



REQUEST FOR BOARD ACTION

ITEM NO. 13

DATE OF MEETING: February 1, 2016

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Discussion of Health Department Re-Accreditation

Improving Accountability

All LHDs report adopting new or revising existing policies to meet accreditation standards

Provides a Platform for Performance and Improvement

Achieving goal to improve consistency of LHD services across the state



Internal Benefits

- LHD staff
 - Provides a teambuilding opportunity
 - Teaches staff about all things an LHD does
- Boards of Health
 - Increases understanding of all things an agency does
 - Promotes understanding of specific board roles

Board of Health participation in accreditation activities sparked more interest and participation in developing program policies for the strategic planning.



Standards Classification

The NC standards take the following structural approach to classification:

- Standard
 - Benchmark 1
 - Activity 1.1
 - Activity 1.2

There are three standards which cover 41 benchmarks comprised of 148 activities.

Standard: Agency Core Functions & Essential Services

The Agency Core Functions & Essential Services Standard is composed of 29 benchmarks and 93 associated activities. The activities assess the department's ability to deliver the 10 essential services of public health as categorized in the core functions of assessment, policy development and assurance. This standard looks at the basic capacity of the health department to provide key services and programs. It looks at the collaborative efforts of the department and how unmet needs are identified and met. This standard assesses the plans, policies and protocols of the department and their use in setting a foundation for consistent and effective operations.

Standard: Facilities & Administrative Services

The Facilities & Administrative Services Standard is composed of 4 benchmarks and 27 associated activities. The activities under this standard address the administrative oversight of the department's operations and facilities. This standard assesses facility cleanliness, maintenance and safety along with practices that protect customer confidentiality. It requires departments to have administrative policies, procedures and protocols to guide staff in the processes that address personnel and finances. This section sets an expected level of performance for overall department accountability and efficiency of business functions.

Standard: Governance

The Governance Standard is composed of eight benchmarks with 27 associated activities. This standard sets forth the expectations of the Board of Health and its role in guiding the local health department and its involvement in the community. The BOH has powers and duties defined by statute as well as duties defined by these standards. The two combined create the basic design of how a BOH should operate. Any reference to a Board of Health within this standard refers to the governing board with oversight to public health activities and includes a single county health department board, a district health department board, a human services board, a public health authority board, or a public hospital authority board.

Note that if the Board of County Commissioners or a Consolidated Human Services Board has assumed the powers and duties of the Board of Health, then it **shall be** responsible for all duties assigned to the Board of Health by any law or rule. Therefore, for any standard, benchmark or activity within the accreditation standards that states "the Board of Health shall", the Board of County Commissioners or the Consolidated Human Services Board that has assumed the duties of the Board of Health must comply with that requirement.

Policies, Procedures & Protocols required by HDSAI

The policies or plans listed below may not be a direct requirement of each of the following activities but may be an option available to the local health department in the selection of documentation to submit as evidence.

- Activity 2.4:** disease incidence – analysis policy and procedures
- Activity 4:1:** community surveillance system policy and procedures
- Activity 5.1:** notification protocol (from local preparedness plan)
- Activity 5.1:** after-hours calls policy and procedures
- Activity 7.1:** epidemiological case investigation protocols
- Activity 7.2:** communicable disease investigations policy
- Activity 7.3:** environmental complaints - timely and appropriate action policy and procedures
- Activity 8.1:** clinical and environmental laboratory sample handling policies and procedures
- Activity 8.4:** access to laboratory services protocols
- Activity 9.2:** public access to community health information policy and procedures
- Activity 9.4:** requests for information policy and procedures
- Activity 9.5:** notification of changes in department's policy and operations policy and procedures
- Activity 9.6:** Title VI of the Civil Rights Act compliance policy
- Activity 15.2 & 15.6 & 22.3:** program policies and procedures
- Activity 15.3:** policy on policies
- Activity 15.4:** new or updated policy as referenced
- Activity 15.5:** orientation policy with distribution procedures for policy changes
- Activity 18.1:** public health laws, rules and ordinances enforcement policies and procedures
- Activity 18.3:** complaints of enforcement of laws, rules and ordinances policies and procedures
- Activity 21.1:** policy or mechanism for dissemination of current resource list or directory
- Activity 21.3:** increasing utilization of programs and services plans or policies
- Activity 24.1:** staff access to training policies
- Activity 26.1:** non-discrimination policy
- Activity 26.3:** cultural sensitivity and competency training policy
- Activity 27.1:** consumer and community input policy and procedure
- Activity 27.2:** use of community satisfaction data to improve services policy/protocol
- Activity 27.3:** quality assurance/quality improvement policies and procedures
- Activities 29.1 & 29.2:** research policies
- Activity 30.2:** accommodating visually and hearing impaired policies and protocols
- Activity 30.3:** clinical privacy protocols
- Activity 30.4:** medical records policies
- Activity 30.5:** OSHA policies and procedures
- Activity 30.6:** cleaning, disinfection and maintenance of equipment and service areas policies and procedures
- Activity 30.7:** infection control policies and procedures
- Activity 31.1:** administrative policies and procedures
- Activity 31.3:** personnel - disciplinary, grievance and harassment policies
- Activity 31.5:** personnel - performance appraisal policies and procedures
- Activity 32.3:** computer/technology use policy
- Activity 32.4:** management information system security policies and procedures

