

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your agency (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.

Carson City Health and Human Services (CCHHS) is the local level health department of the consolidated municipality of Carson City, NV. Carson City is the capital city of Nevada, has approximately 54,000 residents, and is located in region known as Western Nevada. Carson City is considered a suburban jurisdiction, with surrounding counties being classified as rural (with the exception of Washoe County, housing Reno and its suburbs).

CCHHS is one of three local health departments in the state, and provides environmental health and community health clinical services to neighboring Douglas County through Interlocal Contracts, as well as providing epidemiological services for both Douglas and Lyon (neighboring, to the east) Counties through other contracts. The organization also maintains open partnerships with various organizations in neighboring counties to conduct health education and vaccination services as requested. CCHHS houses approximately 55 FTEs throughout its six organizational divisions: Public Health Preparedness, Disease Control and Prevention (Environmental Health and Epidemiology), Human Services, Animal Services, Chronic Disease Prevention and Health Promotion, and Clinical Services.

The Nevada Department of Public and Behavioral Health (DPBH, the State health authority) is also located in Carson City. There are two health districts within Nevada - Washoe County Health District, and Southern Nevada Health District. CCHHS and the two health districts are subgrantees from DPBH on various grants. The DPBH also provides environmental health services, epidemiological services (with the exception of Lyon and Douglas Counties), and community health clinical services for the remaining 14 (of the 17 total) counties that do not have a local health department.

CCHHS leadership cultivates a culture of teamwork, and so there are approximately 11 staff members on the internal Accreditation Team, which is responsible for overseeing all efforts towards achieving PHAB accreditation. Each of the six divisions of CCHHS has at least one staff member on the Accreditation Team, so that the needs and resources of each division can be properly represented during the accreditation process. Team membership includes the Director, the CCHHS Health Officer, two Division Managers, two Administrative Assistants, and five program-level staff members (including the Accreditation Coordinator). This allows for the needs of staff at all levels to be addressed when planning organization-level projects related to accreditation preparation.

The Accreditation Team is also broken down into different subcommittees to carry out specific

projects necessary to strengthen organizational infrastructure. These subcommittees include the Performance Management Team the Documentation Committee, the Policy Committee, the Workforce Development Committee, and the Marketing Team. In addition to serving on one or more of these subcommittees, Accreditation Team members are responsible for the identification and preparation of documentation for one or more of the 12 PHAB Domains (as Domain Team members or Leads). Team members are assigned to a Domain based on their experience level and applicable everyday functions.

The Accreditation Team meets bi-weekly, with all other subcommittees and Domain Teams meeting as appropriate for the work they are completing. Having flexibility in the frequency of all other committee meetings allows team members to find time to complete projects while minimizing the impact on their other work duties (no one staff member is 100% designated to accreditation activities). However, to maintain accountability and momentum, all subcommittee and Domain Team Leads report progress and next steps at the bi-weekly Accreditation Team meetings. The Accreditation Coordinator (also the Project Coordinator for this NACCHO ASI project) works to ensure that all of the subcommittees and teams are working smoothly and operating together to avoid pitfalls or duplication of efforts.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 and the key activities 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.

Public Health Development Conference

One of the main focuses of the CCHHS ASI project activities was to hold training for the governing body and other stakeholders on the value of PHAB accreditation. To meet this deliverable, CCHHS staff held a “Public Health Development Conference” on April 11, 2014, coinciding with the last day of National Public Health Week. CCHHS had submitted its accreditation application to PHAB three weeks previous, and so took this opportunity to share past and current accreditation-related accomplishments with staff and partners, as well as to concentrate on the value of accreditation to the organization. April Harris (Accreditation Coordinator from Three Rivers Health District, KY), the Peer Mentor assigned to CCHHS, presented the Keynote presentation “Public Health Accreditation: A Journey for Everyone”, highlighting her health departments accreditation efforts and the positive organizational impacts resulting from PHAB accreditation. Afterwards, CCHHS Director Nicki Aaker presented on the history of accreditation efforts at CCHHS, as well as current projects and plans for the future. All CCHHS staff members were strongly encouraged to attend, members of the Carson City Board of Health (the CCHHS governing entity) were invited, and representatives from the other local and state public health authorities in Nevada were present. In total, 38 people attended the event.

