

# Assessing Accreditation Outcomes: Quality Improvement and Performance Management Findings

February 2020



## Introduction

The Public Health Accreditation Board (PHAB) is the nonprofit organization that administers the national accreditation program for public health departments. The mission of the accreditation program is to improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the United States and abroad. According to PHAB ([www.phaboard.org](http://www.phaboard.org)), the governmental agency responsible for public health within a Tribe, state, territory, or locality is eligible to apply for accreditation. This includes: state or territorial health departments, local health departments, tribal health departments, and army installation departments of public health.

Since 2013, NORC at the University of Chicago has gathered data to assess the outcomes from public health accreditation. NORC's data collection efforts consisted primarily of four surveys, sent to all health departments that have applied for and have achieved accreditation through PHAB. The four surveys are the: 1) Applicant Survey, sent to health departments after they have registered their intent to apply for accreditation, 2) Accredited Survey, sent to health departments that have achieved PHAB accreditation, 3) Post-Accreditation Survey, sent to health departments approximately one year after they achieved PHAB accreditation, and 4) Year 4 Accreditation Survey, sent to health departments approximately four years after they achieved PHAB accreditation. For a description of the survey methodology, see [Assessing Accreditation Outcomes: Survey Methodology](#).

This brief report presents an update on findings regarding engagement in quality improvement (QI) and performance management (PM) activities among applicant and accredited health departments. The surveys included measures about quality improvement; some questions and response options were identical or similar across survey instruments and some were unique to select survey instruments. These measures shed light on the role of QI in health departments' preparations for accreditation, as well as the impacts of accreditation on promoting QI and PM.

## Key Findings

### QI as a Potential Benefit of Accreditation and Motivation for Reaccreditation

- Nearly all applicant health departments anticipated that accreditation would stimulate QI activities (98%) or strengthen their QI culture (94%).
- After four years of accreditation, the majority of health departments (76%) reported engaging in continuous QI as a reason they plan to apply for reaccreditation.

### QI Outcomes from Preparing for Accreditation

- The majority of applicant health departments (80%) and recently accredited health departments (86%) completed QI activities to prepare for accreditation.
- Recently accredited health departments identified documentation selection and submission (88%), preparation activities prior to registering in e-PHAB (72%), and site visit reports (62%) as components of the accreditation process that highlighted opportunities for QI and PM.

### QI Training, Practice, Activities, and Culture

- QI knowledge and practice is more common among accredited health departments than applicants. After four years of accreditation, 66% of respondents said at least three-quarters of their staff were trained in QI and/or PM, and 55% said the majority practice QI. Additionally, 93% of respondents said QI is conducted formally or the "culture" of their agency.
- Accredited health departments implemented strategies for QI (98%), monitored and evaluated effectiveness and quality (97%), and used results of QI to inform decisions (97%); these activities were reported more often as compared to when these same health departments were applicants.
- The majority of health departments accredited for one year reported that the program increased awareness of QI efforts (95%), strengthened QI culture (92%), and resulted in new or revised policies (88%).
- The majority of health departments accredited for one year said their agency's QI culture yielded a strengthened PM system (78%), made them better prepared for accreditation (64%), and resulted in decreased time, decreased cost, or improved process quality (61%).

