

THE WEBINAR WILL BEGIN SHORTLY

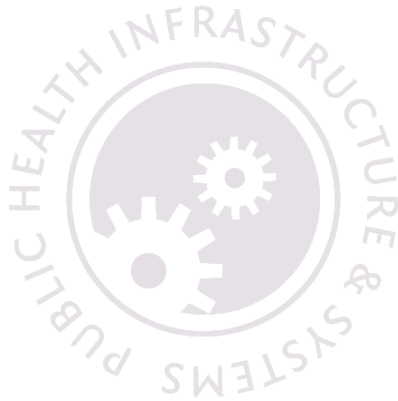
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The Road to Accreditation: Using QI to Achieve Standards

Thursday, May 5, 2011



Goal: To describe how local health departments can use quality improvement (QI) processes to prepare for accreditation.

Objectives:

1. Describe how QI can be used to meet accreditation standards
2. Explain how to prioritize an area for improvement
3. Describe two QI efforts that resulted in improvements to LHD processes
4. Explain the effects these efforts have had on QI uptake in the agency



Speaker Introductions

Franklin County Health Department (KY)

Judy Mattingly, MA

Accreditation Coordinator



Comanche County Health Department (OK)

Keith Reed, RN, MPH, CPH

Administrative Director



Quality in Accreditation Preparation

Lowrie Ward, MPH, CPH
NACCHO



Quality Improvement

QI in public health is *the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.*

-Accreditation Coalition



Public Health Accreditation

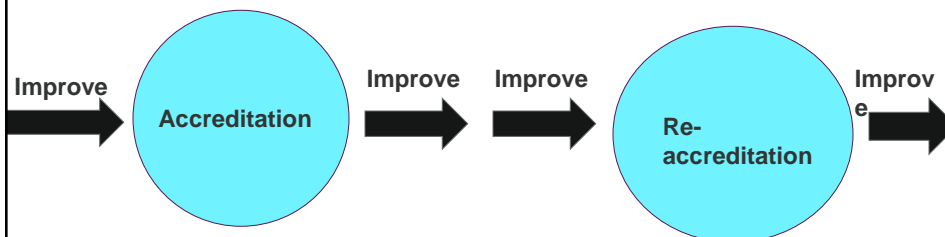
The goal of PHAB's voluntary national accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.



*Advancing
public health
performance*



Accreditation is not the end!



Improving the public's health through continuous quality improvement



NACCHO Demonstration Sites Project and PHAB Beta Test Sites

- Began in 2007
- LHDs from across the country
- Conducted self-assessments
- Identified areas for improvement
- Implemented QI initiatives using the Plan-Do-Check-Act model
- Final reports & storyboards available on NACCHO's website
- Funding from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation



Quality Improvement

Judy Mattingly, MA
Accreditation Coordinator



Public Health
Prevent. Promote. Protect.
**Franklin County
Health Department**

Objectives

- How QI can be used to meet accreditation standards
- How to prioritize an area for improvement
- Example of QI effort that resulted in an improvement to a LHD process
- Effect on QI uptake in LHD

Franklin County

- Population: 48,968 (2009 est.)
- LHD Budget: \$6,793,277 (most recent)
- Employees: Approximately 100 FT, PT and Contract (includes a Home Health Agency)
- Unique County Demographics: Frankfort is Kentucky's State Capital and home of Kentucky State University, a historically black college, bringing in a daily influx of workers and students. There are also many rural areas in Franklin County.

Meeting Accreditation Standards

Git-R-Done!



