



# TRIBAL HEALTH DEPARTMENT GUIDE TO SELF-STUDY

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An In-Depth Approach To Tribal Health Department  
Capacity Assessment For Accreditation Preparation

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BASED ON THE PUBLIC HEALTH ACCREDITATION BOARD'S  
TRIBAL STANDARDS AND MEASURES, VERSION 1.0

*Adapted from the Guide to Organizational Self-Study Process,  
National Association of County and City Health Officials.*

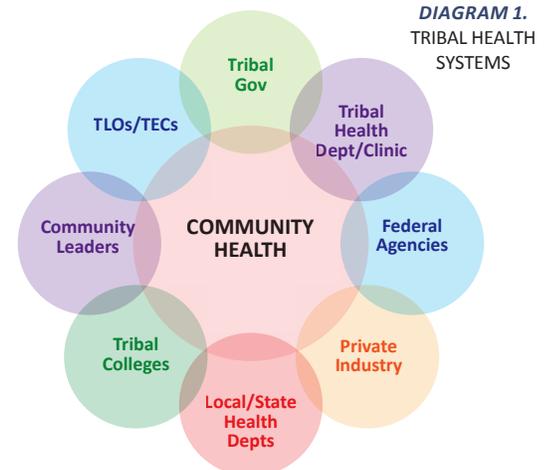


## INTRODUCTION

Tribal Health Departments (THDs) are increasingly involved in public health activities in rapid response to the changing health needs of American Indian and Alaska Native communities. Tribes recognize the importance of strengthening public health infrastructure as a means for generating resources and 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 THD can measure its performance against a set of national standards and measures (Stds/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 THDs will undergo a self-study to identify strengths and discover gaps in THD performance based on the Stds/Ms. THDs may have conducted similar self-studies when pursuing accreditation of Tribal clinics, hospitals, or ambulatory care facilities through other accrediting bodies, such as the Accreditation Association for Ambulatory Health Care or the Joint Commission on Accreditation of Healthcare.

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 THD might coordinate services. Given that each Tribal system is unique, the scope and level of coordination between a THD and its partners will vary. Engaging partners in the accreditation process is critical, because the standards address the THD's capacity to work with its partners to fulfill a range of core public health functions and services that are fulfilled by various entities, divisions, and programs. These programs include, but are not limited to, environmental public health, health education and promotion, chronic and communicable disease prevention and control, injury prevention, and access to care. The Stds/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-study process.



## 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 tasks and activities are completed at the same time, and in coordination, in order to achieve a better result than if they were completed independently of one another. For purposes of this guide, we have divided public health accreditation preparation activities into three primary Readiness Areas:

### ***Organizational Readiness, Public Health Performance, and Community Health Improvement Planning***

- Organizational Readiness is the cornerstone to readiness efforts. It focuses on Tribal Leadership and resources needed to plan and prepare for accreditation. Leadership support from the Tribal Health Department director, Tribal Council, and health committees, among others, is critical to facilitating system-wide engagement in the process.
- Public Health Performance focuses on the THD infrastructure (including processes, competencies, relationships, and resources) required to perform public health's core functions and essential services in the community.
- Community Health Improvement Planning focuses on accreditation prerequisites: the community health assessment (CHA), a community health improvement plan (CHIP), and an organizational strategic plan. Combined, these three prerequisites work together to improve health outcomes. The CHA provides information about the community's health status to inform the CHIP, and the strategic plan addresses the THD's internal operational capacity to support health improvement planning.

Accreditation readiness activities are often interdependent and connected across readiness areas. When connections between and among activities are identified, and those activities are conducted in coordination with one another, the outcome can lead 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.

Like corn, *Organizational Readiness* can serve as a pillar for public health performance. Tribal Leadership engagement will help ensure a THD has the support and resources it needs to formalize internal and external partnerships, develop policies and plans, and build an infrastructure to support quality services that address the most pressing needs of the community.

*Public Health Performance* can be likened to beans, which grow up the corn stalk, stabilizing the corn and making it less vulnerable to weather and other elements. Likewise, quality public health performance can stabilize Tribal public health infrastructure, bolster management practices, and develop leadership. Bean plants also provide nutrient-rich nitrogen to the soil to strengthen the other plants in the same way the public health performance can strengthen the organization and community health improvement planning process.

