

# Accreditation Learning Community

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June 21, 2017

1:30-2:30pm

**Dial-In Number:** 1 (631) 992-3221

**Access Code:** 299-416-863



# Overview

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|-------------|--|-------------------|
| 1:30 – 1:35 | Welcome and Introductions  | DPH/Melissa Touma |
| 1:35 – 2:00 | Establish “charge” for Accreditation Learning Community <ul style="list-style-type: none"><li>-Mission/Vision/Expectations</li><li>-What do you hope to get out of the ALC?</li><li>-Who would you like to hear from? (i.e. state-level programmatic staff/programs)</li></ul> | ALC Participants  |
| 2:00 – 2:30 | Aligning Pre-Requisites: Connecting the Dots   | DPH/Melissa Touma |



# ALC Vision/Mission

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What is the **Vision** of the Accreditation Learning Community?

Brainstorming idea:

**All LHD are well-positioned for accreditation**

What is the **Mission** for the Accreditation Learning Community?

Brainstorming idea:

**To improve Local Health capacity and readiness for accreditation through peer collaboration and resource sharing**

What are your expectations of the Accreditation Learning Community?

Who do you want to hear from (i.e. state-level programmatic staff)?

When is the best date and time to meet during the month?



# Discussion Question

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*How is your department evaluating assets or resources to address health issues?*

# Aligning the PHAB Prerequisites and other Major Documents

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Melissa Touma, MPH  
Accreditation Coordinator  
CT Dept. of Public Health  
[Melissa.Touma@ct.gov](mailto:Melissa.Touma@ct.gov)



# Crosswalk of PHAB alignment requirements

## Strategic Plan – Standard 5.3

	Community Health Assessment	Community Health Improvement Plan
		5.3.2(g): [Strategic Plan] linkages with the health improvement plan and the QI plan
Workforce Development Plan	Performance Management System	Quality Improvement Plan
5.3.2(d): [Strategic Plan] must consider capacity for...workforce development	5.3.2(c): Goals and objectives with measurable and time-framed targets	5.3.2(g): [Strategic Plan] linkages with the health improvement plan and the QI plan

# Crosswalk of PHAB alignment requirements

## Community Health Assessment – Standard 1.1

<b>Strategic Plan</b>		<b>Community Health Improvement Plan</b>
		1.1.2 Significance: The health assessment provides the basis for development of the Tribal/local community health improvement plan
<b>Workforce Development Plan</b>	<b>Performance Management System</b>	<b>Quality Improvement Plan</b>
	<i>1.1.1 RD2: Regular meetings or communications with partners</i>	

# Crosswalk of PHAB alignment requirements

## Community Health Improvement Plan – Standard 5.2

Strategic Plan	Community Health Assessment	
5.3.2(g): [Strategic Plan] linkages with the health improvement plan and the QI plan	5.2: The CHIP is a long-term, systematic plan to address issues identified in the CHA	
Workforce Development Plan	Performance Management System	Quality Improvement Plan



# Crosswalk of PHAB alignment requirements

## Workforce Development Plan – Domain 8

Strategic Plan	Community Health Assessment	Community Health Improvement Plan
<p>Domain 8: “A strategic workforce includes the <b>alignment</b> of workforce development with the HD’s overall mission &amp; goals &amp; development of strategies for acquiring, developing &amp; retaining staff.”</p>		
	<p><b>Performance Management System</b></p>	<p><b>Quality Improvement Plan</b></p>
	<p><i>8.2.3: ...to assess the health department’s comprehensive approach to the provision of opportunities for professional career development for all staff</i></p>	

# Crosswalk of PHAB alignment requirements

## Performance Management System – Standard 9.1

Strategic Plan	Community Health Assessment	Community Health Improvement Plan
<p>9.1.1 RD1: leadership’s engagement with establishing performance management system...documentation could include strategic plans</p>		
Workforce Development Plan		Quality Improvement Plan
<p>9.1.1 RD1: leadership’s engagement with establishing performance management system...documentation could include training programs 9.1.5 RD1: Staff development in performance management</p>		<p>9.1.3 RD4: Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes</p>

# Crosswalk of PHAB alignment requirements

## Quality Improvement Plan – Standard 9.2

Strategic Plan	Community Health Assessment	Community Health Improvement Plan
<p>9.2.1 Significance: This plan is guided by the HD’s...strategic plan   Guidance: The plan must describe &amp; demonstrate how improvement projects align with the HD’s strategic vision/mission</p>		<p>9.2.1 Significance: This plan is guided by the health department’s...health improvement plan</p>
Workforce Development Plan	Performance Management System	
<p>9.2.1: QI Plan Requirements – QI training, examples: new employee orientation, intro course for all staff, advanced training for lead QI staff</p>	<p>9.2.1: QI Plan Requirements: Process to assess the effectiveness of the quality improvement plan activities</p>	