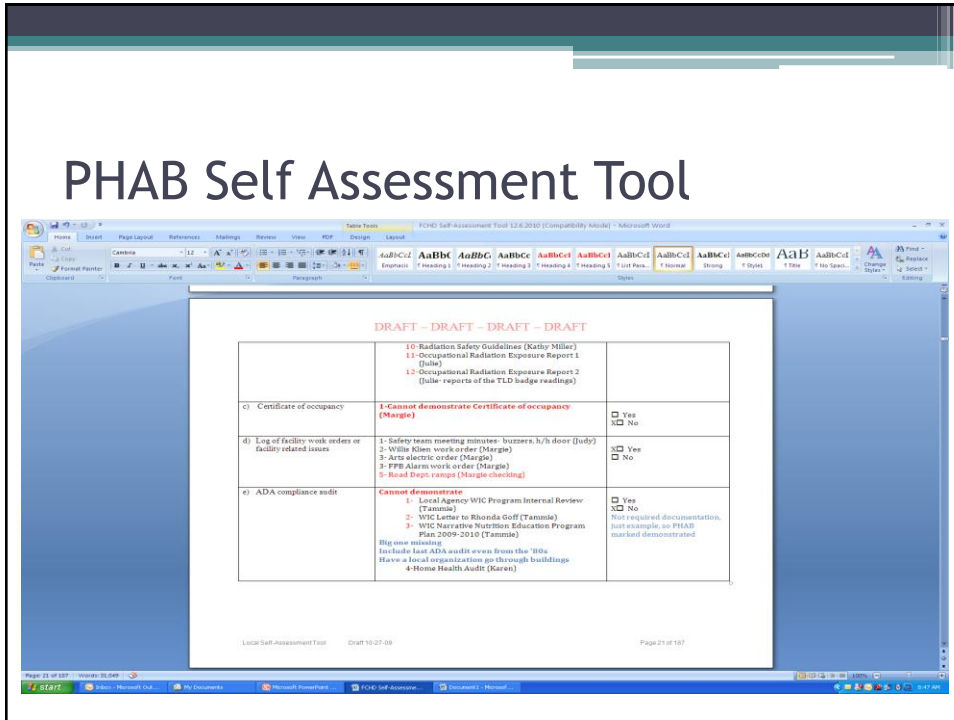
PHAB Self Assessment Tool

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Examples of Documentation	Scoring: Choose one in each section
A1.6.B. Maintain facilities that are clean, safe, accessible, and secure	a) Licenses for clinical areas b) Inspection reports c) Certificate of occupancy d) Log of facility work orders or facility related issues e) ADA compliance audit Type of Measure: Capacity Type of Review: Health Department Level	<input type="checkbox"/> Conformity to Measure <input type="checkbox"/> Not Demonstrated <input checked="" type="checkbox"/> Partially Demonstrated <input type="checkbox"/> Demonstrated <input type="checkbox"/> QI Assessment of Measure <input type="checkbox"/> QI Process Present <input type="checkbox"/> Evidence of Improvement
Documentation		Documentation Present?
Examples of Documentation	List of Health Department Documentation to be Submitted	
a) Licenses for clinical areas	1- CLIA certificate (Judy) 2- License for Home Health (Karen) 3- X-Ray Certifications (Margie) - see people not clinical areas 4- X-Ray License 2010 005 (pic-Margie) 5- X Ray machine license (pic-Margie)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Inspection reports	1- Elevator license 2010 001 (elevator certificate picture-Margie) 2- Elevator license 2010 002 (elevator certificate picture-Margie) 3- Elevator License pic (Margie) 4- PC Compliance Action Plan (Paula) 5- QIT Response Cover (Paula) 6- PC Site Visit Report II (Paula) 7- Fire extinguisher Inspection (Margie) 8- Proper use of TLD Badge 9- The Control TLD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Local Self Assessment Tool Draft 10/27/09 Page 20 of 187

PHAB Self Assessment Tool



Prioritize an Area for Improvement

Topic Selection

- Self Assessment Tool Standards/Measures partially or not demonstrated
 - 8.1.3 B Confirm that staff meet qualifications for their positions, job classifications and licensure
 - 9.2.3 L Demonstrate staff participation in quality improvement methods and tools training
 - A1.5 B Maintain information systems that support the agency's mission and workforce by providing infrastructure for data collection/analysis, program management and communication
 - A1.6 B Maintain facilities that are clean, safe, accessible, and secure

Topic Selection

- Decision Criteria
 - Time
 - Improved Quality
 - Probability of Success
 - Lower Costs
- Prioritization Matrix