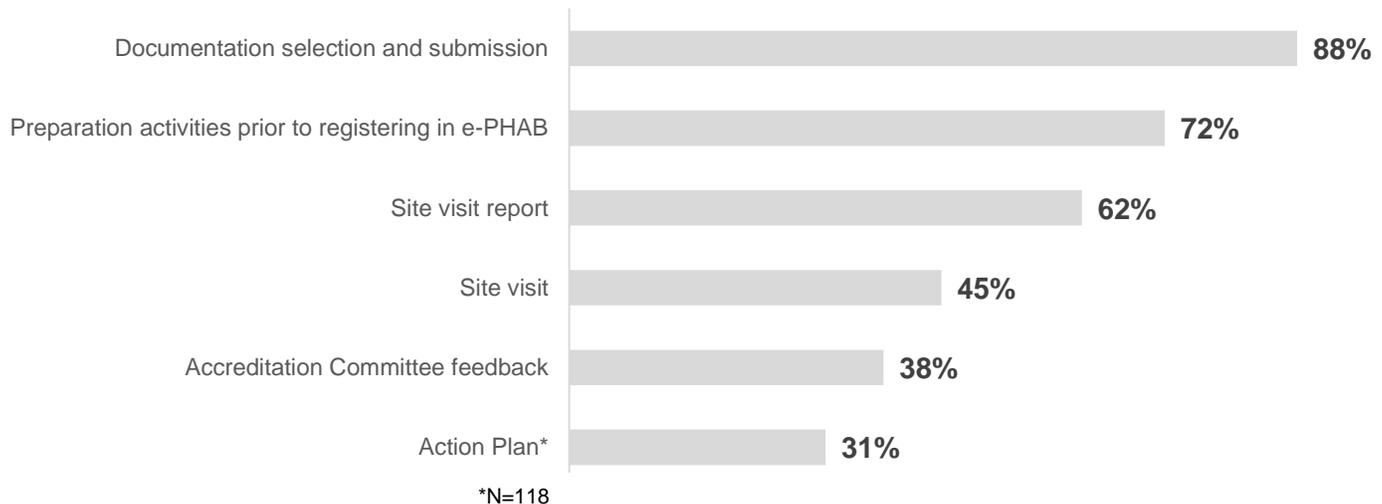
## QI as a Potential Benefit of Accreditation and Motivation for Reaccreditation

Health departments reported QI as a motivation for pursuing initial accreditation as well as reaccreditation. More than nine out of ten applicant health departments reported anticipating that accreditation would stimulate QI opportunities within their organization (98%) or strengthen their culture of QI (94%). Engaging in continuous QI was among the top reasons that health departments accredited for four years cited for deciding to apply for reaccreditation (76%). For additional information, see [Assessing Accreditation Outcomes: Year 4 Accreditation Survey Findings](#).

## QI Outcomes from Preparing for Accreditation

Health departments consistently reported that their preparation for accreditation impacted QI initiatives within their agencies (Exhibit 1). Eighty percent of applicants reported completing QI activities to prepare for the accreditation process, and 86% of recently accredited health departments reported such activities as a result of the entire process. Nearly 95% of recently accredited health departments indicated that they had either established an organization-wide QI process or updated a previously established process as a result of applying for accreditation. Recently accredited health departments also reported that various steps of the accreditation process identified areas for PM or QI within their organizations, including documentation selection and submission (88%), preparation activities prior to registering in e-PHAB (72%), and the site visit report (62%).

**Exhibit 1. Steps of Accreditation Process that Identified Areas for QI and PM (Accredited Survey, N=198)**



## QI Training and Practice

Accredited health departments reported greater QI capacity as compared to applicants (Exhibit 2). Four years after accreditation, a majority of respondents indicated that greater than three-quarters of their staff had received training in QI and/or PM (66%), and about half reported that the majority of staff practice QI (55%). In comparison, less than half of applicant health departments reported high levels of QI training (40%) and less than a quarter reported high levels of QI practice (19%).