# DPH Examples

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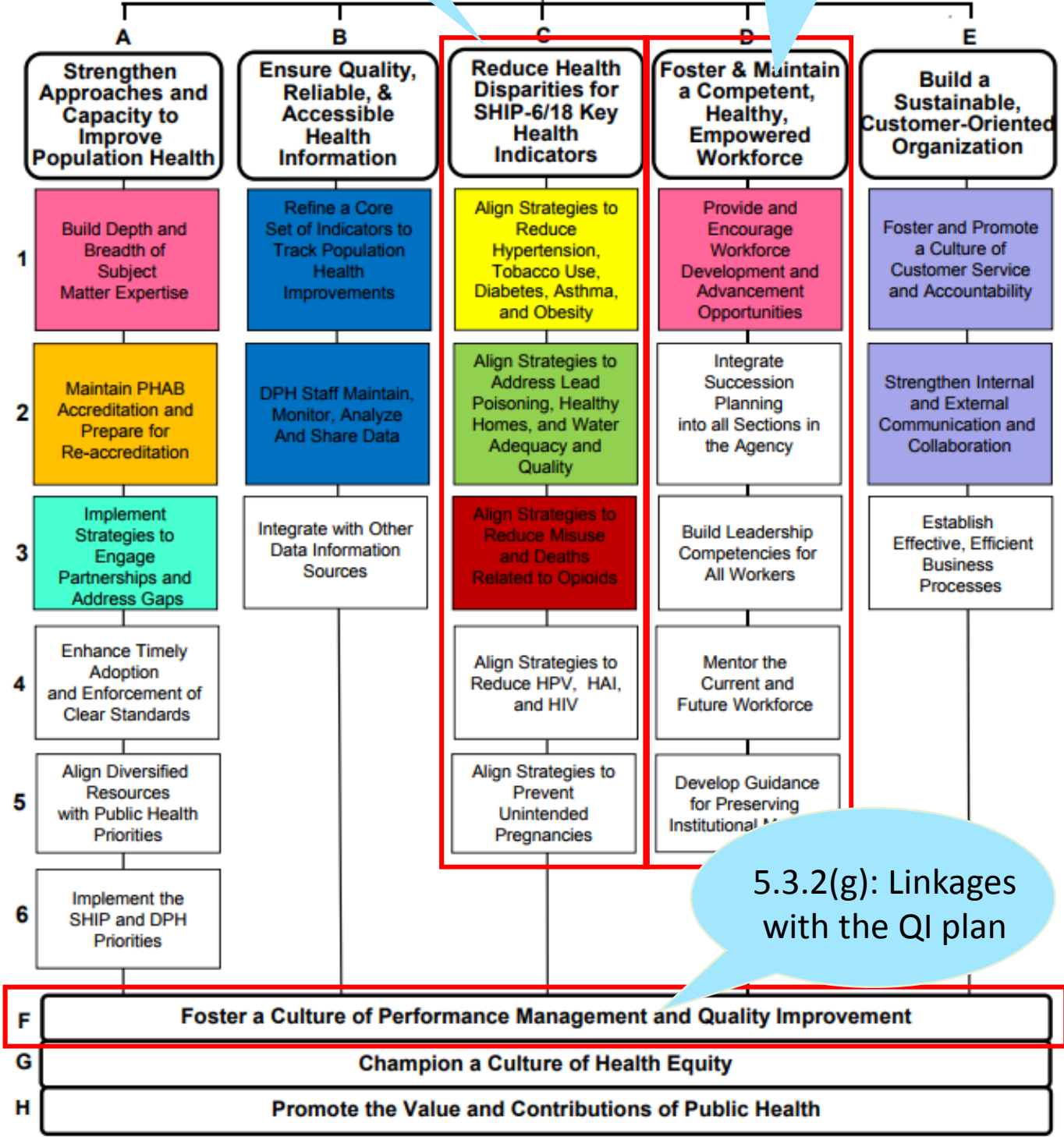
5.3.2(g): Linkages with the CHIP

Department of Public Health  
Strategic Map: 2017-2022

5.3.2(d): Consider capacity for workforce development

Improve Population Health in  
Through Engagement, Innovation,  
Leadership And Action

