



Association Of State And Territorial Health Officials

2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202

(202) 371-9090 | www.astho.org

KENTUCKY DEPARTMENT OF PUBLIC HEALTH

Planning Guide

Preparing for National Accreditation

VERSION EIGHT

November 2010

I. Introduction

The Kentucky Department of Public Health (KDPH) was awarded a grant from the Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC). The grant provided targeted, customized technical assistance to complete specific tasks necessary to prepare the state health agency (SHA) for voluntary national public health accreditation and to foster quality improvement in state public health.

KDPH has been systematically preparing for national accreditation and quality improvement in state public health and seeks to become accredited by the National Public Health Accreditation Board (PHAB) in late 2014.

KDPH choose as its targeted customized technical assistance deliverable the creation of a Plan-To-Plan document to enable the planning, completion of all preparatory tasks, and submission of formal application for national accreditation. Where possible PHAB required documents and processes are referenced for utilization.

NOTE:

At this time all PHAB documents, processes, and timelines are in Beta Testing and are subject to revision. Agencies seeking to prepare now for Accreditation are encouraged to focus on completion of the three pre-requisite documents (State Health Assessment Plan, State Health Improvement Plan, and Agency Strategic Plan) and monitoring progress of the Beta Testing by going to the PHAB Web-site at <http://www.phaboard.org>



II. Planning Guide Purpose

Provide a guide that identifies for the Kentucky Department of Public Health (KDPH) the processes, sequence, and steps needed to prepare for, apply and become accredited by the national voluntary accreditation program.

Confirm and consolidate all work done to date, and if necessary adjust direction to meet department goal of achieving national accreditation.

Provide a guide to synthesize and sequence the many pieces necessary to prepare for accreditation.

The Planning Guide is intended to be a work in progress whereby once the KDPH is accredited the next logical step will be the implementation of a culture of continuous quality improvement (CQI) department-wide.

III. KDPH Accreditation and CQI Objectives

Long Term

1. Continue to meet or exceed national accreditation standards.
2. Implement and sustain a culture of CQI department-wide.
3. Improve health outcomes for Kentucky's citizens.

Medium Term

1. Meet all requirements for national accreditation.
2. Institutionalize CQI as a key component of Strategic Planning.
3. Establish the practice of inclusive collaboration in CQI project identification, project improvement, and implementation.

Short Term

1. Establish partnerships necessary to achieve national accreditation readiness.
2. Complete all accreditation pre-requisite documents and steps leading to national accreditation.
3. Obtain support and participation from key stakeholders including but not limited to: Governing Entities, Executive Branch and Legislature, Community Partners, State Partners, and KDPH.



IV. Critical Success Factors

1. Access to staff proficient in working with data (statisticians, epidemiologists, vital records analysts, planners, and database analysts).
2. Ability to ask for and receive short term staff assistance for time limited tasks to meet mission critical deadlines.
3. Just-in-time training and technical support in the use of tools, templates, and methods, needed to complete accreditation readiness requirements.

V. Staffing

- A. KDPH has identified a State Accreditation Coordinator to be the single point of contact for any and all accreditation preparation activities. This position will receive, record, route, and track all accreditation preparation documents.

All incoming documents related to accreditation preparation will be routed through the accreditation coordinator. Documents will be recorded and routed via the appropriate domain champions. All completed documents and supporting material will be returned to the accreditation coordinator for posting to a common network drive and ultimate submission back to PHAB. (This process will be modeled after the current KDPH planning and budget approval process system.)

The accreditation coordinator is responsible for process facilitation. The required evidence and documentation is the responsibility of the domain champions and their teams. Guidance for completion for required documents and submission of supporting documentation is contained in the PHAB Guide to Standards and Measures Interpretation located at www.phaboard.org

- B. An Accreditation Awareness Team (AAT) was charged with researching, compiling, and presenting material to inform KDPH staff of national efforts currently underway surrounding National Voluntary Accreditation.