As well as discussing the value of accreditation and providing an overview of CCHHS accreditation

efforts to date, there were also many other staff development opportunities available during later breakout sessions, including quality improvement trainings, a leadership communications training, and others. This provided staff members an opportunity to add breadth to their skill base, as well as to showcase the skills of other staff members so that they can act as a resource for those who may be seeking guidance on specific topics.

Documentation Reviewer

As a part of the ASI project deliverables, CCHHS hired a consultant to do a preliminary review of all “completed” documentation. Documents were considered “complete” when they had been identified as demonstrating conformity to a specific measure, properly prepared and flagged, and both a Document Cover Sheet (containing the necessary description for the ePHAB system) and a Measure Narrative sheet had been completed.

Documentation was only submitted for entire measures. For each measure, the consultant completed a Documentation Committee Review Form, which was designed for internal use by our Documentation Committee as a final review of completed documentation before being uploaded into the ePHAB system. The information recorded on the form gives the staff members who had collected and prepared the documentation guidance as far as how well the documentation demonstrates conformity to the measure, and any next steps that should be completed before the document is uploaded into the ePHAB system.

After reviewing the documentation provided by CCHHS, the consultant chose the three “strongest” and three “weakest” examples of documentation, and included information about why she had chosen these examples as such in her final report. This information is incredibly helpful to our staff who is involved in documentation selection and preparation, as there was some confusion as to how to properly interpret the Standards and Measures v. 1.0, or prepare documentation to facilitate site visitor understanding of evidence.

Documentation Processes and Tools

CCHHS also fully documented and updated all processes and team roles and responsibilities related to documentation to reflect lessons learned in our documentation review, as well as after attendance of the ePHAB training late in the project period.

The Domain Teams are responsible for the collection and preparation of documentation, and so the Domain Team/Leads Roles and Responsibilities document outlines who is responsible for specific actions within the Domain Teams in order to facilitate communication and understanding within the groups. A one-page Domain Team Orientation that lists the location of important documents and required PHAB Online Orientation modules. Also, CCHHS developed a specific process for the Domain Teams, their Leads, and the Documentation Committee (who does the final review) to follow when completing documentation collection, preparation, and final review. The actual form used by the Documentation Committee to review and score the documentation completed by the Domain Teams was also developed during the ASI project period.

Over the three years that CCHHS staff members have been collecting potential documentation, technology available to staff has evolved. This evolution caused some confusion among staff as to

where to store their documents as they were in the process of collection and preparation. A one-page graphic showing where documentation should be stored at when it is in the process of preparation and when it is completed was developed to help guide staff.

Submission of PHAB Application

As an addition to ASI Category 1 projects, CCHHS also submitted its application for PHAB Accreditation as a part of the project deliverables in March of 2014. The timing of application submission allowed the CCHHS Accreditation Coordinator and another key staff member on the CCHHS Accreditation Team to attend the ePHAB in-person training during the ASI project period. This allowed for additional insight for the updates of all processes and documents related to documentation collection and preparation.

PHIT 2014

In accordance with ASI requirements, the Accreditation Coordinator/ASI Project Coordinator attended the PHIT 2014 event. The event allowed for valuable networking and sharing of ideas among attendees, and the insight as to increasing organization-wide understanding of the PHAB accreditation processes will be implemented over the next two years as CCHHS prepares for the PHAB site visit.

Staff Time

The ASI project funding allowed for staff time to work on all of the abovementioned projects, and resulted in CCHHS having nearly 20% of the documentation required to submit to PHAB completed by the time CCHHS gained access to the ePHAB system. This was an invaluable head start in the process as time to work on accreditation –related projects can be hard to come by at times. It is the intent of all members of the Accreditation Team that this “front loading” of the documentation process will allow more flexibility in documentation completion during times of year when staff efforts must focus solely on their regular job duties.

