

SEPHLI
Final
Leadership
Report:
North Carolina
State Pilot
Accreditation

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Abstract

The purpose of my project was to develop and implement a state-level public health agency (Division of Public Health and Division of Environmental Health) pilot accreditation process for North Carolina using the National Performance Standards as the basis for the self-assessment and site visit review.

Currently, there is no accreditation process for state-level public health agencies. Additionally, there is no national accrediting body to determine if state-level public health agencies have the infrastructure necessary to carry out the Ten Essential Services.

North Carolina, being a leader in public health, is actively piloting the state-level public health agency accreditation process that I developed. The result of my project will culminate in a site visit currently scheduled for early February 2007.

My project had many leadership challenges and assisted me in developing the following leadership skills:

1. Leading people over which I had no direct authority
2. Motivating others
3. Building teams
4. Soliciting ideas and opinions from others
5. Compelling the organization to make adaptive changes

Background/Introduction

At the state level, the North Carolina public health system must respond to new and serious public health emergencies, significant changes in population, unacceptable health disparities, decreasing funding and significant variations in public health protection between counties and regions. A reinvestment in the state's public health infrastructure is critical to providing the essential public health services that will assure public health protection for all North Carolinians. The pilot accreditation process will measure the state's ability to perform the Ten Essential Services and allow the state to invest with confidence.

In 2004, DHHS Secretary Carmen Hooker Odom charged the North Carolina Public Health Task Force with "developing recommendations on how to strengthen North Carolina's public health system, improve the health status for North Carolinians, and eliminate health disparities." In January 2005 the Public Health Task Force released the North Carolina Public Health Improvement Plan. One of the recommendations put forth was to perform and distribute a self-assessment of the Division of Public Health (DPH) and the Division of Environmental Health (DEH) using the National Performance Standards.

At a national level, the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) have examined the implications and feasibility of a national public health accreditation system. The project, *Exploring Accreditation*, was an outgrowth of

a 2002 Institute of Medicine report that called on the public health community to consider how accreditation ultimately could prompt improvements in the nation's health. This groundbreaking partnership on accreditation was funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention (CDC).

A Planning Committee composed of the senior executives of APHA, NALBOH, NACCHO, and ASTHO supported and coordinated the work of the 25-member *Exploring Accreditation* Steering Committee and four workgroups. The workgroups—governance and implementation, standards development, financing and incentives, and research and evaluation—have examined issues related to establishing an accreditation system and reported their findings back to the *Exploring Accreditation* Steering Committee. The *Exploring Accreditation* Steering Committee will receive public feedback via the Web and public meetings.

The *Exploring Accreditation* Steering Committee member includes representatives from:

- ASTHO—Association of State and Territorial Health Organizations
- NACCHO—National Association of County and City Health Officials
- NALBOH—National Association of Local Boards of Health
- PHF—Public Health Foundation
- APHA—American Public Health Association
- NNPHI—National Network of Public Health Institutes
- PHLs—Public Health Leadership Society
- CDC—Centers for Disease Control and Prevention
- HRSA—Health Resources and Services Administration
- IHS—Indian Health Service
- NIHB—National Indian Health Board

Project Description and Goal

My project goal is to develop and implement a state pilot accreditation process. The purpose of accrediting state-level public health agencies is to ensure the state has the infrastructure to adequately perform the Ten Essential Services of Public Health.

I convened a team of 20 people representing a wide range of public health arenas to provide input to establish the state pilot accreditation process. We utilized the National Performance Standards as outlined by the Centers for Disease Control and Prevention as a basis for our accreditation tool. We revised the National Standards to apply to a state-level public health agency versus the original intent of applying to the public health system as a whole. We modified the spectrum of compliance associated with each response to a “met/not met” system in lieu of the four-point scale, and added a section on “sources of evidence” to show compliance with each standard.

