

No Time Like the Present: Preparing Local Health Departments for National Accreditation

Jessica Solomon Fisher

Program Manager

National Association of County and City Health Officials

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NACCHO
National Association of County & City Health Officials

Funding Partners

- **Centers for Disease Control and Prevention, Office of State, Tribal, Local and Territorial Support**
- **Robert Wood Johnson Foundation**



2010 Tribal Public Health Profile

- >59% of tribes and 80% of IHS conduct surveillance activities
- 47-75% of surveyed entities 47% have data sharing agreements with SHAs
- 66% evaluate public health activities and/or services
- 75% of THD/Os created emergency response plans
- >40% have policy /ordinance for reviewing/approving health research
- 59 % serve populations that travel +50 miles to access services
- 83% help enroll eligible individuals into public benefit programs, (e.g. Medicaid/Medicare)
- Most tribes provide services for vulnerable populations
- Collaborative relationships with other Tribal Health Organizations were most frequently rated effective or highly effective

What's Working in Tribal Health Organizations

- Partnerships
 - Intergovernmental agreements
 - Support from leadership
 - Advisory committees or other groups
- Targeted Services
 - Partnerships create positive impact
 - Cross training provides great understanding
- Quality Improvement
 - Plan-Do-Study-Act
 - Strategic planning

