Designing Voluntary Accreditation Programs for Quality Improvement

A checklist of strategies to put improvement first

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Measurable Results.

Quality improvement (QI) is a continuous endeavor for public health organizations. Below are examples of strategies that may help voluntary accreditation programs support improvement before, during, and after accreditation. Intended for leaders involved in the design or evaluation of public health accreditation programs, this tool aims to help leaders explore potential QI elements of such programs.

I.   Opportunities before accreditation

Standards

❑   Set standards that require a performance management (PM) system, such as the four components of the model designed by the Turning Point Performance Management National Excellence Collaborative [1) performance standards, 2) performance measurement, 3) reporting of progress, and 4) QI process].

❑   Ensure standards include quantifiable measures that can be used not only to prepare the application, but tracked over time to show progress and measure the effects of changes.

❑   Set a standard requiring applicants to demonstrate agency-led improvement efforts and measurable results in at least one locally-determined area in order to be accredited.

Readiness

❑   Ensure leaders complete a readiness assessment and understand the steps needed from them to champion QI/PM.

❑   Develop or promote self-assessment tools to help organizations get ready for accreditation, and which provide guidance for improvement.[1]

Pre-accreditation improvements

❑   Encourage potential applicants to choose locally-determined areas in which to measure their performance against relevant benchmarks and standards (e.g., local immunization rate vs. statewide average vs. national Healthy People 2010 standard).

❑   Encourage sites to use tools that assess and strengthen the public health system as a method for preparing the agency for accreditation [e.g., National Public Health Performance Standards Program, MAPP].

❑   Link potential applicants to resources, peers, coaches, or groups to assist improvement.

❑   Offer guidance and tools to help sites periodically assess their own conformance to standards, implement QI efforts, and monitor progress.[2]

Incentives & Support

❑   Develop incentives or influence funding and policies to reward improvement.

❑   Create flexibility and "slack" in grant and program requirements to enable improvement work across systems (rather than in silos). Expect everyone to set aside time for QI as part of normal operations.

❑   Streamline performance measures[3] and ensure that they can be reported regularly through data systems and used for QI purposes.

II. Opportunities during accreditation – site visit

❑ Shift the focus of site visits from solely conformance (audits) to identifying improvement opportunities.

- Make sites responsible for routine self-monitoring and quality audits to meet standards.

- Verify improvement practices, processes, and the use of data for QI during the site visit.

- If appropriate as part of a state site visit to local agencies, develop agreements specifying the responsibilities of each party to support improvement.[4]

❑ Facilitate access to knowledgeable peers[5] and effective practices as part of site visits to spread innovation.

❑ Commend and celebrate improvement successes.

❑ Ensure staff are skilled or certified (e.g., ASQ certification) in auditing, QI, or QI consulting methods.

III. Opportunities after accreditation – re-accreditation and support

❑ Ensure demonstration of agency-led improvement efforts and measurable results are a basis of re-accreditation. Compile and share applicants' storyboards, commendations, and effective practices.[6]

❑ Enable accredited organizations to benchmark against a pool of accredited peers and relevant standards from public health or industry.

❑ Offer accredited organizations human and financial resources[7] to assist improvement.

❑ Offer guidance and tools to help sites periodically assess their own conformance to standards, implement QI efforts, and monitor progress.

❑ Invest in research and evaluation related to QI.

❑ Engage accredited organizations in complementary QI initiatives, such as collaboratives,[8] and campaigns to spread improvement and innovation.

Examples:

[1] See the self-assessment tools used in Michigan (http://www.accreditation.localhealth.net/Tools.htm, accessed 12/11/2006), North Carolina (http://www2.sph.unc.edu/nciph/accred/materials.htm, accessed 12/11/2006), and Washington State *(Administrative Capacity Standards in Washington State Operational Guide and Self Assessment Tool)*.

[2] See the guidance offered by CDC's National Public Health Performance Standards Program *User Guide* (2006 version) on how to organize staff for improvements, set priorities, examine root causes of performance issues, develop action plans, and monitor progress, http://www.cdc.gov/od/ocphp/nphpsp/Documents/NPHPSPuserguide.pdf, pp. 25-39 (accessed 12/11/2006).

[3] See New Hampshire's approach to streamlining measures, http://www.phf.org/infrastructure/PMexamples (accessed 12/11/2006).

[4] See Florida's approach of developing agreements for improvement, noted at http://www.nnphi.org/onepagers.pdf, p. 4 (accessed 12/11/2006) and illustrated at http://www.phf.org/infrastructure/resources/PMCToolkit/FLQIDoc_MidLargeCounties.pdf (accessed 12/11/2006).

[5] See Florida's use of peer reviewers described in the case study at http://www.phf.org/infrastructure/PMexamples (accessed 12/11/2006).

[6] See Washington State's *Exemplary Practices Compendium*, http://www.doh.wa.gov/phip/PerfMgmt/stds/main.htm (accessed 12/12/2006).

[7] See North Carolina's Public Health Improvement Fund, *North Carolina Local Health Department Accreditation*, http://www.nnphi.org/onepagers.pdf, p. 13 (accessed 12/11/2006).

[8] See the Institute for Healthcare Improvement's Breakthrough Series Collaborative Model, http://www.ihi.org/IHI/Results/WhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchieving%20BreakthroughImprovement.htm (accessed 12/11/2006).

www.phf.org/accreditation-QI-strategies.pdf (2/26/2007)
Questions? More ideas? Contact PHF (jcarden@phf.org, 202-218-4415)

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