

CT Department of Public Health

Public Health Accreditation Sustainability and Reaccreditation Plan



This plan was adapted and developed with technical assistance from the Association for State and Territorial Health Officials (ASTHO).

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

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Overview

Purpose	<p>The Accreditation Sustainability Plan describes CT Department of Public Health’s (DPH) accreditation maintenance efforts and procedures for reaccreditation for the next five years. The plan is based on the annual reporting requirements and the reaccreditation guidelines established by the Public Health Accreditation Board (PHAB).</p> <p>Having a sustainability plan in place provides a process for maintaining accreditation status, helps prepare for reaccreditation, and ensures a culture of continuous quality improvement and performance management. This plan can also help aid the agency during staff turnover, funding cuts, leadership changes, and resource allocations – circumstances where planning, organization, and clear communication are essential in maintaining activities necessary to sustain accreditation and continuous improvement.</p> <p>This plan serves as the foundation of the CT Department of Public Health (DPH)’s ongoing commitment to sustaining public health accreditation efforts.</p>
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Section 1:
Organizational and Infrastructure Sustainability Planning for
Accreditation

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Agency Profile

Vision & Mission

Vision

Healthy People in Healthy Connecticut Communities

Mission

To protect and improve the health and safety of the people of Connecticut by:

- *Assuring the conditions in which people can be healthy;*
 - *Preventing disease, injury, and disability; and*
 - *Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state*
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Strategic Priorities

- Strengthen Capacity to Improve Population Health
 - Provide Quality, Reliable, Secure Data and Information
 - Promote Health Equity by Reducing Health Disparities for SHIP & 6 | 18 Key Health Indicators
 - Recruit, Retain & Develop a Competent Public Health Workforce
 - Promote a Culture of Customer Service
 - Use Performance Management and Quality Improvement to Improve Process and Outcomes
 - Strengthen and Expand Key Partnerships
 - Effectively Promote the Value and Contributions of Public Health to All Key Stakeholders
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Governance

The Connecticut Department of Public Health is an agency of the executive branch of the Connecticut State Government, governed by the Office of the Governor, an elected office defined by the Connecticut Constitution. As described in the CT Constitution and General Statutes, the governor has the "...supreme executive power of the state..." and has the authority to appoint, with the advice and consent of either house of the CT General Assembly, department heads within the executive branch. The biannual budget for the health department is approved upon concurrence between the Legislature and the Governor. The Office of Policy and Management is the Governor's designee to manage executive branch budget and policy matters and therefore is an extension of our governing entity.

Date of Public Health Accreditation under Version 1.5

March 14, 2017

Benefits of Public Health Accreditation

This section provides a description of the impact public health accreditation has had on the agency. The list below summarizes the benefits the agency has experienced from public health accreditation to date.

Agency's Benefits from Public Health Accreditation

- The accreditation process provided DPH with the catalyst to advance a culture of health by institutionalizing several agency-wide processes, including establishing a performance management system, developing a State Health Assessment and State Health Improvement Plan, and regularly updating its Strategic Plan. These ongoing activities allow DPH to better achieve its vision and mission.
- The accreditation process helped DPH identify strengths and opportunities for improvement at several points. During the Documentation Collection phase, the deliberate review of documentation and of current processes allowed the agency to identify where gaps existed and how to address them. In addition, areas of strength became evident where documentation of conformity was easily accessible. The PHAB Site Visitor Report also provided DPH with an external review of the agency's strengths and opportunities for improvement by a team of national public health peers.
- The accreditation process helped us identify the need for greater internal collaboration and communication, and gaps in strategic partners. Given this, our strategic priorities currently reflect prioritization of work in both of these areas.
- The agency has begun to embrace performance improvement and managers and supervisors are seeing the benefits of continuous quality improvement. Staff and managers are more empowered to problem-solve and proactively address barriers and challenges.
- DPH's focus on achieving accreditation has helped instill continuous quality improvement in the daily work of programs around the agency. One example that was shared nationally in [PHAB's "Accreditation Works!"](#) series spotlights a number of QI initiatives from the CT State Public Health Laboratory (CT SPHL). Among the ongoing activities featured, the CT SPHL has worked to incorporate monthly quality meetings between managers, supervisors, and principle scientists to improve internal communications and discuss various quality issues from around the laboratory, and has utilized the Lean Kaizen approach to inform the design and coordination of a new and advanced diagnostic unit.
- Accreditation has institutionalized strategic planning at DPH, allowing the agency to prioritize and address long-standing concerns, such as developing an evaluation system for customer feedback or including health equity in all policies.
- Accreditation has stimulated quality improvement at DPH evidenced by the increase in the number of staff members trained in quality improvement, perceived improvements in knowledge of QI practices among staff, and the expansion of QI activities to all sections of the department.
- In establishing a performance management system, DPH launched the Healthy Connecticut 2020 Performance Dashboard to track health indicators and performance measures identified in the State Health Improvement Plan (SHIP). In addition, the Dashboard has expanded to include performance measures for programs that are working on other activities not directly linked to the SHIP.

