies & Boards
July 2018



- County health department with county board of health (49)
- County health department governed by board of county commissioners (Graham, Stokes, Sampson) (3)
- District health department with district board of health (6 districts delineated by different shades of purple) [Yancey, Mitchell, Avery; Rutherford, Polk, McDowell; Watauga, Ashe, Alleghany; Granville, Vance; Hertford, Bertie, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck, Martin, Tyrrell, Washington] (22)
- Consolidated human services agency with consolidated human services board (Jackson, Haywood, Buncombe, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare) (14)
- Consolidated human services agency governed by board of county commissioners (Clay, Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) (11)
- Public hospital authority with hospital board authorized to act as board of health (Cabarrus) (1)

Source: UNC-CH School of Government



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Challenge: Flexibility in Changing Times

Changes for clarity,
consistency, and reduced
“exercise in paperwork”

vs.

Keeping up with changes
during a rolling cycle

Standard: Facilities and Administrative Services

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

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.

Documentation:

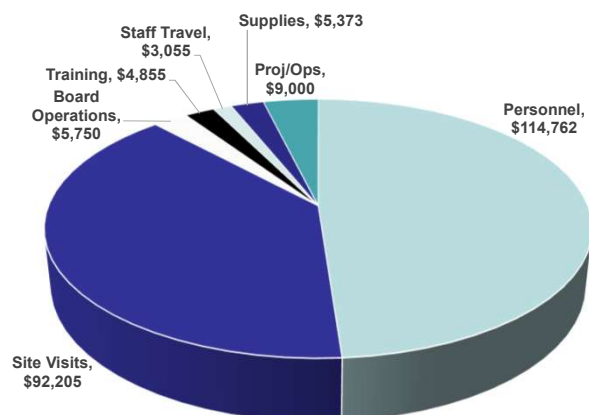
- A. Policies and procedures (including a comprehensive equipment list), supported by evidence-based practice, related to cleaning, disinfection, and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas
- AND
- B. Training records showing where applicable staff were trained on policies and procedures related to cleaning, disinfection and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas
- AND
- To be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet):
- C. Since the previous site visit, evidence of implementation of policies and procedures for assuring cleaning, disinfection and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas



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Challenge: Reduced Cost

- \$235,000 Annual Budget
- 1.44 FTE program staffing (spread over 6 staff)
- Unfunded mandate program

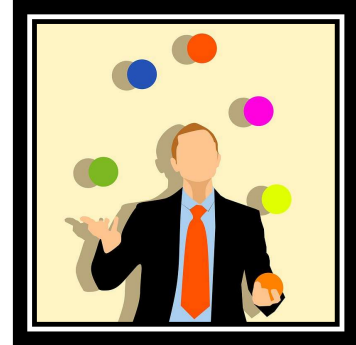


FY18 Budgeted Expenses



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Lessons Learned

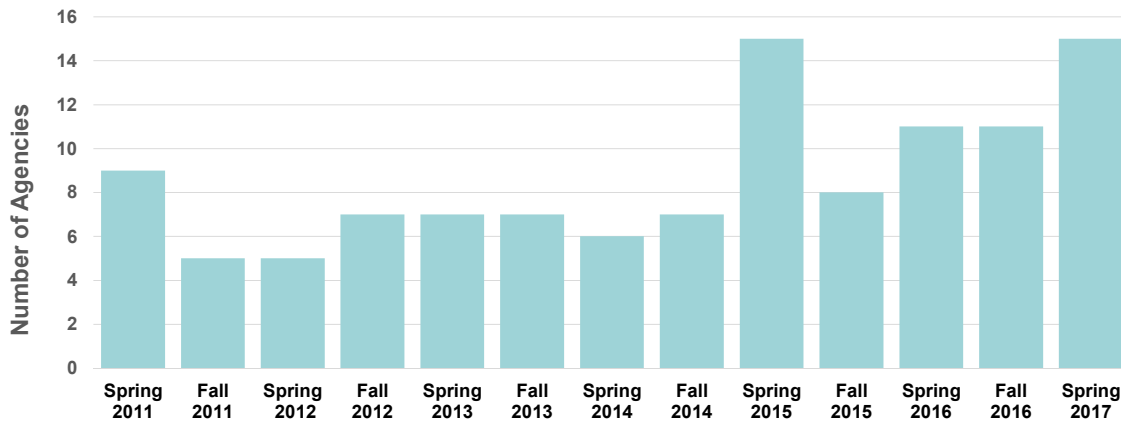


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113 Reaccreditation Site Visits, 2011-2017



