



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Planning for a Successful Future of the NC Local Health Department Accreditation Program

January 19, 2017

NC State Health Director's Conference



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Agenda

- **Where we are...**
- **Where we are going...**

.....with training
.....with requirements.

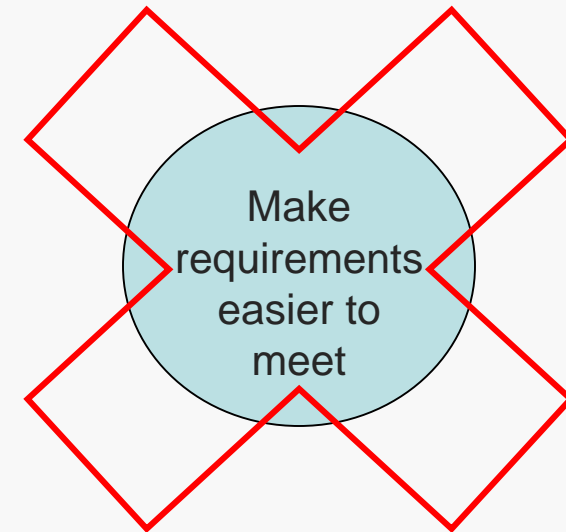
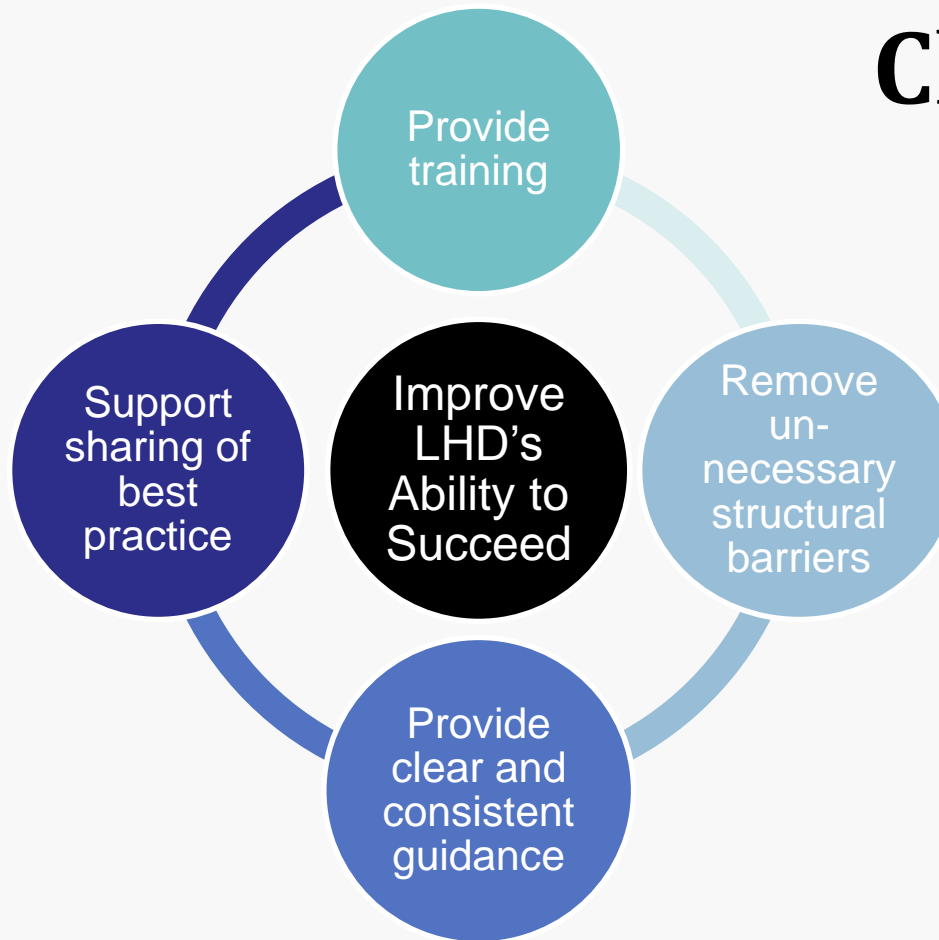


Assuring the health of North Carolina through local health department accreditation





