

Preparing for Accreditation using Quality Improvement

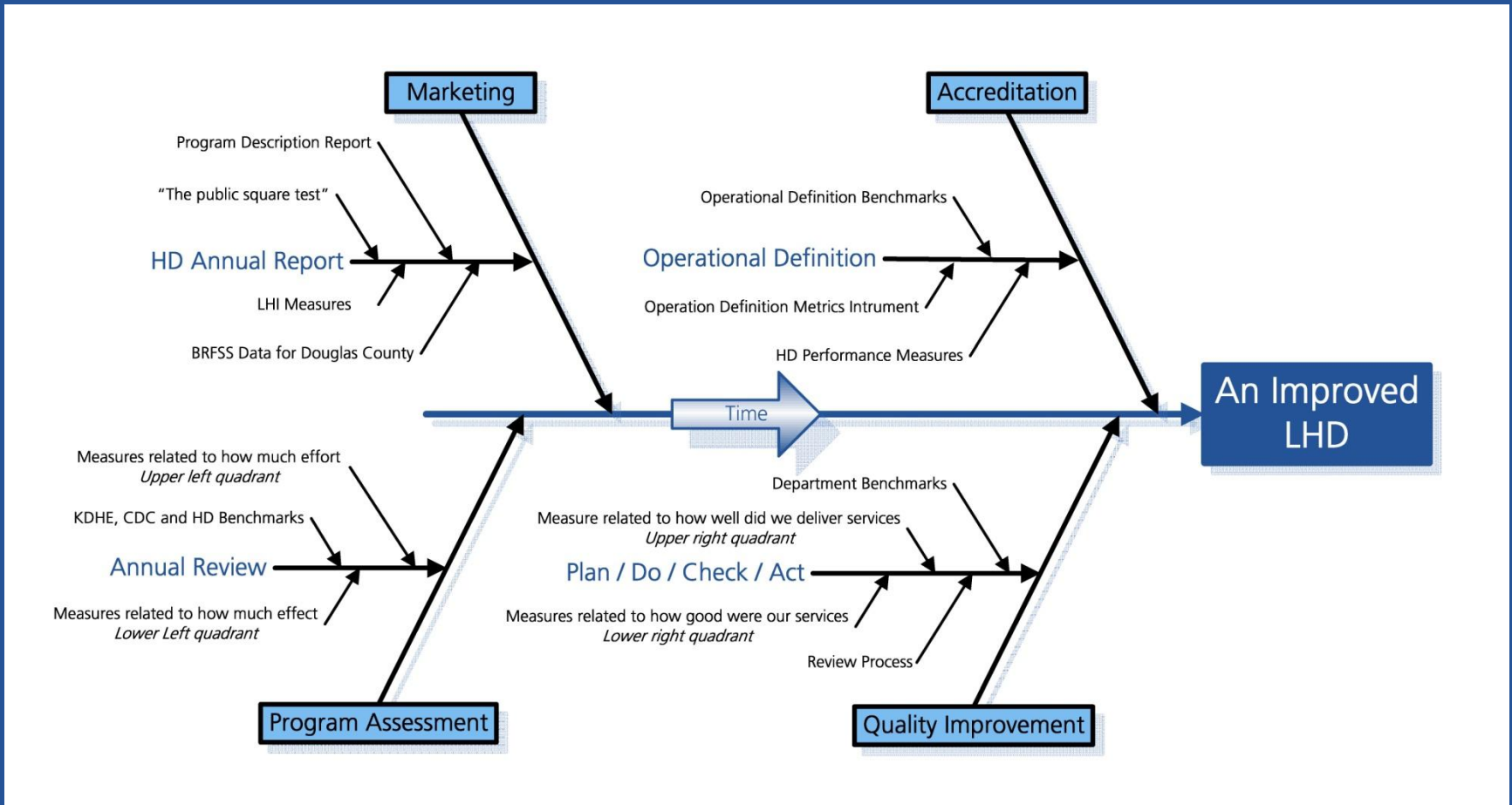
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Why do we think accreditation is important?

- A vehicle for assuring that we are meeting the needs of the community.
- It is a visible demonstration of our commitment to public health.
- It is seen as a precursor to increased federal funding.

