



Tribal Public Health Department Guide To Organizational Self-Assessment For Public Health Accreditation Preparation

*An In-Depth Approach To Assessing Public Health
Capacity and Readiness For Accreditation.*

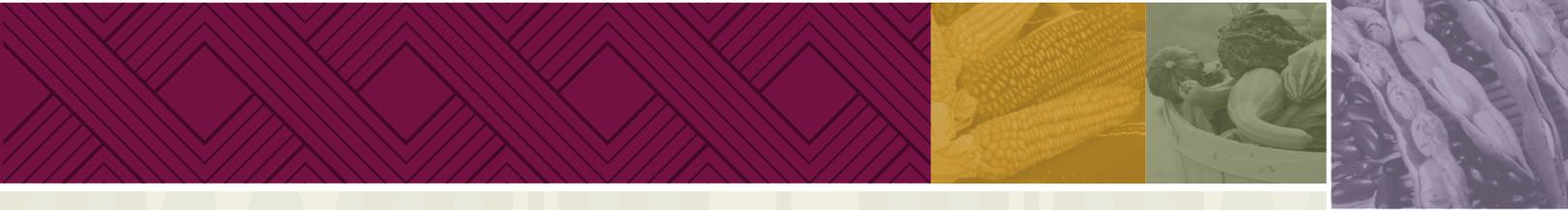
Based on the Public Health Accreditation Board's
Tribal Standards and Measures, Version 1.5



SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

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About This Guide

The Tribal Public Health Department Guide To Organizational Self-Assessment For Public Health Accreditation Preparation is an adaption of a similar guide created in 2012 by the National Association of County and City Health Officials for local health departments. Red Star International completed the original adaptation to address the unique context of Tribal Public Health Departments (TPHDs) in 2013. The original guide and adaptation were supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.

In 2018, Seven Directions updated the guide with support from a grant from the Robert Wood Johnson Foundation. The current adaptation provides TPHDs with the basic steps on how to engage staff and partners in an organizational self-assessment of their performance. This tool is intended to broadly provide guidance on the process and can be tailored to the unique needs of your department.

Contributors

This resource was developed with the support, expertise and guidance of a number of people. The following individuals contributed to this guide:

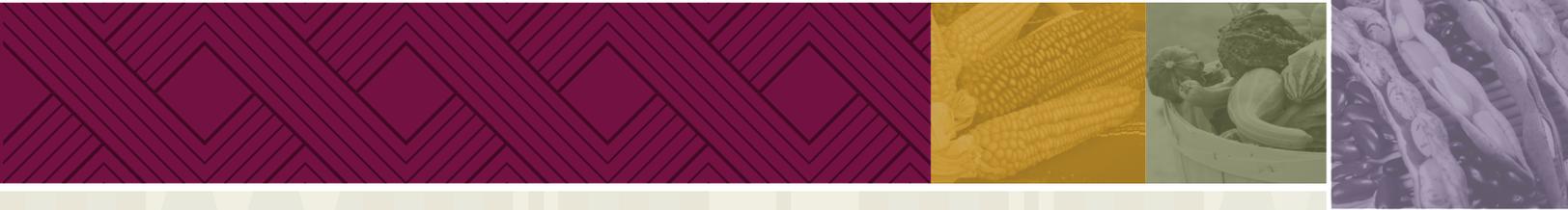
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The content of this guide are those of the authors and do not necessarily represent the official position of or endorsement by the Robert Wood Johnson Foundation, or the Centers for Disease Control and Prevention.



Introduction

Tribal Public Health Departments (TPHD) are increasingly involved in public health activities in rapid response to the changing needs of American Indian and Alaska Native communities. Tribes recognize the importance of strengthening public health infrastructure – capabilities, relationships and resources – as a means for increasing efficiency and effectiveness of programs and services. A stronger Tribal public health infrastructure may lead to improvements in health outcomes and greater capacity to respond to the important public health needs of the community.

Public health accreditation is a process by which a TPHD can measure its performance against a set of national standards and measures (S/Ms) as established by the Public Health Accreditation Board (PHAB), a non-profit organization serving as the accrediting body for Tribal, state, local and territorial public health departments. As a part of the accreditation process, aspiring TPHD will undergo a self-assessment against the PHAB S/Ms to identify strengths and uncover gaps in TPHD performance. TPHD may have conducted similar self-assessments when pursuing accreditation of Tribal clinics, hospitals, or ambulatory care facilities through other accrediting bodies, such as the Accreditation Association for Ambulatory Health Care (AAAHC) or The Joint Commission.

Tribal public health systems are complex and include a variety of partners and stakeholders that work together to protect and promote community health. Diagram 1 illustrates some of the partners with which a TPHD might coordinate services. Given that each Tribal system is unique, the scope and level of coordination between a TPHD and its partners will vary. Engaging partners in the accreditation process is critical because the PHAB S/Ms address a TPHD’s capacity to work with its partners to fulfill a range of core public health functions and essential services. These functions and services are often provided by various entities, divisions, and programs, within the TPHD, including but are not limited to, environmental health, health education and promotion, chronic and communicable disease prevention and control, injury prevention, and access to care. The S/Ms also address areas of public health law, governance, finance, human resources, and administration. Since many programs and services are delivered in partnership, or in coordination with others, it is important to identify ways to include the most appropriate Tribal public health system partners in the self-assessment process.

DIAGRAM 1. Tribal Public Health Systems





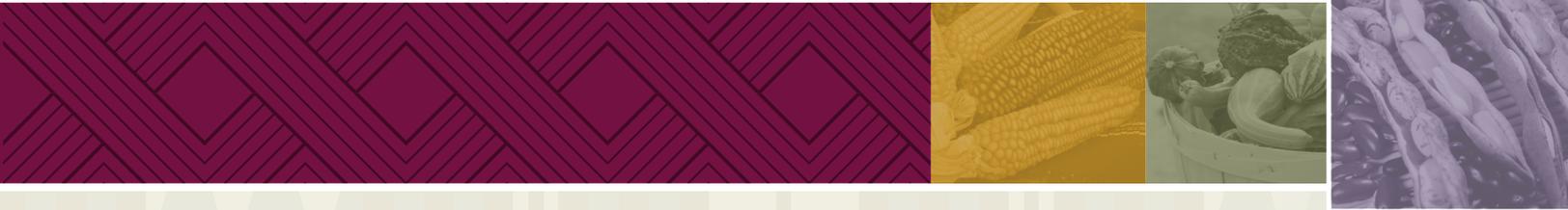
Accreditation Readiness

Planning and preparing for public health accreditation is a complex process that includes many steps. The complexities are due, in large part, to the fact that accreditation readiness is not a linear process where one step follows another. On the contrary, many tasks are undertaken concurrently, and in some cases, *synergistically*. By synergistically, we mean with tasks and activities being completed in a coordinated way and at the same time, in order to achieve a better result than if they were completed independently of one another. To help TPHD conceptualize the many public health accreditation preparation activities required to *cultivate* a culture of high performance and quality, we have divided them into three primary *Readiness Areas*:

Organizational Readiness, Foundational Prerequisites, and Performance Management.