Criteria \ Options	Time (.509)	Improved Quality (.324)	Probability of Success (.065)	Lower Costs (.102)	Row Total (RT)	Relative Decimal Value (RT ÷ GT)
Log of Repairs	.486 x .509 (.247)	.056 x .324 (.018)	.056 x .065 (.004)	.444 x .102 (.045)	.314	.314 (the highest # best meets criteria)
Checking Qualifications of Employees	.015 x .509 (.008)	.444 x .324 (.144)	.444 x .065 (.029)	.056 x .102 (.006)	.187	.187
Document Training Activities	.164 x .509 (.083)	.444 x .324 (.144)	.056 x .065 (.004)	.056 x .102 (.006)	.237	.237
Log of Hardware	.334 x .509 (.170)	.056 x .324 (.018)	.444 x .065 (.029)	.444 x .102 (.045)	.262	.262
					Grand Total (GT): 1.0	

Topic Selection

- A1.6 B
 - Maintain facilities that are clean, safe, accessible, and secure
- Examples of documentation
 - Log of facility work orders or facility related issues

Example of QI Effort

Plan-Do-Check-Act

PLAN

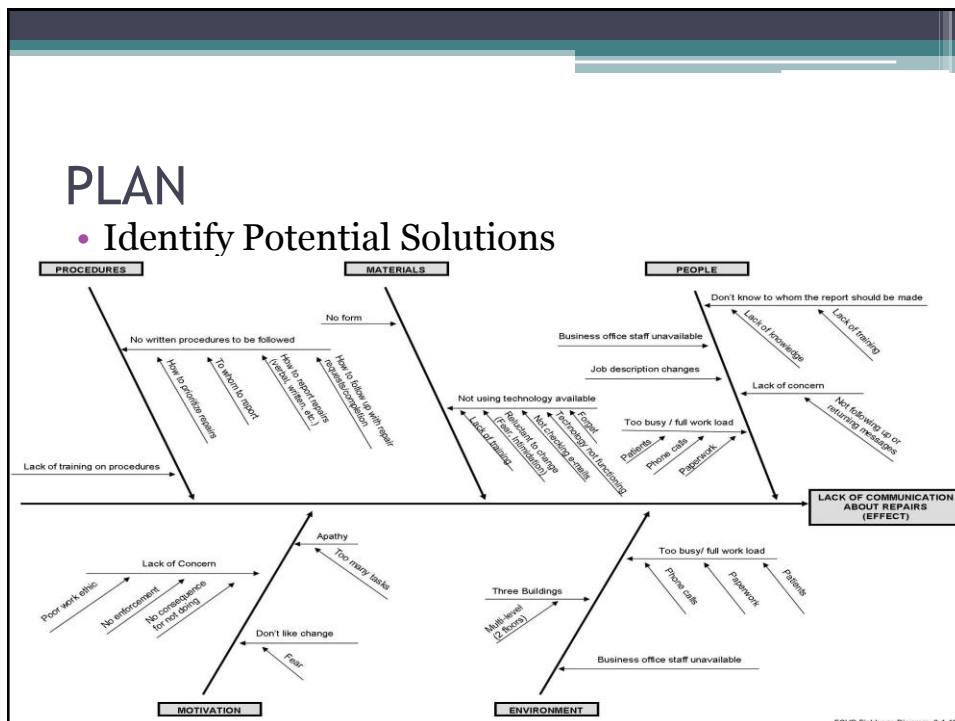
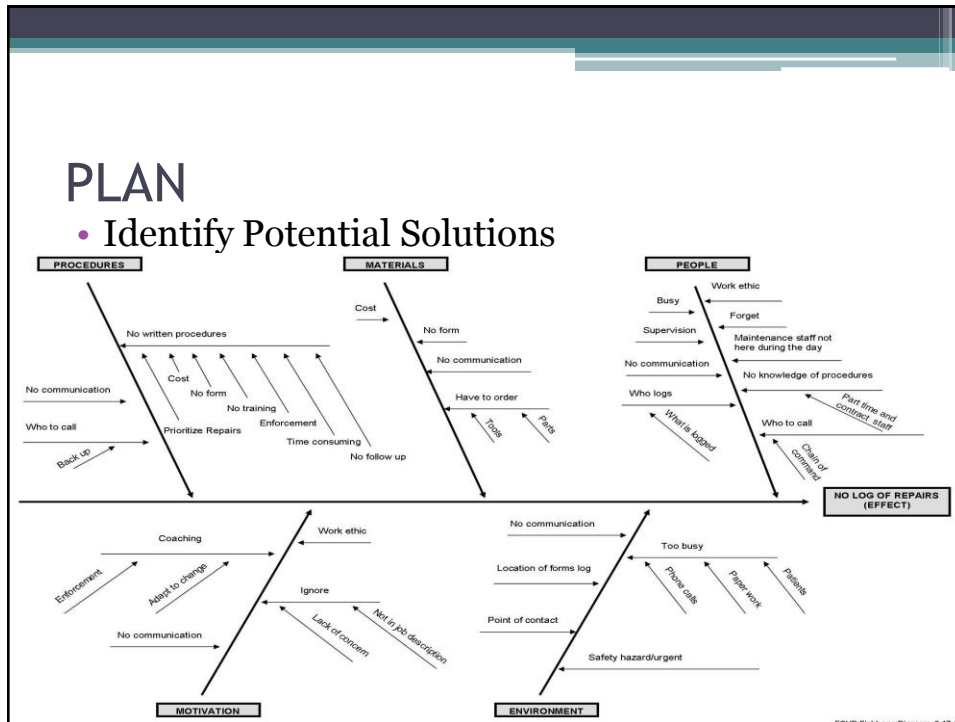
Assemble the Team