	<ul style="list-style-type: none"> • Accreditation has helped standardize business operations and processes around the department, including in the Office of Public Health Preparedness and Response where improvement activities have advanced DPH’s ability to actively work with external partners to inform the maintenance and update of statewide plans. In addition, accreditation has improved internal communication, breaking down siloes in public health emergency response by facilitating an understanding of preparedness and opening doors to collaboration agency-wide. • The accreditation process including review and gap analysis of national public health practice standards caused us to reflect on our workforce environment, create and review workforce survey data, and take actions to address low job satisfaction indicators. Our performance dashboard shows consistent improvement since 2013 but there is more work to be done. Participation in national Public Health Workforce Interest and Needs Survey (ASTHO) helps us to monitor this performance measure and benchmark our progress against other states. • Accreditation has increased communication between the governing entity and the health department through several methods. For example, a member of the Office of Policy and Management (OPM) is invited to and actively participants during DPH’s annual Strategic Map update. In addition, actions taken by the Governor’s Office are actively tracked and reviewed on an annual basis, allowing DPH to better understand the priorities, positions, and opinions of the Governor’s Office.
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Funding and Staffing Support

This section will describe the specific funding mechanism for accreditation-related activities, as well as the core accreditation team and their roles.

Funding Source for Initial Accreditation and Maintenance:

- The Preventive Health and Health Services Block Grant (PHHSBG) provided funding support for several staff members of the core accreditation team, including the Accreditation Coordinator, Performance Improvement Manager, and Performance Dashboard Coordinator.
- PHHSBG funding was also used to cover the initial accreditation application fee
- Very small amount of funding through discretionary federal grants since 2010
- State Operating Expenses (OE) also provides a small, though unstable, source of funding

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Section 2:

Initial Accreditation Process

History of DPH's Initial Accreditation Process

This section highlights important historical context and knowledge that is helpful for accreditation maintenance and reaccreditation.	
Past Processes and Important Contacts and Dates	<p>Preparations for initial accreditation began in 2012 with an agency-wide strategic planning process that identified strategic priorities with a focus on working toward national public health accreditation. Development of the State Health Assessment and State Health Improvement Plan also began concurrently in 2012. Led by the Commissioner's Office and Public Health Systems Improvement (PHSI), both documents were published in March 2014, a year following the launch of a formal Agency Strategic Plan in 2013. With the three pre-requisites in place, DPH kicked off the documentation collection process in November 2014 with a training and orientation for the 60 staff volunteers assigned to 12 Domain Teams. Volunteers were trained on the PHAB Standards and Measures Version 1.5 and on the documentation requirements for their assigned Domain.</p> <p>The workplan for implementing a 2015 Strategic Objective, "Achieve National Public Health Accreditation", established quarterly goals to keep Domain Teams on track and ensure that 100% of required documentation was collected and reviewed before March 2016. With guidance from two trained site visitors and the accreditation coordinator in Public Health Systems Improvement (PHSI), Domain Teams met at least monthly to review collected documentation and brainstorm potential solutions to gap areas. In the Spring of 2015, ASTHO provided an external reviewer to review the quality of the documentation collected up to that point and to provide guidance to Domain Teams on interpretation of the Standards and Measures.</p> <p>DPH's Commissioner submitted the agency's application and fee for accreditation in September 2015 and the Accreditation Coordinator attended PHAB's applicant training in November 2015. To prepare documentation for upload into e-PHAB, a Document Review Team made up of PHSI staff met weekly from January to March 2016 to review each piece of documentation and ensure it met measure requirements. Once approved by the Documentation Review Team, the Accreditation Coordinator uploaded the file to e-PHAB.</p> <p>On March 31, 2016, DPH held a Documentation Submission event to celebrate the completion of the Documentation Collection phase. CT Governor Dannel Malloy attended the event and "hit the button" to officially submit the documentation to PHAB for review.</p> <p>The PHAB Site Visit was held on October 17-18, 2016. During the three months leading up to the visit, PHSI prepared teams of subject matter experts from around the agency to represent DPH at the Site Visit. Staff were trained on PHAB requirements, oriented to the documentation submitted, and participated in mock site visits for each Domain to set expectations for the actual Site Visit. Mock Site Visits were also conducted for the SHA/SHIP Session and Strategic Plan Session, and orientations were held to brief community partners and governing entity representatives.</p> <p>CT Lt. Governor Nancy Wyman welcomed the PHAB Site Visitors during the Entrance Conference on the first day of the Site Visit. Twenty-five partners attended the Community Partners Session and five representatives from the Governor's Office and the Office of Policy and Management attended the Governing Entity Session.</p>