The AAT was led by Public Health Improvement Branch (PHIB) Branch Manager Margaret Stevens-Jones, and consisted of a Health Policy Specialist II (State Accreditation Coordinator), Nurse Consultant Inspectors, Nurse



Association Of State And Territorial Health Officials

2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202

(202) 371-9090 | www.astho.org

Administrator, Nurse Service Administrator, and an Internal Policy Analyst III.
The AAT Team completed, or will be completing, the following tasks:

COMPLETED

1. KDPH Accreditation Timeline
2. Team Charter (AAT)
3. Accreditation 101 PowerPoint Presentation with each KDPH Division and Leadership
4. Quality Improvement discussion with each KDPH Division
5. Documented process and continuous quality improvement projects for the Public Health Improvement Branch (QIT site-visit and process map, PPHR (Public Health Practice Reference) process map.
6. Developed addendum piece to the AR (Administrative Reference)
7. Toolkit of required and useful accreditation resources
8. Logic Model for AAT
9. Became familiar with PHAB and ASTHO documents
10. Assisted with CDC “Strengthening Public Health” grant writing

ONGOING

1. Distribute educational materials and answer accreditation questions
2. Drafted KDPH CQI Process Plan
3. Draft communication plan
4. Assisting with addendums to the PPHR
5. Providing LHD assistance if requested as resources and time allow
6. Research grant opportunities and apply if appropriate
7. Implement directives from leadership
8. Assist with ART charter and logic model

The AAT was a precursor to a second team, the Accreditation Readiness Team (ART).

C. The ART is led by the Commissioner, Dr. William D. Hacker, and organized around the 11 PHAB defined Domains. Each Domain is led by a KDPH Division Director or Department Leadership. Domain Teams consist of Assistant Directors, Domain Liaisons, and members of the AAT. The charge to the ART has two objectives:



Association Of State And Territorial Health Officials

2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202

(202) 371-9090 | www.astho.org

1. Completion of all pre-requisite documents which includes:
 - a. State Health Assessment Plan
 - b. State Health Improvement Plan
 - c. KDPH Strategic Plan

2. Completion of Accreditation Tasks required by PHAB including but not limited to:
 - a. Self-Assessment Tool
 - b. Participation in accreditation on-site visit
 - c. Completion of any post-site visit corrections
 - d. Identification of domain champions and guidance
 - e. Establish required policies (example: performance management, QI, etc.) See also: PHAB's Health Department Readiness Checklist
 - f. Create, perform, and sustain a CQI component

IV. Initial tasks for the ART

- A. Review and finalize team charter and team logic model.
- B. Obtain and become familiar with the following documents:
 - ASTHO Accreditation and Performance Improvement Guide
 - PHAB Guide to National Voluntary Accreditation
 - PHAB Health Department Readiness Checklist
 - PHAB State Standards and Measures and PHAB Self-Assessment Tool
 - PHAB Statement of Intent Instruction Document. PHAB Guide to Standards and Measures Interpretation, and PHAB Local Health Department Standards, Measures, and Documentation Guidance (Awareness only)
 - PHAB Draft Scoring and Weighing
 - PHAB Glossary of Terms
 - Quality improvement (QI) and performance management ties



As noted above, guidance for completion for required documents and submission of supporting documentation is contained in the PHAB Guide to Standards and Measures Interpretation located at www.phaboard.org

All PHAB documents are subject to revision pending completion of the beta testing phase.

VI. Overall Time Line

- A. Initiate PHAB self-assessment agency tool by Dec. 2010
- B. The time line for completion of the three pre-requisite documents is estimated to be 24 – 36 months.
- C. An additional 4-6 months may be needed for pre-application tasks.
- D. The time line for the PHAB Accreditation Process is estimated to be 20 months from application to accreditation.

VII. Sequence of Work

- A. In as much as the PHAB Accreditation Process is still in Beta Testing and the tabulation/culmination phase, the ART will monitor PHAB progress and will focus on completion of the pre-requisite documents beginning with the **State Health Assessment Plan** and ending with the Agency **Strategic Plan**. The awarded “Strengthening Public Health” CDC grant application has more details about the role of the two performance management grant-funded positions and their role(s) with the pre-requisite documents.

VIII. State Health Assessment Plan

PHAB generally characterizes a **State Health Assessment Plan** as a document that “...involves a process of collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. It is one of the core functions of public health, which is why it's in the accreditation standards. It involves the systematic collection and analysis of data in order to provide the health department and the community it serves with a sound basis for decision-making. It should be conducted in



partnership with other organizations in the community and include collecting data on health status, health needs, community assets, resources, and other community or state determinants of health status. A state health assessment links directly to the standards and measures in PHAB's Domain 1 and Domain 4. The intention here is that, for accreditation purposes, the state health department can demonstrate that it systematically assesses its jurisdiction's health status and can describe it. Most health departments should have access to much of the data needed. Partnerships with hospitals, academic institutions, other governmental agencies (such as schools or police), and non-profit health promotion organizations will help to access additional data needed to assess the health of the state. Putting it altogether in an organized way to describe the health status or health profile of the community it serves might be a little different way to use the information available.” *More details are found in the actual standards and measures, and the corresponding interpretation guide, domain five.*

- IX.** PHAB generally characterizes a **State Health Improvement Plan** as a document that is “...a long-term systematic effort to address issues identified by the assessment and community health improvement process. It is broader than the health department agency and its development, and should include participation of a broad set of community partners. A solid state health improvement plan can be used by partners to prioritize activities and set priorities. The health improvement plan links directly to Standard 5.3 and its measures. For accreditation purposes, the community health improvement plan should be updated at least every five years.

