Fiscal Impact:

10A NCAC 48B.0103 – Accreditation Requirements
Proposed for Amendment

Name of Commission: Commission for Public Health

Agency Contact: Joy Reed, EdH, RN
Head, Local Technical Assistance & Training Branch, NC Division of Public Health
Joy.reed@dhhs.nc.gov
(919) 707-5131

Authority: G.S. 130A-34-1

Impact Summary: *De-Minimis*

State government:	No
Local government:	No
Private industry:	No
Substantial impact:	No

Background

NCGS § 130A-34.1.(f) *Accreditation of local health departments; board established* states that "[a]ll local health departments shall obtain and maintain accreditation" and, in paragraph (e) authorizes the Commission for Public Health to adopt rules establishing accreditation standards for local health departments. The Commission adopted temporary accreditation rules in January 2006, and the Commission's permanent accreditation rules became effective in October 2006. These rules have not been amended since they were adopted.

In October 2011, the Standards Review and Revision Workgroup (henceforth "standards workgroup") proposed changes to the accreditation scoring methodology to assure the fairness and integrity of the accreditation process. The new proposal calls for each local health department to meet a minimum number of activities in each standard (90% for each standard/function) so that each activity has equal weight. In December both the North Carolina Association of Local Health Directors and the North Carolina Local Health Department Accreditation Board voted unanimously in support of the proposed changes. The proposed scoring requirements will now go to the Commission for Public Health, which requires an extensive review and a public hearing. If approved by the Commission, the proposed scoring requirements could become effective before the end of 2012.

Purpose

Recent evaluation results indicated a need to review the scoring requirements (10A NCAC 48B .0103) in order for a local health department to be granted accreditation status (see Appendix 2 for a comparison of the existing scoring requirements and the proposed scoring requirements).
The proposed change to the current rule is anticipated to "reduce the burden upon those persons or entities who must comply with the rule" (NCGS §150B-19.1 *Requirements for agencies in the rule-making process*) by reducing the probability of a local health department losing its accreditation status except in cases where a department's performance is inadequate to effectively carry out its responsibilities.

Under the current rule, in order to designate a benchmark as "Met," the agency must carry out **ALL** of the activities prescribed for a given benchmark, which can include up to 10 activities. Failure to complete any ONE activity associated with a benchmark means that benchmark is "Not Met." This method of scoring has caused several health departments to not meet the minimal accreditation requirements despite scoring "Not Met" on only two activities out of 148 total activities.

The proposed rule change was drafted by the standards workgroup in order to more fairly score accreditation standards and to more equally distribute the weight among the standards and core functions within the Health Department Self-Assessment Instrument (HDSAI). (see Appendix 3, "HDSAI Standards and Accreditation Scoring Requirements," for a breakdown of the activities within each benchmark and how they map to the three standards for accreditation.)

The rule amendment proposes that rather than meeting all activities within a benchmark, the proposed revision would require that a health department meet 90% of the activities within a benchmark.

The rule change implements the following objectives:

- To distribute weight among the Standards and Core Functions within the HDSAI.
- To improve scoring to place emphasis on the activities rather than the benchmarks due to the variation in the number of activities within the benchmarks.

The proposed changes have received unanimous support from the NC Association of Local Health Directors as well as the NC Local Health Department Accreditation Board. Additionally, the standards workgroup foresees no requirement for additional expenditures or distribution of state or local funds associated with this rule change; thus, the fiscal impact would be *de minimis*.

To compare the current and proposed scoring requirements, the workgroup reviewed the findings from the 22 health departments that participated in the accreditation process during fiscal year 2010-2011 in order to determine how the recommendations for these departments would have differed had the proposed scoring protocol been used.

Of the 22 departments that participated in FY 2011:

- 19 of the recommendations would remain the same as originally recommended under the current scoring requirements.
- The recommendations for two of the departments that were originally recommended for conditional would now be recommended for accreditation under the proposed scoring requirements.
- One department that was originally recommended for accreditation would actually be recommended for conditional under the proposed scoring requirements.

The analysis of accredited departments scored with this new proposed method indicates that the method is comparable and likely no more or less stringent than the existing scoring method, places no additional burdens on local health departments or accrediting staff, imposes no new staff or resource requirements, and requires no local or State expenditures.