National Indian
Health Board

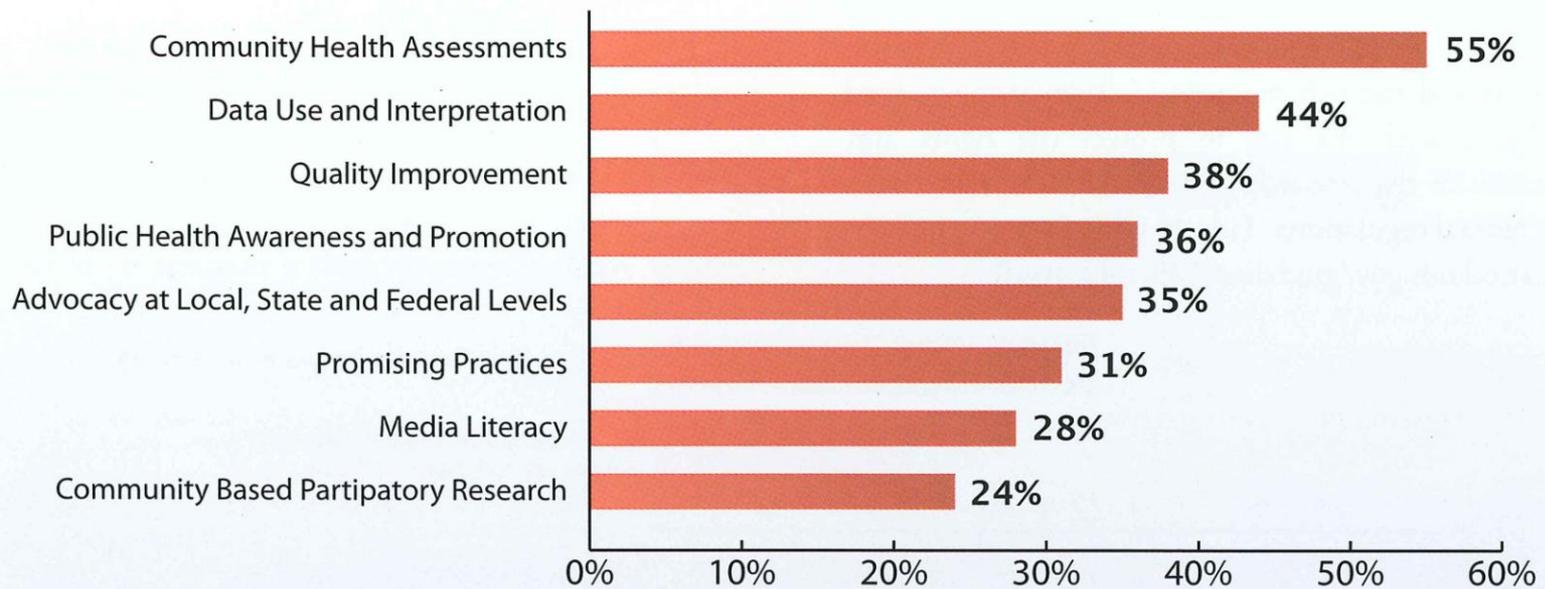


The Red Feather of Hope and Healing

Technical Assistance and Training



Chart 20. Areas Identified for Technical Assistance and Training



Future Directions

Assess readiness for tribal public health accreditation

- Self-assessments are an important first step
- Integrate community health assessment and improvement planning practices
- Engage in Quality Improvement to increase public health performance and accreditation readiness

