

2014-2015 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.

Middle-Brook Regional Health Commission (MBRHC) is an independent local governmental public health department formed in 1970 under the provisions of state statute for the sole purpose of providing comprehensive public health services to its member municipalities. The Commission currently has five member municipalities located in Somerset County (central) New Jersey; Bound Brook, Green Brook, South Bound Brook, Warren and Watchung comprising a population of approximately 49,000. These municipalities are located in a suburban setting and represent a broad range of social and economic conditions with a somewhat diverse racial and ethnic population. Staff currently consists of 5.5 FTEs with many services, such as nursing, provided by contract.

The Commission provides a variety of public health programs and services to help improve the health status of the communities we serve. **Our Mission:** To improve the health of our community and environment of the municipalities that form the Commission through the use of prevention services, health promotion and protection strategies. We strive to provide these services in an efficient, effective, and conscientious manner. **Our Vision:** Healthy People and Places – A Healthy Community.

The Commission is governed by an autonomous Board made up of representatives from each of the member municipalities and is answerable to the elected officials of each of the municipalities.

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 receipt of the 2014-2015 NACCHO ASI grant was instrumental in enabling Middle-Brook Regional Health Commission to develop, and have adopted by its governing board, our first Quality Improvement Plan. The plan was developed to meet PHAB measure 9.2.1A, but more importantly, its development involved all staff and resulted in our moving closer to a culture of quality. Regular, bi-weekly QI Council meetings of all staff emphasized how important quality improvement is to our operations and the leadership of the organization.

In addition, staff has been provided hands-on quality improvement training through a different grant funded program and has utilized the skills learned to execute a quality improvement activity focused on our mandated retail food inspection program. This QI activity demonstrated the PDSA quality improvement cycle that has been adopted by the Commission and the activity clearly illustrated the benefits of QI. Staff was witness to an inspection completion rate that improved from an average of approximately 28% in 2014 to 34% over the first four month of 2015. Even though we did not reach our goal of 40% we can explain why (e.g. staff illness; weather related closures) and staff are motivated to meet or exceed the goal over the remainder of the year.

Concurrent with the development and ultimate adoption of our QI Plan we also reviewed and revised the job descriptions for all staff positions such that they now include QI as a job related function. We also took the opportunity to update the descriptions to include the public health competencies, cultural competencies, and duties related to emergency preparedness. Staff expectations that either were previously expressed only verbally or were detailed in multiple locations are now all clearly defined in the job descriptions.

Finally, and most importantly, staff is regularly thinking about quality improvement, making suggestions as to how processes and activities can be made better and coming up with quality improvement activities for the future.

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.*

The greatest challenges fall into two broad categories: time and resources. As a small health department (based on staffing levels as opposed to strictly population) time is critical and staff is constantly pulled in multiple directions with competing interests and responsibilities. This results in both a real and perceived barrier to implementing “new” activities, including quality improvement. Our staffing level has been reduced by nearly 50% over the past five years while our responsibilities are ever increasing. Our limited human resources places more demands on the remaining staff, filling their days and work hours completely with mandated and needed activities. Just finding a time that key staff was available to meet on a bi-weekly basis was difficult and more broadly the increased workload results in a general unwillingness of staff to take on any new activities. The challenge, therefore, is to convince staff that quality improvement activities are not additional work, but will ultimately result in a more efficient operation and relief. This is easier said than done and motivating staff is a challenge. This limitation in human capital also means that having someone to lead the effort is a challenge (see comments under funding below). While a staff person has been identified with the interest, ability, and willingness to take on the role financial resources are not available to support this individual for this type of work. Thus, another

challenge is convincing governing officials of the value of quality improvement and preparing for accreditation. Educating these governing officials so that they are willing to resource activities that are not what they view as public health (restaurant inspections, disease investigations, etc.) is an ongoing, and often frustrating, endeavor, but one that is made easier through demonstrating tangible results. Unfortunately, the result is a “Catch-22” wherein financial resources are needed to increase human resources, which could result in demonstrations of the value of QI and yet the value of QI is needed to support the request for the needed resources.

Finally, the time constraint has prevented us from identifying and initiating our next quality improvement activity. This is now planned for the second half of 2015 and will be focused on an administrative activity.

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 greatest facilitator to the success of this activity was the ability to dedicate an individual from within our existing staff to focus on the project and quality improvement. This part-time staff person is interested and through the financial resources of the grant was able to be retained on a nearly full-time basis for the duration of the grant, dedicating half her time to quality improvement and accreditation preparation activities.

A second facilitator was the active involvement of Middle-Brook Regional Health Commission in the Gaining Ground initiative sponsored by the National Networks of Public Health Institutes. This grant initiative led in New Jersey by our State Association of Health Officials coincided nicely with our ASI activities. Through the Gaining Ground work, staff was able to receive training (at no cost to MBRHC) on quality improvement, performance management, PHAB documentation, and completed an assessment of our accreditation readiness. These activities provided much-needed basic training for staff while also emphasizing the importance of the ASI activities.

5. **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.

The importance of dedicated staff to quality improvement and accreditation readiness was made very evident through our participation in the ASI. Prior to having a staff person identified and

focused on quality improvement MBRHC sporadically moved forward, but not consistently and results were inconsistent. Having a dedicated person to keep us focused and on track was essential to completing the tasks and producing results.

As noted in the challenges section time was a constraint and we learned not to overestimate our abilities. We had hoped to complete more than we were able to due to limited time constraints so we will be more conservative in the future regarding the time we predict it will take to reach our goals.

Lastly, we learned, though with some trepidation, that change is possible and can be positive. Staff is thinking about quality improvement on a more consistent basis, are questioning activities as they relate to quality improvement and we are building a culture of quality throughout the organization. We have a long way to go to make quality improvement “routine” but we have moved forward and staff is recognizing that change is possible, not always bad, and can make their work life better.

6. **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 as critically important and had a huge impact on our ability to accomplish the goals and objectives we identified. Several prior attempts at developing a quality improvement plan had failed due to a lack of dedicated staff. The funding enabled MBRHC to hire an individual who dedicated half her time to quality improvement and accreditation related activities. This resulted in an approved QI Plan, updated job descriptions, and all staff being involved in a QI activity: all items that would not have occurred without the funding.

7. **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?

Middle-Brook Regional Health Commission plans to continue its efforts toward building a culture of quality throughout the department based on the groundwork laid through the work of the ASI grant. We will continue to work on the food inspection activity while also identifying another QI activity to initiate, most likely related to administrative services. These activities will follow the procedures detailed in our quality improvement plan. Our QI Plan also provides a framework for sustainability by our meeting monthly as the QI Council, identifying at least two QI activities annually, and providing for an annual review and, if needed, revision to the plan. These activities identified in the plan will continue to keep quality improvement on MBRHC’s radar.

We will also continue to participate in the Gaining Ground activities, enabling continuing education of key staff and collaborative efforts toward accreditation readiness. The Health Officer will remain on the steering committee for New Jersey’s Gaining Ground effort enabling access to current

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