

## 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.*

The Sussex County Department of Environmental and Public Health Services is as a county health department, located in rural, northern New Jersey, serving as the sole local public health department for all twenty-four municipalities. The department provides public health services to its 149,000 residents, including Environmental Health, Public Health Nursing, Special Child Health Services, Chronic Disease, Emergency Preparedness, HAZMAT and Mosquito Control. It is our goal to promote and improve the well-being of Sussex County residents and visitors through an organized community effort and partnership with other organizations.

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.*

Sussex County Department of Environmental and Public Health Services (SCDEPHS) utilized the funding from the 2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments to conduct a self-study of existing department programs and services in comparison to the Public Health Accreditation Board Standards and Measures to determine the readiness of the department in applying for Public Health Accreditation.

SCDEPHS assembled an Accreditation Team comprised of the Health Officer, the Health Educator/Accreditation Coordinator, Public Health Consultant, and department staff representing Environmental Health, Public Health Nursing services, Special Child Health Services, Emergency Preparedness and other management functions.

The Accreditation team held several meetings to review the Public Health Accreditation Board's (PHAB) website, guidance documents and completed the initial online orientation module as a group. Team members were assigned to work on specific PHAB Domains and Standards that were pertinent to their division and positions within the health department. They were asked to begin reviewing the measures for each of the corresponding twelve domain meetings that were scheduled for the following months and to begin collecting documentation.

A PHAB specific Standards & Measures document database was created permitting all staff to collectively store and share appropriate documents. The Accreditation Team will continue to utilize this document depository during the entire PHAB accreditation process.

Twelve team meetings were held to facilitate dialog, feedback and generate suggestions in response to the PHAB Standards and Measures Version 1.5. The team used a documentation selection spreadsheet to record their progress. This spreadsheet included the following information: name and program contact person; title of document, date and relevant detail; action required and/or recommendations (if applicable); and whether the measure was a strength, weakness or area in need of improvement.

In instances where documentation was not available or a standard was not met, an action item was delineated. A recommendation component was provided for specific measures when participants recognized an opportunity to improve the department's performance. The list of documentation provides an overview on the readiness of the department's status in regards to making application for accreditation.

Utilizing a team approach, a debriefing meeting was conducted with all participants after the completion of the department self-study process. This meeting was designed to solicit feedback from the Accreditation Team about the assessment and to collectively determine the department's strengths, weaknesses and opportunities for improvement.

The self-study will be utilized for dual purposes. It was used to identify the documentation necessary to satisfy PHAB Standards and Measures and the areas that were identified as needing improvement. The second purpose was to formulate a basis for the development of a department strategic plan. The development of a strategic plan will be the next priority for SCDEPHS in applying for Public Health Accreditation.

The last significant accomplishment resulting from assessment of programs and services identified the need to develop a self-promotion plan to change the perception of SCDEPHS as solely a regulatory agency to a Public Health advocate/authority agency.

As a part of the self-promotion plan, SCDEPHS will develop an organizational branding identity that reduces barriers and facilitates utilization of programs and services offered to all Sussex County community members.

SCDEPHS staff also recognized that the national political and social perceptions often regard public employees as a governmental liability in lieu of a public resource. In an effort to address this misconception, SCDEPHS recognized that this concern needs to be addressed from both the public and employee perspective. Therefore, an organizational branding identity will be utilized to also promote both a unified mission to address morale among employees and a positive public image.

### 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 department encountered several challenges that impacted our initial timeline during the early months of the project. The first barrier resulted from the delay in receiving an official contract from NACCHO that caused a deferment in our department's official acceptance of the ASI award.

As a result, our governing body, the Sussex County Board of Chosen Freeholders, was not able to approve the contract to hire the consultant identified to assist with the self-study. Our department also was not permitted to notify outside organizations that collaborate with the department on many services to assist with the collection of documentation because of the delay.

We overcame these barriers by the end of February and continued to move forward with our assessment. During the last half of the project, three additional challenges were identified by staff.

- A) A need exists to revise, standardize, distribute and ensure department-wide understanding of title specific Policy & Procedures.
- B) County of Sussex has reduced department funding in response to state expenditure cap regulations, resulting in staff reductions, requiring a reassessment of resource

allocation.

- C) New Jersey Department of Health (NJDOH) has severely curtailed guidance and training to local health departments in programs such as Tuberculosis, Lead Control and Communicable Diseases, necessitating the development of alternate resources.