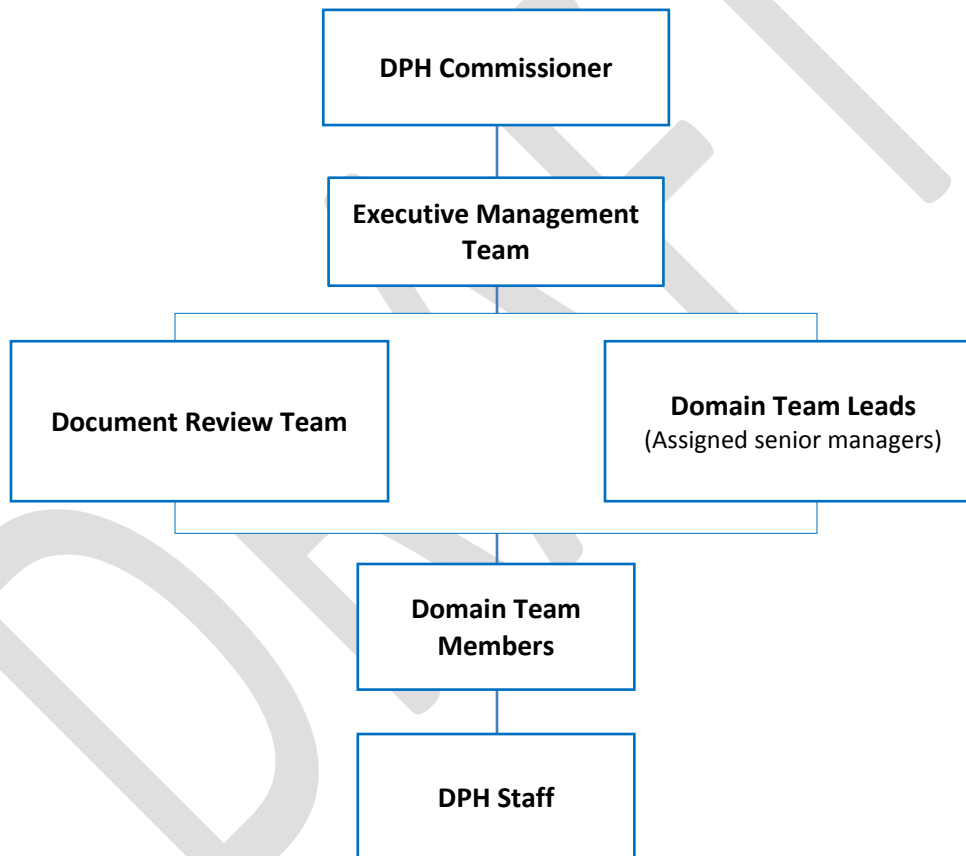
<p>Success, Challenges, and Best Practices from Initial Accreditation Process</p>	<p>PHSI conducted a survey with Domain Team members in July 2016 to evaluate the effectiveness of accreditation training provided to staff and to identify successes and opportunities for improvement in the documentation collection process for the next cycle of accreditation. An analysis of the results, and other evaluations of the initial accreditation process are located in the following folder: Accreditation Folder</p> <p>A summary of the analysis is below:</p> <p>What Worked Well</p> <ul style="list-style-type: none"> -Leadership was fully supportive of accreditation planning efforts and made clear that accreditation was a priority for the agency -Two trained site visitors in PHSI played key roles in ensuring the PHAB Standards and Measures were accurately interpreted -Accreditation Coordinator attended each Domain Team meeting to provide technical assistance and identify links between documentation and gaps in other Domains. -Examples were prepared with red arrows, circles, and yellow highlighting to direct site visitors to the relevant content in the documentation. This preparation made document review easier for site visitors and helped teams ensure the documentation met the measure requirements. - External review by an outside entity provided impartial feedback about our documentation and organization of information towards fully meeting measure requirements. -PHSI conducted mock site visits with Domain Teams to help prepare staff for the actual Site Visit. These were valuable for teams as it helped participants understand the types of questions they may be asked and created a level of comfort about the upcoming visit. <p>Challenges</p> <ul style="list-style-type: none"> -During the documentation collection phase, staff volunteers were able to collect 50% of the documentation. Engagement of managers was needed to identify and develop documentation in gap areas from their program area and work with supervisors to identify and collect the best examples. For reaccreditation, the Domain Team strategy will be more effective with managers as team leads. This would also reduce the duplicative requests for documentation that program staff were experiencing. -PHAB Standards and acceptable documentation guidelines can be difficult to interpret. Staff and Domain team members benefit from being provided examples of potential documentation to contextualize the measure requirements.
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<p>Priority Areas of Focus from PHAB Site Reviewer Feedback</p>	<p>Overall Impressions:</p> <ol style="list-style-type: none"> 1. Commitment to Accreditation and quality improvement is strong and widely held by CTDPH staff and the Governor's office. 2. Funding challenges seem to constrain the ability of the CTDPH to address some of its most important priorities including spreading QI throughout the agency and supporting ongoing work with community partnerships. 3. The Commissioner demonstrated hands on involvement and engagement in a variety of issues, including the accreditation site visit, to help achieve public health goals, and efforts to strengthen the effectiveness of local public health services and systems. He is recognized by the Governor's office as a public health leader and visionary. 4. Staff appear to be very engaged, knowledgeable and highly committed to improving the effectiveness of the department towards meeting public health goals. <p>Strengths:</p> <ol style="list-style-type: none"> 1. Health Equity: CT DPH has made a formal commitment to health equity in its state health improvement plan and the strategic plan. The commitment to health equity was evident across the Domains and from a variety of staff. 2. Engagement with Partners: CT DPH has established strong relationships with a variety of partner organizations including some local and tribal health departments, health care providers, elected officials and community based organizations. 3. Performance Management: CTDPH has made great strides in developing a performance management framework and internal and external dashboards to measure performance. <p>Opportunities for Improvement/Challenges:</p> <ol style="list-style-type: none"> 1. While Performance Management was acknowledged as a strength, the use of Performance Improvement could be expanded into additional programs and divisions. 2. CTDPH regulatory programs should conduct formal performance evaluations of enforcement programs, with written documentation of findings and recommendations for improvements, on a regular basis. 3. CTDPH should improve communication among staff about available assistive technology resources for hearing and visually impaired and how to access them.
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Initial Accreditation Team Structure

This section provides a breakdown of the roles and responsibilities of the accreditation team.