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Notable Findings

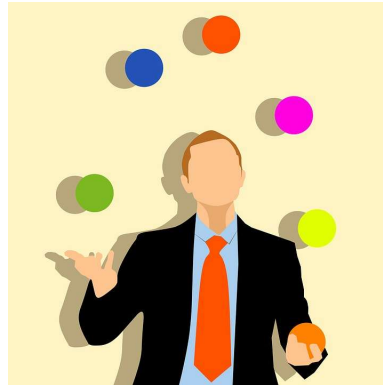
- Agencies serving the ***smallest populations*** had the highest average number of missed activities
- Agencies with the ***smallest staff sizes*** had the highest average number of missed activities
- ***AAC Experience*** (years of experience & participation in site visits) plays a role in agency success



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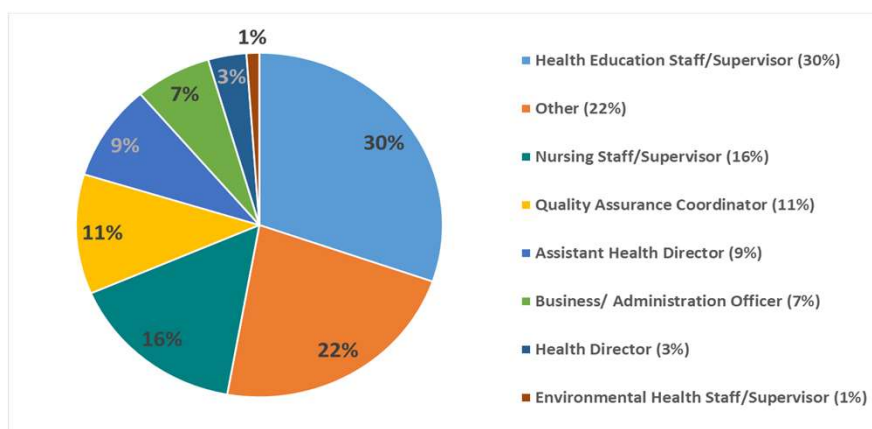
Agency Accreditation Coordinator (AAC)

- A handful do QI/AAC as full-time job
- Most do so part-time and serve in various roles in agency
- TREMENDOUS turnover and loss of continuity between cycles — starting over every time



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Who are AACs?



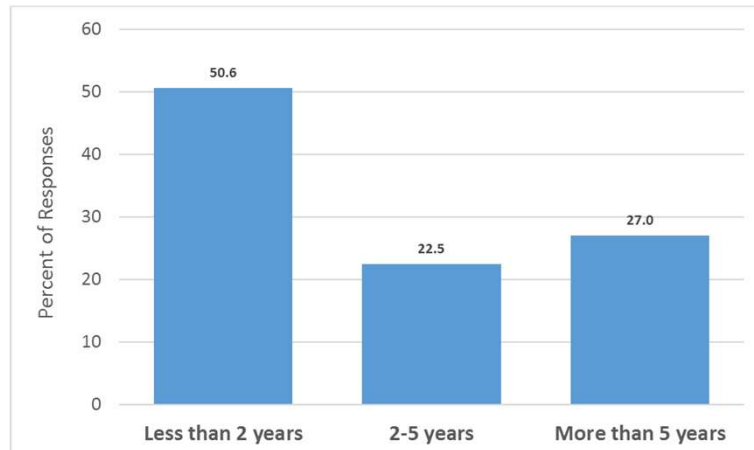
* Includes primary, back-up, and co-AACs

** Data from registrations for 2017 NCLHDA Skills Building Workshop



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How long have AACs been doing accreditation?