“Increasing accountability through accreditation is commonly regarded as a precursor strategy for obtaining increased federal support for public health activities.” (NACCHO Resolution, 2005)

Where is this taking us?

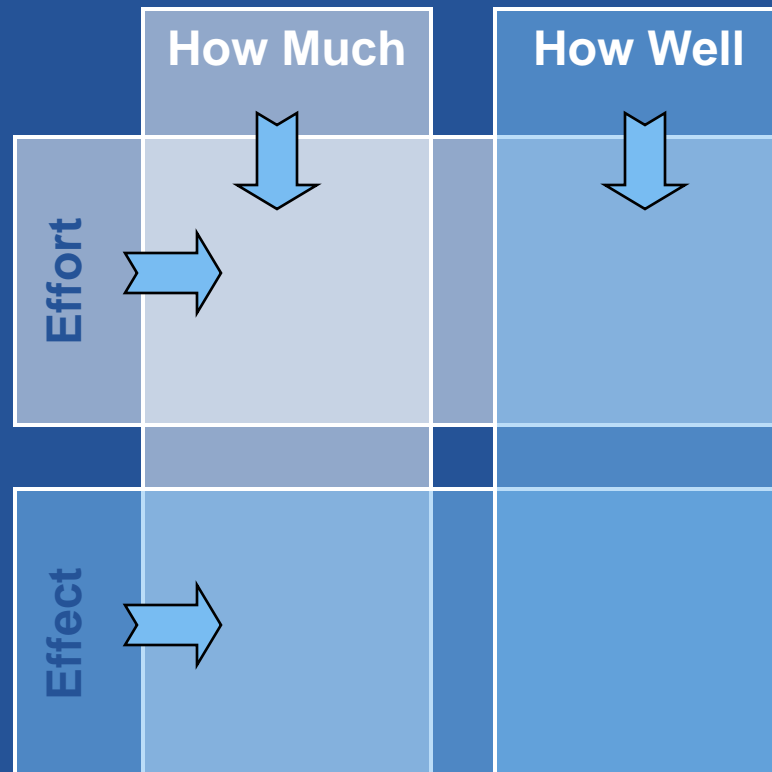


Progressing towards accreditation

- ✓ Performance Measures
- ✓ Program Report
- ✓ Accreditation Readiness Self-Assessment
- NACCHO (Quality Improvement) Grant
- Develop a Strategic Plan

Performance Measures

Performance measures are an attempt to measure the following inter-related questions.



Program Report

www.ldchealth.org/pdf/ProgramReview2006Compressedv2.pdf

Program Clinic Services	Program Supervisor Barbara Schnitker, RN, MPA	FTE's Assigned 14.4
Program Description Clinic services emphasize prevention, education and protecting the health of the population and include: <ul style="list-style-type: none"> • Communicable disease investigations. • Immunizations. • Health screening tests and women's health and well child exams. • Diagnosis and treatment of sexually transmitted infections and HIV/AIDS counseling, education & testing. 		
Program Goals <ul style="list-style-type: none"> • Assess community health by; identifying and monitoring preventable diseases; and, investigating communicable disease cases. • Assure community health by promoting access to health care and taking action to improve wellness. • Collaborate with community partners in the development of plans and policies to protect health and to assure cooperation and access to services. 		
2006 Program Assessment		
		<u>Goal</u> <u>Measure</u>
• % of clients tested for HIV who return for post-test counseling		70% 74%
• % of 2-year-old clients completing the primary immunization series		90% 84%
• % of family planning clients age 15-24 testing positive for Chlamydia		3.0% 2.6%
• % of clients with abnormal pap smears notified and referred for follow-up		100% 100% (n=228)
• % of communicable disease case investigations initiated within 24 hours of report		100% 99% (n=698)
Funding Sources <input checked="" type="checkbox"/> Fees <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Local <input type="checkbox"/> Other: 2006 Program Expenditures \$686,021	Partner Agencies KDHE, public & private schools and universities, urgent care clinics, Douglas County medical community, pharmacies and long-term care facilities, Lawrence Memorial Hospital, Douglas County Visiting Nurses Assoc., Bert Nash Comm. Mental Health Center, Health Care Access, Heartland Medical Clinic, Douglas County Dental Clinic, Douglas County Senior Services, Lawrence Parks & Recreation, The Shelter, Pelathe Center, CHIP, Lawrence-Douglas County Housing Authority, Douglas County Youth Service Facility, First Step House, Women's Transitional Services, Cottonwood Inc. City-County Service Distribution Lawrence zip codes represent 89 % of the total for services provided to Lawrence and Douglas County zip codes.	
Program Impact Story Liz was 25 years old when she came to the Family Planning clinic for her exam. She had been receiving her birth control method through a private provider, but had not had yearly Pap smears (a yearly Pap smear is part of routine care for clients at the Health Dept.). Her last Pap smear had been over 5 years ago and she had been experiencing irregular bleeding and discomfort. During our exam it was evident something was wrong; her cervix was very abnormal in appearance and the Pap smear confirmed that she had malignant cervical cancer. In the U.S., women diagnosed with cervical cancer are most likely to have had delayed Pap smear screenings for 5 or more years. Liz was uninsured and her need for care was already beyond our usual referral resources. After talking with a local OB/GYN, a call was made to KU Medical Center. Due to the urgency of the situation a specialist was willing to see Liz and began her evaluation without assurance that payment would be possible. As a result of this collaboration Liz was able to be diagnosed and treated and was recovering well at her last update. <i>Name has been changed.</i>		

