PHAB Annual Report Guidelines for Accredited Health Departments

In keeping with its goal to advance the quality and performance of Tribal, state, local, and territorial public health departments, PHAB communicates with accredited health departments throughout the five years of their accreditation status. Towards this goal, *The Guide to National Public Health Department Accreditation* states that all accredited health departments must submit an Annual Report to PHAB attesting to their continued conformity and describing their quality improvement efforts.

The annual reporting process enables PHAB to:

- Ensure health departments remain in conformity with the standards and measures under which they were reviewed for accreditation,

- Support health departments' work toward continuous quality improvement, and

- Assist health departments in preparing for reaccreditation at the end of the five-year accreditation period.

Health departments will submit their Annual Reports in two sections. **Section I** must be reviewed and approved by PHAB <u>before</u> **Section II** can be submitted. The focus of Section I is the health department's continued accreditation status. The focus of Section II is continuous quality improvement and performance management; continual engagement on key processes (e.g., CHA, CHIP); and preparations to be positioned to seek reaccreditation. *The submission of both sections is required for a health department to maintain accreditation.*

This instructional manual provides detailed guidance for completing and submitting both sections of the Annual Report. *Please read this manual* **in its entirety** *before you begin to develop your Annual Report.*

PH**A**B

Advancing public health performance

Overview of Section I of the Annual Report

The purpose of Section I is to assure PHAB that the health department continues to be in conformity with the standards and measures and can maintain its accreditation status. As such, Section I provides an opportunity for your health department to report on the following three categories:

Category 1: Continued Conformity
Circumstances that would potentially jeopardize your health department's continued conformity with the PHAB Standards and Measures under which accreditation was initially awarded.

Category 2: Priority Measures
Specific measures the Accreditation Committee requested that the health department address in its Annual Report. These are the specific measures that were identified by the Accreditation Committee in the letter the health department received when it was notified of its accreditation. (In addition to these specific measures, the Accreditation Committee listed general areas for continuous quality improvement that can be included in Section II of the Annual Report.)

Category 3: Adverse Findings
Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds.

Timeline for Submitting Section I of the Annual Report to PHAB

Section I of the Annual Report is due to PHAB no later than the last day of the quarter in which the health department received accreditation. Thus:

- If your health department received accreditation in January, February, or March, the Annual Report is due on the last day of March of the next year.

- If your health department received accreditation in April, May, or June, the Annual Report is due the last day of June of the next year.

- If your health department received accreditation in July, August, or September, the Annual Report is due the last day of September of the next year.

- If your health department received accreditation in October, November, or December, the Annual Report is due the last day of December of the next year.

Step 1: Downloading and Completing Section I Annual Report Template

Your health department will be notified that it has been granted access to Section I of the Annual Report module in e-PHAB **on the first day of the calendar quarter in which your Annual Report is due.** For example, if your health department was accredited in January, February, or March, you would gain access to the module on January 1.

However, even before you gain access to the Annual Report module in e-PHAB, you may download Word-document Annual Report forms from PHAB's website and begin filling them out ahead of when they are due to PHAB. Filling out these forms before they are due is recommended. Then you can simply upload them to e-PHAB once access to the Annual Report module is granted. These forms — as well as other resources to help you complete the Annual Report — are available in the password-protected Accredited Health Department toolkit located

at **www.phaboard.org/toolkits**. Download the forms from PHAB's website by clicking on the green "Accredited HD" log-in tab located at the bottom of PHAB's home page. You must log in using the same password that you received when you were accredited. The Annual Report resources are located at the bottom of the toolkit's home page.

After you download the Section I template from PHAB's Accredited Health Department Toolkit as instructed in the above paragraph, you will then proceed to respond to the three questions, as follows:

Category 1: Continued Conformity

First, you will indicate whether or not there have been any circumstances in the last year that could potentially jeopardize your health department's ability to continue to be in conformity with the Standards and Measures under which your accreditation was initially awarded.

- If you respond "Yes" to the first question, indicating that your health department has something to report on Category 1, type an "X" in the box to the left of the word "Yes" and proceed to fill in the information as instructed on the form.

- If the health department has nothing to report on Category 1, place an "X" in the box next to the word "No" to indicate that there is nothing to report, and then skip the rest of the questions associated with Category 1.

Category 1: Circumstances that would potentially jeopardize continued conformity with the standards and measures under which the accreditation was initially awarded. (This would include updated health department profile information that includes leadership changes and any other changes, such as budget, personnel, governance, or program changes that potentially jeopardize the health department's ability to be in conformity with the standards and measures.)		
Does the health department have anything to report on Category 1? *(Place an X in the column to the left of the answer.)*		
	Yes (Answer the questions below)		**No (Skip this section)**
Circumstance		**Description of the change**
Leadership (e.g., changes in the Health Department Director) – Please provide name and job title		
Budget		
Number of FTE		
Number of employees		
Governance		
Structure (e.g., mergers, transition from stand-alone agency to superagency or vice versa)		
Programs or services that the health department provided at the time accreditation was conferred that it does not provide now		
Other circumstances		
Please describe how the circumstances listed above might affect the health department's continued conformity with the standards and measures.		

Additional Guidance: Use this portion of the form to inform PHAB of anything that might prevent your health department from continuing to be in conformity with the standards and measures, such as a significant loss of funding or staff, discontinued programs or services, or a leadership change or reorganization. You do not need to report every change in staffing, budget, etc. You need only report changes that are significant enough to have a potential effect on the health department's ability to remain in conformity with the PHAB Standards and Measures.

