**North Carolina Local Health Department Accreditation**

**Site Visit Team’s**

**Suggestions for Quality Improvement**

**AGENCY NAME:**

**HEALTH DIRECTOR:**

**DATE of SITE VISIT:**  **Month XX, XXXX**

As a part of their report, the Site Visit Team also offers suggested quality improvements in response to the local health department’s self-assessment and the site visit. These suggestions are linked to an activity in the HDSAI. The Suggestions for Quality Improvement are not binding to the agency, do not affect the accreditation recommendation and are not a part of the report to the NCLHDA Board. They are for the consideration of the local agency and are based on aspects of specific activities.

The suggestions may be a result of evidence that met the intent of the activity but was considered weak by the Site Visit Team. The suggestions may also be elements that team members have noted in other site visits, considerations they noted during your site visit, or enhancements to current capacity.

As your agency looks at future plans for agency performance improvements, these suggestions are items for your consideration.

**Activity-Specific Suggestions for Quality Improvement**

**Activity #:**

**Documentation:**

**Site Visit Team Suggestion:**

Example: *Encourage the staff and the management team to consider ways that increased efficiencies may be attained by closely following stated audit procedures.*

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**General Suggestions for Quality Improvement**

1.

2. Example: *The Board of Health is encouraged to actively increase its efforts to fill vacant positions*

*on the Board and, if necessary, to seek community members who are committed to public health to fill the currently vacant positions for medical professionals, until such time as those positions can be filled, per statute (e.g., by a veterinarian, etc.).*