Grant Objectives



NACCHO Objectives

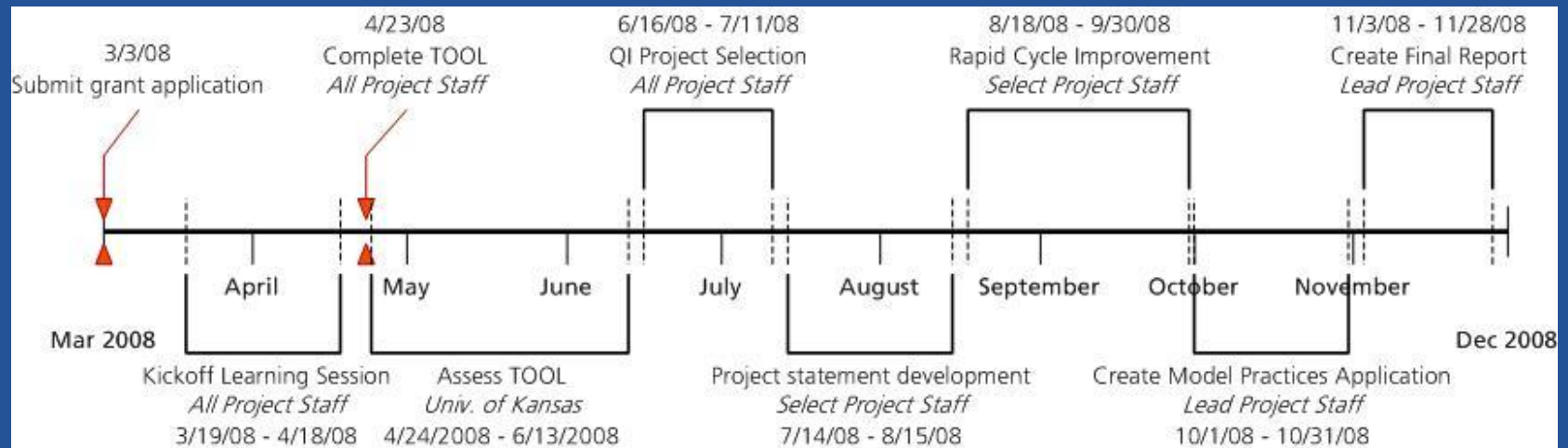
- Obtain feedback to improve the assessment instrument.
- Expose LHDs to Quality Improvement.

Lawrence-Douglas County Objectives

- Obtain support in our preparation for accreditation.
- Expose program managers to QI theory and practice.
- Implement an on-going quality improvement program.