- **Organizational Readiness** is the cornerstone to readiness efforts. It focuses on establishing an accreditation team and ensuring that other internal resources are in place to plan and prepare for accreditation. This includes leadership support from the TPHD Director, Tribal Council, and Health Committees, among others, as well as sufficient buy-in across TPHD staff. Their support will be critical to facilitating system-wide engagement in the process.
- **Foundational Prerequisites** focus on the three prerequisites needed to apply for public health accreditation: a community health assessment (CHA), a community health improvement plan (CHIP), and an organizational strategic plan. These foundational documents, along with other departmental plans and processes, lay the groundwork for making measurable improvements in health and performance.
- **Performance Management** in its simplest terms is a systematic process that helps a health department achieve its strategic goals. This readiness area focuses on putting the mechanisms in place to identify performance goals, targets, and indicators, and to monitor activities, use quality improvement to address performance issues, and report on progress.

Accreditation readiness activities are often interdependent and connected across readiness areas. The self-assessment process can help TPHD identify connections across the three readiness areas and among the PHAB S/Ms. In this guide, we discuss how self-assessment results can be used to coordinate accreditation readiness activities, leading to Tribal public health functions and services that are more meaningful, strategic, and impactful.



Accreditation and the Three Sisters

The analogy of the three sisters – corn, beans and squash – might be helpful in understanding what is meant by interdependent and connected. Many Tribes have a long tradition of planting and harvesting the three sisters together because of the synergistic relationship between the three. When planted and nurtured together, the three form an interdependent relationship that allows them to thrive together and provide high yields that benefit community health. This is commonly referred to as companion planting. In the same way companion planting produces a more abundant harvest, coordinated public health activities achieve better results than those that are completed in isolation of each other.

In order to better understand what it takes to cultivate a culture of high performance and quality, we have likened the three Readiness Areas to the three sisters and the tradition of companion planting.

-  Like corn, **Organizational Readiness** is the pillar for public health performance. Engaging Tribal Leadership ensures that public health performance has the support and resources it needs to formalize internal and external partnerships and to develop policies and plans. Having financial resources and capable information systems are critical to developing a public health infrastructure that provides quality services that can effectively address the most pressing needs of the community.

-  Squash provides the ground cover to ensure the corn and beans have the nutrients and moisture required to thrive and bear the most fruit. Likewise, the **Foundational Prerequisites**, along with other planning documents, provide a beneficial base that nurtures the TPHD’s growth and overall performance. As PHAB states in its Guide to National Public Health Department Initial Accreditation (June 2015) document, these documents provide long-term guidance and direction to the health department.

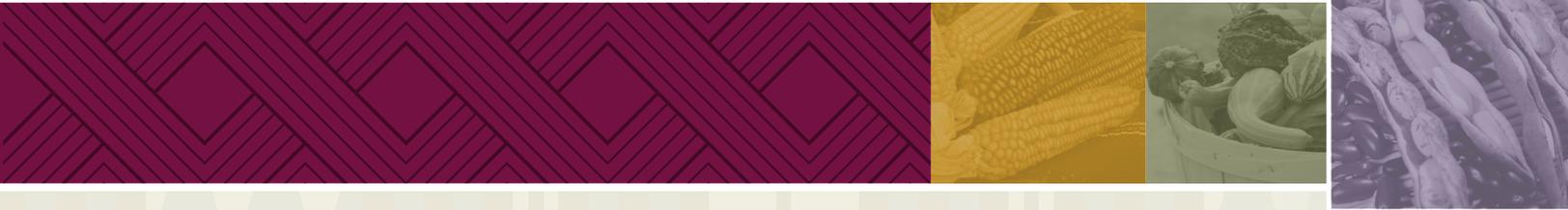
-  **Performance Management** can be likened to beans. As their vines grow up along the corn stalk, they stabilize the corn and make it less vulnerable to weather and other elements. Quality public health performance practices require data-based decisions. Data-based decision making will ensure that programs and services are meaningful, purposeful and strategic, thus providing an environment that supports planned improvements efforts.

Conducting a self-assessment is an early first step in determining your TPHD’s capacity and readiness for public health accreditation.



Resource!

Learn more about the accreditation readiness areas and how to plan and prepare:
[Cultivating A Culture Of High Performance And Quality: Lessons Learned From The Three Sisters – Corn, Squash And Beans. A Tribal Public Health Accreditation Readiness Guidebook And Roadmap, Seven Directions.](#)



Importance of Tribal Leadership Support

Tribal Leadership should be engaged in accreditation efforts from the beginning and continually throughout the accreditation process. Tribal Leadership may include Tribal Council, health committees or boards, and the health director. Tribal Leadership support is important throughout the accreditation process, but especially during the self-assessment when the TPHD reviews the S/Ms addressing governance, public health law, and policy. Leadership support will also be important when the TPHD looks to engage key staff from other Tribal departments to participate in the self-assessment.

Identify an Accreditation Coordinator

After deciding to pursue public health accreditation, the health director should recruit or appoint an Accreditation Coordinator (AC), who will provide leadership throughout the accreditation process. According to PHAB, the health director may not serve as the AC, so it will be important to select an individual with leadership and communication skills. Analytical, organizational and team-building skills are also essential. The AC will be the point of contact between the TPHD and PHAB throughout the entire accreditation process. The AC is the ideal person to coordinate the self-assessment, since he or she will need to identify and recruit participants, facilitate meetings, and manage tasks assigned to staff.

PHAB developed a guidance document to help TPHDs identify an AC. See the resource link at the bottom of the page.

Steps To Complete A Self-Assessment

TPHD self-assessment is an important first step in addressing the *Public Health Performance Readiness* area because it provides important information for performance and quality improvement efforts. The process itself provides a means for understanding a TPHD’s systems, operations, processes, and policies in order to strengthen services. Assessment results can be used to identify strengths and opportunities for quality improvement, community health improvement, and strategic planning, all of which are requirements of public health accreditation. Results can also be used to determine whether pursuing public health accreditation is a short- or long-term goal.

The purpose of this *TPHD Guide to Organizational Self-Assessment* is to provide a step-by-step approach to conducting in-depth self-assessment in preparation for PHAB accreditation. This guide is adapted from a number of tools, including the National Association of County and City Health Officials (NACCHO) Organizational Self-Assessment Guide. This guide provides broad guidance on conducting a self-assessment that follows five principal steps and two additional steps that describe how to use your self-assessment results to implement quality improvement (QI).



Resource!

Review the following PHAB document for more guidance on selecting an AC.
[Considerations for Selecting an Accreditation Coordinator](#), Public Health Accreditation Board.



