

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. Community Description

Briefly characterize the community(ies) served by your health department or support organization (location, population served, jurisdiction type, organization structure, etc). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Gallatin County is located in southwestern Montana. The county has an area of 6,200 square miles and borders Idaho, Wyoming and Yellowstone National Park to the south. Gallatin County has a population of just over 90,000, the majority of which reside in the northern region of the county. The county seat is Bozeman with a population of just under 40,000, making it the fourth largest city in the state of Montana. While the city of Bozeman is considered suburban, the majority of the county is rural.

Montana has a de-centralized governance structure. The Board of Health is the governing body of the health department and one county commissioner and one city commissioner sit on the board. The health department currently has 34 FTEs. Ten employees work within the Environmental Health Services. This office conducts wastewater treatment system reviews and inspections, and licensed establishment inspections and regulation.

The programs and services provided by Human Services include immunizations, cancer control and screening, public health emergency preparedness, communicable disease and surveillance and public health home visitation.

2. Work Plan Overview

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

The biggest undertaking of the health department within the grant period was to develop and formalize an agency strategic plan. The entire strategic planning process took three months and involved all health department staff. The entire staff of the health department participated in revising the vision and mission statements of the health department as well as a brainstorming session that divided up the health department into 8 'service areas'. Staff rotated through each service area to brainstorm what they thought should be kept, changed or created. Staff then prioritized what was most important to them within each of those service areas.

The next step in the strategic planning process was to take the results of the staff brainstorm session to the Board of Health to allow them to consider the recommendations of the revised vision and mission statements as well as to identify strategic priorities based on the staff

recommendations, the Community Health Assessment and the Community Health Improvement Plan.

Once the strategic priorities were formalized, the health department program managers were asked to create objectives and corresponding work plans for the duration of the strategic plan (July 1, 2013- June 30, 2016). The board approved the strategic plan on April 25th, 2013.

The accreditation team (Health Officer, Human Service Director and Environmental Service Director, AmeriCorps VISTA and Accreditation Coordinator) sat down to review PHAB version 1.0 to do a self-study and identify areas that require more attention. During the self-study, the accreditation team discussed what the document collection process would look like- and a workflow was drawn up in Microsoft Visio. Accreditation team meetings were set and at the time of this report, were occurring every week or every other week.

In order to prepare the staff for accreditation, a presentation was given by the accreditation coordinator at staff meetings. The presentation gave a brief overview of the accreditation process, as well as expectations from the staff. In addition to keeping staff informed of the accreditation status, the Health Officer sent out an e-mail informing staff of the submission of the accreditation application and required all staff to complete module 1 of the PHAB online orientation.

The last of our deliverables was to create a performance plan. Due to the many elements of a performance management system, the health department was able to draw up a plan utilizing many tools, including the PHAB standards and measures, the Public Health Foundation, and two other local health departments who were kind enough to share their documentation.

3. **Challenges**

Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please do include them here as well.

Upon review of the work plan half way through the grant cycle, the health department determined that they would be unable to complete one of the deliverables- to train staff in quality improvement. This deliverable was omitted from the final scope of work. Due to the integral nature of quality improvement throughout the PHAB standards and measures, and the part that QI has in the realm of performance management, the issue of QI was not wholly abandoned once the deliverables were amended.

During the construction of the performance management policy, and QI plan was also constructed to be in alignment with the overlap of elements. As of this report, the accreditation team is researching QI trainings for the staff.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

The support that the health department had helped the processes of achieving the deliverables immensely. Without the support of leadership or that of the board, the strategic plan might still be in the preliminary stages.

The total time of completion for the three prerequisites has taken about two full years. The health department was lucky enough to be the recipient of two separate NACCHO grants to complete the CHA, CHIP and Strategic Plan. By tying the prerequisites to grant deliverables ensured that they would be completed within the appropriate time frame.

For pieces of the documentation that did not formally exist in the health department- a Performance management system, and Strategic Plan, the Standards and Measures provides an incredible amount of guidance for what is needed in required documentation.

During the ASI grant cycle, the accreditation coordinator visited two other health departments with jurisdictions of similar sizes within the state to learn about their accreditation process. This proved to be a very valuable experience- not just for hearing the process and structure of two different health departments, but both health departments were willing to share their PHAB documentation. Having several other examples of Strategic plans as well as Performance Management systems was helpful, especially when the department began drafting their own documents.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

The importance of having an accreditation coordinator was apparent throughout the strategic planning and performance management process. Though everyone is busy, time must be made for accreditation efforts- and that responsibility fell to the accreditation coordinator. A two-day meeting was planned to review the Standards and Measures with the health officer and department directors. Due to unforeseen events, the meeting had to be changed and the next time that everyone was available was two weeks from the original scheduled date. While this did not have a huge impact on the deliverables, it was a good lesson in planning and flexibility that the department will take into account throughout the document collection process.

6. **Funding Impact**

Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:

- *(Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?*
- *(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?*

Thanks to the ASI grant, the health department has completed the last of three pre-requisites and has submitted their application to PHAB. The health department had conducted an initial self-assessment during the ASI grant period, and has been able to identify, and begun to address areas that they felt required immediate attention in order to achieve accreditation.

7. **Next Steps**

What are your organization's (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

The health department submitted its application to PHAB on May 1, 2013, and it was accepted. The next steps are to undertake the huge task of document selection. The health department does not have a final date for when documentation is due, but there are several projects that the department will undertake and complete before July 1, 2013- which is the beginning of the fiscal year. The accreditation team believes that deliberate alignment with the fiscal year will be beneficial for such things as performance management.