Overall Goal of Changes





North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Training

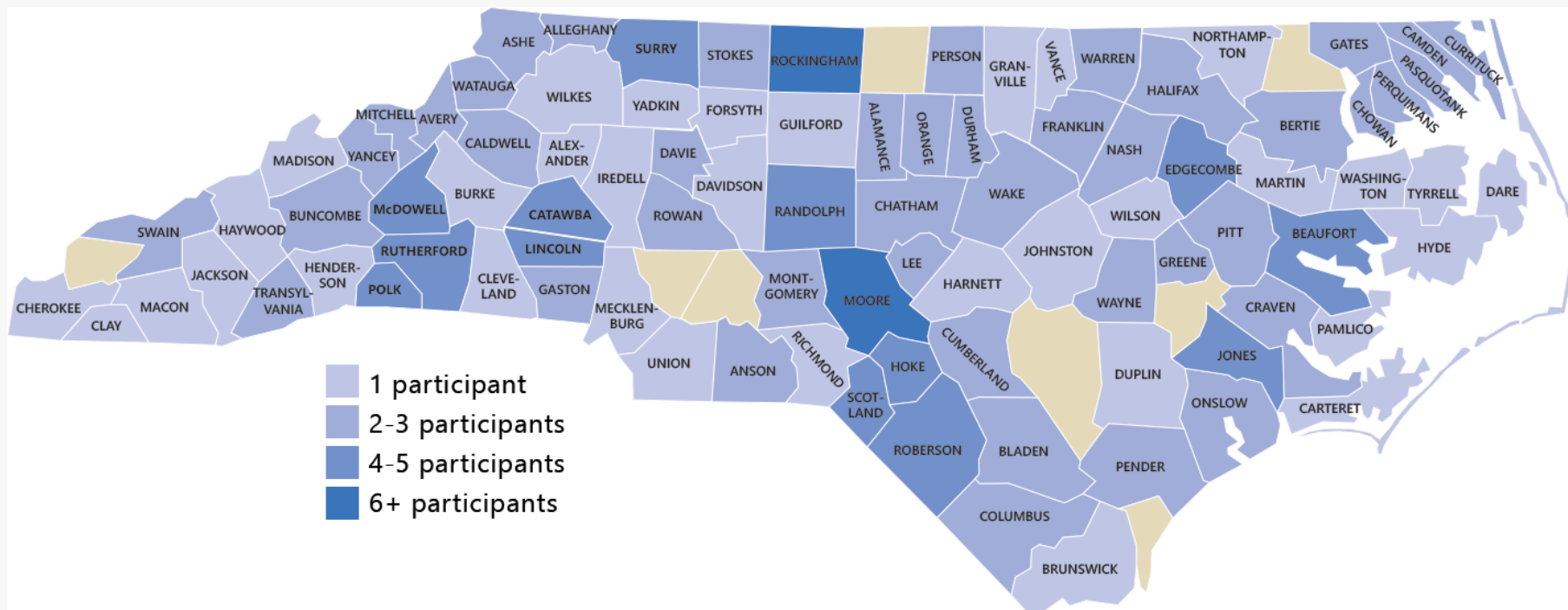


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Achieving Success with Accreditation: What Every Health Department Needs to Know





Going Forward

1. Create a volunteer training committee of AACs
2. Create a formalized, multi-faceted training program
3. Continue to support presentations at professional association conferences





Accreditation 101 Training: Individual

**6-hour training offered twice/year for
new AACs and back-ups**

- To offer in September 2017 on
of NCPHA and again in Spring
2018 on opposite side of state
- Small registration fee





Accreditation 101 Training: Team-Based

**LHD 3-hour “team” training offered
via local AHEC request**

- Audience of 15-20- request with an adjacent LHD?
- \$0 from NCIPH- some small fee may apply from AHEC





Annual Training & Skill Building

One central, 2-day workshop for all AACs

- Plenary sessions on skill-building topics such as:
 - Project management tools applied to NCLHDA
 - How to incorporate accreditation into an overall agency QI program
- Break-outs to share best practices and troubleshoot activities
- Now planning for July 2017
- Small registration fee





Etc.