This guide provides broad guidance on completing the following seven steps in conducting a self-assessment:

- Step 1: Initial preparation
- Step 2: Gather documentation and score measures
- Step 3: Identify and analyze strengths and improvement opportunities
- Step 4: Prioritize areas for improvement
- Step 5: Develop and implement a work plan to address S/Ms
- Step 6: Implement QI
- Step 7: Institutionalize self-assessment and continuous QI processes

After completing a self-assessment (Steps 1-5), the TPHD will have a list of top priority areas for improvement. Finishing the self-assessment process is valuable, but acting on the results of the process is where improvements are actually made (Steps 6-7). The self-assessment serves as a precursor to QI efforts because the results of the process can be used to address identified gaps through QI processes. Ideally, the self-assessment and continuous QI process should be part of the TPHD’s planning cycle and repeated at regular intervals, with demonstrated improvements along the way. Ongoing performance assessment and improvement may improve the TPHD’s efficiency and effectiveness in addressing the health needs of Tribal communities (Step 7).

The approach described in this guide is not intended to prescribe what and how specific activities should be conducted; rather, it offers TPHD an approach to preparing and conducting a self-assessment, and then using the assessment’s results. TPHD are diverse in terms of size, structure, governance, population, jurisdiction, and partners, so adapting the recommended approach or using an alternate approach may be necessary. Whatever the approach, remember that self-assessment is an iterative process – one that is repeated in order to achieve the best outcome possible.

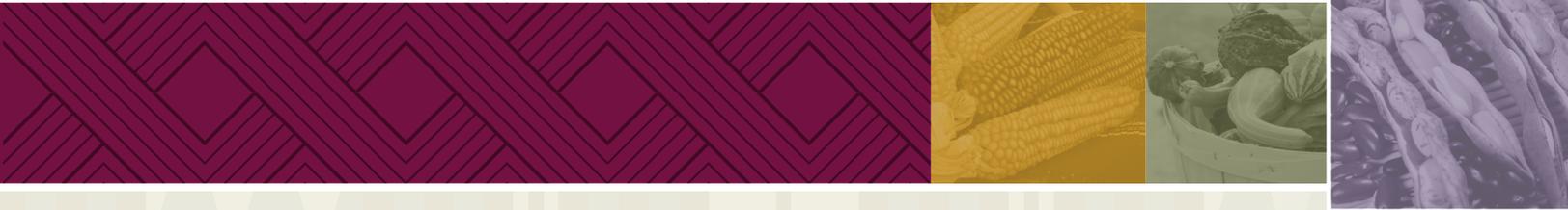
Tribal Self-Assessment Tool

It is highly recommended that a TPHD use the Tribal Public Health Accreditation Self-Assessment Workbook developed by Gray Horse Strategies. This Excel-based, tribal-specific workbook (along with non-tribal local and state versions) have been used effectively by many health departments across the country to develop a snapshot of capacity as it relates to PHAB S/Ms. The workbook can be used to facilitate a collaborative approach to reviewing the S/Ms and identifying potential documentation. Used with the PHAB Standards and Measures Version 1.5 and the PHAB Guide to National Health Department Accreditation, both tools provide a rating system for scoring a TPHD’s capacity to address each measure. After completing the self-assessment, you can average the scores and produce a radar chart that illustrates the overarching strengths and areas of improvement identified by domain.



Resource!

Tribal Public Health Accreditation [Self-Assessment Workbook](#), Gray Horse Strategies.



Step 1: Initial Preparation

This step is primarily the responsibility of the health director, the AC, or both. Initial preparation includes the following three tasks, which will likely overlap:

- Develop the work plan.
- Provide accreditation orientation for all TPHD staff.
- Train the self-assessment participants.

Develop the Work Plan

It is important to determine the best way to structure the self-assessment. There are several ways to do it, and each TPHD should accommodate its own specific needs and organization capabilities. The method used may depend on the size of the health department. Three examples of methods used by other health departments include:

Option 1: The self-assessment participants include the AC, senior management, and program staff. In this option, senior management, including division directors, assign specific domains or S/Ms to staff in their respective divisions or programs based on area of expertise (e.g., the health education program manager may be in charge of Domain 3 – *Inform and educate about public health issues and functions*, and may delegate the S/Ms under Domain 3 to the TPHD’s community health educator). These staff members gather documentation for their assigned S/Ms and score each measure based on their findings. Senior management then analyzes these results and makes recommendations. This option is commonly used in large health departments.

Option 2: The self-assessment participants include the AC and senior management. Together they divide all the S/ Ms among themselves and complete the entire process, including gathering documentation, scoring standards, analyzing results, and making recommendations. This option is typical in mid-sized health departments.

Option 3: The self-assessment participants include the AC and the health director, who will complete the entire self-assessment process. This option works well with small health departments.

If the TPHD uses any of these options, it may want to consider organizing the workload by grouping two or more closely related domains, and then assigning a domain grouping to a team of self-assessment participants. Even if there is not enough staff to divide into domain teams, the individuals conducting the self-assessment can still use these domain groupings to focus their approach. Reviewing the related domains in sections promotes efficiency, especially for individuals with expertise in more than one domain. Suggested groupings are summarized in Table 1 located on the following page.



TABLE 1. Sample Domain Groupings

Domains 1 and 2: Surveillance, Investigation and Environmental Public Health Hazards	Potential Staff to Involve
<ul style="list-style-type: none"> • Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community • Domain 2: Investigate health problems and environmental public health hazards to protect the community • Domain 5: Develop public health policies and plans (Standard 5.4 only) 	<p>Staff who work in data analysis, environmental health, emergency preparedness, epidemiologists</p>
Domains 3, 4, 7, 10: Health Education, Promotion, Prevention and Evidence-Base	
<ul style="list-style-type: none"> • Domain 3: Inform and educate about public health issues and functions • Domain 4: Engage with the community to identify and address health problems • Domain 7: Promote strategies to improve access to health services • Domain 10: Contribute to and apply the evidence base of public health 	<p>Health promotion managers/coordinators, community health representatives, communications, evaluators, medical directors, other Tribal departments – social services, education, housing, etc.</p>
Domains 5, 6, 11, 12: Policies, Plans, Laws and Governance	
<ul style="list-style-type: none"> • Domain 5: Develop public health policies and plans (Standards 5.1 – 5.3) • Domain 6: Enforce public health laws • Domain 11: Maintain administrative and management capacity • Domain 12: Maintain capacity to engage the public health governing entity 	<p>Health policy staff, law enforcement, TPHD leadership - health board/committee member, health advisory council member, human resources, finance</p>
Domains 8 and 9: Workforce, Performance Management and QI	
<ul style="list-style-type: none"> • Domain 8: Maintain a competent public health work force • Domain 9: Evaluate and continuously improve processes, programs and interventions 	<p>Human resources, evaluators, performance managers, QI leaders and staff</p>

Though the suggested group structures have been successful with other health departments, there is no one ‘right’ way to undertake this process. The health director and the AC must put careful consideration into the best method for the TPHD.