- Selected team members based on experience with A1.6 B
 - Sally Brunner, Nurse Supervisor I
 - Margie Bucklew, Administrative Specialist II
 - Mary Cook, Support Services Associate II
 - Susan Nesselrode, Senior Clinical Assistant
 - Charlotte Ruble, Support Services Associate II
 - Dwayne Sutherland, Maintenance Technician
 - Cindy Weddington, Administrative Specialist I

Facilitators

- Staff members with QI training
 - Fred Goins, Accreditation Coordinator
 - Judy Mattingly, Health Educator III
 - Julie Reynolds, HANDS Technical Assistant





PLAN

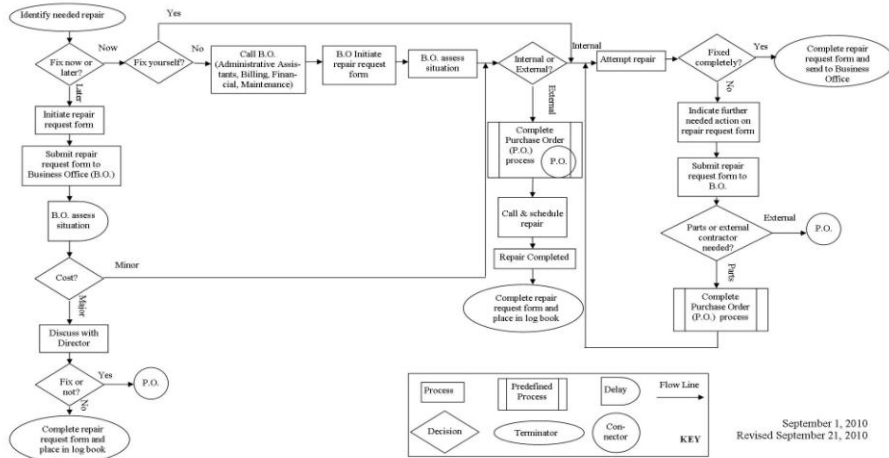
- **Develop an Improvement Theory**
 - If we provide formal training and a formal written process to follow for repair requests then both staff understanding of the repair request process and staff satisfaction with the repair request process will increase.

DO

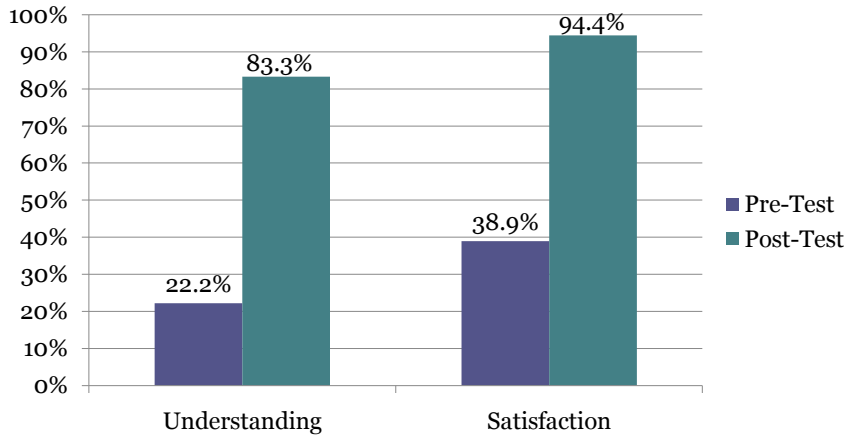
- **Test the Theory**
 - Pre-test
 - Training
 - Post-test