3. **Challenges**

*Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

Over the last three years, CCHHS Accreditation Team members had completed a self-assessment and documentation gap analysis against the PHAB Standards and Measures v. 1.0. Through this gap analysis, staff members had estimated that approximately 40% of the documentation had been correctly identified and was ready for preparation. Unfortunately, it was discovered that these initial estimates were overly optimistic once the process of collecting and preparing previously identified documentation began, and the original percentage (50%) of documentation projected to be completed by the end of the ASI project period was not going to be feasible. Part of the issue was that upon further inspection, some previously identified documents had either expired or did

not demonstrate conformity to the specified measure in other ways. The largest challenge to this component of the project was that documentation preparation was taking much more staff time than expected. However, now that staff members have had some experience with this process, it is felt among members of the Accreditation Team that they have a better idea of how much time to set aside for documentation preparation, and they are pleased that this stage of the process was not saved until much closer to the submission deadline.

One of the challenges that CCHHS faces in several aspects is recruiting members of its governing body, the Carson City Board of Health, to participate in appropriate activities outside of official Board of Health meetings. Although all members of the Board of Health were personally invited to the Public Health Development Conference with special emphasis on attending the Keynote, none of the Board of Health members attended any part of the event (although one had registered in advance). The solution to this particular issue lies in that all of the sessions of the event were recorded, and after the video editing is completed, Board of Health members will be asked to view the applicable sessions on their own time, or the recordings may even be inserted into a bi-monthly Board of Health meeting.

Having several staff members involved in the accreditation process has many benefits, but also comes with its own set of challenges. One of the challenges that a team format presents under the context of documentation preparation is the potential for inconsistency. Each individual's initial interpretation of how to best prepare documentation, or even the interpretation of the Standards and Measures themselves, can be slightly different, and this can cause some difficulty when trying to seamlessly "tell your story" with your documentation. However, a solution to these issues is to have internal guidance documents that clarify how processes are to be completed in more common language, providing "Frequently Asked Questions" lists, providing mini-trainings and/or an expert staff member to come to with questions, and to discuss common areas of misunderstanding openly within group meetings.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your agency's work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

Although mentioned above as a "challenge", the culture of teamwork fostered within the organization is by and large one of our biggest assets. This allows for a lot of flexibility with workloads, allowing staff members to adapt to how they manage their accreditation-related duties in conjunction with their everyday duties by recruiting more help from other team members, or in turn, picking up extra work to help others when they are able. Also, the ability to bring questions or gaps in documentation to a large team that represents each area of the organization has enabled the group to more effectively identify and collect new documentation.

As a part of our ASI deliverables, many of the documentation processes that had simply been

previously discussed had to be developed into usable tools or updated to match current resources. The completion of these tools, or updates to older tools, greatly helped the Team move forward with their duties.

Another asset to the success of our ASI projects was the great rapport that was built with our assigned Peer Mentor. Not only was she open to regularly scheduled communication, she arrived a day early for our Public Health Development Conference, so she could meet with our entire Accreditation Team and address any of their questions or concerns. This openness greatly increased morale among Accreditation Team members, and the access to our Peer Mentor's insight alleviated many of the Team's concerns.

5. **Lessons Learned**

Please describe your agency's overall lessons learned from participating in the ASI. 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 who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

One of the biggest lessons learned through the course of this project was to set aside ample time for documentation preparation. Although all Team members have now had the opportunity to prepare documentation and are becoming more efficient with more practice, it is still wise to assume that the process will take much longer than expected. Suggestions would include starting early, getting a lot of practice, discussing preparation processes and techniques often with staff members, and ensuring that feedback is given with plenty of room to spare before documentation submission to PHAB.

The Public Health Development Conference proved to be a morale booster among all staff members; many felt that they had a better understanding and new respect of their coworkers' efforts in accreditation-related projects, and several expressed a new interest in participating in some way. This didn't seem to be an effect caused solely by the event, but rather by showing the positive progress towards achieving lofty goals and other organizational improvements. We have discovered not only that our staff is hungry for the opportunity to participate when they can, but also that they appreciate and value the concept of organizational improvement (and thus PHAB Accreditation) as a whole.