**Exhibit 2. QI/PM Training and Practice among Health Department Staff**

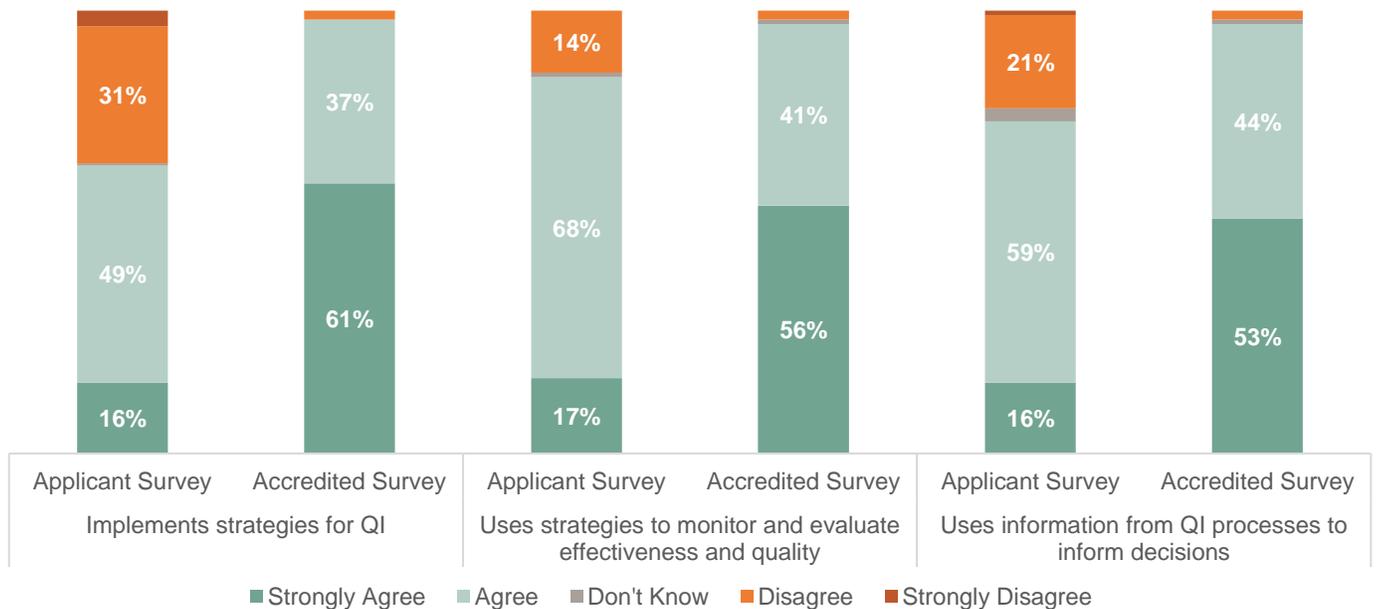
QI/PM Outcome	Applicant Survey (N=198)	Accreditation Survey (N=196)	Post-Accreditation Survey (N=168)	Year 4 Accreditation Survey (N=87)
Greater than 75% of staff have received training in QI and/or PM	40%*	58%	54%	66%
Majority of staff practice QI	19%	37%	38%	55%

\*N=183

## QI Activities

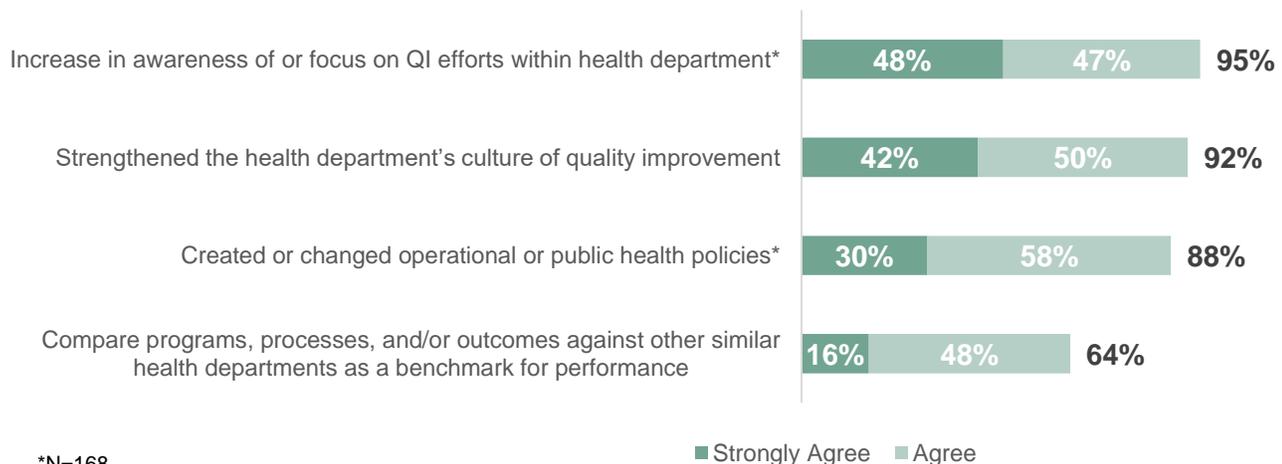
Longitudinal comparisons suggest that the accreditation process stimulates QI activities within health departments (Exhibit 3). Among the subset of health departments that responded to both the applicant and accredited surveys, the majority of respondents at the time of applying for accreditation reported that they monitor and evaluate effectiveness and quality (85%), use information from their QI process to inform decisions (75%), and implement strategies for QI (65%), whereas nearly all respondents reported these activities after achieving accreditation (97%, 97%, and 98%, respectively).

