

Practical Application of the Updated PHAB Guide

Margie Beaudry | David Stone

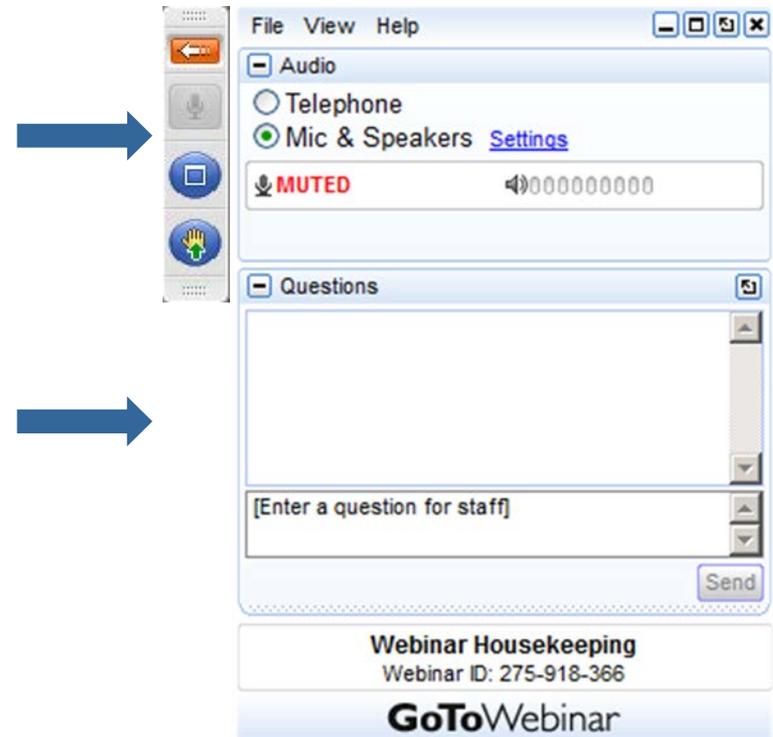
August 17, 2016

1-2:30pm EDT



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Today's Presenters



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Learning Objectives

- Recognize the features of a performance-minded culture
- Understand steps in the PHAB process and lessons from the first wave of accreditation applications
- Consider how PHAB has applied the principles of performance improvement to the accreditation process via the revised Guide to Public Health Department Initial Accreditation (Guide)
- Plan to avoid common pitfalls and apply performance-mindedness while using the Guide