You do not need to report that your health department lost a single grant or contract due to budget cuts. However, if your health department lost significant funding, you should report it and, on the template, explain how the health department is managing the loss of resources and how you will continue to be in conformity with the standards and measures.

If your health department director changes, you must report it.

Category 2: Priority Measures

Next, you will be asked whether there are specific measures the Accreditation Committee requested that your health department address in your Annual Report.

If the Accreditation Committee did not request that the health department address a specific measure, place an "X" in the column to the left of the word "No" and skip this section. If the Accreditation Committee requested that the health department address a specific measure, but the health department has already reported in a previous Annual Report that it has fully addressed the measure, place an "X" in the appropriate column and skip this section.

If you respond "Yes" to this question, indicating that the Accreditation Committee requested that your health department address a specific measure, place an "X" in the column on the far left side.

- Type the *measure number* and the wording of the measure. For example, "Measure 12.3.1, The routine sharing of information with your governing entity about public health issues in your community."

- Cut and paste what the Site Visit Report said about this measure.

- Describe what your health department has done over the year to address the measure.

If you plan to continue your work on a measure into the next year, please report on both what has been accomplished and what you plan to do in the coming year.

Category 2: Specific measures the Accreditation Committee requested that the health department address in its Annual Report					
Did the Accreditation Committee request that the health department address a specific measure? *(Place an X in the column to the left of the answer.)*					
	Yes (Answer the questions below)		**Yes, but the health department has already reported in a previous annual report that it has fully addressed the measure (Skip this section)**		**No (Skip this section)**
		Response from Health Department			
First Measure					
Measure Number:					
Measure Text:					
Site Visit Report Comment on the Measure:					
Health Department Actions:					
Second Measure					
Measure Number:					
Measure Text:					
Site Visit Report Comment on the Measure:					
Health Department Actions:					

Additional Guidance: You need report only on specific measures referenced by the Accreditation Committee. If the Accreditation Committee asked you to address a general topic, such as partnerships, you do not need to report on it in this section. (However, you might want to describe your work in that area as part of Section II.)

If you mistakenly indicate that you have no measures to address in response to the accreditation letter from the Accreditation Committee and yet the Accreditation Committee specified measures to be included in your Annual Report, you will be instructed to submit narrative on how the measures were addressed.

Category 3: Adverse Findings

Finally, you will be asked to indicate whether or not your health department has received any adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds. If you respond "Yes" to this third question, indicating that your health department has received an adverse finding or communication related to oversight or control, place an "X" in the appropriate column and provide answers to the questions that follow.

If the health department has not received an adverse finding or communication related to oversight or control, place an "X" in the column to the left of the word "No" and skip this section.

Category 3: Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds			
Has the health department received an adverse finding or communication related to oversight or control? *(Place an X in the column to the left of the answer.)*			
	Yes (Answer the questions below. If the health department received multiple adverse findings/ communications, please complete a separate table for each.)		**No (Skip this section)**
Adverse Finding/Communication #1			
What is the name of the funding agency?			
Summarize the concerns raised by the funding agency.			
Describe the results of this adverse finding/communication. (Did the health department lose funding? What actions, if any, did the health department take in response?)			

Additional Guidance: Use this portion of the form to provide information regarding any adverse findings against the health department that indicate the health department is at risk for loss or reduction of funding due to the health department's lack of performance, or fiscal concerns from a state or federal funding source. If your health department received multiple adverse findings/communications, complete a separate table for each.

You must report if your health department has been deemed to be a "high risk grantee." "A high risk grantee is a grantee or subgrantee considered to be "high risk'' if an awarding agency determines that a grantee or subgrantee:
(1) Has a history of unsatisfactory performance, or
(2) Is not financially stable, or
(3) Has a management system which does not meet the management standards set forth in this part, or
(4) Has not conformed to terms and conditions of previous awards, or
(5) Is otherwise not responsible; and if the awarding agency determines that an award will be made, special conditions and/or restrictions shall correspond to the high risk condition and shall be included in the award"
(OMB Circular A-128, "Audits of State and Local Governments")

Step 2: Uploading and Submitting Section I in e-PHAB

Your health department will be granted access to Section I of the Annual Report module in e-PHAB on the first day of the calendar quarter in which your Annual Report is due. For example, if your health department was accredited in January, February, or March, it would gain access to the module on January 1 and Section I of the report would be due no later than the last day in March.

Upon gaining access to the Annual Reports tab in e-PHAB, you will first click on the Section I sub tab. You will then see the 3 questions relating to (1) continued conformity, (2) priority measures, and (3) adverse findings, as follows:

1. First you will be asked if there are any changes that potentially jeopardize your health department's ability to be in conformity with the Standards and Measures.
2. Next, you will be asked if the Accreditation Committee asked you, when your accreditation was conferred, to address any specific measures in Section I of the Annual Report. (On the screen in e-PHAB there is a text field that may contain the text from the Accreditation Committee letter. However, in some cases, this text field will just refer to the letter you received when you were accredited.) If this is not your first Annual Report, you may choose the second option: "Yes, but we already fully addressed those measures in an Annual Report from a previous year."
3. Finally, you will indicate whether or not your health department has received any adverse findings related to federal or state funding.
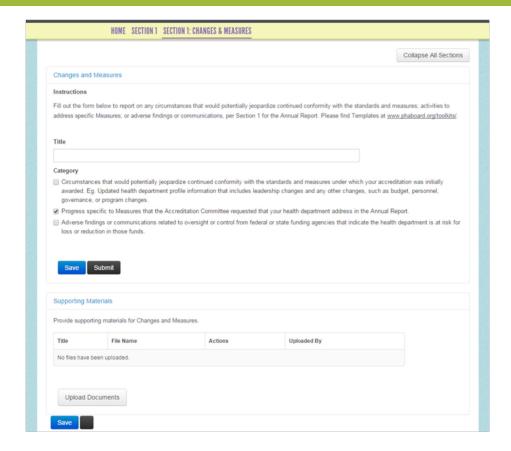
If you respond "No" to all three questions, you will not be required to upload and submit the Section I template. Simply click the blue "Submit to PHAB" button to submit the form to your health department director. Your health department director will then be able to electronically sign and submit the form to PHAB for its review of your responses to the three questions. If PHAB staff have no concerns, you will be granted access to Section II.

(Note: If you respond "No" to all three questions and PHAB disagrees with one or more of your responses — for example, if the Accreditation Committee referenced a specific measure in your accreditation letter and you did not address it — you will be asked to complete "Section I: Changes and Measures.")

If you respond "Yes" to one or more of the three questions, another tab will appear, called "Section I: Changes and Measures." Within this tab you will upload — as a Word document — the template that you completed in Step 1 above. (Note: If you have not already completed this template, please download the Section I template from **www.phaboard.org/toolkits** as a Word document and complete it **now**. The template — as well as other resources to help you complete the Annual Report — is available in the password-protected Accredited Health Department toolkit located at **www.phaboard.org/toolkits**. You must log in using the same password that you received when you were accredited.)

After the Accreditation Coordinator uploads the completed Section I template, it will then be submitted to your health department's director, who will sign the form and submit it to PHAB. At this point, you will not be able to update the information in the Annual Report tab until you receive further notification from PHAB.

PHAB Review of Section I of the Annual Report

PHAB staff will review the health department's Section I. PHAB will review the answers to the first question to ensure that if there are any major changes in your health department, that the health department provides a sufficient explanation of how it remains in conformity with the standards and measures. PHAB will also ensure that each health department addresses the measure(s) identified by the Accreditation Committee in the accreditation letter that your health department received and to ensure that the health department has addressed further work in these areas. Finally, PHAB will note if your department has received any adverse findings related to federal or state funding.

Section I may be referred to the Accreditation Committee for their review and consideration for continued accreditation status. The health department will be notified that the Annual Report has been referred to the Accreditation Committee for review. If the Committee requires additional information pertaining to Section I, you will again gain access to the "Section I: Changes and Measures" tab so that you can upload additional documents and/or provide narrative text in response to PHAB's request.

The Committee may:

- Take no further action (accreditation status stands),
- Request further information from the health department,
- Require a Remedial Plan, or
- Revoke accreditation.

If Section I is approved, you will be notified and you will have access to Section II of the Annual Report.

Please note: The review of the Annual Report may be conducted in batches. Therefore you may not receive a response immediately following submission.

Overview of Section II of the Annual Report

The purpose of Section II of the Annual Report is to assure that health departments continue to build a continuous quality improvement (QI) culture. As such, Section II provides an opportunity for your health department to report on quality improvement activities and to receive feedback from the PHAB Evaluation and QI Committee. In Section II you will also be asked to discuss preparations made by your health department to position itself to seek reaccreditation.

Section II is divided into 4 parts:

- Performance management and quality improvement
- Description of a quality improvement project
- Continuing processes
- Emerging issues

Timeline for Submitting Section II of the Annual Report to PHAB

Your health department will be granted access to Section II of the Annual Report when Section I has been accepted by PHAB. Once you gain access to Section II, you will have 30 days to submit the completed Section II form in e-PHAB.

Step 3: Downloading and Completing Section II Annual Report Template

Similar to Section I, you can download the template for Section II from the Accredited HD website and fill it out. (Please see instructions for accessing the Annual Report Section I template provided on page 1. Use the same instructions to download the Section II template.)

In this guidelines document, the text in blue boxes are the questions that appear in each of the 4 parts of the template. Where appropriate, additional instructions, background information (e.g., definitions) or guidance (e.g., examples of the types of items you might discuss in your response to the question) are included in the white boxes in the table below.

Performance Management and Quality Improvement
1. **How has the health department implemented and/or changed its performance management system over the past year?** *Please provide an example of how the health department has tracked its performance.* **(Word limit: 500)**
Background: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.[1] **Instructions:** Describe why the health department made any changes and what process was used to make the change. In addition, to illustrate how the performance management system works, please select one example of how the health department has monitored progress on a specific performance measure. **Guidance:** Examples of implementing or changing a performance management system include tracking performance of agency quality improvement projects, community health improvement plan measures, or strategic plan performance measures. Other areas to consider are changes to organizational objectives or metrics or the process for monitoring them.
2. **How has the health department implemented and/or changed its quality improvement (QI) plan over the past year? (Word limit: 500)**
Background: An important component of the performance management system is quality improvement and the implementation of a quality improvement program. This effort involves integration of a quality improvement component into staff training, organizational structures, processes, services, and activities. It requires application of an improvement model and the ongoing use of quality improvement tools and techniques to improve the public's health. Performance management leads to the application of quality improvement processes.[2] Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.[1]

Performance Management and Quality Improvement (continued)

Guidance: Examples of implementing or changing the health department's quality improvement plan may include a change or update to the quality improvement framework being used throughout the agency and/or a change in the quality improvement structure for approval of quality improvement projects.