- Activity 33.4:** segregation of financial management duties and accountability for funds policy
- Activity 33.7:** financial risk management for uncollected fees and bad debt policies and procedures
- Activity 34.1:** board operating procedures
- Activity 34.4:** adopting rules policy and procedures
- Activity 34.5:** adopting/amending rules policy and/or procedure manual
- Activity 35.1:** adjudications policy and procedures
- Activity 37.6:** recruitment, retention and workforce development policy
- Activity 38.3:** public participation policy

Plans or Operational Guides required by HDSAI

- Activity 3.2:** QI plan
- Activity 5.2:** health alert communication plan
- Activity 5.3:** crisis communication plan or communication/media plan
- Activity 6.2:** county emergency operations plan
- Activity 7.4:** local preparedness and response plan
- Activity 15.1:** strategic plan
- Activity 22.1:** community action plans (from community health assessment)
Note: Activity 38.2 requires Board of Health approval of community action plans
- Activity 24.2:** staff development plan
- Activity 26.2:** recruit and retain management team and staff plan
- Activity 31.6:** inventory replacement plan
- Activity 34.2:** board of health operating procedures
- Activity 36.1:** board of health handbook

**Operational Definition of a Functional Local Public Health Agency
(NACCHO, November 2005)**

Links to NCLHDA Standards

Essential Service 1: Monitor health status and understand health issues facing the community.

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc).

Benchmark 1 – Activities 1.1, 1.2 Benchmark 2 – Activities 2.1, 2.2

- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.

Benchmark 2 – Activities 2.3

- c. Conduct or contribute expertise to periodic community health assessments.

Benchmark 1 – Activities 1.3

- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.

Benchmark 3 – Activity 3.1, 3.2

- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

Benchmark 2 – Activity 2.4

Essential Service 2: Protect people from health problems and health hazards.

- a. Investigate health problems and environmental health hazards.

Benchmark 4 – Activities 4.1, 4.2 Benchmark 7 – Activities 7.1, 7.3

- b. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.

Benchmark 7 – Activities 7.2

- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.

Benchmark 7 – Activities 7.5

- d. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.

Benchmark 7 – Activities 7.4, 7.7

- e. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.

Benchmark 6 – Activities 6.1, 6.2, 6.3 Benchmark 7 – Activities 7.6

- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

Benchmark 4 – Activities 4.3 Benchmark 8 – Activities 8.1, 8.2, 8.3, 8.4

- g. Maintain policies and technology required for urgent communications and electronic data exchange.

Benchmark 5 – Activities 5.1, 5.2, 5.3

Essential Service 3: Give people information they need to make healthy choices.

- a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

Benchmark 9 – Activities 9.1, 9.4

- b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.

Benchmark 9 – Activities 9.2, 9.3, 9.5

- c. Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.

Benchmark 9 – Activities 9.6

- d. Provide health promotion programs to address identified health problems.

Benchmark 10 – Activities 10.1, 10.2, 10.3, 10.4

Essential Service 4: Engage the community to identify and solve health problems.

- a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.

Benchmark 11 – Activities 11.1, 11.2

- b. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.

Benchmark 13 – Activities 13.1

- c. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.

Benchmark 12 – Activities 12.1, 12.2, 12.3

- d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.

