

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.

The Henry County Health Department is a combined health district serving the City of Napoleon and Henry County residents. It is a small, rural county with about 26,000 residents. The health department is governed by a Board of Health which meets monthly and as needed. Operations of the health department are guided by the Health Commissioner who is hired by and reports to the Board of Health. Managers oversee the following divisions and areas of responsibility:

- Environmental Health: inspection of restaurants, pools, septic systems, wells, etc.
- Administration: Vital statistics, registration, purchasing
- Community Health: Health Education, Public Information Officer, Emergency Preparedness
- Nursing: Family Planning, School nursing (parochial schools only via contract), Help Me Grow, BCMH, immunizations.
- Dental – Safety Net dental clinic
- Home Health/Hospice
- Fiscal

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.

Henry County Health Department used our grant funds for document selection. We set a goal to select 90% of the documents needed to support our accreditation effort. Half of the funds were used to pay the Accreditation Coordinator, and the other half were used to pay a contractor who assisted with documentation selection, document selection spreadsheet management, and keeping minutes of Accreditation Team meetings. Because we had this funding, the majority of the work done so far has been by these two people using documents and newspaper articles found in our computer archives. We were able to find about 70% of the needed documents, and create a list of those items we were unable to locate.

We formed an accreditation team that included the Division Directors, Public Information Officer, and Emergency Preparedness Coordinator. The team reviewed the standards, and assigned a responsible party to each Domain and/or Standard. The team meets monthly, and at each meeting we review one Domain. We discuss the required documents, and share what is currently found in the Domain file folder. The team discusses whether the documentation meets the requirements, and alternative documents that might be a better fit. At this time we often have more than the

required number of documents in each folder, so that we can choose the best example when submitting to e-PHAB .

Because the Accreditation Coordinator is most familiar with the current health department activities, much of the information collected by her surrounded operations and administration. Because the contractor was formerly an Emergency Preparedness Coordinator, her expertise was used to collect preparedness information. She also worked closely with the epidemiologist who serves 6 counties, and was able to get some great information from him.

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 most unexpected challenge was proper preparation of the documentation (highlighting, narratives, etc.). Because we have not yet attended the PHAB onsite training, this part of the work was not completed properly for all of the documents at the time it was placed into the document filing system. We will need to spend a considerable amount of time in the next year going back and highlighting pertinent text and writing narratives for each measure. While we were somewhat aware that this needed to be done, often we simply placed a document into the appropriate folder without completing this work. Documents collected are still fluid and may be replaced as better examples become available. We intend to work on this task during the 12 month period following application, so that a document will be reviewed, critiqued, prepped, and uploaded as one final task.

Areas where we did not meet our goals for document selection were Domain 6, Domain 7, Domain 8 and Domain 10. Domain 6 will be reviewed carefully with the Environmental Health Division Director to locate documentation that is needed prior to review by the Accreditation Team. Domain 7 will be assigned to our Community Health Director, a position that we are currently interviewing to fill. Our Workforce Development plan is not complete, so this has left a significant amount of incomplete work in Domain 8. Our QI plan has been written but is still in draft form. Completion of these documents will substantially increase our percentage of collected documents.

We had set a goal for application for accreditation by May 1, 2013. While we are in a position that we could meet this, we have chosen to wait until our Workforce Development Plan and QI plan are complete, approved, and in use before applying. We are targeting September 1, 2013 for application and want to be fully ready by this date.

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.

Our epidemiologist serves jointly 6 surrounding county health departments. The information needed for accreditation was shared with him, and he is reviewing all emergency preparedness

plans and investigation protocols to make sure they meet the requirements of accreditation. This information is used by each of the six counties, so will make accreditation preparation smoother for each of them. Also many of the training exercises are done jointly with these 6 counties, so resources are increased for all by working together.

Another factor for success was the Health Commissioner's familiarity with the standards, always keeping them in mind as processes are completed. Since we are a small health department, she has served as the primary representative for the health department in development of the Community Health Assessment and Community Health Improvement Plan. Both of these documents are currently undergoing an update and revision, and the process used for this has mirrored those required for accreditation.

Another success we had was our document selection spreadsheet. Each document entered onto the spreadsheet was hyperlinked back to the actual requirement folder. This allows us to work from the spreadsheet rather than going back to the individual folders where the documents are stored. Reviewing documents or sharing a document in more than one standard can be managed directly from the spreadsheet rather than opening and closing multiple folders.

Finally, having a contractor with Emergency Preparedness experience was extremely helpful. She worked very closely with the epidemiologist, and had an intimate knowledge of the resources and activities that have been conducted in the last 5 years by the 6 county preparedness team.

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.

It has been so helpful to get the opportunity to use this time specifically for accreditation preparation and document selection. If we had first applied for accreditation and then began document selection, I am not sure the work would be complete within the 12 month time frame between in-person training and the onsite visit. I think the amount of time invested in this process was underestimated, and our agency has made a decision to delay application for at least three months to provide us additional time to collect and prepare documentation.

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?*

The ASI funding has allowed us to devote time specifically to the task of document selection. The day to day activities of our jobs really pull us in many directions, so this time was especially valuable for me as Accreditation Coordinator. Prior to this grant I served as the Assistant Dental

Director in addition to QI and Accreditation Coordinator. The grant allowed us to manage up one of the dental staff who is now stepping into the role of Assistant Dental Director. The Accreditation Coordinator position will now be funded by the health department for 28 hours per week. The contractor we used was knowledgeable in areas that the Accreditation Coordinator was not, so it allowed us to collect a lot of documents that otherwise would have been an added responsibility of the health department Accreditation Team members. All of our managers and employees are very busy, and having these additional resources made the task manageable for them. During the review of the individual domains, this team has become more comfortable with the process, and will be collecting documentation as it occurs rather than after the fact. They are now more aware of the need for all documents to be dated and signed. I feel that without this funding we would still be struggling to begin the task of document selection, not nearing completion of the task as we are now.

The Public Health Improvement Event was so helpful – I felt like I went from being a novice to a pro in two days. I would recommend this training to everyone, and hope it will be offered annually.

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?

Our first task is to complete and implement the Workforce Development Plan and Quality Improvement Plans. The health partners are also updating the CHA and CHIP so these updates will need to be added to the document collection system. As Accreditation/QI coordinator I will focus on completing the QI plan, and fostering a culture of Quality Improvement within the health department.

Another task that will occur over the next year is the final review and approval of the documents selected in the various assigned Domains by members of the Accreditation Team. Following this I will highlight appropriate areas, compile multiple documents if needed into a pdf file, and mark them as final. This will mean that following in person training at PHAB, I will be able to begin document submission.

Following application, the accreditation coordinator and one backup team member will attend in-person training at PHAB. Following this training, we will begin to upload our documents for submission. When this is complete, we will prepare our staff, Board of Health members, and Community Partners to anticipate an onsite visit and discuss their participation in the process.