

NPHII Grantee Experiences with Self-Assessments

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Performance Improvement Managers Network Webinar
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Agenda

- ❑ Introduction
- ❑ Indiana
- ❑ Florida
- ❑ Q&A
- ❑ Announcements and Closing

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INDIANA STATE DEPARTMENT OF HEALTH ACCREDITATION SELF ASSESSMENT

Divide and Conquer: Having the Right People Answer the Right Questions

- ❑ Established an internal committee to determine which program areas would be responsible for each standard/measure
- ❑ Invited at least two people from each program to attend the assessment—high level positions
- ❑ Invited programs on different days with other like responders
- ❑ Used audience response system
- ❑ Captured via paper if they couldn't attend

Day of Assessment

- ❑ People invited for a two-hour session on a particular day
- ❑ Purdue Healthcare Advisors (formerly Purdue Healthcare Technical Assistance Program) conducted audience response system and administration
- ❑ Everyone signed in and received an assigned clicker
- ❑ Repeated six times to accommodate the entire agency

PHAB Standards and Measures: Beta Test

		33	34	35	36	37	38	39	40	41	42	43	44	45	46
2.3.3	a) All Hazards Plan/ERP	2	2	2	2			2	2	2	2	2	2	2	2
	b) Protocol that pre-identifies support personnel to provide surge capacity	1	2	2	2			2	2	2	2	1	2	2	2
	c) Call Down lists														
	d) Staffing list for surge capacity (e.g., nursing, health education, communications, IT, logistics, and administrative personnel) and description of how staff accesses this information	2	1	1	2			2	2	2	1	1	2	1	2
	e) Documented availability of equipment for transportation, field communications, PPE (e.g., Equipment logs, Inventory of transportation vehicles)	1	2	2	2			2	2	2	1	1	2	1	2
	f) On-going training/exercise schedule (e.g., Basic ICS , PPE training)	1	2	2	2			2	2	2	2	2	2	2	2
	g) Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge situations	2	2	2	2			2	2	2	1	2	2	1	2
		1	2	2	2			2	2	2	1	2	2	1	2

1= yes; 2=no

PHAB Standards and Measures: Beta Test

Measure	Documentation Required	Yes	No
2.4.1	Maintain written protocols for urgent 24/7 communications		
	(at least two examples updated semiannually from the following)		
	a) Protocols that include lists of partners, addresses, telephone lists, email/website addresses for media, health providers, and other frequent contacts and provide for redundant communication mechanisms, if needed	a) <input checked="" type="checkbox"/>	a) <input type="checkbox"/>
	b) Examples of information to the public on how to contact the LHD to report a public health emergency or environmental public health risk 24/7 which may include calling 911, or 211, or 311	b) <input type="checkbox"/>	b) <input checked="" type="checkbox"/>
	c) Phone numbers for weekday/weekend and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools and hospitals	c) <input checked="" type="checkbox"/>	c) <input type="checkbox"/>
	d) Emails, faxes, websites with contact information	d) <input checked="" type="checkbox"/>	d) <input type="checkbox"/>
	e) Call-Down list, telephone tree	e) <input checked="" type="checkbox"/>	e) <input type="checkbox"/>
	f) After-hours phone answering messages, 24/7 pager phone access	f) <input checked="" type="checkbox"/>	f) <input type="checkbox"/>
2.4.2	Implement a system to receive and provide health alerts and to provide appropriate public health response for health care providers, emergency responders, and communities on a 24/7 basis	<input checked="" type="checkbox"/>	a) <input type="checkbox"/>
	Tracking system such as HAN system or other	<input checked="" type="checkbox"/>	b) <input type="checkbox"/>
	Reports of testing 24/7 contact and phone line(s)		
2.4.3	Provide timely communication to local media during public health emergencies		a) <input checked="" type="checkbox"/>
	a) Press conference materials and packages or press releases with dates noted to validate timeliness	a) <input type="checkbox"/>	b) <input type="checkbox"/>
	b) Factsheets	b) <input checked="" type="checkbox"/>	c) <input checked="" type="checkbox"/>
	c) Media Contact Sheet	c) <input type="checkbox"/>	
2.4.4	Provide timely communication to the general public during public health emergencies		a) <input checked="" type="checkbox"/>
	a) Materials such as media contact sheets, website screen prints, flyers, factsheets, with dates noted to validate timeliness	a) <input type="checkbox"/>	

Results

- ❑ Analyzed the data to determine who had the information
- ❑ If a program answered no, ISDH asked
 - Should the program have the documentation?
 - Yes—start working on it
 - No—determined it was an inappropriate Standard and Measure for that program area
- ❑ Identified strengths and gaps across the agency
 - Very few gaps
 - Multiple sources to draw quality documentation

