

***North Carolina Local Health Department
Accreditation***

***July 2011-June 2012
Stakeholder Evaluation Report***

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UNC
GILLINGS SCHOOL OF
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ACKNOWLEDGMENTS

This evaluation of the FY 2011-2012 North Carolina Local Health Department Accreditation (NCLHDA) program was conducted by evaluation staff Mary Davis, DrPH, MSPH, Michael Zelek, MPH and Melodi Thrift, at the North Carolina Institute for Public Health (NCIPH), of the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. This is the same organization that administers the NCLHDA process, thus the evaluation process should be considered an “internal evaluation.”

The evaluation team worked closely with Brittan Wood, MPH, Accreditation Administrator who provided valuable ideas on the overall evaluation design and questions to ask, gave feedback on instruments, reviewed report drafts, and provided assistance in interpretation of the results. Dr. Joy Reed, Head of the Local Technical Assistance & Training Branch and Head, Public Health Nursing and Professional Development Unit, NC Division of Public Health (DPH), also reviewed a draft of the evaluation report.

NOTES

For the Fiscal Year (FY) 2012 the program was able to operate but on a limited budget. The program experienced several staffing changes including David Stone stepping down as Accreditation Administrator, Brittan Wood filling the role of Accreditation Administrator, and Richard Rosselli being added to the staff as State Accreditation Coordinator. Finally, Melodi Thrift who had worked as a Program Assistant died during this fiscal year and no hire was made to fill this position.

BACKGROUND

The NC Local Health Department Accreditation (NCLHDA) program is a collaborative effort among the North Carolina Association of Local Health Directors, the Association of North Carolina Boards of Health, the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (NCDHHS), and the North Carolina Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health (Note: In FY 2012, the Division of Environmental Health became a section under DPH).

The goal of the NCLHDA program is to improve and protect the public’s health by assuring the capacity of NC local health departments to perform core functions and essential services. The core functions of assessment, policy development and assurance are defined through 41 benchmarks and 148 activities that are based on the 10 Essential Public Health Services plus Facilities and Administrative Services and Governance. These standards are based on NC’s public health statutes and are aligned with the National

Association of County and City Health Officials (NACCHO) Operational Definition and the National Public Health Performance Standards Program.

The NCIPH Evaluation Services conducted an evaluation of the FY 2011-2012 NCLHDA process to provide information to the following parties: 1) the NCLHDA Program Administrator (to determine how well the program is being administered); 2) the Accreditation Board (to determine how well the program is functioning overall); 3) DPH (to determine how well DPH is performing and how well the program is achieving its overall intent); and 4) the local health directors (to determine outcomes for local health agencies).

EVALUATION METHODOLOGY

Design

The purpose of the evaluation was to determine: 1) the extent to which NCLHDA is working as intended; 2) the extent to which accreditation improves local health department capacity to provide and/or assure services; and 3) preliminary outcomes of accreditation.

Data Collection Methods and Participants

Data collection procedures and instruments were submitted to the Public Health-Nursing Institutional Review Board at UNC and determined to be program evaluation and thus not in need of IRB approval. We reviewed NCLHDA program documents to collect data on LHD performance on HDSA activities. Table 1 presents evaluation participants and data collection instruments. We collected data from all participants after Accreditation Board deliberations. Evaluation services provided brief feedback to NCLHDA Program Administrator staff after the first Accreditation Board meeting in the fiscal year so they could address concerns/challenges in a timely manner.

Table 1. Data Collection Methods and Response Rates.

Participant Group	Instrument	Response Rate	
		#	%
Agency Accreditation Coordinator (AAC) (n=20)	On-line Survey	18	90
Site Visitors (n=27) ^a	On-line Survey	25	93
Health Directors Initial Accreditation (n = 9)	Interview/Survey	8	89
Health Directors Reaccreditation (n=10)	Interview/Survey	6	60
DPH Lead Consultants (n=5)	On-line Survey	5	100

^aThere were 27 unique site visitors during FY11-12 and 15 of those 27 received the survey multiple times for a total of 68 site visitor observations.

