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| **PHAB_Logo_rgb_Medium** | **PHAB Annual Report**  **Section II**  **Second Annual Report After Reaccreditation**  **Approval Date: September 2020; Effective Date: January 1, 2021** |

Due to the COVID-19 pandemic, the Annual Report template has been modified.

* Eight questions are completely optional. If you don’t have the time or capacity to address/answer these questions, please do not feel obligated to do so. It will not be held against the health department in any way.
* For questions such as 12, 13, 14, 15 – you can include descriptions of your current COVID-19 efforts. Perhaps some of those responses can be modified from documents/press releases/board of health reports that have already been created.

Your Annual Report will be reviewed, and you will receive feedback specific to your health department’s responses to this form. In addition, in order to help facilitate learning among accredited health departments, PHAB may take what we are learning from you and your peers, particularly related to COVID-19 response, to develop resources that are shared with all accredited health departments (for example, PHAB may develop resources identifying how COVID-19 related examples could be used for reaccreditation documentation).

On this form, you will report on the health department’s activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

Throughout this form you will see references to the current Reaccreditation Measures and required documentation (RD) in parentheses at the end of some questions. These questions are designed to help the health department continue thinking about the types of items that are addressed in the current reaccreditation requirements. While the health department will receive feedback on the Annual Reports, it should not be interpreted as an assessment of conformity with any measure.

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| **Health Department Name** |
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| **Month and Year Submitted** |
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| **Performance Management/Quality Improvement (PM/QI)** | | | |
| **1) The table below lists key components from the PHAB Reaccreditation Standards and Measures for Domain 9. Please complete the table below, to the best of your ability, to indicate the concrete steps the health department has taken since you were reaccredited to improve each element listed, the results of those steps, and one step it plans to take next year. If PM/QI activities have decreased due to COVID-19, please indicate if any work has been completed or planned.** | | | |
| **Elements** | **Steps health department has taken since last year’s Annual Report** | **Results of those steps** | **Steps health department plans to take before next year’s Annual Report** |
| **Staff ownership of the performance management system (Measure 9.1 RD2.1)** |  |  |  |
| **Monitoring and revising PM implementation and measures (Measure 9.1 RD1.d & RD1.g)** |  |  |  |
| **Leadership support for performance management (Measure 9.1 RD3)** |  |  |  |
| **Revision of QI plan (Measure 9.2 RD1)** |  |  |  |
| **QI training (Measure 9.2 RD2.b)** |  |  |  |
| **Consideration of customer feedback (Measure 9.2 RD2.d)** |  |  |  |
| **Reporting results (Measure 9.1 RD1.e & Measure 9.2 RD2.e)** |  |  |  |
| **Institutionalized continuous quality improvement (Measure 9.2, RD5)** |  |  |  |

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| **Description of QI Project: Select one formal QI project to describe in greater detail below.** | | |
| **2) How was the need for the QI project determined? Check all that apply.** | | |
|  | | Site Visitors/Site Visit Report |
|  | | Accreditation Committee letter about accreditation status |
|  | | Customer feedback |
|  | | Performance management system |
|  | | Health status gathered through community statistics, focus groups, etc. |
|  | | Staff suggestion |
|  | | Other: please describe |
| **3) 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?**  ***If you have a storyboard that addresses all the following questions, you can upload the storyboard rather than responding questions 3-6 in this section.*** | | |
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| **4) 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.** | | |
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| **5) What are the outcomes of the QI project, including progress towards the measurable targets that were set? Please provide specific data.** | | |
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| **6) To which PHAB Reaccreditation measure(s), if any, does this QI project apply?** | | |
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| **7) Please indicate if the health department has developed tools or resources related to any of these topics. If the health department would like for PHAB to see the tool or resource and potentially share it with other accredited health departments, please upload it with your Annual Report. (Optional)** | | |
|  | Gaining buy-in for QI | |
|  | Finding and/or providing training on PM/QI | |
|  | Sharing PM/QI information with staff and governing entity | |
|  | Developing or revising QI plan | |
|  | Assessing QI culture | |
|  | Diffusing QI throughout health department | |
|  | Determining when to implement a QI project | |
|  | Implementing QI projects | |
|  | Selecting performance measures | |
|  | Tracking performance measures over time | |
|  | Identifying resources | |
|  | Sharing and/or working with data | |
|  | Other: please describe | |
| **8) 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)** | | |
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| **Continuing Processes to Prepare for Reaccreditation** |
| **9) Describe the ongoing process for aligning the community health assessment, community health improvement plan, strategic plan, performance management system, and other internal plans, such as the quality improvement plan and/or workforce development plan. (Optional)** |
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| **10) Sharing Your Work - 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.** *(Select all that apply. Place an X in the column to the left of the activity.)* **(Optional)** | | | |
|  | **Submitted an example to a national database of best practices** |  | **Gave a presentation at a meeting** |
|  | **Provided one-time consultation to staff at another health department** |  | **Provided ongoing assistance to staff at another health department** |
|  | **Published an article in a journal** |  | **None** |
|  | **Submitted a story to Accreditation Works!** |  | **Other (please specify):** |

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| **11) Please describe one of the activities above (question 10) of which the health department is most proud. If the health department has published an article in a journal, please provide the citation below. (Optional)** |
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| **Emerging Public Health Issues and Innovations** | | | |
| **12) Has the health department conducted work in any of the following areas?** *(Select all that apply. Place an X in the column to the left of the issue.)* | | | |
|  | **Data for decision making** |  | **Emerging infectious diseases (other than COVID-19)** |
|  | **Health equity** |  | **Climate change** |
|  | **Health strategist** |  | **Behavioral health** |
|  | **Public health financing modernization** |  | **Environmental bio-monitoring** |
|  | **Public health systems transformation** |  | **Genomics** |
|  | **Public health/health care integration** |  | **Adoption of emerging technology (specify)** |
|  | **Emergency preparedness and response (other than COVID-19)** |  | **COVID-19** |
|  | **Anti-racism** |
|  | **Community resilience** |  | **Other (please specify):** |

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| **13) If the health department is engaged in work in an emerging area, such as COVID-19 or anti-racism, please tell the story of the health department’s work in one area.** |
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| **14) 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)** |
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| **Overall Improvements** |
| **15) 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)**  *What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.* |
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| **Feedback from PHAB** |
| **16) Did you use feedback from the Annual Report that you received last year? If so, how did you use it? If not, how could it be improved? (Optional)** |
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