3. **Which of the following most accurately characterizes the QI culture in the health department?** (See *http://qiroadmap.org/assess/* for a description of these phases. Place an X in the column to the left of the phase that best applies.)

	Phase			Phase
	Phase 1: No knowledge of QI			**Phase 4: Formal QI implemented in specific areas**
	Phase 2: Not involved with QI activities			**Phase 5: Formal agency-wide QI**
	Phase 3: Informal or ad hoc QI			**Phase 6: QI culture**

Background: Organizational culture is the behavior of humans within an organization and the meaning that people attach to those behaviors. Culture includes the organization's vision, values, norms, systems, symbols, language, assumptions, beliefs, and habits. It is also the pattern of such collective behaviors and assumptions that are taught to new organizational members as a way of perceiving, and even thinking and feeling. Organizational culture affects the way people and groups interact with each other, with clients, and with stakeholders.[3]

Understanding of your organization's QI culture may help you identify strengths and weaknesses as well as barriers to sustain QI efforts. An assessment would include leadership support of quality, staff engagement in the quality process, and the ability of an organization to manage change, which provides the context for an effective QI program that may evolve over time. There are many QI assessments available for health departments to assess their level of QI culture in the organization. This form uses the *Roadmap to a Culture of Quality Improvement*, developed by the National Association of County and City Health Officials (NACCHO).

Instructions: Health departments may use their best judgment to select the phase that seems most applicable to them and then place an "X" in the column next to that phase. The table below includes excerpts from **http://qiroadmap.org/assess/** (accessed November 25, 2014) that describe each of the phases of a culture of quality.

NOTE: Phase 1 (No knowledge of QI) and Phase 2 (Not involved with QI activities) are part of *NACCHO's Roadmap to a Culture of Quality Improvement*. However, they have been greyed out on the template and are not included here because, by virtue of having gone through the accreditation process, it should not be possible for a health department to be in either of those phases.

Phase	Description
Phase 3: Informal or ad hoc QI	Executives and senior leaders may value QI, but expectations are not consistently communicated to staff. Because some financial and human resources are dedicated to QI, a few staff have the knowledge, skills, abilities, resources, and support to lead small QI projects. Staff meet informally to solve problems and innovate, but opportunities for peer sharing are limited. Typically one or two staff are responsible for QI and performance management activities. While some performance data is collected, monitored, and shared, it is not used consistently for decision making. Staff may view QI as a passing fad or added responsibility.
Phase 4: Formal QI implemented in specific areas	Executives encourage employees to engage in QI, and most senior leaders hold staff accountable to that expectation. Most teams have staff capable of leading formal QI projects as QI is included in workforce development plans and training and resources are made available as needed. Teams are commonly formed to solve problems and innovate using basic QI techniques. Efforts are made to link organizational performance measures to the organization's strategic plan, and team performance is measured, monitored, and reported in some parts of the organization. It is possible that a formal governance body meets regularly and a QI plan has been created. However, the results of QI projects are not always documented and improvements do not always spread throughout the organization due to limited peer sharing opportunities. Leaders anticipate, explore, and address staff resistance.

Performance Management and Quality Improvement (continued)

Phase	Description
Phase 5: Formal agency-wide QI	Executives and senior leaders hold staff accountable to expectations related to performance management and QI. This commitment is demonstrated by the dedication of sufficient financial and human resources to training, infrastructure, and support for collecting, monitoring, reporting, and improving individual, team, and organizational performance. Most staff value QI as a strategy for improving their work. QI is incorporated into job descriptions, employee orientation, and the performance appraisal process. Formal QI teams are formed on a regular basis, and the results of these efforts are consistently disseminated. As a result, processes are becoming clearly defined, efficient, effective, and standardized across the organization. A formal process for implementing, monitoring, and evaluating the QI plan is in place. Performance measures are linked to strategic goals. All teams have performance management plans, including data collection, analysis, and reporting and a centralized system for storing and accessing that data exists. Problem solving and decision making are driven by data.
Phase 6: QI culture	Executives and senior leaders fully embrace quality and ensure the sustainability of the culture by maintaining necessary resources. Leadership turnover has minimal negative impact on the organizational culture. Performance management and QI are fully embedded into the way business is done at the individual, team, and organization levels. The use of formal and informal QI tools and methods to solve problems and create improvements is second nature to employees. Performance data drives all decision making across the organization. The organization is regarded as quality-driven and innovative. Employees are granted autonomy to fulfill their QI responsibilities. Staff understand how they contribute to the organizations' overall mission, vision, and strategic plan.

4. **Has there been a change in the health department's phase of QI culture in the past year? If so, what has changed and why? (Word limit: 500)**

Background: Assessing where the culture of the organization is currently may help determine where to aim efforts to improve the level of QI understanding and knowledge for the future. Progressing through the six phases identified above helps move a health department toward a quality culture, presenting common organizational characteristics and strategies for transitioning to the next phase.

Progression may be due to increased knowledge of QI in leadership and staff because of the increase in QI projects conducted throughout the year. An increase in customer focus and decisions made using performance data may also increase your level of assessment.