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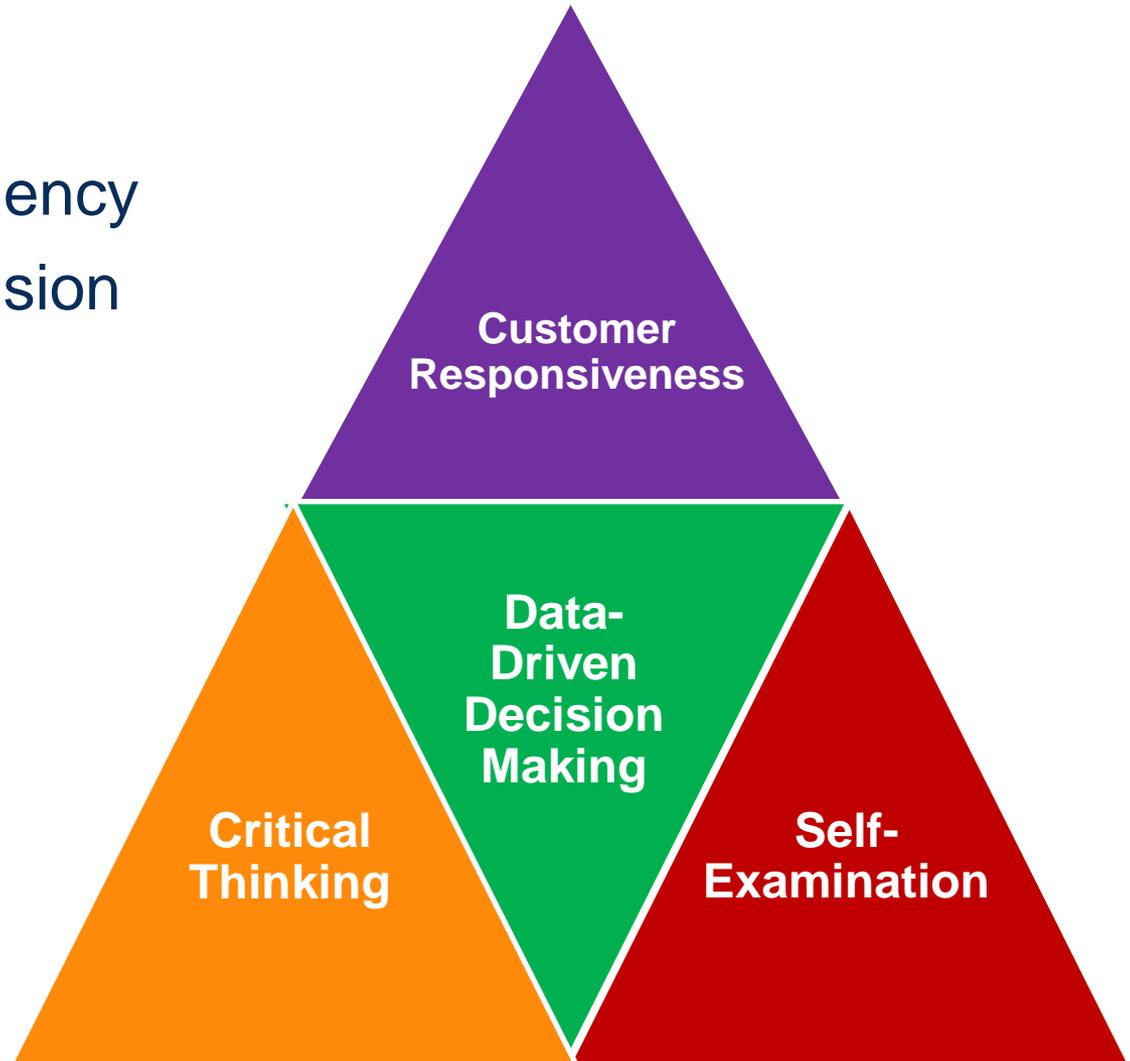
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Features of a Performance-Minded Culture

Performance-Mindedness

At all levels

- Organization/Agency
- Department/Division
- Team
- Individual



Critical Thinking

- Raises vital questions clearly and precisely
- Employs pertinent information (data) to arrive at well-reasoned conclusions and solutions, testing them against relevant criteria and standards
- Openly considers alternative perspectives
- Recognizes and assesses assumptions, implications, and practical consequences
- Approaches to problem analysis, solution identification and implementation are:
 - Experimental
 - Iterative
 - Incremental

Richard Paul and Linda Elder, *The Miniature Guide to Critical Thinking Concepts and Tools*, Foundation for Critical Thinking Press, 2008.

Self-Examination

- A default orientation that promotes continuous improvement must start from within
 - Run to criticism: No room for defensiveness; seek input
 - No sacred cows: Status quo should be challenged
 - New perspectives: A preference for out-of-the-box thinking
- Actions are self-directed and self-disciplined
- Progress is self-monitored and self-corrective

Data-Driven Decision Making

When improving organizational processes and performance, use:

- Valid Measures
 - Accurately describe relevant indicators
 - Not all numbers are important or created equal
- Reliable Measures
 - Stable regardless of when and by whom they are taken
- Quantitative and Qualitative Data
 - Data-based decision making: Numbers dispel myths and enable critical thinking and self-examination
 - Data-informed decision making: Not all that is important is a number