Data Analysis and Report Outline

Data on LHD performance on HDSAI measures are summarized in two ways: number of LHDs that missed certain activities and number of LHDs awarded accreditation status. Data from agency and site visitor interviews and surveys were organized by evaluation question to summarize key findings. Because of the number of agencies going through initial accreditation and re-accreditation, sub-analyses were conducted on specific items by which process the agency underwent. Data from the DPH lead consultants surveys were analyzed and are presented separately in this report. Data from surveys are presented as the percent of respondents choosing the top two positive response choices (i.e., percent of respondents rating a given indicator a 5 or 6). In addition, lists of response themes and comments were prepared for all qualitative survey items. Interviews were coded according to evaluation questions and other themes that emerged during analysis. Qualitative comments from survey data were incorporated into this analysis.

RESULTS

Outcome Summary

We analyze agency performance on HDSAI activities in two ways. First we summarize the number of activities that site visitors scored agencies as having ‘not met’ by agency accreditation type—initial or re-accreditation. This is summarized in the Appendix. The second way in which we analyze agency performance on the accreditation activities is by summarizing how many agencies achieved accreditation status and for how many activities agencies received a score of ‘not met.’ For the 2011-12 Fiscal Year, among the 9 agencies applying for initial accreditation under the final rules, all received accreditation status. Among the 10 agencies that applied for re-accreditation, 6 received full accreditation and 4 were originally recommended for conditional accreditation but were able to meet the minimum accreditation

requirements during the allotted time frame provided by the Accreditation Board and were ultimately granted full accreditation status.

Table 2 summarizes the number of activities for which agencies received a ‘not met’ score. Among agencies going through initial accreditation, 6 did not meet 4 or fewer activities. Among agencies going through re-accreditation, most (7) missed 3 or fewer activities, 2 missed 8 activities and 1 missed 9 activities.

Table 2 Number of Activities Scored as ‘Not Met’ by Agency Type

Number of activities ‘not met’	Initial	Re-accreditation
0		1
1	1	2
2	1	3
3	4	1
4	1	
5	2	
8		2
9		1

Evaluation Purpose 1: Is the North Carolina Local Health Department Accreditation program working as intended?

Satisfaction with Accreditation Output

Among local health directors whose agencies were participating in initial accreditation, 7 of the 8 that participated in the evaluation indicated that they were satisfied with the output of the accreditation process given the energy that they and their staff expended on it. One health director did not give a “yes” or “no” response to this question, and mentioned that the process “required a great deal of staff time and was a paper exercise.” Among the local health directors whose agencies applied for re-accreditation, 5 of the 6 that participated in the evaluation indicated that they were satisfied with the output. The other health director indicated that staff were disappointed with the outcome due to an issue outside of staff control.

The 9 AACs whose agencies went through initial accreditation reported that they were satisfied with the output of the accreditation process. These AACs indicated that the process was beneficial to staff and management teams. Among AACs whose agencies went through re-accreditation, 7 of 8 indicated that they were satisfied with the output. Several of these AACs indicated that staff worked hard to maintain documentation between accreditation cycles and put processes in place for future accreditation cycles. The one AAC who was not satisfied “would have liked to see more investment in the process by all team members.”

Accreditation Aspects that Worked Well/Need Improvement

Health Directors of both initial and re-accreditation agencies were asked to identify the areas of the program that were working well and those that could be improved. Box 1 summarizes aspects of the process that Health Directors thought worked well. Health Directors in both types of agencies indicated that technical assistance from nurse consultants, program documentation, and communications from staff worked well.

Box 1. Aspects of the Accreditation Process that Worked Well/Were Useful.

- Comments from Health Directors from initial accreditation agencies
 - Collection and documentation of evidence for the required benchmark activities
 - Self-assessment instrument
 - Interpretation document
 - Serving as a site visitor
 - Assistance from nursing consultant (7 of 8 respondents)
- Comments from Health Director from re-accreditation agencies
 - The interpretation document
 - Self-assessment instrument
 - Program website
 - DPH accreditation consultant (5 of 6 respondents)
 - The abbreviated site visit

Box 2 summarizes suggestions for program improvement provided by Health Directors from both types of agencies, as well as suggestions specific to the process the agency was undergoing. Common suggestions for improvement included reducing duplication in standards and benchmarks and decreasing subjectivity among site visitors.

Box 2. Aspects of the Accreditation Process that Need Improvement.

