

PHAB Accreditation Impact Series

Topic #1: Accreditation strengthens engagement in quality improvement (QI) and performance management in order to improve health departments' ability to serve community.

What has PHAB Learned about Accreditation's Impact on Quality Improvement and Performance Management?

Read how health departments describe how accreditation has advanced their quality improvement:



Quality Improvement: The 'New Way of Doing Business'

PHAB accreditation is fueling a culture of performance management and continuous quality improvement throughout Tarrant County Public Health in Fort Worth, Texas. <http://www.phaboard.org/news-room/quality-improvement-the-new-way-of-doing-business/>



How Accreditation is Transforming Wood County Health Department

In Wisconsin Rapids, a culture of continuous quality improvement is no longer just another thing: 'It's a part of everything, as it should be.' <http://www.phaboard.org/news-room/how-accreditation-is-transforming-wood-county-health-department/>

Below are additional findings about the link between accreditation and QI.

- 96% of health departments that had been accredited for one year agreed or strongly agreed that accreditation “stimulated quality improvement and performance improvement activities.”*
- 96% of health departments that had been accredited for one year agreed or strongly agreed that they “use or plan to use information from QI processes to inform decisions.”
- 91% of health departments that had been accredited for one year agreed or strongly agreed that “As a result of the accreditation process, our health department has a strong culture of QI.”*
- One health department said accreditation acts as a “stimulus...for continuous quality improvement and performance management in our daily practice.”*
- In their Annual Reports, health departments describe a wide range of QI projects that they believe have led to improved efficiency and effectiveness. Here are selected projects:
 - Decrease human-resources processing time for new applications
 - Respond more efficiently to requests for proposals
 - Develop process to share surveillance data with surveillance sites, partners, staff
 - Respond more quickly to requests for environmental health information
 - Improve outreach and coordination of services for breastfeeding women
 - Increase the proportion of known animal bites reported within 48 hours
 - Decrease frequency of a particular food establishment violation
 - Improve process for gathering/analyzing customer satisfaction surveys

To read more about the link between accreditation and QI, see: Beitsch LM, Riley W, Bender K. Embedding quality improvement into accreditation: evolving from theory to practice. *Journal of Public Health Management and Practice*, 2014, 20(1), 57-60.

http://journals.lww.com/jphmp/Fulltext/2014/01000/Embedding_Quality_Improvement_Into_Accreditation_.15.aspx

* Findings from the ongoing evaluation of accreditation being conducted by NORC at the University of Chicago. As of December 2016, 69 health departments had responded to the survey one year after they were accredited. For more information on the evaluation, see: www.phaboard.org/research-and-evaluation/.

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Messaging

The table below summarizes some of the key messages related to the link between accreditation and QI and their potential audiences.

Message	HD Directors	HD Staff	Governing Entities	Policymakers	Community Partners	Funders	The Media	The Overall Community	CDC Transition
As public health resources have grown increasingly scarce yet demand for services has increased, strengthening engagement in QI helps health departments do more with less.			✓						
Engaging in QI can enable HDs to provide expanded and improved services to the community at the same, or at a potentially reduced, cost, since processes are more efficient and effective.	✓		✓						
Engaging in QI can help health departments identify ways to improve how they deliver services to the community.	✓						✓	✓	
Engaging in QI improves management processes used by the leadership team.	✓								
Information from QI processes can be used to inform policy implementation.	✓								
Having performance data can help the health department identify key areas for improvement.	✓								
Strengthened engagement in QI and the achievement of measurable improvements identifies critical areas (strengths and weaknesses) on which to focus.	✓	✓	✓	✓					
Engaging in QI and performance management helps develop a stronger customer focus by making processes more efficient and effective.								✓	
Fostering a culture of quality improves the capacity of the health department to better serve its community, which may result in an increase of community partnerships and funding.	✓								
QI improves the credibility and accountability of the HD within the community and thus assures community partners that collaborating with the health department is desirable and valuable.				✓	✓				

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Message	HD Directors	HD Staff	Governing Entities	Policymakers	Community Partners	Funders	The Media	The Overall Community	CDC Transition
Strengthened engagement in QI and the achievement of measurable improvements tells the community that the HD is committed to improving the delivery of services by achieving measurable improvements in efficiency, effectiveness, performance, and accountability.			✓						
Engaging in QI can help health departments operate more efficiently and effectively (time saved, reduced number of steps), and increase effectiveness of programs, services or processes.	✓					✓			
Engaging in QI helps health departments operate more efficiently and effectively, which can help you know that your investment in the health department is likely to get the biggest bang for the buck.						✓			
Engaging in QI improves communications across all departments, breaks down silos, encourages teamwork, sparks innovation and increases staff morale.	✓	✓							
Engaging in QI motivates staff; PHAB standards require training and hands-on practice in doing QI.		✓							
QI empowers staff by giving each staff member a voice in identifying ways to strengthen the HD.		✓							

Researcher Addendum: Potential Data Sources

The table below describes data that are currently being collected that can increase our understanding of the link between accreditation and QI. It also includes some examples where instruments have been developed that can measure this topic, but where there is no current effort to collect data on a national basis.

