

2015-2016 Accreditation Support Initiative (ASI) for 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.

Puerto Rico is a U.S. commonwealth located in the Caribbean next to Hispaniola (Dominican Republic and Haiti), being the smallest and most eastern of the Greater Antilles

According to 2014 Five Years Estimates from the American Community Survey (ACS) Census, Puerto Rico has a population of 3,638,965 people. Census data for Puerto Rico include the racial breakdown percentages of White at 69.6%; Hispanic or Latino, of any race at 99%; African American at 8%; Asian at 0.3%; and Other or not reported at 22.1%. For 2014, 16% of the total population was 65 years or older, whereas 23% of the Island's residents were under 18 years of age.

The Puerto Rico Department of Health (PRDoH) is the executive level state agency responsible for all matters related to health, sanitation and welfare, by virtue of Act No. 81 of March 14th, 1912, as amended and the provisions of Sections 5 and 6 of Article IV of the Constitution of Puerto Rico (July 25, 1952). The PRDoH establishes policy and overseeing the provision of health services in Puerto Rico, as well as overseeing that rules are met to ensure the general welfare and wellbeing of the island's population. It is also responsible for ensuring physical and mental health of Puerto Ricans. The agency consists of close to 18 advisers, support units and operational and implementation of public policy units. It is also in charge of overseeing the operations of the Medical Services Administration (Puerto Rico Medical center), Mental Health Services and Addiction Administration and the Emergency Medical Corps.

To learn more about Puerto Rico and/or the PRDoH, you may visit the following websites:
www.seepuertorico.com & www.salud.gov.pr

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.

During the 2015 – 2016 ASI grant period, the Puerto Rico Department of Health (PRDoH) was able to develop an initial draft for its new Strategic Plan, complying with PHAB requisites mentioned in the Standards & Measures Guide. Throughout the months in which ASI activities and deliverables were completed, close to 8 - 10 agency personnel were involved in the process, belonging to various agency programs and offices.

In December 2015, an updated work plan was developed by the Planning & Development Office in order to include revision of work that had previously been done with assistance from ASTHO such as the agency's Strategic Mapping Process and the Puerto Rico Workplan and Performance Management Workshop. Meetings were held with agency personnel to discuss the four strategic priority areas that were previously selected during the ASTHO workshops (1. Health Information Technology, 2. Resource Acquisition, 3. Accreditation Readiness and 4. Partnerships & Collaborations), as well as to review and update workplan proposals developed for each area. Throughout January – February 2016, strategic priority area leaders were contacted and asked to work with their teams in updating available information for their workplans and to identify indicators that would be used to measure performance of activities to be included in the plan. During this period, Planning & Development office personnel reviewed the agency's mission, vision and values, and developed templates for meeting agendas, meeting minutes and meeting attendance. These templates were distributed to all participating personnel in order for them to document their meetings and work progress. During March – April 2015, follow – up was done to all workgroups, while Planning & Development personnel worked on a draft template to begin organizing information such as Mission, Vision, Values, as well as the SWOT Analysis. Goals, strategies and timed and measurable targets for two of the four strategic priority areas (1. Health Information Technology & 3. Accreditation Readiness) were formulated and handed in by group member from the Information Technology and Planning & Development offices during May 2016 to be revised and included in the initial draft. Additional meetings were also held with members of the other two priority areas (2. Resource Acquisition & 4. Partnerships & Collaborations) in order to provide guidance in the development of their timed and measurable targets, as well as the identification of those who would be involved in fulfilling proposed activities.

Throughout the ASI grant period, the PRDoH was also working on their State Health Assessment, using the MAPP Process and finalizing all evaluations on May 2016. The results provided by the MAPP Process evaluations were used to prioritize public health areas that needed to be worked on. Some of these areas were further integrated within the Strategic Plan's proposed goals and activities. Between May – June 2016, work was performed on the Strategic Plan's draft adding additional information for the priority areas, as well summarizing the strategic planning process as part of the document's introduction. Finally, the draft is revised the Secretary for Planning & Development to be submitted to NACCHO.

Staff meetings with agency supervisors were held on various occasions throughout the ASI grant period, as well as follow – up calls with NACCHO and ASTHO personnel who provided continuous assistance in the process.

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.

