PHAB Accreditation Update

Board of Health June 2017

Rita Nieves
BPHC Deputy Director

Osagie Ebekozien
Director, Office of Accreditation and Quality Improvement
Presentation Objectives

• Update on BPHC Accreditation and Quality Improvement
• BOH’s role in preparation and site visit
• Feedback from BOH on current performance
Public Health Accreditation

- Measurement against evidence-based national standards
- Evaluation of culture of quality improvement and performance management
- Recognition of achievement
- Continuous improvement of standards
Public Health Accreditation Board (PHAB)

- First and only national body
- Accreditation launched in 2011, first successful cohort 2013
- Supported and endorsed by Robert Wood Johnson Foundation (RWJF) and Center for Disease Control and Prevention (CDC)
Twelve PHAB Domains

1. Assess
2. Investigate
3. Inform & Educate
4. Community Engagement
5. Policies & Plans
6. Public Health Laws
7. Access to Care
8. Workforce
9. Quality Improvement
10. Evidence-Based Practices
11. Administration & Management
12. Governance
Why Seek Accreditation?

- Assurance of high quality essential public health services
- Value-added service benchmarking
- Increase program effectiveness and efficiencies
- Increase responsiveness to change
- Support development of strong partnerships
- Support BPHC mission
- Support health equity work
- Workforce development
- External validation
Accreditation Activity as of May 1, 2017

<table>
<thead>
<tr>
<th>Type of Health Department</th>
<th>Accredited</th>
<th>In Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>155</td>
<td>136</td>
</tr>
<tr>
<td>State</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>Tribal</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Centralized States</td>
<td>1/67</td>
<td>.</td>
</tr>
<tr>
<td>Integrated System¹</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Multi-Jurisdictional</td>
<td>.</td>
<td>8</td>
</tr>
</tbody>
</table>

Number of HDs: 178+1 system 164
Population (Unduplicated): 178,255,529 88,700,829
Major Plans

• Quality Improvement Plan 2015 – 2018
• Performance Management System
• Communications Plan
• Workforce Development Plan
• Emergency Operations Plan
• Community Health Assessment
• Community Health Improvement Plan
• Strategic Plan
Submit all documents to PHAB!
BPHC Accreditation Timeline

May 2015
- BPHC formally began accreditation process

December 2015
- BPHC submitted Statement of Intent to PHAB

June 2016
- BPHC submitted application and fees to PHAB

April 2017
- BPHC to submit all accreditation documents and narratives to PHAB

October 12&13
- PHAB Site Visit

December 2017
- BPHC receives accreditation decision

Year 1
- We are here
Site Visit Purpose

- Verify evidence of conformity with standards
- Visual site observation
- Evaluation of continuous improvement efforts
- Identify areas of strengths and weaknesses
PHAB Site Visit

- October 12 – 13, 2017
- Three Peer Site Visitors and an Accreditation Specialist
- Reviewed all submitted documents
- Walk rounds, Interviews, meetings and discussion with key staff, community partners and Board of Health
Culture of Continuous Improvement

- Timeline
- Quality Improvement Trainings
- Project selection guidance
- Accreditation and Quality Improvement Committee
QI Training

• QI Orientation (1 hour introduction)
  – Target: 75% (825 employees) participation rate by December 31\textsuperscript{st}, 2018
  – Status: 55% (601 employees) participation rate by June 2017

• Basic QI Training (2 days – 16 hours)
  – Target: 10% (110 employees) participation rate by December 31\textsuperscript{st}, 2018
  – Progress: 7% (73 employees) participation rate by June 2017
  – 10 completed Projects in the last 2 years

• Advanced QI Training
  – Ongoing QI Coaching and mentorship for 10 Quality Improvement mentors
  – Ongoing Coaching for different working groups and subcommittees
Accounts Payable QI Project

Aim: Increase the number of invoices posted within 30 days from 65% to 80% by April 30th, 2017
Team Members

- Rebecca Bishop
- Xhudita Luli
- Keoki Pender
- Ann Henry

- Gerry Stepherson
- Dashea Thorton
- Roberta Washington
- Osagie Ebekozien
Timeline

November 7th, 8th 2016: 2-day Basic QI Training
December 2016 – April 2017: Testing change ideas
Plan (Process Map)

Accounts Payable (AP) Purchase Order Invoice Process Map
November 3, 2016

AP receives an invoice

Date stamp and sort invoice into appropriate bin

Match invoice to appropriate PO in Workplace

Is there an issue matching the invoice in Workplace?

Barcode number assigned to transaction in Workplace

Barcode label applied and scanned into Kwiktag folder

Submit invoice for approval

Issue resolved within 2 business days?

YES

Addresses with Bureau/Program

Invoiced approved?

YES

Invoice deleted

Documents reasons (via Workplace or email) why invoice not approved

NO

Process invoice?

YES

Resolves issue

NO

Enters issues on Sharepoint addressed to Bureau/Program

Resolves discrepancies

YES

Disbursement by check or ACH

NO

Posts for payment

Are there discrepancies in the invoice?

Reviews and edits remit to location

Invoice routed to Great Plains

NO

Resolves issue

NO

NO
Reasons for Invoice Delay

- Not enough money on PO: 32 delays, 37.2%
- No PO: 30 delays, 72.1%
- Closed PO: 20 delays
- Duplicate invoice #: 2 delays
- No invoice #: 2 delays

Cumulative Percentage:
- 95.3%
- 97.7%
- 100.0%

Number of delays:
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
Do

- Discontinue 2 days wait period to post problem invoices
- Designate specific roles for AP staff
  - Processing
  - Reviewing/posting
  - Check runs
  - Resolving issues
- Rotate staff in assigned roles
- Create and utilize a purchase checklist for programs
Study

% posted within 30 days (by invoice date)

- AP roles test of change implemented
- Rotate AP roles test of change implemented
- Checklist test of change implemented

Pre QI median = 65.8%
Post QI median = 87.1%
\( \Delta = 32\% \)
Study

Average # of days to resolve and post problem invoices

- # of days to resolve problem invoices (average)
- # of days to post problem invoices (average)

- AP roles test of change implemented
- Rotate AP roles test of change implemented
- Checklist test of change implemented
Staff Engagement

- New Hire Orientation
- Staff Meeting
- Newsletters
- Accreditaurus!
- Weekly Trivia
- FAQs
- Intranet Countdown
BOH Role

• Support national accreditation efforts
• Prioritize accreditation
• Provide regular feedback and guidance
• Review of the Governance National PHAB standards (domain 12)
• Attend Domain 12 discussion during site visit
AQI Team Members

- Rebecca Bishop (Recovery Services)
- Neil Blackington (EMS)
- Maia BrodyField (CIB)
- Yailka Cardenas (Recovery Services)
- Osagie Ebekozien
- Cheri Epps (Homeless Services)
- Ann Henry
- Hisham Kukhun (GHC Fellow)
- Rita Nieves (Exec Office)
- Angelica Recierdo (GHC Fellow)
- Craig Regis (IDB)
- Catherine Fine (CAFH)
- Rita Nieves
Discussion
Site Visit Preparation

• How can we involve BOH in planning and preparing for the site visit?

• Given experience of many members of the BOH in health care accreditation processes, what are some tips or practical advice for engaging BPHC staff in planning and preparing for site visit?

• What additional materials or resources can BPHC provide to the BOH on PHAB?
Questions and Answers