Preparing For National Accreditation

Promoting Quality Improvement in your Health Department

Terry Allan, RS, MPH
Health Commissioner
Cuyahoga County Board of Health
Objectives

- Describe background on the Public Health Accreditation Board
- Describe connection to CDC in Performance Improvement for States and Locals
- Describe Ohio’s efforts around QI
- Describe the Cuyahoga County Board of Health’s local efforts

What is PHAB?

PHAB is a non-profit, voluntary accreditation organization whose goal is to advance public health performance by providing a national framework of standards for local, state, territorial and tribal health departments.
### PHAB Partners

- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Indian Health Board (NIHB)
- American Public Health Association (APHA)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

### PHAB Funding Partners

- Centers for Disease Control and Prevention (CDC)
- Robert Wood Johnson Foundation (RWJF)
2003  Institute of Medicine (IOM) report calls for an examination of public health accreditation

2004  CDC identifies accreditation as a key strategy for strengthening public health infrastructure

2005  Exploring Accreditation Project (EAP) develops a model, which is revised after a public review process

2006  EAP final recommendations are released; APHA, ASTHO, NACCHO and NALBOH become the Board of Incorporators of PHAB

2007  PHAB is incorporated in May

2008  PHAB’s workgroups and committees begin developing elements of accreditation
PHAB’s History

2009 – 2010 PHAB conducts a beta test of accreditation

2011 PHAB begins accepting applications for accreditation

Benefits of Accreditation

• Credibility
• Recognition of high performing health departments
• Framework for effective planning
• Culture of quality and performance improvement
Benefits of Accreditation

• Access to resources for improvement
• Public health services aimed at improving health outcomes

Who is eligible?

• Local health departments
• State and territorial health departments
• Tribal health departments
Prerequisites

- Community health assessment
- Community health improvement plan
- Agency strategic plan

What is the cost?

- Fees will be developed by the PHAB Board of Directors
- Result of research and analysis of costs and incentives
- Fee structure will provide resources to minimize financial barrier to accreditation
What are the steps?

• Pre-application
• Application
• Self-assessment
• Peer review
• Accreditation decision
• Reports and reaccreditation

Eleven Domains

Part A
Administrative Capacity and Governance

Part B
1. Conduct assessment activities focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
Beta Test 2009-2010

- 148 applications received
- All applications could have been chosen
- 30 health departments were chosen:
  8 state, 19 local and 3 tribal
- Varying organizational size and configuration
- Some state regional/multi county

Beta Test Sites

State Partners

Florida
Michigan
Ohio
Washington
Iowa
Mississippi
Oklahoma
Wyoming

Wyoming
## Beta Test Sites

### Local Partners

Coconino County (AZ)  
San Diego (CA)  
Miami/Dade County (FL)  
Franklin County (KY)  
Norton County (KS)  
Northampton/Quabbin District (MA)  
Portland (ME)  
Hennepin (MN)  
Cabarrus County (NC)  
Central Valley District (ND)  
Public Health Solutions District (NE)  
Bloomfield Township (NJ)  
Carson City (NV)  
Tioga County (NY)  
Mahoning County (OH)  
Comanche County (OK)  
Deschutes County (OR)  
Austin/Travis County (TX)  
Tooele County (UT)

## Beta Test Sites

### Tribal Partners

Navajo Nation (AZ)  
Cherokee Nation (OK)  
Keweenaw Bay (MI)
Beta Test Update – Fall 2010

• All thirty health departments completed the beta test
• The beta test was successful because of the collaboration and commitment of many people
  – Accreditation Coordinators and their staff
  – Site visit teams
  – Partners who served as observers

Health Department Beta Test Process

• Submit application for accreditation
• Conduct self-assessment: submit documentation that health department is in conformity with each measure (over 100 measures)
• 2 to 3 day site visit by a team of peers
• Receive site visit report and scores
• Submit corrections and/or comments on inaccuracies in report
Accreditation Coordinators

- Appointed by the health department directors (in some cases, they were the health department director)
- Attended two-day PHAB training, webinars and conference calls
- Responsible for submitting the documentation and coordinating logistics of the entire process on site and for linking with PHAB
- This position is key to ensuring that the site has a well coordinated, well organized series of activities to guide their work on accreditation preparation and for ensuring that the health department submits the most appropriate documentation to meet the measures.

