

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 Institute for Wisconsin's Health, Inc. (IWHI) is an independent, statewide public health institute. IWHI has been actively involved in promoting accreditation, quality and performance improvement in local and tribal health departments since 2008.

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.

The overall goal of this project was to intensively support 15-18 local/tribal health departments in their efforts to successfully apply for accreditation by 2014. This project had two components:

- 1) A peer mentoring program that matched three health departments in PHAB's inaugural group of accreditation applicants with three departments that had submitted a statement of intent to PHAB and who intend to submit an accreditation application by December 31, 2013. Mentors provided intensive coaching based on their experience with the PHAB application and site review process.
- 2) Support for the *Beyond the Plan Summit* to be held April 2013. This two-day event offered intensive workshops and interaction on a variety of topics identified by LHD advisors as critical to their successful preparation for application. Teams of up to three individuals from 14 agencies that have submitted or who committed to submitting a statement of intent to PHAB by December 31, 2013 were eligible to register.

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.*

There were two challenges that we noted:

- 1) The first was encountered around the issue of finding a third mentee agency that was committed to submitting a statement of intent (SOI) to PHAB by 5.31.13. We did a second call, opening the opportunity to agencies that would submit by 12.31.13 and the slot was filled. We faced a similar challenge with Summit registrations, i.e. there were agencies wanting to send teams who intended to submit SOI's but are pressed to do so by 5.31.13. Opening registration to those

who were comfortable submitting by 12.31.13 allowed us to reach our targeted attendance without changing the nature of the target audience significantly.

2) The second was simply related to the window within which we had to plan, carry out and evaluate these activities. We did it – but we believe the quality of the work could have been even better had we had six months more to execute. This was especially true in the mentor program component. Each of the three mentor agencies and each of the three mentees noted that more time would have been valuable to them.

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.

1) Wisconsin was a Multi-State Learning Collaborative III state from 2008-11 and has been a recipient of a NPPHI award 2011-13, so there has been considerable effort toward building a community of practice around accreditation and quality. The support from the Robert Wood Johnson Foundation and from CDC has been absolutely critical to setting the stage for the success of this work.

2) There has been continuity of leadership with IWHI and accreditation efforts so when we began to promote the project, there was already a level of trust and some reputation of quality in place.

3) We involved the mentor agencies in the conceptual phase of application development so they were not only supportive of the initiative, they also gave valuable input into the project concept.

4) For the Summit, we quickly established an advisory team from agencies who were eligible to register based on our knowledge of their progress toward accreditation. Again, they helped us fine-tune the objectives, format and content of the event.

5) ABOVE ALL – we have some very strong LHD leaders who are not only committed to their own success but also extremely supportive of their colleagues around the state. I particularly want to mention Sue Kunferman of the Wood County Health Department, Sally Nusslock of the West Allis Health Department and Gretchen Sampson of the Polk County Health Department. They are strong, smart generous leaders and both components of this project greatly benefitted from their involvement.

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.

1) There is great potential in the use of a peer mentoring approach to assist agencies who are committed to accreditation take the “next big step”.

2) Some financial support for the mentors is desirable.

3) Attempting to complete a mentor program in less than one year is a very difficult task.

4) Intensive meetings with clearly defined goals and target audiences and with high levels of interaction among participants are also much appreciated by agencies who are committed to pursuing accreditation. Such meetings can provide critical education, inspiration and support if

they are well designed and executed.

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?*

Our organization:

1) This support allowed us to pilot two approaches to supporting accreditation that we thought had great promise. Both the mentoring and the Summit were successful enough so that participants strongly recommended that we sustain these efforts in coming years. So IWHI will attempt to secure funding to do so.

2) We continue to learn that the REAL EXPERTS in accreditation are those who have walked the talk – in other words our local and tribal health department leaders who have attained or will soon attain accreditation. IWHI intends to engage these individuals as much as possible as content experts in all future accreditation-related activities.

The health departments:

1) The best way to understand the impact this funding had on the mentors, mentees and Summit attendees is to read their narrative evaluation comments. However, a few highlights:

a) Increased confidence on the part of mentees after only four months of mentoring, “We can do this!”

b) Additional learning identified by the mentor agencies – as they guided others, they discovered ways in which they will approach accreditation in different or more effective or efficient ways in the future.

c) The sheer value of being at a gathering away from the office with people who are all committed to high quality health departments. Once we opened the Summit, we almost felt like the staff could leave the venue and good things would still have happened. We didn’t leave however. ;)

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?

We will begin to look for resources to support both replication of our mentoring project and an April 2014 Summit. Since our evaluations of both components were strong, we believe we would approach them in similar ways. By next year, we hope to have tribal health departments involved as well, as at least two of Wisconsin’s THDs should be ready to submit a Statement of Intent to PHAB in the next twelve months.

We would be more than happy to share our program experience with other states that may have an interest.

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

We intend to develop a 1-2 page brief that explains each project component for publication on the IWHI (and NACCHO if invited) website(s) at a minimum. We will explore publication on other websites and potentially in a journal that accepts practice briefs.

Thank you to NACCHO and CDC for the support provided for these efforts!