A health department may not always move through the QI phases progressing to building a culture of quality. This may be due to a change in leadership, a shift in organizational priorities, reduction in training dollars, and a change in staff who were previously QI champions.

Instructions: Indicate whether the health department changed from one phase in the Roadmap to another in the past year. If there has been a change, briefly describe the change as well as why the organization made the change.

Guidance: An example explanation is: "The health department changed from Phase 3 to Phase 4. Previously, only a few staff were involved in QI; now a larger number of staff have been trained in and have experience with QI. Two of the program areas have begun systematically monitoring their performance. The health department focused more attention on QI because another health department in the state presented on their QI plan and it inspired our staff to be more involved."

5. **The table below lists several characteristics of a QI culture. Please complete the table below to indicate one concrete step the health department has taken over the past year to improve each characteristic listed and one step it plans to take next year. If the health department has not worked on a characteristic or has no plans to work on it in the coming year, leave that part of the table blank.** *(See **http://qiroadmap.org/assess/** for a description of these characteristics. Two characteristics − QI model/plan and performance management system - have been omitted from the table because they were previously described in questions 1 and 2.)* **(Word limit: 100 words per row)**

Performance Management and Quality Improvement (continued)

Characteristics	Steps Taken Last Year	Steps Planned for Next Year
Leadership		
QI champions		
QI training		
Staff engagement		
Resources		
Data		

Guidance: The list below includes brief descriptions of the characteristics, along with examples of the types of activities you may describe as steps that the health department took in the last year or plans to take in the next year to improve QI culture. You do not need to limit yourself to the examples listed below and may describe other relevant activities as well.

Leadership: There are two critical factors for leadership involvement in QI. The first one is Culture: Leaders actively establish the environment, personally model the behaviors, and lead the transformation to a culture of quality. The second is Resourcing and Structure: Leaders provide the resources and team structure to drive quality throughout the organization.[4] The health department may want to provide examples about how leaders have either supported culture (e.g., by sponsoring QI projects or making QI agenda items at key meetings) or resources and structure.

QI champions: Identifying QI champions helps to promote the health department's quality agendas and to elicit broader staff participation. QI champions are often respected among their peers and have project management experience as well as a passion for improvement. Health departments can support QI champions by investing in training to create "true believers" in quality improvement.

QI training: Health departments may want to consider a succession plan in place for their quality leaders to identify new staff who need to be exposed and educated on QI. For example, health departments may add QI training to new employee orientation or develop different levels of QI training (e.g., beginning, intermediate, etc.) to further develop staff on the continuum of QI knowledge.

Staff engagement: Examples of steps to engage staff may be providing information about the organization and its work processes that enable understanding and use in QI; setting clear expectations around organizational goals, work units, and individuals including the need for involvement in QI; establishing feedback systems that allow everyone to understand and acknowledge the progress of the organization, work units, and individuals; developing reliable work processes and resources that enable an individual to perform; developing the QI and work related knowledge, skills, and abilities to succeed; and delegating authority to make decisions and take action to improve their performance.

Resources: This may include providing financial resources, staff time, or technical assistance to support QI (e.g., by inviting a consultant to come in the health department as a resource for a QI project team or shifting responsibilities from one staff resource to another to allow subject matter experts to participate in QI activities).

Data: Examples a health department may want to consider are the steps to collect, use, eliminate, and/or expand the use of data from year to year. It may also include re-examining how the health department is using data and eliminating data collection that does not provide valuable information.

6. **Please provide a brief overview of QI projects conducted in the past year. Include the number of projects, their type (administrative or programmatic), and the proportion of health department program areas/offices that engaged in one or more of them. Please indicate whether this is an expansion over the past year (e.g., the number and/or type, extent of participation, etc). (Word limit: 500)**

Guidance: An example of a brief overview is: "The health department conducted three administrative and five programmatic QI projects in the last year which represents 8 out of the 22 major program areas of the health department. Of the organization's 1000 employees, 80 employees participated in the eight QI projects. Each of the eight QI projects had an Executive Sponsor, a QI facilitator, a QI project lead, a scribe, and various subject matter experts.

"This is an expansion from our previous year's QI efforts. Previously we conducted a total of three (one administrative and two programmatic) QI projects and only involved approximately 20 staff members. We have progressed to having a QI facilitator and scribe for each QI project."

SELECT <u>ONE</u> QI PROJECT TO DESCRIBE IN GREATER DETAIL BELOW

7. **What issue did this QI project address? How was that need determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.)? What was the QI initiative aim (including the specific measurable goals set for the activity)? (Word limit: 500)**

Guidance: QI projects may address administrative and programmatic areas within the organization. Examples of administrative QI projects include improvement of the organization's hiring process, grants management, travel reimbursements, and legislative tracking processes. Examples of QI programmatic projects are to increase physical activity in the population, reduce tobacco use, and increase immunization rates. Health departments may want to consider choosing QI projects based on what they learned through the accreditation process, their performance management system, or from other data sources. Based on those data, QI teams create an aim statement or mission statement with specific measurable goals for the project. Specific measurable goals are created by using the SMART criteria: Specific, Measurable, Attainable, Realistic, and Timely.[5] The principal advantage of SMART objectives is that they are easier to understand, to do, and then be reassured that they have been done.