Public Health Accreditation Board (PHAB) Accreditation: Version 1.0

- ❑ ISDH Office of Public Health Performance Management transferred all assessment data based on Beta test to Version 1.0
- ❑ Provided all new information back to program areas to start identifying where the documentation is and if it meets the timeframe
- ❑ Established a protocol to begin uploading documentation to a SharePoint site
- ❑ Programs know which standards and measures they are responsible for

Status of Accreditation Readiness

- ❑ ISDH LOI has been submitted to PHAB
- ❑ Orientation of new state health commissioner—supports the vision of public health accreditation
- ❑ Application is approximately three months away

Florida Department of Health's

SELF-ASSESSMENT PROCESS

Florida Department of Health

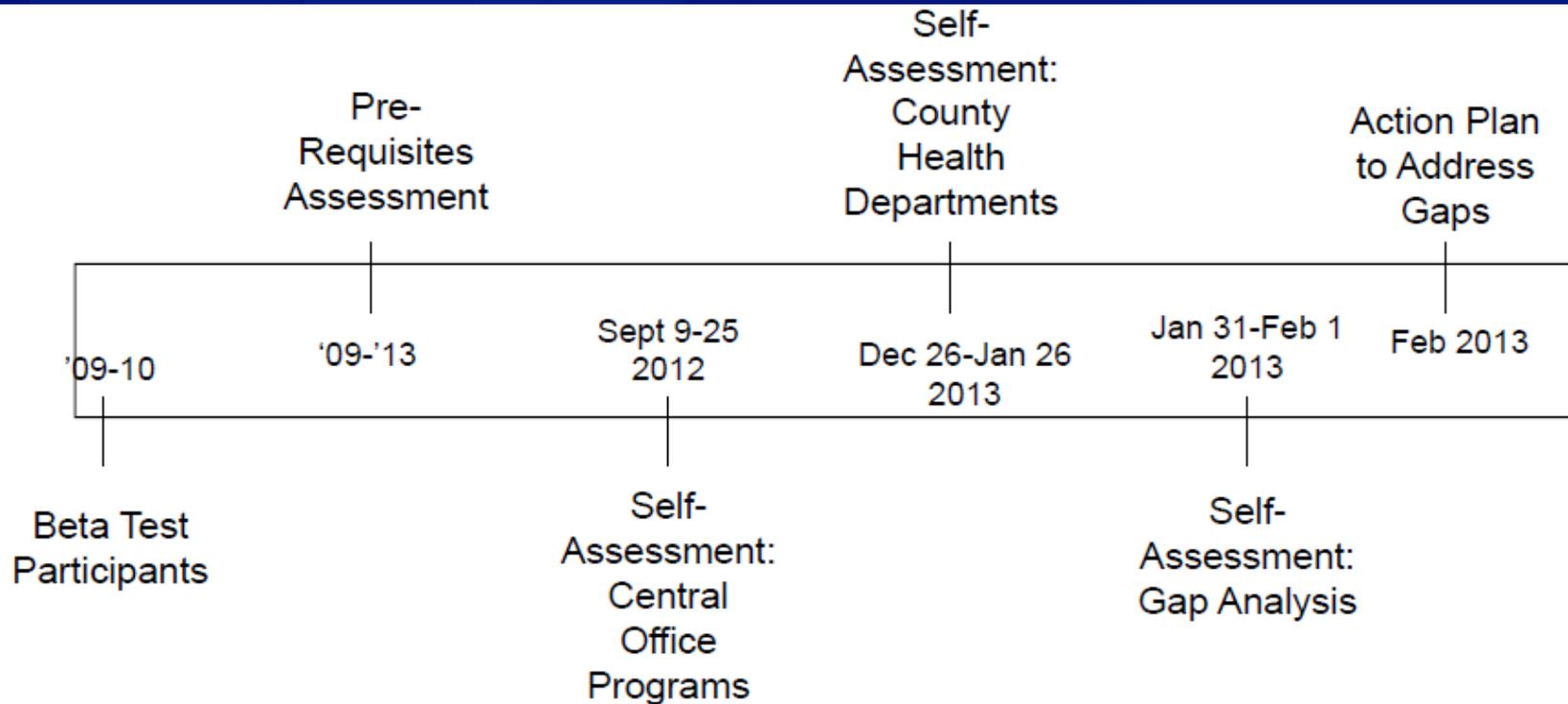
- ❑ Centralized public health department
- ❑ Mission: Protect, promote, and improve the health of all people in Florida through integrated state, county and community efforts