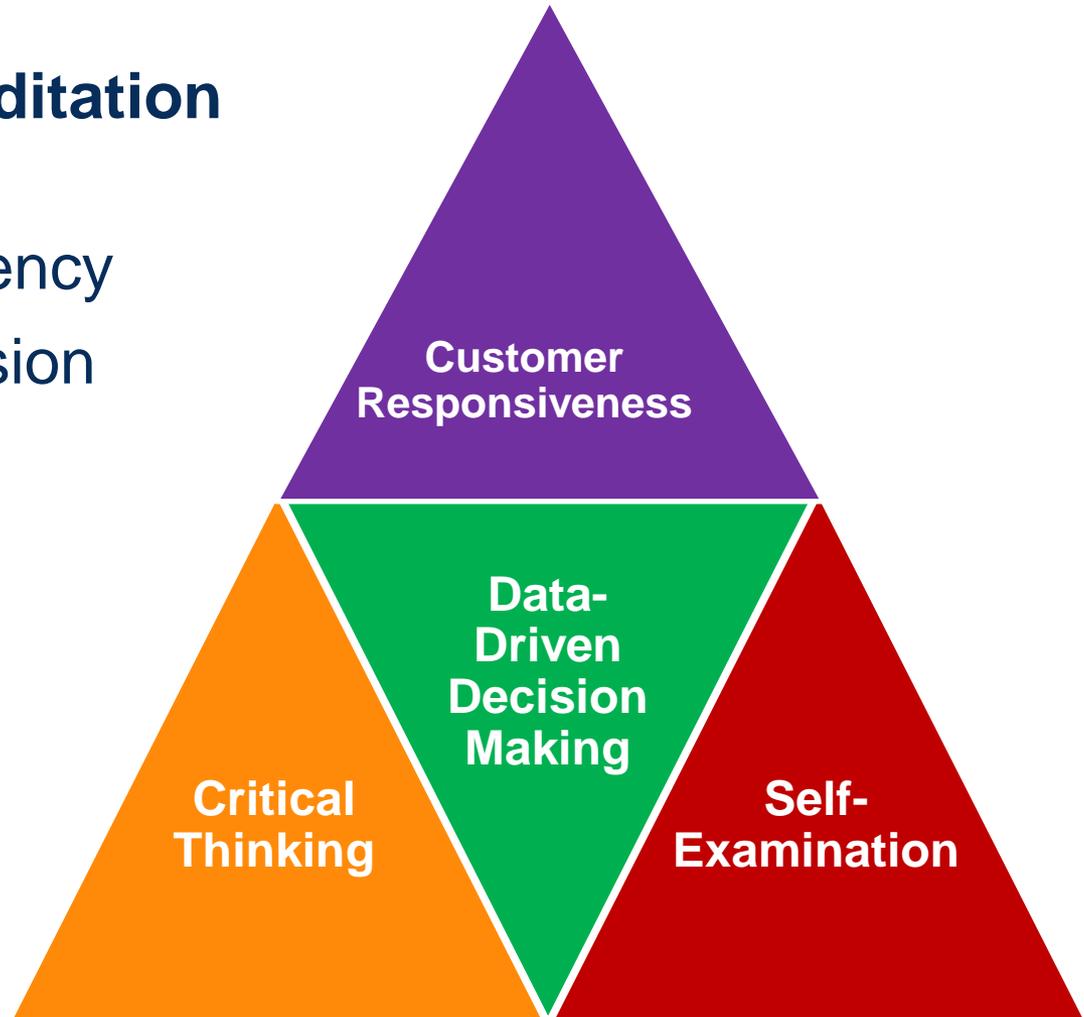
Customer Responsiveness

- Authenticity with those you serve – both internally and externally
- Acknowledgment of how decisions impact others both downstream and upstream
- Taking responsibility
- Effective communication in creating and implementing solutions to complex problems
 - Listening and responding to customer needs
 - Measuring effectiveness of responses to customer needs
 - Maintaining high standards of service
 - Designing and deploying improvements in a timely way

Performance-Mindedness

Throughout Accreditation Preparation

- Organization/Agency
- Department/Division
- Team
- Individual



An Orientation to the PHAB Process

See Appendix 1 (page 34-35)

