

**NORTH CAROLINA PILOT STATE ACCREDITATION
EVALUATION STAKEHOLDER REPORT**

**PREPARED BY
NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH**

**FOR
NORTH CAROLINA DIVISION OF PUBLIC HEALTH**

AS PART OF



INTRODUCTION

In Fall 2006, North Carolina's Division of Public Health (DPH), Department of Health and Human Services began a groundbreaking pilot accreditation process through conducting a voluntary self-assessment of the division's capacity to perform essential public health services. The Division of Environmental Health (DEH) in the Department of Environment and Natural Resources, which also performs public health functions, also participated in the capacity assessment. This process grew out of the state's mandatory accreditation system for local health departments. Results of this pilot state accreditation assessment process are expected to inform the national voluntary accreditation program for state and local public health agencies outlined in the *Exploring Accreditation* final recommendations.

This synopsis presents the evaluation of the pilot assessment of DPH and DEH. DPH requested North Carolina Institute for Public Health (NCIPH) Evaluation Services conduct this evaluation because of its role in conducting evaluations of the NC local health department accreditation program. The intent of the evaluation was to emulate, to the extent possible, the evaluation of the local process through collecting data from different participants to the process and to provide insights into the development of a model for state health department accreditation. Support for this evaluation is provided by the Robert Wood Johnson Foundation Multi-State Learning Collaborative 2 initiative. The purpose of the Multi-State Learning Collaborative is to assess quality improvement strategies to enhance the work of public health departments. DPH, NCIPH, and the North Carolina Association of Local Health Directors comprise the NC Accreditation Learning Collaborative, the NC partnership for Multi-State Learning Collaborative 2. The NC Accreditation Learning Collaborative also was a participant in the first year of this program.

METHODS

Multiple data collection strategies including surveys, focus groups, interviews, a debriefing with site visitors at the end of the site visit, and document review were used to address the evaluation purposes and questions. The UNC Schools of Nursing and Public Health Institutional Review Board determined that this project is evaluation and not research; thus data collection was not subject to Institutional Review Board review and approval.

Data collected from methods identified above were organized and summarized within evaluation questions. As appropriate, data were examined for themes. Within evaluation questions, opinions among various evaluation participants and sources were examined to synthesize data and identify lessons learned and recommendations.

RESULTS

Interviews--Interviews were conducted with the DPH lead staff for the agency self assessment process and the DPH staff responsible for NC accreditation activities.

Focus Group--One Focus Group was conducted with 7 A Team Members who represented the following sections.

- Division of Environmental Health
- Epidemiology Section, DPH
- Senior assistant to state health director
- State Center for Health Statistics
- Chronic Disease and Injury Prevention Sections, DPH
- Administrative, Local and Community Support Section, DPH.

Surveys

Division Staff Survey – 41 respondents, 35 (85%) were DPH staff and 6 (15%) were DEH staff.

- The six DEH sections represented include: Environmental Health Services, Public Water Supply, On-site Wastewater Section, Public Health Pest Management, Shellfish Sanitation, and Radiation Protection.
- Of the 35 DPH respondents, 69% were from the Chronic Disease and Injury Section; 14% were from Epidemiology Section; 11% were from Women and Children’s Health Section; and one respondent each represented Administrative, Local and Community Support Section and Health Disparities/Workforce Development Office.

Site Visitor Survey

- Four of five site visitors responded to the survey.

Site Visit Debriefing Session--The 5 site visitors, DPH/DEH A team members, DPH Management Team members, and NCIPH staff attended the site visit debriefing. The project evaluator took notes of the points raised during the session.

Evaluation Purpose 1. Examine the use of a modified NPHPSP tool as a state health department accreditation framework.

A committee of approximately 20 individuals comprised of staff from the Division of Public Health, the Division of Environmental Health, and the North Carolina Institute for Public Health,

and representatives from the North Carolina Association of Local Health Directors. The committee chose the National Public Health Performance Standards (NPHPS) state tool as the state accreditation framework: like the NC Local Health Department Accreditation instrument, it is based on the 10 essential services. The committee revised the NPHPS instrument in the following ways.