National Indian
Health Board

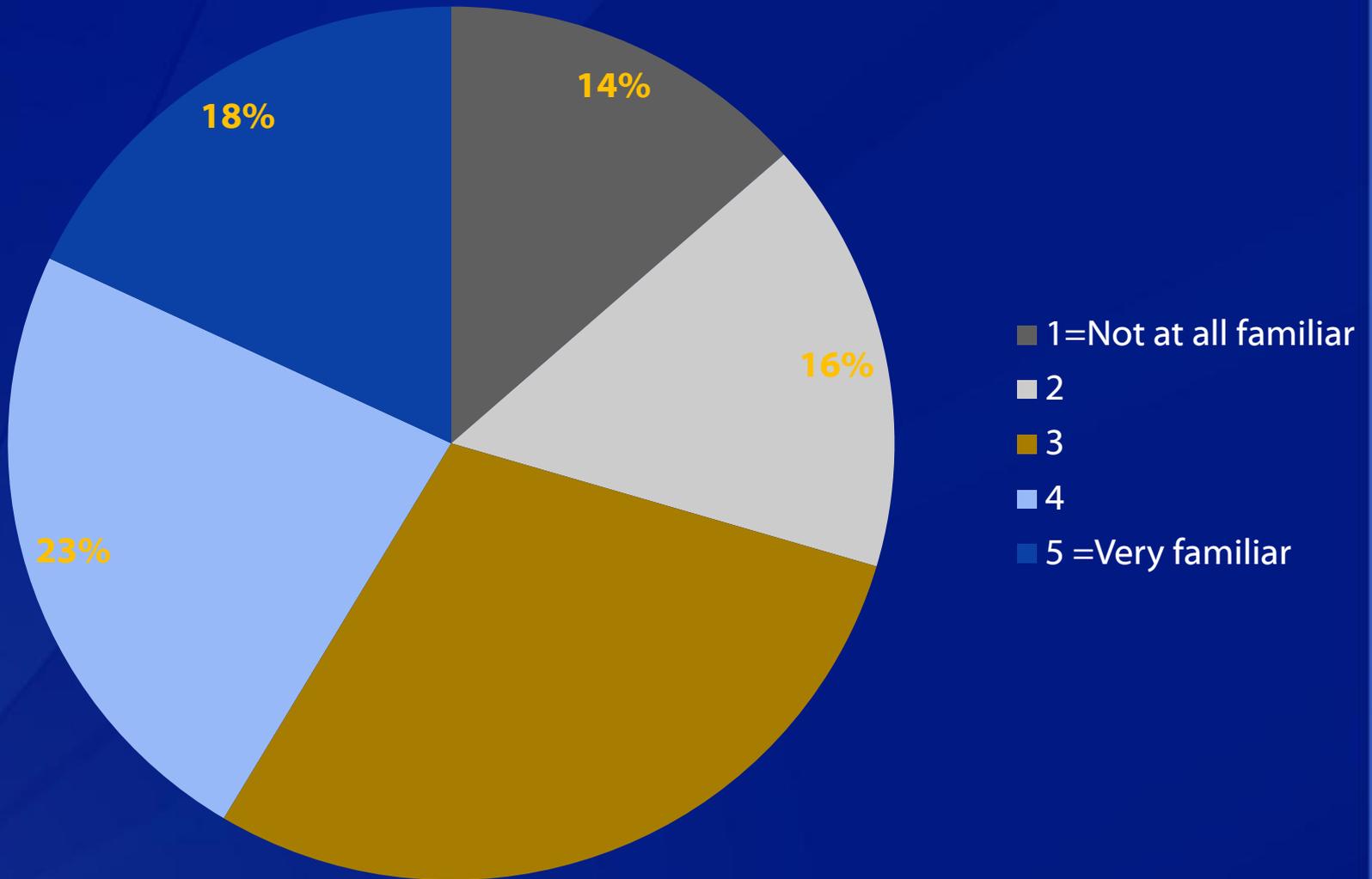


The Red Feather of Hope and Healing

NACCHO's Role in Accreditation

- Assess the needs and interest of local health departments (LHDs)
- Preparing LHDs for accreditation
- Information conduit
- Partnering
 - PHAB 5
 - Accreditation Coalition
- Supporting PHAB program development

LHD Familiarity with National Accreditation Program



Estimates of Numbers of LHDs with Interest in Seeking Accreditation: 2008 and 2010 Profile Studies

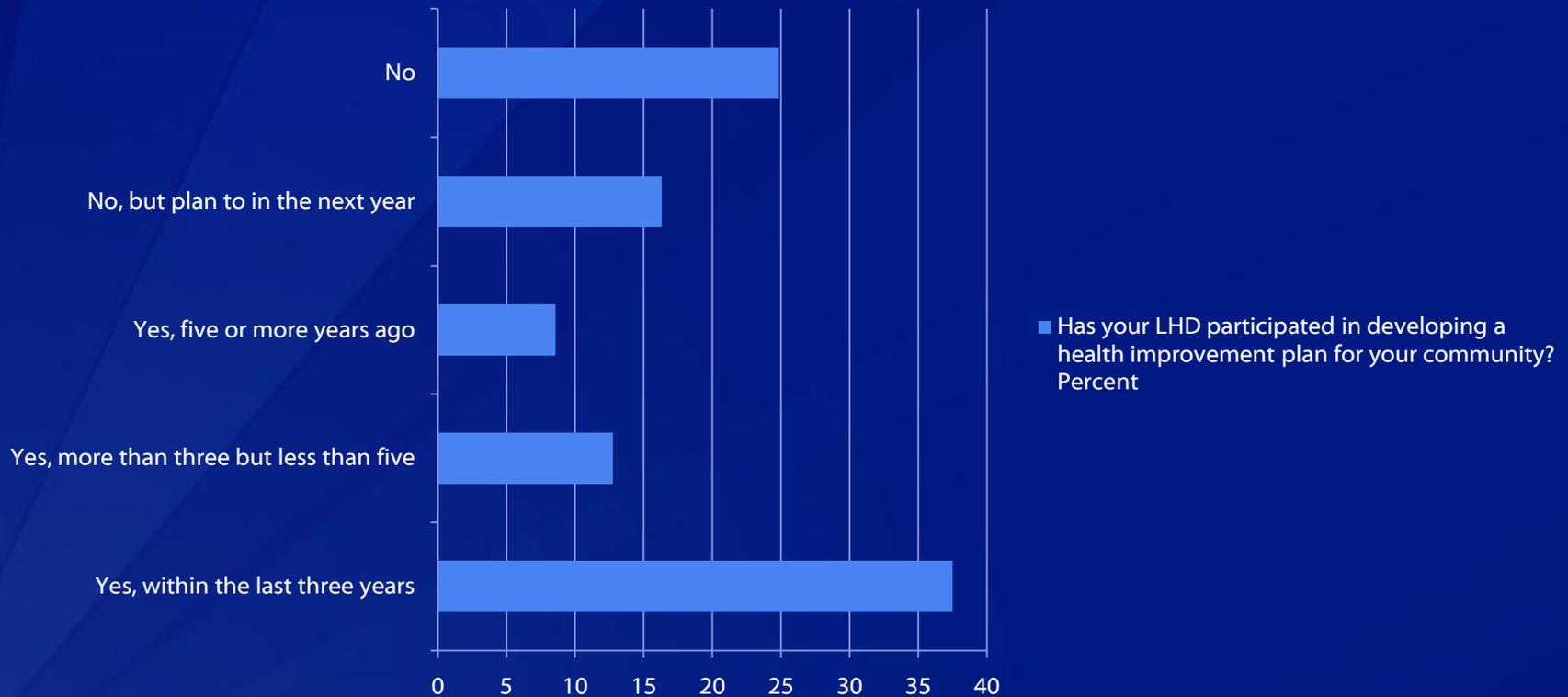
Profile Year	Assumption #1		Assumption #2	
	Would seek accreditation	Would seek accreditation (first 2 years)	Would seek accreditation	Would seek accreditation (first 2 years)
2008	1432	1032	1149	809
2010	1280	751	1116	652

