

# NACCHO/CDC Accreditation Support Initiative

## Southern Nevada Health District (NV)

### Final Report

#### 1. Project Overview

The Southern Nevada Health District (SNHD) is one of the largest local public health organizations in the United States. The health district serves more than 1.95 million residents, which is 72 percent of Nevada's population, plus 38 million visitors to Las Vegas each year. During the project period SNHD worked to address PHAB requirements not currently met, including working towards completing a Community Health Assessment (CHA), beginning the process of creating a culture of quality improvement, and creating buy-in for the accreditation process.

SNHD was able to complete significant portions of the CHA using the MAPP framework. These included a Local Public Health Systems Assessment, a Community Health Status Assessment, a Forces of Change Assessment, and drafting of a plan for completing Phases 4 and 5 to create a CHIP. Dr. Nancy Menzel, a University of Nevada, Las Vegas School of Nursing professor, was contracted to help with several assessments after her previous work on the Community Themes and Strengths Assessment.

SNHD organized training on accreditation that was led by Susan Ramsey and Marni Mason from Washington State and hosted one-day overview training on quality improvement provided by Joyce Gaufin from the Great Basin Public Health Leadership Institute. Trainings were available to key SNHD staff, Board of Health Members, community partners, and statewide health department partners including our connector site.

Finally, SNHD formed an Accreditation Steering Committee (ASC) and organized three meetings for the group. The purpose of the ASC was to serve as a resource on matters pertaining to the preparation and implementation of accreditation for SNHD. The SNHD grant team recruited members who act as Domain Champions for each of PHAB's 12 domains and membership includes Board of Health members, executive and senior management staff, and local public health system community partners.

#### 2. Reflections: Successes, Challenges, and Lessons Learned

Three strategies were used to implement projects: use proven models, utilize expert advice, and solicit broad input. SNHD used the MAPP framework to guide the development of the CHA. This model focused resources and provided very clear guidelines and steps. Trainings were more valued and efficient due to the utilization of experts in the field, such as the Washington State trainers. Finally, the SNHD solicited feedback and advice from community members, statewide partners, and experts in the field during ASC meetings and community assessments. These strategies created increased buy-in for the accreditation process.

Two major barriers were the short time period and a lack of consensus buy-in to the process. The grant period was only seven months long. This challenge was met by having clear completion timelines for activities and allowing staff members involved in the process to prioritize work schedules to complete deliverables and attend trainings. Funding was allocated to hire short-term administrative support, which made a huge difference in keeping projects organized. SNHD addressed the barrier of creating buy-in by continuously inviting key players to trainings and meetings, by soliciting feedback from those key players, and by reinforcing messages on the value of accreditation.

The sudden closing of the main SNHD building during the grant had a huge negative impact in staff's ability to remain committed to grant-related projects. Fortunately it also provided an opportunity to test our resolve to keep moving toward accreditation.

SNHD did not create a clear internal communication plan at the start of the grant period. There were several occurrences where lack of communication resulted in key participants either being uninformed, unable to participate, or simply frustrated with the process.

NACCHO made several offers to help on the project and SNHD utilized information from NACCHO and NALBOH to craft its BOH training opportunities.

### **3. Impact and Next Steps**

Funding provided the leverage to truly begin preparing for accreditation. Grant funded activities resulted in having all four MAPP assessments finished or at least started. Key SNHD staff members and community partners now have a greater awareness and understanding of accreditation. Communication on a statewide level with all of Nevada's health departments has improved and increased as a result of accreditation activities.

Overall, activities had the impact of raising awareness, moving accreditation activities forward, and getting people engaged and trained. This process has also forced SNHD to truly examine its readiness for accreditation and to begin to strategically think about activities and communication efforts that need to occur in the health department. While the District supported applying for accreditation before the grant, this opportunity has strengthened the view that true value of the process is taking the time to prepare for accreditation and create a total performance management system. Due to the crisis of closing the main District building, accreditation preparation efforts have slowed down, but not stopped. The ASC will meet on a quarterly basis, advising and participating in the completion and dissemination of information surrounding the CHA and CHIP. SNHD hopes to complete the CHA by the end of the year and disseminate it to the community for feedback, which will lead in the formation of a community workgroup to begin the CHIP process. As a continuation of the QI training, SNHD also plans to build buy-in, understanding, and practice of QI within the executive team and BOH members in order to create a stronger culture of QI. The next major steps towards accreditation will need to include the hiring or assigning of an Accreditation Coordinator and the formation of a self-assessment Accreditation Team. SNHD hopes to submit their Statement of Intent by May of 2014.

#### **4. Working with Connector Sites**

SNHD developed connector site activities for all of the Public Health agencies in the state of Nevada and signed an agreement with the Washoe County Health District (WCHD) as its designated connector site. SNHD's major focus was to provide accreditation training, quality improvement training, and to improve communication between all of the PH partners.

SNHD included WCHD in NACCHO/NALBOH technical assistance efforts to provide resources for increasing buy-in with Boards of Health. SNHD was able to fund one WCHD accreditation staff member to attend accreditation training at the NNPHI/NPHPSP annual meeting.

SNHD engaged all other health departments in Nevada in a state-wide conversation on PH accreditation. SNHD learned about activities, resources, and struggles common to all. Because all the health departments received the same information through the shared trainings, there were opportunities for each site to use similar tools and processes, thus moving the entire state toward a more standardized accreditation process. As an example, a Nevada Health Data Assessment Group was formed to create a more standardized and comprehensive CHA process of data collection and retrieval.

The main challenge of working with the connector sites was related to the different level of initial preparation each agency had. Two agencies approached the preparation from a broader, accreditation-focused viewpoint, while the other two sites looked toward building up their quality improvement structure first.

Most of the activities SNHD completed can be easily scaled down to smaller health departments. Some of the activities, such as conducting a Local Public Health System Assessment, are probably easier to implement in a smaller community because there are fewer key players and closer connections. Smaller health departments may lack the staff resources to do all of the activities separately and might need to consolidate group roles and activities that can be separated in larger agencies.