Objectives

In my position as the Head of the Office of Performance Improvement and Accountability, my project objectives included:

- 1) Establishing a state advisory team consisting of various disciplines at various levels of government and academia.
- 2) Implementing a pilot accreditation system for a state-level public health agency using the National Public Health Performance Standards created by the Centers for Disease Control and Prevention.

The project's outcome should achieve the following objectives:

- 1) Address whether the state has the infrastructure to perform the Ten Essential Services from the findings of the self assessment and recommendations of the site visit team.
- 2) Develop a Performance Improvement and Accountability plan based on the results of the accreditation process.
- 3) Communicate the results to state and local health department staff, legislators, and the general public.
- 4) Create an accreditation process that becomes part of the model standard for the National *Exploring Accreditation* project.

Methodology

(As outlined in the State Pilot Accreditation Guidance Document)

Accreditation Standards

The National Performance Standards (**NPHPSP**) are basic requirements of capacity to perform the functions and services of public health. The NPHPSP standards are organized around the Ten Essential Services of Public Health plus two additional services: Facilities and the Commission for Health Services. We “meet” a standard by demonstrating that we comply with or carry out certain specific documentable activities associated with each benchmark as outline in the State-Self Assessment Instrument (**SSAI**).

State Self-Assessment

The state self-assessment, achieved through completion of the SSAI, is an internal review of our ability to meet benchmarks for delivery of The Ten Essential Services as indicated by performance of a set of prescribed questions. Our self-assessment will analyze the availability and the qualification of core staff and the adequacy of physical facilities and administrative services. Our self-assessment will identify deficient areas and will prepare us for the site visit review.

All of our documentation should be the most recent available. Where documentation is to represent a span of time, that span is taken to be the past 12 months unless otherwise specified. The SSAI suggests examples and quantities of appropriate documentation. We may offer alternative/substitute evidence to

document compliance with any question, providing we offer an explanation of the substitution and provide copies of the alternative evidence.

We may submit, with the SSAI, additional documentation of our choosing. All further documentation will be retained in a resource file set aside for examination by the SVT. There is no page limit for the resource file. All documentation held in the on-site resource file will be clearly labeled with the number of the stem question and its sub-questions. Documents will be filed in the numerical order of the stem questions and sub-questions to which they refer. It is likely that some confidential documents will be available, and their security should be assured at all times.

The SSAI and accompanying documentation is the backbone of the State Pilot Accreditation. It is, essentially, an instrument of persuasion, used to convince reviewers of our compliance with capacity questions. We should make every effort to complete our self-assessment as meticulously as possible and submit the results in a timely manner.

Site Visit

Within six weeks after completing the SSAI, we will host an on-site visit by the SVT. The SVT will gather information from:

- a review of the SSAI
- an examination of the documents that support the self-assessment
- interviews with state staff members and representatives of state government

The SVT will reflect the following areas and should consist of a minimum of five people (at least one of the representatives should be an MD):

1. State Health Director
2. Deputy State Health Director or representative from the Office of Regulatory Affairs/Policy
3. Public Health Nurse
4. Division of Environmental Health representative
5. Public Health Epidemiologist
6. Bioterrorism/Emergency Response representative
7. Maternal and Child Health Director
8. Allied Health representative (Health Educator, Nutritionist, etc.)
9. Public Health Finance Officer
10. Laboratory Director

Once the SVT is selected, one member will be designated as the lead and will be responsible for coordinating the overall on-site activities of the team. This individual will also serve as the spokesperson for the group.

The site visit will last for three to five days, although the visitors may have to use part of an additional day (usually the day before the site visit begins) for travel. The duration of the visit may be longer if special circumstances dictate the need for more time.

