Jackson County Public Health

Accreditation Sustainability Plan

August 2018

Purpose

The purpose of the Jackson County Public Health (JCPH) Accreditation Sustainability Plan is to effectively manage the sustainability of the division's accredited status through the Public Health Accreditation Board (PHAB). It describes the division's accreditation maintenance and reaccreditation efforts through the reaccreditation process in 2022.

Accreditation Status

Jackson County Public Health was awarded five-year national PHAB accredited status on March 14, 2017 under PHAB Standards & Measures v 1.5. At that time, JCPH became one of 155 local public health departments nationwide, and one of eight local health departments in Oregon, to have achieved PHAB accreditation.

Benefits of Public Health Accreditation

Achieving accredited status confirms that the work done by the division is important to the well-being of Jackson County residents, positively impacting the health of the community. The governing entity, community partners, providers, funders, and other stakeholders can be assured that the division delivers high quality work that produces positive health outcomes. Other benefits include:

High Performance and Quality Improvement

- Accreditation catalyzes quality and performance improvement within all public health programs and can better prepare the division to proactively respond to emerging health challenges.
- The accreditation process highlights strengths and identifies areas to address for quality and performance improvement.
- The accreditation process provides the division with an opportunity to apply the mission, vision, and values to improve the way business is conducted.
- Accreditation promotes strengthening of organizational practices, such as strategic and workforce development planning, which improve capacity to deliver public health services that lead to healthier communities.
- Accreditation distinguishes Jackson County as a leader nationally among other local health departments.

Improved Communication & Collaboration

- Accreditation promotes understanding of how staff members' jobs contribute to the department's mission and the delivery of essential services.
- Accreditation encourages better communication and collaboration among JCPH programs, the governing entity, partners, community members, and other external stakeholders.
- The accreditation process supports increased recognition and understanding of public health among stakeholders and the community by promoting use of communication plans and a branding strategy.

Leverage for Funding

- Accreditation promotes organizational practices that allow the division to better justify needs for funding and better align funding requests with community and division strategic priorities.
- Accreditation provides evidence to policymakers and funders that investing dollars into accredited public health agencies is a useful and efficient use of funds to ensure a return on investment.
- Accreditation provides accountability to taxpayers, funding sources, and elected officials.

Annual Reports

JCPH is required to submit an annual report to PHAB through e-PHAB each year during 2018 – 2021. An annual report is not required in 2022 as documentation for reaccreditation will be submitted at that time.

The annual report is comprised of two sections. Section I includes information related to leadership changes and other changes that may affect the department's ability to conform to the PHAB Standards and Measures, v 1.5. It also describes how JCPH is addressing areas for improvement noted in the Site Visit Report (see list below). Section II is focused on health department efforts to continue building a culture of continuous quality improvement and includes updates and improvements in the areas of performance management, quality improvement, the community health assessment (CHA), community health improvement plan (CHIP), and strategic plan.

Specific measures that JCPH was required to address in Section I of the 2018 annual report were:

1) Measure 3.2.2 A – Organizational branding strategy
2) Measure 3.2.3 A – Communication procedures to provide information outside the health department
3) Measure 5.1.3 A – Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current or proposed policies
4) Measure 5.2.2 L – Community health improvement plan adopted as a result of the community health improvement planning process
5) Measure 6.1.1 A – Laws reviewed in order to determine the need for revisions
6) Measure 8.2.1 A – Workforce development strategies
7) Measure 9.2.2 A – Implemented quality improvement activities

Following the acceptance of Section I of the 2018 annual report, PHAB is requiring continued reporting on only measures 3.2.3, 5.2.2, and 8.2.1 in Section I of the 2019 annual report.

Section II of the annual report requires the health department to describe in detail one quality improvement (QI) project as well as specific steps taken to move the culture of quality forward within the department. In order to meet Section II reporting requirements, JCPH must complete at least one formal QI project per year. JCPH must also plan and execute concrete steps designed to move culture of quality forward within the division on an annual basis.

The annual report is to be completed using specific templates provided by PHAB and will be submitted to PHAB via e-PHAB, PHAB's online information system. Section I of the Annual Report module in e-PHAB will open each year on Jan 1. Section I of the report must be submitted by March 31. Section II of the Annual report module will become available following PHAB approval of Section I. The division must submit Section II of the report within 30 days of gaining access to this module in e-PHAB.