1. Preparation

- Applicant assesses readiness
- Learn the Standards
- Completes orientation

For more details, see page 7 – Guide to NPHD Initial Accreditation



2. Registration and Application

- Registration in e-PHAB
- Submit application
- Send fee
- Attend in-person learning event

For more details, see page 8 – Guide to NPHD Initial Accreditation



3. Documentation

- Access to e-PHAB
- Assess and select documents
- Submit documentation
- Completeness review

For more details, see page 11 – Guide to NPHD Initial Accreditation



4. Site Visit

- Site Visit Team (SVT) is assigned
- SVT conducts pre-site visit review
- SVT conducts the site visit and submits the report

For more details, see page 13 – Guide to NPHD Initial Accreditation



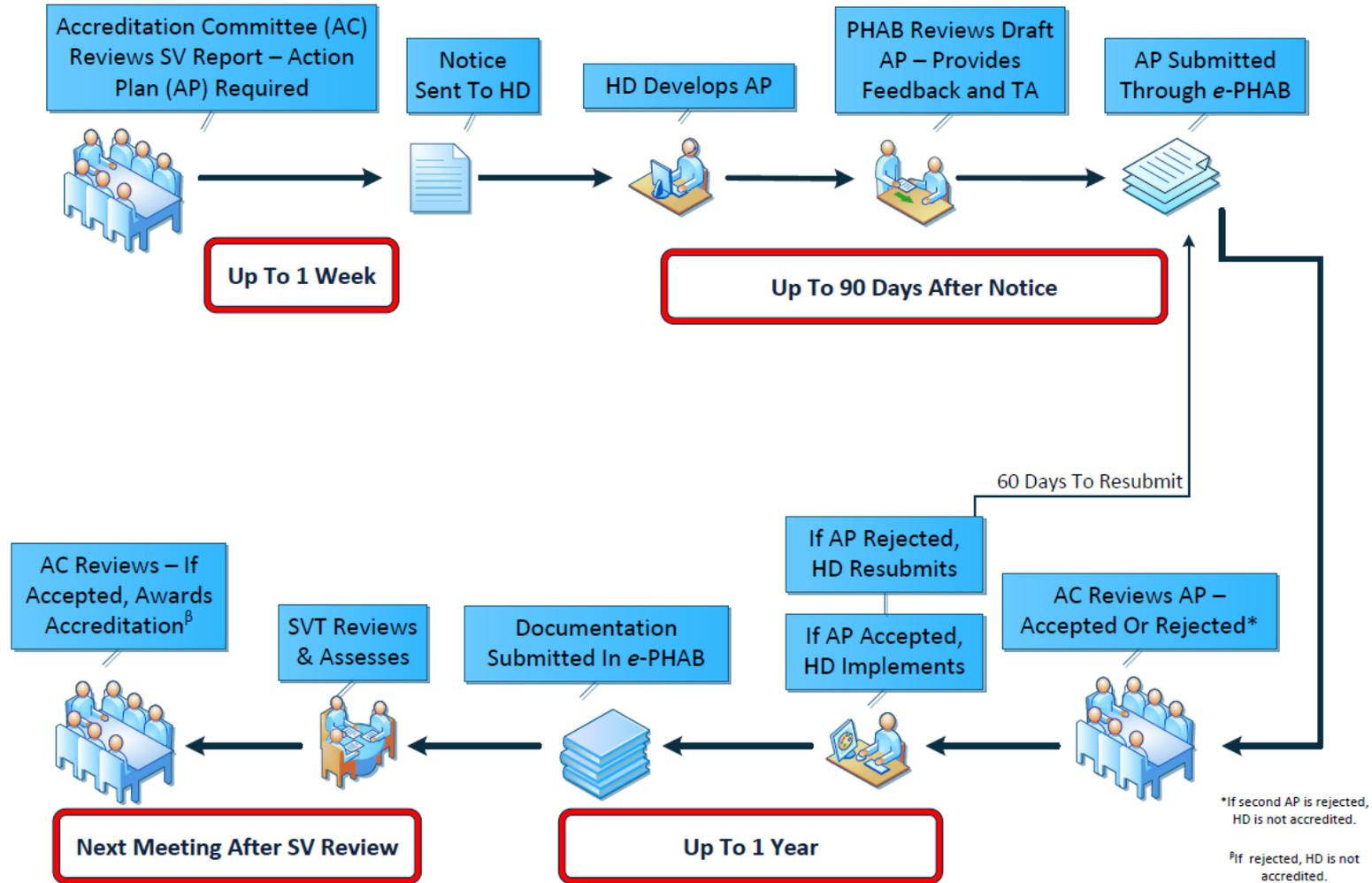
5. Accreditation Decision

- Accreditation Committee reviews
- Accreditation status:
 - Accredited (5 years)
 - Action plan
 - Not accredited

For more details, see page 23 – Guide to NPHD Initial Accreditation

PHAB Action Plan Timeline

Resource – Guide to National Public Health Department Initial Accreditation, June 2015



6. Annual Reports

2 parts

- Part 1: Continued Accreditation Status
- Part 2: Continuous Quality Improvement

For more details, see page 29 – Guide to NPHD Initial Accreditation

7. Re-Accreditation

- Process and fees being determined
- Standards vetted
- Approval in December 2016
- Release in January 2017

For more details, see page 31 – Guide to NPHD Initial Accreditation

Lessons from the First Wave

Linear Approach to the Steps



Do this, then that

1. Pre-Application (Complete Prerequisites)
2. Application (Apply)
3. Document Selection & Submission (Find)
4. Site Visit (Get Ready For)
5. Accreditation Decision (Wait)
6. Reports (Now Doing)
7. Reaccreditation (Was Preparing For A Repeat)

Observations on Alignment

- Linear thinking was a big drawback
 - Some elements got less time and attention than others – sometimes less than they really needed
 - Elements developed later were often constrained by those developed earlier
 - Checking the box
- Planning was often siloed
 - Missed opportunities to apply PM and QI to accreditation preparation
 - Missing linkage and alignment among the goals and timelines of the required plans, policies and systems
 - Missing linkage among activities to implement and monitor the effectiveness of those plans, policies and systems

Circular Approach to the Steps