- Added two sections, one on facilities and administrative practices and one on governance by the State's Commission for Health Services and other entities, to mirror sections in the local instrument.
- Modified the tool to make it more applicable to a governmental public health agency and to North Carolina's structure.
- Eliminated references to the state public health system and replaced these with the term State Health Department. The State Health Department was defined as the Division of Public Health and the Division of Environmental Health.
- Deleted items that were not applicable to a state health department.
- Revised the four point NPHPS scale to "Met" and "Not Met" response choices for each item.

The committee used a workgroup structure to modify the instrument with each group assigned to address specific essential services. Consultation was provided by CDC and national experts. The resulting tool included 891 items of which 161 were stem questions. The focus of the assessment was to demonstrate that the State Health Department has the capacity to meet the items. The State Health Department chose to demonstrate this at the lowest level (sub or sub-sub-question) within a standard and service.

This evaluation purpose examined how well the self assessment measured public health domains, the appropriateness of the instrument for state accreditation purposes, and state personnel's ability to use the instrument as intended.

Site visitors rated how well the self assessment instrument measured the 11 domains recommended by *Exploring Accreditation* committee on a scale from 1 (Not at All Measured) to 6 (Perfectly Measured). At least three site visitors rated 8 of the 11 domains as a 5 or higher indicating that the instrument measured these domains successfully; the site visitors ratings of

the remaining three domains varied but overall indicated that these domains were adequately measured by the self assessment instrument. Site visitors and lead agency staff agreed that the organizing framework of self assessment instrument was appropriate for state accreditation purposes. As lead staff explained, it was appropriate because it measures the 10 Essential Services plus 2 additional services. Fifty nine percent of DPH/DEH employees surveyed indicated that the instrument accurately measured NC agency programs and services.

Use of NPHPSP version 1.0 with measurement of capacity at the lowest level resulted in duplication of effort by state employees due to overlap in information required to demonstrate that the agency met each question, sub question, and sub-sub question. In addition, measurement at this level led to difficulties in identifying appropriate documentation for specific measures as it was difficult for agency personnel to determine the small difference between specific questions. Site visitors and DPH/DEH staff indicated that future self assessment instruments should focus measurement on the NPHPS state tool stem questions. Several evaluation respondents (both site visitors and DPH/DEH staff) suggested that the self assessment include a narrative by the agency.

While the standards of the local and state assessments do not assess mutual accountability (from state to local and local to state), there is mutual accountability and credibility of both the locals and state going through the same process administered by an external agency.

Evaluation Purpose 2. Document the state health department self assessment and site visit processes and identify lessons learned.

Data from State Employees

NC managed the self assessment process through creating an “A” team with at least one representative from each DPH section plus one representative from DEH. Team members were responsible for obtaining evidence to demonstrate that all standards were met. Most sections created branch teams which were responsible for identifying documentation to meet the standards. Employees reported that this approach was effective for managing the process. See

Box 1 for employee survey responses regarding evaluation questions about the self assessment process.

Box 1: DPH/DEH Employee Understanding of Self-Assessment Process from Survey Data

- 72% agreed that the A Team/Branch Team approach was effective to collect documentation
- 72% understood the process
- 72% understood their role in the process
- 56% were familiar with several (but not all) sections of the instrument
- 39% understood the intent of the instrument

Most employees reported that they received training and orientation to the process through meetings and emails regarding the purpose of the process and how to collect documentation for the self assessment. The lead staff member for the process provided most of this training and orientation. DPH lead staff also received technical assistance about the process from CDC and national experts.

DPH and DEH employees spent nearly 7800 hours of staff time on the accreditation process. While the state health director asked for reprioritization of duties, typically staff did not get relief from regular duties during the self assessment process leading to staff working on nights and weekends to get all work completed.