**Exhibit 3. Longitudinal Analysis of QI Activities among Applicant and Accredited Health Departments (N=163)**



Most health departments accredited for one year indicated that accreditation propelled a variety of their QI activities (Exhibit 4). Health departments most commonly reported increased awareness of or focus on QI efforts (95%), strengthened QI culture (92%), and having created or changed operational or public health policies (88%). Among all accredited health departments, the majority reported that their agency's QI culture yielded a strengthened PM system, made them better prepared for accreditation, and resulted in decreased time, decreased cost, or improved process quality.

**Exhibit 4. QI Activities Resulting from Accreditation (Post-Accreditation Survey, N=214)**

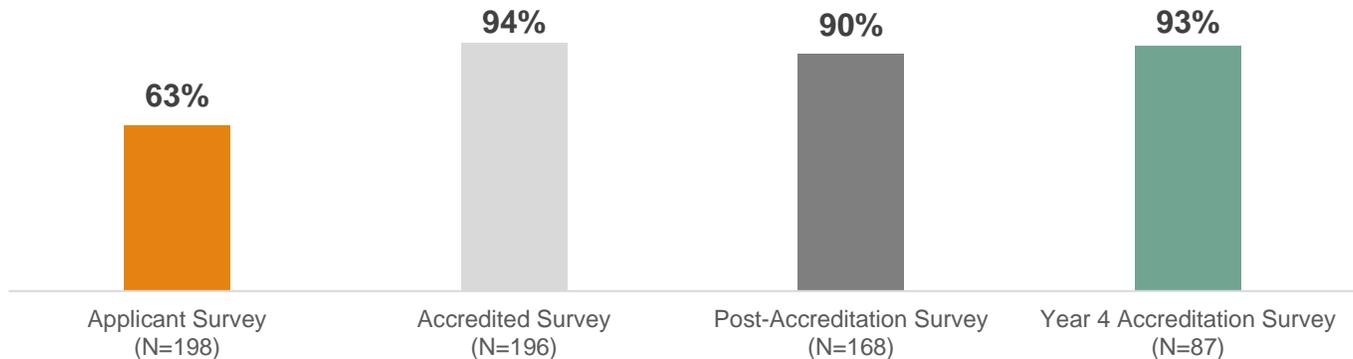


\*N=168

## QI Culture

Exhibit 5 presents the percentage of respondents that reported high levels of QI knowledge and practice within their health departments throughout the accreditation process. More accredited health departments reported that their agency had a culture of QI as compared to applicant health departments. In contrast to agency-reported QI knowledge and practice, which continued to increase in the years post accreditation, a similar proportion of accredited health departments (recently accredited, accredited one year, and accredited four years) reported a culture of QI or systematic QI activities. Nearly all respondents accredited for four years reported that QI was “formally conducted” or “our culture” (93%), compared to less than two thirds of applicant health departments (63%).

**Exhibit 5. QI Culture Reported across Surveys, Percent Reporting QI is “Conducted Formally” or “Our Culture”**



After one year of accreditation, health departments answered questions regarding the impact of the current QI environment within the agency (Exhibit 6). The majority of respondents indicated that their agency’s QI culture had yielded a strengthened performance management system (78%), made them better prepared for accreditation (64%), and resulted in decreased time, decreased cost, or improved process quality (61%). About one-third of respondents reported that the QI culture in their agency had improved public health outcomes achieved (31%). Few respondents reported that the QI culture in their agency had not made much impact agency wide (6%).

**Exhibit 6. QI Culture Outcomes within Accredited Health Departments (Post-Accreditation Survey, N=168)**

The QI Culture in my Agency Has...	Percent of Respondents
Strengthened performance management system	78%
Made us better prepared for public health accreditation	64%
Decreased time, cost, or improved process quality	61%
Improved public health outcomes achieved	31%
Not made much impact agency-wide	6%

### Accredited Health Department Respondent

*“I thought we were pretty good already, but after going through the work, restructuring, and the steps necessary to achieve accreditation, I now realize we are now a much higher functioning organization, especially in the area of performance management and quality improvement.”*

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