

2015-2016 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.

Albany County, population 308, 171, is located in the east central part of New York State and is home to the state capital, Albany. The county covers 530 square miles and is a mix of urban, suburban and rural settings. In addition to Albany, the county has two smaller cities, Cohoes and Watervliet. The County population is predominantly white (78%), and the largest minority groups include Black or African American (14%), Hispanic (6%) and Asian (6%). The minority populations are concentrated primarily in the urban areas.

The Albany County Department of Health is a governmental regulatory and human service agency responsible for providing essential public health services that affect all county residents. New York State Public Health Law defines six core program areas, which serve as the basis for local public health work. These include community health assessment and community health improvement plan, family health, communicable disease control, chronic disease prevention, environmental health and public health emergency preparedness. The Department of Health is led by the Commissioner of Health, has four divisions (Finance, Environmental Health, Nursing, and Chronic Disease Prevention), and 92 employees.

Albany County is governed by an elected County Executive and County Legislature. The Commissioner of Health is appointed by the County Executive and confirmed by the Legislature. Albany County has a Board of Health which serves in an advisory capacity to the Commissioner of Health.

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 Albany County Department of Health utilized the ASI funding to access the services of a consulting firm that had expertise in Quality Improvement (QI) specific to local public health departments. The consultants helped us design a training agenda that met the educational needs of the department. They provided four consecutive days of onsite training to select health department staff that included introductory QI principles and practices, as well as more advanced QI process mapping and problem solving tools. The trainings were hands on and

involved immediate application and reinforcement of the skills being taught. Several groups were able to initiate process maps addressing specific improvement opportunities in the department, which will be developed further. As a result of these trainings, we were able to provide 25 staff with fundamental QI knowledge and skills. These staff are now prepared to be active participants on QI projects in the department. In addition, 10 staff members received advanced training and are prepared to lead and/or provide technical assistance to a QI Project Team.

The final day of training was for leadership and focused on developing an Annual QI Plan. This plan outlines the overall improvement goals for the upcoming year and the selected QI projects that will drive these outcomes. The consultants walked us through the entire process needed to develop the Annual QI Plan to include: reviewing and analyzing multiple available data sources and identifying opportunities for improvement; identifying and selecting both efficiency and effectiveness outcomes along with associated measures and targets; prioritizing and selecting QI projects; and working through the steps used to develop and complete a QI project. At the end of the fourth day of training we had identified three QI projects to complete in 2016 and we had the framework for our Annual QI Plan completed.

In addition to the onsite training the consultants provided distance coaching. They walked us through the preparation steps needed before developing the Annual QI Plan and assisted us with the steps needed to develop our identified projects. The consultants instructed us on use of the PrISM (Problem Investigation & Solution Method) document which is a tool used to facilitate Project Team problem solving and work through individual QI project using the Solve/Try/Learn/Install format, similar to the familiar Plan/Do/Study/Act format. As a result we have made progress on two of the three projects that we have chosen to work on this year. One of the Project Teams is using the process mapping skills learned in the training and has developed a Value Stream Map.

During the ASI project period we also developed and wrote our departmental Quality Improvement Plan, with feedback provided by the QI consultant.

Overall, as a result of the training and coaching provided by the consultants we have been able to develop and implement our QI program and improve QI knowledge and skills across the organization.

- 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.

Initially, our challenge was to identify a QI consultant, with experience applicable to public health that could provide the breadth of training we desired within our financial means.

Fortunately, circumstances allowed us to make the needed connections relatively quickly, after experiencing some initial dead ends.

A subsequent challenge was deciding what type of training would best meet our organizational needs. The department had limited QI knowledge and experience. Ideally we wanted the training to provide a broad focus, including both introductory and advanced QI principles and practices, to ensure we could make substantive progress in advancing our QI program. Scheduling four consecutive days of training and trying to include staff representing all levels of the organization was also a challenge, as people's schedules are busy.

Now the challenge is to continue to move our identified QI projects forward, apply the skills we have learned in the training, and achieve and celebrate successes so that staff fully embrace a culture of quality. To accomplish this we must be intentional and schedule time for QI projects. We must also try to engage staff that is not currently on a Project Team.

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.**

Prior to receiving the ASI grant, the health department had taken some initial steps to address quality improvement, which provided the foundation for subsequent QI efforts. QI was identified as a key strategic issue in our 2014-2016 Strategic Plan and a QI workgroup was established to address QI planning and implementation. The QI workgroup was instrumental in developing our departmental QI plan.

The expertise and guidance provided by our consultant was instrumental in helping us design our training agenda so that it met the needs of our organization. Also, the fact that the consultants had extensive experience working with public health agencies, at both a state and local level, contributed to the success of the training.

The health department provided some additional funds which allowed us to include a fourth day of training to work specifically with the leadership and develop our 2016 Annual QI Plan. The skills developed during this additional day of training have been very beneficial, helping us with QI planning and implementation.

Leadership support for staff time to participate in QI training was very important.

5. **Impact of ASI:** To what extent do you feel your health department was more prepared for accreditation at the end of the ASI5 project as compared to the beginning? What specifically

changed during that time that made your agency more prepared for accreditation? How did the ASI5 contribute to your health department's progress?

As a result of the ASI5, the Albany County Department of Health has made significant progress in meeting the PHAB requirements outlined in Standard 9.2 and is more prepared for accreditation. With the assistance of a QI consultant, we were able to develop and implement our QI program. We now have a departmental QI Plan that is well thought out and an Annual QI Plan which outlines the QI initiatives we will undertake this year. Over a third of our staff has received QI training and has the knowledge and skills to be active participants in QI initiatives. In addition, we have a core group of staff with advanced skills to assist with development of our identified QI projects.

6. **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.

For health departments seeking the services of a consultant to provide QI training it is important that the consultant understand public health and have experience working with other public health agencies. It is also beneficial to identify and speak with other agencies that have worked with the consultants to assess whether they are a good match for your needs. In addition, it is important to have well-defined goals for what the training is to accomplish. Finally, it is important to do some pre-training preparation with staff, to maximize the benefit received from the training opportunity.

7. **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?

As noted in our response to question #5, we have made significant progress in our accreditation efforts, specifically related to our QI program. This progress would not have been made without the expert training and coaching we received from the consultants we worked with, funded primarily through the ASI.

8. **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 Draft QI Plan that was developed will be submitted to the Leadership Team for final review and approval. The plan will be shared with staff, will be uploaded to the network, and will be

fully implemented. The existing QI workgroup will transition to become the inaugural Quality Council.

The 2016 Annual QI Plan will be implemented, which involves fully developing and completing the three QI projects that were identified as priorities for this year. Project Team leaders and Project Teams have been identified for each of the projects and Project PRISMs have been initiated. The Project leaders will begin reporting to the Quality Council, as outlined in the QI Plan, and progress on completing projects will be monitored and any barriers will be addressed. The goal is to successfully complete all three projects by the end of 2016.

At the completion of this calendar year, we will evaluate our QI program, document progress made and catalogue lessons learned. We will conduct an assessment of the organizational Culture of Quality, to determine our phase on the *Roadmap to a Quality Culture*. This information will be used to inform our 2017 Annual QI Plan and to revise our departmental QI Plan as needed.