Initial Accreditation Team: Organizational Chart



Initial Accreditation Team Roles and Responsibilities

Initial Accreditation Team: Roles and Responsibilities

Role	Responsibility
<i>DPH Commissioner</i>	<ul style="list-style-type: none"> • Be knowledgeable regarding the steps and timeline to pursue accreditation for DPH. • Interact with the Governor’s Office/OPM and other public health partners in support of the department’s accreditation process. • Help ensure that DPH staff understand the importance of PHAB accreditation and motivate employees to incorporate accreditation/public health practice standards into their daily work. • Champion the expansion of quality improvement and performance management throughout the agency. • Ensure that personnel and financial resources are available to support accreditation efforts. • Submit the required PHAB applications and documents through e-PHAB.
<i>Executive Management Team</i>	<ul style="list-style-type: none"> • Provide subject matter expertise and general guidance and support to the Performance Improvement Manager, Accreditation Coordinator and Domain Leads. • Be accountable for follow-up and follow through by staff under their supervision who are involved as Domain Leads and Domain Workgroup Members. • Communicate and promote the DPH’s accreditation project goals across the department. • Help ensure that program staff understand the importance of PHAB accreditation and help motivate employees work toward incorporating national public health practice standards into their work. • Ensure that essential personnel are available to support accreditation efforts.
<i>Accreditation Coordinator</i>	<ul style="list-style-type: none"> • Lead and provide support to the Domain Team Leads, Domain Workgroup Members, Managers, and DPH staff. • Facilitate the Domain Team Leads meetings and monitor/report progress made to collecting documentation for accreditation. • Engage partner organizations and community partners in the accreditation process. • Manage the shared document library for proposed and selected documentation along with the Domain Team Leads. • Complete and prepare the required PHAB applications, documents and applicable fees for submission. • Coordinate PHAB annual report development and submission along with the Performance Improvement Manager. • Act as liaison with PHAB regarding the department’s accreditation activities and progress. • Work with Fiscal Office to submit fees in a timely manner and according to DPH purchasing procedures. • Help prepare Domain Teams for the site visit.

<p><i>Domain Team Leads</i></p>	<ul style="list-style-type: none"> • Participate in the Domain Team meetings. • Create and monitor a work plan to organize & track responsibilities and progress being made in the respective Domain. • Enlist members of their respective Domain Workgroup. • With Accreditation Coordinator, plan and direct activities of the respective Domain Workgroup. • Be well informed regarding PHAB documentation guidance and requirements. • Serve as author and/or coordinator for accreditation documentation for the respective Domain. • Serve as a subject matter expert for the respective Domain during the accreditation process and be knowledgeable regarding the related processes. • Serve as the document provider for the respective Domain; collect documentation and/or develop a creation strategy; submit the best potential documentation for review/selection by the deadline. • Identify opportunities for improvement within the respective Domain and participate in quality improvement initiatives to address them, when and as applicable. • Participate in Site Visit.
<p><i>Domain Team Members</i></p>	<ul style="list-style-type: none"> • Be familiar with the PHAB accreditation process and PHAB documentation guidance and requirements. • Be well versed in the required documentation for the respective PHAB Domain Standards and Measures. • Collect and/or develop potential documentation for the respective Domain. • Participate in quality improvement initiatives to address opportunities for improvement within the respective Domain, when and as applicable. • Assist in creating and monitoring their Domain work plan. • Participate in Site Visit
<p><i>DPH Staff</i></p>	<ul style="list-style-type: none"> • Read internal communications regarding accreditation efforts and status. • Understand the importance of PHAB accreditation and work to incorporate public health practice standards into their daily work.

Communication Plan for Initial Accreditation

This section provides a description of how the health department kept staff informed of accreditation activities <u>prior</u> to the department receiving initial accreditation in 2017.			
Communicati on Product	Purpose & Message	Mode of Communication	Timing
Accreditation Awareness Flyers	-What is Accreditation and what are the benefits? -Documentation requirements and how to help Domain Team members looking for examples	Email and Flyers	1/2015-12/2015
Town Hall	-Announce launch of accreditation effort and documentation collection phase -Provide details on how to help Domain Teams with documentation requests	Presentation	2x year 2014-2016
Q-Tip Newsletter	-Announcement of Documentation Submission and next steps as DPH prepares for Site Visit	Email	April 2016
Site Visit Orientation	-To prepare DPH staff for the PHAB Site Visit and provide guidance on staff's roles and responsibilities	Presentation	Sept 2016
Intranet	-Kept the Intranet page for accreditation up to date with the current status of the process and next steps -Provided background information and additional resources on accreditation for staff seeking to learn more -Included a timeline of what was coming next	Intranet webpage	Nov 2014 – Mar 2017

