NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. **Community Description**
   Briefly characterize the community(ies) served by your health department or support organization (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.

Sedgwick County is located in south-central Kansas. The population of Sedgwick County is 501,076 and includes Wichita – the state's largest city – with a population of 384,445 (2011 census population estimates for both). SCHD serves a primarily urban population and – like all local health departments in Kansas – is decentralized in relation to the state health department. SCHD operates within the Sedgwick County local government that is governed by an elected Board of County Commissioners that also serves as the County Board of Health. SCHD has four divisions (Children and Family Health, Preventive Health, Health Protection and Promotion and Community Health Planning and Performance Improvement), totaling 138 employees or 146 total full-time equivalent staff.

2. **Work Plan Overview**
   Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you 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.

In late December, 2012, SCHD was approved as a NACCHO ASI grantee and work on the contract deliverables began immediately. Staff began preparing for the two milestone dates outlined in the contract: March 1 (due date for submission of PHAB SOI) and May 1 (due date for submission of PHAB application). During the application phase of the grant, SCHD determined that NACCHO ASI funds would be used for three major strategies: 1) Hire a consultant to coordinate completion of the SCHD Community Health Improvement Plan, 2) Hire a consultant to assist with completion of the PHAB self-assessment and 3) Additional funds were used to support 50% of initial PHAB fees. The SCHD accreditation coordinator – along with agency leadership – developed an accreditation readiness timeline that projected milestone dates and listed key activities for the ASI project (**See Attachment 4**).

Consultants for the PHAB self-assessment (**See Attachment 1**) and CHIP completion were identified early in the project process. Work with the identified consultant related to the CHIP began in January and ended in March. The primary responsibilities of the consultant were to: facilitate discussions with CHIP planning team members related to content of the CHIP and to develop descriptions, objectives and goals for each identified priority area. The final output – the 2013-2015 CHIP – was published May 2013.

Work related the PHAB consultant began in February and will continue through June. The consultant was hired to review all SCHD PHAB documentation and to provide expert advice to overcome barriers identified across the PHAB domains. The consultant met in-person with agency leadership and the entire Accreditation Readiness Team in March (**See Attachment 2**). Beginning in March (and continuing until May 30) the consultant met with each of SCHD's twelve "domain teams" to review documentation and to make recommendations for improvement (**See Attachment 3**). Prior to the contract ending, the consultant will also assist with a final review of documentation and offer guidance for other PHAB activities, including: preparing for the PHAB site visit, etc.

SCHD submitted both the PHAB SOI and PHAB application within the NACCHO ASI grant deadlines. SCHD's application was accepted by PHAB and SCHD has since submitted payment and are awaiting notification of Accreditation Coordinator Training dates. After the application was submitted, SCHD's Accreditation Coordinator registered for and was accepted to NACCHO's Accreditation Coordinator's Learning Community.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

We experienced a technical issue with e-PHAB because our Director required dual-roles/permissions on the site as she is also a PHAB site reviewer and she had an existing e-PHAB account. We contacted Travis Lee at PHAB, he notified the e-PHAB developer and the issue was resolved within a week. We also experienced technical issues with Drop Box.

On February 28, 2013, the Sedgwick County Division of Information and Operations implemented restrictions against Cloud server software, limiting their unregulated use by staff. Drop Box, which is utilized by NACCHO for this project, is one type of cloud server software affected by this firewall change. Reena Chudgar and I exchanged multiple e-mails trying to determine why NACCHO could not see my Drop Box files posted after 2/28/2013 and why I could not see theirs. The new cloud firewall restrictions were not identified as the issue until 3/13/2013. SCHD DIO resolved the issue on 3/14/2013 after I submitted a technology use agreement signed by the director. Between 2/28/13 and 3/13/2013, SCHD and NACCHO communicated project-related files and deliverables via e-mail.

On February 8, a state bill that would have prohibited state and local health departments in Kansas from applying for national accreditation was introduced by the Committee on Public Health and Welfare. The bill was introduced by Michael O'Donnell, a state senator representing the Wichita area. The bill had a committee hearing on February 13 but did not leave committee and was never voted on by the senate or house (**See Attachment 5**).

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

The dedicated staff that make up the SCHD Accreditation Preparation Team (A-Team) were crucial to completion of work related to this grant. The A-Team consisted of 19 staff across all divisions, including the director, four division directors, multiple program managers and general staff. The 19-member A-Team was further organized into twelve "domain teams". Domain Teams are just that – teams dedicated to managing efforts related to each individual Domain. Domain Teams were led by a Division Director (Domain Team Lead) and supported by program managers and staff. Each Domain Team consisted on 3-4 staff and met periodically – outside of regular A-Team meetings – to identify and document processes, programs and activities for the SCHD self-assessment. (**See Attachment 6**)

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. 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 or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

Even if you agency has the internal expertise to prepare for national accreditation (for example: SCHD houses two PHAB site visitors) – hiring a consultant can enhance your activities by inviting an objective expert to participate in readiness activities. Sometimes consultants can say things you can't say and are often-times perceived as more credible than internal experts.

6. **Funding Impact**
Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:
   - *(Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?*
   - *(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?*

Without this funding: *It is likely SCHD would have not hired the CHIP consultant and would have completed the CHIP in-house with existing funding and staff resources.* *SCHD could not have hired the PHAB consultant and existing resources would've been utilized to identify best examples of documentation and to identify/address roadblocks to meet the PHAB standards.* *SCHD would have paid for the first five years of PHAB fees without external financial support.*

7. **Next Steps**
What are your organization's (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

The SCHD accreditation coordinator will attend PHAB training as soon as possible. SCHD plans to finalize documentation and upload it to e-PHAB within six months.