

## 2012-2013 Accreditation Support Initiative (ASI) for Large Metropolitan Local Health Departments

### FINAL REPORT

#### 1. **Community Description**

*Briefly characterize the community(ies) served by your health department (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 City and County of Denver is located in the center of a metropolitan area, just east of the Rocky Mountains. Denver's population of 600,158 (2010 Census) constitutes 24% of the metropolitan area population. Denver is a racially and ethnically diverse city with 52% White, 10% Black, 32% Hispanic, and 3% Asian. Nearly 18% of Denver residents were born outside of the United States, and a language other than English is spoken in 29% of Denver homes. The median income in Denver is \$46,693, and 19% of its citizens have incomes below the federal poverty line.

Denver Public Health's (DPH) current activities address a number of public health issues within the City and County of Denver. Programs include 1) Epidemiology and Surveillance Program, 2) Health Promotion Program, 3) Prevention and Training Center, 4) Infectious Diseases/AIDS Services, 5) Sexually Transmitted Disease Control Program, 6) Public Health Preparedness, 7) Vital Records, 8) Tuberculosis Control Program, and 7) the Immunization and Travel Program. DPH is organizationally housed under Denver Health and Hospital Authority (DHHA), a safety-net hospital system with integrated services ranging from acute care to primary care and prevention services.

DPH's overarching mission is to promote, improve and protect the health and well-being of the residents of Denver and beyond. This is accomplished by creating a strong infrastructure that supports, evaluates and improves internal operations, communications, data systems, financial systems, and facilities and expanding our leadership role and image within the City and State.

#### 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-July 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. \*Note: Work with connector sites will be addressed in question #8.*

At the beginning of the grant period (December 2012) we had 46% of the required documentation for Domain 9 of the PHAB (Public Health Accreditation Board) Standards and Measures (v 1.0). At the end of the grant period (July 2013), we had 100% of the required documentation for Domain 9 (which is focused on quality improvement and performance management). Completing the activities for this grant has considerably helped develop the infrastructure around quality improvement (QI) and performance management that will help with future improvement

initiatives that will be required to meet all of the PHAB standards.

A QI Coordinator (a new position for DPH) was hired the beginning of January 2013 to specifically work on developing a QI and performance management program for the department. The QI Coordinator and Associate Director worked closely together to establish the Quality Committee (QC) and Performance Management Team (PMT), two groups responsible for helping to build the infrastructure and help with performance improvement within the department. The QI Coordinator and Associate Director provided training for all staff on QI and performance management at the all-staff retreat in February 2013. This was followed up with additional trainings and presentations to the Program Directors and Managers in March, May, and July. In March, the QI Assessment Survey was given to all staff and Program Directors and Managers completed the (Turning Point) Performance Management Self-Assessment in small groups. Both were online surveys and provided the QC and PMT baseline information regarding QI and performance management within the department that was needed to help plan goals, strategies, and tactics for the year.

In addition to the assessment results, the PMT reviewed the Turning Point model for performance management and had the QI Coordinator meet with each program area individually to get feedback on what areas of the performance management system were currently working well and what areas needed improvement. The QC utilized the [Roadmap for a Culture of QI](#) as a tool to help provide direction and transition strategies to move the department further along towards our QI culture goal.

The QI Coordinator and QC drafted and edited the QI Plan between April and July 2013. The plan was finalized and signed by the Department Director 7/12/13. One component of the QI Plan is to provide training and support to staff around QI projects. The QC received training on using Lean process improvement tools and techniques and was able to use QI tools, such as the prioritization matrix, during meetings and planning efforts. A QI project tracking system was created using the DPH intranet site (SharePoint) and training was provided to select staff on how and when to enter QI projects.

### 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.*

In February 2013, Denver Health (the agency in which DPH is located under), purchased a performance management software system called, onFocus. This ended up being a tremendous benefit for DPH as we did not have to research, select, and purchase a separate performance management tracking system. The challenge this created was that the QI Coordinator was asked to quickly learn the onFocus system as the agency had an aggressive timeline to roll out the new software. As with all new systems, a lot was learned during the process and the QI Coordinator has devoted much of her time to learning the new system, training staff, and monitoring progress in onFocus. The QI Coordinator and PMT are currently looking at how best to optimize using onFocus to meet the department's performance management needs.

4. **Facilitators of Success**

*Describe factors or strategies that helped to facilitate completion of your work. These may 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 primary factor that has contributed to our success is the strong leadership support for QI and performance management. In addition to continuing to fund the QI Coordinator position after the grant period, the leadership team has also been engaged and supportive with the newly formed QC and PMT, have provided feedback and guidance, and continue to engage in training and support QI recognition within the department.

Another facilitator of success with the QC was in revising our customer satisfaction surveys and the process. DPH has been doing customer satisfaction surveys since 2011 and there was a desire to update the current surveys and survey process. The QC took the lead on this project and used a standardized approach to gathering feedback, standardizing sections of the survey, and working with programs to customize some areas of the survey. An intranet site was created to better organize the files and results. This department-wide QI project gave the QC hands-on QI experience and programs were happy with the results. Having the QC lead a department-wide QI effort in an effective manner has helped provide the committee confidence and experience in QI that will help with future projects.

