

**Accreditation Preparation &
Quality Improvement
Demonstration Sites Project**

Final Report

**Prepared for NACCHO by the
Central Michigan District Health
Department, MI**

November 2008



Brief Summary Statement

The Central Michigan District Health Department (CMDHD) is a six-county district in the north central area of the lower peninsula of Michigan. CMDHD serves Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon Counties with a combined population of over 191,000 residents. Our branch offices are located primarily in rural areas, with Isabella County being more densely populated and comprised of students from Central Michigan University. Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation and a quality improvement process, CMDHD developed:

- An agency-wide quality improvement plan based on the Operational Definition of a Functional Local Health Department domains, self-assessment scores and staff/board input.
- A process to accurately account for family planning supplies that are received in clinics and dispensed to clients. As a result, staff will be held more accountable for their inventory, concerns will be identified in a timelier manner, and we will have a tracking mechanism to verify that billing was initiated for the supplies used.
- A process to increase the adherence of taking prescribed HIV medications by HIV+ individuals enrolled in CMDHD's HIV Continuum of Care Program.
- A process to annually review critical food violation rates and how they can be reduced by comparing the food facility scores prior to and following approved certified food manager trainings and revising/revamping the course content based on the types of critical violations.

Background

Central Michigan District Health Department covers six counties and 3,220 square miles. The 118 member staff has been working to develop a quality improvement culture within the agency in hopes of being able to build capacity to improve performance and health outcomes. Our staff recognizes that new funding will not be likely in the coming months/years and that it is important to be as efficient and effective as possible with the funding we currently have in order to maximize the number of people we are able to serve.

Our target populations within the Family Planning program include teens, low-income women and men, women who are substance abusers, and working women without health insurance. CMDHD's Family Planning Program served a total of 3,292 users for the fiscal year 2007/2008. The program had no definitive way of tracking family planning method supplies. Since our Federal Title X Family Planning review in October of 2007, it was apparent that a perpetual inventory system was needed. This was also apparent during the cycle 3 Michigan Public Health Accreditation site visit. For this reason, we have implemented a new QI process to monitor family planning supplies. Based on further needs assessments and funding, our plans are to formalize a process to reconcile supplies dispensed and billings.

Our target population within the HIV Continuum of Care program is HIV+ individuals enrolled in the program. It is the agency's newest program and currently has 12 clients enrolled. The case manager in the program noticed during a chart review that 5 of the clients were not adhering to their HIV drug regimen. The project team wanted to increase the percentage of clients who were adhering to their drug regimen and needed an assessment mechanism which was developed during the project period.

Our target populations within the Food Service Sanitation program were the restaurants within our jurisdiction and the certified food service managers. In fiscal year 2007/2008 we had a total of 674 restaurants in our jurisdiction. It is a requirement in January 2009 for each facility to have a certified manager. We wanted to develop a program where we could evaluate whether or not our FSMCP Serv-Safe classes were effective in reducing the

number of critical violations on restaurant inspection scores. We also wanted to be able to improve our ability to track and verify that every facility has a certified manager.

Goals and Objectives

The goal of this project was to develop a quality improvement plan that would be infused into all aspects of the agency and allow all divisions/staff to not only track program outputs, but also program/process outcomes. The main objective of the project was to develop a plan by November 30, 2008 in order to be able to receive board endorsement and begin implementation in January 2009. The strategies outlined in the plan will prepare the agency for the national voluntary accreditation process which begins in 2011. With the assistance of our consultant Janan Wunsch-Smith, we developed an agency plan that has 7 goal statements that are identical, or very closely related to the Operation Definition of a Functional Health Department domains.

In order to train the staff on quality improvement we conducted three test projects of the Plan-Do-Study/Check-Act (P-D-S-A) process as outlined in the background section above. Specifically we want to be able to identify measureable health status outcomes and/or improved efficiency/effectiveness as an evaluation component in our program planning.

Self-Assessment

The self-assessment was completed by a 19 member administrative/supervisory staff team. Each team member was given a copy of the self-assessment to complete on their own and the results were compiled and entered as one agency score electronically. Given the length of the self-assessment, it was determined that front-line staff would not be asked to participate in the survey. In addition, because only one agency score was allowed to be submitted electronically, it was determined that we would be able to know we received input from all 19 participants from the paper assessments. Participants were given approximately 10 days to complete and return the survey. It would have been beneficial to have the assessment available on-line for all participants in a jurisdiction to complete the assessment within a specified time frame. Also, after receiving the cumulative results, it was determined it may have been beneficial to have a group scoring process as opposed to 19 individuals to discuss the standards and what we may already be accomplishing. We believe the scores overall would have been higher if a group self-assessment had been the method used.

The chart below, illustrates 4 results from our self-assessment that were noteworthy and include the standard (IX. A) we focussed on for the QI process. The chart also includes one domain in which we performed particularly well, but was ranked as a continued high priority among the staff.