#### 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 Accreditation Team's commitment to work collaboratively in a team approach played a vital role in facilitating the successful completion of the SCDEPHS self-study process. Everyone agreed that discussions were thought provoking and caused them to look at the department as a whole, and not simply from their respective functions as they had prior this experience.

The team members also stated that the self-study process made them more aware of the responsibilities, programs and issues of their co-workers, promoting a cross pollination of information and ideas for improving the services that are provided by the department.

#### 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.*

Applying for Public Health Accreditation requires commitment, time, and dedication from all levels of an organization. An important lesson learned during this project was that it takes everyone from every department to be involved in this process, from leadership staff to interns. Every input, thought, and discussion is essential.

Another important lesson learned is the importance of consistent, clear and thorough documentation. Everyone must provide documentation in the same or similar manner. There is simply too much documentation involved to have an unorganized system.

The last and most important lesson learned was a piece of advice brought back from the PHIT Training and shared with our staff. "It's important to integrate all aspects of accreditation into your

current work, so that it doesn't become another project and in turn, more work."

**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 from this grant has allowed the SCDEPHS to begin the process for exploring our readiness to apply for accreditation. A number of discussions about applying for public health accreditation were held prior to receiving the funding. Although some preliminary activities to explore the accreditation process were conducted, no distinct actions had been taken.

Now that our department has completed the self-study, we have detailed summary of the department's programs, services, policies and overall performance as compared to PHAB requirements. This overview of the department's strengths, weaknesses, areas for improvement, and a gap analysis has identified the actions necessary to move forward with applying for Public Health Accreditation.

The Accreditation Team has been formed, a central database for documentation has been created and the department will continue to work towards accreditation readiness by utilizing the results of this assessment.

**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?*

Public Health Accreditation requires support and assistance, and in New Jersey, there is a strong support for health department accreditation, including the support by our State Dept of Health. SCDEPHS will continue to work collaboratively with other service organizations and healthcare agencies, accepting their help to sustain the work conducted during this project. Our department will strive to take the next steps toward preparing for accreditation and improving the overall quality of programs and services provided to the community. Our department will use the improvements identified in the self-study during the next 12-24 months to achieve these preparation efforts

The first step will be to address Sussex County's Community Health Improvement Plan (CHIP). During the self-study process, the Accreditation Team discovered that the CHIP was not being implemented as needed and it should be reviewed, updated, and implemented

through a coordinated initiative with the Sussex County Health Coalition and other community stakeholders. The SCDEPHS plans to offer its leadership for this effort.

The next step for SCDEPHS must include the development of a strategic plan that encompasses the CHIP goals and objectives, as well as the mission statement of the department.

The self-study also revealed that the SCDEPHS has program driven services, focusing on the on the goals and objectives of grant deliverables and/or regulatory requirements. This assessment exposed the absence of process driven services utilizing a continuous quality improvement process (CQI). Therefore, a continuous quality improvement plan needs to be developed and implemented on a department-wide basis.

Our department is committed to providing the highest quality of services to the residents we serve. We believe that by analyzing our programs and preparing for accreditation is the best method for ensuring the quality of our programs and a means to make improvements where and when necessary. Becoming accredited will also allow provide assurance that we are allocating our funding in the areas of greatest need.

# NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

## Sample page of the Documentation Selection Spreadsheet

**DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY.**

**Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.**

Measure 1.1.1	Required Documentation	Documentation	Division/Program & contact name	Title of document, date and relevant detail	Action Required and/or Recommendations (if applicable)	Strength, Weakness or Area for Improvement
Local partnership that develops a comprehensive community health assessment of the population served by the health department	1. Participation of representatives from a variety of sectors of the local community	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>1 example</i>  <u>Document #1</u> Saint Clare's Health System - Saint Clare's Hospital - CHNA - Community Advisory Council Date: March 9, 2012 10:00am  <u>Document #2</u> Agenda Sussex County Community Health Coalition Date: January 9 <sup>th</sup> , 2014	n/a	Strength
	2. Regular meetings or communications with partners	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>2 examples of meetings and communications</i> <i>Or documentation that identifies the frequency of meetings</i>  <u>Document #1</u> Agenda Sussex County Community Health Coalition Date: January 9 <sup>th</sup> , 2014  <u>Document #2</u> Community Advisory Committee Minutes Newton Medical Center Date: October 10, 2013	n/a	Strength
	3. The process used to identify health issues and assets	Yes	Herb Yardley, Administrator/Health Officer  Sussex County Community Health Coalition	<i>1 process</i>  <u>Document #1</u> Saint Clare's Health System CHNA Final Summary Report Pages 3-8 Date: April 2013	n/a	Strength