DO

FCHD Repair Request Process Flowchart



CHECK



ACT

- Adopt and standardize the improved repair request process



QI Uptake

Too Legit to Quit

- Addressing 8.1.3 B
 - Qualifications of Employees

Git-R-Funded

- Addressing grant application process



Thank you!



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Franklin County
Health Department



COMANCHE COUNTY HEALTH DEPARTMENT

Quality Improvement and the Accreditation Standards

Keith Reed, RN, MPH, CPH

Outline of Discussion

- ▣ Using a Community Engagement QI Project to Meet Accreditation Standards.
 - PDCA Cycle
 - Lessons Learned

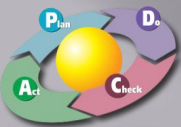
- ▣ Increasing Agency Uptake of QI
 - QI and Accreditation Standards
 - Challenges of Creating a Quality Culture

Comanche County

- ▣ Population: Approximately 124,000
- ▣ CHD Budget: 3.5 Million
- ▣ FTE: 55
- ▣ Unique County Demographics:
 - Combination of rural and urban population
 - 4 hospital: private, public, military, Indian Health
 - Large Army Installation (18,000 plus population)



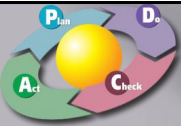
Quality Improvement Effort



Plan

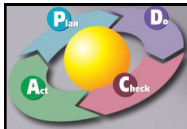
- QI Team: 5 person team
- Following a brainstorming session, the team met and determined that a Prioritization Matrix would help us narrow our identified “problem” areas that were inhibiting us from developing a CHA/CHIP.
 - Improvement in available data
 - Improving community engagement
 - Community assessment.

	Improvement in Available Data	Improving Community Engagement	Community Assessment	Row Total
Improvement in Available Data		1	1	2
Improving Community Engagement	10		5	15
Community Assessment	1	5		6



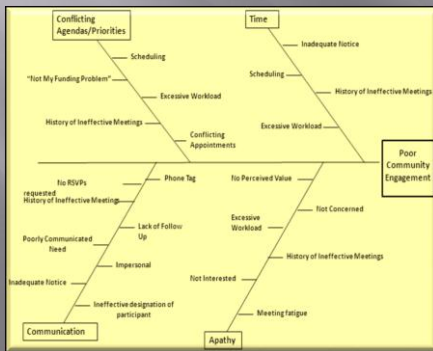
Plan

- Original Aim Statement:
 - By December 2010, the Comanche County Health Department will improve community engagement as evidenced by: 60% of invited partners will attend meetings; an average score of 4 on the Meeting Effectiveness Survey; completion of all four assessments of the MAPP process demonstrating progress toward a CHIP; and completion of a local strategic plan.
- Final Aim Statement:
 - By December 2010, the Comanche County Health Department will improve community engagement as evidenced by: 60% of community sectors will be represented at meetings, with an average score of 4 on the Meeting Effectiveness Survey.

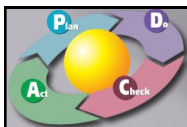


Plan

- We selected community engagement as our QI effort recognizing that it would help contribute to a successful CHA and CHIP.



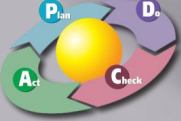
As a result of root cause analysis, we identified the need for more productive meetings, demonstrating a strong respect for community partner's time and commitment.



