

PHAB Accreditation Update

Board of Health June 2017

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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)

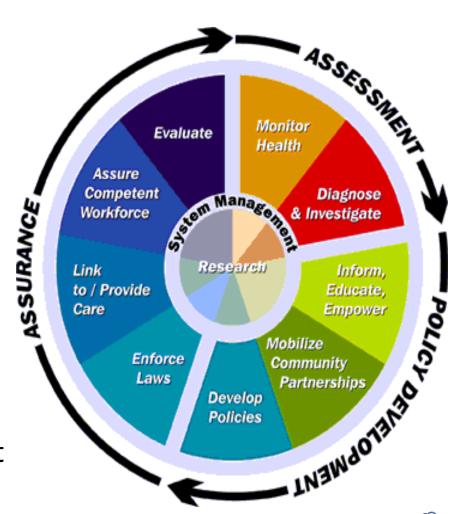






Twelve PHAB Domains

- 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

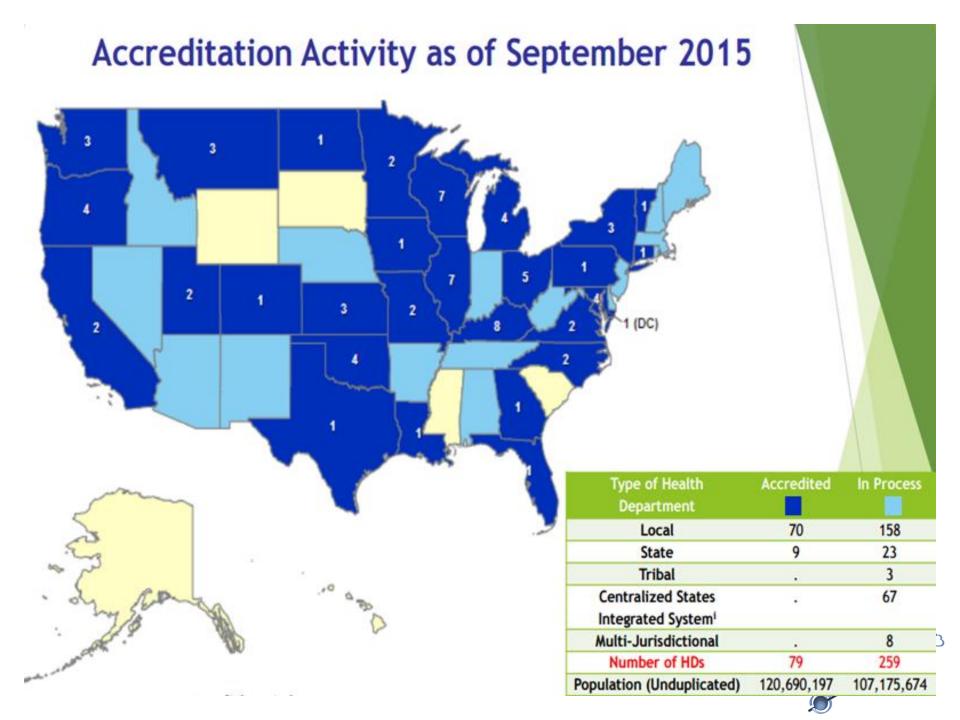


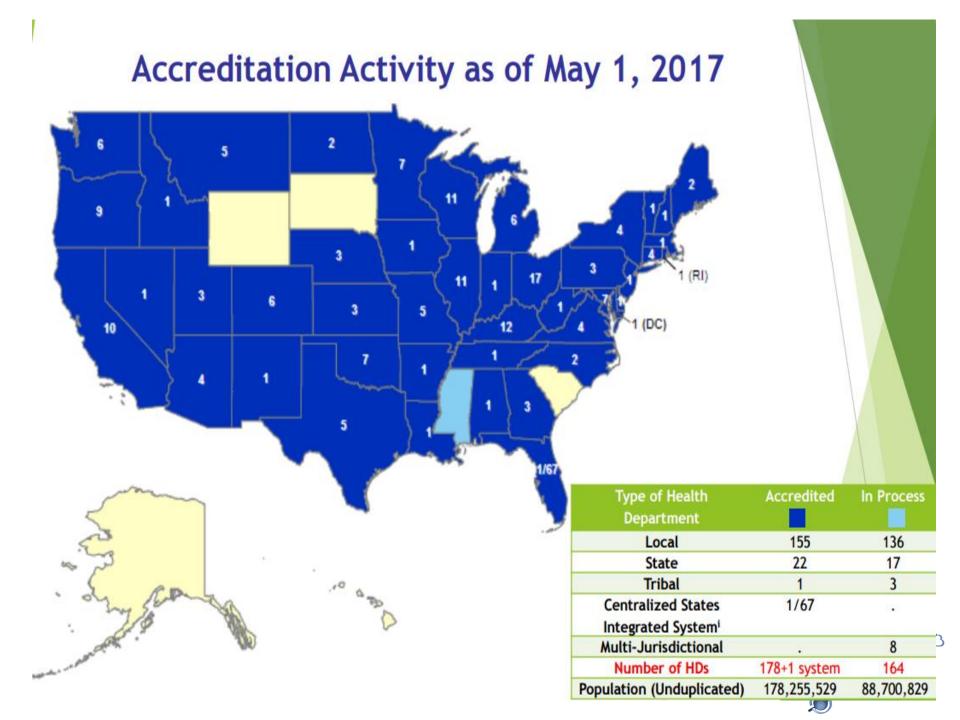


Why Seek Accreditation?

- 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









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



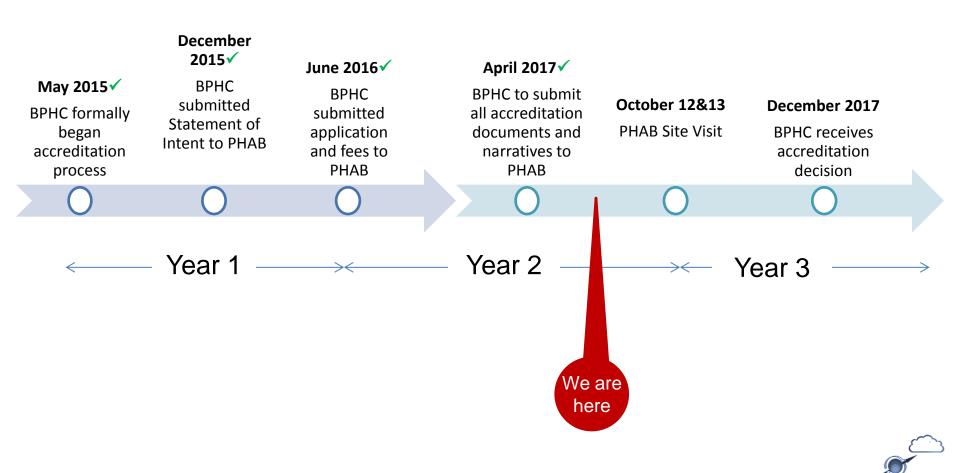


Document Preparation





BPHC Accreditation Timeline





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



Quality Improvement Plan

2015 - 2018

Approved by Interim Executive Director and Medical Director

Huy Nguyen

August 2015 Revised August 2016 (Version 2)

QI Plan 2015-2018 | 1





QI Training

- QI Orientation (1 hour introduction)
- Target: 75% (825 employees) participation rate by December 31st, 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 31st, 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



