1. **Community Description**
   Briefly characterize the community(ies) served by your health department (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.

   Columbus Public Health (CPH) is located in Franklin County, Ohio which has a population of roughly 1.2 million people. The jurisdiction served is the Columbus metropolitan area and the suburb of Worthington, adding up to a population of roughly 788,000. CPH is a department within the City of Columbus and therefore must abide by the policies associated with the umbrella organization, including the utilization of Civil Service and a partnership with the AFSCME Union. The health department has a Board of Health and the Mayor selects the Health Commissioner. CPH is divided into 8 areas: Planning & Accreditation; Public Affairs & Communication; Center for Epidemiology, Preparedness and Response; Clinical Health; Neighborhood Health; Family Health; Environmental Health; and Administration. CPH has a staff of approximately 400 FTE.

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-July 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. *Note: Work with connector sites will be addressed in question #8.

   **Workforce Development**
   - **Workforce Development Plan** – Columbus Public Health’s Workforce Development Plan has been finalized along with the beginning of a comprehensive training and curriculum plan.
   - **Leadership University** – 20 people (17 from CPH and 3 from connector sites) began attending the monthly leadership university classes held at Columbus Public Health as part of the Workforce Development Plan.
   - **Supervisor Toolbox** – A monthly training/educational session for all managerial/supervisory staff was implemented at Columbus Public Health as part of the Workforce Development Plan.
   - **Job Competency Template** – Various meetings have occurred to discuss and develop job descriptions that incorporate competencies. Three job descriptions were updated to incorporate the competencies. Meetings were held with external partners (including the state health department and 4 other local health departments) in order to develop a template and user guide that would assist other health departments in linking competencies to job descriptions.

   **Accreditation Awareness**
• All Staff Survey – A survey was sent to all staff inquiring their awareness level of accreditation, asking what they would want to know and the best methods to reach them.

• Focus Group – 23 staff across the health department attended a focus group where topics similar to the all staff survey were further explored.

• Awareness Campaign – A campaign for how to reach staff was developed. An accreditation logo and brand was created. Then series of posters were developed and posted throughout the health department featuring pictures of staff from the focus groups. These pictures conveyed concepts based on associated words that they shared regarding accreditation in the focus group (Gold Standard, Why Now, Uniformity, Overwhelmed, etc).

CHIP

• CHIP – Collaboration with partner agencies and the community occurred around the objectives in the CHIP.

Culture of Quality

• QI Plan – The QI Plan has been updated to reflect Performance Management and staff training has occurred to further adjust the culture in the agency. The QI Training Plan has been updated and it is an appendix to the QI Plan. Several QI projects are underway and staff are beginning to think of projects on their own.

• Customer Satisfaction Process - Columbus Public Health’s customer satisfaction surveys did not collect enough program specific data to support starting quality improvement projects. The customer satisfaction survey QI project is underway and the drug and alcohol (D&A) program has been identified as a pilot area. The staff of the D&A program held focus groups with their clients to identify drivers for satisfaction. A survey was developed based on these drivers and is in the pilot phase. Also, a process was created that allow other program areas to discover the drivers for their clientele and to develop a survey that helps them collect data to effectively measure customer satisfaction.

Connector Site Deliverable

• Accreditation Coordinator Starter Kit – The connector sites worked together to create a starter kit that provides templates and examples of documents to help other health departments on their journey towards accreditation.

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.

The Workforce Development Plan takes a lot of time to complete properly. This did not get completed and signed until the second week of July. While this may not be an issue for the grant deliverables, Columbus Public Health also had a deadline of submitting documentation to PHAB by the end of July as well. Having the grant deliverables due at the same time as the PHAB submission deadline was both helpful and stressful!
4. **Facilitators of Success**
Description factors or strategies that helped to facilitate completion of your work. These may 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.