<ul style="list-style-type: none"> • Data collection: Starting in 2013, HDs have been surveyed after registration, after notification of accreditation, and 1 year after accredited (overlap across surveys in some, but not all questions); some questions edited/added in 2016 • Population: HDs in process/Accredited HDs 	<p><u>Evaluation of PHAB conducted by NORC at the University of Chicago</u></p> <p>Health departments are asked to report the degree to which they agree with the following statements on a Likert scale:</p> <ul style="list-style-type: none"> • Because of our participation in the accreditation process, our health department has implemented or plans to implement new strategies for quality improvement. • Because of our participation in the accreditation process, our health department has implemented or plans to implement new strategies to monitor and evaluate our effectiveness and quality. • As a result of the accreditation process, our health department has implemented strategies for quality improvement to demonstrate continued conformity with the PHAB standards and measures. • As a result of the accreditation process, our health department has a strong culture of quality improvement. • Accreditation has stimulated quality and performance improvement opportunities within our health department. • As a result of being accredited, our health department's awareness of or focus on QI efforts has improved. • As a result of being accredited, our health department compares our programs, processes, and/or outcomes against other similar health departments as a benchmark for performance. <p>In 2016, NORC added the following questions (many of which were adapted from the evaluation of the National Public Health Improvement Initiative):</p> <ul style="list-style-type: none"> • Currently, the health department staff ... <ul style="list-style-type: none"> ○ Has no knowledge of QI ○ Subset of staff has familiarity with QI ○ Majority of staff has familiarity with QI ○ Subset of staff is knowledgeable and practices QI ○ Majority of staff is knowledgeable and practices QI ○ Majority of staff routinely practices/uses QI ○ Don't Know • Currently QI in my agency is... <ul style="list-style-type: none"> ○ Not practiced anywhere in the agency ○ Talked about but not required ○ Conducted informally; sporadic program efforts ○ Conducted formally in specific areas ○ Conducted formally and agency-wide ○ Our culture ○ Participates in multi-organizational QI Initiative ○ Don't Know • Approximately what percent of staff in your organization have received training in performance management and/or quality improvement? • Because of participation in the accreditation process, has your health department established an organization-wide process for QI? <ul style="list-style-type: none"> ○ Yes, established while participating in the accreditation process (after submitting the SOI/registering in e-PHAB) ○ Yes, established prior to participating in the accreditation process, but updated while undergoing the process
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	<ul style="list-style-type: none"> ○ Yes, established prior to participating in the accreditation process and not updated while undergoing the process ○ No, but under development ○ No, not working on it ● The QI culture in my agency has... (Select all that apply) <ul style="list-style-type: none"> ○ Decreased time, cost, or improved process quality ○ Improved public health outcomes achieved ○ Strengthened our performance management system ○ Made us better prepared for public health accreditation ○ Not made much impact agency-wide
<ul style="list-style-type: none"> ● Data collection: Distributed every 2-3 years. Questions may change over time. ● Population: All state and local health departments (NACCHO module only sent to a sample of local HDs) 	<p><u>ASTHO/NACCHO Profiles</u></p> <ul style="list-style-type: none"> ● NACCHO 2013/2016 Profile module/ASTHO 2012/2016 Profile: Which of the following statements best characterizes your [HD's] current quality improvement activities? <ul style="list-style-type: none"> ○ [HD] has implemented a formal quality improvement program agency-wide ○ Formal quality improvement activities are being implemented in specific programmatic or functional areas of the [HD], but not on an agency-wide basis ○ [HD's] quality improvement activities are informal or ad hoc in nature ○ [HD] is not currently involved in quality improvement activities. ● NACCHO 2013/2016 Profile module: In the past 12 months, how many formal projects has your LHD implemented to improve the quality of a service, process or outcome? [For the purposes of this question, a "project" is defined as a systematic quality improvement initiative that includes an aim statement; a work plan with tasks, responsibilities and timelines; intervention strategy(ies); and measures for tracking change.] ● NACCHO 2013/2016 Profile module/ASTHO 2012/2016 Profile: Which of the following elements have been used in your [HD's] quality improvement efforts in the past year? <ul style="list-style-type: none"> ○ Mapping a process ○ Identifying root causes ○ Obtaining baseline data ○ Setting measurable objectives ○ Testing the effects of an intervention ○ Analyzing the results of the test ○ Formally adopting a tested intervention [NACCHO only] ○ None of the above ● NACCHO 2013/2016 Profile module/ASTHO 2012/2016 Profile: Which of the following elements of a formal agency-wide QI program are currently in place at your [HD]? <ul style="list-style-type: none"> ○ Agency QI Council or other committee that coordinates QI efforts ○ Staff member with dedicated time as part of their job description to monitor QI work throughout the agency ○ Agency-wide QI plan ○ Agency performance data is used on an ongoing basis to drive improvement efforts ○ Leadership dedicates resources (e.g., time, funding) to QI ○ QI is incorporated in employee job descriptions ○ QI is incorporated in employee performance appraisals

