

Overview of Section II of the Annual Report:

As described in the *Guide to National Public Health Department Accreditation*, Section II of the PHAB required Annual Report is focused on continuous quality improvement (QI), continual engagement on key processes, and preparations to be positioned to seek reaccreditation in a changing public health world. To help health departments build a continuous QI culture, Section II provides an opportunity for your health department to report on quality improvement activities and to receive feedback from the PHAB Evaluation and Quality Improvement Committee.

Timeline for Submitting Section II of the Annual Report to PHAB:

Your health department will be granted access to Section II of the Annual Report through e-PHAB, when PHAB accepts Section I. Once you gain access to Section II, you will have 30 days to submit the completed Section II form in e-PHAB. However, health departments may begin the development of Section II earlier.

Downloading and Completing Section II Annual Report Template:

Similar to Section I, the health department can download the template for Section II from the accredited health department portal at any time and fill it out. When it is submitted, it must be uploaded as a Word document. Do NOT create a PDF file.

The template your health department submits will be different for each year – i.e., the form health departments complete in the first year after they are accredited is different from the form they will complete in the second year after accreditation, and so forth. While some questions will be consistent from year to year, there are several questions that will only be asked in one year. The questions are designed to reflect a progression as health departments advance towards reaccreditation and the forms include several considerations to help health departments in their preparation.

Please check that your health department is completing the correct form. The “Timeline for Section II Forms” document, located on the accredited health department portal, may be helpful in determining the correct form.

Uploading and Submitting Section II in e-PHAB:

After you gain access to Section II of the Annual Report in e-PHAB, go to the “Annual Reports” tab, “Section II” sub tab, to upload your completed template as a Word document. Do not convert to PDF. Do not submit additional documentation unless specifically described in this form (i.e., a story board for a QI project); it will not be reviewed.

Review of the Annual Report:

PHAB’s review of Section II of the Annual Report is overseen by PHAB’s EQI Committee. This review is aimed at supporting the maintenance and advancement of a QI culture in accredited health departments. The health department will receive feedback on Section II, focused on quality improvement. Recommendations from the EQI Committee are advisory only. After the Committee’s review form has been uploaded in e-PHAB, health departments will receive an automated email letting them know that the feedback is available through e-PHAB. If you have problems accessing the templates or your feedback, please let PHAB know.

Reaccreditation Measures:

Many of the questions posed in Section II of the Annual Report reference specific Reaccreditation Measures. PHAB encourages health departments to review the measure requirements in the *Guide to National Public Health Department Reaccreditation* as you complete Section II. It is PHAB’s intention that the questions will aid health departments in their preparation for reaccreditation, while also giving health departments the opportunity to share their work and receive feedback.

Key Points about Specific Questions

Performance Management/Quality Improvement (PM/QI)

Question 1) What internal and/or external factors have facilitated your health department's progress in PM/QI since you were accredited? & 2) What internal and/or external factors have constrained your health department's progress in PM/QI since you were accredited?

Each year, the health department will be asked to describe what internal and external factors have a) facilitated and b) constrained the health department's progress in performance management (PM) and quality improvement (QI) since receiving accreditation. When describing internal factors, health departments may consider staffing changes, PM/QI team member composition, training, etc. When describing external factors, health departments may consider funding opportunities or changes, state or federal policy shifts, etc.

Question 3) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below to indicate the concrete steps the health department has taken since you were accredited to improve each element listed, the results of those steps, and one step it plans to take next year.

Each year, the health department will be asked to complete a table of eight elements where the health department will describe steps the health department has taken over the past year, the results of those steps, and what steps the health department plans to take before next year's Annual Report. Health departments are encouraged to reference Domain 9 in the Reaccreditation Standards and Measures for this table. For example, the 5th element in the table is QI training – a health department would describe what training opportunities the health department has sought, provided, and/or participated in, in the space dedicated to “steps health department has taken.” In the next space, the health department should describe “results of those steps” which could include, for example, a specific number of staff being trained in a QI tool or methodology. In the space for “steps the health department plans to take before next year's Annual Report,” the health department should identify specific steps or plans, for example, provide more frontline staff with QI training.

Question 4) Did your health department track any QI projects related to the following areas since you were accredited?

The Annual Report will ask if the health department tracked any QI projects related to pre-identified areas. If the health department has tracked QI projects in an area that was not included in the table provided, please describe the project(s) in the “Other” category.

Description of One QI Project

The health department will be asked to describe one completed quality improvement project.

QI project storyboards are a common format to document a health department's implementation of a project. If the health department has a completed storyboard that address Questions 6-9 of the Annual Report, you may choose to upload the storyboard rather than answer Questions 6-9 in the Word document.

Question 5) Select one formal QI project to describe in greater detail. How was the need for the QI project determined? Check all that apply.

Health departments will be asked how the need for the QI project was determined. QI projects may have been prompted by what was learned through the accreditation process, such as the Site Visit Report and/or Accreditation Committee letter; customer feedback mechanisms such as satisfaction surveys; performance management system metrics; health status or health issues based on data; or staff suggestions. If the health department identified the need for this project by an additional source, please describe in the “Other” category.

Question 6) What is the existing effort or gap for which improvement is needed? What was the aim statement, including the specific measurable targets set for the activity?

For this question, describe the gap or problem that existed to prompt the QI project. QI teams should create an aim statement with specific measurable goals for each project. Specific measurable goals are created by using the SMART criteria: Specific, Measurable, Attainable, Realistic, and Timely. The principal advantage of SMART objectives is that they are easier to understand, to do, and to be reassured that they have been done. An example of a SMART objective is: From January 2019-December 2019, decrease the number of critical violations reported in restaurant inspections from 21% to 8% in Smithville.