In addition to these factors, the QC and PMT are comprised of talented and engaged individuals that have provided a great deal of time, energy and effort in addition to their full time jobs. The QC and PMT would not be as successful without having as dedicated of staff on board that are all willing to be part of a developing program.

5. **Lessons Learned**

*Please describe your overall lessons learned from participating in the ASI. These may be things you might do differently if you could repeat the process, or the kinds of advice you might give to other health departments who are pursuing similar types of funding opportunities or technical assistance activities.*

Although the lessons we have learned are many, the primary ones are to take the time to review the information that is available online through NACCHO, Public Health Foundation, Turning Point, PHAB, and the Public Health QI Exchange (PHQIX) to name a few. These websites have a tremendous amount of resources about performance management, accreditation and QI that are presented well and provide great ideas to use in your own program. Networking with peers has also been invaluable in the advice, suggestions, and resources that have been shared. And lastly, be selective about who is on your improvement committees as these groups are tremendously important in improving the culture of QI within an organization. Make sure they are interested in being part of a developing concept and are motivated to create processes and procedures along the way.

## 6. **Funding Impact**

*Describe the impact that the ASI funding has had on your health department. In other words, thinking about the work you have done over the last eight months, how has this funding advanced your health department's accreditation readiness or quality improvement efforts?*

The ASI funding allowed for the creation of the QI Coordinator position which allowed for the necessary human resource to help move QI forward within the department and address the gaps that were identified in Domain 9 of the PHAB Standards and Measures. The QI Coordinator was able to help build committees and teams to work on QI and performance management within the department and help build the processes and procedures needed to sustain these efforts. The funding also allowed for the QI Coordinator to attend important and timely training, such as the PHIT (Public Health Improvement Training) and meet peers from across the county who are also working on accreditation, QI, and performance management. We will be able to continue to learn from those health departments engaged in QI, performance management, and accreditation work. The QI and performance management assessments that were completed in early 2013 were also possible due to funding and were important as they provided the baseline data and information that will be necessary to evaluate the efforts of the QI Coordinator and related committees over time.

## 7. **Next Steps**

*What are your health department's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?*

Plans for the next 12-24 months include:

- QI training for the QC: in depth QI training will be provided to the QC members focused on Lean techniques and tools to select and lead QI projects.
- QI training for all staff: 'on-the-project' training will be provided by the QI Coordinator and QC representatives for programs engaging in QI projects.
- Performance management: the PMT will continue to work on gathering our baseline information regarding what parts of the Turning Point model (performance standards, performance measures, reporting of progress, and QI) are currently in place. The PMT will determine how best to utilize the performance management software, onFocus. The PMT will work to create linkages between the current activities, identify what parts are missing, and create a visual to help describe the Performance Management System to all staff. Standard Operating Procedures will be created when the system is in place and training and support will be provided to staff on the system. The PMT will strive to use effective change management techniques and perform pilot tests on all major changes before rolling them out department wide and provide consistent communication to staff along the way.
- Accreditation – the Accreditation Team will continue to meet monthly to work on project planning and training. The Statement of Intent will be submitted to PHAB in August 2013 and the Application will be submitted in March 2014. Strategic Planning will occur starting in August and will be completed by December 2013. Domain Leads and Teams will be organized and trained on the Standards and Measures starting in early 2014, with the expectation that all required documentation will be submitted by the end of 2014. Final

documentation will be loaded into ePHAB (PHAB's electronic document management system) and final submission will occur by the end of January 2015. Preparation for the site visit will occur in the first quarter of 2015 with an anticipated site visit in the first or second quarter of 2015.

## 8. **Working With Connector Sites**

*Describe your health department's work with your connector site(s) during this initiative. Include the following:*

- *How did you identify your connector site(s)?*
- *What type of TA or resources did you provide to the site(s)?*
- *How do you think this TA helped advance the site's accreditation readiness?*
- *What benefits did you experience?*
- *What challenges did you face?*

Grand County Health Department, a small rural local public health department west of Denver, was selected as Denver Health has a clinic located in the county. The Associate Director had previously made contact with the Director of Grand County. No formal arrangements were in place, but DPH had offered assistance as Grand County is currently in the process of conducting their Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP), a process in which DPH is further along. Based on this, DPH was able to mentorship and support through this process.

Technical assistance (TA) has been provided to the Grand County director via phone meetings and email. The QI Coordinator and the Grand County Director had two phone meetings and multiple emails regarding: CHA/CHIP, customer satisfaction surveys, Lean training, the QI Plan, and QI project tools. The DPH QI Coordinator has shared resources with the director and they have discussed progress in these areas as well.

One of the benefits of working with the connector site has been to gather a greater understanding of the differences between a small and large local health department. The partnership has allowed a better understanding of what type of technical assistance is the most helpful and what is not. One of the challenges was that the connector site was short staffed during the majority of the grant period as they were trying to fill a public health nurse position. The Director needed to assist with direct service during this time and wasn't able to attend some of the QI conferences or Lean training that were offered. Another challenge expressed by the connector site was in being able to have the resources necessary to apply for Public Health Accreditation. Instead of focusing on the documentation needed for accreditation, it was discussed that focusing on using the Standards and Measures as a guide to determine what improvement efforts are needed was a better place to focus. By working on meeting the standards, they will be well poised to apply for accreditation when the timing is right and resources are available to support the documentation collection effort.