Activity

Paper Folding
Activity

Paper Folding – Results?
Accreditation News

- Accreditation Outreach Round 6 (July-September)
- Accreditation Newsletter - next issue in September
- New Interactive Scavenger Hunt/Incentive Item
SCAVENGER HUNT
Version 2.0
Scavenger Hunt

Accreditation wants to reward you for looking through our website! Here's what you have to do:

1. Select a difficulty level (easy, medium, or difficult). Different difficulty levels offer different types of prizes.

2. You will receive a clue that will lead you to find a specific picture or text somewhere on the website. After clicking the correct answer, you will be given the next clue.

3. When you finish the hunt you will receive a code that you will need to email us to get your prize.

4. If you refer a co-worker to complete the scavenger hunt, you will earn yourself another prize as a thank you from us. Have your referral include your name in their email.

PLEASE NOTE:
This version of the Scavenger Hunt will only work on a computer with the browser full-screen.

Select the Difficulty Level:
- Easy
- Medium
- Difficult

**PRIZES**
(Easy=E, Medium=M, Difficult=D)

- Buttons, 3-pack (E)
- Tote Bag (E)
- Stadium Cup (E)
- Pen (E)
- Hand Sanitizer (E)
- Mug (M)
- Lanyard (M)
- Badge Holder (M)
- Notebook (M)
- Plush Dog (D)
- Stress Relief Star (D)
- Keychain (D)
NOTE: This version of the Scavenger Hunt will only work on a computer with the browser full screen.

Search through the Accreditation website and find the picture, graphic, or text that best identifies the following statement.

1. This Administrative Champion is the Chief of Disease Control and oversees Domains 2 & 3.
Getting to Know Your Leadership

Administrative Champions

The Department of Public Health Executive Staff are taking an active role in the accreditation process. They meet on a regular basis with the Accreditation Coordinator to review the Public Health Accreditation Board (PHAB) requirements and stay updated on department progress. Additionally, they each serve as an Administrative Champion on at least one Domain. As an Administrative Champion they are responsible for reviewing all of the documents that have been approved by the Domain Champion and providing feedback about the document's strength, weakness, or opportunity for improvement. The support of the Executive Staff has been critical in keeping the department on task and their assistance is very much appreciated.
CORRECT! This is Daniel Perez: Chief of Disease Control-Domain 2 (Investigate), Domain 3 (Inform/Educate)

NEXT

2. This lists the ten essential services of Public Health.
Featured for July: Lori Geist, Information Services

Featured for August: Lauren Ortiz, Fiscal & Administrative Services

Who will be next? FHS

Lauren Ortiz, Accountant III

Lauren Ortiz is an Accountant III within the Fiscal & Administration Service Unit (FAS). Lauren graduated from California State University, San Bernardino with a Bachelor’s of Arts degree in Business Administration with a concentration in Human Resources Management and is currently pursuing a Certificate in Accounting from the University of Riverside. She began her career with the County in 2010 as an Eligibility Worker for the Department of Transitional Assistance. In 2012, she was hired as an Accountant I by the Department of Public Health, where she was later promoted to an Accountant II and to her current position as an Accountant III. As an accountant for FAS, she provides fiscal support to various Public Health Programs which includes creating program budgets, tracking expenditures and revenues, and completing fiscal documentation for grant applications.

She has been involved with the Accreditation Committee (ALC) in the early development stages and has assisted in the first and initial gathering and review of documents. Currently she is participating in the Department’s Mentor/Mentee Program as a mentor.

In her free time she enjoys spending time with her husband and 2 daughters. She also enjoys baking, completing DIY projects that she finds on Pinterest and never misses an episode of “The Walking Dead”.

Fiscal and Administrative Services (FAS)

Fiscal and Administrative Services (FAS) is dedicated to assisting Public Health programs in the delivery of services that promote and improve health, wellness, safety, and quality of life. We do so by providing support, and sharing our expertise, in the areas of budget preparation and monitoring, grant monitoring and invoicing, fiscal auditing and fee studies, procurement, accounts payable and receivable, payroll, medical billing, facilities management, and warehouse. FAS employs knowledgeable and professional staff committed to helping the department reach its goals.