Assumption 1: LHDs unfamiliar with PHAB would have opinions similar to other LHDs

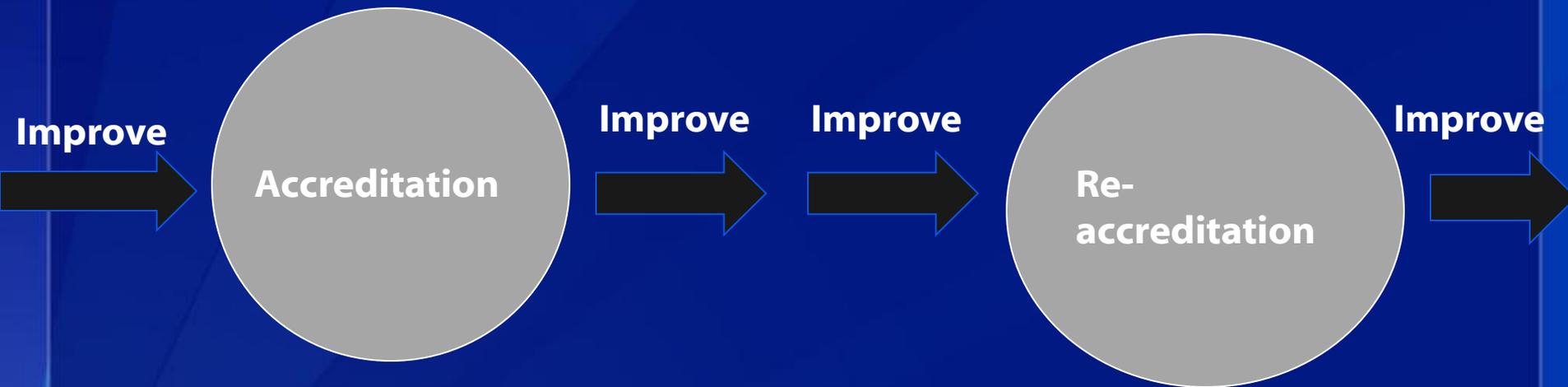
Assumption 2: No LHDs unfamiliar with PHAB would agree or strongly agree that they are interested in seeking accreditation

Community Health Assessment and Improvement Planning

Has your LHD participated in developing a health improvement plan for your community? Percent