Benchmark 12 – Activities 12.1, 12.2, 12.3

- e. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

Benchmark 13 – Activities 13.1

Essential Service 5: Develop public health policies and plans.

- a. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.

Benchmark 14 – Activities 14.1 Benchmark 15 – Activities 15.4

- b. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.

Benchmark 14 – Activities 14.2

- c. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

Benchmark 15 – Activities 15.1, 15.2, 15.3, 15.5, 15.6

Essential Service 6: Enforce public health laws and regulations.

- a. Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.

Benchmark 14 – Activities 14.3, 14.4

- b. Understand existing laws, ordinances, and regulations that protect the public's health.

Benchmark 16 – Activities 16.1, 16.2, 16.3

- c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Benchmark 16 – Activities 16.1, 16.2, 16.3

- d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.

Benchmark 17 – Activities 17.3

- e. Conduct enforcement activities.

Benchmark 17 – Activities 17.1, 17.2

Benchmark 18 – Activities 18.1

- f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

Benchmark 18 – Activities 18.2, 18.3, 18.4

Essential Service 7: Help people receive health services.

- a. Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.

Benchmark 19 – Activities 19.1, 19.2

Benchmark 21 – Activities 21.4

- b. Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.

Benchmark 20 – Activities 20.1, 20.2

Benchmark 21 – Activities 21.3

Benchmark 22 – Activities 22.2, 23.2

- c. Link individuals to available, accessible personal healthcare providers (i.e., a medical home).

Benchmark 21 – Activities 21.1, 21.2

Benchmark 22 – Activities 22.1

Essential Service 8: Maintain a competent public health workforce.

- a. Recruit, train, develop, and retain a diverse staff.

Benchmark 26 – Activities 26.1, 26.2, 26.3

- b. Evaluate LHD staff members' public health competencies,⁷ and address deficiencies through continuing education, training, and leadership development activities.

Benchmark 23 – Activities 23.1, 23.2, 23.3

Benchmark 24 – Activities 24.2

- c. Provide practice - and competency - based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.

Benchmark 25 – Activities 25.1

- d. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.

Benchmark 25 – Activities 25.2

- e. Provide the public health workforce with adequate resources to do their jobs.

Benchmark 24 – Activities 24.1, 24.3

Essential Service 9: Evaluate and improve programs and interventions.

- a. Develop evaluation efforts to assess health outcomes to the extent possible.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- b. Apply evidence-based criteria to evaluation activities where possible.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- c. Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- d. Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/ or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

Benchmark 27 – Activities 27.1, 27.2, 27.3

Essential Service 10: Contribute to and apply the evidence base of public health.

- a. When researchers approach the LHD to engage in research activities that benefit the health of the community,

- i. Identify appropriate populations, geographic areas, and partners;
- ii. Work with them to actively involve the community in all phases of research;
- iii. Provide data and expertise to support research; and,
- iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.

Benchmark 28 – Activities 28.1 Benchmark 29 – Activities 29.1, 29.2

- b. Share results of research, program evaluations, and best practices with other public health practitioners and academics.

Benchmark 28 – Activities 28.1 Benchmark 29 – Activities 29.1, 29.2

- c. Apply evidence-based programs and best practices where possible.

Benchmark 28 – Activities 28.1 Benchmark 29 – Activities 29.1, 29.2



North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

For Health Departments

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For Board Members

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Flowchart of the Accreditation Process

Accreditation Administrator (AA) notifies health director, commissioners, board of health chairs and county manager of the pending site visit.



Health department should submit the Health Department Self-Assessment Instrument (HDSAI) within 90 days after notification by the Accreditation Administrator (AA) that the accreditation process for the department has begun. The HDSAI should be submitted to the AA at the North Carolina Institute for Public Health.



After receipt of the HDSAI from the health department, the Site Visit Team (SVT) reviews the HDSAI and supporting documentation, visits the health department, interviews local health department staff and other persons necessary to evaluate compliance with the benchmarks and inspect the facilities in accordance with the benchmarks.



The SVT will prepare a report that makes a determination as to whether the benchmarks have been met and submit the report to the Accreditation Board (AB) and the local health department within 14 days of the end of the site visit.



The Accreditation Board meets, reviews the SVT's report and hears a presentation from the SVT. In addition, the local health department director will have the opportunity to respond.