- *Board of Health Roles and Responsibilities for NCLHDA slides and 4-page guide now on website (updated 1.10.17)*
- Annually in January: webinar on materials update-
January 26 from 2:00-3:30
- Presentations at professional association meetings:
 - *January 30 @ 10:30: PPHR webinar*
 - *May: 2017 Preparedness Symposium*





North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Materials & Requirements



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Why Change?



- Overall structure and process is easier, streamlined, and less affected by changes in materials
- Documentation requirements are more consistent and clearer
- Interpretation Guidance is more concise and clear





Overview of Changes

- Effective 1.1.17 (starts applying to counties receiving notifications 3.1.17)
- All materials on website
- Color scheme changed to **green**
- Changes also detailed in Summary of Changes document



Summary of changes to HDSAI Interpretation Document, HDSAI, Activities that Require Visual Observation, and Accreditation Scoring Requirements
Effective Date: 01.01.17

Note: Please see the actual documents for the complete information. Also note that minor grammatical edits are not included in the table below.

HDSAI Interpretation Document		
Page or Activity	Topic	Change
Entire Doc.		Color scheme (Green- as seen here) added to coincide with like changes to other documents for this revision cycle. All changes from last revision (2.15.16) in green font.
Cover & Footer		Effective date (1.1.17) and Version (6.0) updated
p. 5	Documentation	Documentation section in each Activity changed from bullet list of requirements to A, B, C format, explanation here in preface





HDSAI Changes Version 6.0

- Removed:
 - Documentation,
 - LHD Self-Assessment,
 - SVT Determination,
 - SVT Notes sections

STANDARD: AGENCY CORE FUNCTIONS AND ESSENTIAL SERVICES
FUNCTION: ASSESSMENT
ESSENTIAL SERVICE 1: Monitor health status to identify community health problems.
Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.
Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months. The community health assessment must fulfill each of the following requirements: <ul style="list-style-type: none">• Provide evidence of community collaboration in planning and conducting the assessment.• Reflect the demographic profile of the population.• Describe socioeconomic, educational and environmental factors that affect health.• Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community.• Collect and analyze primary data (collected by the health department) to describe the health status of the community.• Compile and analyze trend data to describe changes in community health status and in factors affecting health.• Use scientific methods for collecting and analyzing data.• Identify population groups at risk for health problems• Identify existing and needed health resources.• Compare selected local data with data from other jurisdictions (e.g., local to state, local to local).• Identify leading community health problems.
EVIDENCE/EXPLANATION:





HDSA I Changes Version 6.0

- Removed Programs Chart- now must complete template document as Supplemental Materials



XXXXX County HDSA I Programs List

To be submitted along with agency HDSA I

ACTIVITY 17.1 & 22.2
DIVISION OF PUBLIC HEALTH
STATE PROGRAMS

Program Title	Offered (Yes/No)	Program Letter Received (Yes/No)	Date of Most Recent Review	Result of Most Recent Review (Met/CAP* Needed)	Status of CAP* (If Applicable- Accepted or Not Accepted)
101 Maternal Health (HMHC)					
107 Pregnancy Care Management					
116 Healthy Beginnings					
129 NC Baby Love Plus					
151 Family Planning					
158 Adolescent Pregnancy Prevention Program					
159 Adolescent Parenting Program					
163 Project REACH for Adolescents					
164 Evidence-Based Strategies for Maternal and Child Health					
165 Infant Mortality Reduction					
318 Care Coordination For Children					
324 Speech and Hearing					
351 Child Health (HMHC)					
352 Child Fatality Prevention Teams					
353 CSHS Special Nutrition Project					
357 School Health Centers					
359 Early Childhood Comprehensive Systems (ECCS)					
403 WIC					
415 Breastfeeding Peer Counselor Program					
416 Regional WIC Lactation Training Center					
451 Tobacco Prevention - CDC Core Grant					
452 Breast and Cervical Cancer					
465 CVD WISEWOMAN					
471 Obesity, Diabetes, Heart Disease and Stroke Prevention					

Update: 01/01/17





HDSAI Changes

Version 6.0

HDSAI will change VERY rarely now. All counties must use this HDSAI version now- “old” versions will **not** be accepted going forward.