Do


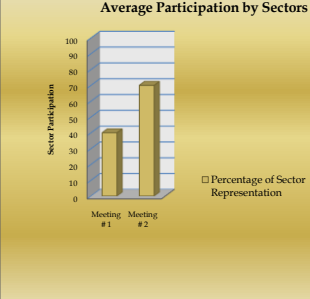
- Improvement Planning
 - Ensure clear and concise meeting agendas are prepared, with relevant objectives.
 - Draft agendas will be sent out at least 4 weeks in advance.
 - An RSVP will be added to all meeting invitations, allowing us to see the level of engagement and to identify missing partners/sectors.
 - In response to the RSVP, we will make a concerted effort to engage missing, key partners / sectors through personal contact via a phone call or face to face visit.
 - Meeting request will have a clear, concise goal and beginning and end time.
 - Each meeting will conclude with a meeting effectiveness survey.
 - Adjustments will be made based on survey results and partner input.






Check

- 40% increased to 70% sector representation
- Meeting Effectiveness Score went from 3.4 - 4.6



Improved Community Engagement by increasing the sectors represented, and creating an environment that encouraged greater participation, we have already increased the quality of our CHA and fully expect that our CHIP will benefit as well.



Act

- Having been successful, we plan to implement the changes with minor adjustments.
 - Remove/adjust requirement for 4 week meeting notice with draft agendas.
 - Continue to re-evaluate

Lessons Learned

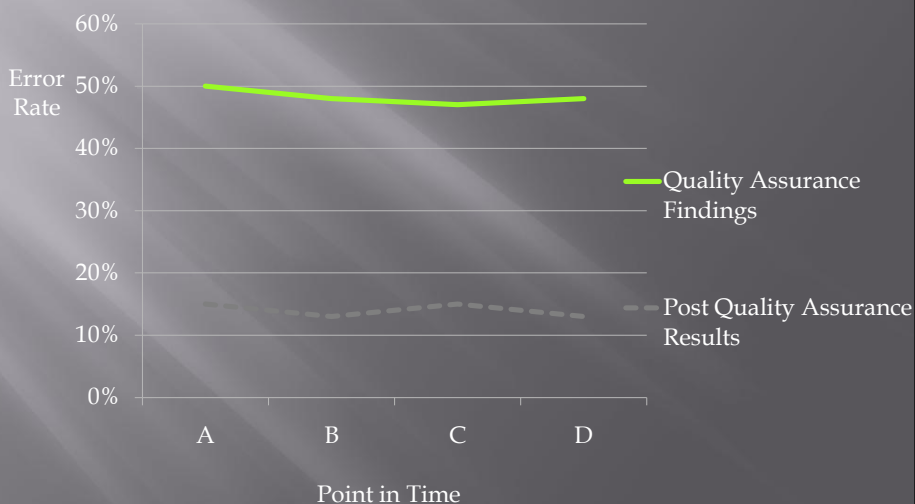
- ▣ Data! Data! Data!...Baseline data is critical to effective QI, therefore, enhance data collection at all times.
- ▣ Training was critical. Formal QI training is essential to a successful quality improvement project. Without QI training, we tend to focus on QA only.
- ▣ For sustainability, we must develop a local QI culture:
 - We must expand QI training to all staff.
 - We must involve all staff in QI projects.
 - Practical application is critical to show the value of QI.