Site Visitors

- Volunteers – public health practitioners
- Attended a two-day site visitor training
- Provided a site visitor’s guide that included:
  - Guidance on their roles and responsibilities
  - Sample site visit agenda
  - Site visit report template
  - Scoring sheet
Site Visit Teams

Total number and composition
• 97 Site Visitors Total
• 3-4 site visitors per team and some alternates

Of the 97 site visitors
• 41 deputy or director level
• 26 environmental public health experience
• 10 tribal public health experience
• 5 public health laboratory experience
• Others had overall public health program experience

Next Steps

The National Opinion Research Center (NORC) is the primary contractor for providing PHAB with the formal beta test evaluation report. While they have been meeting with the PHAB Board of Directors throughout the year, the final report for public distribution won’t be completed until the end of 2010. PHAB will prepare a public summary of this report which will be shared in a variety of ways beginning in early 2011.
Next Steps

• The North Carolina Institute for Public Health also analyzed the feedback PHAB received on the beta test tools posted on the PHAB website. That report has been presented to the Board of Directors. PHAB appreciates everyone who gave feedback through that mechanism.

• The comments will be used as the accreditation tools are revised for the 2011 launch

PHAB Think Tanks

• Centralized States
• Environmental Health
• Large City/Metro
• Emergency Preparedness
• Texas
• Tribal
• Governance
• Public health laboratories
• A few new ones are being considered and will be announced as soon as PHAB knows about funding for them.
Using All of the Information

As PHAB has planned, all of the information will be used to revise the standards, measures, documentation guidance, glossary, self-assessment, etc. so that the best possible accreditation program can be launched in 2011. PHAB expects that it will take about 6 months to complete this important body of work.

Advice in the Meantime

For health departments who are anticipating applying for accreditation once it is launched in 2011, PHAB recommends working diligently on the pre-requisites (Required to apply)
  – Community health assessment
  – Community health improvement plan
  – Agency strategic plan
Additional Information on Pre-Requisites

PHAB is working with its national partners to better assist future accreditation applicants with their pre-requisites. Here is what we have heard that applicant sites will need:

- Clarity on the definition of each of the three pre-requisites and what the key elements of each need to be
- Clarity on how they relate to each other
- Specific guidance on what PHAB is looking for in each of these
- Training and technical assistance on their development and use
Other Tips in the Meantime

• All of the elements of the PHAB accreditation documents are subject to change once the comments from the beta test, the website feedback, and the think tanks have been considered.

• PHAB does not recommend that future applicants gather their documentation specifically according to the existing measures. However, there are a few concepts that PHAB does not expect to change.

Cornerstones of Public Health Accreditation That Will Not Change

• Pre-requisites (CHA/SHA; CHIP/SHIP; Strategic Plan)

• The framework for the domains and the link to the Essential Public Health Services

• The concepts and processes the documentation represents

• Accreditation based on a philosophy of performance measurement and quality improvement
Stay Closely Tuned to PHAB

• PHAB will also be working on
  – the accreditation fee structure and
  – the information system to support accreditation

• Updates will be provided as information has been completed and approved.
  – systematic series of informational sessions, newsletters, conferences, webinars, etc.

To view the beta test tools and learn more about public health accreditation...