See the Big Picture





HDSA I Interpretation Changes Version 6.0

A, B, C in
Documentation
instead of bullets-
easier to reference
pieces of evidence
in narrative to
specific
requirements.

Standard: Agency Core Functions and Essential Services
Function: Assessment
Essential Service 1: Monitor health status to identify and solve community health problems.
Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments.
Activity 1.2: The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.
Documentation: <ul style="list-style-type: none">A. Since the previous site visit, copies of each annual SOTCH report produced<li style="text-align: center;">ANDB. Letters from NCDPH stating each SOTCH meets content requirements described above<li style="text-align: center;">ANDC. If applicable, a letter from NCDPH stating that CAP(s) have been accepted
INTERPRETATION
Intent <p>The intent of this activity is to show how the agency is continuing to use the data of the CHA in its work, and as a report to the community on this work. The State of the County's Health (SOTCH) report also will use any data/statistics that the LHD wishes to report and will include new programs that may have</p>





HDSAI Interpretation Changes Version 6.0

Removed
References.

Added Guidance for
Consolidated
Agencies and Pieces
of Evidence
Required.

produced since the previous site visit. The department must also provide the letter of receipt from NCDPH and any CAPs for each of the SOTCH reports that were submitted.

Additional Guidance for District Health Departments

If one SOTCH is ~~not~~ conducted for the district as a whole, then all SOTCH reports should be provided, including each letter (and CAP if applicable) from NCDPH.

Additional Guidance for Consolidated Human Services Agencies

None

Pieces of Evidence Required

- A. 2 or 3
- B. 2 or 3
- C. 2 or 3 (if applicable)

SVT Review and Guiding Questions

- ✓ Were SOTCH reports provided for all non-CHA years since the previous site visit?
- ✓ Were SOTCH letters from DPH provided?
- ✓ If there was required corrective action, was there a follow-up letter from DPH?



HDSA I Interpretation Changes Version 6.0

Added narrative description of Benchmark for easy referencing- two-page reference tool coming soon!

BENCHMARK 1

Community Health Assessment

This benchmark begins a group related to the assessment function of public health and the health department. It also is one of three benchmarks that measure the first essential service – that of monitoring health status in the community. It is made up of three activities and relates to the role of the department in conducting the Community Health Assessment (CHA) and sharing the results. The Community Health Assessment is a basic document used for the accreditation process and for health departments to understand the health care needs of the communities they serve.

Standard: Agency Core Functions and Essential Services

Function: Assessment

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

Benchmark 1: A local health department shall conduct and disseminate results of regular community





HDSA I Interpretation Changes General Comments & Guidelines

1. Added definition of *Elected and Appointed Officials*.
2. Section added to clarify timeframes for evidence.





HDSAII Interpretation Changes

Change Themes

1. Required documentation elements broken down for clarity.
2. “Since previous site visit” added in many places for clarity if no timeframe described.
3. Extraneous language in Documentation section moved to Guidance (especially lists of items that can be submitted).
4. Clarification on number of examples needed.
5. Consistency of requirements/language among similar Activities.





HDSAII Interpretation Changes

15.3 Policy on Policies

Like personnel records, a random year will be selected when on-site. Agencies will need to then provide evidence of annual review of all policies that year, evidence of revision (if applicable)- and if any policies were revised, evidence that staff were notified.





HDSAI Interpretation Changes

17.1, 17.2, 22.2, 22.3

“Accompanying table” no longer in HDSAI.
Documentation now requires completion of *XXXX County HDSAI Programs List* to be submitted with Supplemental Materials. One document for all 4 activities in same format.

- [XXXXX County HDSAI Programs List](#) (Word doc) *New, effective 1/1/2017*





HDSAI Interpretation Changes

Personnel Records- 23.2, 24.3, 31.4, 31.5

Number of records sampled changed. Health Educator no longer one of the mandated records to be selected.

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	Up to 8 records
31-100	Up to 15 records
101 or more	Up to 15% of total staff's records

Site visitors will review at least one individual in each of the following roles: public health nursing, environmental health, and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested.