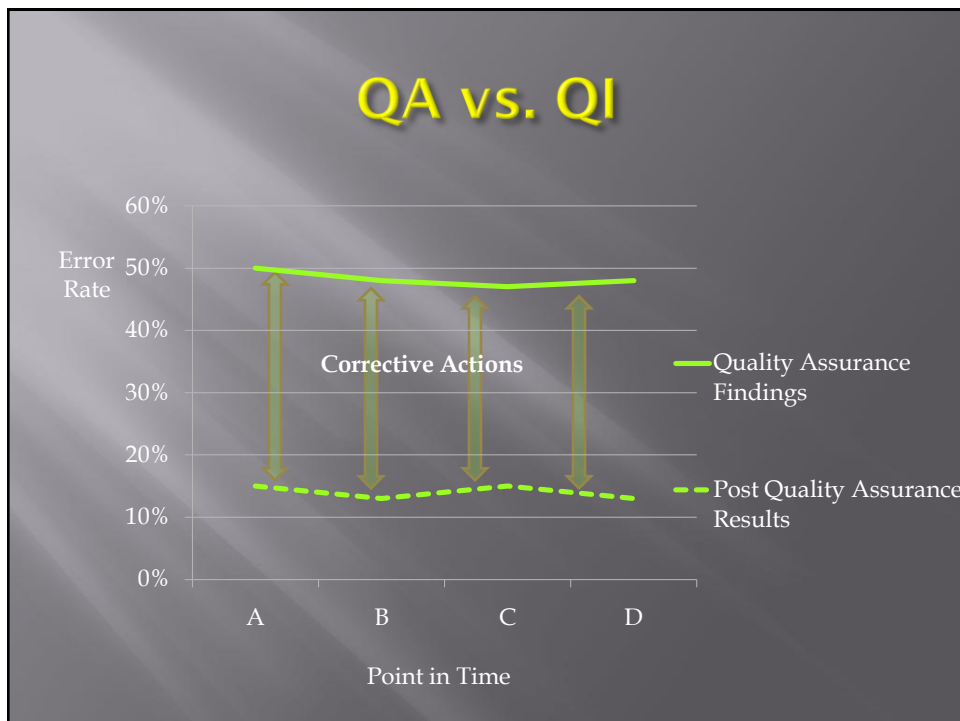
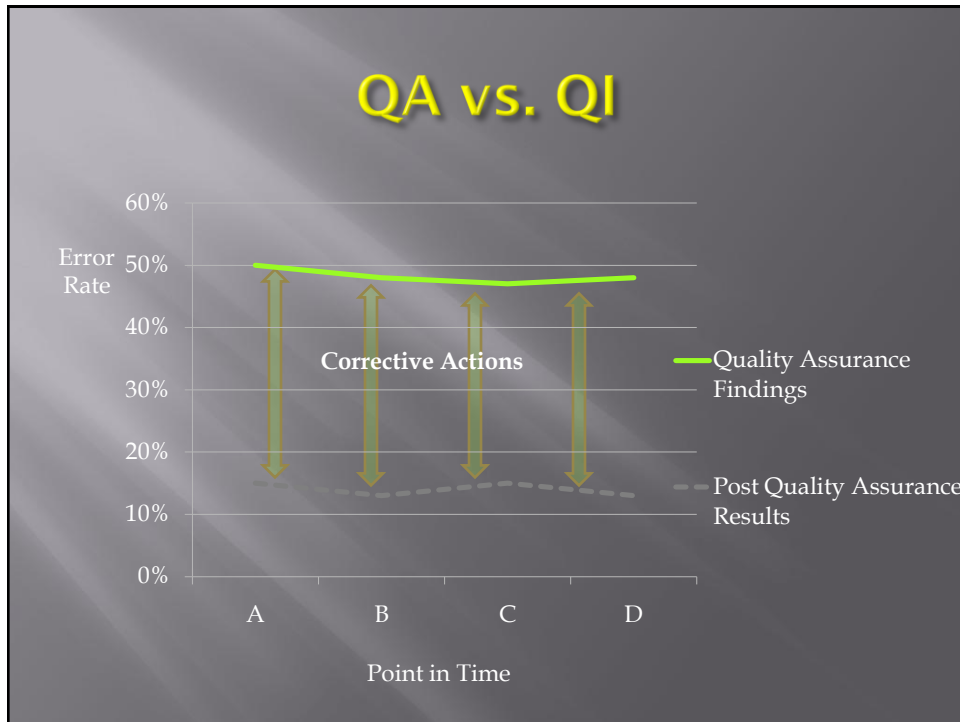
Increasing Agency Uptake