A majority of DPH/DEH employees indicated that the time for agency self assessment was too short. As one employee suggested, a 6 month timeframe would be appropriate for a state assessment.

DPH/DEH employees reported experiencing multiple benefits from the process. Fifty percent or more reported experiencing or observing the following benefits: “provided a team building opportunity..”, “highlighted agency strengths...”, and “identified areas for agency improvement...”.

DPH/DEH employees stressed that this effort involves considerable staff time and that leaders should think through staff allocation of duties during the self assessment period.

“This process involves a significant commitment of time and effort. Since ordinary duties do not go away, much advance planning and preparation are needed to identify what needs to be done and provide enough time to complete the process.”

The self assessment led to changes to documentation of policies and procedures that were already in place but had not been fully documented and “put systems in place to better capture work we were already doing...” Concrete policy and procedure changes included moving ahead with a DPH policy and procedure manual, identifying a DPH strategic plan, and updating organizational charts. Results of the self-assessment identified the following additional needs for quality improvement in the agencies.

- The need to better collaborate and integrate across silos
- The need for a division policy and procedure manual
- Identifying who the customers and consumers of the divisions are
- Improving communication around the state through “our website.”

In May 2007, the Division of Public Health’s Division Management Team (DMT) met to prioritize the findings and recommendations from the site visit. As a result of that meeting, the management team identified the following areas as priorities:

ES #3: Inform, Educate, and empower people about health issues.

1. What are the challenges related to developing division-wide coordination with IT activities to more effectively develop and disseminate health information messages?

ES #5: Develop policies and plans that support individual and community health efforts.

2. What are the challenges in the state developing a clear relationship between the State Health Improvement Plan (HC 2010) and policy changes needed to achieve objectives?

ES #8: Assure a competent public health and personal health care workforce.

3. What are the challenges for the state in determining whether there are adequate numbers of skilled personal health care workers to fill the state’s current and future needs?

ES #10: Research for new insights and innovative solutions to health problems.

4. What are the challenges related to the state developing new research resources for the future?
 - ❖ The state should pull together appropriate research leaders from cooperating universities to reflect on existing research designed to improve the public’s health and develop a combined research agenda to develop new information to improve the state’s health.
 - ❖ The state should consider how best to translate research findings into action to improve health.

DPH/DEH evaluation participants identified agency strengths and challenges that surfaced as part of the assessment process. Identified strengths included team work at all levels, specifically the team work of the A Team, ability of staff to work across silos during the self assessment, and agency emphasis on partnerships. Identified challenges included a need for division-wide training or orientation and the need to improve communication from the DPH management team about the division's strategic plan. Box 2 summarizes employee feedback on what worked well and what needs to be improved from this process.

Box 2: DEH/DEH Employee Responses to What Worked and What Needs Improvement about State Self Assessment Process

What Worked

- A Team (regular meetings, coordination within sections, flexible membership, point people, peer review function)
- Documentation organization and resources for accreditation work (computers, dedicated space)
- Evidence review by nurse consultants and A Team members prior to site visit
- Staff commitment and leadership to process
- Buy in and championing of DPH/DEH leadership
- Site visit process (mirror local process, used NCIPH to conduct logistics)

Needs Improvement

- Refine self assessment instrument
- Review and provide feedback on documentation as it is submitted
- Establish technical assistance for states going through process
- Establish consistent policies and procedures for all sections to use throughout process

Data from Site Visitors

Overall site visitors reported that they received adequate preparation for their site visit duties and that pre-site visit logistics were well managed. Site visitors identified several materials that should be sent to site visitors in advance of the site visit (See Box 3). Several of these items were sent to the site visitors in advance of this site visit process and are identified with asterisks.

