

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.

Stanislaus County is home to 531,997 residents and is spread over 1,500 square miles of the agricultural San Joaquin Valley, known as California's bread basket. The county is made up of nine incorporated cities, multiple unincorporated communities, and rural agricultural and undeveloped areas. Stanislaus County is among the 100 most populous metropolitan areas despite its long agricultural heritage. The city of Modesto is the county seat and its largest city by population, being home to more than 200,000 residents. Nearly 80% of the county's population lives in an incorporated city. The county is a "majority-minority" jurisdiction; of 531,997 residents, 45.4% are Non-Hispanic White, 43% Hispanic, 5.8% Asian/Pacific Islander, 2.8% African American, 1% American Indian/ Alaska Native, 10.0% some other race, and 4.5% multiracial. Over 20% of Stanislaus residents are foreign-born and more than 40% (≥ 5 years) speak a language other than English at home with nearly 32% speaking Spanish. Stanislaus County has a substantially higher unemployment rate than the state or US (11.2% vs. 7.5% vs. 5.4% for 2014). The county has a lower median household income (\$49,573, vs. \$61,489) and a higher percentage of residents in poverty (20.3% vs 16.4%) than California. Stanislaus County Health Services Agency, Public Health is responsible for protecting the health of all 531,997 county residents, and does so through the provision of clinical services, targeted community health programs and population-based services.

Sources: US Census Bureau's 2014 American Community Survey (five year estimates), California Economic Development Department's Labor Market Information, University of Wisconsin Population Health Institute's 2015 County Health Rankings

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.

The funding was used in Stanislaus County to develop and implement a Performance Management and Quality Improvement (PMQI) System to comply with accreditation requirements in Domain 9. This process was facilitated by Central California Center for Health and Human Services, at California State University, Fresno (Fresno State). Approximately 100

public health employees attended an introductory session on January 6th, 2016 led by two Fresno State facilitators. This session provided staff with an overview of performance management, and introduced the concept of performance management and overall purpose of continuous quality improvement. The first full day session took place on January 19th, 2016, and was broken into four mini sessions, in which different public health programs were assigned to a session. With guidance from the trainer, programs were assigned to develop Aim statements and tasked with brainstorming goals for the next training. On February 9th, 2016, training resumed and programs solidified Aim statements, and prioritized program goals. For the 3rd training, programs were working individually with the facilitator to ensure they had completed Aim statements, goals and some programs started developing performance measures. On April 5th, 2016 the facilitator introduced the performance management tool, and program staff were given the opportunity to use the tool experientially. Programs also continued to refine their performance measures and targets.

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.

No major challenges were encountered that prevented completion of deliverables. There was a slight adjustment to our "Start Date," but this did not affect completion of deliverables. It was ideal that staff of all levels participated in developing program Aims and goals, but for some of the programs with limited staff, there were some scheduling challenges. This was resolved by allowing staff to attend another program's session, as needed.

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.**

Including various levels of staff in the process contributed to the overall success of the project. Creating individual program sessions, allowed staff to work with the facilitator, and colleagues of their program. There was insight into how each employee contributes to the overall success of the program, and allowing all levels of staff to participate encouraged team discussion and contributed to a collective outcome. In addition, a Public Health Performance Management Committee (PH-PMC) was chartered and led by the Director of Nursing. This committee consisted of two lead individuals from each program area. Progress from the PMQI training was

reported into this larger committee, and allowed programs to share successes with other public health programs.

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?

Before the ASI5 project, Stanislaus County Health Services Agency – Public Health, did not have a Performance Management System developed. After the project, the public health division was given the training, tools and resources to implement and sustain a fully functioning electronic performance management system that can be monitored by program staff. Before the project, Stanislaus could not provide necessary documentation for accreditation. This project helped immensely with fulfilling accreditation requirements, but allowed the division to create an overall culture of quality improvement across programs and staff.

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.

This project highlighted the importance of staff engagement. If possible, staff of all levels should be encouraged to participate in quality improvement activities.

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?

The funding allowed Stanislaus to receive professional services that would prepare Stanislaus for Accreditation. If it were not for this funding, the timeline for applying for accreditation would have been postponed by approximately 6 months.

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?

Program staff have been assigned to monitor and sustain the performance management dashboards that have been created for each program within public health. These individuals will need to report progress to the Public Health Performance Management Committee on a monthly basis and biannually to senior managers. These individuals will be responsible for adjusting targets, testing measures, and inputting data into their program dashboards. These

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dashboards will be used to develop quality improvement activities, and report program progress to senior managers.

Over the next 12 months, Stanislaus will be collecting documentation and submitting documentation to PHAB. In addition, Stanislaus will continue to implement their three year Strategic Plan, that has six focus areas: Effective Communication, Workforce Development, Culture of Quality Improvement, Narrowing the Gap, Healthy Foundation, and Wellness Across the Lifespan. Within the next 6 months, Stanislaus will be revising and updating their Community Health Improvement plan, and preparing for a MAPP stakeholder meeting.