APPENDIX 1: PROPOSED RULE CHANGE

10A NCAC 48B.0103 is proposed for amendment as follows:

10A NCAC 48B .0103 ACCREDITATION REQUIREMENTS

(a) To receive an accreditation status of "accredited," a local health department must satisfy all of the accreditation standards contained in this Subchapter. In order to satisfy the accreditation standards, the local health department shall satisfy ~~33 of the 41 benchmarks. Two of the 33 benchmarks may come from any of the three standards listed below. 31 of the benchmarks shall be met~~ activities under the standards according to the following proportions:

(1) Standard 1. Agency core functions and essential services:

(A) The local health department must satisfy at least ~~six of the~~ 26 of the 29 activities listed in the benchmarks contained in Sections .0200 and .0300 of this Subchapter;

(B) The local health department must satisfy at least ~~five of the~~ 23 of the 26 activities listed in benchmarks contained in Sections .0400 through .0600 of this Subchapter;

(C) The local health department must satisfy at least ~~11 of the~~ 34 of 38 activities listed in the benchmarks contained in Sections .0700 through .1100 of this Subchapter;

(2) Standard 2. Facilities and administrative services: The local health department must satisfy at least ~~three of the~~ 24 of the 27 activities listed in the benchmarks contained in Section .1200 of this Subchapter; and

(3) Standard 3. Board of health: The local health department must satisfy at least ~~six of the~~ 25 of the 28 activities listed in the benchmarks contained in Section .1300 of this Subchapter.

(b) In order to satisfy ~~a benchmark,~~ an activity, the local health department must ~~carry out~~ satisfy all of the ~~activities~~ requirements prescribed for that ~~benchmark.~~ activity. Failure to complete any activity requirement associated with an ~~benchmark~~ activity means that the benchmark is not satisfied.

History Note: Authority G.S. 130A-34.1;

APPENDIX 2: PROPOSED ACCREDITATION SCORING REQUIREMENTS

(see subsequent pages)

Proposed Accreditation Scoring Requirements

Drafted by the Accreditation Standards Review & Revision Workgroup on
October 24th, 2011

Guiding Principles for Scoring:

1. To equally distribute weight among the Standards and Core Functions within the HDSAI.
2. To promote continuous quality improvement
3. To improve scoring to place emphasis on the activities rather than the benchmarks due to the variation in the number of activities within the benchmarks, which can result in unacceptable arbitrariness in scoring by benchmark.
4. To maintain integrity, fairness, and equity of the accreditation process, including the benchmarks and activities.
5. To give local health department's credit where credit is due.

Table 1: comparison of the current scoring requirements and the proposed revisions

Current Scoring Requirements	Proposed Scoring Requirements
Each Activity is measured as "Met" or "Not Met" after review of the evidence by the site visit team.	No proposed change
In order to designate a benchmark as "Met" the agency must carry out ALL of the activities prescribed for that benchmark. Failure to complete any ONE activity associated with a benchmark means that the benchmark is "Not Met".	The workgroup proposes that we do away with this notion and focus on the number of activities met rather than benchmarks.

To be recommended for accreditation, the department must meet 33 of the 41 benchmarks.
 	
Thirty-one of the benchmarks must be met in accordance to the following proportions:
 	
• Standard #1: Agency Core Functions and Essential Services
  ○ Assessment Function: 6 of 8 benchmarks
  ○ Policy Function: 5 of 7 benchmarks
  ○ Assurance Function: 11 of 14 benchmarks
• Standard #2: Agency Facilities and Administrative Services
  ○ 3 of 4 benchmarks
• Standard #3: Board of Health/Governance
  ○ 6 of 8 benchmarks
 	
Two of the 33 benchmarks can come from any of the three standards.
	To be recommended for accreditation, the department must meet the following number of activities in each standard (these ratios equal 90% of activities within the specified Standard or Function):
	
	• Standard #1: Agency Core Functions and Essential Services
	  ○ Assessment Function: 26 of 29 activities
	  ○ Policy Function: 23 of 26 activities
	  ○ Assurance Function: 34 of 38 activities
	• Standard #2: Agency Facilities and Administrative Services
	  ○ 24 of 27 activities
	• Standard #3: Board of Health/Governance
	  ○ 25 of 28 activities

There are not any required activities that must be met to be recommended for accreditation.	No proposed change

