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

January 19, 2017
NC State Health Director’s Conference
Agenda

➢ Where we are...
➢ Where we are going...

.....with training
.....with requirements.
Assuring the health of North Carolina through local health department accreditation

73 North Carolina Health Departments
Re-Accredited as of December 9, 2016
Overall Goal of Changes

- Provide training
- Remove unnecessary structural barriers
- Provide clear and consistent guidance
- Support sharing of best practice
- Improve LHD’s Ability to Succeed

Make requirements easier to meet
Training
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: PHPR webinar
  - May: 2017 Preparedness Symposium
Materials & Requirements
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
HDSAI Changes Version 6.0

- Removed:
  - Documentation,
  - LHD Self-Assessment,
  - SVT Determination,
  - SVT Notes sections
HDSAI Changes
Version 6.0

• Removed Programs Chart - now must complete template document as Supplemental Materials
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.
HDSAI Interpretation Changes
Version 6.0

A, B, C in Documentation instead of bullets—easier to reference pieces of evidence in narrative to specific requirements.
HDSAI Interpretation Changes
Version 6.0

Removed References.

Added Guidance for Consolidated Agencies and Pieces of Evidence Required.
HDSAI 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 health assessment.
HDSAI Interpretation Changes

General Comments & Guidelines

1. Added definition of *Elected and Appointed Officials*.

2. Section added to clarify timeframes for evidence.
HDSAI 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.
HDSAI 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

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

<table>
<thead>
<tr>
<th>Health Dept. Staff</th>
<th>Personnel Records Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 or fewer</td>
<td>Up to 8 records</td>
</tr>
<tr>
<td>31-100</td>
<td>Up to 15 records</td>
</tr>
<tr>
<td>101 or more</td>
<td>Up to 15% of total staff’s records</td>
</tr>
</tbody>
</table>

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.
HDSAI Interpretation Changes

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.

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HDSAI 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.
HDSAI 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
HDSA 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 NCALHD 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.

“Success is 99% attitude and 1% aptitude.”
~ Celestine Chua
Thank you.

Questions?

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