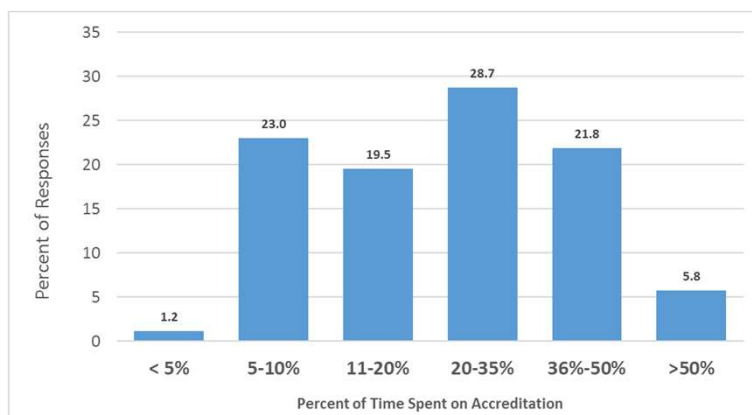


*Data from registrations for 2017 NCLHDA Skills-Building Workshop



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What percent of time do AACs devote to accreditation?



*Data from registrations for 2017 NCLHDA Skills-Building Workshop



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Strategically Assign AAC Role



- Don't make it an afterthought or default to a specific position
- When your AAC leaves, reconsider if that position is the “right place”
- If they have other hats, make sure they have enough time dedicated to AAC role and reflect that in their job description



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Strongly Consider a Co-AAC Model

- Prevents a crisis if one person leaves or is on extended leave
- Allows for two “expert” and trained perspectives
- Combined, AACs should have:
 - ✓ Comprehensive knowledge of all aspects of LHD
 - ✓ Ability to “make it happen” and hold persons accountable
 - ✓ Project management skills
 - ✓ Strong attention to detail
 - ✓ Technology skills
 - ✓ Creative thinking skills



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Make it a Team Process

- One or two people cannot do it alone
 - Asking for specific information vs. becoming a part of the process affects ability to provide good examples
 - One person cannot answer all questions during site visit
- AACs need help making all staff accountable for providing documentation
- The agency, not a couple of people, are being accredited



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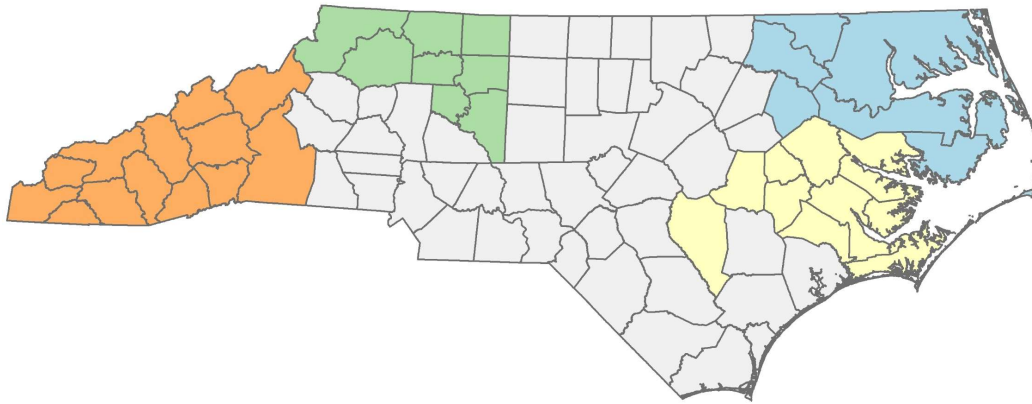
Training and Skills Building

- Annual Update Webinar each January
- Biannual New AAC 101 training
- Agency or regionally-based Accreditation Team 101 trainings
- Annual Skills Building Workshop for AACs and accreditation team members



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NCLHDA Regional Workgroups



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Looking Ahead

A screenshot of the North Carolina Local Health Department Accreditation website. The header includes the NCLHDA logo, the text 'NORTH CAROLINA Local Health Department Accreditation', and a search bar. Below the header is a green navigation bar with links: Home, About the NCLHDA Program, Accreditation Process, Accredited Health Departments, Training, Leadership & Contact Information, and Research & Data. The main content area features a map of North Carolina and the text: 'Supporting Local Health Department Accreditation Across N.C.'s 100 Counties'. Below this is a paragraph about the NCLHDA's role and a link to 'Learn more about the program'. A 'QUICK LINKS' section on the left lists: Health Dept. Self-Assessment Instrument (HDSAI), Site Visit Preparation Materials, Operational Guidelines, Accreditation Schedule and Contacts, Board Members, Site Visit Team, and News to Accreditation. On the right, a blue map of North Carolina is accompanied by the text: 'ALL 84 NORTH CAROLINA HEALTH DEPARTMENTS REACCREDITED AS OF MAY 18, 2018'.