Major Document Maintenance

PHAB Accreditation requires the division to have in place several specific documents. JCPH must maintain these documents according to PHAB's specifications.

Document	Applicable PHAB Reaccreditation Measure (Req)	Required to by dated within	Current JCPH document date	Due to be updated
Community Health Assessment (CHA)	1.1	5 years	2013	2018
Community Health Improvement Plan (CHIP)	5.2	5 years	2014	2019
Strategic Plan	5.3	5 years	2014-2019 Most recently updated 7/2018	2020
Quality Improvement Plan	9.2	5 years	2017 – 2018 Approved 5/2017	2019
Workforce Development Plan	8.1	2 years	2015	2017
Emergency Operations Plan	5.4	5 years (but must be reviewed every 2 yrs)	Dec 2015	2020
Organizational Branding Strategy	3.2 (Req 1)	5 years	No current document	---

In addition, all policies and procedures within the sphere of the division's influence and control must be reviewed and assessed for needed revisions at least every 5 years. A record of when each policy and procedure was last reviewed should be maintained

Reaccreditation

In order to continue accredited status beyond 2022, Jackson County Public Health must complete the reaccreditation process as outlined in the PHAB Guide to National Public Health Department Reaccreditation. The process requires submission of a new application, new documentation, reaccreditation fees, and population health outcome objectives and measures.

A reaccreditation application will be made available to JCPH on January 1, 2022 and must be submitted to PHAB via e-PHAB by March 31. Reaccreditation documentation and reaccreditation fees must be submitted to PHAB within 8 weeks of application approval. Population Health Outcomes Reporting must also be completed at the time of documentation submission. Given the short timeframe for documentation submission, all reaccreditation documentation should be finalized and ready to upload at the time of application submission.

Population Health Outcomes reporting to PHAB is a new process that will start with reaccreditation. The purpose is for PHAB to being establishing a national database of selected health outcomes, and their associated objectives, that accredited health departments have chosen to monitor. The outcomes information will not have any impact on decisions concerning continued accreditation status. However, health departments achieving reaccreditation will be expected to continue reporting on these outcomes to PHAB in their annual reports; therefore, metrics selected for reporting should be restricted to those for which JCPH has access to annual data and those which JCPH is committed to monitoring long-term.

Reaccreditation Timeline

2018	
Task	**Date**
Reconvene Accreditation Committee	Aug 2018
Reaccreditation measure review meetings – identify possible examples, outline current processes, identify gaps	Aug – Nov 2018
Prioritize gaps & create action plans to address gaps	Nov – Dec 2018

2019 - 2020	
Task	**Date**
Work to address gaps, report on progress quarterly	Jan 2019 – Dec 2020
Continue reaccreditation measure review meetings – identify possible examples, outline current processes, identify gaps *Review each measure at least once annually*	May 2019 – Dec 2020
Select population health outcome metrics (following completion of new CHIP and new Strategic Plan)	Jan – Jun 2020

2021	
Task	**Date**
Continue work to address gaps, report on progress monthly	Jan – Dec 2021
Continue reaccreditation measure review meetings – finalize current process outlines, identify possible examples, assign documentation responsibilities	Jan – Jun 2021
Ensure availability of funding for reaccreditation fee in FY 21-22 budget	Jan – Jun 2021
Compose narratives	May – Nov 2021
Prepare other documentation	May – Nov 2021
Documentation review and finalization	July – Dec 2021

2022	
Task	**Date**
Documentation review and finalization	Complete by Mar 31, 2022
Submit reaccreditation application	By Mar 31, 2022
Submit reaccreditation fee	By the time of documentation submission
Upload and submit documentation, complete population health outcome metrics reporting	Within 8 weeks of application acceptance

Accreditation Roles & Responsibilities

Public Health Division Manager

- Be knowledgeable regarding the steps and timeline to sustain accreditation for JCPH.
- Interact with the HHS Director, governing entity, and other public health partners in support of the department's accreditation status and reaccreditation process.
- Help ensure that JCPH staff understand the importance of PHAB accreditation and motivate employees to incorporate accreditation into their daily work.
- Ensure that personnel and financial resources are available to support reaccreditation efforts.
- Complete any required PHAB reaccreditation training
- Submit the required PHAB applications, documents and applicable fees.