Note: *The remainder of this document may seem to refer to larger groups that follow Option 1, but this guidance is intended to accommodate all TPHD, regardless of the option that is used. Whether the group consists of multiple members or is comprised of only one or two individuals, each step in this guide will need to be completed.*



Once the best approach has been selected, the AC may develop a work plan for the self-assessment. The work plan should outline the steps and activities for completing the self-assessment, including an orientation for TPHD staff (described below).

While developing the work plan, it may be helpful to identify who will participate in the self-assessment process. These individuals will ultimately be responsible for completing the self-assessment, analyzing the results, and making recommendations regarding program improvements based on the results. Recall that the purpose of this process is to conduct a comprehensive self-assessment of the TPHD as a whole, and therefore, it is often valuable for the self-assessment participants to represent members from all levels of management and staff, and all program areas. This will ensure that the wide range of skills and expertise required to conduct the self-assessment is available.

Ideally, the self-assessment should have broad representation from staff, including: 1) health director; 2) Accreditation Coordinator; 3) senior management; and 4) program staff. The composition and size of the self-assessment team will vary from one health department to another, and should align with the self-assessment approach that was previously identified. The health director and AC should consider the following points when selecting self-assessment participants:

- Size of the TPHD.
- Organizational structure.
- Manner in which responsibilities are assigned to staff.
- Workload.
- Time it will take to collect evidence and adequately complete the self-assessment.
- Adequate knowledge of the health department in general, or specific programs.

General guidance on selecting staff who will participate in the self-assessment process, including desired characteristics and responsibilities, are summarized in Table 2 below.

TABLE 2. Considerations for Selecting the Self-Assessment Participants

Staff Type	Possible Staff	Characteristics	Responsibilities
Senior Management	<ul style="list-style-type: none"> • TPHD director • Division directors • Senior managers 	<ul style="list-style-type: none"> • Objective • Effective delegators • Effective communicators • Strong leadership skills 	<ul style="list-style-type: none"> • Design and lead the process • Analyze results • Formulate recommendations for continuous QI efforts • Break ties when there is a split decision
Project / Program Staff	<ul style="list-style-type: none"> • Program managers • Program staff 	<ul style="list-style-type: none"> • Objective • Organized • Documentation skills • Subject matter experts 	<ul style="list-style-type: none"> • Provide information and expertise on S/Ms • Collect and organize documentation as evidence • Serve as ambassadors to general staff about the process



Participation of Tribal administration, departments, or both in the self-assessment should also be based on experience and expertise, as well as each entity’s role as a public health system partner. Depending on the TPHD’s formal and informal protocols or practices, the TPHD may also want to engage a member of Tribal Council or the Health Oversight Committee. Departments and programs that a TPHD may engage include, but are not limited to, human resources, finance, facilities, information technology, Tribal attorney general, and public safety.

After determining who will be involved in the self-assessment, identify the roles and responsibilities of each member or team. Depending upon the size of the group and the planned approach of the self-assessment, you may want to designate a lead for each domain or domain grouping. This is especially helpful in organizing participants and ensuring accountability.

Developing a timeline for the self-assessment process, including the initial assessment and acting on its findings, will ensure that staff have a clear understanding of the time and commitment required to stay on track with the process. The time required to complete the self- assessment will vary greatly from one TPHD to another and will depend on the size of the TPHD and available staff and resources to devote to the process. For example, an Accreditation Coordinator who plans to independently conduct the self-assessment could require several months, while a dedicated Accreditation Team may take only 2 days to complete the initial assessment. [Appendix A](#) provides a worksheet for setting target dates for the outlined steps in the self-assessment process.

Because this process may require a substantial amount of staff time, it is very important for the health director to allow staff to allot time for this process. Leadership support of the process will encourage TPHD staff to view the time and effort needed to complete the self-assessment as a valuable component of their work rather than simply more work to do.

Provide Accreditation Orientation for All TPHD Staff

It is important to provide an orientation for participating Tribal administration, departments, and programs, so they understand the purpose of accreditation, their role in supporting the effort, and the potential benefits to their work and to the community at large. For the department-wide orientation, staff should be given an overview of public health accreditation, the self-assessment process, and communication expectations.

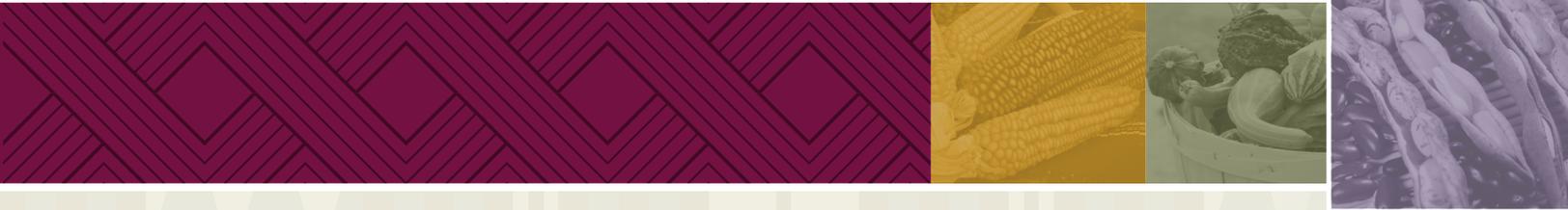
Accreditation Overview: It is important to provide an overview of accreditation, its benefits, and how it will impact the TPHD and the community. In particular, staff without a public health background will likely be involved in the process and may need more contextual information before contributing. PHAB has developed a ‘ready-made’ PowerPoint presentation that can be easily adapted for TPHD to inform staff about accreditation and its importance to the TPHD. The presentation can be found on [PHAB’s website](#).

Ongoing Communication: Orientation is the time to explain that throughout the self-assessment process, regular staff briefings, status reports, or other consistent communication will be critical to ensure that staff are kept informed of the progress and results. TPHD leadership, the health director and the AC will need to continue to communicate the department’s commitment to accreditation, as well as the staff’s role in strengthening its capacity and performance.



Resource!

[Guide to Communicating about Performance Improvement, NACCHO](#)



Train the Self-Assessment Participants

After self-assessment participants are selected and a work plan is developed, the AC must provide or coordinate training for the participants. Training content should include: (1) the purpose of the self-assessment and how the results will be used; (2) a detailed description of the process; (3) a discussion of relevant documents, including the current version of the PHAB Standards and Measures document and the National Public Health Department Accreditation Documentation Guidance; and (4) assignments for S/Ms. As part of training, we recommend that each staff member thoroughly review the relevant documents before the self-assessment process begins. The AC should use the work plan to communicate the process activities, roles, responsibilities, and timeline.

Step 2: Gather Documentation And Score Measures

The AC and self-assessment participants will be responsible for completing this step, in coordination with other staff, specifically through the following three tasks:

- Conduct a preliminary review.
- Gather documentation as evidence of addressing S/Ms.
- Score TPHD performance against S/Ms and store documentation.

