NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

2013-2014 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.

   Kittitas County is located in the center of Washington State. Its 2,297 square miles and 40,915 residents1 span from the top of Snoqualmie Pass in the Cascade Mountains to the Columbia River. The Yakima River and Interstate 90 run through the middle of the county. The county seat is located in the largest town of Ellensburg with a population of 18,174. which includes over 9,000 students attending Central Washington University. Other incorporated towns include Kittitas, Cle Elum, South Cle Elum, and Roslyn. Unincorporated communities include Easton, Thorp, Ronald, Liberty, Snoqualmie Pass, and Vantage. Kittitas County is largely a rural county with 44% of the population living in unincorporated areas compared to 37% statewide. Population density is about 18 persons per square mile compared to 101 statewide. However, Kittitas County is also one of the five fastest growing counties in the state with a 22.6% increase in population between 2000-2010. Because of the presence of a major university in Ellensburg (Central Washington University), Kittitas County has a greater proportion of young adults between the ages of 15-24 compared to Washington State. The median household income in Kittitas County is lower than both Washington State and the United States.5 The population of university students who may not have earned income to report could contribute to a lower median household income in the county, especially considering the geographic distribution of income. Although the county is not as racially and ethnically diverse as many communities in Washington, about 13% of the population reports a race or ethnicity different than white or Caucasian. Kittitas County is comprised of several rural and small, but growing communities. It is home to a medium-sized university which has significant impact on the county's demographics from age distribution to income levels to racial and ethnic diversity.

2. **Project Overview**

   Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 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.

   In January of 2014, at the beginning of the grant period, our firs step was to create and maintain regular meetings of a Quality Improvement Leadership Team (QILT). We recruited representatives from every division so that there would be equal representation throughout the department. We

completed a group charter that will be updated annually. We established a QILT member to act as intermediary and collaborate with management team on a regular basis through frequent meetings and reports of QILT activities and projects. In February of 2014, our next step was to utilize the NACCHO Culture of Quality Improvement Self-Evaluation Tool (QI-SAT) to evaluate which phase our department was in on the Roadmap to QI. We transposed the tool into a survey monkey format so that multiple users were able to complete the tool at the same time and glean our results that way. These results informed the final responses that were chosen by the Assessment Coordinator and entered into a single QI-SAT tool. The QI-SAT scoring tool to produce final scores and identify areas of strength and weakness. QILT reviewed best practice QI plans that were offered through the NACCHO toolbox to determine an effective template for KCPHD QI plan. In March 2014, areas of needed improvement in QI culture were identified based on current baseline numbers from the QI-SAT. QI goals and objectives were chosen through use of 2 x2 prioritization matrix and transition strategies from the QI-SAT tool. The KCPHD QI plan was drafted and aligned with our strategic goal of creating Quality Improvement and Performance Management Systems. The QI plan, completed in April 2014, includes a training plan and communication plan that will be completed by December of 2014. Both are in the process of being implemented. KCPHD will be using Klipfolio® to create a dashboard for monitoring program performance data including QI projects and QI plan implementation. The Assessment Coordinator and QILT are responsible for monitoring and evaluating this data.

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.*

    Our challenge was narrowing down the language in our QI plan so it was not too bulky and yet was an effective document that could be easily understood and utilized as guidance by all staff. We have been communicating with staff about preparing for a change in QI culture and about the overall assessment; however, we are still editing the QI plan and will not be sharing it until we have worked on all the improvements suggested by NACCHO staff. The timeline was tight for completing and communicating the plan with our Board and Board Advisory Committee because of their limited meeting schedules. They know of our project but were not able to give feedback to the final product until after the submission date. We will be revisiting their feedback in future revisions. We are also in the process of learning about how to best align our QI plan with our strategic plan so

that there is overlap but no redundancies.

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.

   There is already a meeting structure in place that is funded independently form the grant. There is strong leadership support for establishing QILT and creating culture of QI. KCPHD has an Assessment Coordinator skilled in building surveys and a Survey monkey subscription that allows for easy, ongoing measurement of progress in QI culture and staff knowledge of QI. KCPHD has a small staff of 18 employees, information gathering will be easy. We require everyone to participate to ensure 100% of staff is represented in ongoing assessments.

   KCPHD will continue to access support from Washington State Department of Health Centers for Performance Management Excellence resources and technical assistance. KCPHD will utilize connections with existing accredited health departments such as Spokane Health District and Washington State Department of Health. KCPHD will continue to access support from Washington State Department of Health Centers for Performance Management Excellence resources and technical assistance. We are currently using grant money from the Centers for Excellence for a QI project to effectively revise and implement our agency's strategic plan.

   KCPHD will utilize the information from the QI-SAT as a baseline for annual assessments in order to determine progress. We will utilize brainstorming exercises from Public health Memory Jogger II (pocket guide of tools for continuous improvement and effective planning).KCPHD will utilize prioritization matrix to determine priority issues. KCPHD will refer to our department's strategic plan goals for QI and performance management, currently in the process of being revised, to guide our journey on the roadmap to a QI culture.

   KCPHD will uphold our monthly all staff meeting structure and weekly supervisory meetings within sectors to ensure continuous effective communication.

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.

I think we might have looked at bringing in a QI consultant or someone to help mentor us through the process. When you are working on something of this nature and trying to teach yourself new concepts at the same time, it's a bit like building a boat while you are already in the water. In the future, we will make sure to clearly plan out our timeline so that we make sure to have a realistic amount of time for each step. We will make sure to give ourselves more time than we originally anticipated for new process or skills bring learned. We will also make sure to have" Plan B" so that if crucial team players will be absent or if the team has to take an unforeseen hiatus from the originally planned timelines, we have another course of action to fall back on.

6. **Next Steps and Sustainability**

   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?

   This funding was extremely beneficial as it allowed us to pay for staff time and training for those participating in QILT and those who will continue to be responsible for creation and monitoring of the QI plan and strategic plan. This funding was a crucial investment in creating a sustainable system of QI for our agency.

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?

   The KCPHD QI plan goals center primarily on building our culture of QI from the ground up. From our assessment, we realized that we have a lot of work to do in the area of staff education and

staff "buy-in" to the QI process and tool utilization. The QI plan contains the overview of how QI projects are chosen and maintained, however, we have to standardize a process for QI project implementation and acclimate staff to using it. We also realized that we have no clear way of determining how the services we are providing as a health department are useful or relevant to the community we serve. Our focus, along with creating our new strategic plan, will be on those two areas. As for longevity, maintaining a culture of QI was incorporated into our agency's strategic plan, which covers the next three to five years. The Assessment Coordinator is currently working on identifying baseline measures so that we will be able to effectively monitor and evaluate implementation of the agency's strategic plan goals, which includes strengthening our culture of quality improvement and creating performance management systems. Included also in our strategic plan is preparing for accreditation, and developing a systemized way of measuring progress on preparation, which will be a primary focus for our agency. The QILT member positions and the Assessment Coordinator position have been reinforced by department funding so that they will not be grant dependent. The function QILT provides will be to ensure that the QI plan is a "living" document that is updated regularly, reflects the organizations current QI needs and direction, and is being effectively implemented.