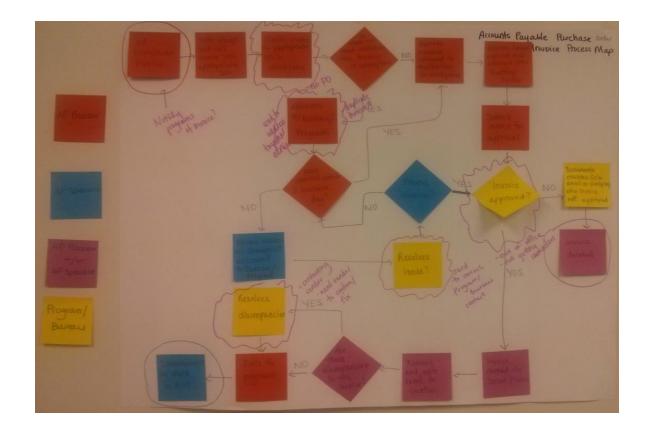




Timeline

November 7th, 8th 2016: 2-day Basic QI Training

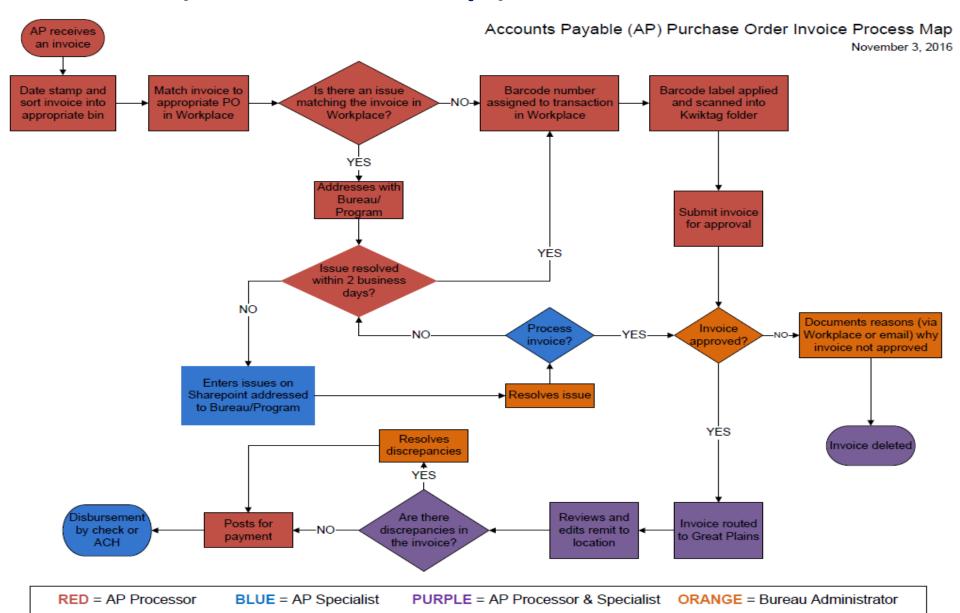
December 2016 – April 2017: Testing change ideas

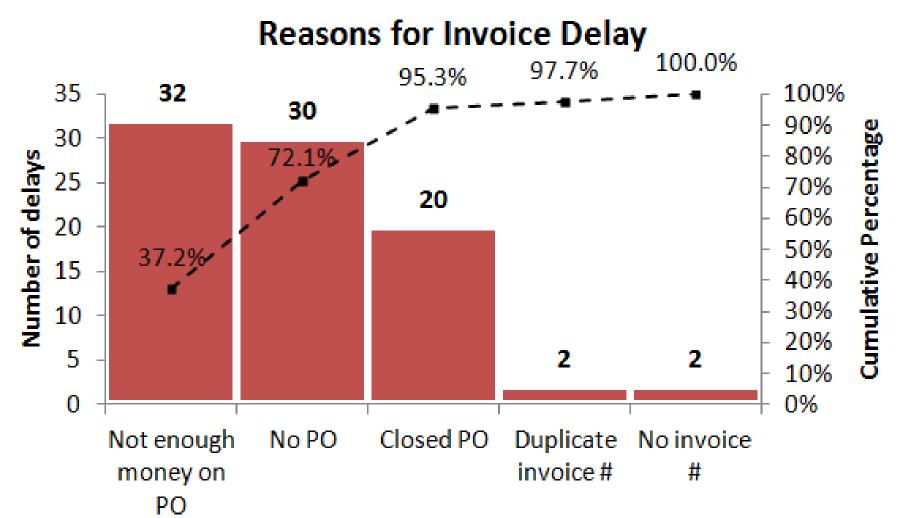






Plan (Process Map)