Day 1:

- Tips on selecting documentation
- Hosting the site visit
- Working in e-PHAB
Selecting Documentation

- Organize your documents
- Select documents that best reflect health department operations & meet the specifics of the Required Documentation (RD)
- Demonstrate conformity with Measure
- Use examples from a variety of programs

Department of Public Health Accreditation

SME’s, DC’s and AC’s
- Original Documents
- Documents with Mark-Ups
- Subject Matter Expert Document Cover Sheets
- Domain Champion Document Review Sheet
- Evaluation Forms
- Requirements List

Resources for SME’s, DC’s and AC’s

Cursory Review
- SME Coversheet Forms waiting for Cursory Review Programs

Packaging
- Documents Waiting For Final Markup (Documents for Packaging)
- Introduction Form (Final Package Coversheet Form)
- Document Introduction PDF’s
- Documents for Submission

Accreditation is PHAbulous!
Selecting Documentation

DO’s

• Documents must be current and in use when submitted (March 2018)
• Electronic documents only
• Documents must be final
• Confidential data must be blacked out
• Web Links must include dated screenshots
• Evidence of authenticity (name, logo, etc.)
• Document must be dated
• Provide appropriate number of examples
• Focus on population-based services
• Tell our story
• Point Site Visitors in the right direction within the document (highlight, bookmarks, arrows, etc.)
Selecting Documentation

DO’s Continued…

• Use Acceptable file formats
  ✓ Audio
  ✓ Image - do not just upload a jpeg photo; it should be placed in a Word document, then uploaded
  ✓ Excel
  ✓ PowerPoint
  ✓ Word
  ✓ PDF (preferred) – use PDF numbers as a reference, not the document page #
  ✓ Text
  ✓ Video
Selecting Documentation

DON’T’s

• No draft documents/track changes
• No confidential information
• No sideways documents
• No hardcopies will be accepted
• No blank signature lines
• No unacceptable file formats
• No examples from unaccepted programs/activities:
  o Individual patient care
  o Programs for the reimbursement of health care services
  o Social Services
  o Licensure and Certificate programs
  o Animal Health Programs
Selecting Documentation

Make it as easy as possible for the Site Visitor

Use PDF’s when possible
Open uploaded documents to check for readability
- No sideways or upside down PDF documents
- No blank signature lines

Remember!
Easy as possible
Visitors as the site
the job of to make

You want the Site Visitor to review the document, check the box, and move on. You want them to spend as little time as possible on your document.
Selecting Documentation

- Can use the same document more than once, but make sure relevant parts are highlighted for each specific measure.
- Documents can originate from a variety of sources, but must show evidence of health department collaboration.
- If using web links, also include screenshots so Site Visitors know what they should be seeing.
- If using a huge email list (i.e. CVS), highlight health department email addresses.
Selecting Documentation

Measures where health department MUST show collaboration and partnerships:

- 1.1.1 - partnership to develop CHA
- 3.1.2 RD 3 - Engage community in development of health promotion strategy
- 4.2.1 - engagement with community about policies and strategies
- 5.2.1 - Community process for CHIP
- 7.1.1 - Collaborative process to assess the availability of health care services
Selecting Documentation

• Pay attention to the words “MUST”, “CAN”, “AND”, “OR”, and “NOT SUFFICIENT”

• Pay attention to at-risk populations vs. County-wide populations.

• Can revise and edit documentation until final submission in e-PHAB (including Pre-Requisites)

• If CHA, CHIP, and SP are in the process of having new documents produced, need to submit both old and new documentation. For example, if developing a new SP, need to submit old plan with progress reports plus new plan and strategy for moving forward.