Much like squash provides the ground cover to ensure the corn and beans have the nutrients and moisture required to thrive and bear the most fruit, the *Community Health Improvement Planning* process strives to make decisions based on accurate and recent data in order to ensure that programs and services are meaningful, purposeful and strategic, thus providing the ground cover for planned health improvements to transpire.

### ***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, the health committee or boards, and the health director. Tribal Leadership support is important throughout the accreditation process, but especially during the self-study when the THD reviews the Stds/Ms addressing governance, public health law, and policy. Leadership support will also be important when the THD asks key staff and other Tribal departments to participate in the self-study.

### ***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. The AC will be the point of contact between the THD and PHAB throughout the entire accreditation process. Analytic, organizational and team-building skills are also essential. The AC is the ideal person to coordinate the self-study, since he or she will need to identify and recruit participants, facilitate meetings, and manage tasks assigned to staff.

## **RESOURCE!**

Review the following PHAB document for more guidance on selecting an AC.

- Considerations for Selecting an Accreditation Coordinator, Public Health Accreditation Board.  
[www.phaboard.org/wp-content/uploads/Considerations-for-Assigning-an-Accreditation-Coordinator-Tip-Sheet-March-2012.pdf](http://www.phaboard.org/wp-content/uploads/Considerations-for-Assigning-an-Accreditation-Coordinator-Tip-Sheet-March-2012.pdf)

For more information about how the self-study fits in with other accreditation readiness activities, check out the *Tribal Public Health Accreditation Readiness Guidebook and Roadmap* at [www.redstar1.org/resources](http://www.redstar1.org/resources).



## STEPS TO COMPLETE A SELF-STUDY

THD self-study 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 self-study process offers many benefits for a health department. The process itself provides a means for understanding a THD's systems, operations, processes, and policies in order to strengthen services. If a THD is considering accreditation, then the self-study process and results can be used to better understand accreditation readiness and inform decision making about whether to pursue accreditation as a short- or long-term goal. Assessment results can also 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.

The purpose of the *THD Guide to Self-Study* is to provide a step-by-step approach to conducting in-depth self-study 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-study that follows five principal steps and two additional steps that describe how to use your self-study results to implement quality improvement (QI).

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

- 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 Stds/Ms
- Step 6:** Implement QI
- Step 7:** Institutionalize self-study and continuous QI processes

After completing a self-study (Steps 1-5), the THD will have a list of top priority areas for improvement. Finishing the self-study process is valuable, but acting on the results of the process is where improvements are actually made (Steps 6-7). The self-study 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-study and continuous QI process should be part of the THD's planning cycle and repeated at regular intervals, with demonstrated improvements along the way. Ongoing performance assessment and improvement may improve the THD'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 THDs an approach to preparing and conducting a self-study, and then using the study's results. THDs 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-study is an iterative process – one that is repeated in order to achieve the best outcome possible.

### ***Tribal Self-Study Tool***

It is highly recommended that a THD use the Self-Assessment Workbook for Tribal Public Health Departments or the Tribal Health Department Self-Study Tool: Tribal Health Department Capacity Assessment for Accreditation Preparation. The self-assessment workbook is a Microsoft Excel based tool developed by the Institute for Wisconsin's Health, Inc. (IWHI) as part of Wisconsin's Public Health Quality Initiative. The self-study tool is the same as the workbook, but comes in a fillable Adobe PDF. Either tool can be used to facilitate a collaborative approach to reviewing the standards and measures and identifying potential documentation. Used with the PHAB Standards and Measures Version 1.0 and the PHAB Guide to National Health Department Accreditation, both tools provide a rating system for scoring a THD'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!

- Self-Assessment Workbook for Tribal Public Health Departments, Institute for Wisconsin's Health.  
[www.instituteforwihealth.org/tribal.html](http://www.instituteforwihealth.org/tribal.html)
- Tribal Health Department Self-Study Tool: Tribal Health Department Capacity Assessment for Accreditation Preparation, Red Star Innovations and NACCHO.  
[www.redstar1.org/resources](http://www.redstar1.org/resources) and <http://naccho.org/topics/infrastructure/accreditation/teams.cfm>



## 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 THD staff.
- Train the self-study participants.

### ***Develop the Work Plan***

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

**Option 1:** The self-study participants include the AC, senior management, and program staff. In this model, senior management, including division directors, assign specific domains or Stds/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 Stds/Ms under Domain 3 to the THD’s community health educator). These staff members gather documentation for their assigned Stds/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-study participants include the AC and senior management. Together they divide all the standards and measures 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-study participants include the AC and the health director, who will complete the entire self-study process. This option works well with small health departments.

