San Antonio Metropolitan Health District, TX

Accreditation Preparation and Quality Improvement Demonstration Sites Project

Final Report

May 30, 2008
Summary
The San Antonio Metropolitan Health District (SAMHD) is a City/County health agency serving a diverse metropolitan jurisdiction of nearly 1.5 million residents. Through the NACCHO Preparing for Accreditation and Quality Improvement Project SAMHD conducted a departmental self-assessment and implemented a quality improvement initiative. Findings of the self-assessment led SAMHD to develop its first departmental strategic plan which is aligned to the NACCHO Operational Definition of a Local Health Department Model Standards.

Background/Introduction
The San Antonio Metropolitan Health District (SAMHD) is the public health agency charged by State law, City code, and County resolution with the responsibility for providing public health programs in San Antonio and unincorporated areas of Bexar County. Although SAMHD is a City/County organization, administrative control is under the City of San Antonio and SAMHD is operated as a City department. Services include health code enforcement, food inspections, immunizations, environmental monitoring, disease control, population-based preventive health services, health education, dental health, emergency preparedness and issuance of birth and death certificates to the public.

San Antonio is a multi-cultural community with a current population of 1,320,130, making it the seventh largest city in the country. Located wholly within Bexar County (population 1,489,077), demographically the city’s racial/ethnic background is 59% Hispanic, 37% Non-Hispanic White, 7% African American and 2% other racial/ethnic groups. The population of Bexar County is characterized as 94% urban and 6% rural.

Over the past few years SAMHD has embraced the Commonwealth Fund’s Commission on a High Performance Health System’s framework for promoting performance improvements for our organization as well as for the larger community health system. These initiatives have included participation in the MAPP process, enhanced coordination with academic partners on clinical translational research initiatives, the development of a population-based services unit within the department to promote coordination of services, and notably the integration of SAMHD clinical preventive health services with the Bexar County Hospital District to enhance joint service planning and delivery.

In this context, the opportunity to participate in the Preparing for Accreditation and Quality Improvement Project has allowed SAMHD to further its efforts at performance improvement in line with developing national accreditation standards. Additionally, given the major organizational changes involved in the integration of clinical preventive health services and the formation of new organizational units within the department it was anticipated that the self-assessment results would provide valuable insights on the current state of the department and support the development of post-integration plans for the direction of the organization.

SAMHD goals for this project were to:
- Gather relevant information about the status of our department through the self-assessment process that could be used to guide the development of a new organizational direction
- Benchmark SAMHD performance against the Operational Definition Prototype Metrics to inform planning and preparations for national voluntary accreditation
- Engage management staff from across the department as well as external partners in improving SAMHD
- Build capacity in quality improvement techniques with the support of NACCHO and peer demonstration sites that could be applied across SAMHD programs in the future

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1 City of San Antonio Planning Department. May 2008.
Departmental Self-Assessment

The Self-Assessment Process

Utilizing guidance from the National Public Health Performance Standards User Guide, SAMHD elected to hold separate sessions for each of the ten domains included in the model standards, each using the same outside facilitator to ensure continuity. Participants for each of the sessions were selected by SAMHD leadership and included relevant experts and stakeholders from both within SAMHD and from partner organizations. Some participants attended multiple sessions, but the group differed at each session. Group sizes ranged from seven to fourteen participants, with a total of sixty individuals participating in the series of meetings (thirty internal and thirty external participants).

Each meeting lasted approximately two hours and included a facilitated discussion of each model standard. Following discussion of the standard and addressing any questions related to specific indicators the participants assigned numerical scores for each indicator. Means were calculated for each indicator and all indicator scores were reviewed and reflected upon by participants at the end of the meeting. Additionally, each participant was asked to assign a score for each of the ten domains in terms of perceived priority and level of contribution expected of the local health department as outlined in Appendix A. This additional information was used to inform decisions about potential quality improvement focus areas. All of the sessions were held within a three-week period during November and December of 2008, prior to the integration of clinical preventive health services between SAMHD to the Bexar County Hospital District.