Conduct a Preliminary Review

In this step, staff gathers documentation that will be used to score each measure in the self-assessment tool and that may eventually be used to show conformity to PHAB S/Ms. At this point, all participants should know which S/Ms they are responsible for and have had the opportunity to review them in the PHAB Standards and Measures. The following four tools are needed to complete this step:

1. *PHAB Standards and Measures Version (current version)* – This document serves as the official standards, measures, and required documentation for PHAB national public health accreditation. It explains the meaning and purpose of a measure and describes the types and forms of documentation that can be used to demonstrate conformity with each measure. The standards are based on the Ten Essential Public Health Services and focus on “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure.
2. *PHAB National Public Health Department Accreditation Documentation Guidance (current version)* – This document provides general guidance for selecting the specific documentation that will be submitted to PHAB for each documentation requirement contained in the most current version of the PHAB Standards and Measures.
3. *PHAB Supplemental Process and Documentation Guidance for Tribal Public Health Department Accreditation* – This supplement is a companion document to Version 1.5 of the PHAB Standards and Measures. It provides tribally specific examples and suggestions for ensuring conformity with the S/Ms.
4. *Tribal Public Health Accreditation Self-Assessment Workbook* – This is the only self-assessment tool currently available that uses the Tribal S/Ms for public health accreditation.



After obtaining these four tools, the self-assessment participants may meet to discuss what documentation is available for each measure. Staff should note the location of the documentation and summarize the required follow-up for each measure in the Tribal Public Health Accreditation Self-Assessment Workbook (Workbook). After discussing each measure and determining the availability of the required documentation, participants should record a preliminary score for each measure in the Workbook. The score can be determined by using pre-identified criteria for assessing each measure. Three types of criteria are commonly used for self-assessment:

Level of demonstration to address each measure	Met, Partially Met, Not Met
Capacity to address each measure	0 = No Capacity, 1 = Minimal Capacity, 2 = Moderate Capacity, 3 = Significant Capacity, 4 = Optimal Capacity. <i>Note: The Self-Assessment Workbook for TPHD uses these ratings.</i>
Estimated time required to address each measure	0 = More than 1 year, 1 = 7 to 12 months, 2 = 4 to 6 months, 3 = 1 to 3 Months, 4 = No Time Needed / Already Completed.

Note: These scores are for purposes internal to the TPHD only. They are not related to the scores PHAB provides during in its review of the S/Ms for TPHD pursuing accreditation.

Once scoring is complete, the AC and self-assessment participants may determine who will be responsible for gathering the documentation discussed in the preliminary review. Depending on the outcome, the TPHD may want to engage leadership, especially if there are documentation needs that will require their participation.

Gather Documentation

The AC and staff should agree on the process for determining whether documentation meets the criteria for the S/Ms. The TPHD may assign the responsibility of developing the process to the AC, the self-assessment participants, or to domain group leads. Once finalized, the AC or designated staff should communicate the details of this process to all self-assessment participants. Once this process is clear, staff may begin to gather the required documentation for each S/Ms.

The instructions below (taken from the PHAB documents listed above) summarize how to use and interpret the PHAB Standards and Measures to gather and select documentation:

Gather documentation – The necessary documentation for each measure is listed in the PHAB Standards and Measures. Refer to PHAB for additional tips and guidance on selecting documentation.

Organize documentation – If a TPHD plans to seek national public health accreditation, staff will need to develop and maintain an internal system organizing the documentation and streamlining the process used to gather it. This can be accomplished by creating a document or spreadsheet listing the measures, the person(s) responsible for each, the corresponding documentation, and the location of that documentation.

Score TPHD Performance Against S/Ms and Store Documentation.

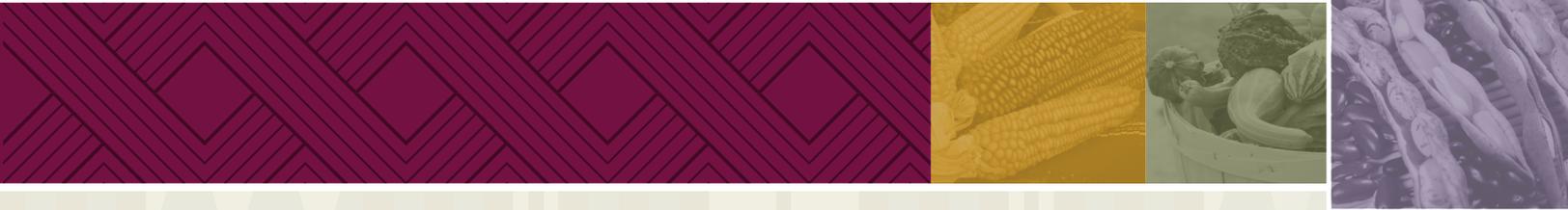
Now that available documentation has been gathered, the scores for each measure should be revised in the Workbook. Review the documentation located to determine if the score for each measure should improve, stay the same, or decrease. During this process, all identified documentation should be submitted to the AC, so the documentation can be stored in an electronic filing system.



Resource!

The *PHAB Documentation Selection Spreadsheet* offers a template for staff to organize documentation. The "TPHD Notes" section of the Workbook is another option for organizing the process and documents.

[PHAB Documentation Selection Spreadsheet](#)



Step 3: Identify And Analyze Strengths And Improvement Opportunities

This step is typically the responsibility of the AC and senior management members involved in the self-assessment. It requires the following actions:

- Identify strengths and improvement areas.
- Analyze strengths.
- Analyze improvement areas.
- Consider the benefits of using the self-assessment results to inform the QI and strategic plans.

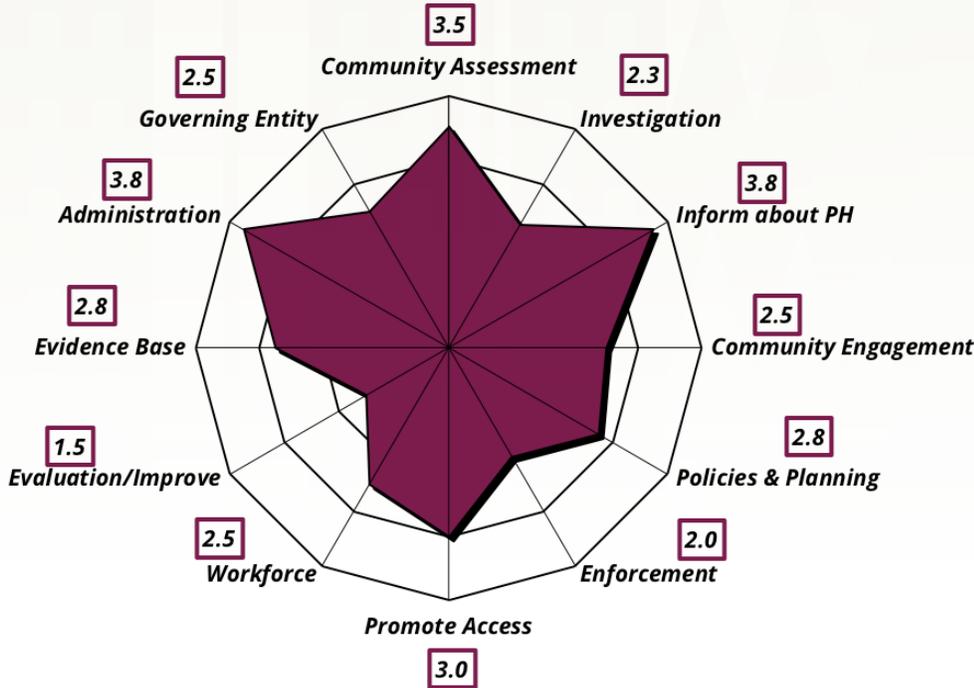
Identify Strengths and Improvement Areas