Revised  
2/7/17



5.3.2(g): Linkages with the QI plan



## Strategic Map Update 2017 Implementation Planning Worksheet

### Central Challenge

### Improve Population Health in Connecticut through Engagement, Innovation, Expertise Leadership, and Action

**STRATEGIC PRIORITY OR GOAL: [FOSTER AND MAINTAIN A COMPETENT, HEALTHY, EMPOWERED WORKFORCE]**

**TRACK OF WORK/OBJECTIVES: [PROVIDE AND ENCOURAGE WORKFORCE DEVELOPMENT AND ADVANCEMENT OPPORTUNITIES; BUILD DEPTH AND BREADTH OF SUBJECT MATTER EXPERTISE]**

Result	Deadline	Accountability	Status/Comment
1) Develop tools to retain Institutional Memory	May, 2017	Workforce Committee, PHSI	
2) Starting 1/1/2017, 100% of new employees will complete the Mandatory Training Plan within one year of their start date.	December, 2017	PHSI, Workforce Committee	
3) 25% of staff will be trained in Leadership Development in the last five years	December 31, 2017	PHSI	
4) Pilot use of Individual Development Plans	September, 2017	Workforce Committee, PHSI	
5) Develop guidance for managers and staff on developing subject matter expertise	December, 2017	PHSI/ Workforce Committee	
6) Update the 2015 Workforce Development Plan	December, 2017	Workforce Committee, PHSI	

**Track of Work:** an objective or set of related objectives on the strategic map

**Result:** "what"—a specific outcome to be achieved in support of the track of work/objectives

**Deadline:** "when"—the date by which the result will be achieved

**Accountability:** "who"—the person or group responsible for achieving the result

**Status/Comment:** - the status in reaching the result. Note if: on track, off track, completed (with date), comments as needed.

5.3.2(c): Goals and objectives with measurable and time-framed targets



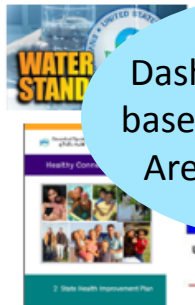
# How we Manage Performance and Quality at the Connecticut Department of Public Health:

*Striving for Excellence Daily in Everything We Do*

## Performance Standards

**What are we aiming for?**

National standards from sources like these can be used to select indicators and targets for programs



Performance Dashboard measures based on SHIP Priority Area indicators and objectives

*Healthy People 2020 Example:*  
Reduce blood lead levels in children ages 1-5



## Performance Measurement

**How will we know how we are doing?**

Refine measures and targets to monitor how well programs are doing.

*How much did we do?*  
(process measure)

% of lead abatement contractors professionally licensed

Example 1

# of callers using the Tobacco Quitline

Example 2

*How well did we do it?*  
(process measure)

% of lead positive homes abated for lead

*Is anyone better off?*  
(outcome measure)

Incidence of lead poisoned children is reduced in the state of CT

# of Tobacco Quitline callers enrolling in a tobacco cessation pro-

% of Tobacco Quitline callers that quit smoking

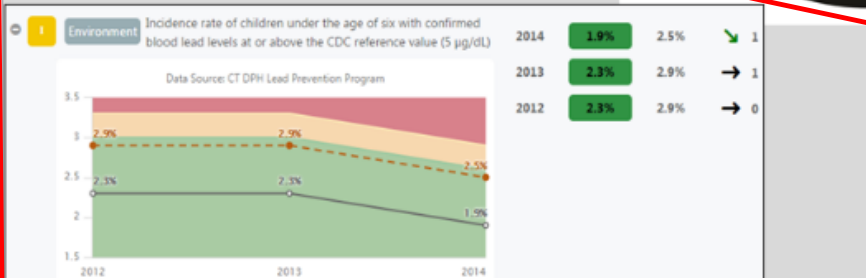
### PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



## Reporting Progress

**How are we sharing our progress among staff and with partners?**

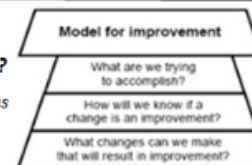
The Performance Dashboard is used to share progress on measures and targets.



## Quality Improvement/LEAN

**How can we do better to meet our targets?**

Using quality improvement methods such as LEAN and Plan, Do, Study, Act (PDSA) can lead to improvements



Using a Lean process the Lead Program examined how to improve processing manual child lead results and move to a fully automated system. They successfully reduced the time it takes to share blood lead results with caseworkers, who can then work with children and families more rapidly to address their health issues.



July 2016

# Discussion

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What successful strategy has your health department implemented to align and connect plans?

