

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.

Montgomery Township Health Department serves 4 suburban municipalities in Central New Jersey. Total population served is just under 29,000. Our decentralized jurisdiction straddles two counties. Each Municipality appoints a volunteer governing Board of Health to assure the health department is addressing community needs. We have a staff of 5.1 FTEs (and 24 volunteer Board members), with a heavy focus on Environmental 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 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.

MTHD developed a Performance Management Plan for the first time, and the pieces began to fall in place. Our PM Standards are drawn from our Strategic Objectives; The Strategic Objectives align with our regional CHIP priorities. As we formalize our measurement process, it becomes clear which areas could most benefit from a Quality Improvement Process, and what skills we need to develop in our Workforce.

After years of talking about Accreditation, talking about minutes and sign up sheets, and plans on a shelf, there is suddenly an epiphany, a light coming on: There is a symmetry, a logic to all of this that results in **real sustainable change**. It's not bureaucracy—it is a path to effective, accountable government. And in a world where government is not always trusted, this is also a pathway to building trust.

(or perhaps this is the answer to Question 6)

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.

It has taken us a long time to get a MPH Intern—after several false starts, we now have more help.

The very act of trying for Accreditation can feel overwhelming. (Scary? Intimidating?) It takes a real leap of faith to even try this, particularly for a micro-department. It literally took years of convincing to get the governing bodies' buy-in. Getting them past the sticker shock of the fees was essential to create a listening environment. (We also had to get past the Great Recession, and allow time for our Shared Services relationships with our partner municipalities to develop.)

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.**

The Gaining Ground initiative came to New Jersey in 2014, with the goal of having participating Health Departments ready to Apply to PHAB by June, 2016. We are one four (or so) Departments in NJ to reach that milestone). The training that came through Gaining Ground spurred completion of our Strategic Plan, development of our QI and PM Plans, and engaged both staff and Board members. Getting the opportunity to attend NNPHI Open Forum provided inspiration and stories of success to motivate us to move ahead.

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?

We have been working on and off on Accreditation Readiness since 2008. ASI allowed the stars to align, allowing an increase in staff hours, and a fee subsidy that made applying possible without busting the budget. Working on the ASI deliverables together brought "buy-in" from our Boards of Health, and an unprecedented level of enthusiasm for Accreditation. This work made Accreditation feel "real" to our Boards, for accountability, transparency, and continuous improvement.

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.

Lesson 1: “Lather, Rinse, Repeat.” (Per Pinky and the Brain) Others have been down this path before. Learn from others, and replicate their successes adapted for your environment.

Lesson 2: Time, time, time! Everything takes longer than you think. Some of the smartest, most dedicated Accreditation advocates I know still look at the process and feel overwhelmed. So take a deep breath, focus, and jump in.

Lesson 3: Your department doesn’t have to be perfect, you just have to have a framework to get better. Have a little faith that the people who hired you made a good decision for their community, and take a leap of faith that you—and your team-- can do this.

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?

We would not have been able to move forward with accreditation without this funding. Previously, governing officials wondered why they should spend \$12,000 on Accreditation fees. End of conversation. Cutting that number in half, with the balance spread out over 4 years, allowed them to get past the sticker shock and to listen to the benefits of Accreditation.

The funds also allowed us to increase our Health Educator from 30 to 35 hours per week. I know that is not enough extra to cover the whole job of Accreditation Coordinator, but with 5.1 FTEs in our whole department, every extra hour counts.

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?

The PM plan, which drives implementation of our QI Plan and our Strategic Plan, gives us a framework for identifying what needs to be done next.

For the Summer of 2016, that means developing the Workforce Development Plan, the Branding Strategy, and retooling our Customer Satisfaction Survey. We will also be working on line-by line documentation for our PHAB Standards, including the use of a summer MPH intern.

By Summer’s end, we will be working in e-phab. We will be networking heavily with the other Gaining Ground departments who have also started the marathon to Accreditation. As the tempo increases, we will be calling on the increased efforts of Subcommittee, additional interns, and every staff member.

The goal is to have all documents uploaded by September, 2017 for a 4th quarter 2017 site visit.

NACCHO

National Association of County & City Health Officials

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