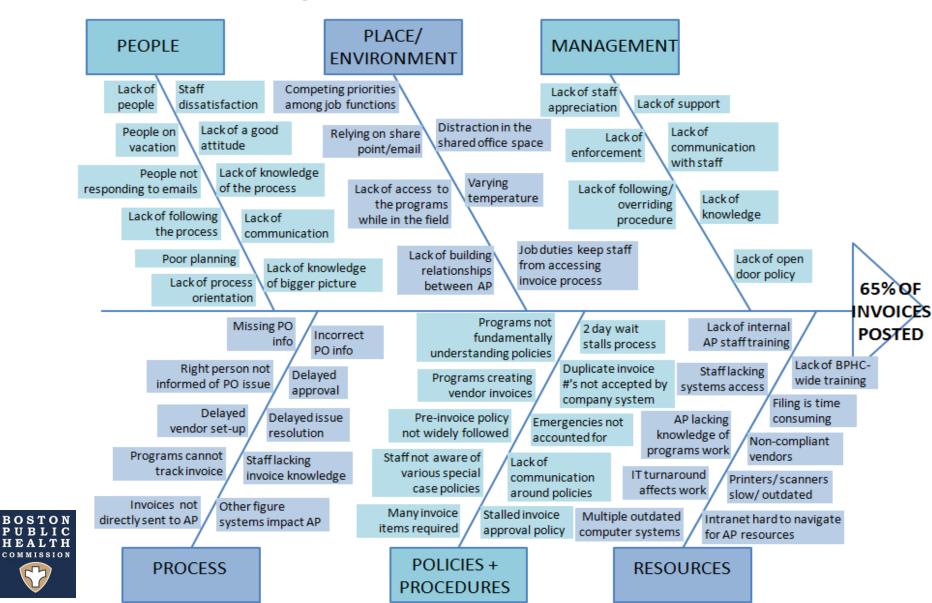








Contributing Factors



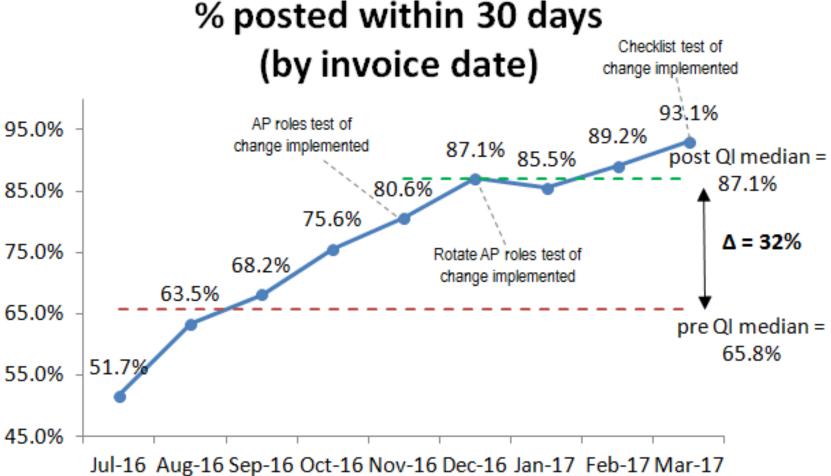
Do

- 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

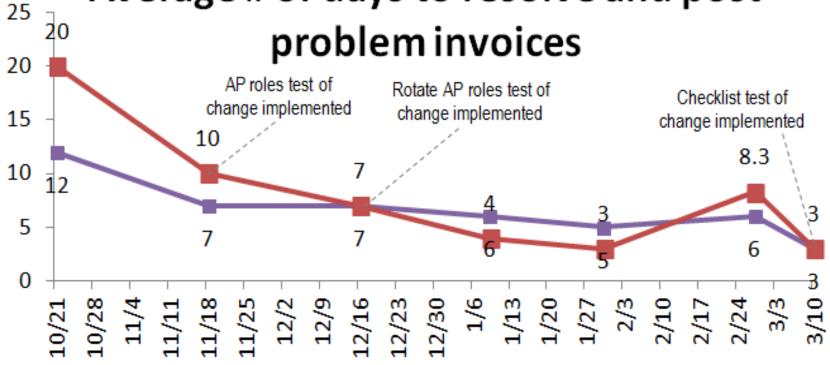






Study

Average # of days to resolve and post problem invoices



of days to resolve problem invoices (average)

of days to post problem invoices (average)







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