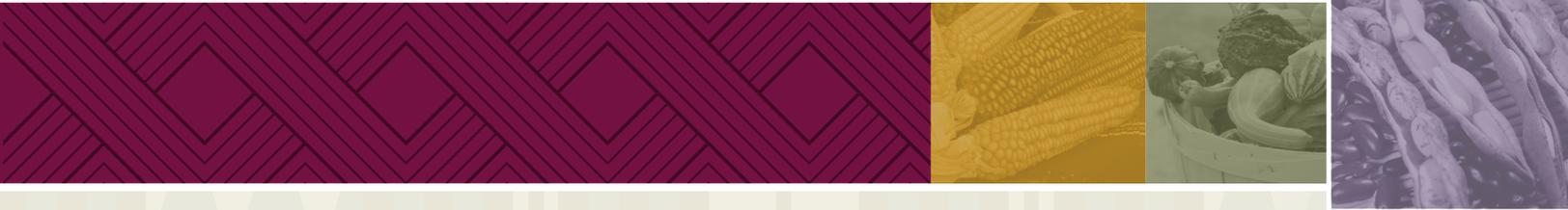
At this point, the self-assessment should be complete and documentation should exist to support each measure. The self-assessment participants must now study, analyze, and process the results in order to identify the major strengths and weaknesses of the TPHD. To begin this process, staff must first pull together the collective results for all levels, by domain, standard and measure. Next, staff should make note of and record those domains with a high number of S/Ms that have not been met. For example, domains with a high number of measures where documentation exists are considered areas of strength; those with a low number of measures where documentation exists are areas on which to improve. This process will assist staff in gaining insight and developing a plan of action.

If using the suggested self-assessment tools, the strengths and improvement areas can be easily determined by reviewing the average domain score and the average score for each standard. The workbook provides the average scores for the twelve domains in two ways. First, the average scores for the domains are presented in a table located on the “Summary” tab of the workbook. Second, these same results are presented graphically in a radar chart that is generated on the next tab labeled “Your Radar Chart.” See adjacent Diagram 1. Sample Radar Chart.

DIAGRAM 1. Sample Radar Chart

Self-Assessed Agency Capacity Using PHAB Standards





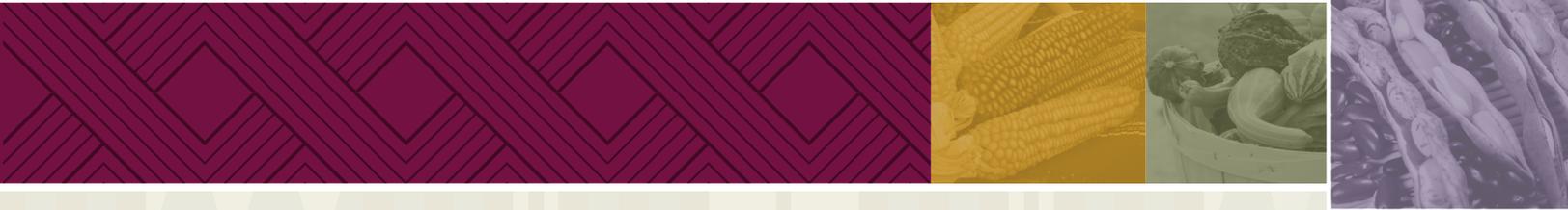
Analyze Strengths

This step highlights positive aspects of the self-assessment and provides an opportunity to celebrate the successes of the TPHD. The health director may want to consider sharing these findings with stakeholders, including the Tribal Leadership, all TPHD staff, and community partners and members. In addition to providing an opportunity to engage key stakeholders, identifying TPHD strengths is also useful because the factors that contribute to the strengths may be applicable to finding solutions to identified weaknesses. Drawing upon strengths from one area and applying them to develop and support new strategies in other areas will support the TPHD's efforts in continuous QI. After reviewing the S/Ms that are identified as strengths, staff must examine all the S/Ms that seem to demonstrate the same strength and discuss what factors contributed to it. For instance, a similar strength across multiple S/Ms could point to emerging themes such as having appropriate policies or procedures in place, having in-house staff expertise, offering staff development opportunities, or fostering partnerships with stakeholders.

Analyze Improvement Areas

Analyzing areas for improvement that are uncovered by the self-assessment is a stepping stone for developing a quality improvement process that addresses a TPHD's areas of concern. A TPHD may choose to do this by first defining the problems at one of the following four levels and then identifying areas of improvement for that level:

1. Individual Measures – Staff should prepare a problem statement for each measure scored as a major weakness in order to better understand the issues and to identify the documentation not in place in the TPHD. A problem statement briefly describes the issue, how the TPHD and community are affected, and the size of the problem.
2. Individual Standards – For each standard, both self-assessment tools calculate an average score of the measures, so these scores can also be used to prioritize. The staff should consider each standard and write one or two problem statements that describe the set of measures that were identified as areas for improvement. This level of analysis begins to provide surface level insight into the problems in the TPHD.
3. Domains – Self-assessment participants should consider weaknesses identified among multiple S/Ms within domains. For each domain, review the problem statements developed at the measure and standard level, and identify the emerging themes to develop a problem statement that summarizes areas for improvement. This is a higher level of analysis and provides more insightful information.
4. Cross-Domain Clusters – This refers to weaknesses that exist across all of the domains that seem to cluster around a common theme. The self-assessment participants should identify weaknesses in several sections that result from the same general problem. This level of analysis is the broadest and most thoughtful analysis of the TPHD; it allows for insights into systemic problems and offers a platform for improvements that can potentially solve problems that exist in different forms throughout the TPHD. Using the domain groupings provided in Table 1 may help conceptualize cross-domain clusters.



Consider the Benefits of Using the Self-Assessment Results to Inform the QI and Strategic Plans

There are many benefits to analyzing the self-assessment results and areas for improvement at measure, standard, domain and cross-domain levels. Public health accreditation requires a TPHD to develop, implement, and monitor an organizational strategic plan, a community health improvement plan, and a quality improvement plan. One of the best ways to develop any plan is to develop it based on current information and data about the health department. Self-assessment results provide important performance information and data that can be incorporated into the development of these plans and used to create linkages between them, which are required in the S/Ms.