Accreditation Coordinator

- Coordinate divisional activities to achieve and maintain PHAB Accreditation
- Lead Accreditation Committee meetings and activities
- Develop and oversee implementation of an Accreditation Sustainability Plan to ensure maintenance of accredited status

- Actively learn about Accreditation requirements and processes, including participation in external learning communities and opportunities
- Serve as an expert resource on the PHAB Standards & Measures and Accreditation process
- Serve as a champion for Accreditation, educating and engaging staff in the accreditation process
- Facilitate identification of division gaps and opportunities for improvement in regards to the PHAB Standards & Measures
- Coordinate plans to address gaps and opportunities for improvement; monitor and report progress on such plans
- Coordinate the development and submission of the division's annual report to PHAB
- Manage the process for reaccreditation including:
    - Application & fee submission
    - Documentation selection & submission
    - Response to the pre-site visit documentation review
    - Site visit
    - Response to reaccreditation decision
- Explore and identify resources for Accreditation Committee business
- Serve as the division's primary contact person with PHAB
- Organize and maintain Accreditation folder on the common (I:/) drive
- Document all Accreditation Committee activities, including recording and distributing meeting minutes
- Manage communication and awareness of JCPH's accreditation status and reaccreditation efforts along with division management

Accreditation Committee

- Participate in Accreditation meetings and activities; complete assigned tasks in accordance with Accreditation Coordinator instructions and deadlines
- Be familiar with the PHAB reaccreditation process, Standards & Measures, and documentation guidance
- Identify opportunities for improvement with regards to the PHAB Standards & Measures and participate in activities, including quality improvement initiatives, to address them
- Collect and/or develop potential documentation
- As needed, serve as a Document Review Panel member for the purpose of reviewing and recommending final documentation for submission to PHAB
- Assist the Accreditation Coordinator in educating and engaging staff in the reaccreditation process

Document Review Panel

- Be well-informed regarding PHAB documentation guidance and requirements
- Review and rate potential documentation for content and completeness to ensure it satisfies the applicable PHAB measure and complies with PHAB documentation requirements; recommend final documentation for submission to PHAB

Program Managers

- Ensure that program activities are well-documented and that documentation meets PHAB and divisional standards
- Be accountable for follow through by staff under their supervision who are assigned accreditation-related tasks
- Help ensure that JCPH staff understand the value PHAB accreditation and motivate employees to be aware of PHAB Standards and Measures that are relevant to their work
- Communicate and promote JCPH's accredited status and reaccreditation efforts

Performance & Quality Coordinator

- Coordinate all divisional Performance and Quality operations including planning and implementing appropriate strategies to develop and sustain a QI culture at JCPH
- Be knowledgeable regarding the PHAB requirements for Domain 9 in the Reaccreditation Standards & Measures
- Ensure Performance & Quality operations and documents, including the PM/QI plan, meet PHAB requirements
- Serve as a champion and expert resource for performance management and QI
- Coordinate implementation, monitoring, review, and revision of the PM/QI plan
- Assist the Accreditation Coordinator and Accreditation Committee in their work to prioritize, plan, and monitor Accreditation-based improvement efforts
- Work with major document leads/coordinators to align division plans and incorporate plan monitoring into the division's performance management system

Major Document Leads/Coordinators

- Be knowledgeable regarding the relevant PHAB requirements for their respective documents in the Reaccreditation Standards & Measures
- Ensure that major documents and their supporting documentation meet PHAB requirements
- Coordinate development, implementation, monitoring, review, and revision of their respective documents
- Ensure that major document development, monitoring, review, and revision processes are well-documented

All JCPH Staff

- Understand the importance of PHAB accreditation and how their daily work relates to accreditation standards
- Help spread awareness of JCPH's accredited status
- Help collect and/or develop potential documentation as needed
- Participate in quality improvement initiatives to address opportunities for improvement when applicable

Acknowledgements

The format and content for this plan was modeled after the New Mexico Department of Health Accreditation Sustainability Plan and the Missouri Department of Health and Senior Services (DHSSS) Accreditation Sustainability Plan.