

Identifying Health Departments' Training Needs for the Reaccreditation Journey – Summary Report

Ohio Public Health Institute

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Executive Summary

The Ohio Public Health Institute (OPHI) conducted a training needs assessment in February 2024, focusing primarily on the needs of reaccredited health departments and those actively working towards reaccreditation, to aid in planning Accreditation Learning Community (ALC) offerings over the next three years. OPHI contracted with the Public Health Services Council of Ohio (PHSCO) to conduct this needs assessment.

Findings:

Individuals from 72 local health departments (LHDs) responded, representing a 65% response rate. 15% of the responding LHDs are reaccredited or awaiting a reaccreditation decision, while 24% have been accredited 5 years and are actively working on reaccreditation. 33% have been accredited 2-4 years.

Most respondents (86%) are Accredited Coordinators (ACs). **Nearly two-thirds (62.5%) have been in their positions 3 years or less**, while 23% have been Accreditation Coordinators for 7 or more years.

Staff turnover and resulting staff shortages, delays in agency processes caused by the COVID-19 pandemic, and an on-going struggle to integrate new ways of doing business (that align with accreditation requirements) are posing the greatest challenges during LHDs' reaccreditation journeys.

Overall, ACs are very appreciative of the training and support provided through the ALC, and many newer ACs expressed eagerness to participate in future ALC sessions. Sessions focused on performance management; PHAB Standards and Measures Version 2022; and tips for meeting the measures that many health departments have found most challenging were cited as the most helpful ALC sessions during the past 5 years.

Topics suggested by survey respondents for ALC offerings during the next 3 years include:

- Interpreting and applying Version 2022 of the Standards & Measures for Reaccreditation (especially in smaller/rural health departments)
- Preparing for the reaccreditation process, focusing especially on documentation interpretation, preparation, and implementation (e.g., writing narratives)
- Effectively using technology to improve reaccreditation workflow (i.e., using software to help them better manage the workflow and the volume of documents), as well as for data analysis
- Health equity, especially in smaller/rural health departments
- Quality Improvement
- Performance management and the use of Clear Impact

Survey respondents also suggested:

- **Enhancing networking opportunities** by:
 - Resuming regular quarterly ALC meetings; while there is a preference for in-person sessions (whether statewide or regional), some are hoping for virtual options
 - Developing a robust virtual networking platform that would allow participants to network despite travel or physical restrictions caused by events like COVID-19
 - Arranging regional breakouts at state-wide gatherings (or offering regional sessions) to build a sense of community amongst ACs, especially since so many are new in their positions
 - Creating an email distribution list for ACs (i.e., a listserv that allows ACs to pose questions, share possible documentation, etc., and network with Ohio peers)

- **Creating an intuitive training platform** where all training resources can be easily found and accessed by ALC participants (i.e., an online accreditation repository)
- **Providing an online platform where unreviewed documents can be submitted** for peer review and feedback from other professionals
- **Facilitating workshops** in a manner that allows LHDs at similar stages of accreditation/reaccreditation to collaborate and receive support tailored to their needs
- **Implementing comprehensive training programs** focused on using technology to improve workflow and data analysis
- **Providing clear guidelines and practical examples for interpreting accreditation standards and measures**

Nearly two-thirds (63%) of survey respondents indicate they are **extremely interested in an online repository of accreditation/reaccreditation documents, examples, and narratives** from Ohio health departments, and training resources that ACs may find helpful. However, **less than one-half (41%) are extremely willing to share**; 39% are very willing to share their agency's documents. **20% indicated they are somewhat or not so willing to share.** The types of items ACs would like included in an online repository include:

- More examples of approved documentation scored as "Fully Demonstrated" under Version 2022 reaccreditation (However, there is only one Ohio health department reaccredited under Version 2022, as of March 2024.)
- Comprehensive training materials covering all aspects of the reaccreditation process- topics of interest include data storytelling and a review of standard format requirements
- A Documentation Organization Guide, where examples and guidance on how to organize digital files in preparation for reaccreditation could be provided

Recommendations:

1. Utilize a Variety of Training Formats and Types.

- Offer a variety of ALC session types annually- for example, 2 virtual sessions, 1 regional series of workshops, and 1 statewide session.
- Provide more workshop-style ALC events that incorporate both learning/didactic and application sessions into the schedule.
- Engage experienced ACs as Subject Matter Experts, peer coaches, or facilitators during future ALC sessions, and incorporate more "Stories from the Field" into ALC sessions to provide examples of how some LHDs are addressing challenging PHAB measures and/or to encourage further innovation, collaboration, etc.

2. Tailor Training Approaches to Where LHDs and Accreditation Coordinators are in the Reaccreditation Process.

- Incorporate breakout sessions, where appropriate, into ALC events to allow health departments at similar stages of the accreditation/reaccreditation process to collaborate.
- Consider offering an ALC event just for reaccredited health departments to discuss challenges, successes, site visit experiences, and the like.
- Continue to offer a virtual Orientation/Refresher Training session for ACs annually. In addition, consider whether an annual training series can be provided to newer Accreditation Coordinators

(similar to New Employee Training, LEHDS, or Health Commissioner University) that complements but does not duplicate PHAB's training courses.

3. Consider Innovative Collaborations with Other Public Health Entities to Support LHDs' Accreditation/Reaccreditation Efforts.

- Explore the creation of an online accreditation repository with AOHC, PHSCO, or other public health partners to create an online platform where health departments can share examples, experiences, solutions, and best practices related to the accreditation/reaccreditation process.
- Collaborate with the Ohio Department of Health, PHSCO, or Clear Impact to provide greater in-depth Clear Impact training and assistance.
- Refer new ACs to PHAB for initial orientation to PHAB Standards and Measures, accreditation process, documentation.
- Create an "Accreditation Strike Team" made up of LHD peers and PHSCO staff to work with smaller LHDs that might need help with accreditation activity development.
- Consider whether OPHI or its partners can provide additional resources like training materials to help health departments better understand the accreditation process. Additionally, consider whether an annual training series can be provided to newer Accreditation Coordinators (similar to New Employee Training, LEHDS, or Health Commissioner University).
- Explore with the Ohio Department of Health possible ways that the accreditation/reaccreditation -related needs of individual health departments might be supported, similar to how this was accomplished through the previous Local Health Department Accreditation Support project.

4. Address Training Topics Identified by Accreditation Coordinators and Agency Leaders, as Resources Allow:

- **Strategic Planning & Health Equity**, especially in rural or smaller health departments
- **Quality Improvement (QI)**
- **Performance Management** and effectively using Clear Impact software
- **Technology Utilization:** Training on various technology programs to better manage the reaccreditation process and workflow; analyze data; create user-friendly data reports; and support operational practices that help achieve compliance with accreditation requirements.
- **Accreditation Process:** Interpreting PHAB Reaccreditation Standards and Measures Version 2022, how to select and prepare the best examples for reaccreditation (e.g., writing narratives), and understanding the reaccreditation process
- **Foundational Capabilities:** Monitoring (and updating) core plans- like the CHIP, strategic plan, workforce development plan, QI Plan, PM system, MAPP- to meet Version 2022 requirements, as well as assessing and addressing workforce competencies and development needs and developing innovation, facilitation, analytical/problem-solving skills (e.g., root cause analyses)