• More is not better – you may upload documents that lead to more questions, when you could have met the requirement with just what was asked for.
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<thead>
<tr>
<th>#</th>
<th>MEASURE</th>
<th>PROGRESS STATUS</th>
<th>QUALITATIVE STATUS</th>
<th>LAST UPDATED</th>
<th>ASSIGNED STAFF</th>
<th>ACCESS</th>
<th>ALERTS</th>
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<td>1.1.1 L</td>
<td>Tribal/Local partnership that develops a comprehensive community health assessment of the population served by the health department</td>
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<td>None Selected</td>
<td>2017-05-19 11:43</td>
<td>Dale Parker</td>
<td>Write</td>
<td></td>
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</table>
Health Department Staff:

Accreditation Coordinator assigns team members in e-PHAB by setting up accounts

- Read only (AC/DCs)
- Read/Write (Accreditation Team)
Uploading Documents:

The Accreditation Team

- Will enter the name of the document in the Title Section and ensure match to SharePoint document name.

- Will enter Description of document (based on internal Cover Sheet Narratives).

- Upload documents from SharePoint into the e-PHAB system.
**Document Names:**
e-PHAB will automatically name the document (i.e. Document 1.1.1 L 1.1)

1 – Domain
1- Standard
1 – Measure
L – Local health departments
1 – Requirement
1 – Example #

**EXAMPLE**

We can name the document in e-PHAB, but will need to connect it to the SharePoint name.
Narratives:

- Tell our story, but the evidence MUST be in the documentation itself
- Explain how all the documents tie together to meet the measure
- Site visitors cannot use narratives to evaluate documents, but it helps to set the stage for what they are about to review

*PHAB staff felt this section should be MANDATORY*
PHAB Q&A:

- Used to message the Accreditation Specialist (AS) for measure interpretation questions
- Can e-mail AS at any time, but PHAB prefers these sorts of questions be recorded in e-PHAB
- Must regularly check e-PHAB; It does not send an email; PHAB will usually respond within 24 hours
e-PHAB

- E-PHAB *does not* work with Internet Explorer – PHAB recommends using either Chrome or Firefox

- You do not have to upload the entire document (can say, entire document is available upon request), BUT it may be *better* to give the Site Visit Team the whole document and just bookmark it.

- Acronyms in the document should be explained with descriptive boxes if not contained in the document.

- If the Health Department (HD) is not the lead agency, make sure to highlight the HD’s roles/involvement in the project.
Once a document is uploaded to e-PHAB it cannot be edited. It has to be deleted and re-uploaded, which is why write abilities are limited.

Once documents are uploaded in e-PHAB the Accreditation Coordinator (AC) is notified that the document requires review.

Once AC approves the document it goes to the Health Department Director (HDD) for final approval. Director must approve all documents in e-PHAB.
June 1, 2017: Uploaded our first 3 documents to the e-PHAB system!
One Measure has been completed all the way through the process (Dark Green)

By the time we are ready to submit to PHAB, all the boxes will be Dark Green
Current Status: 40 documents uploaded to e-PHAB

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</table>
Ha ha, get it?

PROGR-ACE METER

200

290

330 documents needed

100

0

Our Progr-Ace So Far

Public Health Accreditation

www.SBCounty.gov
Completeness Review is done by the Accreditation Specialist (AS) who checks for:

- Are documents dated and signed?
- Are documents in the correct location?
- If change is needed. If the measure is reopened, it means something is missing or incorrect. Do not be upset about it, be thankful. They will let you know what is missing. Fix it! Some HDs have had as little as 4 reopened measures, others as many as 88!
- AS will NOT assess the uploaded documents’ demonstration of conformity with the Standards and Measures.