Having the grant deliverables due at the same time as the PHAB submission deadline was both helpful and stressful! The grant deadlines can be used to “motivate” staff and leadership to make certain deliverables a higher priority whereas if there wasn’t a deadline it could be delayed. The fact that leadership fully supports the concept of accreditation has been extremely important to this project and to accreditation.

5. **Lessons Learned**
Please describe your overall lessons learned from participating in the ASI. These may be things you might do differently if you could repeat the process, or the kinds of advice you might give to other health departments who are pursuing similar types of funding opportunities or technical assistance activities.

1. Schedule a mock site visit and include external partners in it. This really provides a thorough review of all the documents from an outside perspective. This also provides the partners a chance to see what is being required in accreditation. Then when there is a site visit you will know who to invite to the meeting with PHAB.
2. Start working on the Workforce Development Plan early in the process so that you can begin implementing portions of it for PHAB documentation.
3. Collaborate with other health departments. They either have already created something that you can use or have an idea to help solve a problem.

6. **Funding Impact**
Describe the impact that the ASI funding has had on your health department. In other words, thinking about the work you have done over the last eight months, how has this funding advanced your health department’s accreditation readiness or quality improvement efforts?

Columbus Public Health submitted all of their documents to PHAB on July 12, 2013! This grant greatly assisted in getting the last set of documents completed. It also has provided a foundation of learning for potential leaders in succession planning as well as helped to move the culture of quality towards better acceptance and incorporation into everyday activities.

7. **Next Steps**
What are your health department’s general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

Columbus Public Health will work on the following:

1. All documentation has been submitted to PHAB on 7/12/2013. The PHAB Completeness Review is underway. We will be responding to PHAB and site visitor questions, setting up a site visit and with all hope – we will be accredited!!!!
2. Implement the Workforce Development Training and Exercise Plan
3. Update job descriptions to include Competencies
4. Improve the performance management process
5. Complete the customer satisfaction survey pilot and expand to other program areas
6. Implement more QI projects.
7. Continue working with other agencies to assist with accreditation efforts

8. **Working With Connector Sites**

Describe your health department’s work with your connector site(s) during this initiative. Include the following:

- How did you identify your connector site(s)?
- What type of TA or resources did you provide to the site(s)?
- How do you think this TA helped advance the site’s accreditation readiness?
- What benefits did you experience?
- What challenges did you face?

**Identification**

Connector sites were selected based on already existing relationships. Franklin County Public Health (FCPH) is the health department that serves the rest of the Franklin County jurisdiction. We have been partnering on accreditation for a while already. Delaware General Health District (DGHD) is a contiguous county that partners with Columbus on emergency preparedness activities. Their accreditation coordinator was at a meeting and the opportunity to meet around accreditation efforts was of interest. FCPH has submitted a letter of intent and DGHD had just recently applied to PHAB. All 3 health departments were at different phases of readiness in regards to accreditation.

**Types of TA/Resources**

The Accreditation Coordinators (AC) met monthly to discuss various issues (QI, communication, leadership support, performance management, specific domains and how to meet the requirements, PHAB training, NACCHO AC sessions, etc). Each shared lessons learned and shared concerns. Together, the Accreditation Coordinator Starter Kit was developed and shared with ACs across the state. Columbus Public Health had a mock site visit in April and the connector sites were invited not only as reviewers but their staff could come and observe.

**Advance Accreditation Readiness**

Both connector sites have improved their readiness for accreditation. FCPH requested that another health department be added to the group and has set a target date for applying to PHAB. DGHD completed their submission of documents to PHAB the end of June and is working towards the site visit.

**Benefits**

It has been extremely beneficial to bounce off ideas with other ACs. Each health department has gained knowledge from the others. It is good to know that other health departments are struggling with the same issues that you are. It is also beneficial to see how they have resolved any issues and to be able to incorporate that into your health department.

**Challenges**

There really weren’t any challenges except in trying to coordinate times when we could all meet face to face.