Site Visit Procedures

1) Pre-Visit Document Review

Prior to the Site Visit, the SVT will have reviewed the following:

- Site Visitor Manual for an Accreditation Site Visit
- Completed State Self-Assessment Instrument
- Site Visitor Interview Guide and Interview Summary Forms
- Site Visitor Report Form and Summary Sheet
- NC General Statutes

2) Pre-Visit Meeting

Prior to beginning the visit, the SVT will gather for a mandatory meeting to:

- discuss observations made from their individual study of the SSAI and other previously circulated material
- discuss specifically any deficiencies or ambiguities noted by analysis of the SSAI
- review any new information from the SAC about the state or about interpreting the benchmarks
- review the site visit schedule and make any last minute adjustments in SVT assignments for document reviews or interviews
- review the state's organizational chart and any other basic information that describes the model by which the state conducts its work
- discuss the methodology for preparing the Site Visit Report
- provide us with a list of personnel records to be reviewed for verification of staff credentials, training and CE, annual performance appraisals, etc.

3) Entrance Conference

The Entrance Conference will be conducted on the first morning of the site visit in the State Health Director's office. Representatives from the senior administration of the state, including the State Accreditation Coordinator (**SAC**), meet with members of the SVT to exchange introductions, to discuss the general schedule of the site visit, and to make note of any recent changes in the organization which may be relevant to the site visit. At this time we will ask all the site visitors to sign a confidentiality

agreement assuring that the visitors will keep patient or employee information in strictest confidence.

4) Walk-through of the State

Immediately following the Entrance Conference, the State Health Director, or designee, will lead the appropriate site visitors on a general tour of the facilities. This walk-through allows the site visitors to become familiar with the environment as well as to note the general lay-out, space provisions, and records storage for the state. One or more pre-planned trips off-site may be required for visits to the other state facilities (e.g., Division of Environmental Health Building, Cooper Building, Bath Building, etc). We will provide transportation for offsite travel.

5) Review of Documents

Each site visitor will have primary responsibility for verifying one or more sections of the SSAI. This task will require examination of materials that we set aside in the on-site resource files. The resource file will be available to the site visitors for the duration of their visit. If necessary, for proper verification of a question or sub-question, a site visitor may request additional information or evidence not presented in the resource file. If we are unable to present a requested document, the SVT will note this in the Site Visitor Report **(SVR)**.

When reviewing our documentation, the site visitors will use the following guidelines and principles in reviewing our documentation:

- Examination of minutes from meetings should ascertain that they have been properly dated and completed in a manner that is consistent with written policy and in compliance with any/all applicable legislation.
- Manuals for policies and procedures should be examined for subject matter, review dates, and revision dates.
- By-Laws should be examined for content, review and/or revision dates.
- The site visitors will record their document review findings on their copies of the completed SSAI for later compilation in preparing the Site Visit Report.

6) Interviews

The SVT will interview staff of the state, members of the Commission for Health Services and representatives from state government and community agencies to ascertain understanding of their role in or with respect to the state. Interviews will allow for confirmation of evidence provided in the documents.

At the close of each interview, the SVT interviewer will record his or her findings on the Site Visitor Interview Summary Form.

7) End-of-Day Conferences

At the end of each day, the SVT will meet in executive session to discuss the outcomes of the day's work and to identify questions they would like to ask or to request additional documentation.

8) Exit Conference

The LSV leads this meeting, scheduled for the end of the site visit, and is attended by the entire SVT and any staff that the State Health Director chooses to have present. This is the final opportunity of the visit to resolve outstanding issues, answer questions and review the next steps. The SVT members should not discuss their report at this time, but may offer general impressions from their perspectives as peer practitioners.

Site Visit Report

The Site Visit Report is the document the SVT uses to summarize information gathered from the SSAI, the review of our supporting documents, and the interviews with staff and community representatives. The report includes a summary score sheet and a narrative that contains the findings and recommendations of the SVT relative to their on-site review of the state. Time permitting; the SVT will begin to compile its report during the site visit. The LSV is responsible for collating the information, completing the report and submitting it to the SAC within three weeks of the completion of the site visit. When the SVT deems that any standard has not been met it should take care to document its findings and recommendations fully. The SVT's verification of the accuracy of our self-assessment will provide the basis for the recommendation of the our accreditation status.

Accreditation Status

1) Accredited Status: This rating indicates that we appropriately meet the NPHPSP questions.