Jennifer Jimenez
Site Visit

• Verify documentation, including implementation
  ✓ Visual Observations (branding, ADA compliance, security, etc.)
  ✓ Domain interviews with health dept. staff
  ✓ Meet with representative(s) of governing entity
  ✓ Meet with partner organizations and community partners
  ✓ May request additional documentation

• Determine final score for each measure

• Obtain additional information to include in the Site Visit Report
Accreditation Decision

Accreditation Committee

- Meets quarterly
- Members serve 2-3 year consecutive term
- Members receive training to ensure inter-rater reliability
- Use policies/procedures to guide how they should evaluate documents
- Role is to review the Site Visit reports, action plans, and action plan reports and make a determination of accreditation status
- They do not review any documentation, they base their decision entirely on the Site Visit Team Report
- Appointed by the PHAB Board
- Committee decisions hold the weight of the Board
- Committee has Board and Non-Board Members
- Health departments may not attend the meetings but will know when their Report is scheduled for review
- Official notification of the Committee decision will be given to the Health Department Director
Accreditation Decision

- Decision is based on only the SV Report
- Decision will be: Accredited OR Action Plan Required
Accreditation Committee is looking for:

- Clumps (i.e. Standards/Measures that Do Not Largely/Fully Meet)
- Themes (i.e. WFD Plan and EOP is lacking)
- Core documents (CHA/CHIP/SP/QI are heavily weighted) – if assessed as “Slightly Demonstrated” it will not bode well for the HD
Accredited

If accredited, the health department will receive a list of specific measures that are opportunities for improvement. These will support QI and will form the basis for the Annual Reports required by PHAB over the next 5 years.

ACCREDITED!
If an Action Plan is required, the health department will be given a list of specific measures for the development of an accreditation Action Plan.

- The purpose of the Action Plan is to set forth the steps that the health department will take to be able to demonstrate conformity with the measures and become accredited.
- The HD does not have to go through the entire process again.
- The HD will have 90 days to complete their plan.
- DRAFT Action plans are submitted to the Accreditation Specialist; if not approved it goes back to the HD, if it goes back a 2nd time they are not accredited.
- 37% of HDs have received action plans – all of them have received accreditation status.
- Once the action plan is approved, HD has 1 year to implement it.
- Comments go to the Accreditation Committee to review.
- Accreditation Status changes after all documents have been reviewed again by SVT (done remotely); PHAB will try to get original SVT to review.
Not Accredited

Reasons why a health department would not be accredited:

- Lack of submission of an Action Plan
- Lack of submission of an acceptable Action Plan (second time)
- Lack of submission of an Action Plan Report (documentation)
- Non-achievement of conformity with the measures in the Action Plan

*There is an appeals process*
Annual Reports

Submitted in two parts through e-PHAB

Part 1: Continued Accreditation Status
- What has changed in the department
- What has been accomplished to address measures identified by the Accreditation Committee

Part 2: Continuous Quality Improvement
- What QI has been accomplished
- What QI is being planned for the next year
Reaccreditation

- Accreditation status lasts for 5 years
- To continue accreditation status, HD must apply for reaccreditation (or be designated “Not Accredited”)
- Reaccreditation is not a repeat of initial accreditation
  - less measures in Reaccreditation
  - focus on performance and capabilities
  - narratives vs. documentation
- Annual reports will help health department prepare for reaccreditation
- Reaccreditation Guide is available on PHAB’s website
- Must have an updated CHA/CHIP/SP
Accreditation Coordinator Training

Day 2:

Seven Case Study Activities

- Reviewing the Measures
- Assessing and selecting documentation
- Selecting missing documents
- Preparing documentation for submission
- Creating cover sheets and file descriptions
- Creating a Measure Narrative
- Uploading documentation into e-PHAB
Final Comments

• Complete Accreditation Coordinator Training Evaluations in order to gain access to e-PHAB and have the ability to submit documentation (completed 5/15/17)

• 1 year timeline is based on AC evaluation submission date (not to exceed 14 days after training occurs)
  - San Bernardino County DPH: 5/15/17 – 5/15/18

  REALITY:
  - PHAB submission deadline is March 2018 (CHA)
  - DPH internal document submission deadline is December 22, 2017

• Some HDs submitted documents within 45 days of being granted access to e-PHAB, others 6 minutes before their deadline
Questions
THANK YOU!