

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.

Malheur County is the second largest county in Oregon, with 9,926 square miles, in the southeastern corner of the state. We are about 370 miles southeast of Portland and share a border with Idaho and Nevada. We run on Mountain Time rather than Pacific Time, which governs the rest of the state. By definition, we are considered “frontier” with a mere 3.92 persons per square mile. Our isolation causes residents difficulty in accessing services. The county has a total of 31,313 residents. The local economy is largely based on agriculture and farming because the county is 94% rangeland. We are an agricultural community with a seasonal migrant population. The Oregon Process Board (2009) ranks Malheur County 36th of 36 counties in the following areas: per capita income, high school completion, overall poverty and juvenile recidivism. About one third of our population is Hispanic. Homes in which English is not the primary language make up 24.9% of households in the county, with Spanish being the primary language in the great majority of homes. Per capita income in Malheur County is \$16,335. In statewide rankings of per capita income, Malheur County ranks 35th out of 36 Oregon counties. Numbers of adults age 25 and older who are high school graduates trail both state (88%) and national (85%) figures, reaching only 79% for Malheur County.

Public Health in Malheur County continues to struggle with inadequate funding to provide comprehensive public health services for all residents. Many of our clients are undocumented and are not eligible for services such as OHP, prescription coverage, transportation, prenatal care, food stamps, dental care, etc. Many families have multiple health and social problems because they have not had access to proper preventive care. Public health should not only be the safety-net for high-risk community members but be available to provide comprehensive, preventative services to all members of the community. However, to date, funding continues to be targeted and restricted and does not allow for sufficient flexibility or capacity at the local level. Funding needs to support expanded, preventative, and comprehensive services. Increased capacity would allow for preventative outreach focused on at-risk youth and families, increased care coordination opportunities, and increased case consultation.

The Malheur County Health Department provides the core public health services for epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics and health information, and referral services. These services are provided by professional, as well as non-professional staff, with varying degrees of experience in public health. Environmental Health Services are provided in a separate department in the County with on-going collaboration between departments. The Malheur County Health Department is comprised of 26 staff, including our Health Officer.

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.

The Malheur County Health Department was funded to obtain formal training regarding quality improvement. Our health department contracted with MarMason Consulting, LLC to provide this formalized training. On February 8, 2013, MarMason Consulting, LLC provided an all-day, in-person formalized quality improvement training. This training was the first exposure to quality improvement for the vast majority of the staff at our health department. The training provided health department staff with a foundational understanding of quality improvement, quality improvement processes, and quality improvement tools. On February 11, 2013, the Malheur County Health Department Quality Improvement Team met for our first meeting. Our team consists of our Health Department Director, WIC Nursing Supervisor, nursing staff, health specialist staff, and clerical staff. Our Malheur County Health Department Quality Improvement Team continued to meet at a minimum of bimonthly to discuss and develop a quality improvement policy, identify and initiate a quality improvement activity, to develop tools and templates to implement quality improvement activities, to discuss progress of our quality improvement activity, and identify additional training needs for staff. From February 11, 2013 until April 19, 2013, our health department participated in our first quality improvement activity. The quality improvement activity we focused on was decreasing the amount of time it took for initial clients in our Family Planning Clinic to check-in and complete required paperwork. Our baseline data demonstrated that it took an average of 20 minutes for the above process to be completed. After using the quality improvement process, we decreased that time to an average of 12 minutes. In addition to the formal all-day, in-person training for all health department staff, MarMason Consulting, LLC provided a two hour, in-person consultation regarding developing a quality improvement policy for the Malheur County Health Department. Furthermore, MarMason Consulting, LLC was available for five hours of consultation to provide support for quality improvement activity implementation, quality improvement policy development, and for additional training support needs identified by our Quality Improvement Team. As a result of this funding opportunity, the Malheur County Health Department was able to obtain a foundational understanding of quality improvement principles, started to implement quality improvement processes, have initiated the utilization of quality improvement tools, completed our first quality improvement activity, developed a formal quality improvement policy for our health department, and finalized a formal, written report of our completed quality improvement activity.

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.*

There were no identified challenges or barriers encountered during the implementation of the work plan.

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.

Contracting with MarMason Consulting, LLC provided our health department with a high caliber training experience. In addition, MarMason Consulting, LLC provided our staff with professional consultation and support. As part of this experience, our Health Department Director was invited to attend the Public Health Improvement Training (PHIT): Advancing Performance in Agencies, Systems and Communities! This conference reinforced knowledge obtained through training and consultation with MarMason Consulting, LLC and advanced additional quality improvement training with the expertise of speakers available at the conference. Our health department staff was ready and eagerly anticipating the quality improvement training provided as a result of this opportunity. This eagerness to learn and apply that knowledge has been the most beneficial facilitator of success.

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.

The only advice to offer would be to engage staff at any and all points of planning, implementing, and completing your initiative at your organization.

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?*

This funding opportunity has advanced our staff's knowledge and ability to apply quality improvement efforts in our daily work at the health department. In addition, as part of our training and development of our agency's quality improvement policy, we became more familiar with standards within PHAB's Guide to National Public Health Department Accreditation. We have written in our quality improvement policy that we will be completing the required documentation to meet standards 1.1, 5.2, 9.1, and 9.2 by April 2014. Completing the PHAB Readiness Checklist was another part of this process that assisted health department staff in understanding necessary steps that are required to complete prior to submitting our application for accreditation.

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?

First and foremost, our health department will continue to implement the quality improvement efforts we have established in our day-to-day operations. As we become more acquainted with quality improvement processes, a culture of quality improvement will become evident. As part of our quality improvement policy we will be completing the required documentation to meet standards 1.1, 5.2, 9.1, and 9.2 by April 2014. An Accreditation Coordinator has been appointed for our health department. Over the next several months, the Accreditation Coordinator will establish a working team and regular meetings. Our community is in the process of completing our Community Health Assessment, with a due date of November 2013. Our Community Health Improvement Plan has a due date of March 2014. Our Health Department Director will be working with our County Commissioners and Coordinated Care Organization to determine funding options for accreditation application fees. Our hope is to be able to submit an application for accreditation in 2014.