8. **How was the QI project implemented? What QI methods and tools were used? Was a pilot conducted? (Word limit: 500)**

Instructions: In this section, briefly describe how the project was implemented, including information about who was involved and what the main activities were. Please indicate if any QI methods and tools were used, such as: Kaizen, flow chart, cause and effect diagrams, pareto chart, check sheet, histogram, scatter diagram and control chart. There are many other methods and tools for a health department to consider using with their QI project.

Guidance: As part of a QI project, health departments may pilot a project by implementing the project on a small scale (the "do" part of a plan, do, study, act (PDSA) cycle) before rolling it out more broadly. If the QI project included a pilot, please describe it here.

9. **Did the health department gain information and/or understanding in the course of implementing the QI project that led the health department to make changes in this project or in other QI work? (Word limit: 500)**

Guidance: If the health department conducted a pilot (or the "do" part of the PDSA cycle) did you change the rollout of the project (the "act" part)? Conducting a pilot of the QI project provides the health department an opportunity to compile and compare to initial targets for improvement, debrief on what strategies did or did not work, and make program decisions based on evidence to incorporate successes into the program, to adjust and retry strategies, and to eliminate ineffective strategies.

In addition, did you learn anything from going through the process that will change how the health department approaches QI going forward?

10. **What are the outcomes of the QI project (including progress towards the measurable goals that were set)? Please provide specific data. (Word limit: 500)**

Guidance: Outcomes and progress toward the measurable goals can be the assessment of the benefits of the QI project intervention. Measuring QI outcomes may help a health department address the efficacy and efficiency of the department's programs and services.

A QI project outcome example may look like this: "Prior to the start of the project, childhood obesity rates in the jurisdiction were higher than the state average and students reported being physically active for an average of less than 60 minutes per day. After the program was implemented, there was a 71% increase in physical activity rates over 5 months."[6]

11. **Does the health department plan to do additional work related to this QI project next year? This could include standardizing the initiative or replicating it to other units, service lines, or organizations.** *(If yes, please describe below. If no, please leave the next box blank.)* **(Word Limit: 500)**

12. To which PHAB measure(s) does this QI project apply?

Continuing Processes

13. Describe how the health department has updated and/or expanded the community health assessment over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

Background: In Version 1.5 of the Standards and Measures, Measure 1.1.2, requires "the ongoing monitoring, refreshing, and adding of data and data analysis."[2]

Instructions: Describe health department activities related to engaging partners and the community at large in the CHA; collecting additional data and information; or analyzing data.

Measures to which this applies: 1.1.1 &1.1.2

14. Describe how the health department has implemented and/or revised the community health improvement plan over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

Background: In Version 1.5 of the Standards and Measures, Measure 5.2.4, requires health departments to "monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners."[2]

Instructions: Describe health department activities related to engaging partners and stakeholders in revising the CHIP; taking action to implement parts of the CHIP; and tracking implementation and progress towards objectives.

Measures to which this applies: 5.2.1, 5.2.2, 5.2.3 & 5.2.4

15. If the health department has observed improvements in any of the health status measures in the community health improvement plan, please provide examples here. (Word limit: 500)

Instructions: List specific examples of progress made towards reaching specific health status measures that are outlined in the CHIP, if available. Please include both baseline information and updated information to indicate the progress made.

Measure to which this applies: 5.2.4

16. Describe how the health department has implemented the strategic plan over the past year. (Word limit: 500)

Instructions: Describe how the health department has taken defined steps to reach the targets that are outlined in the strategic plan.

Measure to which this applies: 5.3.3

17. 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.)*

Instructions: Please select as many of the following options as apply:

- Submitted an example to PHQIX [Public Health Quality Improvement Exchange - **https://www.phqix.org**]
- Provided one-time consultation to staff at another health department
- Published an article in a journal
- Submitted an example to NACCHO's Toolbox [**http://www.naccho.org/toolbox/**]
- Gave a presentation at a meeting
- Provided ongoing assistance to staff at another health department
- None

Continuing Processes (continued)

18. If the health department provided support or shared its experience with other health departments in a way not listed in question 17 above, please list it below.

Instructions: If your health department has assisted others in the public health community in the areas of quality improvement, performance management, or accreditation in a way not mentioned in the question above, briefly indicate it here.

19. Please describe one of the activities above (questions 17-18) of which the health department is most proud.

Instructions: Select one of the activities that your health department has engaged in to provide support or share quality improvement, performance management, or accreditation experiences with the field to describe in more detail here.

Emerging Public Health Issues and Innovations

Several issues have been identified, as PHAB works with the field, as emerging public health issues that will be increasingly emphasized in the future. PHAB understands that these areas are evolving and as such, new concepts, strategies, and initiatives will change over time.

PHAB encourages accredited health departments, however, to consider how their work either addresses these emerging issues or is informing the development of best and promising practices in these areas. While no decisions have been made about another revised version of the standards and measures to further address these areas, PHAB expects these to continue to be significant topics in the future.