Highlights from Self-Assessment Results

| Standard/ Indicator # | Standard and Significance |
|--------------------------|---|
| IX. A | <p><i>LHD Evaluation Strategy Focuses on Community Outcomes</i></p> <ul style="list-style-type: none"> <i>This was an area of weakness for CMDHD, as identified through the self-assessment. After discussion with the administrative staff, CMDHD felt this standard would be the best one to address through our QI process we were currently not conducting program/process evaluations consistently nor were they based on community/health outcomes</i> |
| IX. A. 4 | <p><i>LHD uses internal policy to guide evaluation efforts.</i></p> <ul style="list-style-type: none"> <i>This was an area in need of improvement. CMDHD, as a part of the NACCHO project developed its Quality Improvement policy as its internal policy for evaluation. added it to the 5-year department improvement plan instead of addressing it in this project</i> |
| III. C. | <p><i>Provide Health Information to Individual for Behavior Change</i></p> <ul style="list-style-type: none"> <i>CMDHD had initially planned on making this a priority area during the project</i> |

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| | <i>period, but chose instead to focus on the three QI test projects. It should be noted however, that within one of the tests, analysis of how information was presented to the target audience was a component of the project. It is also included as a goal in the agency's quality improvement strategic plan.</i> |
| VIII | <p><i>Maintain a Competent Public Health Workforce</i></p> <ul style="list-style-type: none"> • <i>Although the agency scored relatively high in the standards within this domain, the staff ranked this the number one priority for planning. As a result, it is the first goal in the quality improvement plan with an emphasis in improving both the agency's internal communication plan and staff development opportunities.</i> |

Quality Improvement Process

For the purposes of this report, we will focus not only on the overall project, but will also reference the work of the three test projects. It should be recognized that each of the three test projects associated within the main project completed the "Quality Improvement Process Summary Worksheet" and the Storyboard template provided by NACCHO. Those materials have been submitted to NACCHO as supplemental materials to the final report.

AIM Statement: Development of an agency quality improvement plan that is focussed on the Operational Definition of a functional local health department self-assessment results by November 30, 2008, in order to prepare CMDHD for national public health accreditation.

PLAN: The administrative and supervisory staff completed the Local Health Department Self Assessment Tool. They reviewed the results and determined we were very good at "Planning" and "Doing", but not so good at "Checking" and "Acting". We do have various ways to measure customer satisfaction as a form of program evaluation. We also noted that in Michigan we have a public health accreditation process that focuses on program outputs, policies and procedures, but less on program and health outcomes. We also have an agency strategic plan to improve agency operations, but it is not focused on community involvement, best practices and data collection/analysis. The administrative team decided to concentrate on Domain IX A. LHD Evaluation Strategy Focuses on Community Outcomes as its primary target area, but wanted to develop strategies that would improve the scores in all of the domains and in all cases would have an emphasis in quality improvement. We believe this approach would lead us to our goal of being able to build capacity to improve performance and health outcomes, while at the same time, preparing us for national accreditation.

We shared the results of the self-assessment at a district-wide meeting that also included an overview of the Plan-Do-Study-Act (PDSA) process. Staff was asked to prioritize the domains and to provide input on how to improve the self-assessment scores over then next 3-5 years. They were also led through a "Fishbone Diagram" exercise. Staff was instructed on the components of a Fishbone diagram and through a small group process, developed a total of 12 Fishbone Diagrams for agency programs/processes. The staff was creative and enthusiastic of the process. We received very positive feedback from the staff.

The agency's three service divisions selected a test PDSA project as a sub-component of the project in order to enhance their knowledge and use of the PDSA model, to engage the staff in the QI concept and to test the agency's draft QI policy prior to formal adoption.

We also conducted the Baldrige Criteria for Performance Excellence "Are We Making Progress" survey to determine front-line staff perceptions of the agency in the 7 leadership categories and how they were similar/different from the leadership team. Those results were also included in the quality improvement plan for the agency.

DO: With the advice and expertise of our consultant Janan Wunsch-Smith and project leader, Mary Kushion, the staff and leadership team developed an agency quality improvement plan that incorporated the "data" from the self-assessment and Baldrige

surveys and the staff input on how to improve the self-assessment scores. Affinity diagrams were used to combine similar ideas and concepts. The group referenced the Michigan QI Guidebook, participated in the TA Extravaganza and the Public Health Foundation Memory Jogger. Two of the test projects utilized fishbone diagrams as well.

It is a new approach to design the plan based on the self-assessment results which made them “data-driven” plans as opposed to the current plan which was based on the thoughts and feelings of vocal staff members. We will be able to measure our success and/or improvement as an agency with subsequent self-assessments, surveys and health outcome data rather than subjective opinions.

The three test projects also used data or evaluation results to guide their projects rather than “going with your gut”. The data generated and/or new processes implemented have shown improvements in health and/or agency efficiency.

The only obstacles we encountered were in terms of life getting in the way of our project. We were not planning on having immediate family members pass away; kids breaking their arms or needing their appendix out, but we did indeed complete the plan and the projects on time in spite of the unexpected absences of many of the project team members throughout the grant project period.

