

## 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.*

Klamath County is a rural community set in the high desert of southern Oregon. Geographically Klamath County is the fourth largest county but is home to only about 65,000 people. Klamath Falls is the largest city with approximately 21,000 people with an equally large suburban population, and is the central hub of activities and services. The geographic spread of the county presents a unique set of challenges to accessing healthcare, particularly those with limited means and mobility.

Majority of the population, over 80%, identifies as White non Hispanic. Nearly 11% identify as Hispanic or Latino, 4.4% as American Indian or Alaska Native, 1% as Asian and less than 1% as Black. Nearly 20% of people in Klamath County are living in poverty and nearly 10% unemployment rate. According to the Robert Wood Johnson Foundation, Klamath County ranks last in health outcomes and 29<sup>th</sup> out of 34 for health factors.

Klamath County Public Health (KCPH) is a department within the local county government and serves the entire county. Located in downtown Klamath Falls, KCPH employs registered nurses, health promotion professionals, and environmental health specialists. We have five divisions within the department: Environmental Health, Clinic, WIC, Health Promotion and Disease Prevention, and Vital Records.

Rural location, low socioeconomic status, and limited access to healthcare services contribute to our low health rankings. Despite our challenges, we are a resilient community and have strong relationships that help leverage our limited resources. We are on our way to community health improvement!

#### 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.*

KCPH has been pursuing accreditation for several years, and this ASI funding afforded us the opportunity to complete our last remaining prerequisite for the PHAB application—the strategic plan. With the ASI funding our accreditation team decided to hire a consultant to guide us through our strategic planning process and draft the final document.

In December 2014 KCPH issued a Request for Proposal for consultants. We received five proposals

and decided to select Rede Group because of their experience working with local public health departments, familiarity with PHAB standards, and knowledge of public health transformation. After a lengthy approval process, work finally began in February 2015.

We initially had a Skype meeting with Rede Group to discuss the timeline for this process, how KCPH envisioned it looking, the necessary stakeholders to be involved, and the components that PHAB was looking for. Our top priorities were authentic staff engagement and creating a useful strategic plan. We did not want a report just sat on the shelves, but rather a living document that could be applied to our daily work.

In March Rede Group came to Klamath Falls and we had our first in-person meeting with the Accreditation Team (AT). We discussed various methods of staff engagement (surveys, focus groups, all-staff meetings) and then constructed a final plan with solid dates. The AT then began formulating draft mission, vision, and values statements. We worked in small groups to create the mission and vision, and for values we did a very hands-on activity by writing values on papers and posting them on the wall (see picture #1 at the end of the report). Then we organized and consolidated the values in a way we all agreed upon.

In April Rede Group used all of the content generated from the March meeting and created draft mission, vision, and values statements. We held an all-staff meeting and presented the initial statements to them. Rede Group explained the purpose and process behind them and then used Turning Point, a polling application, to gather feedback from the staff in a sensitive way that allowed them to remain anonymous if they wanted but also allowed for group discussion if people chose to speak up. Then the staff conducted a SWOT analysis. The 10 essential functions of public health were separated on individual posters throughout the room. Working in pairs, staff went around to the posters and wrote strengths and weaknesses under each of the 10 categories.

In April Rede Group compiled all of the content collected from the all-staff meeting and created a Survey Monkey to collect additional information from the staff. The survey was anonymous and asked staff to indicate if they agreed with the mission, vision, and values statements that were created. It also asked them to prioritize the strengths and weaknesses that surfaced during the SWOT analysis so we could narrow them down. Finally the survey asked about opportunities and threats to the department and our future work.

In May the AT met with Rede Group to discuss the survey results. Staff gave very thoughtful input and the AT was pleased with the level of agreement staff had on the statements. The AT then began formulating strategic priorities for the department. We discussed the SWOT results, the Community Health Assessment, the Community Health Improvement Plan, and our internal work to identify our priorities that would encompass all of them.