Informatics	Public health informatics is an emerging issue for Tribal, state, local, and territorial health departments because of the increase in the amount of available data and because the implications for the use of data to drive decision-making have received stronger emphasis in the past several years. As new and more sophisticated technology emerges, health departments will need to be actively engaged in ensuring that their work is supported by and contributes to sound informatics principles, practices, and techniques. PHAB's Informatics Think Tank participants identified an informatics-savvy public health department in the future as one that:

- Creates an informatics strategic vision.
  - Demonstrates evidence that information systems planning is included in the agency strategic plan.
  - Information systems planning elements should support the agency's overall scope of service and include some stretch.
- Leverages data standards.
- Ensures interoperability among information systems.
- Evaluates and improves information systems and applications.
- Ensures effective management of information systems and of IT operations.
  - Demonstrates evidence of plans to address emergent issues in informatics (such as meaningful use, ICD-10, etc.) based on scope of services.
  - Demonstrates evidence of a process for developing business requirements prior to implementation of systems change or new systems implementation.
  - Demonstrates evidence of an agency data inventory.
- Ensures confidentiality, security, and integrity of data.
  - Demonstrates evidence of information systems vulnerability audits, policies, and internal controls related to the privacy of information and the security of information systems consistent with scope of services.
- Integrates clinical health, environmental health, and population health data.
  - Demonstrates evidence of plans to link individual data and population data based on scope of services.
- Provides training in informatics to staff on an ongoing basis as changes emerge.
- Communicates with policy makers, staff, and the public.
- Ensures knowledge, information, and data needs are met.

Emerging Public Health Issues and Innovations (continued)

Health Equity	Health equity is noted as an emerging public health issue because best and promising practices are moving the science and practice of public health beyond the traditional considerations of minority health and health disparities to more comprehensive concepts associated with ensuring deliberate consideration of the multiple determinants of health. Participants in the PHAB Health Equity Think Tank recommended that accredited health departments in the future consider a very broad-based approach to their work, using a health equity lens to plan and assess their work. Accredited health departments in the future should:
	• Understand the root causes of health inequities and historical injustices in their jurisdictions.
	• Be proficient at working with community partnerships (e.g., ensure transparency).
	• Work to understand the community power structure and how decision making creates inequities (e.g., how hiring and promotion policies foster inequities).
	• Understand how funds are distributed to communities and develop processes for affecting same.
	• Use a social epidemiology basis for determining health department priorities.
	• Maintain an emphasis on human rights in public policies and health department practices.
	• Develop a special emphasis on opportunities for children and youth to be healthy.
	• Maximize and work with grassroots power in developing and implementing public health priorities.
	• Monitor and track institutions that create inequities in their decision making; engage them in different alternatives that include community input.
	• Seek ways to democratize data, in its collection ("street science"), its dissemination, and its use.
	• Include health equity as part of the community health assessment, community health improvement plan, and strategic plan, at a minimum. Plans should address heath equity on three levels: programmatic, community, and policy.
	• Identify health equity indicators: ensure that they are community driven, involve grassroots and the community, and use local data. Update plans regularly, on an as needed basis, or as issues arise.
	• Include analysis of accumulated burden in specific neighborhoods. That is, "place matters."
	• Support the idea of a health equity impact assessment for policies and programs.
	• Educate policy makers concerning how current statutory authority supports the health department's ability to influence health equity.
	• Consider requirements related to health equity in regulations that the health department enforces.
	• Educate elected and appointed officials, as well as their staff about health equity.
Communication Science	Communication science was identified as an emerging public health issue because communication technology and vehicles have changed significantly over the past few years. There are now multiple modes of communication that are not only used by the public, but the expectation of communities served by health departments is that those varied means of communication will also be used and valued by their health departments. Additionally, the population is more diverse than ever before, creating both challenges and opportunities for health departments to interact with their communities. Recommendations for health departments to consider for the future to strengthen their communication strategies include:
	• Development and implementation of a strategic approach to communication that is comprehensive and science-based (including internal and external multi-modal distribution to reach different audiences).
	• Planning and deliberate implementation of strategies that uniquely brand the health department. This category also includes regular, systematic evaluation of the branding techniques chosen, with planned changes that can be expedited as appropriate.
	• Planning and implementation of broad-based strategies for dissemination of public health information (website, large media outlets, and social media).

Emerging Public Health Issues and Innovations (continued)

Communication Science (continued)	▪ Planning and implementation of crisis communication, including consideration of communication technology disruption. This category includes consideration of a 24/7 communications infrastructure that is not just for emergencies. ▪ Implementation of a planned approach to health education, including both population-wide education as well as targeted health education focused on specific population groups. ▪ Communications and health education strategies and initiatives planned, implemented, and evaluated in partnership with the communities served by the health department. ▪ Ongoing vigilance in providing culturally and linguistically appropriate information to the diverse communities served by health departments.
Public Health Chart of Accounts (COA)	A chart of accounts is a created list of the accounts used by a business entity to define each class of items for which money or the equivalent is spent or received. (**http://en.wikipedia.org/wiki/Chart_of_accounts**) In April 2012, the Institute of Medicine recommended creation of a COA to provide a common framework and system for tracking the flow of funds across the U.S. governmental public health system, similar to the systems that have been developed for other health and social service sectors. (Institute of Medicine, *For the Public's Health: Investing in a Healthier Future*, April 2012).
Climate Change	Changes occurring in the world's climate are affecting our health and well-being, and will have even greater impacts in the future. Although scientific understanding of the effects of climate change is still emerging, there is a pressing need to prepare for potential health risks. (**http://www.cdc.gov/climateandhealth/**) Climate change is a complex phenomenon and a range of unanticipated ecological effects may result. Many of these ecosystem effects could have indirect health effects. Increased concentrations of ground-level carbon dioxide and longer growing seasons could result in higher pollen production, worsening allergic and respiratory disease. Increased carbon dioxide concentrations in sea water may cause oceans to grow more acidic and is likely to contribute to adverse ecosystem changes in the world's tropical oceans. This would have potentially dramatic implications for fisheries and the food supply in certain regions of the world. Major regional ecosystem stresses may result in mass population movement and conflict, with significant health effects. Some of these concerns are low-probability high-impact events, and could have significant health impacts on a global scale. (**http://www.cdc.gov/climateandhealth/effects/default.htm**)
Emergency Preparedness	Emergency preparedness and response will continue to be an emerging public health issue as long as there are natural and man-made disasters. PHAB, along with accredited health departments, expects to keep this topic high on the list for monitoring best and promising practices as the realities and needs of communities change. The concept of community resilience will continue to be developed and explored. Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations. (**http://www.rand.org/topics/community-resilience.html**)
Public Health Workforce	The public health workforce in Tribal, state, local, and territorial health departments is a key asset to the health department's performance. Therefore, workforce development will continue to be an emerging issue for accredited public health departments. Looking forward to 2020 with a vision for high-performing, accredited health departments, PHAB's Workforce Think Tank described an accredited health department workforce as one that: ▪ Demonstrates characteristics of a learning organization such as systems thinking/critical thinking, effective communication, management of change (situational awareness, problem solving, and forecasting), informatics savvy, working with diverse populations, and recruiting and managing a diverse workforce. ▪ Demonstrates alignment between the mission, vision, values, and strategic priorities of the organization and the management of the workforce. This includes leadership as a collective enterprise; ability to effectively execute strategy; ability to manage/lead change and foster innovation; ability to address public health issues in a multiple determinants of health model and through a health equity lens; and ability to lead work across multiple programs, services, and activities.