Meeting transcripts and self-assessment scores were reviewed by a steering committee of six SAMHD management staff to produce a summary report and recommendations regarding potential focus areas for quality improvement activities. These findings were presented to the Director of Health for review and input prior to presenting to SAMHD management staff and partners who had participated in the self-assessment.

Self-Assessment Results

The review of self-assessment scores and meeting transcripts highlighted several SAMHD strengths in providing high quality and responsive services to the general public and to partner organizations. However, findings also documented departmental challenges in conducting long-term planning and program development. Performance in areas including strategic planning, workforce development, coordination of data systems, and development of formal program standards and protocols were shown to be below our expectations. Further review of transcripts and discussion among departmental leadership identified root causes of insufficient time and resources to devote to long term efforts and departmental tendencies to focus on immediate tasks at the expense of necessary long-term planning.

Highlights from Self-Assessment Results

<table>
<thead>
<tr>
<th>Standard</th>
<th>Standard and Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.C</td>
<td>Formal Strategic Planning Process</td>
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<tr>
<td></td>
<td>- Several indicators within this model standard received the lowest possible scores as SAMHD has not developed a departmental strategic plan. This has previously been identified as an area for departmental improvement but had not been widely viewed as a pressing issue prior to the completion of the self-assessment. The development of a SAMHD strategic plan was selected as the focus of our QI activities and the vehicle for improvements with the other lower scoring standards.</td>
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</table>

2 These questionnaires were adapted from the National Public Health Performance Standards supplemental questionnaires.
**VIII.B**  Provide Leadership Opportunities for Staff  
- While a number of activities were reflected in the scores for developing the general public health workforce and providing opportunities for students, SAMHD did not score well in providing formal developmental opportunities for current employees. Workforce development to improve retention of staff and organizational performance will be a major focus of our strategic plan.

**III.C**  Assessing Target Populations for How they Accept Health Information  
- SAMHD found that while many improvements in providing health information to the public were being implemented and several scores reflected improvements, we have not conducted a formative evaluation to inform communications efforts. We found challenges in reaching the general public also applied to reaching local policy makers in communicating the value of public health services. This will be a major focus of our strategic plan.

**VII.B**  Collaborate to Coordinate Service Delivery and Access to Primary and Preventive Services  
- SAMHD found that departmental strengths included convening partners and focusing on service delivery. Coordinating linkages to services and/or directly providing services scored well in this domain and others in the self-assessment.

**Standard and Significance**

**II.E**  Emergency Preparedness and Response with Partners  
- SAMHD was pleased to confirm that improvements in emergency planning and response had been consolidated since the 2005 hurricane evacuee response. The development of written protocols and access to local and regional partner resources in personnel, equipment and laboratory services contributed to strong scores.

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**Quality Improvement Process Planning and Implementation**

*Selection of Focus Area for Quality Improvement*

Upon the completion of the ten self-assessment sessions the project steering committee reviewed participant scores on performance (from the prototype metrics) and priority and contribution (supplemental questionnaire) to assign priority levels for each of the ten domains as potential quality improvement focus areas. The prioritization criteria designated by the committee in advance of the self-assessment as well as the resulting priority levels for each domain are attached in Appendix A. Additionally, transcripts of the sessions were reviewed and cross-cutting areas for quality improvement were identified based on participant comments. The final list of potential QI focus areas was drafted by the steering committee with input from the Director of Health:

1. Establish clear organizational priorities/develop a strategic plan
2. Improve communication and coordination between divisions and programs within SAMHD
3. Engage policymakers and community to support SAMHD initiatives
4. Promote understanding of public health in general and SAMHD as an organization among stakeholders (may include internal and external stakeholders)
5. Better utilize data and best practices to inform SAMHD program decisions and to generate community support and understanding of the SAMHD contribution to public health
6. Establish an SAMHD presence and recognition at a level comparable to other major City departments
With the intent of continuing to engage staff from across the organization, a detailed report of the self-assessment findings and the proposed QI focus areas was distributed to management staff. A nominal group technique was used to solicit feedback on staff preferences among the proposed QI focus areas. Staff overwhelmingly supported the development of organizational priorities through a strategic planning process as the focus of our QI activities through this project. This was consistent with leadership priorities and previous feedback from staff. It was also felt that by first addressing a clear organizational strategic plan that the other issues identified through the self-assessment process could be incorporated into the specific objectives of the plan and support ongoing quality improvement efforts.

**Implementation of the Quality Improvement Process**

During the process of selecting the quality improvement focus area the project steering committee began utilizing the assistance of the NACCHO provided consultant to develop an approach to plan and implement the QI process. Upon the selection of organizational priorities/strategic planning as the focus of our project we began to outline the components of a strategic planning process that would be feasible given the NACCHO project timeline, would allow sufficient opportunities for staff participation, and that would produce a complete and functional plan. A series of meetings were held to produce a new organizational vision, mission, values, operational guidelines and strategic priorities. As summarized in the following table these meetings varied in terms of their degree of staff participation, facilitator, and QI techniques utilized. This mix was necessitated by the accelerated timeframe of the Preparing for Accreditation and Quality Improvement Project, and by the limited resources in consultant time and funding which prevented using a single facilitator throughout the process. Despite those challenges, the steering committee was successful in developing products generated by consensus which have been well received by staff and leadership of the department. The SAMHD strategic planning documents that have been produced to date are included in the appendices of this report.

**Summary of Strategic Planning Meetings**

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Purpose</th>
<th>Facilitator/ Participants</th>
<th>QI Techniques</th>
<th>Product</th>
</tr>
</thead>
</table>
| 3/24 | - Review self assessment findings  
- Review selection of strategic planning as QI focus  
- Identify opportunities and challenges associated with developing a strategic plan | - Local consultant  
- 50 SAMHD program managers and senior staff | - Brainstorming | - Situational analysis |
| 4/4  | - Review situational analysis  
- Draft vision and mission statements  
- Identify values  
- Identify components of organizational priorities | - NACCHO provided consultant  
- 30 SAMHD program managers and senior staff | - Brainstorming  
- Affinity diagrams | - Draft vision  
- Draft mission  
- Preliminary values |
| 4/15 | - Review and modify draft statements from previous meeting (needed additional discussion and refinement) | - Trained facilitators from SAMHD staff  
- 50 SAMHD program managers and senior staff | - Brainstorming | - Final vision  
- Staff guidance to revise mission and values (language drafted by steering committee) |
<table>
<thead>
<tr>
<th>Date</th>
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<th>QI Techniques</th>
<th>Product</th>
</tr>
</thead>
</table>
| 4/29 | - Confirm mission, values statements  
   - Develop strategic priorities | - Local consultant  
   - 50 SAMHD program managers and senior staff | - Brainstorming  
   - Affinity diagrams | - Strategic priorities  
   - Volunteer teams for each priority |

**Results and Next Steps**

As of the end of this project period SAMHD has laid a very strong groundwork for the completion of the organization’s first strategic plan. The initial goal of clarifying organizational priorities has been met through the development of a set of five core strategic priorities. These priorities are supported by clear vision and mission statements and sets of organizational values and operating guidelines.

To verify that these organizational priorities align to the findings of our self-assessment process and to those standards where improvements are needed to prepare for accreditation, we have also mapped the model standards to the strategic priorities. Teams for each of the five priorities have been formed and will be working to develop specific one year and three year objectives and short term action plans to reach those first year objectives. The model standards will again serve as guidelines to the teams in creating objectives, which will further assure that progress toward meeting the standards and preparing for accreditation is sustained beyond this project period.