CHECK: The current agency plan (35 pages) was “checked” in January 2008 and it was determined at that time that the new plan would need to:

- Be more condensed – tie to the core functions of public health
- Be based on the Operational Definition
- Include strategies that would allow us to show improvements in performance and health status of the community
- Show accountability and readiness for national accreditation

The new (10 page) agency plan was completed, shared with the Central Michigan District Board of Health at its November meeting and shared via a district-wide conference call and PowerPoint presentation with all staff. The plan includes 7 goals that are based on the Operational Definition domains. Each goal has at least two, time-specific objectives and strategies. These will be “checked” at the monthly administrative staff meetings.

The initial response has been nothing but positive. The staff is eager to begin the plan which will begin in January 2009.

ACT: The agency’s quality improvement plan will be implemented in January 2009. As stated previously, it will be monitored on a monthly basis and revised as necessary, but at least annually. The Baldrige survey and the Operational Definition Self-Assessment will be repeated in May 2010 to measure improvement and to adjust the plan as the data/feedback warrants.

The administrative team will continue to offer quality improvement training opportunities to the staff and will encourage board members to do the same.

Once the agency has valid community health assessment data, it will be able to utilize the data to create quality improvement benchmarks as part of the PDSA planning process for agency programs. As stated previously, we have 12 fishbone diagrams already developed by the staff which we will be using as starting points in our QI efforts.

Results

The agency's strategic quality improvement plan is included as an appendix to this report. The results of the three tests are as follows:

Personal Health- Family Planning Inventory System

The expected result is that most if not all family planning supplies will be accurately accounted for on a monthly basis. Not only were supplies more accurately accounted for it also fulfilled the MDCH requirement for a perpetual inventory log process for all family planning contraceptive supplies. In addition, supply variances went down when staff became more familiar with the new process and were being held accountable for recording all supplies dispensed. Lastly, further quality improvements were made during the course of the project to the inventory process overall and streamlining the tracking process.

Health Education- HIV Continuum of Care drug adherence

100% of HIV+ persons enrolled in the HIV Continuum of Care Program is adhering to their prescribed HIV medications, as directed. Yes, the results matched the expectations.

The new approach was an improvement as it offered an opportunity to reflect on a client's ability to adhere to taking his/her medications, to gauge the outcome based on changes that were implemented, and to have the QI Team develop solutions that will assist client's toward maintaining their adherence levels.

Environmental Health – Serv-Safe class attendance and restaurant inspection scores

There was no correlation made of these attendees and facilities and their rate of critical violation reduction to the facilities with no CMDHD serv-safe attendance and their rate of critical violations due to the lack of adequate data as we learned from our study of our current system.

Lessons Learned

Perhaps the biggest lesson we learned was in regards to completing the self-assessment. In hind-sight, we believe it would have been more accurate if we had completed the self-assessment in a group setting as opposed to having 19 leadership team members complete it individually. The results in a few of the standards clearly illustrate that some of the team members do not know what we as an agency are already accomplishing in those areas and the benefit of dialog/discussion/debate would have produced different scores.

After hearing of some of the other grantee projects, we were probably more ambitious than we needed to be, but we believe the end-results were worth it. It was important to be open to learning something totally different than was expected and allowing oneself the flexibility to move in a new direction. Also, one project triggers many more good ideas for future projects to work on in the name of quality improvement.

The use of the consultant brought a new and fresh perspective to the project – we were glad to have the financial resources to engage the use of Janan Wunsch-Smith.

Next Steps

The Central Michigan District Board of Health is expected to endorse the plan at its December 2008 meeting. The plan will be placed on the agency's Intranet site for staff to review. The Quality Improvement Policy is also expected to receive board approval in December 2008 and that will also be placed on the agency's Intranet site.

The first objective in the plan is to develop an internal communications plan for the staff. A project team will be developed and it will follow the QI policy and guidelines as will all of the objectives within the plan.

Conclusions

We are all very grateful for the opportunity to participate as a NACCHO Accreditation Preparedness Demonstration site. Our Health Officer and leadership team are committed to preparing CMDHD for national accreditation. However, we believe we are much further ahead in our preparatory efforts due to the VAST array of resources NACCHO made available as a part of this project. It is unfortunate that we were not able to avail ourselves of all of the technical assistance provided. The benefits of participating as a demonstration site include having a staff who is aware of:

- The domains and standards of the Operational Definition,
- The need to be accountable
- The need to prove we are making an improvement in health outcomes
- The need to make data-driven decisions, especially when financial and human resources are limited.

Appendices

The following is the complete list of appendices/attachments:

Appendix A: CMDHD Storyboard

Appendix B: CMDHD QI Summary Worksheet

Appendix C: CMDHD Family Planning Storyboard

Appendix D: CMDHD Family Planning QI Summary Worksheet

Appendix E: CMDHD HIV Storyboard

Appendix F: CMDHD HIV QI Summary Worksheet

Appendix G: CMDHD EH Food Storyboard

Appendix H: CMDHD EH QI Summary Worksheet

Appendix I: CMDHD QI Strategic Plan

Appendix J: CMDHD QI Planning Grids

Appendix K: CMDHD QI Policy