Visit PHAB’s website

www.PHABoard.org

Sign up to receive the newsletter
Framework for Improving The Performance of Public Health

Accreditation + PH System + Community Partners + Workforce

Operational Capacity (infrastructure)

Every Community Program and Public Health Activity (Chronic Disease, Inf Disease, EH)

Better Health Outcomes
Reduced Disparities
Better Preparedness

Builds Impacts Which leads to Investments here Pay big dividends here

NPHPSP

Assessment Instruments
- State public health system
- Local public health system
- Local governance

Partners
- CDC
- APHA
- ASTHO
- NACCHO
- NALBOH
- NNPHI
- PHF
Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement

The Essential Services as a Framework

- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES
Focus on the “System”

More than just the public health agency

“Public health system”
- All public, private, and voluntary entities that contribute to public health in a given area.
- A network of entities with differing roles, relationships, and interactions.
- All entities contribute to the health and well-being of the community.

A system of partnerships that includes, but is not limited to . . .

Federal DHHS
State Health Department
Local Health Departments
Tribal Health

Other partnerships:
- Media
- Churches
- Schools
- Business
- Healthcare Providers
- Environ. Health
- Mental Health
- Philanthropy
- Justice & Law Enforcement
- Community Coalitions
- Transportation
- Community Services
3 Optimal Level of Performance

- Each performance standard represents the “gold standard”
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement

4 Stimulate Quality Improvement

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHPSP Local Instrument - used within the MAPP planning process
NPHPSP Use in the Field

- **Coordinated statewide approach**
  - Benefits in technical assistance and coordinated improvement planning

- **Individual System / Board Use**

- **Common Catalysts for Use**
  - Statewide interest in improvement planning
  - Interest in performance improvement
  - Bioterrorism and emergency response planning
  - Use within the MAPP process
  - Interest in accountability

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NPHPSP State Instrument Use

(Thru August 2010, n = 28 states + DC)

*Also includes sites using field test versions of the NPHPSP State Public Health System Performance Assessment.*
NPHPSP Local Instrument Use
(Thru August 2010)

- **Significant Use** (67% or greater)
- **Moderate Use** (33% - 66%)
- **Limited Use** (1% - 32%)

*Also includes sites using field test versions of the NPHPSP Local Public Health System Performance Assessment.

NPHPSP Governance Instrument Use
(Thru August 2010)

- **Significant Use** (67% or greater)
- **Moderate Use** (33% - 66%)
- **Limited Use** (1% - 32%)
- **No Boards of Health**

*Also includes sites using field test versions of the NPHPSP Local Public Health Governance Performance Assessment.
User Benefits to NPHPSP

- Establish a baseline of public health performance
- Identify strengths and weaknesses of state and local public health systems and boards of health
- Initiate a public health improvement process
- Build a stronger level of collaboration among public health partners
- Leverage staff among many partners to address common priorities
- Pool resources for addressing health improvement priorities
- Improve public health system effectiveness

Four Concepts Applied in NPHPSP

…and how they relate to accreditation

<table>
<thead>
<tr>
<th>NPHPSP</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Based on the ten Essential Public Health Services</td>
<td>1. Same – also includes 11th domain about admin / governance</td>
</tr>
<tr>
<td>2. Focus on the overall public health system (but acknowledges agency as hub / convener)</td>
<td>2. Focus on agency (but acknowledges importance of the system and agency in building the system)</td>
</tr>
<tr>
<td>3. Describe an optimal level of performance</td>
<td>3. Standards / measures that can be met, but also have “stretch” opportunities.</td>
</tr>
<tr>
<td>4. Support a process of quality improvement</td>
<td>4. Support a process of quality improvement</td>
</tr>
</tbody>
</table>

(CDC logo)
Community Health Improvement Process and Plan

- Community Health Improvement Process Elements (PHAB 4.1.1. and 5.3.1):
  - Broad participation of partners
  - Varied inputs/information:
    - From health assessments
    - Issues and themes from community/stakeholders
    - Info about assets and resources
  - Established set of priority health issues
  - Development of measurable objectives
- Use of process framework such as MAPP, NPHPSP, others
- Community Health Improvement Plan Elements (PHAB 5.3.2)