Staff Engagement and Training for Initial Accreditation

This section will identify a training and education plan for different topical areas related to accreditation.			
Topic Area	Target Audience	Training or Education Lead	Timeline for Training
Accreditation Workshop – Provided a high-level overview of the purpose, benefits, framework and process for PHAB Accreditation; Conducted a preliminary assessment of readiness; Identify high-level next steps to support readiness	DPH Senior Staff and Executive Managers	PHSI, Commissioner's Office, ASTHO	October 2012
Documentation Collection Kick-Off – Training for 60 DPH staff members making up the 12 Domain teams about how to interpret accreditation measures and identify documentation that demonstrates how DPH conforms to the standards	Accreditation Domain Teams	PHSI	November 2014
Site Visit Domain Team Orientation – Orientation and training for DPH subject matter experts assigned to Domain Teams for the PHAB Site Visit interview sessions	DPH Subject Matter Experts	PHSI	August 2016
Mock Site Visit – PHSI staff members role-played as PHAB site reviewers to conduct a mock site visit for each Domain team and the SHA/SHIP and Strategic Planning teams. The purpose of the mock site visit sessions was to prepare Domain Team members with the topics and questions they could expect during the actual Site Visit	DPH Site Visit Domain Teams	PHSI	October 2016

Initial Accreditation Documentation Submission and Tracking

This section describes the documentation tracking and submission process for initial accreditation.

Storing/Saving the Documentation/Narrative

Documentation used in initial accreditation are stored on the Shared Drive

The folder system is structured as follows:

- Documentation Collection
 - Domain 1
 - Standard 1.1
 - Measure 1.1.1
 - Documentation 1 (1 ex)
 - Documentation 2 (2 ex)
 - Documentation 3 (1 ex)

Files of examples are labeled with the Required Documentation number and example number, following by the document title. For example, an example submitted for Measure 1.1.1, Required Documentation 2 was labeled "RD2 Ex1 State Health Assessment".

e-PHAB Processes

- Once documentation was finalized and has passed all approver levels, the Accreditation Coordinator uploaded the file to e-PHAB.
- The Accreditation Coordinator maintains the staff accounts for e-PHAB.
- Per PHAB requirements, DPH's Commissioner submits the documentation through the health director's e-PHAB login account.
- All examples were uploaded to e-PHAB as PDFs.

Sharing Initial Accreditation Documentation with ASTHO

Documentation for measures that were deemed "Fully Demonstrated" by the PHAB Site Reviewers in the 2016 Site Visit Report were shared with the Association of State and Territorial Health Officials (ASTHO) to help populate its [Accreditation Library](#), an online repository of example documentation submitted by state health agencies to help generate ideas for other health agencies and accreditation teams going through the process.

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Section 2:

Accreditation Maintenance

Plan of Action to Complete PHAB Required Annual Reports

This section includes a plan of action to complete PHAB required annual reports .			
Maintenance Guidance Requirements by PHAB	<p>Guidance from the Accreditation Committee is that DPH's <u>first</u> annual report specifically addresses the following measures:</p> <p>Measure 10.2.1 A - Protection of human subjects when the health department is involved in or supports research activities; Measure 5.2.2 S - State health improvement plan adopted as a result of the health improvement planning process; Measure 12.3.2 A - Actions taken by the governing entity tracked and reviewed</p> <p>"Health departments are required to submit Annual Reports in two sections. Section I must be reviewed and approved by PHAB before Section II can be submitted. The focus of Section I is the health department's continued accreditation status. The focus of Section II is continuous quality improvement and performance management; continual engagement on key processes (e.g., CHA, CHIP); and preparations to be positioned to seek reaccreditation. The submission of both sections is required for a health department to maintain accreditation. This instructional manual provides detailed guidance for completing and submitting both sections of the Annual Report. Please read the PHAB manual in its entirety before you begin to develop your Annual Report." - PHAB: Annual Report Guidelines for Accredited Health Departments</p> <p>Following submission of the first annual report, PHAB notified DPH that future annual reports would no longer need to address the three measures mentioned above.</p>		
Activity	Specific Areas That Require Response	Completion Date	Responsible Parties
<p>Category 1: Continued Conformity <i>Circumstances that would potentially jeopardize continued conformity with the standards and measures under which the accreditation was initially awarded.</i></p>	<p><i>List the circumstances that might affect the health department's continued conformity with the standards and measures</i></p>	February 15	PHSI will check in with the Commissioner's Office if circumstances exist
<p>Category 2: Priority Measures <i>Specific measures the Accreditation Committee requested that the health department address in its Annual Report</i></p>	<p>Not required because priority measures were addressed in first Annual Report</p>	N/A	

