Back with Strategy: Turning Plans into Action

Tuesday, August 31
Fall Monthly Webinar Series

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Today's Presenters

- Margaret Benson Nemitz, MPH
  Strategic Approaches Coordinator
- Ali Zuercher, MPH
  Senior Accreditation Assistant

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Today's Agenda

- Program Updates
- Overview of Strategic Work Plan
- Using VMSG for Strategic Planning
- Feedback & Questions

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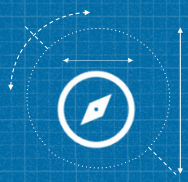

Program Updates

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Shifting Staff Responsibilities

Lori Rhew

- Will be transitioning to focus more on training within accreditation

Margaret Benson Nemitz

- Now in a permanent position as "Strategic Approaches Coordinator"
- Assuming many accreditation coordination tasks

Ali Zuercher

- Facilitating strategic projects with us full time for the next few months through transitions!

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Remember: NCLHDaccreditation@unc.edu is the best way to reach us!

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Upcoming Webinars

September 23

- A Conversation with PHAB & NCLHDA

October 19

- Looking Back on 2021, Preparing for 2022

November 16/December 14

- Open Mic: 2022 HDSAI Interpretation Document

Learn more & register at https://nclhdaccreditation.unc.edu/full-calendar/training-calendar/

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Learning Opportunities

HDSAI Overview On-Demand E-Learn

- New on-demand training to review the 2022 HDSAI Interpretation Instrument changes

Watch at: https://nclhdaccreditation.unc.edu/training/on-demand-training/

NCLHDA Dashboard Overview Webinar

- Tuesday, October 5 9:00-10:30 am
- Tuesday, April 26, 2022 – 9:00-10:30 am

Accreditation 101: New AAC Training

- Tuesday, October 5 12:30-5:00 am
- Tuesday, April 26, 2022 – 12:30-5:00 am

Learn more & register at: https://nclhdaccreditation.unc.edu/full-calendar/training-calendar/

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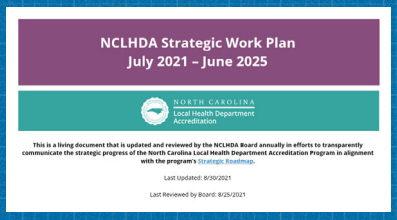

Overview of Strategic Work Plan

https://nclhdaccreditation.unc.edu/about-nclhda/strategic-direction/

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Strategic Roadmap
April 2021

NCLHDA STRATEGIC ROADMAP
JULY 2021–JUNE 2025

MISSION Support North Carolina Local Health Departments in innovating and advancing public health through accreditation

VISION All North Carolina Local Health Departments utilize the accreditation process to continually build their capacity to equitably respond to the unique health needs of their community

CORE VALUES & PRACTICES

Quality	We view accreditation as a dynamic learning process, and we continually assess and revise our program to improve over time.
Partnership	We engage with partners to share perspectives, effectively leverage our resources and maximize our collective impact.
Equity	We work with partners to advance and improve system-level changes to promote and enhance diversity, equity and inclusion for all.
Adaptability	We respond to changes in the field, balancing clarity, flexibility and consistency.
Reliability	We provide reliable leadership, expectations and resources.
Transparency	We communicate clearly and openly share program information and decisions
Efficiency	We streamline efforts to maximize impact and reduce duplication.

STRATEGIC PRIORITIES

1. Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses
2. Streamline the NCLHDA program for efficiency, interoperability and relevancy
3. Build quality improvement into the NCLHDA program structure
4. Lead efforts to improve diversity, equity and inclusion through the accreditation program
5. Intentionally engage partners, including but not limited to Health Directors, Boards of Health, County Commissioners, DPH, Commission for Public Health and State Legislature, in NCLHDA program impacts and accomplishments to support the capacity of the public health system overall

ONE-YEAR MILESTONES

1. Expand NCLHD Accreditation Dashboard use beyond evidence submission and review
2. Roll out the HDSAI Interpretation Document v7.0
3. Collaborate with LHDs to design quality improvement and equity supports
4. Initiate the process of reviewing administrative rules
5. Explore options for sustainable remote site visits
6. Build an interactive system for visualizing data about accreditation activities

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Strategic Work Plan Purpose

- Define goals, objectives, and activities for each priority
- Determine how to measure progress towards priorities across four-year period
- Transparently communicate program plans
- Iterate as needed – it's a living document!