- Health Directors from initial accreditation agencies
 - Clarification of the HDSAI in terms of documentation
 - Have consultant available earlier in the process
 - More in-depth debriefing from SVT, like an After Action Review
 - A list of all the policies and procedures normally used by a health department should be part of the original packet
 - Surveyors need to be able to exercise some degree of discretion in the evaluation process
 - The subjective views of the SVT
- Health Directors from a re-accreditation agencies
 - Many of the requirements seem to be repetitive by requiring the same evidence to be presented in multiple locations.
 - Continuous revision of program documentation to increase clarity and reduce redundancy.

Preparation of Agency Accreditation Coordinators

Sixteen of 18 AACs indicated they received adequate TA to complete the HDSAI. One of the AACs who reported that adequate information was not received stated that they “had difficulty in knowing which items applied to environmental services”. All 18 AACs reported that they received adequate information to prepare for the site visit.

AACs were asked how useful various components of the accreditation process were to prepare their agency for accreditation. The following percent of AACs rated each aspect as very or extremely useful: 83% for Interpretation Document; 82% for DPH TA, 89% for the Accreditation website, 56% for Environmental Health TA, 53% for conference calls, and 65% for annual accreditation training. These ratings represent improvements over last year’s, particularly for conference calls (FY 2011, 31%) and the accreditation training (FY 2011 24%). (note: No specific training for LHDs occurred during this cycle, however, archived trainings were available on the NCLHDA website). One AAC indicated that the training was not useful for him/her but that it was helpful to engage others in the agency. This AAC also recommended that it would be helpful to have information on the work flow of the site visit, such as the process of handling SVT questions at the agency. Another AAC indicated that the Interpretation Document is too wordy and should be written on a lower reading level.

Preparation of Site Visitors

Site visitors were also asked how useful various components were in preparing them to serve as a site visitor. The following percent of site visitors rated these components as very or extremely useful: HDSAI Interpretation Document 97%, HDSAI 84%, site visitor training 81%, and Accreditation website 81%. Compared with the FY 2011 report, SV ratings of usefulness increased for the HDSAI (FY 2011 79%), site visitor training (FY 2011 77%), and the Accreditation website (73%). Two site visitors commented that for the experienced site visitors, the SV training is not necessary. Another commented that redundancies in standards and documentation could be eliminated.

Of the 37 possible site visitor observations, there were 13 instances where site visitors indicated that interpreting documentation as evidence for activities was difficult during the site visit. Most comments indicated that these were general issues of interpretation due to documentation that was not clearly relevant to the activity or that documentation needed to be clarified. Several site visitors commented that health departments could improve document organization or give the SVT a “roadmap” as to how documents are relevant. One site visitor commented that “determining ‘rigor’ is at times difficult for

different items such as evaluating a program or Board discussion and action.” Comments related to specific activities are presented in Box 3.

Box 3. Activities for which Site Visitors Experienced Challenges with Interpretation

- **Activity 26.3:** The local health department shall assure that agency staff receives training in cultural sensitivity and competency
- **Activity 30.10:** The local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty (50) feet of the health department facility.

Site visitors reported 10 instances where it was difficult to assign a “met” or “not met” status. Several of these were related to general challenges in assigning status, others remarked that it was difficult to assign status when the health department met state program requirements but the SVT determined the local health department did not demonstrate meeting the intent of specific accreditation activities. Specific activities for which it was a challenge to assign status are provided in Box 4.

Box 4. Site Visitor Challenges Assigning “Met” or “Not Met” Status

- **Activity 1.2:** The local health department shall update the community health assessment with an interim “State of the County’s Health” report (or equivalent) annually.
- **Activity 5.1:** The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
- **Activity 7.4:** The local health department shall have a public health preparedness and response plan
- **Activity 30.4:** The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.

Site Visit Process

AAC’s were asked to rate their level of agreement/disagreement with statements regarding the quality of the site visit process, using a scale of 1 (not at all agree) to 6 (completely agree). Nearly all of the AAC’s mostly or completely agreed with statements about the quality of the site visit process, indicating that evaluation participants thought the site visit process went well (Box 5). The AACs that participated in the program in FY 2012 consistently rated these aspects of the program higher than the AACs in FY 2011.

