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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.

   > Lake County, Illinois is located in the far northeast corner of Illinois bordered by Wisconsin to the north, Lake Michigan to the east and Cook County to the south. The population is just over 700,000 and is comprised of suburban and urban communities. The Lake County Health Department and Community Health Center (LCHD/CHC) is a state-certified public health department responsible for the prevention of disease and disability, the promotion of health, and the assurance of a healthful environment. Located in the northeastern corner of Illinois, the Department was established by referendum in 1956 and is governed by a 12-member Board of Health. The Lake County Health Department and Community Health Center currently provides services to all Lake County residents across three strategic areas: Behavioral Health Services, Population Health Services and Primary Care Services. Each of these service areas work together to support the LCHD/CHC's mission of promoting physical and emotional health; preventing disease, injury and disability; and protecting the environment through the assessment of needs, the development of public policy, and the provision of accessible, quality services. LCHD/CHC has a staff of over 1,000 employees, 650 of whom are full time employees.

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.

   > **Performance Management System**
   > **Detailed written performance management plan**
   > - The performance management plan has been written and combined with our agency's quality improvement plan. It incorporates the creation, tracking, and improvement of our program's performance measures.
   > - Previously, our agency had 3 separate quality improvement plans due to the variability between our service areas. For the first time, this new plan encapsulates the entire agency, which has Joint Commission accreditation and is applying for PHAB accreditation.

- The process of creating the plan has brought our agency together, united and standardized our quality improvement efforts, and emphasized the importance of performance management.

Performance management staff training
- Representatives from all 41 programs have attended our performance management staff training. The trainings were in group format and took place over several months. The trainings lasted roughly 2 hours.
- We used a PowerPoint tool to do the trainings but will be switching to an e-learning training for sustainability. The e-learning will be available on our intranet page. It will be required of all new managers and available for all staff to view.

Process used to select and implement an information system
- The process to identify, select, and implement an information system to support our performance management efforts was organized into 4 main categories of work.
- First, the agency identified constraints and assumptions and created a project statement. This was an important step to allow for the work to begin; without this, there could have been project scope creep and the final system may not have been as successful.
- Next, we identified major problem areas, categorizing them into 5 main groups. This preemptive and active approach allowed for issues to be addressed early in the process without significant delays.
- Third, we identified two potential information systems, including out-of-the-box and in-house options. Each option was rated based on ease of use, aesthetics, and cost.
- Finally, we implemented the chosen system, created a template, and trained staff on its use.
- At each step, stakeholder input was gathered to assure the final system would meet everyone's needs.

Blueprint to Align Local Public Health Systems
- The blueprint was created as a tool for other health departments to use to assist in aligning their local public health systems. The blueprint discusses the four main techniques to quantify a public health impact (CHIP, strategic plan, programmatic performance measures and employee performance appraisals) and assists in assuring alignment between these systems.
- An accompanying PowerPoint has been created that was presented at the April PHIT Conference in Atlanta, GA.

PHAB Application
- LCHD/CHC has applied for PHAB accreditation.
- The Accreditation Coordinator has attended the PHAB Applicant Training.
- 12 Domain teams have been created and each member has been extensively trained. Documentation selection has begun.

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.*

Each of the three departments in our agency previously had their own quality improvement plans with no true performance management plan or system in place. We created a single, unified quality improvement plan that incorporated a performance management plan for the whole agency. It was challenging to meet the varied requirements of our service areas.

Our organizational development team created the performance management training for new staff. The team used a new software that makes the training interactive and able to be completed on an employee's own time. The implementation of the new software took longer than anticipated due to staffing shortages; however, the new e-training is complete and ready to be used.

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.

   At the beginning of the grant period, we were already forming our PHAB accreditation teams and beginning to train staff. We anticipated submitting our PHAB application sometime before version 1.5 came out, but having the grant deadline coincide with our PHAB deadline encouraged us to submit our application to PHAB sooner.

> Our leadership has been highly involved in the creation of our performance management system from day one. This engagement created buy in from management staff and trickled down to front line staff. Without the investment from our leadership team, the deliverables we created would not have been successful.

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.

> 1. Initially, we intended to write separate performance management and QI plans. Because many of our quality improvement efforts will be derived from performance measures and because there was so much overlap in the two plans' implementation, we decided to write one plan.
> 2. The performance management training improved after each training session. We did not realize it would be such a living document. We will review the training on a regular basis and revise it as necessary.

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 Lake County Health Department and Community Health Center submitted our application to PHAB on March 26, 2014. Without the funding and support from the ASI grant, we would not have been nearly as prepared and would have submitted our PHAB application later. Additionally, the funding allowed us to spend the appropriate amount of time creating a well-thought-out performance management and quality improvement plan.

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?

> We submitted our application to PHAB on May 26, 2014, our accreditation coordinator has received the PHAB applicant training, and our domain teams are fully trained. We are now beginning the process of collecting evidence. Halfway through this summer, we will have domain teams audit other domains to assess context and inter-rater reliability. We aim to have all of the evidence collected by October 1, 2014, leaving ample time to review documentation and prepare a mock site visit. We intend to submit our documentation to PHAB on January 2, 2015.

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