If the THD 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-study participants. Even if there is not enough staff to divide into domain teams, the individuals conducting the self-study 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.

**TABLE 1 - SUGGESTED DOMAIN GROUPINGS**

<b>Domains 1 and 2: Surveillance, Investigation, and Environmental Public Health Hazards</b>	<b>Domains 3, 4, 7, 10: Health Education, Promotion, Prevention, and Evidence-Based Practices</b>
<ul style="list-style-type: none"> <li>• Domain 1: Conduct and disseminate assessments focused on population health status and public health issues</li> <li>• Domain 2: Investigate health problems and environmental public health hazards to protect the community</li> </ul>	<ul style="list-style-type: none"> <li>• Domain 3: Inform and educate about public health issues and functions</li> <li>• Domain 4: Engage with the community to identify and address health problems</li> <li>• Domain 7: Promote strategies to improve access to health services</li> <li>• Domain 10: Contribute to and apply the evidence base of public health</li> </ul>
<b>Domains 5, 6, 12: Policies, Plans, Laws and Governance</b>	<b>Domains 8, 9 and 11: Workforce, Performance Management &amp; QI, and Administration</b>
<ul style="list-style-type: none"> <li>• Domain 5: Develop public health policies and plans</li> <li>• Domain 6: Enforce public health laws</li> <li>• Domain 12: Maintain capacity to engage the public health governing entity</li> </ul>	<ul style="list-style-type: none"> <li>• Domain 8: Maintain a competent public health work force</li> <li>• Domain 9: Evaluate and continually improve processes, programs and interventions</li> <li>• Domain 11: Maintain administrative and management capacity</li> </ul>

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 THD.

**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 THDs, regardless of the model 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-study. The work plan should outline the steps and activities for completing the self-study, including an orientation for THD staff (described below).

While developing the work plan, it may be helpful to identify who will participate in the self-study 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-study of the THD as a whole, and therefore, it is often valuable for the self-study 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-study is available.

Ideally, the self-study 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-study team will vary from one health department to another, and should align with the self-study approach that was previously identified. The health director and AC should consider the following points when selecting self-study participants:

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

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

**TABLE 2 - CONSIDERATIONS FOR SELECTING THE SELF-STUDY PARTICIPANTS**

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

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

After determining who will be involved in the self-study, identify the roles and responsibilities of each member or team. Depending upon the size of the group and the planned approach of the self-study, 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-study 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-study will vary greatly from one THD to another and will depend on the size of the THD and available staff and resources to devote to the process. **Appendix A** provides a worksheet for setting target dates for the outlined steps in the self-study 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 THD staff to view the time and effort needed to complete the self-study as a valuable component of their work plans rather than simply more work to do.

#### ***Provide Accreditation Orientation for All THD 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 accreditation, the self-study process, and communication expectations.

*Accreditation Overview:* It is important to explain the importance of accreditation, its benefits, and how it will impact the THD 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 THDs to inform staff about accreditation and its importance to the THD. The presentation can be found on PHAB's website: <http://www.phaboard.org/accreditation-process/accreditation-materials/>

*Ongoing Communication:* Orientation is the time to explain that throughout the self-study process, regular staff briefings, status reports, or other consistent communication is critical to ensure that staff are kept informed of the progress and results.

#### ***Train the Self-Study Participants***

After self-study 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-study 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 Stds/Ms. As part of training, we recommend that each staff member thoroughly review the relevant documents before the self-study process begins. The AC should use the work plan to communicate the process activities, roles, responsibilities, and timeline.

## **RESOURCE!**

- Guide to Communicating about Performance Improvement [www.naccho.org/PICommunications](http://www.naccho.org/PICommunications)



## STEP 2: GATHER DOCUMENTATION AND SCORE MEASURES

The AC and self-study participants will be responsible for completing this step, specifically the following three tasks:

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

**Note:** *The guidance offered in this section is specific to the PHAB process. If a different self-assessment tool is being used, the THD should develop a plan that follows documentation and scoring guidance from that tool.*

### **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 Stds/Ms. At this point, all participants should know which Stds/Ms they are responsible for and have had the opportunity to review them in the PHAB Standards and Measures. Three tools needed to complete this step are available on the PHAB website, [www.phaboard.org](http://www.phaboard.org):

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. *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. *Self-Assessment Workbook for Tribal Health Departments and the Tribal Health Department Self-Study Tool: Tribal Health Department Capacity Assessment for Accreditation Preparation* – These are the only self-study tools currently available that use Tribal Stds/Ms for public health accreditation.