Box 5. Percent of Agency Accreditation Coordinators who Mostly or Completely Agreed with Statements about the Site Visit Process

- 100% mostly/completely agreed that:
 - Site visitors seemed well prepared for their task
 - Site visitors conducted themselves in a professional and collegial manner.
 - Site visitors seemed knowledgeable in the subject areas assigned to them.
- 94% mostly/completely agreed that the site visit exit conference was helpful in learning the results of the site visit
- 89% mostly/completely agreed that the preliminary site visit schedule provided the agency with flexibility to arrange required activities

NCLHDA Program Administrator (NCIPH Staff)

Health directors, agency accreditation coordinators, and site visitors rated the overall effectiveness of the NCLHDA Program Administrator staff (including Brittan Wood and Richard Rosselli). Among these three groups, the average rating of overall effectiveness ranged from 5.4 to 5.78 on a scale of 1 (not at all effective) to 6 (very effective). These ratings are slightly higher than the FY 2011 ratings. Box 6 presents ratings on specific Accreditation Administrator functions. Ratings among site visitors in FY 2012 were slightly lower than FY 2011, at the same time AAC ratings were higher in FY 2012 than FY 2011.

Box 6: Percent of Respondents who Rated NCLHDA Program Administrator Staff's Performance on Administration Functions as Very Well or Extremely Well

Site Visitors

- 95%--Pre site visit logistics
- 95%--Serving as a resource during the site visit
- 97%--Overall site visit process
- *Agency Accreditation Coordinators*
- 100% -- Overall site visit process
- 89% -- Pre-site visit logistics and served as a resource during the site visit

Evaluation participants indicated that Accreditation Administrator staff communicate proactively, are highly responsive to questions, help clarify issues, and help keep site visits on track. One health director noted that Accreditation Administrator staff appeared to be prompting SV to “see things.” One site visitor provided the following suggestions for improvement “give the SVT a bit more opportunity to reason through decisions by analyzing relevant information, especially regarding new, complex, or difficult scenarios.”

Funding to Prepare for Accreditation

In previous accreditation cycles, agencies undergoing initial accreditation received \$25,000 for accreditation preparation costs. Due to budget cuts, the 9 agencies that went through initial accreditation in this cycle did not receive this funding in FY 2012. Health directors in these agencies were asked to indicate if and how their agencies' ability to prepare for accreditation was impacted by not receiving these funds. Seven of these health directors responded affirmatively that their agencies' ability to prepare for accreditation was impacted by not receiving these funds as well as reduced funding in general for health departments. These agencies spent their own funds to make improvements, reduced clinic operations, and were unable to complete certain tasks to make accreditation preparations. Other health directors reported that they had to pull staff into accreditation preparation who could have been providing services.

Lead DPH Consultant Feedback

The five DPH consultants responded to the consultant feedback surveys. Three of the five rated their confidence to provide accreditation technical assistance as being highly to completely confident, the other two provided no rating. All consultants indicated that they have the necessary resources to provide this assistance.

Consultants were asked to rate the usefulness of several aspects of the accreditation process to prepare agencies for accreditation as follows: four of five rated the HDSAI as being very to extremely useful and all five rated the Interpretation Document and the Accreditation website as being very to extremely useful. Ratings for usefulness of the conference calls, annual site visitor training, and annual training were not as high. One consultant commented that,

“The site visitor training does not ensure consistency in how a team will judge the activities. At one time it was proposed that the site visitors would be provided an opportunity to look at the activities that they would be responsible for judging and they would have opportunity to look at sample documentation as to what constituted a ‘Met’ vs an ‘Unmet’ for those activities. I think this would be very useful but my knowledge this has not occurred.”

All consultants rated the Accreditation Administrator staff as being very or extremely effective. Consultant ratings of Accreditation Administrator effectiveness and the ability of staff to manage pre-site visit logistics, the site visit process overall, and site visit processes ranged from 4 to 6 on a scale of 1 (not at all effective) to 6 (extremely effective). Consultants provided the following suggestions to improve Accreditation Administrator performance.

- Being consistent with working with SVT on ratings and exploring (digging) documentation to determine if an activity has been met.

- Being more flexible with the guidance of the Interpretation Document. In other words allowing some flexibility in how agencies demonstrate that an item has been met.