Box 3: Preparation Materials for Site Visitors in Advance of the Site Visit

- Overview of the Agency
- Agency Organizational Chart**
- Analytic Self Study by Essential Services
- Agency Strategic Plans and Priorities**
- Accreditation Site Visitor Guidance Document
- Interview Guides

**Provided to Site Visitors for NC Site Visit

Regarding on site activities, site visitors indicated that the following activities facilitated their ability to amplify, clarify, and verify the documentation provided in the state self assessment: interviews with division staff, agency partners, and state leaders; and document review. Site visitors indicated that the on-site logistics were well managed. Three of four site visitors, indicated that more than 3 days were needed for the site visit. Several site visitors suggested that 5 days be allocated for a state site visit. All site visitors indicated that a background in public health is important as a site visitor qualification. Box 4 summarizes site visitor responses on what worked well and what needs to be improved from this process.

Box 4: Site Visitors Responses to What Worked and What Needs Improvement about State Self Assessment Process

Worked Well

- “This was a great model. With a little adjustment, should be replicated.”
- Logistics well planned and “social events were great ways to soften up what otherwise could be roughly equivalent to an IRS audit.”
- The way all the data was in file cabinets in the room where we worked
- Site visitors had previous experience working together and had public health knowledge
- Documentation and work space were “outstanding”
- Wisdom of other visitors to help with the process
- Health officer, DPH section chiefs decided to move forward with this, buy in, commitment

Suggestions for Improvement

- Put more thought into who gets interviewed and purpose of the interview. “Not sure real need to see agency heads other than health, while pleasant and insightful, did not necessarily add to the process”
- Document review before interviews and tours
- Interviews should match essential services...to seek clarification
- Need real tours instead of virtual
- “Need to carefully identify partners and ‘orient’ them to the process ahead of time.”
- Setting ground rules ahead of time for site visitors
- Avoid sampling until the system is perfected
- “I would have like to have seen summary statements for each essential service and their feelings about what was met and so on and an explanation for this.”
- “Give the team time each day to themselves to talk some and work through their thoughts with colleagues on the team. Maybe even a suite for the Chair to meet and talk in.”

Evaluation Purpose 3. To provide recommendations about state health department accreditation processes for the proposed national accreditation model.

Accreditation Self Assessment Instrument

1. NPHPS state tool + governance and facilities, administration is right framework
2. Use new state tool model standards as assessment items with sub-items as guides
3. Improve measures in resource allocation, workforce, and regulatory programs
4. Include narrative for each ES or overview narrative
5. Site visitors should review all items (avoid sampling if possible)

State Accreditation Preparation and Self Assessment Processes

1. Requires leadership from top and throughout managerial levels
2. Use A Team/Branch Team or similar approach to organize and manage work (regular meetings, coordination within sections, flexible membership, point people within sections and branches, and peer review function)
3. Increase timeline for document review and collection, perhaps 6 months
4. Facilitate through dedicating work space to A Team, document storage
5. Review and refine documentation as it is submitted
6. Establish consistent policies and procedures for all sections (document organization, review)
7. Provide training and communication strategies on process and how state will use process results

Site Visit Process and Visitor Preparation

1. Increase number of days of site visit to 4 or 5 days
2. Include real tours of facilities
3. Use NC or similar strategy to organize documents for site visitor review
4. Organize visit to have document review then interviews
5. Include short exit debriefing meeting for state personnel
6. Use objective, 3rd party, to conduct site visit logistics
7. Provide the following materials to site visitors in advance of the site visit
 - a. Agency Information (Overview, Budget, Organizational Chart, Analytic Self Study by Essential Service, Strategic Plans and Priorities)
 - b. Site visitor guidance document
 - c. Interview guide

Public Health Accreditation Board

1. Plan entire process and prepare manuals and training (see Accreditation Road Map)
2. Establish clear guidelines on what constitutes appropriate documentation
3. Provide training to site visitors
4. Assure provision of training and technical assistance to state personnel on topics such as documentation identification and the 10 Essential Services
5. Create site visitor guidance and site visitor interview guide documents
6. Conduct site visitor orientation and prep meetings

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