Action Plans All Too Common

- About one-third of applicants have been asked to create Action Plans
- Many HDs are applying too early
 - Before they are ready
 - Unable to assess whether they were ready
 - Critical thinking is sometimes missing
 - No foundation
 - Plans in place, but cannot show how they are building on the foundation they established with those documents
 - No evidence of implementation
- Domain 9 commonly a weak link
 - Quality improvement
 - Performance management

It Takes Time to Do This Well

- Putting all the pieces in place should be the focus of initial accreditation activities
- Then start to implement and apply the discipline of continuous improvement
 - Gaps will emerge (guaranteed)
 - A precious opportunity to practice applying the quality and performance improvement mindset
- Once all plans are developed and rolling, you'll really need at least one year to get things working in a coordinated way
- Rushing through it does not pay off

The  Guide

vs.

The  Guide

Guide to Accreditation

- Guide is PHAB's policy statement of the process
- Misapplication could lead to an appeal
- Defines HD eligibility
- Explains the accreditation process
- Detail on action plan and decision

Revised, Adopted June 2015

SUMMARY OF CHANGES TO THE PHAB ACCREDITATION PROCESS

August 2015

Process Step	Previous Process	New Guide to Initial Accreditation	Pages	Effective Date
Preparation for Accreditation	This step was previously called "Pre-application."	This step is now called "Preparation."	7	Feb 1, 2016
Registration and Application	This step was previously called "Statement of Intent."	This step is now called "Registration."	8	Feb 1, 2016
	Once the health department began the SOI, they had one year to complete it and submit it to PHAB.	Once the health department begins registration, they have 90 days to complete it and submit it to PHAB.	9	Feb 1, 2016
	Once the SOI was accepted by PHAB, the health department had one year to complete and submit the application.	Once the SOI is accepted by PHAB, the health department has 6 months to complete and submit the application.	9	Feb 1, 2016
	Health departments were required to upload their Community Health Improvement Plan, Community Health Improvement Plan, and Strategic Plan as part of the application.	Health department directors are required to state that the health department has an adopted and current (dated within the last five years) -	7 & 10	