It is anticipated that the strategic plan will be completed by July 2008 and will be circulated to all SAMHD staff, City leadership, and the advisory board of health for comment. The final adopted plan will be monitored through the Director’s office and the Quality Management committee of the department made up of program managers from across the organization. This monitoring will include quarterly reviews of action plan progress and revisions to the strategic plan as needed.

**Lessons Learned**

A great deal of flexibility was provided as to how each demonstration site conducted the self-assessment process and implemented quality improvement efforts. The list below includes those aspects of our process that we felt supported our success, and some areas that in retrospect we would have liked to have improved upon.

- Engage support from departmental leadership from the beginning of the process. We valued the support of our Director who monitored the entire process, but we were also selective about when to include his direct participation in meetings so as to allow unbiased staff input.
- Designate an individual or small team to keep the process moving from self-assessment through quality improvement. These efforts can be very time consuming and need ongoing coordination. We also benefited from utilizing consultants throughout our process that could provide specific expertise in strategic planning processes.
- Include both health department staff from across program areas as well as key partners and stakeholders in the self-assessment process. The diversity of view points in the assessment added to the richness of data collected.
- In addition to gathering the self-assessment scores collect qualitative information from the discussions in the scoring process. We found this information to be of great benefit in interpreting the scores and also in beginning to analyze root causes and solutions for standards which had lower performance scores.
- As part of the quality improvement efforts provide orientations to management staff and others involved in the process on accreditation and quality improvement. NACCHO webcasts and other tools are valuable in developing capacity among staff to support the current and future QI efforts.
- To the extent possible incorporate the quality improvement activities, including reporting on progress, into existing departmental structures such as quality assurance or departmental staff meetings.

Conclusions
The San Antonio Metropolitan Health District has been undergoing a number of changes aimed at improving the performance of the local community health system and SAMHD as a department. This enhanced focus on performance was further supported through participation in the Preparing for Accreditation and Quality Improvement Project. With the support of NACCHO, peer demonstration sites, and the Operational Definition Model Standards SAMHD was able to make significant strides in clarifying our strengths as a department and opportunities for improvement within a clear and practical framework. The insights gained during the self-assessment process, and with the goal of being prepared for voluntary national accreditation, SAMHD has laid a strong foundation for it's first departmental strategic plan and has mobilized the participation of both staff and partners in seeing that this plan is successfully implemented. The process of participating in this project has furthered SAMHD's efforts toward high performance and we believe it has enhanced the national public health dialogue on accreditation.

Appendices
Appendix A: Prioritization Criteria
Appendix B: SAMHD Mission, Vision, Values, Operational Guidelines, and Strategic Priorities
## Appendix A: Prioritization Criteria

<table>
<thead>
<tr>
<th>Criteria for Prioritization</th>
<th>Dimension for Prioritization</th>
<th>Data Source</th>
<th>Criteria for Prioritization</th>
<th>High Priority Standard Areas</th>
<th>Low Priority Standard Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHD Achievement of Standards</td>
<td>Operational Definition Prototype Metrics</td>
<td>Model standard area includes standard with a mean score less than 2.0 (50% capacity), assign high priority for quality improvement</td>
<td>1, 4, 5, 6, 8, 9</td>
<td>2, 3, 7, 10</td>
<td></td>
</tr>
<tr>
<td>Perceived Importance</td>
<td>Prioritization Questionnaire</td>
<td>Top 5 prioritized model standard areas, assign high priority for quality improvement</td>
<td>1, 2, 5, 6, 7</td>
<td>3, 4, 8, 9, 10</td>
<td></td>
</tr>
<tr>
<td>LHD Contribution</td>
<td>LHD Contribution Questionnaire</td>
<td>Top 5 model standard areas as rated for level of LHD contribution. assign high priority for quality improvement</td>
<td>1, 2, 3, 5, 6</td>
<td>4, 7, 8, 9, 10</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Prioritization