For example, improvement areas identified at the cross-cluster, domain, and standard levels can be integrated into the TPHD’s organizational strategic plan. For example, if Domain 2 is an area requiring significant improvement, the TPHD can include strategies in its strategic plan to address specific gaps in surveillance. Using self-assessment results will ensure performance improvement activities for accreditation readiness are also addressing the requirements to implement the strategic plan. As the TPHD develops, implements, monitors, and reports on the plan’s progress, the TPHD will also be addressing the requirements of Standard 5.3: *Develop and implement a health department organizational strategic plan.*

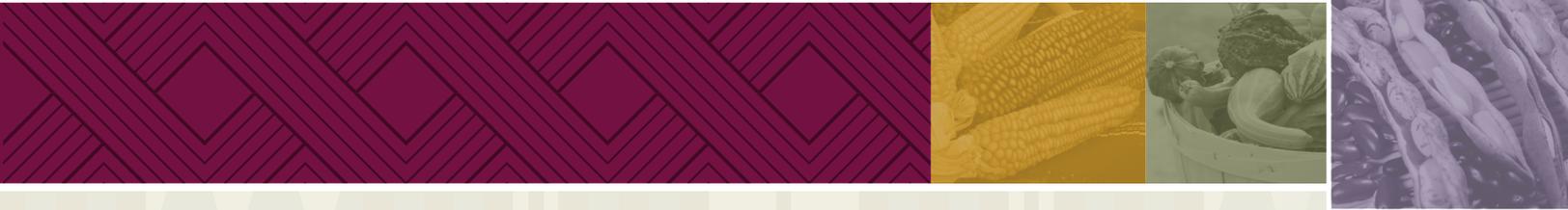
Improvement areas identified at the measure level for QI can be integrated into the TPHD’s QI plan in much the same way. If a TPHD has identified specific measures within Domain 2 that require QI, they can incorporate QI project(s) that address surveillance measures within the QI plan. Since the QI plan must also be implemented and monitored, this is an opportunity to foster a culture of QI and address accreditation requirements while also preparing for accreditation. *See Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes and interventions.*



Resource!

A Tribally-specific strategic planning guide, which includes information about how to use self-assessment results to inform the development of a strategic plan, is available at the following website:

[Developing a Tribal Public Health Department Strategic Plan: A How-To Guide](#)



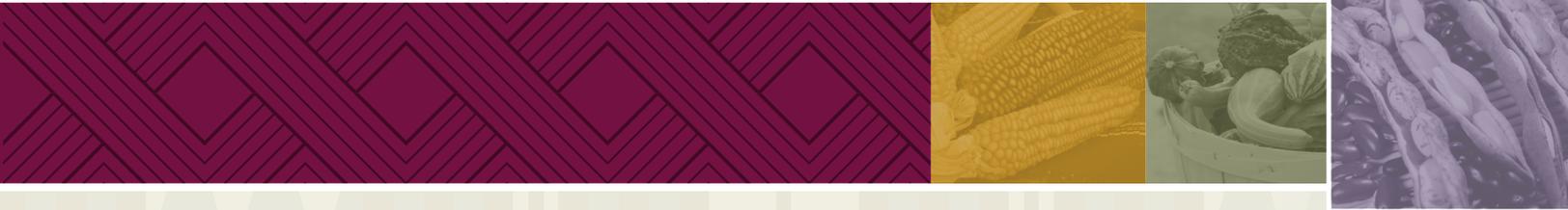
Step 4: Prioritize Identified Improvement Areas

Step 4 is primarily the responsibility of the AC and senior management members, although self-assessment participants, TPHD staff, and other stakeholders could also provide input. This step requires the TPHD to select and implement a prioritization technique.

At this point, the TPHD most likely has multiple areas of concern that need to be addressed, and with limited resources, time, and staff, the TPHD cannot begin to address all of them at once. Using a defined prioritization technique provides a structured mechanism for objectively ranking issues and choosing a focus area. Prioritization techniques also provide a way to gather input from the entire staff, while taking into consideration all facets of the competing issues. Although all areas of concern are important, prioritization allows the TPHD to identify which areas can and should be addressed before others. Five commonly used prioritization techniques include (1) multi-voting technique; (2) strategy grids; (3) nominal group technique; (4) the Hanlon method; and (5) prioritization matrix.

The TPHD should choose a prioritization technique based on its needs. Each of the techniques listed above are ideal in different settings and have their own unique characteristics. When using a prioritization technique, the TPHD should identify criteria that all participants will use to determine the level of priority for each improvement area. Examples of criteria are cost, availability of solutions, impact, public health importance, availability of resources (staff, time, money, equipment), urgency, and scope of the problem.

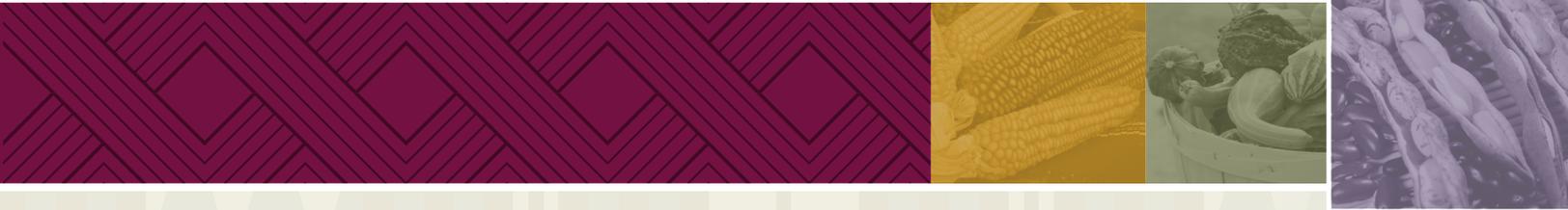
Additional guidance on choosing a prioritization technique, commonly used prioritization criteria, and detailed instructions and examples of these techniques is provided in [Guide to Prioritization Techniques](#).



Step 5: Develop And Implement A Plan To Address Standards And Measures

To improve the TPHD’s readiness for accreditation, be sure to address those areas needing improvement, beginning with the priority focus areas. It is quite likely that many, if not all, high priority focus areas identified in Step 4 can be addressed through QI processes. The health director, AC, or designated staff may use the results to identify potential QI projects, which can be incorporated into the QI plan required for Domain 9. Additionally, the focus areas can be incorporated into the strategic plan to further demonstrate the TPHD’s commitment to continuous QI. If the self-assessment participants identified additional priorities that require attention, the TPHD should develop and implement a plan for addressing these concerns.

The staff members may have determined that certain S/Ms do not have adequate documentation. It is important to determine how these documents will be formulated or improved. These tasks may be incorporated as action items in the work plan and should include the measure, documentation required, the person(s) responsible, and a timeline for completing the task. It is essential that the self-assessment participants, the AC, or both agree on a way to hold persons accountable for completing the action items. The AC will most likely lead the implementation of the plan to address the S/Ms. Accreditation is a continual process; therefore, the self-assessment should not be considered a one-time event. The TPHD should routinely assess its capabilities; implementing the work plan to address the S/Ms can serve as the foundation for institutionalizing the self-assessment process in the TPHD.