Changes to the Guide

- SOI  Registration
- Pre-Application  Preparation
- Extensions
- Inactive Status
- Factual Errors step deleted

Extensions

- “Legitimate cause or extenuating circumstance”
 - “... is beyond the control of the HD”
 - “Significantly compromises the ability to complete a process step within the timeframes.”

Inactive Status

- Time Determined by HD and PHAB
- No Access to e-PHAB
- Fee of \$100/month
- Request or Required by PHAB
 - May be Requested by HD or SV

Timelines

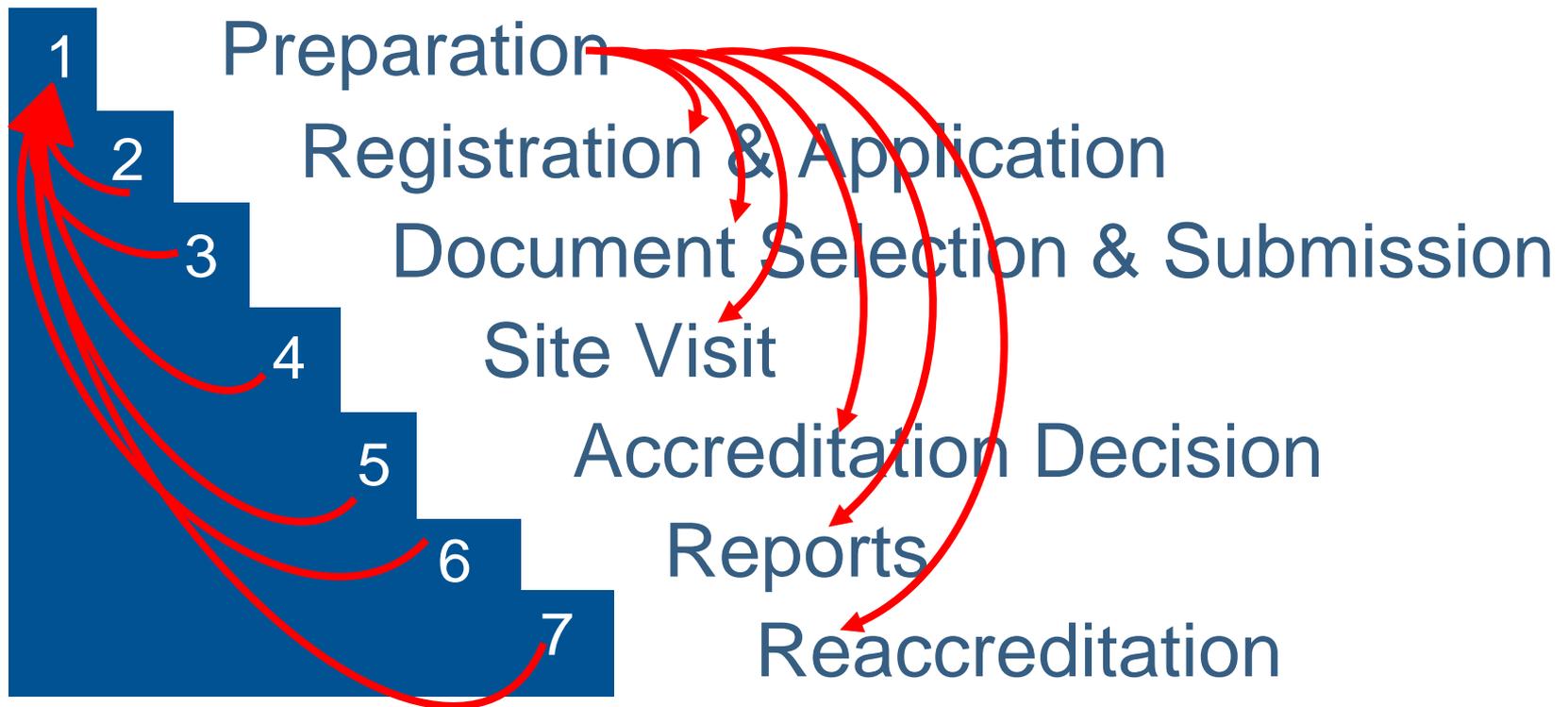
- Registration – 90 days
- Application – 6 months after access
- Documentation submission – 1 year
- Action Plan – 90 days to submit
 - 1 year from acceptance to complete plan
- Extensions – 30 days to 6 months