Category 3: Adverse Findings <i>Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds</i>		<i>List the related adverse Finding/Communication(s)</i>	February 15	PHSI will check in with the Commissioner's Office if adverse findings exist
Category 1: Performance Management and Quality Improvement			February 15	PIM and Dashboard Coordinator
Category 2: Description of Quality Improvement Activities (number and reach), highlighting one Quality Improvement Project (administrative or programmatic)			February 15	PIM and Accreditation Coordinator
Category 3: Continuing Processes			February 15	PHSI, Senior Staff/PHST
Category 4: Emerging Issues			February 15	PHSI, Senior Staff/PHST
Final Document Submission	PHSI completes compiling of Annual Report and submits final report to Commissioner's Office for final review and approval by March 1 of each year. Accreditation Coordinator uploads Annual Report into e-PHAB and Commissioner makes the final document submission. Final report is distributed to the agency for information and transparency.		By March 31	PHSI, Commissioner's Office

Plan of Action to Update Key Accreditation Plans

This section includes a plan of action for the agency to update key accreditation plan documents as needed.					
Report/Plan Name	Plan Expires	Last Updated	Needs to be Updated By:	Responsible Parties for Updating	Status
State Health Assessment (SHA)	3/2020	3/2014	1/2020	PHSI, Data Advisory Committee	In Progress
State Health Improvement Plan (SHIP)	3/2020	3/2014	6/2020	PHSI, SHIP Coalition	
Strategic Plan	12/2018	1/2013	1/2019	PHSI, Public Health Strategic Team	Complete
Workforce Development Plan (WFD)	01/2020	10/2015	1/2020	PHSI, Workforce Development Committee	
Performance Management System/QI Plan	5/2019	5/2014	4/2019	PHSI, QI Council	Complete
Emergency Operations Plan (EOP)	06/2019	01/2015	06/2019	Fran Provenzano, OPHPR	In Progress

Section 3:

Reaccreditation Planning

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Funding and Staffing Support for Reaccreditation

This section will describe the specific funding mechanism for accreditation-related activities, as well as the core accreditation team and their roles.

Funding Source for Key Accreditation Staff

- The Preventive Health and Health Services Block Grant (PHHSBG) provided funding support for several staff members of the core accreditation team, including the Accreditation Coordinator, Performance Improvement Manager, and Performance Dashboard Coordinator.

Reaccreditation Fee Structure

- The reaccreditation fees will have a Reaccreditation Review Fee for the first year of reaccreditation, and then an ongoing Annual Accreditation Services Fee for each year thereafter. For future reaccreditation cycles, the health department will not pay an additional Reaccreditation Review Fee, as its cost will be included in the Annual Accreditation Services Fee.

Health Department Category	Reaccreditation Review Fee*	Annual Accreditation Services Fee*
Category 4 <i>Health Departments with populations between 1,000,000 to 5,000,000</i>	\$20,000	\$14,000
*Effective January 1, 2017 – June 30, 2020 https://www.phaboard.org/what-does-it-cost/		

- By July 1, 2021, 6 months prior to submission of application for reaccreditation (between Jan. 1 and March 31), the Accreditation Coordinator will notify Fiscal Officer of need to make payment to PHAB for reaccreditation. Payment may be made via purchase requisition/order to PHAB similar to fees paid for initial accreditation. PHAB is currently a vendor in CORE-CT. This process should be verified with Fiscal Officer, given periodic changes to purchasing procedures.

Plan for Applying for Reaccreditation

The section lays out a plan to complete reaccreditation related activities with assigned staff and timeframes.	
Activity	Timeframe
<p>Phase 1: Process Evaluation and Reaccreditation Plan Development</p> <ul style="list-style-type: none"> - Create Timeline for Reaccreditation - Brief Internal Leadership (Commissioners and Executive Management) - Conduct an initial Domain gap analysis to identify areas where new documentation need to be developed to meet new reaccreditation requirements - Begin development of documentation gaps - Complete plan updates on PHERP, Strategic Plan, QI Plan, and State Health Assessment - Develop Internal Online System to Facilitate Documentation Collection - Identify Core Reaccreditation Team Members and Roles 	January 2019 – December 2019
<p>Phase 2: Documentation Preparation and Quality Review</p> <ul style="list-style-type: none"> - Complete plan updates on Workforce Development Plan and State Health Improvement Plan - Complete documentation development of gap areas - Train teams on narrative writing and documentation requirements - Begin documentation collection and narrative writing - Accreditation Coordinator and Commissioner complete PHAB Reaccreditation Webinar - Develop a process to track progress and identify where assistance/training is needed - Conduct qualitative review and approval of documentation, and forms and provide feedback to Domain/Narrative Teams - Identify public health outcomes for annual reporting - Identify source of funding for reaccreditation 	January 2020 – January 2022
<p>Phase 3: PHAB Application, Fee and Documentation Submission</p> <ul style="list-style-type: none"> - Submit application and fee - PHAB Reviews and provides response on application - Make final assessment to ensure all documents are uploaded into ePHAB - Submit documentation forms within 8 weeks of approved application 	January 2022 – April 2022
<p>Phase 4: PHAB Review and Virtual Site Visit</p> <ul style="list-style-type: none"> - Review PHAB’s Pre-Site Visit Report and respond to any open measures - Conduct mock site visit - Schedule video conference site visit - Participate in videoconference site visit 	April 2022 - July 2022