NPHPSP and MAPP as a Community Health Improvement Framework

- NPHPSP Local Instrument used within MAPP to assess public health system capacity
- Pairs with health status data, community input and forces of change
- MAPP provides the process for planning, improvement and action
Ohio

- Home rule state – blend of urban and rural
- 130 health departments in 88 counties
- Codified performance assessment process in Ohio
- Local Health District Improvement Standards (2005)
  - 6 broad goals; 25 standards; 180 optional measures
  - Annual reporting using a web-based tool

Ohio Statewide Efforts

The Ohio Voluntary Accreditation Team (OVAT)
- Created in 2006 for MLC-2
- Broad-based representation from public health
- Inclusive, grassroots process
- Standards, CQI and Voluntary Accreditation
Ohio Statewide Efforts

The Ohio Voluntary Accreditation Team (OVAT)

FUNDING

• RWJF Multi-State Learning Collaborative (MLC) – 2
• Not funded for MLC-3
• RWJF Transition Grant through September 2009
• RWJF Grant through January 2011

Ohio Statewide Efforts

Standards

• MLC -2 - Revised existing local public health performance improvement standards in Ohio
  - Draft of 32 new standards for state and local

• Public Health Accreditation Board (PHAB)
  - Draft Standards Feb 2009;
Ohio Statewide Efforts

Standards

• Replace existing local public health performance improvement standards in Ohio with PHAB standards

• Transform existing standards process into a QI model

• Provide framework for documenting agency efforts to improve operations

Ohio Statewide Efforts

Voluntary Accreditation

• Develop infrastructure to pursue voluntary accreditation

• Working toward Ohio’s standards will prepare agencies for national accreditation
Ohio Statewide Efforts

Continuous Quality Improvement (CQI)
- Build a critical mass of CQI experience and mentors in Ohio
- Evaluate lessons learned
- Capture lessons, promising practices, “good ideas”
- Provide basic training

Local Health Department Efforts

Demonstration Projects
- **NACCHO Round 1** – Cuyahoga County
- **NACCHO Round 2** – Franklin, Summit, & Hocking Counties
- **RWJF Grant** – Hamilton, Erie, & Muskingum Counties, City of Canton, Ohio Department of Health
Sustainability for Ohio

- Finalize Ohio standards and measures to achieve accreditation
  - Adopt PHAB Standards in 2010 or 2011
- Continue CQI demonstration projects
- Integrate CQI training and lessons learned into conferences
- Formally integrate OVAT and the Ohio Department of Health Office of Performance Improvement
- Identify incentives and funding

ODH Kaizen Process: Grants Management System

Public health services to move faster from grant stage to delivery

The Ohio Department of Health manages grants totaling a variety of public health programs. As a part of this, the agency awards funds to "subgrantees" for providing services at the local level. Subgrantees can include county and local health departments, hospitals, educational institutions, and nonprofit organizations.

The process begins with a request for proposal (RFP), followed by application, review, selection, award, performance and administration of the grant, and closeout. These steps are designed to ensure that localities get the very best public health services within the constraints of budgeted funding.

Wasting to maintain these safeguards while streamlining the process and focusing better service and communication with subgrantees, a team was formed — bringing together ODH staff as well as agency customers and other stakeholders.

In a five-day Kaizen event, the group analyzed the current approach, literally mapping it out from start to finish to remove bottlenecks, delays, rework, and waste. They brainstormed better approaches and reached consensus on a package of high-impact changes. After a week of nonstop work, they laid out a significantly simplified process that will be better for everyone.
ODH Kaizen Process: Grants Management System

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This begins with a request for proposal (RFP), followed by application, review, award, performance and administration of the grant, and closeout. These need to ensure that localities get the very best public health services within budgeted funding.

To streamline these subprocesses, the agency implemented a set of changes bringing together ODH with agency customers and stakeholders.