❑ Organization Overview

▪ County Health Departments (CHDs)	67	
▪ Children's Medical Service Offices		22
▪ Central Office Divisions and Offices	16	
▪ Medical Quality Assurance Investigative Offices		11
▪ Disability Determination Offices		9
▪ Public Health Laboratories	4	



Self-Assessment Process Timeline and Steps



Pre-requisite Assessment

- ❑ MAPP-based assessment and planning processes

- ❑ Mini-award funding to support CHD work
 - Public Health Accreditation Board (PHAB) standards/measures (Domains 1 and 5) described deliverables
 - Central SharePoint site for posting documents

- ❑ Systematic review of **Community Health Assessment** documents, **Community Health Improvement Plans**, **Strategic Plans** for completeness
 - Used PHAB measures pertaining to documents only

Pre-requisite Assessment

Findings

- Community Health Assessments (CHAs)
 - ❖ 70% (47/67) CHDs had CHAs
 - ❖ Of those, 34% (16/47) were complete per PHAB measures
 - Common missing elements: narrative descriptions based on analyses, addressing health equity
- Community Health Improvement Plans (CHIPs)
 - ❖ 60% (40/67) had CHIPs
 - ❖ Of those, 5% (2/40) were complete
 - Common missing elements: performance measures, accountable entities, alignment
- Strategic Plans
 - ❖ 81% (54/67) had plans; 4% were complete

State Central Office Self-Assessment

□ Assessment Timeframe: September 9–25, 2015

□ Actions

- Review of **all** PHAB standards and measures
- Identify
 - ❖ Evidence applicable to Central Office Programs and CHDs
 - ❖ Evidence applicable for state measures
 - ❖ Evidence applicable statewide for local measures
- Complete survey indicating evidence
 - ❖ Exists
 - ❖ Partially exists
 - ❖ Does not exist
 - ❖ Unknown

Initial Assessment Results—Central Office

	Evidence Exists (E)	Evidence Partially Exists (PE)	Evidence Not Met	Evidence Unknown <i>(Includes Local/Tribal Measures)</i>	Statewide Use	Additional Information or Examples Needed
All	47					No Addtl: 5 Evidence of Use: 33 Local Examples: 8
		21				No Addtl: 1 Evidence of Use: 3 Local Examples: 8 Unsure/TBD: 9
			3			No Addtl: 0 Evidence of Use: 0 Local Examples: 3
				16		No Addtl: 0 Evidence of Use: 0 Local Examples: 1 Unsure/TBD: 15
State Only	12	6	0	0		
Local Only				9		
TOTAL	59	27	3	25		114

County Health Department Self-Assessments

- Assessment Timeframe: December 26, 2012–January 25, 2013

- Actions
 - Review 24 measures (unshaded measures on spreadsheets)
 - Complete CHD Assessment Excel worksheet indicating one of the following for each measure:
 - ❖ Evidence exists
 - ❖ Evidence partially exists
 - ❖ Evidence does not exist

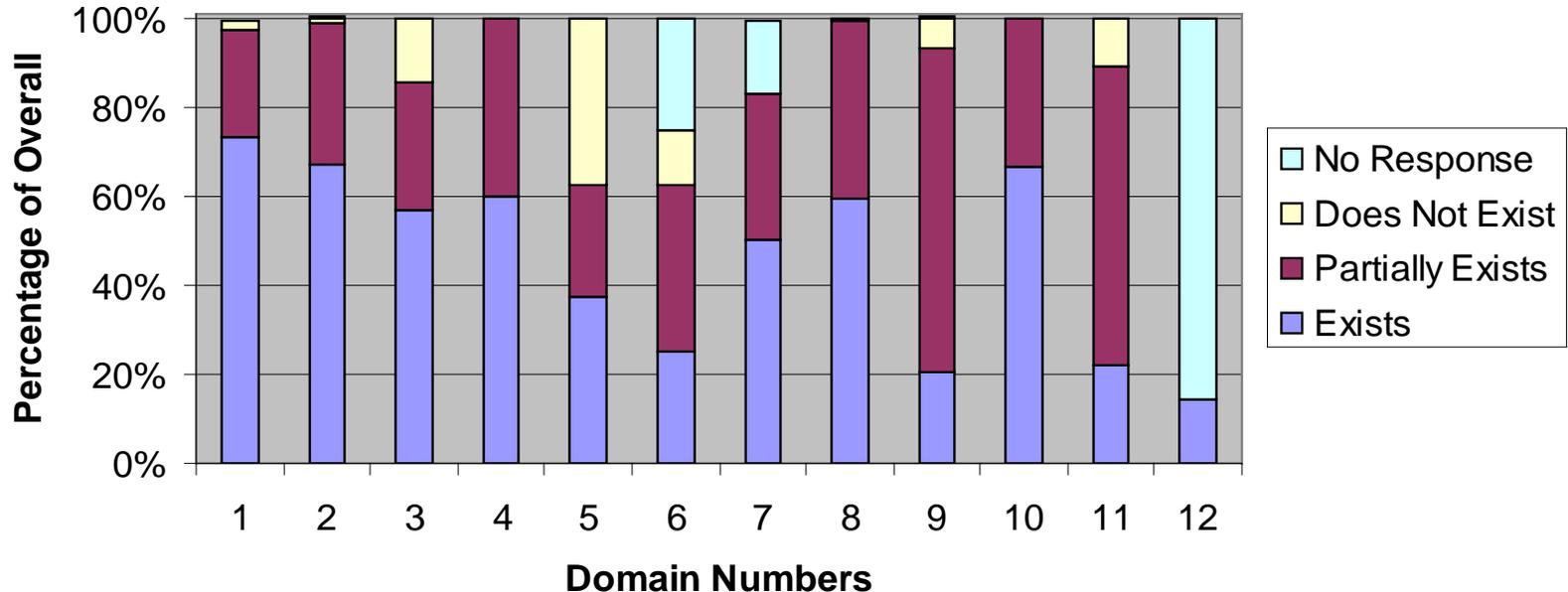
Sample County Health Department Assessment Worksheet