Once the survey results were analyzed, Rede Group developed a facilitation guide for the AT to use

for discussion of strategic priorities and development of objectives. Each division met as individual groups and discussed if each of the priorities truly were a priority for the department, why or why not, how each division could contribute to advancing the priority, and what a measurable objective might be for each priority. This focus-group style meeting elicited valuable, in-depth information and allowed staff to provide their personal insights.

Rede Group compiled all of the notes from the facilitated discussions and crafted a first draft of the strategic plan. The draft was shared with the AT as well as the county commissioner public health liaison, Kelley Minty Morris, and the public health officer, Dr. Wendy Warren.

As this funded project comes to a close, KCPH will complete a high quality strategic plan that will not only help improve our work, but also position us to apply for accreditation through PHAB.

### 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.*

As mentioned in our interim report, getting this process started took far longer than anticipated. Going through the RFP and contracting process for the consultant was difficult due to the length of the county approval process. It's a much more complicated and time-consuming process than we expected. KCPH maintained communication with Rede Group so they were aware of the process. They were very understanding and adapted their timeline accordingly.

An unexpected issue that arose was staff frustration. We intentionally took the time to explain the strategic planning process and why it's an important document to our staff. However, the creation of the strategic plan and all of the components that go into it take more time than we expected. We wanted staff to be actively engaged the whole time, so that contributed to the process taking longer than if only the accreditation team had completed it. When we were discussing strategic priorities some staff members did not see the point and were very frustrated with the process. Having staff buy-in is so important, so we have been working with them to understand their frustrations and to be flexible as we finish out the strategic planning process.

### 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 success and timeliness of our project are completely attributed to our utilization of Rede Group as our consultant. The last strategic plan KCPH had done was 10 years ago and no one on staff had any experience facilitating the process. Furthermore, our staff is extremely busy and we don't have a full time accreditation coordinator (Health Promotion Manager serves as the accreditation coordinator in a less than 0.1 FTE capacity) so the development of a strategic plan would have taken far longer without the aid of our consultant.

Rede Group was well organized and had great tools that facilitated the process while actively engaging staff. By using various strategies to elicit ideas from every staff member we have been able to create a more inclusive strategic plan that is relevant to the whole department.

Although not directly related to our strategic plan, being part of this ASI project guided me to the great tools on NACCHO's website. I had not spent time looking through their resources until they were mentioned on the peer sharing calls. These tools will undoubtedly contribute to our success as we go through the PHAB accreditation process.

**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.*

As previously mentioned, the contracting process took a long time, so a lesson learned is to give generous timelines as the process gets started.

Advice for other health departments who also do not have a full time accreditation coordinator would be to use a consultant to facilitate the process. The consultant had the expertise to guide our staff, provide meaningful engagement, and create a document that captures the essence of our health department. Participation in the peer sharing calls and talking with the peer mentor also provided valuable information and resources that aided the process.

Perhaps the greatest lesson learned is the importance of staff buy-in and engagement. Staff need to know that they are an integral part of the organization and that their input truly matters. They also need to understand the importance of a strategic plan and how it can help an agency improve.

**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?*

Because we don't have a full time accreditation coordinator, it is difficult to make significant forward progress. Over the past year our progress towards accreditation had slowed. This ASI

grant revitalized KCPH's accreditation efforts, and now with the strategic plan almost complete the accreditation team is excited to finish our documentation collection and submit our application to PHAB.

This funding also has allowed our designated accreditation coordinator to gain valuable information and insight on performance management and quality improvement projects by participating in the peer sharing calls and speaking with the peer mentor.

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?*

Years ago KCPH set aside funds to pay for the PHAB fees. However, grant funds are fleeting and progress towards documentation collection and project completion is inconsistent. With the completion of our final prerequisite it was decided to use the reserved funds to pay for the accreditation coordinator to continue to do the work that will enable us to submit our PHAB application. The fee dollars are of no use if we can't complete the foundational work prior to applying.

Our scope of work for this project was to work towards completion of our strategic plan. We are slated to finalize our strategic plan in June and begin implementing our strategies to accomplish our goals and objectives. Moving forward we will complete our preliminary documentation collection for all 12 domains, with particular focus on a quality improvement project.

**Attachment #1:**

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

