

2014-2015 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your agency (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.

Morrison, Todd, and Wadena Counties are located in rural central Minnesota. According to the 2010 United States Census Bureau, the populations of the counties are as follows: 33,198 for Morrison County, 24,895 for Todd County, and 13,843 for Wadena County, totaling 71,936 residents. The central region is known as a gateway to the lakes, where the forest meets the prairie. Agriculture and manufacturing provide the region with a strong local economy.

The county boards of Morrison, Todd, and Wadena Counties form a Board of Health through a Joint Powers Agreement. The full Board of Health is comprised of the five county commissioners in each of the three counties. The Board appoints an Executive Committee composed of two county commissioners from each of the three counties. An Administrative Task Force including the three directors of Public Health and Human Services meets regularly to conduct the business of the Board of Health.

The Board of Health was established in 1979 with four counties joining the Joint Powers Agreement: Morrison, Todd, Wadena, and Cass Counties. Effective in 2006, Cass County withdrew from the Board of Health and it has been the Morrison-Todd-Wadena Board of Health since that time.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period and the key activities 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 Morrison-Todd-Wadena Community Health Board's Accreditation Support Initiative supported completion and documentation of PHAB measures 9.2.1. and 9.2.2. To complete the PHAB measure 9.2.1, the Morrison-Todd-Wadena Quality Improvement (QI) team drafted the Community Health Board QI Plan, which included the purpose of the plan, goals and objectives, staff training plan, process for identifying QI projects, roles and responsibilities of the QI team and leadership, communication plan, monitoring and evaluation, and budget and resource allocation. The QI plan was reviewed and updated based on recommended revisions from staff and regional/state consultants. The QI Plan was presented to the Board of Health for approval at the

April, 2015 meeting. The QI plan was also submitted to the Minnesota Department of Health.

To complete the PHAB measure 9.2.2 the QI Team met to identify potential QI projects utilizing the Community Health Boards strategic plan and past QI project ideas. The QI plan identified the “Health Alert Network notification process” as the first QI project to implement. The QI Team developed a project charter and process map to identify inefficiencies and delays. The Team implemented a rapid cycle- Plan, Do, Study, Act process to test possible solutions and identify the most effective improvements to the current process. Outcomes included time spent on the process for an initial average of 3 hours and 16 minutes to send out a HAN alert/advisory to 46 minutes post implementation of the new process. The overall process went very well and staffs involved feel the changes should be adopted. A storyboard displaying the QI project and outcomes was developed and will be used for PHAB documentation.

The second QI project that was selected was identified by the Public Health directors as a specific process that needed greater clarity and formality. The process involved the identification of expectations for lead staff of multi county projects and/or grants. The current process was not well defined and resulted in confusion and miscommunication. The QI Team developed a formal document to outline the responsibility for each lead staff assignment. The form was put through a rapid cycle PDSA process to identify any necessary revisions. After testing the form, it was decided amongst staff and directors this form will be an effective tool for assigning lead staff and defining expectations. The identified results from this process included: more consistent communication among staff and directors; increased efficiencies by identifying one lead staff; and, better understanding of work required by each staff for a specific project or grant. The CHB plans to adopt this form. Following the project a storyboard was developed to outline the QI project.

3. **Challenges**

*Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

Challenges during this project included working across three counties who often had three different processes that made it challenging to identify good QI projects and clearly develop distinct process maps.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your agency’s work. These can be conditions at your agency that contributed to your successes or specific actions you took that

helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

The Morrison-Todd-Wadena Community Health Board has historically worked well together. The QI Team utilized staff with existing QI knowledge and good working relationships. In addition, the Accreditation Support Initiative funding supported staffing to spend time on this project and commit resources.

5. **Lessons Learned**

Please describe your agency's overall lessons learned from participating in the ASI. 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 who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

The QI Team learned early the importance of focusing on a specific QI project that is manageable and feasible to accomplish within the project's timeline. We also identified the QI Team quickly at the beginning of the project, as it was a quick nine month grant. Additionally, engaging with the NACCHO staff was very useful as their assistance was always prompt and helpful.

It was also valuable that NACCHO ASI funding allowed staff to focus on a specific PHAB measure. NACCHO did not overburden sites with reporting or other requirements; reporting was simple and conference calls were not too frequent.

6. **Funding Impact**

Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

This funding provided strong motivation for moving forward in our accreditation process. Additionally we have now completed accreditation documentation and have gained greater understanding and resources to assist with continuing to document accreditation requirements.

7. **Next Steps and Sustainability**

What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

The Morrison-Todd-Wadena Community Health Board will need to specifically assign an accreditation coordinator or team and plan for how accreditation documentation will be filed. QI work will be sustained by continuing to implement and review the QI plan across the Community

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Health Board.