Question 7) What tools and implementation methods were used? Please describe what approach you used (e.g., PDCA, Lean), what tools you used (e.g., process mapping, fishbone diagram), how you determined root causes, and if you conducted a pilot.

For this question, describe which QI methods/approaches, such as PDCA and Kaizen, and tools, such as flow carts, cause and effect diagrams, pareto charts, histograms, and scatter diagrams. There are many other methods and tools for a health department to consider using with their QI project. A core concept of QI is that the team begins by understanding the cause of the problem so that solutions can be tailored to address the underlying cause. Please describe how the team identified the root causes. As part of a QI project, health departments may pilot a project by implementing the project on a small scale before rolling it out more broadly. If the QI project included a pilot, please describe that work in this response.

Question 8) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.

Outcomes and progress toward the measurable goals can be the assessment of the benefits of the QI project intervention. Measuring QI outcomes may help a health department address the efficacy and efficiency of the departments' programs and services. For this response, include specific data related to the project's outcomes and targets, related to question 6. Report on progress towards the SMART objectives listed above, as well as any other outcomes. For example, a project outcome may look like this: "Prior to the start of the project, childhood obesity rates in the county were higher than the state average and students reported being physically active for an average of less than 60 minutes per day. After the program was implemented, there was a 71% increase in physical activity rates over five months."

Question 9) To which PHAB Reaccreditation measure(s), if any, does this QI project apply to?

Please identify to which PHAB Reaccreditation measure this project applies.

Question 10) What PM/QI topics would you like guidance on? (*Optional*)

Health departments may select PM/QI topics on which they wish to receive more guidance (e.g., revising a QI plan). This will help PHAB to provide guidance in the Feedback Form that is sent back to the health department, and/or to support development of new resources, if gaps are identified. Answering this question is optional.

Question 11) What specific questions do you have about PM/QI? If there is a particular question from this Annual Report form for which your health department would like feedback, please indicate it here. (*Optional*)

Health departments may ask specific questions that could aide in their PM/QI journey. For example, a health department who is revising their QI plan may want to receive information on how to transition from a former QI plan to a new version. PHAB's EQI Committee, in consultation with PHAB staff, will provide information to answer questions as feasible, or will explore future resources. Answering this question is optional.

Continuing Processes to Prepare for Reaccreditation

Question 12) Describe how your health department has strengthened its collaborative working relationships. Provide one example of how you have strengthened relationships either a. with community and partner organizations (including other sectors of the community such as the educational system, parks and recreation, health care, the faith community); or b. with other levels of public health departments (Tribal, state, and local)?

Health departments will need to describe one example of how they have worked to strengthen collaborative working relationships with community and partner organizations such as education systems OR other levels of public health departments such as their state or tribal health department. Health departments should highlight key actions taken to strengthen these relationships, for example, establishing or updating charters or MOUs, collaborating and sharing resources to meet community objectives, or working to build or support population health policies. Collaboration is woven throughout the Reaccreditation Requirements (for example, see Measure 4.1). In addition, health departments are required to complete a document describing their relationships with other health departments.

Question 13) Describe the ongoing community collaborative process for continuous enhancement of the community health assessment. In particular: a. how does the health department determine which specific population groups with greater or particular health issues and health inequities to address? (Measure 1.1 RD2.b) and b. how does the health department identify and analyze factors that contribute to specific populations' health issues (including social determinants of health and community factors or contributors)? (Measure 1.1 RD2.c & Measure 1.3 RD5).

This question references two Reaccreditation Measures: Measure 1.1, Required Documentation 2, and Measure 1.3, Required Documentation 5. Both parts a and b of Question 13 must be answered. Health departments can review the *Guide to National Public Health Department Reaccreditation* Requirements for more details.

Question 14) Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation.

Please select as many of the provided options as apply.

Question 15) Please describe one of the activities above (question 14) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below.

Select, to describe in detail, one of the activities in which your health department has engaged to provide support or share quality improvement, performance management, or accreditation experiences with the field. PHAB is particularly interested in tracking journal articles related to accreditation and keeps a list of selected articles on the PHAB website; so, please be sure to let us know if your article has been published.

Emerging Public Health Issues and Innovations

Question 16) Has the health department conducted work in any of the following areas?

As PHAB works with the field, several issues have been identified as emerging public health issues that PHAB believes will be increasingly important in the future. PHAB understands that these areas are evolving and as such, new concepts, strategies, and initiatives will change over time. PHAB encourages accredited health departments, however, to consider how their work either addresses these emerging issues or is informing the development of best and promising practices in these areas.

Based on the topics provided in the table, please indicate all of the emerging issues on which your health department has been conducting activities.

Question 17) If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area.

Select one of the emerging public health issues from Question 16 and describe the health department's efforts and achievements in this area.

Question 18) PHAB defines public health innovation as the development of a new process, policy, product, or program that increases quality, impact, and efficiency. Please describe the health department's approach to pursuing innovation and any innovations that have emerged since you were accredited. (Optional)

This optional question provides an opportunity for the health department to describe how they develop creative approaches to address public health challenges. The Public Health National Center for Innovations (PHNCI) is a division of PHAB. Please visit the PHNCI website for more resources about, and examples of, innovation in public health: <https://phnci.org/>.

Question 19) Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (Optional)

This optional question provides an opportunity for the health department to describe accomplishments that have not already been mentioned on this form and that the health department believes have positively affected the health department and/or its community. Please provide data (quantitative or qualitative) to demonstrate the impacts of the improvement.

Reminders about Reaccreditation Preparation

At the end of the Annual Report form, there is a list of items for a health department to consider in preparing for reaccreditation. This list is tailored to each year as a health department progresses from accreditation to reaccreditation. If you have questions about any of the items on the list, please contact your Accreditation Specialist.