Where Does Performance Improvement Fit?

Leverage the Opportunity

Typical Practice	Best Practice
Focus first on how to do the “prerequisites”	Become familiar with all eight required plans/systems/policies (plans)
Write goals and objectives for each of the plans	Ensure goals and objectives of plans are mutually reinforcing
Write the plans before sending SOI	Begin implementing plans before sending SOI
Develop plans within designated teams	Develop plans simultaneously and iteratively
Ensure PM System complies with PHAB Standards and Measures	Use PM System to manage progress on plans and to identify opportunities to improve implementation
Prepare teams and departments for site visit	Articulate how each division, team, and staff member contributes to a culture of performance improvement
Write the Action Plan grudgingly and deploy it apologetically	View the Action Plan like a QI Project, using PDCA and QI tools

Circular Approach to the Steps



Toolkit for Getting Started With Accreditation

Get Started Framework

- 1st - Review PHAB Documents
- 2nd - Build Support
- 3rd - Seek the “Why”
- 4th - Find the Resources
- 5th - Create the Internal Process
- 6th - Prepare! Prepare! Prepare!

Throughout – Gaining Knowledge
About the Process

1st – PHAB Documents

- Guide to Accreditation
- Standards and Measures
- Glossary & Acronyms
- Agreement Language

Overarching Question:

What is your understanding of the accreditation process and the requirements?

2nd – Build Support

- Leadership
- Governance
- Staff

Overarching Question:

What is the amount of leadership and governance support?

3rd – Seek the “Why”

- Determine why the Health Department is going through the process
- Determine the goals for the department
- Determine what is to be achieved
- Determine the benefits you see for the department

Overarching Question:

Why you are seeking accreditation?

4th – Find the Resources

- Staff time for accreditation preparation and activities
- Funds for the fees
- Funds for department material needs

Overarching Question:

Does the department have the resources needed to undergo the process?

5th – Internal Process

- Select Accreditation Coordinator
- Appoint Accreditation Team
- Use the Readiness Checklists
- Watch the PHAB Orientation
- Determine how Documents will be Managed

Overarching Question:

How will the department set up for the process of accreditation?

6th - Prepare

- Draft a flexible timeline
- Use the Getting Started Toolkit
- Know the Standards & Measures:
 - Assign Domains
- Begin to Collect, Assess and Create Documents

Overarching Question:

Are you fully prepared before you apply?

Plans & Systems

- CHA Measure 1.2.2
- CHIP Measure 5.2.2
- Strategic Plan Measure 5.3.2
- QI Plan Measure 9.2.1
- WFD Plan Measure 8.2.1
- Risk Comm Plan Measure 3.2.4
- EOP Standard 5.4
- PM System Standard 9.1

Your Own Answers

Determine:

- What is your readiness to apply?
- What is your understanding of the Standards and the process?
- What is the status of your plans & systems?
- Are you _____ documentation?

Resources

- [PHAB's Guide to Initial Accreditation](#)
- [Summary of Changes to the PHAB Accreditation Process](#)
- [PHF Accreditation Technical Assistance and Training](#)
- [PHF's Accreditation Support Resources](#)

Questions

Give us a call.
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