After obtaining these three tools, the self-study participants may meet to discuss what documentation is available for each Stds/M. Staff should note the location of the documentation and summarize the required follow-up for each measure in the 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-study:

- Demonstration of the measure (Met, Partially Met, Not Met).
- Capacity (e.g., 0 = No Capacity, 1 = Minimal Capacity, 2 = Moderate Capacity 3 = Significant Capacity, 4 = Optimal Capacity. Note: The Self-Assessment Workbook for THDs uses these ratings.)
- Time (e.g., 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 THD only. They are not related to the scoring system or the scores provided by PHAB in its review of the Stds/Ms for THDs pursuing accreditation.*

At this time, the AC and self-study participants may determine who will be responsible for gathering the documentation discussed in the preliminary review.

### **Gather Documentation**

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

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* – Because the documents may ultimately be submitted to e-PHAB, PHAB’s online system, if the THD seeks national public health accreditation, it is important for the staff 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 THD Performance Against Stds/Ms and Store Documentation.***

Now that available documentation has been gathered, the scores for each measure should be revised in the self-assessment 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.

### 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-study. It requires the following actions:

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

***Identify Strengths and Improvement Areas***

At this point, the self-study should be complete and documentation should exist to support each measure. The self-study participants must now study, analyze, and process the results in order to identify the major strengths and weaknesses of the THD. To begin this process, staff must first pull together the collective results for all levels, by domain, standard and measure. By displaying the summary table and the radar chart, staff can review each level in a way that allows them to easily identify strengths and the areas needing improvement. Next, staff should make note of and record those domains with a high number of standards and measures 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 high number of measures where no documentation exists serve as general areas on which to improve. This process will assist staff in gaining insight and developing a plan of action.

If using the suggested self-study 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.”

### RESOURCE!

The PHAB Documentation Selection Spreadsheet offers a template for staff to organize documentation. The “THD Notes” section of the Self-Assessment Workbook for THDs is another option for organizing the process and documents.

- PHAB Documentation Selection Spreadsheet:  
[www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Documents-Selection-Spreadsheet-Version-1.0.xlsx](http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Documents-Selection-Spreadsheet-Version-1.0.xlsx)



### **Analyze Strengths**

This step highlights positive aspects of the self-study and provides an opportunity to celebrate the successes of the THD. The health director may want to consider sharing these findings with stakeholders, including the Tribal Leadership, all THD staff, or the community. In addition to providing an opportunity to engage key stakeholders, identifying THD 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 THD's efforts in continuous QI. After reviewing the Stds/Ms that are identified as strengths, staff must examine all the Stds/Ms that seem to demonstrate the same strength and discuss what factors contributed to it. For instance, a similar strength across multiple Stds/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-study is a stepping stone for developing a quality improvement process that addresses a THD's areas of concern. A THD 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:

**Level 1: Individual Measures** – Includes weaknesses on individual measures. The 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 THD. A problem statement briefly describes the issue, how the THD and community are affected, and the size of the problem.

**Level 2: Individual Standards** – Includes weaknesses among individual standards. For each standard, both self-study 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 THD.

**Level 3: Domains** – Includes weaknesses among multiple standards and measures within domains. The self-study participants should consider each domain and brainstorm the fewest problem statements possible to describe the measures that were identified as areas for improvement. This is a higher level of analysis and provides more insightful information.

**Level 4: Cross-Domain Clusters** – Includes all weaknesses, across all domains that seem to cluster around a common theme. The self-study 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 THD; 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 THD. Using the domain groupings provided in Table 1 may help conceptualize cross-domain clusters.

### **Consider the Benefits of Using the Self-Study Results to Inform the QI and Strategic Plans**

There are many benefits to analyzing the self-study results and areas for improvement at measure, standard, domain and cross-domain levels. Public health accreditation requires a THD 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-study 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 Stds/Ms.

For example, improvement areas identified at the cross-cluster, domain, and standard levels can be integrated into the THD's organizational strategic plan. For example, if Domain 2 is an area requiring significant improvement, the THD can include strategies in its strategic plan to address specific gaps in surveillance. Using self-study results will ensure performance improvement activities for accreditation readiness are also addressing the requirements to implement the strategic plan. As the THD develops, implements, monitors, and reports on the plan's progress, the THD 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 THD's QI plan in much the same way. If a THD 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.