	<ul style="list-style-type: none"> ○ QI resources and training opportunities are offered to staff on an ongoing basis ○ None of the above ● ASTHO 2012/2016 Profile: Check each framework or approach to quality improvement that your state/territorial health agency has used in the past year. <ul style="list-style-type: none"> ○ Balanced Scorecard ○ Baldrige Performance Excellence Criteria (or state version) ○ Lean ○ Plan-Do-Check-Act or Plan-Do-Study-Act ○ Six Sigma ○ No specific framework or approach ○ Other specific framework or approach ● ASTHO 2012/2016 Profile: In what ways does your agency support or encourage staff involvement in quality improvement efforts? (Select all that apply) <ul style="list-style-type: none"> ○ We provide training to staff in QI methods ○ We recognize outstanding QI work with employee recognition award(s) ○ Participation in QI efforts is included as part of employee performance goals ○ We provide monetary incentives ○ Quality improvement is included in job descriptions for some employees ○ We have formed a QI committee that coordinates QI efforts ○ We provide funding to support QI efforts ○ Other - specify: ○ We do not actively encourage staff involvement in quality improvement efforts ● ASTHO 2012/2016 Profile: Does your state/territorial health agency have a formal performance management program in place that includes ALL of the following: performance standards, performance measures, reporting of progress, and a quality improvement process? <ul style="list-style-type: none"> ○ Yes, fully implemented department-wide ○ Yes, partially implemented department-wide ○ Yes, fully implemented for specific programs ○ Yes, partially implemented for specific programs ○ No ● ASTHO 2016 Profile asks if HDs have already experienced; anticipate they will experience; or do not anticipate that they will experience these accreditation benefits: <ul style="list-style-type: none"> ○ Stimulate quality and performance improvement opportunities within our agency. ○ Strengthen the culture of quality improvement in our agency. ○ Increase the extent to which information from performance management system informs decisions.
<ul style="list-style-type: none"> ● Data collection: First survey in 2015; future data collection planned ● Population: Staff at some state and local health departments 	<p>Public Health Workforce Interests and Needs Survey (PHWINS)</p> <ul style="list-style-type: none"> ● Asks the following questions about “Applying quality improvement concepts in my work”: <ul style="list-style-type: none"> ○ How important is this item in your day-to-day work? ○ What is your skill level? ● Asks the following questions about “Fostering a culture of quality improvement”:

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	<ul style="list-style-type: none"> ○ How much, if anything, have you heard about the following trends in public health? ○ Please rate the following trends in terms of importance, impact on your work, and perceived level of emphasis
<ul style="list-style-type: none"> • Data collection: Accredited HDs are required to complete Annual Reports each year after they are accredited • Population: Accredited HDs 	<p><u>PHAB Annual Reports</u></p> <p>As part of the annual reporting process, health departments describe implementation/updates to their QI plans and performance management system and provide an example QI project.</p> <p>Health departments are also asked which of the following most accurately characterizes the QI culture in the health department? (Health departments are referred to http://qiroadmap.org/assess/ for a description of these phases.)</p> <ul style="list-style-type: none"> ○ Phase 1: No knowledge of QI ○ Phase 2: Not involved with QI activities ○ Phase 3: Informal or ad hoc QI ○ Phase 4: Formal QI implemented in specific areas ○ Phase 5: Formal agency-wide QI ○ Phase 6: QI Culture
<ul style="list-style-type: none"> • Data collection: Currently, there is no national data collection effort that uses these tools. (Some states, like Minnesota, have deployed a version of the QI Maturity Index in their local HDs) 	<p><u>Tools HDs can use to Measure the Impact of QI and their QI Culture</u></p> <p>As part of the National Public Health Improvement Initiative (NPHII) evaluation, CDC developed a framework for collecting standardized information about the effects of individual QI projects.</p> <ul style="list-style-type: none"> • Data on effectiveness improvements <ul style="list-style-type: none"> ○ Increased customer / staff satisfaction ○ Increased reach to a target population ○ Dissemination of information, products or evidence-based practices ○ Quality enhancement of services or programs ○ Quality enhancement of data systems ○ Organizational design improvements ○ Increased preventive behaviors ○ Decreased incidence/prevalence of disease • Data on efficiency improvements <ul style="list-style-type: none"> ○ Time saved ○ Reduced number of steps ○ Revenue generated due to billable services ○ Costs saved ○ Costs avoided <p>In addition, ASTHO has developed a toolkit for measuring the Return-on-Investment of QI projects.</p> <p>There are several tools that health departments can use to assess their QI culture (some of which have been adapted for use in different states), including NACCHO's Roadmap to a Culture of Quality Improvement and the QI Maturity Tool.</p>