Measure	Evidence Availability	Notes	Potential Evidence (Documents)	
1.1.2 S - Complete a state level community health assessment. <i>See PHAB Standards and Measures document beginning on page 15</i>	Partially Exists	Update: State health assessment posted on DOH Internet for comment Note: State health assessment document is not complete as of 9/18/12. Documentation may need DOH "signature" aka DOH logo or equivalent titling.	State health status assessment and resulting state health profile document are currently being worked on in HPE. Documentation of participants and processes for the state public health system assessment, forces of change (SWOT) and community themes/strengths exists (these are complete).	Health status profile document (in current draft form) meets 1.1.2a, 1.1.2b, 1.1.2c, 1.1.2d, (not 1.1.2e yet); needs documentation of 1.1.2 (2)
1.1.1 TL - Participate in or conduct a Tribal/local for the development of a comprehensive community health assessment of the population served by the health department. <i>NOTE: See PHAB Standards and Measures document beginning on page 13</i>				
1.1.2 TL - Complete a Tribal/local community health assessment. <i>NOTE: See PHAB Standards and Measures document beginning on page 17</i>	<div style="border: 1px solid black; padding: 2px;"> Exists Partially Exists Does Not Exist </div>			
1.1.3 A - Ensure that the community health assessment is accessible to agencies, organizations, and the general public. <i>NOTE: See PHAB Standards and Measures document beginning on page 19</i>				
1.2.1 A - Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards. <i>NOTE: See</i>	Exists		#1. CHD Epidemiology Guide to Disease Surveillance & Investigations- 2010- Ch. 3, pp 3-9; note: Guide is being update, review due Dec. 2012. #1 ALT.	#1. BPR: Contract with UF for Poison Control Center and Data Center. Similar agreements are available and in place with the Tampa General Hospital Poison Control Center and the University of Miami Poison Control Center

Gap Analysis of Self-Assessment Results

- Two-day meeting with select CHD and Central Office staff
 - Discussed system and evidence gaps
 - Identified potential strategies to address

Summary of Measures Status by Domains



Lessons Learned

□ Assessment Process

- Clarity of definitions
 - ❖ Existence ≠ conformity
 - ❖ Document vs. process vs. implementation
- Build data collection tools first, determine analysis needs
 - ❖ Separate survey tools made data merger complicated
 - ❖ Needed database to quickly organize and analyze data
- Keep moving forward, build on what you learn

Next Steps

- ❑ Support completion of all pre-requisites by June 30, 2013
- ❑ Develop action plan to address system gaps
- ❑ Gather evidence and review for conformity
- ❑ Identify innovative ways to educate staff on standards and measures

Additional Resources Available

- ❑ Mini-grant information to support pre-requisite development
- ❑ Checklists to assess completeness of pre-requisites
- ❑ Central Office assessment survey
- ❑ CHD self-assessment workbook
- ❑ Communications to Central Office programs and CHDs about assessment assignments
- ❑ Agenda for working group meeting
- ❑ Detailed graphs of assessment results

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Thank you!
Please send comments and questions to
pimnetwork@cdc.gov

For more information please contact CDC's Office for State, Tribal, Local and Territorial Support.

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