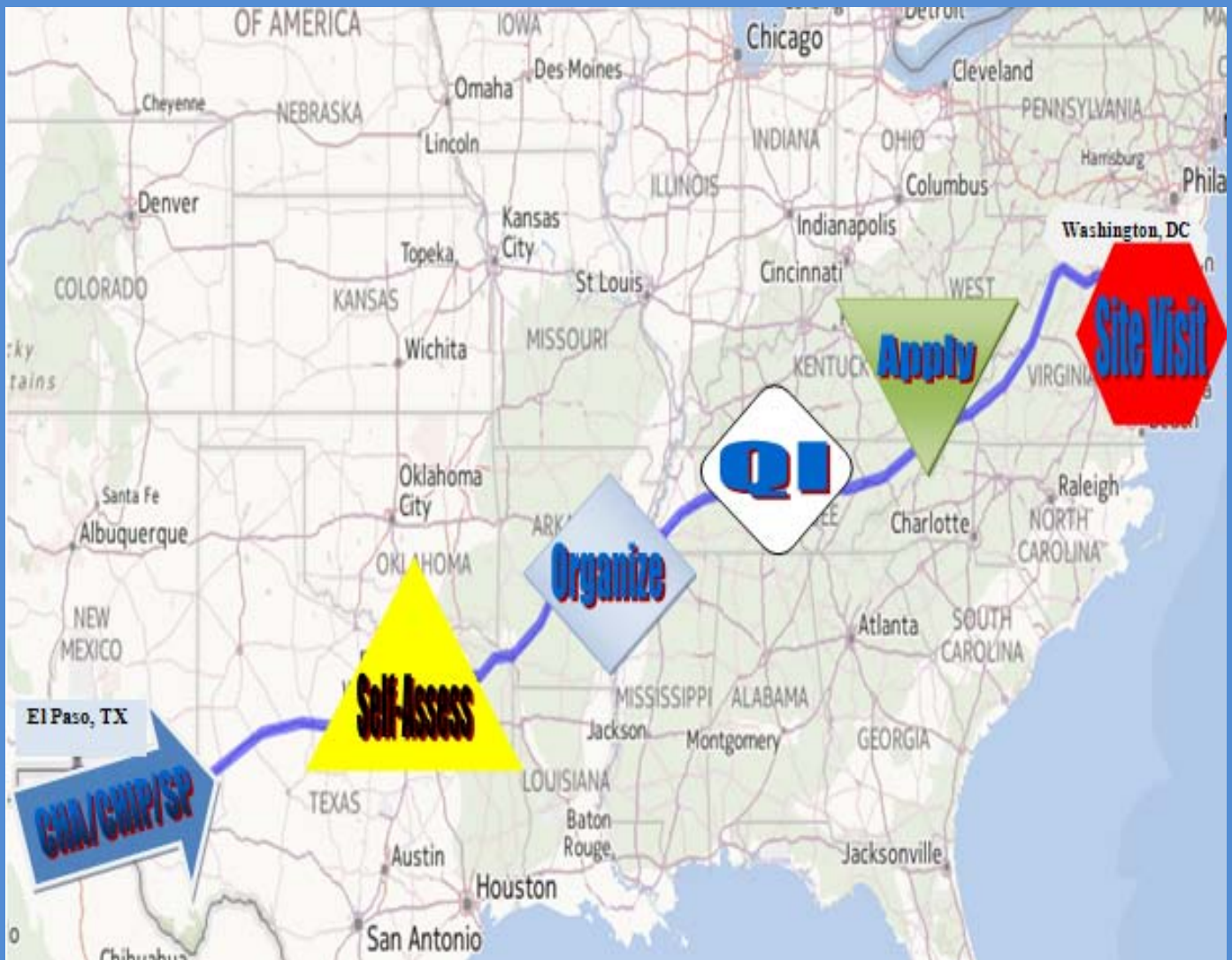


City of El Paso Department of Public Health

Roadmap to Accreditation



July 2013

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Introduction

Accreditation of state and local public health departments has become a high priority within these organizations throughout the country.

Accreditation by the Public Health Accreditation Board (PHAB) signifies that an organization is meeting high national standards for ensuring that essential public health services are provided to the community. Accreditation also contributes to:

- Strengthening Delivery of Public Health Services and Programs
- Improving Public Health Departments and Public Health Infrastructure
- Increasing Accountability and Credibility

As one of the 50 largest local health departments, the City of El Paso Department of Public Health (DPH) has joined the “movement” to gain voluntary national accreditation from PHAB. Becoming an accredited department of public health will not only assist us to provide the highest quality of services for the community but will also ensure we are better prepared to proactively respond to emerging and reemerging health challenges.

Accreditation goal:

Improve and protect the health of El Pasoans by advancing the quality and performance of the City of El Paso Department of Public Health.

City of El Paso Department of Public Health



Phase I: Pre-Application Preparedness

During this initial phase the Department of Public Health (DPH) leadership becomes thoroughly familiar with PHAB, the 12 Domains of Accreditation, application prerequisites, and the resources necessary to move forward and achieve accreditation, including IT capability. The DPH makes the determination to proceed with accreditation efforts and commits the resources necessary to move forward. At this stage an Accreditation Coordinator and Accreditation Core team (ACT) is established to assist in the accreditation preparedness process. ACT is composed of 30 key skilled staff members who are willing to assist in preparing for the accreditation process.