Step 6: Implement QI

QI is increasingly used in the field of public health as a means to improve performance and increase efficiencies. Creating an organizational culture of QI can help transform a TPHD’s shared attitudes, beliefs, values, and practices. Creating an organizational culture that embraces QI as a common practice for performance improvement requires leadership commitment; the appropriate infrastructure to support QI, such as a performance management system and QI plan; employee commitment; a customer focus; teamwork and collaboration; and continuous process improvement.¹ By integrating strategic and purposeful improvement processes that are data based, a team approach to QI can facilitate a strong community- and customer-centered focus.

QI is a critical part of increasing organizational capacity and working with communities to improve the health status of their members. It is addressed in domain 9, which is dedicated to performance management and QI. Standard 9.2 and its corresponding measures require the development and implementation of a QI plan. Many TPHDs have experience conducting QI within their clinical services and may even have existing QI plans to maintain accreditation with other accrediting bodies (such as AAAHC or The Joint Commission). PHAB does not accept QI plans for clinical services; therefore, existing clinical QI plans will need to be expanded to include public health services or a separate QI plan for public health will need to be created. It will be important to engage the performance improvement manager, QI manager, or other appropriate staff in the TPHD’s accreditation readiness efforts, and in the development and implementation of a QI plan for public health.

Many organizations, non-profit and for-profit entities alike, have embraced the Plan-Do-Check-Act cycle (PDCA) as a leading QI process. It is both simple and powerful in its approach. The simplicity of PDCA comes from the systematic, straightforward, and flexible approach that it offers. Its power is derived from its reliance on the scientific method, i.e., developing, testing, and analyzing hypotheses. TPHDs can use PDCA to address more complex problems, employ additional QI tools, and advance to department-wide approaches to QI.

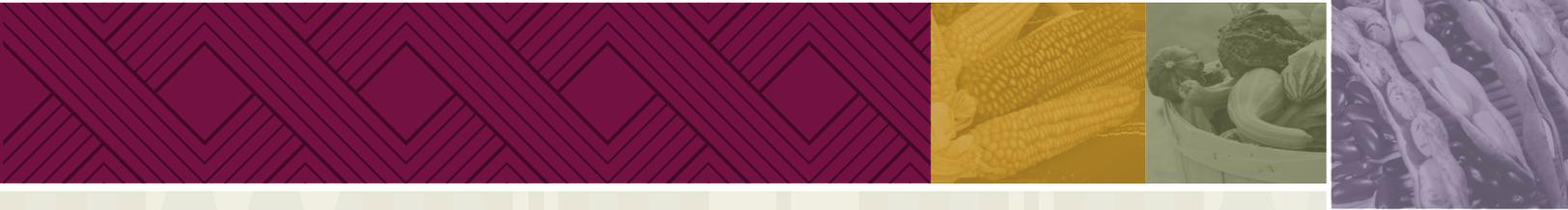
Many high-quality resources are available to help with QI efforts. *Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook*, developed by the Michigan Public Health Institute, is an excellent resource that is easy to follow. It provides an overview of QI fundamentals and a step-by-step approach using the Plan-Do-Check-Act cycle. It also includes case studies from local health departments, discusses how to build a culture of QI, and provides additional resources for QI. Another recommended resource is the *ABCs of PDCA*, which provides a comprehensive overview of the PDCA cycle for QI, including considerations to take into account before beginning a QI project. It also explains the basic elements of the PDCA cycle.

NACCHO (2013). *Roadmap to a Culture of Quality Improvement: A Guide to Leadership and Success in Local Health Departments*. <http://qiroadmap.org/culture-to-qi/foundational-elements-for-building-a-qi-culture/>. Accessed August 12, 2013.



Resource!

- [Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook](#), Michigan Public Health Institute
- [Roadmap to a Culture of Quality Improvement](#), NACCHO
- [Public Health Performance Improvement Toolkit](#), National Network of Public Health Institutes
- Association of State and Territorial Health Officials, [Accreditation and Performance](#)
- Public Health Foundation, [Performance Management and Quality Improvement](#)
- Public Health Quality Improvement Exchange (PHQIX), [online resource](#)



Step 7: Institutionalize Self-Assessment And Continuous QI Processes

TPHDs applying for PHAB accreditation will be required to undergo the reaccreditation process every five years and demonstrate improvement from the previous cycle in order to maintain their accreditation. Accreditation is not simply a ‘rubber stamp’ but rather, a cyclical process that encourages continual improvement. Once accredited, a TPHD will have to provide an annual report to PHAB to maintain accreditation. Building a culture of quality will support continuous quality improvement in performance management and improvement.

As outlined in this guide, the TPHD may find that certain measures identified as needing improvement may naturally progress into continuous QI processes. The TPHD may have identified areas needing improvement using other methods. Whichever method used to determine where improvement is needed, the TPHD may have several areas needing improvement. When there are many options, the TPHD must select and prioritize the areas that will be addressed using QI. When a TPHD meets the goals of the QI project plan, it then moves forward with institutionalizing the change. The TPHD should undergo another self-assessment process when significant changes have occurred within the health department.

Self-Assessment Process Wrap-up

The self-assessment is one of many accreditation readiness activities the TPHD will complete. Conducting the self-assessment will provide a solid foundation for the TPHD pursuing or maintaining PHAB accreditation. The results of the self-assessment should be used to help the TPHD formulate an approach for continuing its accreditation efforts.



APPENDIX A - TPHD Self-Assessment Timeline Worksheet

Step	Activity	Due Date	Date Completed
Step 1: Initial preparation	Develop the work plan		
	Provide accreditation orientation for all TPHD staff		
	Train the self-assessment participants		
Step 2: Gather documentation and score measures	Conduct a preliminary review		
	Gather documentation as evidence of meeting S/Ms		
	Score TPHD performance against S/Ms		
	Submit and store documentation with the AC		
Step 3: Identify and analyze strengths and improvement opportunities	Identify strengths and improvement areas		
	Analyze strengths		
	Analyze improvement areas		
	Consider the benefits of using the self-assessment results to inform the QI and strategic plans		
Step 4: Prioritize Identified Improvement Areas	Select prioritization technique		
	Implement a prioritization technique		
Step 5: Develop and implement a plan to address S/Ms	Develop a work plan to address priority focus areas and S/Ms		
	Implement the plan to address priority focus areas and S/Ms		
Step 6: Implement QI	Implement a Plan-Do-Check-Act cycle		
Step 7: Institutionalize self-assessment and continuous QI processes	Identify strategies to institutionalize self-assessment in the TPHD (e.g., integrate performance improvement initiatives into strategic plan and the quality improvement plan)		