Consultant ratings of site visit team member preparation for the site visit, site visitor knowledge, and site visitor professionalism ranged from 4 to 6 on a scale of 1 to 6. Consultants provided the following specific feedback regarding the site visitors:

- “Seasoned site visitors do a much better job than new site visitors. I have appreciated the effort to always have a mix of seasoned vs. new site visitors on each team. I still think site visitors need focused practice with other site visitors of the same discipline to be sure that we are being consistent in how activities are judged.”
- “We all need training in what constitutes a HIPAA violation. Different site visitors ‘score’ differently between sites. There are situations where SVs have not met something that was not a HIPAA violation.”

Consultants reported they experienced difficulty in identifying documentation or that there were documentation challenges for the activities in Box 7. In several cases, documentation challenges were related to updated or clarified requirements in the Interpretation Document.

Box 7. Activities that state nurse consultants identified as challenging.

- **Activity 9.5:** The local health department shall inform affected community members of changes in department policies or operations.
- **Activity 19.1:** The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.
- **Activity 25.2:** The local health department shall work with at least two academic institutions and other programs such as universities, colleges, community colleges and Area Health Education Centers to facilitate research and evaluation of public health programs and issues.
- **Activity 27.1:** The local health department shall have in place a process for assessing consumer and community satisfaction with its services.
- **Activity 27.2:** The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.
- **Activity 30.1:** The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.
- **Activity 33.5:** The local health department shall determine the cost of services in setting fees.
- **Activity 36.3:** The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.

Evaluation Purpose 2: How does the accreditation process achieve the goal to improve local health department’s capacity to provide and/or assure services?

Figure 1 illustrates the number of agencies going through initial accreditation that made policy changes for each of the HDSAI functions to prepare for accreditation. AACs reported adapting policies from other agencies to prepare for accreditation with 6 AACs reporting adapting policies on policy development, and 7 reporting adapting assurance and facilities and administration policies for this purpose.

Figure 1. Number of Agencies Making Policy Changes for HDSAI Functions (n=9 agencies)

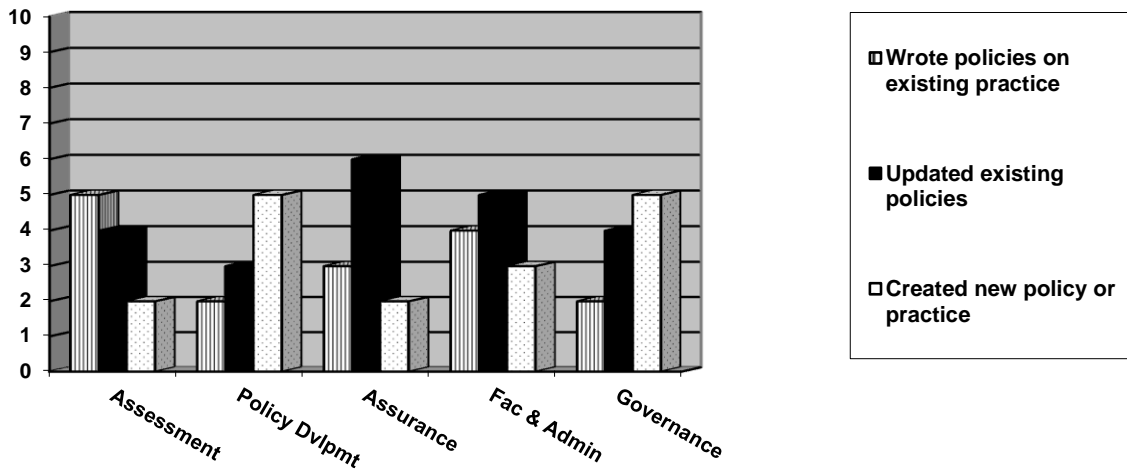


Table 3 presents data from agencies going through initial accreditation on specific practice changes made to prepare for accreditation. Both health directors and AACs were asked to respond to this question. Discrepancies in reporting may be due to the extent to which an AAC was involved with the entire process. Most agencies reported improving communication, creating filing systems, creating a quality improvement team, and enhancing personnel systems.

Table 3. Health Department Practice Changes Made Prior to Initial Accreditation.