In a five-day Kaizen event, the agency analyzed the current approach, literally mapping it out from start to finish to uncover bottlenecks, delays, rework, and waste. They brainstormed better approaches and reached consensus on a package of high-impact changes. After a week of non-stop work, they laid out a significantly simplified process that will be better for everyone.

Japanese Strategy for Continuous Improvement

Results of ODH Process

- Reduced # of Steps in RFP process by 76% - from 184 to 44.
- Reduced # of “hand offs” by 83% - from 63 to 11 and reduced the # of “loop backs” from 5 to 0.
- Approvals and check-offs went from 39 to 5, a 75% improvement
- Reduced maximum process time from RFP to closeout on grants from 317 days to 210 days.
- Reduced time from RFP to first payment from 167 days to 105 days
Vision

To optimize the public health status of the community through transformational programming that creates a clear line of sight between what we do every day and how the organization performs.

People get lost in the Performance “Jargon”
Three Areas of Improvement

CCBH

Public Health System

Individual

Three Areas of Improvement
How is my performance measured? Am I doing my job well? What do I want to learn? How can I improve?

Conventional Approach:
- Individual staff evaluations
  “Your review is coming up”
- Individual goals

“Self”
How well does CCBH perform as a Health Department?
What are the agency goals?
Are we ready for accreditation?

Goal For “US” - National Accreditation
Raising the Standard for Public Health
“Us”

Currently...

- Operational Definition of Function Health Department
- Ohio Department of Health Local Improvement Standards

Cuyahoga County
Management By Objective (MBO)

- Developed by Harvard Business School (Drucker)
- Consistently measure individual performance
- Side-by-side assessment (staff and supervisor)
- Builds dialogue: service, financial, operational, strategic, customer focus
- Set and monitor goals
MBOs
Measure your performance
Build communication
Set your own goals

Currently…
• Operational Definition of Function Health Department
• Ohio Department of Health Local Improvement Standards

“Us”
“Stretching” to Improve Performance

Its not just about the number of people we vaccinate,
   Its about reaching the people who need it most

Its not just about responding to emergences,
   Its about how quickly and effectively we respond

Its not just about how many people we educate,
   Its about measuring how they translate that knowledge into action

Its not just about the number of inspections we conduct,
   Its about reducing disease potential

Its not just about our daily activities,
   Its about measuring how these activities improve the collective health status of the community
“People”

Public Health System

Governance Instrument

NPHPSP Instruments
Our Governance Tool Results

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

<table>
<thead>
<tr>
<th>EPHS</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitor Health Status to Identify Community Health Problems</td>
<td>90</td>
</tr>
<tr>
<td>2. Diagnose and Investigate Health Problems and Health Hazards</td>
<td>91</td>
</tr>
<tr>
<td>3. Inform, Educate, and Empower People about Health Issues</td>
<td>100</td>
</tr>
<tr>
<td>4. Mobilize Community Partnerships to Identify and Solve Health Problems</td>
<td>75</td>
</tr>
<tr>
<td>5. Develop Policies and Plans that Support Individual and Community Health Efforts</td>
<td>93</td>
</tr>
<tr>
<td>6. Enforce Laws and Regulations that Protect Health and Ensure Safety</td>
<td>91</td>
</tr>
<tr>
<td>7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</td>
<td>63</td>
</tr>
<tr>
<td>8. Assure a Competent Public and Personal Health Care Workforce</td>
<td>98</td>
</tr>
<tr>
<td>9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</td>
<td>85</td>
</tr>
<tr>
<td>10. Research for New Insights and Innovative Solutions to Health Problems</td>
<td>59</td>
</tr>
</tbody>
</table>

Local - Spring 2008

NPHPSP Local Instrument

- Based in Essential Services
- Examines system partners’ responsibilities in the region.
- Develop priorities for the region
Scoring for NPHPS

Local Public Health System Performance Assessment - Report of Results
Cuyahoga County Board of Health
9/25/2009