Completion date: August 2013

Steps:

- Key staff becomes familiar with the Public Health Accreditation Board's (PHAB) webpage and available resources
- Commit staff and financial resources
- Key staff become thoroughly familiar with PHAB's Domains, Standards and Measures
- Create a DPH Accreditation Core Team (ACT) with representatives from the various DPH divisions
- Define ACT roles and responsibilities, form ACT sub-groups, provide training, and assign accreditation preparatory tasks. ACT Domain sub-groups are in charge of documentation for specific domains
- Assess the DPH's degree of readiness to undertake accreditation
- Prioritize accreditation needs
- Join state and national accreditation networks
- Establish link with other local health departments for technical assistance/mentorship/sharing of expertise

Phase II: Self-Assessment

During this phase, the ACT conducts an organizational self-assessment using the Turning Point Performance Management Self-Assessment Tool. The tool was developed by and for health organizations to assess four (4) main components of performance management and to identify organizational strengths and weaknesses. Immediately after, ACT develops a plan of action to address immediate deficiencies and starts the planning process to develop a comprehensive Quality Improvement (QI) Plan.

Completion date: March 2013

Steps:

- Train on Turning Point Assessment Tool

- Conduct an organization management self-assessment with selected staff from throughout the various DPH divisions
- Identify strengths and weaknesses
- Address deficiencies that require immediate attention
- Initiate discussion to develop a comprehensive Quality Improvement (QI) Plan

Phase III: Research & Organization

This phase involves internal research by ACT Domain Workgroups to identify documentation available within the DPH to meet PHAB requirements, in addition, to documentation gaps. A plan of action to address gaps is developed immediately after. During this phase a tracking system is created to assist, organize, track, and share required documents internally, and to facilitate efficiently responding to PHAB's requests for documents.

Completion date: November 2013

Steps:

- Assign research to ACT Domain Workgroups
- Identify documentation available for accreditation
- Identify documentation gaps and in need of development
- Develop tracking system
- Establish a communications system

IV. Accreditation Application Pre-requisites

During this phase the three accreditation pre-requisites are developed: 1) Community Health Assessment (CHA); 2) Community Health Improvement Plan (CHIP); 3) Agency Strategic Plan.

Completion date for CHA/CHIP: July 31, 2013

Completion date for Strategic Plan: November 1, 2013

Steps:

- Secure financial and other resources
- Recruit community support
- Create a Community Advisory Board
- Develop CHA
- Develop CHIP
- Develop Strategic Plan

Phase V. Develop & Implement a Quality Improvement Plan

This phase addresses areas for improvements identified through the Performance Management Self-Assessment and the preparatory research conducted by the ACT Domain Workgroups during Phase III. The Quality Improvement Team drafts a comprehensive and time-phased QI plan

QI Plan Completion date: January 31, 2014

QI Implementation Plan date: On-going

Steps:

- Identify and secure needed resources for QI implementation
- Create a QI Team
- Develop a time-phased comprehensive QI Plan
- Establish a QI tracking system
- Begin QI Plan implementation
- Establish a communication system to report improvements
- Continuously address identified gaps

Phase VI: Accreditation Application

During this phase, the DPH has secured accreditation pre-requisites (CHA, CHIP, and Strategic Plan) and is prepared to submit the Letter of Intent to PHAB. The DPH at this point has advanced its accreditation readiness, continues the organization and tracking process and is prepared to undertake PHAB's next steps upon acceptance of its application for accreditation.

Completion date: January 31, 2014

Steps:

- Submit Statement of Intent
- Submit accreditation fees
- Submit pre-requisites to PHAB
- Respond to PHAB requests for documentation

Phase VII: Site-Visit Preparation

When this phase is reached, an accreditation site-visit team, composed of six to eight members including community, governance, and DPH staff, will be created in preparation to receive PHAB site reviewers. At this point, DPH documentation will be ready and the team will be prepared to respond by explaining reasoning for how or why the documentation meets the measure, and to clarify and answer any questions.

Completion date: TBD based on PHAB's response

Steps:

- Designate the DPH accreditation host team composed of: Health Director, Accreditation Coordinator, key Core Team members, Domain leads, community partners representative/s, governance member/s
- Solicit and receive technical assistance from local health department/s who have become accredited
- Conduct a mock site-visit/review
- Prepare to receive PHAB reviewers
- Explain rationale for documents meeting standards
- Address questions

Phase VIII: Accreditation Decision

Completion date: 2015 projected

Steps:

- PHAB accreditation decision
- Celebrate with DPH staff and accreditation collaborators
- Inform Stakeholders
- Continue the QI efforts

Sources

Public Health accreditation Board (PHAB)

Standards and Measures

<http://www.phabboard.org>

Turning Point Program

Performance Management Self Assessment Tool from the Turning Point

Performance Management National Excellence Collaborative

<http://www.phf.org/PMC.htm>.