

2015-2016 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.

City-County Health District is a small health department located in Valley City, ND. We have 14 employees serving the population of Barnes County which is just over 11,000 residents.

2. **Project Overview:** Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed during the ASI project period 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.

With our ASI Grant we established a Performance Management/Quality Improvement Team (PM/QI Team) and set up regularly scheduled meetings. The 5 member team completed orientation/training to PM/QI and completed the "Public Health Performance Management Self-Assessment Tool". The PM/QI Team worked with program managers to establish performance measures objectives and goals for programs in 2016 and created a dashboard to track progress. The entire staff and board of health will participate in orientation to PM/QI and will receive annual PM/QI updates. The PM/QI Team created a client satisfaction survey that could be easily replicated in other programs. The survey was used in one program and will be used in two additional programs this year. QI work will be done if survey responses indicate need.

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.

Our only challenge is that other activities become priority over these types of activities so they tend to get put on hold and are sometimes difficult to pick back up later. When we can stay focused and on track items get done and we can move along in the process much more efficiently.

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.**

Funds allowed us to allocate the time needed to complete the deliverables and to work on many more required items.

5. **Impact of ASI:** To what extent do you feel your health department was more prepared for accreditation at the end of the ASI5 project as compared to the beginning? What specifically changed during that time that made your agency more prepared for accreditation? How did the ASI5 contribute to your health department's progress?

While working on this ASI project, we completed our PM/QI Plan in a combined documents and we were able to work on other items so that our Workforce Development Plan is in its final stage, our CHA is complete and we will complete the CHIP soon so as we begin working on our agency strategic plan we will be able to align all of the plans at one time.

6. **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.

Our peer mentor instructed us that only population based examples can be used for PHAB Accreditation documentation. Many activities (PM/QI) we have worked on and had planned to work on were not in population based programs and will not be able to be used. I wish we had known this sooner.

7. **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?

Our agency would not have worked on any of these items at this time without the funding. The funding not only helped us with these deliverables but many more accreditation items were able to be worked on during this project.

8. **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?

We plan to continue to work on accreditation preparation with a goal to apply in the next 2 years if PHAB adjusts the fee schedule for smaller health units.