

NACCHO/CDC Accreditation Support Initiative

Missouri Institute for Community Health

Final Report

1. Project Overview

We worked with 4 counties in Missouri, with populations ranging from 31,000 to 162,642. The largest county was larger than the other three counties combined. One agency had to drop out of the project. Since the agencies had previous experience with community health assessments and community health improvement plans, they were able to meet this requirement early in the project. After evaluating the readiness surveys which everyone completed, we did planning sessions (on-site and conference calls) with each agency to determine their needs and baseline knowledge about accreditation. Three of the agencies obtained licenses from the state health department for MyStrategicPlan software and entered their plans under the state department's broad goals. The state contractor did a webinar and provided technical assistance to them. One agency is working on its strategic plan using the format established by its governing body. It will be finalized in July. We did accreditation workshops at four agencies and discussed quality improvement with all four agencies. One agency decided to apply for national accreditation as soon as possible because they were successful with MICH accreditation. At their planning session, instead of a documentation workshop, they requested a mock site review. At the mock site review we reviewed their documentation and explained that their pre-requisites needed additional work and some documentation was missing. Staff agreed that the mock site visit was very necessary and helpful. As a result, we've told the other three agencies that we will do mock reviews when they have their documentation done, which will be the end of 2012. We followed up each agency visit with written reports and provided technical assistance, including referring everyone to NACCHO's and NNPHI's websites for QI examples.

2. Reflections: Successes, Challenges, and Lessons Learned

We learned some major lessons with this project. We did not have enough local health department staff involved in our initial planning. Since we'd been doing accreditation, we thought we could do group meetings with the agencies and provide off-site technical assistance. Referring them to the Learning Management System QI program that we designed worked fine as a beginning, but each agency had unique issues and conflicting time schedules. We modified our approach to do extensive and tailored planning visits (by phone or in person) with each agency followed up by workshops. On site, we made adjustments in the presentations based on the staff discussions about accreditation, community health assessments, strategic plans, performance management, quality improvement, workforce development plans, etc. Some agencies after our documentation workshop decided to re-evaluate their pre-requisites to make sure they met PHAB's standards.

Six months was not long enough for this project. We could do the workshops and provide technical

assistance, but we weren't able to give staff enough time to process all the information and respond to us besides doing their usual jobs. This did make for more realistic strategic roadmaps to accreditation with achievable time frames, but our expectation that they could generate agency specific quality improvement plans and do some quality improvement projects was not realistic. The discussion about national accreditation pre-requisite requirements was especially beneficial since the participating agencies had experience with them. They now realize they need to document their stakeholder input in all three documents. This was not as big a problem with the Community Health Assessment and Community Health Improvement Plan, but was often a missing step in the agency strategic plan.

Assistance from NACCHO and CDC was very appropriate, time was the real barrier.

3. **Impact and Next Steps**

This project gave us the jump start we needed to determine the type of technical assistance necessary for local health departments to help them prepare for national accreditation. As a result, we are developing three training tracks for LHDs:

- **Track 1:** Provide technical assistance on the process of applying for state-based accreditation for MO LHDs preparing for MICH accreditation.
- **Track 2:** Provide technical assistance and on-site training on the PHAB process, documentation requirements, and the national pre-requisites for LHDs preparing for national accreditation.
- **Track 3:** Provide QI and performance management training for MO agencies not presently interested in accreditation. (Our experiences with the Multi-state Learning Collaborative helped position us for this track)

The public health community in Missouri is very aware of national and MICH accreditation. Our board feels the national fees may be a barrier for some small health departments, so MICH may develop a niche market for state accreditation for small rural LHDs. We also learned that PHAB mock site visits are a huge benefit to the applying LHD. The LHD that had a mock site visit is responding to our suggested areas to improve and has already asked us to return for a final mock site visit.

We also learned that prior workshops on quality improvement do not guarantee that the principles were institutionalized across the agency. We will have to work with each agency to determine their readiness for quality improvement and start where their needs begin and not where we feel it would do the most good or would best fit our schedule. In the next twelve to twenty-four months we expect to have these training tracks fully operational here in Missouri provided we are successful in obtaining funding. Finally, we are looking at these tracks as one year programs and not six months.