<table>
<thead>
<tr>
<th>NO ACTIVITY</th>
<th>0% or absolutely no activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINIMAL ACTIVITY</td>
<td>Greater than zero, but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>MODERATE ACTIVITY</td>
<td>Greater than 25%, but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>SIGNIFICANT ACTIVITY</td>
<td>Greater than 50%, but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>OPTIMAL ACTIVITY</td>
<td>Greater than 75% of the activity described within the question is met.</td>
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Our NPHPS Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

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<td>54</td>
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<tr>
<td>8. Assure a Competent Public and Personal Health Care Workforce</td>
<td>40</td>
</tr>
<tr>
<td>9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</td>
<td>43</td>
</tr>
<tr>
<td>10. Research for New Insights and Innovative Solutions to Health Problems</td>
<td>45</td>
</tr>
<tr>
<td>Overall Performance Score</td>
<td>57</td>
</tr>
</tbody>
</table>
The MAPP Paradigm Shift

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational planning</td>
<td>Strategic Planning</td>
</tr>
<tr>
<td>Focus on the agency</td>
<td>Focus on community &amp; entire public health system</td>
</tr>
<tr>
<td>Needs assessment</td>
<td>Emphasis on assets and resources</td>
</tr>
<tr>
<td>Medically oriented model</td>
<td>Broad definition of health</td>
</tr>
<tr>
<td>Agency knows all</td>
<td>Everyone knows something</td>
</tr>
</tbody>
</table>
Quality Improvement Council

- Requirement for National Accreditation
- Model from Tacoma Pierce County
- Management Team
- Responsible for tracking:
  - MBO’s
  - Agency Performance Goals
  - Accreditation Preparation
  - Other Quality Improvement Efforts
  - Critical step for us

QI Process for Disease Investigations

Epi Surveillance and Informatics (ESI)
Primary Goals

- Improve timeliness and completeness of provider reporting
- Improve timeliness of CCBH response
Business Process Analysis: Time off Slips

Way Too Many Steps!
Business Process Analysis: Time off Slips

Automating this process could free up a full day of staff time every week!

Will anything change?

Staff may be skeptical or resistant
It Really Works!

Business Process Improvement
Breast and Cervical Cancer Program

• Assessment of entire program
• Created a “tickler” system, which centralized and streamlined file system for tracking clients
• Centralized processing of bills with a new database that vastly improved tracking bills and client procedure results
• Improved case management process and allowable expenditures of grant dollars
• Processing bills in real time
• All grant dollars now expended annually
Other QI Examples

- Laptops for field EH use
- Development, activation and continuous improvement of an electronic daily reporting system
- Advancing culturally and linguistically appropriate services
- CCBH 3.0 – Current Web redesign
Quality Improvement Webinar Series for Staff

- **Webinar # 1: Performance Management and Quality Improvement Strategies in Public Health**
  How quality improvement principles and methods support performance management in a public health agency. Discussions will include the use of the strategy to solve various problems and concerns in public health agencies.

- **Webinar # 2: The Importance of Creating a Culture of Quality Improvement**
  Showcase the experiences of a local health department in creating a culture of quality improvement, including the application of the tools and resources.

Quality Improvement Webinar Series for Staff

- **Webinar # 3: Performance Measurement Systems**
  Review tools and strategies for establishing performance measurement at all levels of the health department and how to use monitoring results to target improvement efforts.

- **Webinar # 4: Establishing QI teams and Sustaining Improvement**
  Emphasize the structures and processes needed in health departments to continuously improve the efficiency and effectiveness of our public health activities and tactics for sustaining improvement after a QI team has successfully achieved improved results.
There’s lots of stuff to do!

Remember: Anything is possible
Thanks for listening!

- Terry Allan, RS, MPH
  Health Commissioner
  Cuyahoga County Board of Health
tallan@ccbh.net

- Acknowledgements: Liza Corso and Teresa Daub at CDC Office of State, Local, Territorial and Tribal Health
  Kaye Bender, Executive Director of PHAB