Challenges encountered throughout the process:

- Aligning Strategic Plan with the State Health Improvement Plan (SHIP) and Quality Improvement Plan (QI Plan). During the ASI grant period, the PRDoH was actively working on the State Health Assessment Plan and beginning to develop an initial draft for the SHIP. Since the SHA was finalized during May 2016, the agency was able to include various priorities in the Strategic Plan that came up as a result of the SHA's evaluations. Still, the Strategic Plan must be reviewed and updated once SHIP development is finalized. Alignment with the QI Plan is also pending. A QI Plan proposal was also developed by an external contractor during this period, in which recommendations for a QI Office was suggested. The development of this QI Plan and workplan proposal was included in the Strategic Plan but must be revised once developed and implemented.
- Difficulties in actively involving agency personnel and leadership: Even though workgroups were developed for each strategic priority previous to receiving the ASI grant (July 2015), it was very difficult involving them once the process began back in December 2015, particularly because most of the work that had begun in July was not continued. Most of the personnel that were identified to collaborate in the process were not familiar with the work that had been done initially with ASTHO regarding the strategic mapping process and did not fully understand the purpose of developing a new agency strategic plan. Additional personnel also notified that they were heavily loaded with work related to their offices/programs, therefore could not actively participate or assign personnel to work in the planning committee.
- Communicating the Strategic Plan: The strategic planning process was only informed to agency personnel when the ASI grant was awarded. Since efforts to communicate strategic planning activities and formally announce the development of a new plan were not successful, there was much confusion within agency personnel regarding the development of a new plan that met the agency's real needs as well as complied with PHAB requisites, and what would happen with the strategic plan that is currently in use. Now that the ASI grant period is over, we strongly believe that PRDoH leadership must take a position regarding the future and implementation of this plan, as well as dedicate time and resources in orienting and involving agency personnel in the implementation and follow up process of the activities included in the plan.

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.**

A lot of work had been done with technical assistance from ASTHO previous to receiving the ASI grant. A total of three meetings were held in Puerto Rico between 2014 and 2015 with PRDoH personnel, external public health systems collaborators and with the help of ASTHO that set a

steady base for the PRDoH to begin working on identifying strategic priorities. A change in focus within the agency, mostly attributed to initiation of the accreditation process readiness in 2015, also contributed to specific actions achieved during the ASI grant period. The fact that the agency had begun accreditation readiness in January 2015 influenced in how staff viewed part of the process. Some personnel were familiar with the Standards & Measures Guide; therefore, they had additional insight PHAB requisites.

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?

The agency's commitment to develop ASI5's deliverables within the grant period and comply with all PHAB requisites contributed to gaining further knowledge not just of the strategic planning process, but of the accreditation readiness process. To be able to develop a high quality plan that addressed the agency's top priorities, all involved personnel had to immerse themselves in the process, compared to what had been achieved previous to receiving the grant opportunity. The ASI5 proved to be an excellent improvement opportunity not just for the agency as a whole but for each of the staff involved in the process. After finishing this phase of the accreditation readiness process, the agency is more prepared and oriented to proceed with proposed next steps in preparation of the application process.

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.

Communication is a key component of achieving success in a project such as a strategic planning process. In the occasions the agency was able to communicate more details regarding the process to key figures, more response and participation was achieved. Education and orienting agency personnel is very important in processes such as these. Most of the challenges the agency encountered were due to the fact that there was much confusion regarding the process, mostly because personnel had not been properly informed of what was going on. Leadership involvement is also a key component. For future processes it is important to involve leadership from the very beginning in order to have full support and participation, as well as representation from all agency offices/programs.

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?

Having received funding to develop the agency's Strategic Plan that meets with PHAB requisites has had a very positive effect. The Puerto Rico Department of Health (PRDoH) has been following a Strategic Plan (2014 – 2018) that focused on detailed program work plans, rather than focusing on specific (overall) agency priorities. A lot has changed in the agency since the development of the previous plan, particularly involvement in preparation for the public health

accreditation process. By participating in activities included in the ASI5 (that revolve around the identification of agency strategic priorities) rather than focusing on specific programmatic priorities, the agency was able to develop a workplan that addressed pertinent issues that weren't being worked on. ASI5 provided the available time and resources to work on the agency's strategic planning process as well as further expand the staff's knowledge of similar process and accreditation readiness.

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 PRDoH plans on submitting accreditation application to PHAB by February 2017. Development of the agency's new strategic plan is the third and final pre – requisite needed to apply for the process. The agency's commitment and interest in participating in the accreditation process has proved to be beneficial since it has committed its leaders and personnel in the development of documentation and processes that have promoted an improvement culture within the agency. As previously mentioned, the agency has currently begun working on its State Health Improvement Plan, whose results and implementation will be a key piece in the revision of the proposed Strategic Plan developed during the ASI grant period. Future revision of the document from agency leadership and staff is in agenda in order to details specific indicators which are still to be determined, as well as process to begin formal implementation of this new Strategic Plan. PRDoH will also continue working on documentation collection to comply with all 12 Domains of PHAB's Standards & Measures Guide and strengthen the agency's programs and offices.