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Initial Brainstorming

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Four-Year Strategic Work Plan Overview

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
Priority 2. Streamline the NCLHDA program for efficiency, interoperability and relevancy		**Measure.** Accreditation Program success with overall priority (↑, Annual Survey)	**Measure.** 81.4% (66/81: 2021, Q51)
	Goal 2.1. Implement change management best practices as the program evolves	**Measure 1.** Overall perception of program value with NCLHDA program (↑, Annual Survey) **Measure 2.** Number of NCLHDA tools/resources distributed related to change management (↑, Program Records) **Measure 3.** Agreement that NCLHDA program changes are communicated clearly and in a timely manner (↑, Annual Survey) **Measure 4.** Agreement that trainings offered through NCLHDA adequately meet staff needs (↑, Annual Survey)	**Measure 1.** 58.5% (55/94: 2021, Q3) **Measure 2.** 0 tools/resources distributed **Measure 3.** 91.3% (52/57: 2021, Q23_01 & Q23_02) **Measure 4.** 65.4% (51/78: 2021, Q17)
	Goal 2.2. Streamline documentation submission processes	**Measure 1.** The number of duplicative requirements submitted to both DPH and NCLHDA (↓, Program Records) **Measure 2.** Level of progress towards operational guidelines, rules and/or legislation change over the 4-year time period (↑, Program Records) **Measure 3.** Number of complementary requirements between NCLHDA, state requirements and national requirements documented in crosswalk (↑, Requirement Crosswalk)	**Measure 1.** 4 duplicative requirements from public comments **Measure 2.** 2022 HDSAI updates, 2021 version of operational guidelines **Measure 3.** Not yet calculated

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Year 1 Work Plan Example

Priority 1: Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 1.1. Create sustainable methods of implementing changes to NCLHDA program requirements	**Objective 1.1.1.** Develop and maintain a collaborative, mutually beneficial relationship with national accreditation programs	**Activity 1.** Conduct quarterly meetings with national accreditation leadership	Ongoing 6/30/22	**Deliverable 1.** Notes from at least 3 meetings with the national accreditation program
		Activity 2. Begin exploring opportunities to align changes with national accreditation revisions	10/1/2021	**Deliverable 2.** A plan to continue a relationship moving forward
	Objective 1.1.2. By Summer 2022, draft Phase 3 revision materials that complements state priorities and national accreditation 2022 standards and measures	**Activity 1.** Review national accreditation 2022 standards and measures and provide feedback	12/30/2021	**Deliverable 1.** Complementary Activity summary guide
		Activity 2. Create a guide on the major similarities and differences between national accreditation, state priorities and NCLHDA	2/11/2022	**Deliverable 2.** Drafted Phase 3 materials
		Activity 3. Draft Phase 3 materials to complement similarities	5/27/2022	

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Priority 1: Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses

4-Year Goals	What are we doing in Year 1?
1.1. Create sustainable methods of implementing changes to NCLHDA program requirements, including updating rules	Build relationship with national accreditation leadership to align programmatic changes with national accreditation revisions Create a draft of Phase 3 changes that address complement activities between national accreditation, state priorities and NCLHDA
1.2. Create systems to evaluate accreditation results over time	Build data visualization tool that tracks accreditation performance

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Priority 2: Streamline the NCLHDA program for efficiency, interoperability and relevancy

4-Year Goals	What are we doing in Year 1?
2.1. Implement change management best practices as the program evolves	Develop an e-learning to review 2022 HDSAI Interpretation document changes Develop an e-learning for site visitors to know how to execute programmatic changes
2.2. Streamline documentation submission processes	Explore sharing VMSG dashboard with DPH Create a draft of Phase 3 revisions that addresses programmatic duplication
2.3. Enhance program value with cost-effective strategies	Explore opportunities for remote site visits Identify areas of program with historically low satisfaction and brainstorm solutions
2.4. Expand use of the VMSG dashboard to engage more partners and capture accomplishments	Build LHD capacity to use VMSG dashboard for strategic planning purposes

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Priority 3: Build quality improvement into the NCLHDA program structure

4-Year Goals	What are we doing in Year 1?
3.1. Create a network of sustainable, continuous quality improvement supports for local health departments	Build relationship with Population Health Improvement Partners Conduct QI design workshop with LHDs to curate and test a menu of QI supports that are sustainable, impactful, and cost-efficient
3.2. Emphasize quality improvement standards and measures in Phase 3 revisions	Create a draft of Phase 3 revisions that integrates quality improvement components into the NCLHDA program