Emerging Public Health Issues and Innovations (continued)

Public Health Workforce (continued)	▪ Demonstrates alignment between the mission, vision, values, and strategic priorities of the organization and those in the community and the alignment of their respective workforces. This concept includes leadership as a collective cross-agency enterprise and staffing as a complementary effort, adjusting staffing ratios and competencies to reflect the efforts of all organizations in the system. Leadership in the public health workforce arena for the future is focused on advancing/advocating competencies and workforce accountabilities across a system that improves population health. An additional consideration for health departments is creating an organizational culture and work environment that is supportive of the staff and their maximum productivity.
Public Health/Health Care Integration	The core principles of public health/health care integration include a common goal of improving population health, as well as involving the community in defining and addressing its needs. Strong leadership that works to bridge disciplines, programs, and jurisdictions; sustainability; and the collaborative use of data and analysis are the other principles. When there is mutual awareness, primary care and public health are informed about each other and each other's activities. (Institute of Medicine, *Primary Care and Public Health: Exploring Integration to Improve Population Health.* March 2012).
Public Health Ethics	Ethics are the standards of conduct that direct a group or individual. In particular, it relates to the appropriate use of the power held by a group or individual. (*Mosby's Dictionary of Complementary and Alternative Medicine.* 2005, Elsevier.)

20. 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.)*

Instructions: Based on the descriptions provided in the table above, please indicate all of the emerging issues on which your health department has been conducting activities.

21. If the health department is engaged in addressing another emerging area or developing another innovation (not included in question 20), please describe it below.

Instructions: Indicate if there any other emerging areas on which your health department has been conducting activities and very briefly describe the health department's work in this area. The list of emerging public health issues may change over time to include additional areas identified by the field.

22. If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area. (Word limit: 500)

Instructions: Select one of the emerging public health issues from questions 20 and 21 and describe the health department's efforts and achievements in this area.

23. Please describe the health department's approach to pursuing innovation. (Word limit: 500)

Instructions: Describe how the health department develops creative approaches to address public health challenges.

24. 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, Word limit: 500)

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.

Instructions: This optional question provides an opportunity for the health department to describe accomplishments that have not already been mentioned on this form and that the health department believes have positively affected the health department and/or its community. Please provide data (quantitative or qualitative) to demonstrate the impacts of the improvement.

Step 4: Uploading and Submitting Section II in e-PHAB

After you gain access to this section in e-PHAB, go to the Annual Report tab, Section II sub tab to upload the completed template as a Word document. Do not convert it to PDF. Do not submit additional documentation; it will not be reviewed.

Review of Section II of the Annual Report

The review of Section II of the Annual Reports is overseen by PHAB's Research and Evaluation Department and the Evaluation and Quality Improvement (EQI) Committee. This review is aimed at supporting the maintenance and advancement of a quality improvement culture in accredited health departments. The health department will receive written feedback on Section II, focused on quality improvement. Recommendations from the EQI Committee are advisory only.

End Notes

1	Public Health Accreditation Board. *Acronyms and Glossary of Terms Version 1.5*. Adopted December 2013.
2	Public Health Accreditation Board. *Standards and Measures Version 1.5*. Approved December 2013.
3	**http://en.wikipedia.org/wiki/Organizational_culture**, accessed November 25, 2014.
4	**http://qiroadmap.org/assess/**. *Organizational Culture of Quality Self-Assessment Tool for Local Health Departments*. January 31, 2013.
5	Bogue, Robert. "Use S.M.A.R.T. goals to launch management by objectives plan". *TechRepublic*, accessed November 20, 2013.
6	Multi-State Learning Collaborative (MLC) Project Storyboards provided by the National Network of Public Health Institutes, **www.nnphi.org/program-areas/accreditation-and-performance-improvement/resources/qi-storyboards**, accessed August 30, 2011.