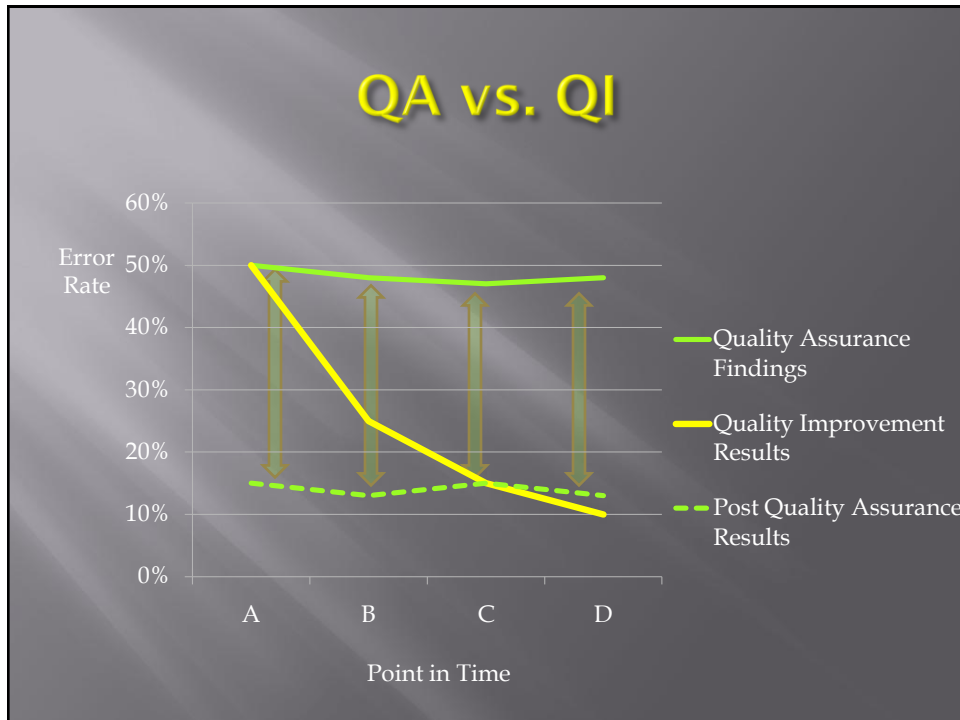
Efforts to Increase Staff Acceptance of QI

- ❑ Bring in formal training to ensure proper integrity of QI.
- ❑ Bring training to staff at all levels.
- ❑ Educate on the difference between QA and QI.
- ❑ Intentionally implement steps to create a culture of QI.
- ❑ Where possible, position QI planning responsibilities on the org chart.

QA vs. QI







Efforts to Increase Leadership Acceptance of QI

- ❑ Where possible, include leadership in formal QI training.
- ❑ Educate on the difference between what has been traditionally done to achieve quality outcomes, and the efficiencies that can be reached with QI. (QA vs. QI)
- ❑ Intentionally implement steps to create a culture of QI.
- ❑ Educate leadership on the accreditation standards' focus on QI.

QI and Accreditation Standards

Quality Improvement:

- The Exploring Accreditation Report noted that a voluntary national accreditation program should “promote high performance and **continuous quality improvement.**” This philosophy is reflected throughout the standards and measures, as well as in Domain 9, which focuses on evaluation of key public health processes, and all programs and interventions and the **implementation of a formal quality improvement plan** to implement improvements in selected program areas.

Source: PHAB Proposed Local Standards and Measures For PHAB Beta Test, 2009

QI and Accreditation Standards

Domain 9: Evaluate and continuously improve processes, programs, and interventions

- **Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.**
 - 9.2.1 B: Establish a quality improvement plan based on organizational policies and direction
 - 9.2.2 B: Implement quality improvement efforts
 - 9.2.3 L: Demonstrate staff participation in quality improvement methods and tools training

Source: PHAB Proposed Local Standards and Measures For PHAB Beta Test, 2009

QI and Accreditation Standards

- ▣ 9.2.1 B: Establish a quality improvement plan based on organizational policies and direction

Required Documentation

- ▣ Quality Improvement (QI) Plan that includes the following components:
 - ▣ Purpose and scope of QI activities
 - ▣ Goals and objectives with quantifiable and time-framed measures
 - ▣ Responsible person(s) for each objective
 - ▣ Description of QI projects
 - ▣ Description of process to evaluate the effectiveness of QI activities

Source: PHAB Proposed Local Standards and Measures For PHAB Beta Test, 2009

Challenges to QI Uptake

- ▣ Formal QI 'feels' new, and as such competes with other changes in an environment of rapid change and dwindling resources.
- ▣ Our tendency is toward QA/QC.
- ▣ Training costs money.
- ▣ For staff to accept QI, they must recognize that it is worth the effort.
- ▣ For leadership to accept QI, they must accept it is worth the investment.

Question & Answer Session

Type your questions in the Chat Box
located on the lower left side of your screen.



Thank you for joining today's webcast!

Please complete the brief evaluation,
which will appear on your screen momentarily and
will be sent via e-mail shortly!

If you have additional questions, please
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