## STEP 4: PRIORITIZE IDENTIFIED IMPROVEMENT AREAS

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

At this point, the THD most likely has multiple areas of concern that need to be addressed, and with limited resources, time, and staff, the THD 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 THD 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 THD 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 THD 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 STDS/MS

To improve the THD'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 THD's commitment to continuous QI. If the self-study participants identified additional priorities that require attention, the THD should develop and implement a plan for addressing these concerns.

The staff members may have determined that certain Stds/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-study 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 Stds/Ms. Accreditation is a continual process; therefore, the self-study should not be considered a one-time event. The THD should routinely assess its capabilities; implementing the work plan to address the Stds/Ms can serve as the foundation for institutionalizing the self-study process in the THD.

### RESOURCE!

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

- Developing a Tribal Health Department Strategic Plan: A How-To Guide  
[www.redstar1.org/resources](http://www.redstar1.org/resources)



## 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 THD'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<sup>1</sup>. 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.

Quality improvement 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 THDs have experience conducting QI within their clinical services and may even have existing QI plans to maintain accreditation with other accrediting bodies (such as the Accreditation Association for Ambulatory Health Care or the Joint Commission on Accreditation of Healthcare Organizations). If so, QI efforts will need to be expanded to include public health services, since PHAB does not accept QI plans for clinical services. It will be important to engage the performance improvement manager, QI manager, or other appropriate staff in the THD'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. THDs 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.

1. 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 <http://www.accreditation.localhealth.net/guidebook.htm>
- NACCHO Roadmap to a Culture of Quality Improvement <http://www.qiroadmap.org/culture-to-qi/>
- National Network of Public Health Institute Public Health Performance Improvement Toolkit [www.nnphi.org/tools/public-health-performance-improvement-toolkit-2](http://www.nnphi.org/tools/public-health-performance-improvement-toolkit-2)
- Association of State and Territorial Health Officials [www.astho.org/Programs/Accreditation-and-Performance/Quality-Improvement/](http://www.astho.org/Programs/Accreditation-and-Performance/Quality-Improvement/)
- Public Health Foundation [www.phf.org/focusareas/pmqi/pages/default.aspx](http://www.phf.org/focusareas/pmqi/pages/default.aspx)
- Public Health Quality Improvement Exchange [www.phqix.org](http://www.phqix.org)



## STEP 7: INSTITUTIONALIZE SELF-STUDY AND CONTINUOUS QI PROCESSES

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

### ***Self-Study Process Wrap-up***

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

## APPENDIX A - THD SELF-STUDY TIMELINE WORKSHEET

Step	Activity	Due Date
Step 1: Initial preparation	<ol style="list-style-type: none"> <li>1) Develop the work plan</li> <li>2) Provide accreditation orientation for all THD staff</li> <li>3) Train the self-study participants</li> <li>4) Conduct a preliminary review</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> </ol>
Step 2: Gather documentation and score measures	<ol style="list-style-type: none"> <li>1) Conduct a preliminary review</li> <li>2) Gather documentation as evidence of meeting Stds/Ms</li> <li>3) Score THD performance against Stds/Ms</li> <li>4) Submit and store documentation with the AC</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> </ol>
Step 3: Identify and analyze strengths and improvement opportunities	<ol style="list-style-type: none"> <li>1) Identify strengths and improvement areas</li> <li>2) Analyze strengths</li> <li>3) Analyze improvement areas</li> <li>4) Consider the benefits of using the self-study results to inform the QI and strategic plans</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> </ol>
Step 4: Prioritize Identified Improvement Areas	<ol style="list-style-type: none"> <li>1) Select prioritization technique</li> <li>2) Implement a prioritization technique</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> </ol>
Step 5: Develop and implement a plan to address Stds/Ms	<ol style="list-style-type: none"> <li>1) Develop a work plan to address priority focus areas and Stds/Ms</li> <li>2) Implement the plan to address priority focus areas and Stds/Ms</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> </ol>
Step 6: Implement QI	<ol style="list-style-type: none"> <li>1) Implement a Plan-Do-Check-Act cycle</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> </ol>
Step 7: Institutionalize Self-Study and Continuous QI Processes	<ol style="list-style-type: none"> <li>1) Identify strategies to institutionalize self-study in the THD (e.g. integrate performance improvement initiatives into strategic plan and the quality improvement plan)</li> </ol>	<ol style="list-style-type: none"> <li>1)</li> </ol>