Accreditation is not the end

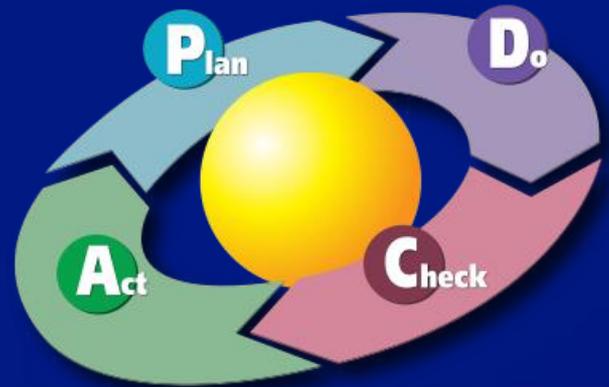


Improving the public's health through continuous quality improvement



Success Stories: Beta Test Sites

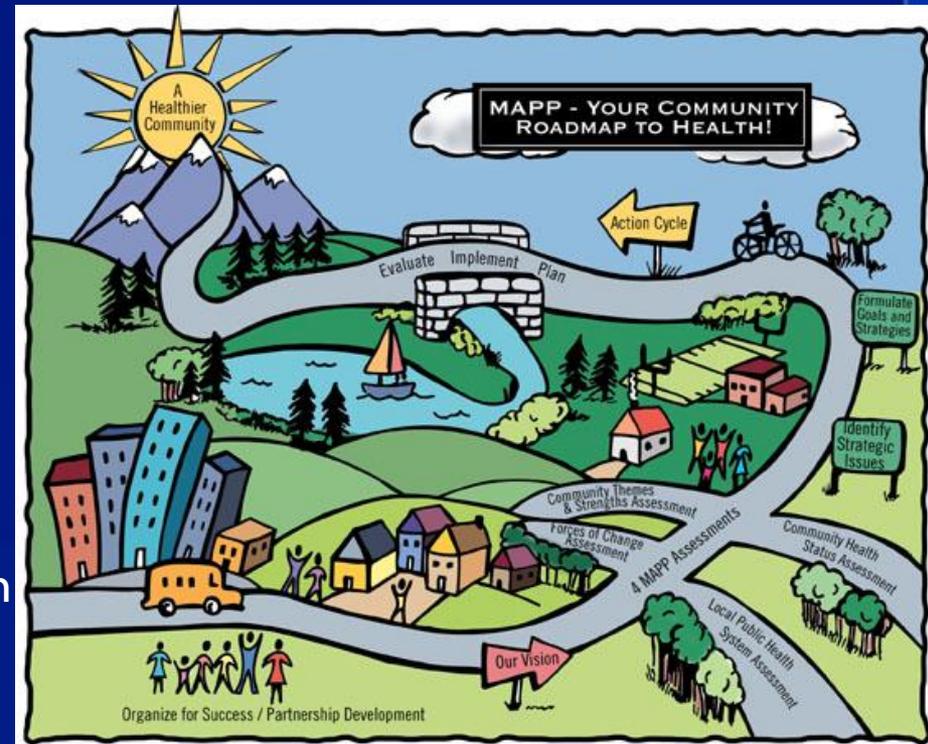
- 30% increase in community engagement for CHA
- 40% reduction in time it takes to complete a septic and well inspection
- 13% reduction in client wait time in Family Planning clinic
- 45% decrease in no-show rates in HIV clinic
- 49% increase in # of department policies and procedures reviewed and updated in last 3 years



MAPP: An Accreditation Preparation Tool

Mobilizing for Action through Planning and Partnerships (MAPP):

- Community focused approach to health improvement efforts
- Assessment and prioritization of strategic issues
- Results in:
 - Community health assessment
 - Community health improvement plan



NACCHO's Role: Accreditation Preparation

- Prerequisites
 - How-to guides
 - Demonstration
 - MAPP/NPHSP
- Accreditation Preparation
 - Accreditation 101 for staff and governing boards
 - Accreditation Coordinator position description
 - Organizational Self-assessment Guide
 - Prioritization techniques
- Quality Improvement
 - QI 101 training for staff
 - Example storyboards
 - QI learning communities



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Improving the Development of **accredit*ACTION***, NACCHO's Accreditation & QI E-Newsletter

Accreditation Preparation & Quality Improvement QI Project Team members: Jessica Solomon, Program Manager; Penney Berryman Davis, Senior Analyst; Travis Parker Lee, Program Assistant

PLAN
Identify an Opportunity and Plan for Improvement

After deciding to undertake a QI effort, the team went through a brainstorming exercise and subsequently formed an affinity diagram and voted on the top 3 problems they wanted to address. Criteria previously developed were then used to guide project selection.

Highest priority	Small, short-term, and within the team's scope of control
Intermediate priority	High ability to succeed/affect change
Lowest priority	Urgency, impact, value

Examine the Current Approach
The team selected the development of the **accredit*ACTION*** newsletter as its project, with the following problem statement: "Our team values a very collaborative process and believes that the best possible products emerge through dialogue among team members. We've operated within this culture without strategic consideration about how to embody these values in an efficient manner. As a result, our **accredit*ACTION*** development process is inefficient because it undergoes multiple reviews from multiple people to reach final form. At times, contradictory edits are offered simultaneously and it takes additional time to reconcile them." The team's final Aim Statement reads "By September 30, we will have a collaborative and efficient review process for **accredit*ACTION*** that results in a high quality product as measured by:

- time saved
- decreased number of steps in the production process
- staff reporting a high level of satisfaction with both the process and the product.

