

2012-2013 Accreditation Support Initiative (ASI) for Large Metropolitan Local Health Departments

FINAL REPORT

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.

Multnomah County contains Portland, the state's largest city. Portland is located in northwestern Oregon where the Columbia and Willamette rivers meet. Multnomah County is governed by a five-member Board of Commissioners. The Chair is the County's CEO. The county has 4,400+ employees and an annual budget of \$1.5 billion. The County includes 10 departments: Sherriff's Office, District Attorney, Auditor, Human Services, Community Services, Health, Library, Community Justice, Management and Assets. The Health Department is the local public health authority for Multnomah County's approximately 748,000 residents. Multnomah County Health Department Vision is 'Healthy People in Healthy Communities' and Mission is 'In Partnership with the communities we serve, the Health Department assures, promotes, and protects the health of the people of Multnomah County.'

The Health Department includes approximately 1,000 employees providing services in disease prevention, inspections, emergency preparedness, environmental health, emergency medical services, family planning and sexual health, early childhood services, epidemiology, food safety, health education, nutrition, pest control and vector services, health assessment, and public policy. The Health Department includes Oregon's largest Federally Qualified Health Center (FQHC).

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.*

The Multnomah County Health Department is Joint Commission accredited for FQHC activities and has been for a number of years. In preparing for PHAB accreditation, the department felt it important to understand the shared PM/QI requirements among all the major departmental accrediting bodies (Joint Commission, PHAB and Project Public Health Ready). There are many similar expectations in the way of setting performance improvement priorities and monitoring performance. The NACCHO PM/QI grant team chose to use the Turning Point Performance Management Self-Assessment to assess and prioritize areas for improvement. The key areas for improvement were developing a process or policy to carry out a system of performance management, assessing the data collection efforts across the organization to avoid duplication of

efforts, creating incentives for performance improvement, and providing training to staff so they can effectively analyze and report performance data.

There are many Quality Teams in the department: Diversity and Quality Team, Quality Leadership Team, Community Health Services Quality Council. While it has not been clear which of the agency Quality Teams would have the scope and authority to develop a department performance management system, the grant has given us the time and resources to develop a draft QI plan with a proposed PM framework that we will be taking to the various quality and senior leadership teams to outline the roles and scope of the teams within an agency performance management framework.

A second component to the grant was to bring a PM/QI training and discussion to the Regional Public Health Leadership Group (RPHLG). This group is comprised of Health Officers and Health Administrators from the four metro counties; Clackamas, Washington, Multnomah County, OR and Clark County, WA. The Accreditation Coordinators for each of these counties met monthly for the duration of the grant period both to plan the RPHLG sessions and to provide a forum for discussion, support, sharing documentation ideas and identifying opportunities for collaboration.

The Regional Public Health Leadership Group showed enthusiasm for the opportunity to learn about PM/QI and to discuss where the various county departments are in the PM/QI journey. An understanding of PHAB PM/QI expectations and where each of the counties is at in the journey was shared among the regional local health officials.

As part of the accreditation coordinators collaboration a proposal was submitted to the Oregon Public Health Association titled: Collaborating Across County Lines to Build A Culture of Quality. Accreditation coordinators from Clackamas, Washington and Multnomah Counties will participate in a panel presentation sharing the experience of collaborating to implement PM/QI activities related to 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.*

This grant has helped us to know what is possible with our organization at this point in the development of performance management system. Developing agency-wide performance measures has been challenging. Our department has been engaged in quality improvement and performance measurement at the programmatic level for a number of years. However, the overarching agency structure and systems for performance management and quality improvement remains under development. Understanding the scope and authority of the various Quality Teams at the Health Department (Diversity and Quality Team, Quality Leadership Team, Community Health Service Quality Council) has been a challenge.

4. **Facilitators of Success**

Describe 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.

The department has an identified Accreditation Coordinator with the responsibility of moving readiness for accreditation work forward. The contributions of our consultant Marni Mason, MarMason Consulting LLC, were invaluable to helping Multnomah County Health Department to understand the overarching framework of quality improvement. Over the last year the departments' Community Health Services Quality Council participated in a monthly domain review of Public Health Accreditation required documentation to identify best documentation and areas for improvement.

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.

It is important to have supportive Departmental leadership to successfully prepare for Accreditation. This support can be a challenge in a large, complex health department with many priorities. Also in our large health department it was sometimes a struggle to determine who and where the responsibility for Accreditation requirements such as the Community Health Assessment, Community Health Improvement Plan, Strategic Plan and QI Plan lived.

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?

With this funding, the department has been able to further the work of performance management and quality improvement at an agency level. The Accreditation Coordinator and Public Health Quality Improvement Specialist have had the opportunity to participate in webinars and conferences that have significantly improved our ability to understand what currently exists for PM/QI infrastructure and to facilitate the further development of the work.

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?

The draft QI plan and performance management framework will be taken to leadership teams in the department for discussion and further development. The department will continue to address the gaps identified required documentation for each of the 12 PHAB Domains. The current plan is to begin the Community Health Improvement Plan in May of 2014.

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?*

In 2010, the health officers and administrators from Washington, Clackamas and Multnomah County, OR and Clark County, WA health departments formed the Regional Public Health Leadership Group (RPHLG) building on collaborations begun during H1N1 response. Accreditation Coordinators for Washington, Clackamas and Multnomah counties all participate in a state-wide accreditation readiness group led by the Oregon Health Authority. Through these structures and relationships the connector sites were easily identified. Training and technical assistance from the PM/QI consultant contracted with the grant was offered to the connector sites.

The accreditation coordinators for each county met monthly to plan for the Regional Public Health Leadership Group sessions with the consultant Marni Mason (MarMason LLC). Accreditation coordinators with each county submitted materials for review to Ms. Mason (organizational charts, draft performance management plans, draft QI plans). After the initial RPHLG training in February, Ms. Mason consulted in-person with each county accreditation coordinator for 2 hours. Ms. Mason also consulted on the phone with each county for county specific performance management/quality improvement assistance. In April, Ms. Mason provided a ½ day on-site training with Clackamas and Washington Counties staff and leadership.

Clackamas County organized a ½ day training with the consultant focused on measuring organizational performance and sustaining a culture of quality improvement within Clackamas County Public Health Division. This training was completely voluntary and over half of the division's staff attended and actively participated. Clackamas County has been able to maintain momentum in developing program-specific performance measures and implementing quality improvement projects.

Washington County was in the initial stages of establishing a performance management system and a culture of quality improvement within the division and provided their leadership team with a ½ day training on "Performance Management 101." Washington County saw the need and value of creating a Senior Program Coordinator position to facilitate performance management and QI development in the department and act as Accreditation Coordinator.

Each county is at very different places in their readiness for accreditation. Given that, the monthly meetings have been a successful venue for sharing accreditation activities and challenges. Washington and Clackamas counties have expressed appreciation for Multnomah County obtaining this funding and providing the opportunity to collaborate on this project.