HDSAII Interpretation Changes

Personnel Records- 23.2, 24.3, 31.4, 31.5

24.3, 31.4, 31.5: 85% of records must be complete
23.2 (certification/licensure) is still 100%

Documentation:

- A. Evidence that health department staff have participated in orientation and ongoing training and continuing education activities required by law, rule or contractual obligation; and that the training is up-to-date.

Site Visitors will review randomly selected personnel records based on health department size. **At least 85% of the records reviewed must meet the documentation required.**

Health Dept. Staff

30 or fewer
31-100

Personnel Records Accessed

Up to 8 records
Up to 15 records





HDSAII Interpretation Changes

30.2 Accessibility

- Documentation clarifies that access is related to person with physical disabilities and limited English proficiency (not just visually/hearing impaired).
- Last documentation requirement allows for agency to provide evidence of performance improvement since previous site visit if accessibility issues cannot be fully addressed.





HDSAII Interpretation Changes

30.6 Cleaning & Maintenance

- Policy must be backed by evidence-based practice
- Must demonstrate training, but not necessarily competency verification
- “Show that you enforce policy” during facility tour



Equipment Maintenance Report

Date: _____ Model: _____
Equipment Type: _____ Serial Number: _____

Make/Model	Maintenance to be Performed	Maintenance Frequency In Days	Previous Maintenance Date	Next Maintenance Due	Days Before Maintenance Is Due

EQUIPMENT MAINTENANCE FORM





HDSA I Interpretation Changes

BOH

- 33.6, 39.2: Allows for “presentation/review” of reports, not “discussion”

Remember: pay close attention to how Documentation requirements are worded with presentation vs. review vs. discuss vs. approve- see *Board of Health Roles and Responsibilities for NCLHDA* 4-page guide discussed earlier
- 36.2, 36.3: Training policy required

Remember: on-going BOH training is not required annually (but, at least once/4 years), but rather according to your BOH training plan/policy





NCLHDA Board Update

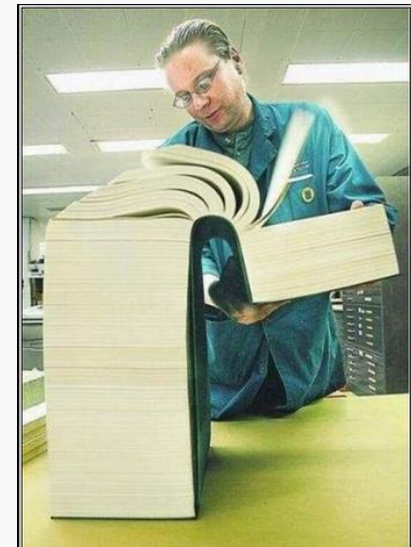
- New members:
 - Chris Hoke, NCDPH
 - Rebecca McLeod, NCALHD
 - Susan Elmore, ANCBH
 - Vacancy, NCACC
 - Vacancy, At-Large Member
- Three re-established sub-committees started meeting on 12/9/16





NCLHDA Board: Standards and Evidence

- Discussed and suggested changes from Accreditation 2.0 to be approved by full Board
- Will continue to be updated about continuing need for small changes to HDSAI/Interpretation
- Will continue to discuss need for Benchmark/Activity language changes





NCLHDA Board: Policy

- Will start comprehensive review of all NCLHDA policies and revise as necessary
- Will work with Appeals on policies regarding related policies
- Will assess need for new policies





NCLHDA Board: Appeals

- Will start detailed review of Conditional Accreditation and Appeal-related policies
- Discussed potential for:
 - Institution of CAP submission for any Activity missed
 - Conditional: removing 10-day appeal period and requiring CAP to be approved by Board with reassessment in six months
 - Potential awardance of an “honors” status





What Else?

Excited to have Lori Rhew on-board our team!

Lori will be working specifically on improving NCLHDA support through guiding trainings, developing forums to share best practices across LHDs, and improving communications from us to you.





What LHDs Can Do to Succeed

1. Take advantage of upcoming webinar update (January 26), upcoming Annual AAC Workshop (July), and New AAC Training (September).
2. Keep in touch- always let us know when contact information changes or your AAC changes.





What LHDs Can Do to Succeed

3. Continue to make NCLHDA part of your LHD “everyday practice” and closely linked to QI/QA program.





Thank you.

Questions?

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