

Aligning Accreditation Plans: A Crosswalk of Plan Requirements in the Public Health Accreditation Board Standards and Measures, V 1.5

Sonja Armbruster, MA and Margie Beaudry, MA

December 2015

The Public Health Accreditation Board (PHAB) requires health departments to acknowledge that the following plans/policies/systems are substantially developed and near completion prior to applying for voluntary public health accreditation¹:

- State/Community Health Assessment (S/CHA)
- Organizational Branding Strategy (OBS)
- State/Community Health Improvement Plan (S/CHIP)
- Agency Strategic Plan (SP)

- Workforce Development Plan (WDP)
- Performance Management Policy/System (PMS)
- Quality Improvement Plan (QIP)
- Public Health Emergency Operations Plan²

PHAB's goal of "transforming agencies" is best served when these documents¹ are mutually reinforcing so that they together comprise a well-integrated, systematic approach. It may not be feasible for a health department to develop all of these plans simultaneously; however, when a health department writes some plans before others, it risks missing opportunities for alignment that will strengthen all plans. This crosswalk can be part of a conscious effort to coordinate the elements of plans that may not be created at the same time.

The first wave of accredited health departments primarily focused the early part of their accreditation journeys on the three PHAB "prerequisites": the S/CHA, S/CHIP, and SP. Once these neared completion, accreditation teams turned their attention to the additional, inter-related requirements including several more plan, policy, and system documents. The 2015 <u>updates to PHAB's Guide to Public Health Accreditation</u> reinforce the value of developing these documents in a coordinated fashion.

Tips for Interpreting the Crosswalk Table

The orientation of the table is to read the rows horizontally. In the first row of the Crosswalk, the S/CHA is noted in the shaded box as being defined in PHAB standard 1.1 with specific reference to the S/CHIP. Wherever text is italicized, we are suggesting a possible connection that is not directly stated in the description requirements in listed in the shaded box. For example, PHAB standard 1.1 does not specifically mention the performance management system, but 1.1 does reference a need for convening partners and ongoing data analysis; these are italicized because while not required, they might be monitored through the PMS.

Like most important efforts, the process, the work, and the outcomes are what's critical, not the reports. That said, the reports are the necessary documentation for accreditation and for increased accountability within agencies and with community partners. It is helpful to have a deep understanding of what is required to assure that the work is comprehensive and will not require re-work.

¹ http://www.phaboard.org/wp-content/uploads/summary-table-of-revisions-081715.pdf

² The Public Health Emergency Operations Plan does not appear in this crosswalk because it can be developed independently; there are no stated or implied links to the other plan documents.

Aligning Plans



A Crosswalk of Plan Requirements in the Public Health Accreditation Board Standards and Measures, V 1.5

	S/CHA	OBS	S/CHIP	SP	WDP	PMS	QIP
S/CHA	1.1		1.1.2 Significance: The health assessment provides the basis for the development of the health improvement plan.			(1.1.1 Regular meetings of health collaborations 1.1.2 The ongoing monitoring, refreshing, and adding of data and data analysis)	
OBS		3.2.2		3.2.2.1 f. link the branding strategy to the department's strategic plan			
S/CHIP	5.2 The CHIP is a long-term systematic plan to address issues identified in theCHA.		5.2	(5.2 Conduct a comprehensive planning process resulting in a CHIP)		(4.1.1.1 Collaborative partnerships; 5.2.2individual(s) that have accepted responsibility for implementing strategiesin the CHIP)	
SP		5.3.2 d. SP must consider capacity for and enhancement of communication (including branding)	5.3.2 g: linkages with the health improvement plan where appropriate	5.3	5.3.2 d: SP must consider workforce development	5.3.2 c: goals and objectives with measureable time- framed targets	5.3.2g: linkages with the quality improvement plan where appropriate
WDP				Domain 8: "A strategic workforce includes the alignment of workforce development with the	8.2.1	(8.2.3to assess the health department's comprehensive approach to the	

Aligning Plans



A Crosswalk of Plan Requirements in the Public Health Accreditation Board Standards and Measures, V 1.5											
				health department's overall mission and goals and development of strategies for acquiring, developing and retaining staff."		provision of opportunities for professional career development and staff development.)					
PMS				9.1.1.1: leadership's engagement with establishing PMS documentation could include strategic plans.	9.1.1.1 leadership's engagement with establishing PMS documentation could include training programs. 9.1.5.1: Staff development in performance management	9.1	9.1.3.4 Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes				
QIP			9.2.1 Significance: This plan is guided by the health department's health improvement plan.	9.2.1 Significance: This plan is guided by the health department's strategic plan. Guidance: The plan must address: Describe and demonstrate how improvement projects align with the health department's strategic vision/mission.	9.2.1 QI Plan Requirements: Quality improvement training, examples: new employee orientation; introductory course for all staff; advanced training for lead QI staff; continuing staff training on QI	9.2.1 QI Plan Requirements: Process to assess the effectiveness of the quality improvement plan and activities	9.2				
	S/CHA	OBS	S/CHIP	SP	WDP	PMS	QIP				