Phase 5: Reaccreditation Report, Decision <ul style="list-style-type: none"> - Obtain reaccreditation report - Review report to identify quality improvement projects, action plans and/or improvements for PHAB annual report 	September 2022
Phase 6: Reaccreditation Sustainability <ul style="list-style-type: none"> - Develop a plan to sustain resources and staff to maintain reaccreditation status including completing annual reports 	October 2022
Resources for Reaccreditation	Resources from National Agencies <ul style="list-style-type: none"> • ASTHO: New York State Department of Health Charter and Scope of Work for PHAB Reaccreditation http://www.astho.org/Accreditation-and-Performance/Documents/New-York-State-Department-of-Health-Charter-and-Scope-of-Work-for-PHAB-Reaccreditation/ • ASTHO: California Shares Insights on Preparing for Reaccreditation http://www.astho.org/StatePublicHealth/CA-Shares-Insights-on-Preparing-for-Reaccreditation/07-17-18/ • PHAB: Guide to National Public Health Department Reaccreditation: Process and Requirements http://www.phaboard.org/wp-content/uploads/Guide-to-Reaccreditation-1.pdf • PHAB: Online Reaccreditation Training https://phab.hosted.panopto.com/Panopto/Pages/Sessions/List.aspx?folderID=37d503ea-16c4-4601-9ff6-99444a08691a

Reaccreditation Documentation Submission and Tracking

This section describes the documentation tracking and submission process for reaccreditation

Storing/Saving the Documentation/Narrative

Documentation for reaccreditation is stored on the Shared Drive

The folder system is structured as follows:

Documentation Collection

→Domain 1

→Measure 1.1

→Documentation 1 (1 Narrative Description)

→Documentation 2 (1 SHA)

→Documentation 3 (2 ex)

→Documentation 4 (2 Narrative Descriptions)

Files of examples are labeled with the Required Documentation number and example number, following by the document title. For example, a document submitted for Measure 1.1, Documentation 2 is labeled: "RD2 Ex1 State Health Assessment". Narratives are labeled with the required documentation number and document title: "RD1 SHA Process Narrative"

Editing the Documentation/Narrative

Policy for developing narratives and identifying the review process will be developed through discussion by Senior Staff/PHST in Quarter 4 of 2020. The policy will consider:

- How to indicate multiple layers of review of a document/narratives
- Does the review need to be in track changes?
- Do the reviewers need to add initials after editing?
- What is the review process? Who does it go to first and who finalizes the edits and makes a clean copy?

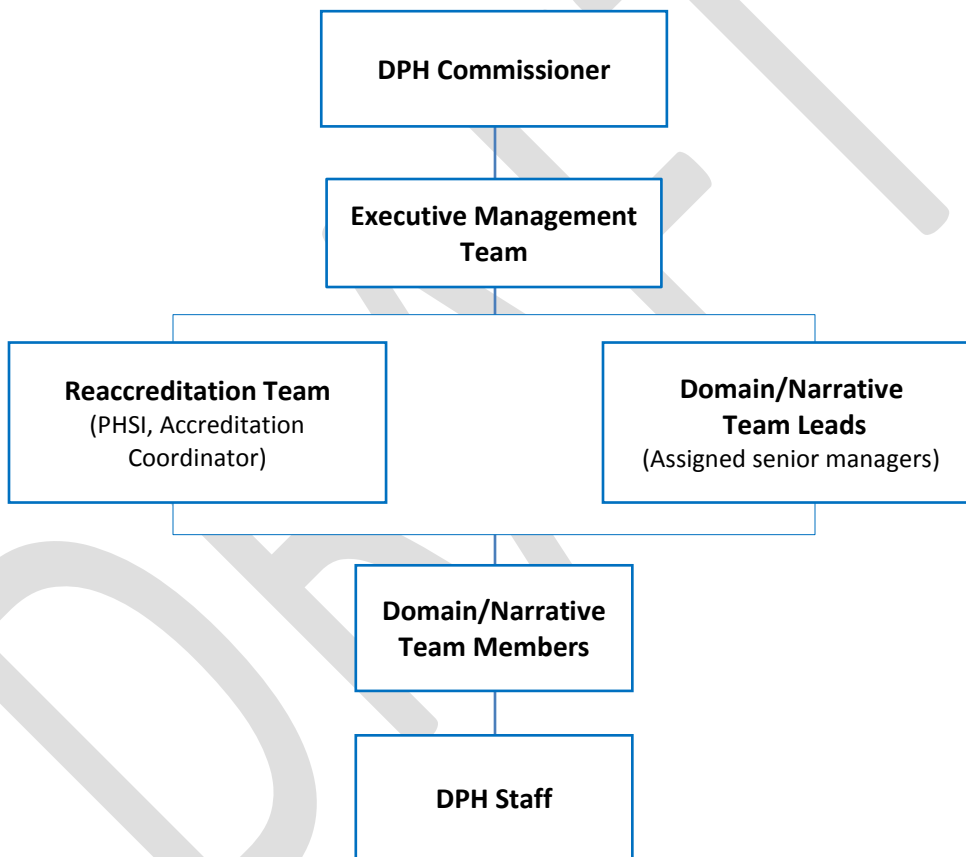
Submitting the Documentation/Narrative

- Once documentation is finalized and has passed all approver levels, the Accreditation Coordinator will upload the file to e-PHAB.
- The Accreditation Coordinator maintains the staff accounts for e-PHAB.
- Per PHAB requirements, DPH's Commissioner submits final documentation through the health director's e-PHAB login account.
- All examples and narratives must be uploaded to e-PHAB as PDFs. Where the Requirements and Guidance require a narrative, the health department must use the PHAB Reaccreditation Documentation Form.

