



# Bi-Annual Update on Reaccreditation

Winter 2024 Site Visits

## Overview

In the winter of 2024, site visits were conducted for the reaccreditation of 9 local health departments in North Carolina: Caswell, Forsyth, Madison, Moore, Northampton, Onslow, Randolph, Transylvania, and Wayne. These agencies received their 90-day accreditation notification in August 2023, and site visits were conducted between January-March 2024. Two of the nine site visits had fully in-person site visits, with the remainder opting for a partially remote visit. All health departments opted to use the current HDSA Interpretation Document for all evidence submitted.

Eight agencies were recommended for reaccreditation, 4 of those with honors. Wayne County Health Department was recommended for conditional accreditation. Two additional counties were originally recommended for conditional accreditation; however, through completion of the 10-day conditional recommendation protocol, both counties submitted additional evidence and received an updated recommendation for reaccreditation from the site visit teams.

Overall, this cycle awarded fewer health departments with Reaccreditation with Honors than seen in recent site visit cycles.

## Activities Missed

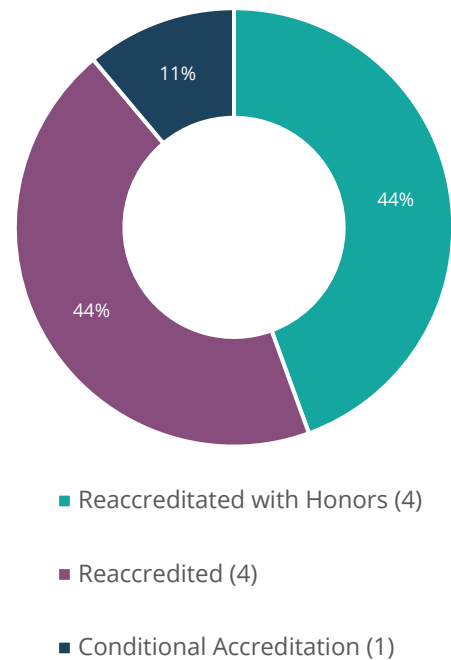
In winter 2024, reaccredited health departments missed 3.5 activities on average, with a range from 0 to 10 activities and a median of three missed activities. Three LHDs did not miss any activities. This is slightly higher than recent trends yet slightly fewer missed activities than historical averages. Between 2011 and 2020, the average number of missed activities was 4.4 activities per agency. Since implementing the documentation requirement revisions in 2022, the average number of missed activities between fall 2022 and fall 2023 was 2 per agency (n=37).

The most commonly missed activities were:

- *Activity 5.1: 24/7 Reporting System* (cited 4 times) and
- *Activity 30.4: Private and Secure Medical Records* (cited 3 times).

Activity 5.1 was also the most cited activity in fall 2023.

Reaccreditation Status,  
Winter 2024 (n=9)





**Number of missed activities and suggestions for quality improvement (SQIs) by standard:**

	Assessment	Policy Dev	Assurance	Facilities & Admin	Governance	Total
<b>Missed</b>	7	1	10	9	5	<b>32</b>
<b>SQIs</b>	18	11	31	18	12	<b>90</b>

**Suggestions for Quality Improvement**

For winter 2024 site visits, there was an average of 10 activities suggested for quality improvement, with a range from 4 to 21 activities and a median of 9. Activities across all standards were suggested for quality improvement, as shown in the table above.

Specifically, the most common activities suggested for quality improvement were:

- *31.4: Position Descriptions* (cited 6 times),
- *15.3: Policy Review and Revision* (cited 5 times), and
- *24.3: Staff Orientation and Continuing Education* (cited 5 times).

Overall suggestions for quality improvement are consistent with historical trends. Between 2011 and 2020, the average number of activities suggested for quality improvement was 10.8 with a range from 2 to 31 activities, most commonly from Facilities & Administrative Services (37%) and Assurance (24%) standards.

**Evaluation Feedback**

Both health departments and site visitors provided positive feedback through site visit evaluations. Evaluation feedback highlighted the various advantages both of partially remote and fully in person site visits, with 88% of respondents saying they would select a partially remote site visit if doing another site visit. Challenges related to a partially remote site visit largely revolved around technology troubleshooting and instances where health departments had submitted insufficient evidence via the dashboard. Respondents shared helpful ideas on how to improve interpretation guidance and improve dashboard features, as well as feedback to clarify “good faith effort” expectations. All health departments reported that their Site Visit Coordinator was very or extremely helpful.

**Summary**

While health departments still demonstrated strong performance, with 14 best practices identified, the winter 2024 site visit cycle had fewer agencies accredited with honors and a slightly higher average number of missed activities than we’ve seen in other recent site visit cycles. Health department staff and site visitors reported positive experiences overall regarding site visit logistics.