6. **Funding Impact**

Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

Submission of the PHAB application, funded through the ASI project, had one of the most prominent and lasting effects in our organization; CCHHS is now financially committed to accreditation and has external deadlines to which it must adhere.

The funding for staff time allocated to ASI projects allowed staff members to make progress on documentation preparation that would otherwise not be likely to have begun at this time. CCHHS has nearly 20% of its documentation completed; whereas, if staff did not have allocated time through the ASI project, it is estimated that less than 5% of the documentation would be completed at this time. It is important to our organization to “front load” this documentation process since it is already known through past experience that there are at least two months out of the year that staff members will not be able to devote much (if any) time to the collection and preparation of documentation. Given that CCHHS now has a documentation deadline, the impact of this jump start in the completed documentation is very valuable to the organization.

Through the Public Health Development Conference, CCHHS was able to invite representatives from outside organizations to see what has already been accomplished by the organization in the realms of Quality Improvement (trainings and resources available to staff) and general accreditation preparation. This opened communication between the three local health departments about accreditation readiness projects, and helped to create a relationship of sharing, rather than competition, between the three organizations.

Also, CCHHS was able to use the Public Health Development Conference as a venue to offer the current training modules to new staff members or those who had missed previous offerings. Representatives from outside organizations were invited to attend those sessions as well. Most importantly, the training sessions were recorded, and will be available for new staff to complete as a part of their New Hire Orientation. The video modules will also be made available to other staff who want a “refresher” on the modules.

Overall, the ASI projects boosted employee morale throughout the entire organization, as well as provided the organization with valuable tools and resources that would have been otherwise unavailable.

7. **Next Steps and Sustainability**

What are your agency’s general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

Accreditation fees for the next 4 years will be built into the organizational budget by the Director. The purpose of building this item into the budget has been brought up at multiple meetings of the Carson City Board of Health, ensuring that the CCHHS governance is prepared for the additional line item in subsequent year’s budgets.

The Accreditation Coordinator has scheduled a special meeting with all members of the Accreditation Team, as well as all of the CCHHS Division Managers to discuss timelines for documentation completion and the staff time involved. It is hoped that this will facilitate understanding of project requirements among all involved parties, while jeopardizing neither accreditation preparation projects nor other programs’ projects or deliverables.

All Team members who submitted documentation for review by the consultant are in the process of adjusting their documentation work as necessary, and all documents will be re-submitted for review by the internal Documentation Committee.

The Documentation Committee itself is undergoing growth; new members are being recruited who have not yet been a part of the accreditation process. This allows newly interested CCHHS staff members the chance to participate and learn about accreditation, while relieving some of the workload from other staff members who already have several accreditation-related duties. Additionally, it is intended that bringing new staff members onto the Documentation Committee will allow for the documents to be reviewed by persons who have a fresh perspective on the documentation, in the hopes of more closely mimicking how documentation will be received and interpreted by PHAB site visitors.

The Accreditation Team is also in the initial stages of planning one or more mock site visits to prepare all CCHHS staff for the PHAB site visit. The Accreditation Coordinator has been in contact with partners from outside organizations, including the other two local health departments in Nevada, to recruit representatives from their organization to be a part of the mock site visits. Accreditation Team members are also planning trainings for all staff members, leadership, representatives from partner organizations, and members of the Carson City Board of Health to properly prepare them for what is expected of them during the PHAB site visit.

The CCHHS Workforce Development Plan (not an ASI Category 1 deliverable) is nearing completion, and will be going to the Carson City Human Resources Department for review within the next quarter. Pending approval, a new system of measuring employee performance of the designated competencies will be implemented throughout the department.

The CCHHS Performance Management System will continue to grow for the foreseeable future. Staff members on the Performance Management Team (PMT) are currently building strategies as to how to most efficiently and effectively synchronize all organizational and programmatic performance measures in a more user-friendly format. PMT members are also in the process of developing additional Quality Improvement trainings to aid staff in the completion of their projects.

Most importantly, the Accreditation Coordinator will work with the Director and finance personnel to identify further funding resources to maintain momentum of accreditation preparation projects.