Reaccreditation Team Structure

This section provides a breakdown of the roles and responsibilities of the reaccreditation team.

Reaccreditation Team: Organizational Chart



Reaccreditation Team Roles and Responsibilities

Role	Responsibility
DPH Commissioner	<ul style="list-style-type: none"> • Be knowledgeable regarding the steps and timeline to sustain accreditation for DPH. • Interact with the Governor’s Office/OPM and other public health partners in support of the department’s accreditation status and reaccreditation process. • Help ensure that DPH staff understand the importance of PHAB accreditation and motivate employees to incorporate accreditation/public health practice standards into their daily work. • Champion the expansion of quality improvement and performance management throughout DPH • Ensure that personnel and financial resources are available to support reaccreditation efforts. • Submit the required PHAB applications and documents through e-PHAB.
Executive Management Team	<ul style="list-style-type: none"> • Provide subject matter expertise and general guidance and support to the Performance Improvement Manager, Accreditation Coordinator and Domain/Narrative Leads. • Be accountable for follow-up and follow through by staff under their supervision who are involved as Domain/Narrative Leads and Domain/Narrative Workgroup Members. • Communicate and promote the DPH’s reaccreditation project goals across the department. • Help ensure that program staff understand the importance of PHAB reaccreditation and help motivate employees work toward incorporating national public health practice standards into their work. • Ensure that essential personnel are available to support reaccreditation efforts.
Reaccreditation Team	<ul style="list-style-type: none"> • Coordinate the development and implementation of the department's Accreditation Sustainability Plan to educate and engage staff in the reaccreditation process. • Lead and provide support to the Domain Team Leads, Domain Workgroup Members, Managers, and DPH staff. • Facilitate the Domain Team Leads meetings and monitor/report progress made to sustain the department's accreditation status and maintain the reaccreditation process. • Engage partner organizations and community partners in the reaccreditation process. • Manage the shared document library for proposed and selected documentation along with the Domain Team Leads. • Complete and prepare the required PHAB applications, documents and applicable fees for submission. • Coordinate PHAB annual report development and submission along with the Performance Improvement Manager. • Act as liaison with PHAB regarding the department's reaccreditation activities and progress.

	<ul style="list-style-type: none"> • Work with Fiscal Office to submit fees in a timely manner and according to purchasing procedures.
Domain/Narrative Team Lead	<ul style="list-style-type: none"> • Participate in the Domain Team meetings. • Create and monitor a work plan to organize & track responsibilities and progress being made in the respective Domain • Enlist members of their respective Domain Workgroup. • With Accreditation Coordinator, plan and direct activities of the respective Domain Workgroup. • Be well informed regarding PHAB documentation guidance and requirements. • Serve as author and/or coordinator for Reaccreditation narratives for the respective Domain • Serve as a subject matter expert for the respective Domain during the reaccreditation process and be knowledgeable regarding the related processes. • Serve as the document provider for the respective Domain; collect documentation and/or develop a creation strategy; submit the best potential documentation for review/selection by the deadline. • Identify opportunities for improvement within the respective Domain and participate in quality improvement initiatives to address them, when and as applicable. • Participate in site visit
Domain/Narrative Team Member	<ul style="list-style-type: none"> • Be familiar with the PHAB reaccreditation process and PHAB documentation guidance and requirements. • Be well versed in the required documentation for the respective PHAB Domain Standards and Measures. • Collect and/or develop potential documentation for the respective Domain. • Participate in quality improvement initiatives to address opportunities for improvement within the respective Domain, when and as applicable. • Assist in writing Reaccreditation narratives for the respective Domain • Assist in creating and monitoring their Domain work plan
DPH Staff	<ul style="list-style-type: none"> • Read internal communications regarding reaccreditation efforts and status. • Understand the importance of PHAB accreditation and work to incorporate public health practice standards into their daily work.

Staff Engagement and Training for Reaccreditation

This section will identify a training and education plan for different topical areas related to reaccreditation		
Topic Area	Target Audience	Timeline for Training
Introduction to Reaccreditation	Senior Staff/PHST	June 2019
Deeper Dive into Reaccreditation Requirements – Writing Narratives	Domain/Narrative Team Leads and Team Members	July 2020
Reaccreditation Q-Tip	DPH Staff	September 2020
PHAB Reaccreditation Online Training	Commissioner, Reaccreditation Team	Spring 2021
Site Visit Domain Team Orientation	Domain/Narrative Team Leads and Team Members	Spring/Summer 2022
Mock Site Visit	Domain/Narrative Team Leads and Team Members	Spring/Summer 2022



Reaccreditation Timeline

