

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.

Hill County offers wide open spaces for enhanced rural living, farming, and ranching. Hill County was formed February 28, 1912, from the original Chouteau County. Hill County, located in North Central Montana is home to the beautiful Bears Paw Mountains, Beaver Creek Park and Fresno Reservoir, along with many other recreational activities available to our community.

With a population of 16,366 according to the 2012 Census Bureau, that spans over 2,896 square miles, it is a very sparsely populated area, averaging only 6 people per square mile. The population of Hill County is primarily white, but claims 3,437 American Indians, approximately 21% of the total population.

County Demographics

72.9% of the population is Caucasian (2012 Census)

48.4% of the population is female (2012 Census)

51.6% of the population is male (2012 Census)

Median age is 35 years (2008 Census)

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 Hill County Health Department chose Category 3: Establishing and Monitoring a System of Performance Management. The department had started to work on a performance management system but needed more guidance and support. We had already set organizational objectives and identified indicators to measure progress toward achieving those goals. We had logic models already constructed. When we chose deliverable 9.1.1 A, we already had a foundation established. Within our staff, a leadership team was formed which consisted of each individual programs coordinator. Our team consisted of 6 people, including the Health Department Director and myself. Staff buy-in was established through educational meetings, opportunities for discussion, and constant communication with staff. Training needs were established and training was produced to suit the needs of the staff regarding performance management. Deliverable 9.1.2 A, adoption of a department-wide performance management system was the major goal. We had a couple set-backs but in the end, we have finished our performance management tracking system and are now prepared to start tracking. Logic

models and core activities have been updated and will continue to be updated as the need arises.

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.

-Lack of staff engagement. As a small (rural/frontier) health department, our staff sometimes take on more than one specific job title or role. Each staff member may have multiple things to do in one day, not just their own job. Lack of staff engagement is due to staff availability, not interest.
-Point of contact had an illness that required surgery and she was out of the office for 2 weeks.
-Adoption of an existing performance management tracking system fell through and we had to start from scratch in the middle of the grant year.

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.**

Keeping an open line of communication was a contribution to our success. Each individual staff member made themselves available when needed. We have weekly staff meetings and I would share how the project was going and if there were any needs that needed to be addressed with everyone or the leadership team or individual staff members. The Director showed great leadership. Very supportive and made time to listen and give input. We were fortunate enough to not need to hire a consultant and with that we were able to keep the option of purchasing a software system on the table.

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?

We are closer to accreditation than we were a year ago. The ASI contributed to this by being supportive of our initiatives and by pushing us forward toward our ultimate goal, accreditation.

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.

Our lesson learned was to focus on creating our own tracking system, rather than hoping another tracking system would work. We are a smaller health department and the tracking system we were looking at was used at a much bigger facility. We spent a lot of time going back and forth with them when we could have been focused on our own creation of a tracking system.

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?

This funding allowed us to increase working hours for our performance management coordinator, which allowed her more time working on creating and fine-tuning this system. Without this funding we would still be struggling to fit this work into her normal work week and with the burden she is already under we probably would not have finished creating and implementing this system.

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?

We are going to be working on updating/creating all policies that have been identified as needing updating or being needed. We have a part time employee who has worked with policy development before and she has graciously offered her time in working on these. This is a huge undertaking, but will get us one more step closer to eventually being able to apply for accreditation. Our performance management system will be being utilized and our tracking will be taking place. Quarterly meetings will be held with the Director and the program coordinators so that we can make sure we are on track with those goals, and if not, we can then implement a QI process to improve.