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Priority 4: Lead efforts to improve diversity, equity and inclusion through the accreditation program

4-Year Goals	What are we doing in Year 1?
4.1. Build relationships with diversity, equity and inclusion experts to provide support across NC LHDs	Explore equity self-assessment tools for LHDs Search for equity consultant to analyze and address findings from equity assessment
4.2. Build internal NCLHDA program opportunities on equity and anti-racism training, reflection and action	Create and share schedule of anti-racism and equity training opportunities Develop proposal for anti-racism and equity training expectations for the NCLHDA Board
4.3. Emphasize the importance of and the role of health equity in the context of accreditation	Increase familiarity of how equity is integrated into the 2022 HDSAI Create a draft of Phase 3 revisions that clarifies the role of health equity
4.4. Improve representation within the NCLHDA program	Explore possibility of setting representation goals for the NCLHDA Board Develop a draft proposal to require racial demographic data to be included in site visit supplemental materials

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Priority 5: Intentionally engage partners, including but not limited to Health Directors, Boards of Health, County Commissioners, DPH, Commission for Public Health and State Legislature, in NCLHDA program impacts and accomplishments to support the capacity of the public health system overall

4-Year Goals	What are we doing in Year 1?
5.1. Provide communication materials that emphasize the impacts of LHD accreditation	Develop and disseminate "Why Accreditation Matters" campaign materials to AACs and LHD staff Develop "Why Accreditation Matters" campaign materials for county managers
5.2. Build relationships with accreditation decisionmakers	Develop directory of legislative relationships Have accreditation priorities considered by NCALHD and NCPHA during the priority setting process

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Big Picture Expectations – across priorities

- Draft phase 3 revisions in a way that considers other processes, reduces duplication, incorporates more quality improvement, and creates clear ties to health equity.
- Build accreditation-related partnerships
- Provide additional supports

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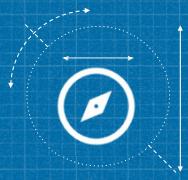

Using the VMSG Dashboard for Strategic Planning

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VMSG Reminders

- Totally optional to use VMSG in this way
- Different user permissions outside of Accreditation group
- 10 user accounts per LHD, can always add more
  - You can adjust user settings yourself
- VMSG can help answer questions about non-accreditation dashboard uses!

Check out our website for VMSG Resources:

https://nclhdaccreditation.unc.edu/updates/nclhda-dashboard/

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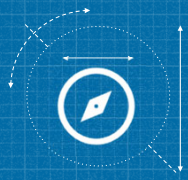

Questions & Feedback

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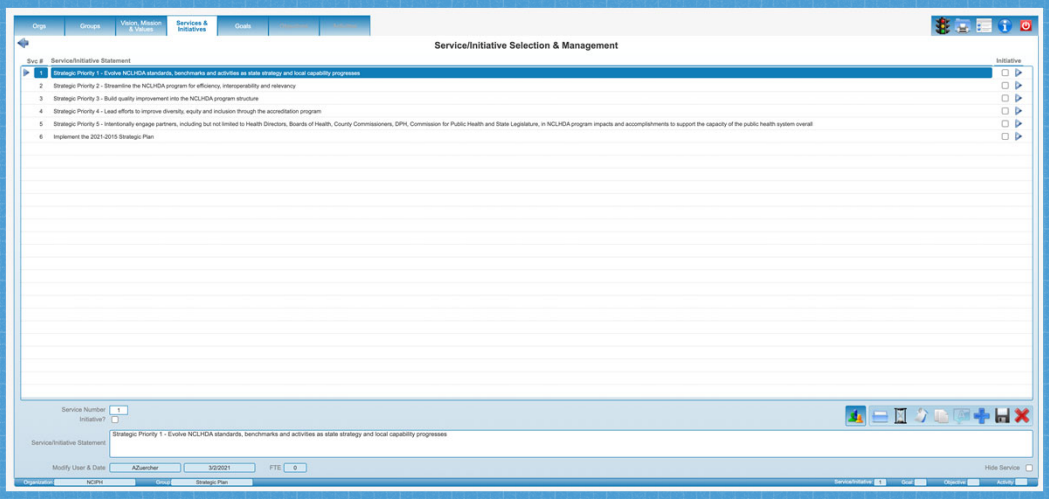
VMSG Integration



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