<table>
<thead>
<tr>
<th>High Priority Model Standard Areas (standard area rated as high priority for all three dimensions)</th>
<th>Moderate Priority Model Standard Areas (standard area rated as high priority for one or two dimensions)</th>
<th>Low Priority Model Standard Area (standard area not rated as high priority for any of the three dimensions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS-1 Health Monitoring&lt;br&gt;MS-5 Policy and Planning&lt;br&gt;MS-6 Enforcement</td>
<td><em>Two Dimensions</em>&lt;br&gt;MS-2 Health Hazards</td>
<td>MS-10 Evidence Base</td>
</tr>
<tr>
<td></td>
<td><em>One Dimension</em>&lt;br&gt;MS-3 Health Communications&lt;br&gt;MS-4 Community Engagement&lt;br&gt;MS-7 Health Services&lt;br&gt;MS-8 Workforce&lt;br&gt;MS-9 Evaluation</td>
<td></td>
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Appendix B: SAMHD Strategic Planning Document (May 20, 2008)

VISION
Optimal health for our communities and our environment

MISSION
Provide leadership and services for San Antonio and Bexar County to prevent illness and injury, promote healthy behaviors, and protect against health hazards.

CORE VALUES
Our values communicate what we stand for and what is important to us. These values guide our behavior.

Prevention
Prevention is central to what we do and what we believe about how people and communities stay healthy.

Diversity
We value diversity within our organization and within the communities we serve. We promote cultural competence and cultural awareness in how we provide services. We seek to be inclusive of many perspectives, histories and traditions.

Equity
Just and equitable distribution of resources and access to services are modeled in our work. We believe all people in our communities should enjoy equal opportunities to be healthy and no group should bear a disproportionate burden of environmental risks or hazards.

Integrity
Our behavior is in line with our beliefs as individuals and as an organization. We expect honest, unbiased and ethical behavior at all times. As a public entity, we use our voice to represent the best interests of our communities.

OPERATING GUIDELINES
As we address our mission and achieve our vision these operational guidelines are used to inform our decision making.

Accountability
We act as a good steward of public resources and of the public trust. We take responsibility for decisions and actions. We seek to maximize public value through application of evidence-based practices and attention to the cost-effectiveness of programs and their outcomes.

Communication
Communication is central to achieving our objectives. We seek to support effective communications internally among programs as well as with the public, our partners, and with policymakers.

Community Engagement
We seek to support the empowerment of our communities, especially vulnerable or marginalized communities. We seek to engage the wisdom and experience of community members and community organizations in determining health needs and identifying solutions.

Innovation
We seek to promote progressive thinking, application of new research and best practices, and proactive strategies to improve health outcomes across all Metro Health programs and activities.
Leadership
Forward thinking and proactive leadership are necessary to address the health challenges faced by our communities. Under the local health authority, and with legal mandates to serve the best interests of the public’s health, Metro Health honors its unique leadership role within the local health system.

Partnership
Collaborative partnerships offer opportunities for synergy, leveraging of resources, and peer learning. Many entities work to improve the health of San Antonio, and Metro Health appreciates their contributions and seeks to maximize their engagement as partners.

Professionalism
Our workforce demonstrates commitment and passion to serving the health needs of our communities. We expect and recognize professionalism, treat each other with respect, and foster a culture of excellence in our organization. We are committed to strengthening our current and future workforce through mentorship and training.

STRATEGIC PRIORITIES
The few key strategies that will make the biggest impact on success over the next 5 years.

Workforce
Develop and maintain a workforce that is committed, competitive, and able to lead quality improvements for optimum health.

Communication
Steer community health through awareness, communication and policy promotion.

Partnerships
Create opportunities for the development of partnerships to share information, leverage resources and achieve common goals.

Prevention
Promote and provide preventive services, health education, and enforce regulations to maintaining community well being.

Monitoring
Establish a comprehensive system for reliably monitoring community health status to inform policies and practices.