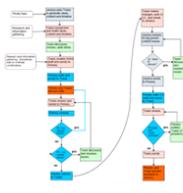
The team then developed a flow chart depicting the current process.

Identify Potential Solutions
The team went through a brainstorming exercise to identify specific areas that could

be improved, and used root cause analysis to identify the most significant influences and the biggest problems. Based on this information, the team identified potential changes to the process to address the root causes, and developed their **Improvement Theory**:

"If we are strategic about our reviews, we will have a more efficient review process while maintaining a high degree of collaboration and generating a high quality deliverable."

The team drafted a new flow chart to depict their solution for a more efficient review process.



The last step was to review each change made to the process and identify potential problems that could stem from the change. To avoid the potential problems, countermeasures were identified and included both additional changes to the process and contingency plans to be implemented as needed.

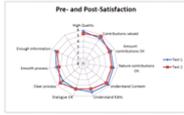
DO
Test the Theory for Improvement

The team implemented the new process for developing **accredit*ACTION*** and documented the time spent on each step and the turn-around time between steps. Because staff satisfaction was a measure, the team completed a satisfaction survey to serve as a baseline in advance of testing the new process. The satisfaction survey was administered again after the newsletter was published.

CHECK
Use Data to Study Results of the Test

The team reported that time spent and turn-around time were lower than before, and while the process generally worked, the flow chart did not illustrate the steps involved when two staff members go through several rounds of revisions before the next step is reached. The team agreed it was desirable to both illustrate and attempt to decrease the "back-and-forth" that might occur.

The radar chart illustrates pre- and post-test satisfaction survey results: The team was surprised that overall satisfaction decreased, and felt this was most likely due to respondents giving much greater consideration to survey questions during the post-test.



ACT
Standardize the Improvement and Establish Future Plans

The team decided to adapt the process by capturing the additional steps for revisions that might be involved and adding questions to the satisfaction survey to measure additional quality- and process-related items. For the next newsletter, the team will document measures and complete another satisfaction survey after the process is completed, and then determine whether to standardize the improvement.

View more information on accreditation preparation & QI at www.naccho.org/accreditation.

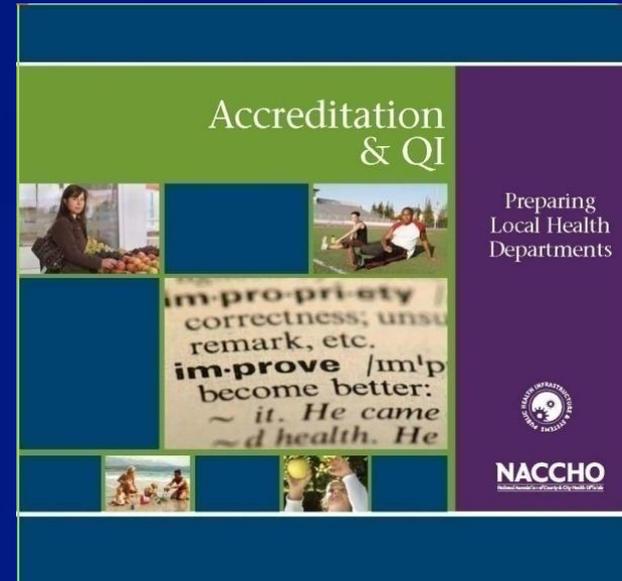
NACCHO's Role: Accreditation Preparation

Current:

- APQI webinar series
- *accreditNATION* e-newsletter
- Website/Toolkits
- Virtual TA on APQI

Stay tuned:

- Using the Community Guide for accreditation
- Examples of documentation
- QI storybank
- Example QI projects
- Cross-fertilization



accredit*NATION*

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For more information

Jessica Solomon Fisher

jfisher@naccho.org

202.507.4265

Grace Gorenflo

ggorenflo@naccho.org

202.507.4219

www.naccho.org/accreditation