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Congrats to the agencies *Reaccredited with Honors* this year...

- Anson County
- Catawba County
- Forsyth County
- Granville Vance District
- Macon County
- Northampton County
- Onslow County
- Randolph County



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Online Evidence Portal Pilot

- Adapting a system for not only real-time evidence submission and review, but accountability as it's infrastructure is a performance management system
- 2018 pilots:
 - Albemarle Regional Health Services
 - Hyde County Health Department
 - Greene County Health Department
 - Martin-Tyrrell-Washington Health District
 - Wayne County Health Department



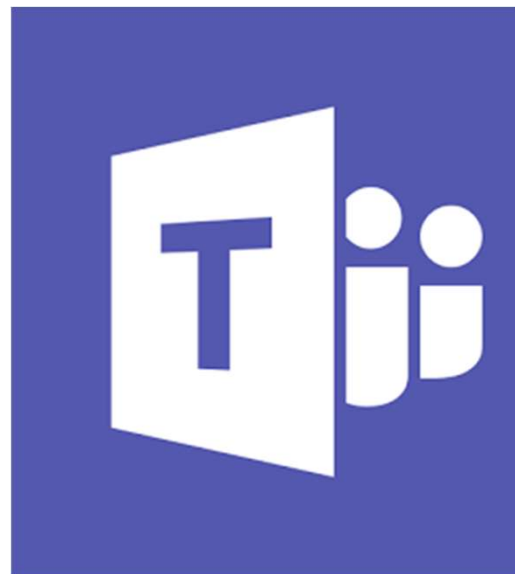
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- Monitor status of activities
- Upload documents
 - Link documents
- Add notes
- Run reports
- Send automated emails



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Microsoft Teams



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Annual Report



NORTH CAROLINA
Local Health Department
Accreditation

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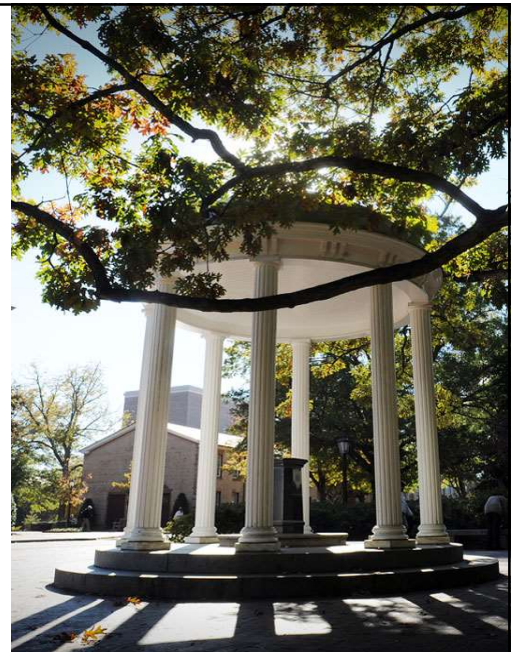
Acknowledgements

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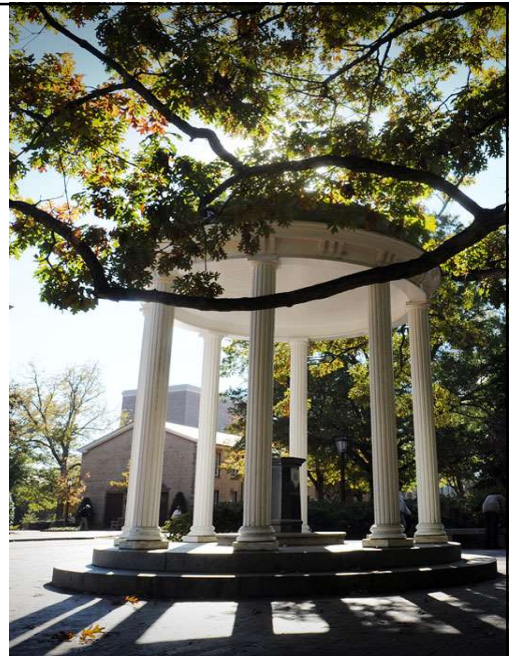
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Thank you.

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For additional information about the NCLHDA Program
visit: NCLHDaccreditation.unc.edu

For questions please email:
NCLHDaccreditation@unc.edu



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