NOTE: See KRS 194A.001 Use of a Kentucky Public Health Improvement Plan. The last KDPH health improvement plan produced was published in March 1998. (ASTHO is working on a state health improvement plan framework, for consideration, as part of a national use template.)

X. Strategic Planning

- A. PHAB describes Strategic Planning as a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an



organization is, what it does and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization.

B. A strategic plan usually includes, but is not limited to:

1. A Vision
2. Mission
3. Values
4. Goals
5. Priorities
6. Locally-established health priorities

C. Other steps to begin the strategic planning process may include the following:

1. Confirm ART composition
2. Conduct Kick-off/orientation/training
3. Develop Team Charter
4. Develop Team Roles and Responsibilities
5. Develop documentation and file system
6. Select Planning Process to Follow

For example the process may have 5 phases; Preparation, Content, Profile, Plan, and Monitor

7. Select Strategic Plan Contents

For example, timeline, historical synopsis, trends, customer feedback, mission, vision, priorities, guiding principles, goals and actions, secondary goals, process for monitoring, and team members



XI. Similar processes will need to be agreed upon by the ART for State Health Assessment and Health Improvement Planning.

NOTE: Upon completion of the three prerequisite documents the following sequence of tasks describes the estimated 24 month cycle to prepare for, apply for, and become accredited by the PHAB. They are included for informational purposes only as they are subject to change depending on results from the Beta Test.

XII. Complete PHAB on-line accreditation orientation

- PHAB requires completion of the orientation before a SHA may submit a Statement of Intent (SOI). *As of October 2010, the online training was unavailable on the PHAB website.*
- The orientation must be completed by the Accreditation Coordinator.
- PHAB strongly recommends the health director and Division Directors attend the orientation. Division liaisons are also encouraged to attend.
- There is no charge to attend the orientation.

XIII. Conduct PHAB Health Department Readiness Checklist

- To be completed by the ART
- Results to be distributed to the ART for remediation and assistance.

XIV. Submit to PHAB a Statement of Intent (SOI)

- To be completed by the ART.

XV. Complete PHAB Accreditation Process Training (APT)

- Required prior to receiving the on-line Self-Assessment Tool.
- Minimum of one person must attend the APT and if only one person attends that person shall be the accreditation coordinator.
- Recommend the ART attend.



Association Of State And Territorial Health Officials

2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202

(202) 371-9090 | www.astho.org

- APT is a two-day face-to-face training session.
- There is a fee to attend this training.

XVI. Complete and submit on-line PHAB application

- Submission of the application signifies the formal beginning of the National Voluntary Accreditation process.
- To be completed by the ART.

XVII. Complete the Self-Assessment Tool (SAT)

- Once the application is accepted the applicant department has one year to submit the on-line Self-Assessment Tool (SAT).
- To be completed by the ART.
- The PHAB Site-Visit will occur from one to six months after acceptance of the SAT by PHAB. NOTE: The SAT mirrors the Standards and Measures for State or Local Health Departments.
- Once received the SAT will be subject to a completeness review by the PHAB review team.

XVIII. Host the Site Visit

- Purpose to verify accuracy of all materials submitted via SAT.
- Answer any questions arising from the review of materials submitted.
- Conduct any follow-up examination of materials

XIX. Receive PHAB Accreditation Decision

- Decision based on reviews of the SAT, Site-Visit Report, Applicants responses to site-visit reports (if any), and testimony from PHAB staff involved in the review/site visit.
- The official PHAB Accreditation Decision will be conveyed to the applicant department via e-mail within two weeks of the PHAB board



Association Of State And Territorial Health Officials

2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202

(202) 371-9090 | www.astho.org

meeting where such decisions were rendered. Written follow-up by US mail will follow.

XX. Appeal Process

- Applicants may appeal the decision by the PHAB board at one of two levels.
- The first review is by a panel of PHAB Board members
- The second review is by an external group appointed by PHAB

NOTE:

See the PHAB Guide to National Voluntary Accreditation for more information about the steps involved in the application, self-assessment, site-visit, decision, and appeals process.

XXI. Begin Plan-to-Plan for creating, performing, and sustaining a CQI component of on-going National Accreditation.