Our timeline

- NACCHO project

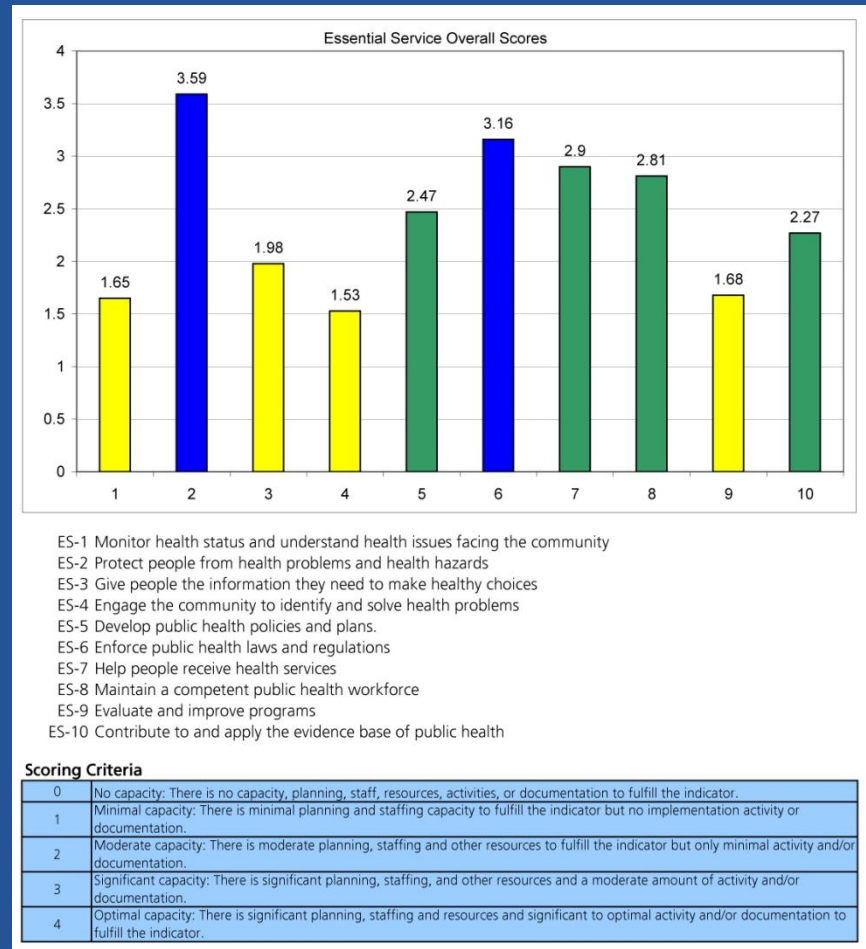


Our Self-Assessment Process

- 6 hour meeting facilitated by KDHE (Deb Nickels, Deb Whitmer and Linda Frasier) and KU (Kurt Konda).
- Program managers reviewed the assessment in advance.
- Discussed each question to assure understanding but did not seek consensus.

Our Self-Assessment Results

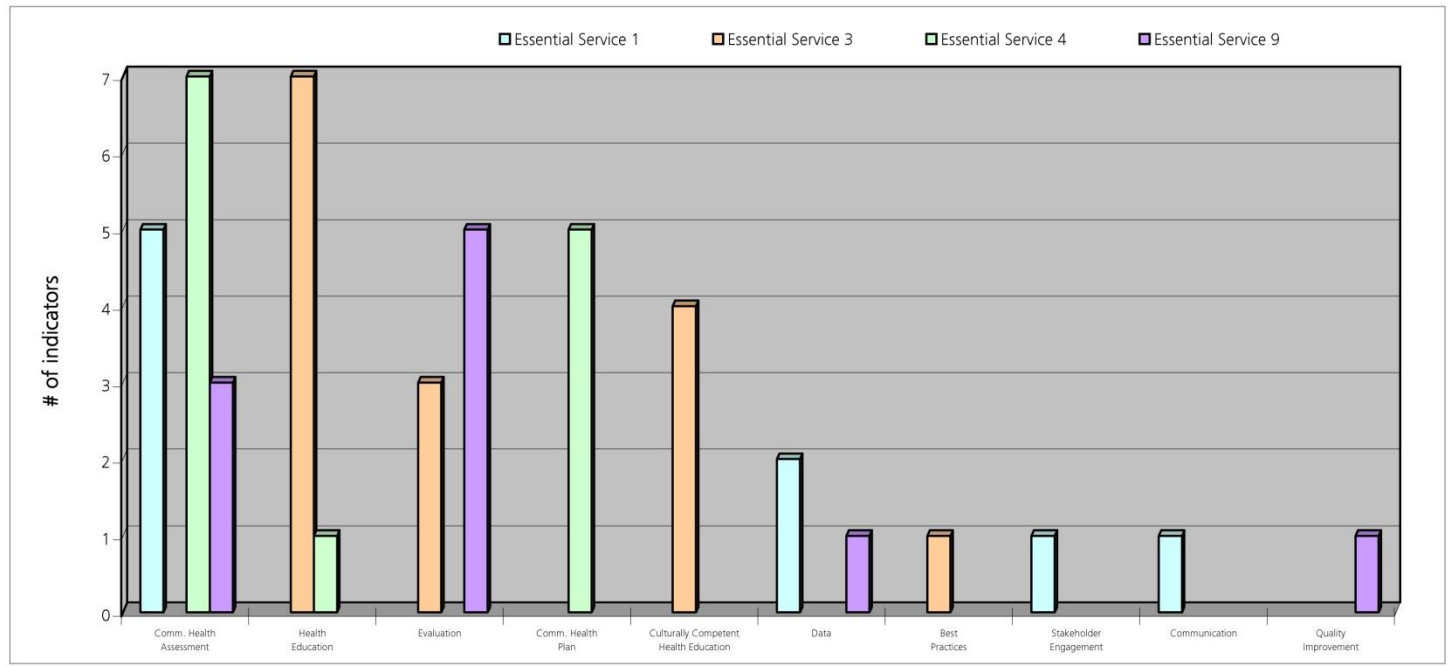
- The average value from all 11 responses was used as the final score.
- Mode was also analyzed with typically more polarized results.



