

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.

The Jessamine County Health Department is a single county health department serving a population of nearly 50,000 in Jessamine County, Kentucky. Jessamine County is located just south of Lexington, Kentucky of which we are considered a bedroom community. We are governed by a 12 member Board of Health and partially supported by a Special Public Health Taxing District for which the Board has full taxing authority within the limits of the Constitution of Kentucky. We are considered a Quasi-governmental agency since there is local control but we do receive funding from local, state and federal sources as well as receive oversight from the Kentucky Department of Public Health.

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.

The Jessamine County Health Department engaged in an initiative to establish a culture of quality improvement within our organization. This initiative is a direct result of funding received from NACCHO's Accreditation Support Initiative (ASI) Grant. To begin the project, our leadership team participated in a Culture of Quality Self-Assessment using the NACCHO SAT (self-assessment tool) based on NACCHO's Roadmap to a Culture of Quality. This assessment provides a baseline for our culture of quality and will be utilized to provide direction for our QI plan as well as analyze our future progress. To encourage ownership or buy-in with our entire team, we engaged everyone in a training curriculum which included eight full training days of subject matter specific to developing a culture of quality. Georgia Heise, DrPH and April Harris, MPH consulted to provide the training. Dr. Heise is the Public Health Director for the Three Rivers District Health Department in Kentucky and April is the Accreditation Coordinator. They were in the first cohort of accredited health departments in the nation. The curriculum provided training in the following areas: Intro to QI; The Process Excellence; Teams Using Tools to Solve Problems; PDCA ; Affinity Diagrams, Fishbones and Pareto

Charts; Building an Improvement Plan; Critical Processes, Flow Charts; Decision Making Matrix; Dealing with Conflict; and Assessment, Policy Development, Assurance, Ten Essential Services, Accreditation. An integral part of the process included dividing up into four teams related to areas of responsibility including Clinic, Community, Environmental and Support/Administration of which these teams engaged in an actual quality improvement project. These projects are still in process but two of the teams have already provided deliverables that will be beneficial to our organization. The Community Team has produced a Health Department Resource Guide to market our services/programs to the community and the Clinic Team has produced a Referral Form to ensure all patients are given the opportunity to participate in other health department programs such as tobacco cessation, diabetes self-management, HANDS, etc. This process also allowed us to produce a draft Quality Improvement Plan for our organization even though it was not a deliverable requirement of the grant funding. We are definitely on the road to defining a culture of quality in our organization. Thanks to this funding, it has allowed us the opportunity for our team to grow, explore, and define more deeply who we are and the path our organization wants to take for a more solid future.

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.*

The only real challenges we encountered was the short time frame for completion and the weather which required us to cancel and reschedule some of the training dates. Travel related to snow and ice required us to cancel and reschedule two of the training dates. With us already having training scheduled for two days per month which was difficult because we had to close the health department, it was an extra burden to try and work in those days but we did and pleased to say we complied with our grant requirements.

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.

One of the factors leading to the success of this project was the ownership our leadership team exhibited and promoted to their teams. This certainly helped create buy-in and engagement from our entire team. The most important factor was the knowledge and experience of our consultants. They were able to engage our entire team because they made it relative to them and their job responsibilities. It has also created a “new way of thinking” among the staff; to recognize areas of concerns in our daily operations and to feel confident to explore new options when trying to solve issues. It has now built a culture in our health department to not “do it the same way because that’s how we’ve always done it”. Our team is prepared with many tools and trained to use them to rework and solve ongoing issues that will help create a more functional working environment.

In regards to the QI tools that were taught in the training, we have already put some to good use. Each team was instructed to create flowcharts for the critical tasks that we perform. During this process, we hired two new clerical staff. They were directed to use the flowcharts that had been created to help them in their training of their new positions. They made mention that they were very useful when learning their new job responsibilities.

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.

My advice would be to schedule these types of trainings over the course of a year instead of four or five months. Even though the short time frame kept the information fresh in everyone’s mind, it was a huge challenge to find extra time from normal work responsibilities to focus on utilizing the tools learned during training with their team projects.

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?

The funding provided for this initiative has definitely provided a springboard for instituting a culture of quality in our organization. We may have engaged in quality improvement training in the future but I don’t think it would have been at the same level for all of our staff.

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?

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Our organization will continue to advance toward accreditation. Participating in this quality improvement initiative and beginning our strategic planning process has convinced me **that** our organization needs a full time accreditation coordinator who will be able to lead our strategic planning, quality improvement and performance management processes. We are in hopes to be able to fund this position beginning July 2014. Our goal is to have a final Strategic Plan and Quality Improvement Plan completed by December 2014. All of these processes will become a way of life for our organization as we will have a QI team that provides continued focus on a monthly basis for our culture. We will be in hopes of applying for accreditation by December 2015.