If the local health department requests, the AB will grant the local health department an additional twenty-one (21) calendar days to submit additional written information to the AB. If the local health department submits additional information, the AB shall take action within 90 days of the presentation of the SVT to the AB.

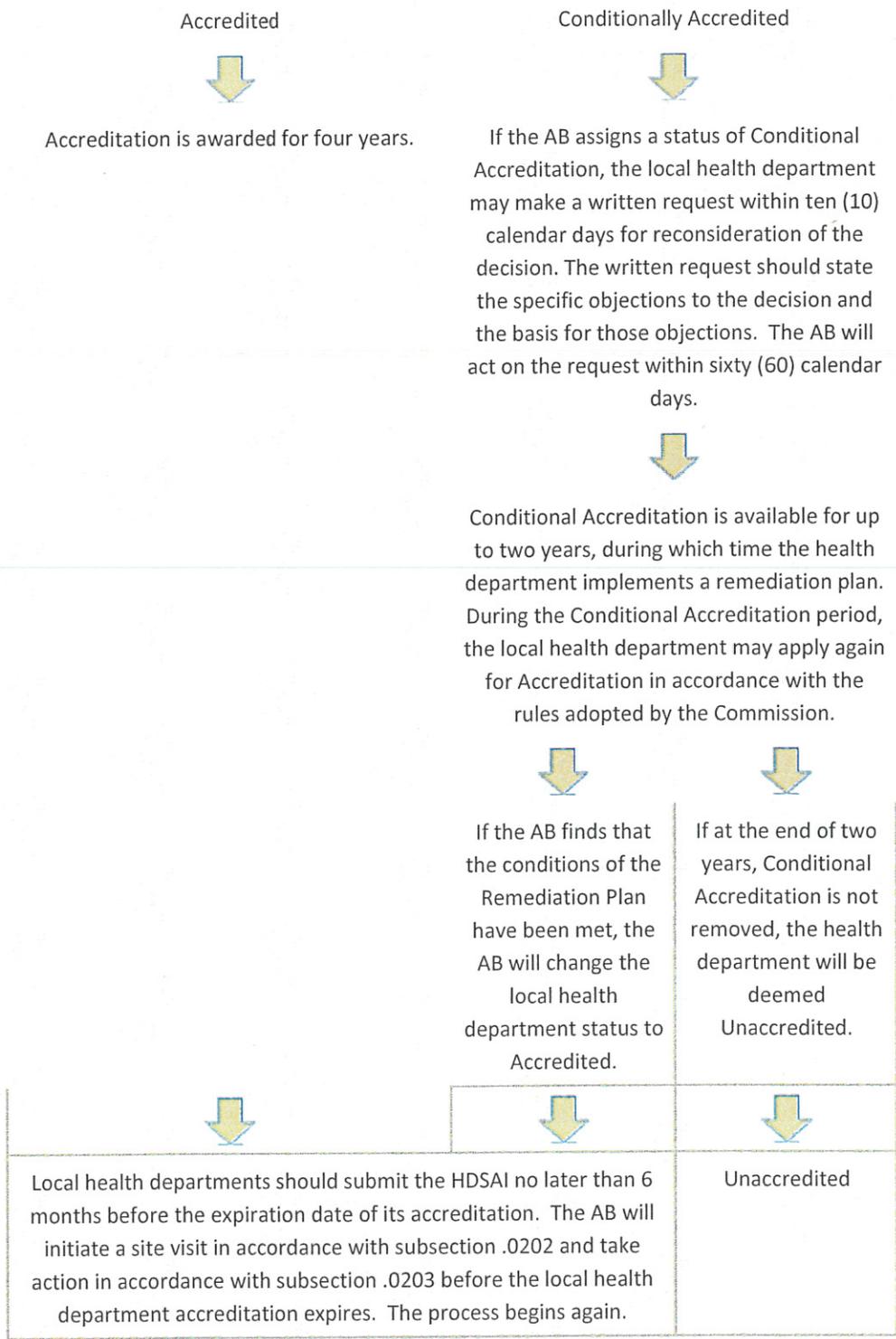


If no such request is made, the AB may take action on the SVT's recommendation or may request additional information from the local health department and defer action on the recommendation to a later meeting. The AB shall take action within 90 days of the presentation of the SVT to the AB.



The AB grants a status of Accredited or Conditionally Accredited.





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