Changes	Health Director (n=8)	AAC (n=9)
Developed a strategic plan	5	5
Revised a strategic plan	3	4
Created filing systems for policies and procedures	6	3
Increased interaction with the Board of Health	5	5
Created a quality improvement team or other QI system	6	2
Developed a system for policy development	5	5
Updated licensing	1	3
Enhanced personnel systems	6	6
Improved communications	8	8

Evaluation Purpose 3: What are the preliminary outcomes of accreditation?

Twelve of 19 health directors (63%) indicated that they believe their agency’s participation in the accreditation process will help it be a more effective public health agency. In FY 2011, 53% of health directors agreed with this statement. One health director provided the following comments regarding his/her response this question.

The process made us be reflective on our process of doing business. We also have a benchmark to measure our future progress. It was like putting all the pieces of the puzzle together for our staff.

Fourteen of 18 AACs (78%) agreed that they believe their agency’s participation in the accreditation process will help it be a more effective public health agency. In FY 2011, 83% of AACs agreed with this statement. AACs reported that the process facilitated both internal and external communication and accountability. One AAC commented that, “this process helps keep our staff, BOH and department in general accountable and it provides structure, guidelines, etc. for our department.”

LIMITATIONS

The following are limitations of the findings presented in this report. Nearly all data sources are self-reports of participants’ experiences with the accreditation process. Some participants may not have been completely forthcoming with their opinions of accreditation because of concerns about confidentiality of their responses and the fact that evaluation team members and Accreditation Administrator staff are all NCIPH staff members. However, evaluation staff did not share any individual responses or responses that could be identified with NCLHDA Program Administrator staff. Evaluation staff only shared aggregate information to staff and other stakeholders. Health directors and agency accreditation coordinators were

the only agency staff interviewed or surveyed and may not reflect the attitudes of all agency representatives.

SUMMARY AND CONCLUSIONS

LHD Performance

In FY 2012, 9 health departments achieved initial accreditation and 10 achieved re-accreditation status. Currently, 69 of the 85 NC local health departments are accredited. Continuing with a pattern that started in FY 2011, several LHDs in FY 2012 had deficiencies which were corrected in order to achieve accreditation status.

There was one activity for which 5 LHDs (3 initial accreditation and 2 re-accreditation) received a 'not met' score and site visitors indicated there were challenges in scoring or interpreting this activity.

Activity 30.4: The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.

Six LHDs (4 initial and 2 re-accreditation) received a 'not met' score on Activity 24.3, listed below. LHDs, site visitors, and consultants reported challenges with this activity in FY 2011.

Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.

Four LHDs (both initial and re-accreditation) received a 'not met' score on activities 30.2 and 30.3. LHDs, site visitors, and consultants reported challenges with Activity 30.2 in FY 2011.

Activity 30.2: The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.

Activity 30.3: The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.

Participant Feedback

Program participants (AACs, health directors, site visitors, and consultants) continue to give Accreditation Administrator staff high ratings of effectiveness. In addition, more participants in FY 2012 reported that specific aspects of the program, such as the website and trainings, were useful than FY 2011

participants. Participants appreciate the proactive communications and responsiveness of Accreditation Administrator staff.

IMPROVEMENTS COMPLETED/UNDERWAY

Accreditation Administrator staff report that the following process have been or will be changed based on feedback they received from the 2010-2011 cycle.

Changes in Progress

- Continuing work with the Standards Review & Revision Workgroup to review and revise the HDSAI and Interpretation Document.
- Participating in the NC Center for Public Health Quality's Re-Accreditation QI project to develop a 'tool box' to assist health department in preparing for and monitoring re-accreditation requirements.

Changes Completed

- Revised the accreditation scoring requirements and submitted to the Commission for Public Health in order to level the playing field.
- Updated the annual accreditation training webinar so that it doesn't include so much of the redundancy related to the history of the accreditation program/process since everyone seems to be aware of this information at this point.
- Developed a 'Between Cycle Checklist' to assist health departments in monitoring re-accreditation requirements that include a time element.

Accreditation Administrator staff report that guidance is continuously reviewed and updated. Currently all 148 activities and 41 benchmarks are under review.

For more information, contact NCIPH Evaluation Services Director, Mary Davis at mvdavis@email.unc.edu or 919-843-5558. For a complete description of the NCLHDA process and participants, please visit the program website at: <http://www.sph.unc.edu/nciph/accred>.