Our Self-Assessment Results

Essential Service	Topic									
	Comm. Health Assessment	Health Education	Evaluation	Comm. Health Plan	Culturally Competent Health Education	Data	Best Practices	Stakeholder Engagement	Communication	Quality Improvement
1	5					2		1	1	
3		7	3		4		1			
4	7	1		5						
9	3		5			1				1
Total	15	8	8	5	4	3	1	1	1	1

Assessment by topic area of the 2 lowest scoring standards for each of the essential services scoring below 2.0.



Moving from assessment to improvement

Quality Improvement project will focus on Indicator III-A-4.

LHD has a media strategy that includes formal and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues.

“Quality Improvement is not an addition to our work but rather how we do our work.” Susan Crawford

Next Steps

- QI Consultant Training - June 23-24
- Complete NACCHO deliverables
 - Model Practices submission
 - QI Storyboard
- Keep the momentum going by incorporating QI into the way we do our work
- Develop a strategic plan

Gaining Local Support

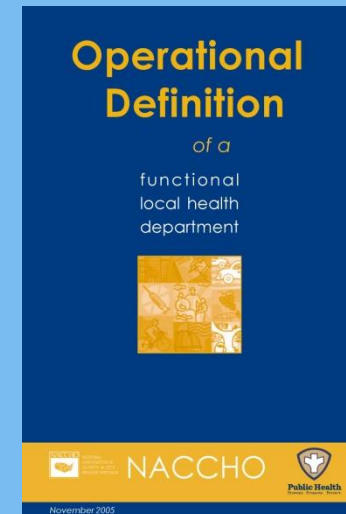
- Engage policy makers
 - Connect the dots
- Communicate the value added
 - Use performance measures

Engaging Policy Makers

- Connect the dots back to the *Operational Definition of a Functional Local Health Department.*

Defining our role

- The operational definition of a functional local health department:
 - Establishes a national baseline for performance.
 - Is being used to develop accreditation standards for local health departments.



Connecting the dots for Policy Makers

A framework for improvement

Operational Definition Standard	2007 Progress
Work to protect people from health problems.	Began providing new vaccines for HPV and Rotavirus
Provide health information.	Federal recognition of our MRC program's work educating the public about emergency preparedness.
Seek community solutions to health problems.	NACCHO recognition for our partnership with the Bert Nash Mental Health Center to assess and refer mothers at risk for post-partum depression.
Help people receive health services.	Hired a bi-lingual nurse and a bi-lingual clinic assistant to better serve our Hispanic community
Maintain a competent workforce.	Conducted our first Quality of Work Life survey with positive responses in all categories.
Evaluate and improve programs.	Submitted our 2007 Description of Programs and Services Report to the City and County Commissions.