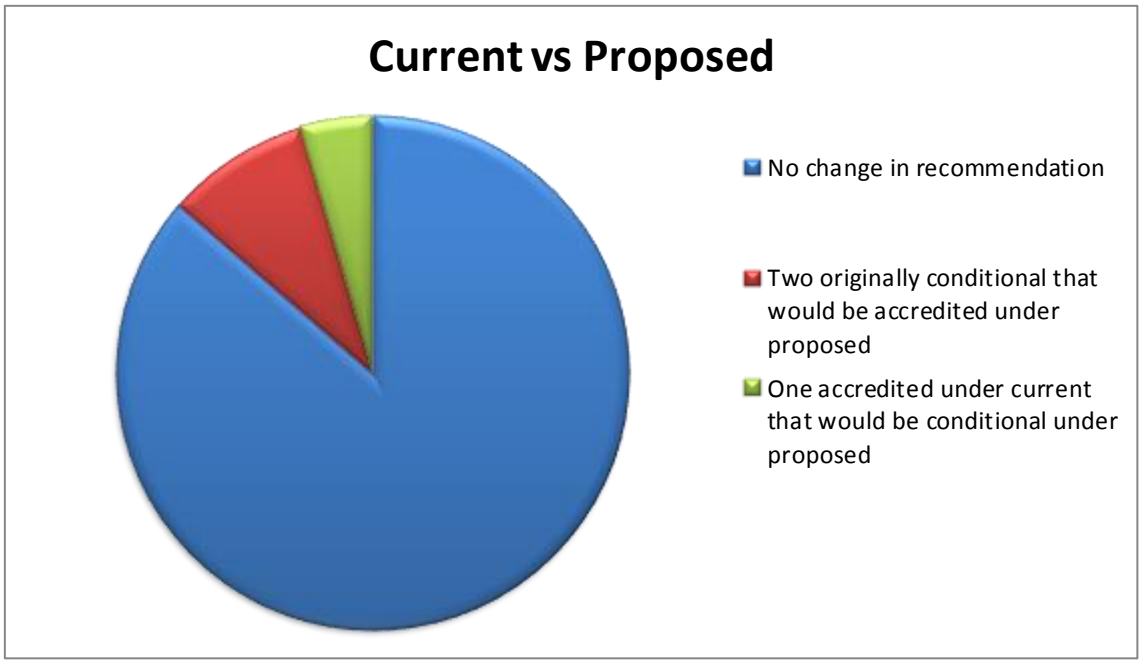
To further compare the current and proposed scoring requirements, the workgroup reviewed the findings from the 22 health departments who participated in the accreditation process during the last fiscal year (2010-2011) in order to determine how the recommendations for these departments would have looked had the proposed scoring protocol been used.

Of the 22 departments who participated in FY 2011:

- 19 of the recommendations would remain the same as originally recommended under the current scoring requirements.
- The recommendations for two of the departments who were originally recommended for conditional would now be recommended for accreditation under the proposed scoring requirements.
- One department that was originally recommended for accreditation would actually be recommended for conditional under the proposed scoring requirements.

This review implies that the new proposed scoring requirements, in most cases is not more stringent than the requirements that are currently in place but are actually quire comparable, yet more fair for the department.

Graph 1 shows how closely the two scoring protocols match to further support that the proposed requirements is indeed more fair and not more stringent that what is currently in place.



APPENDIX 3: HDSAI STANDARDS AND ACCREDITATION SCORING REQUIREMENTS

(see subsequent page)

HDSAI Standards and Accreditation Scoring Requirements

There are three sections to the Health Department Self-Assessment Instrument (HDSAI):

- **Standard #1: Agency Core Functions and Essential Services (CF&ES)**
  Contains 29 Core Functions and Essential Services Benchmarks & 93 Activities

- **Standard #2: Agency Facilities and Administrative Services (F&AS)**
  Contains 4 Facilities and Administrative Services Benchmarks & 27 Activities

- **Standard #3: Board of Health/Governance**
  Contains 8 Board of Health Benchmarks & 28 Activities

Each Activity is measured as "MET" or "NOT MET" after evaluation of the evidence.

In order to designate a benchmark as "<u>MET</u>",
the agency must carry out <u>ALL</u> of the activities prescribed for that benchmark.

Failure to complete any <u>ONE</u> activity associated with a benchmark
means that the benchmark is "<u>NOT MET</u>".

The HDSAI addresses a total of 41 benchmarks and 148 related activities.

In order to satisfy the Accreditation benchmarks (and be recommended for Full Accreditation status), the local health department must satisfy **thirty-three (33) of the forty-one (41) benchmarks**.

A recommendation for Conditional Accreditation would be put forth if an agency achieved a "MET" on 32 or less benchmarks.

Thirty-one (31) of the benchmarks must be met according to the following proportions:

- Agency Core Functions and Essential Services
  - Assessment Function = 6 of 8 benchmarks
  - Policy Development Function = 5 of 7 benchmarks
  - Assurance Function = 11 of 14 benchmarks
- Facilities and Administrative Services = 3 of 4 benchmarks
- Board of Health/Governance = 6 of 8 benchmarks

Two (2) of the thirty-three (33) benchmarks can come from any of the three (3) standards.

There are not any required activities that must be met to be recommended for accreditation.