2) Conditional Status: This rating indicates that we do not appropriately meet the NPHPSP questions.

Results

Our site visit is currently scheduled for February 2007 and we will have the results of that visit, including the site visit report, no later than March 2007. To date, I have completed the following items towards the State Pilot Accreditation:

- Selection of the accreditation task force committee
- External review of the self-assessment instrument
- Development of the final self-assessment instrument (see attachment)
- Development of the State Guidance Document
- Determination the scoring methodology
- Assignment of benchmarks to each DPH/DEH section
- Selection of the section-lead accreditation team
- Identification of the site visit administrator
- Collection of the sources of evidence by the section-lead accreditation team
- Establishment of monthly meetings with the section-lead accreditation team

The most challenging aspect of my project was compelling the division to make an adaptive change, i.e., getting the staff to understand the importance of the accreditation work we are doing not only from a national perspective, but from a performance improvement perspective. The concept of performance improvement is relatively new to public health and the accreditation process will make us a better division and help us better serve our local health departments. It did, however, take much persuasion to get the staff buy-in. Having come from the private non-profit sector and being new to the public health arena, a second issue that became obvious to me was that our division works in silos. The accreditation is pushing the staff towards making another adaptive change which is to look outside their particular program/branch/section, etc. to see how we can function as a unit rather than as an amalgam of parts.

My mentor and I met (and continue to meet) regularly to address the milestones of my project. She was integral in addressing many issues related to the project such as keeping me focused on the value of the project, keeping the senior management team on board, providing guidance on handling impasses in the process, directing me to the appropriate people, addressing concerns posed by the accreditation team, etc. Her tenure with the division and her knowledge base was an important part of making this project successful.

Conclusions

My project benefits the community indirectly in that by the state agency having the appropriate capacity, it can better serve its local agencies and they can, in turn, better serve their communities. My work is currently being evaluated by the *Exploring Accreditation* committee and the Multi-State Learning Collaborative as described in the introduction of my paper. Recently, a second year of funding was provided to the Multi-State Learning Collaborative through the Robert Wood

Johnson Foundation thus enabling the Division of Public Health to work in conjunction with the NCIPH on evaluating the North Carolina Pilot Accreditation process. My goal is for the North Carolina model to be incorporated into the national model for accreditation.

Leadership Development Opportunities

Accreditation of state-level public health agencies (Division of Public Health and the Division of Environmental Health) has not been carried out in the United States. In addition, there is no national accrediting body to determine if these agencies have the infrastructure necessary to carry out the Ten Essential Services. That being said, my project had many leadership challenges and assisted me in developing the following leadership skills:

1. Leading people over which I had no direct authority
2. Motivating others
3. Building teams
4. Soliciting ideas and opinions from others
5. Compelling the organization to make adaptive changes

In the very beginning of the project, when I first convened the accreditation group, I did not grasp the magnitude of the undertaking. I had a vague idea of what the end product needed to be; however, I didn't know the steps to get there. I, myself, was new to the position and new to public health, which meant I didn't know the key players and they didn't know me, putting me at a disadvantage as a leader since I had to prove myself to them. I recall our very first meeting and how I had to repeatedly answer the typical question "why are we doing this?" In my head, it seemed so obvious the importance of the project since I had come from a private non-profit background where we literally lived by accreditation. Without it, we could not operate. Therein was the issue with public health...generally speaking, public health does not operate that way and thus the staff did not see the need in doing so. The division is already intensely monitored by both federal and state agencies and is also under scrutiny by local agencies, so why would we implement a self-imposed accreditation? From that meeting forward my leadership skills were tested. There were several points in time where the project could have lost its momentum and fizzled completely; however, I knew if that occurred I would be hard pressed to get the project off the ground a second time. Moving forward despite objections was, in my opinion, the biggest obstacle. A year and a half later, having come full circle to a point where we are actively preparing for the site visit, I can say the various lessons learned through SEPHLI were definitely a contributing factor in making my project come to fruition.