

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

Final Report

**Prepared for NACCHO by the
Franklin County Health
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EAST CENTRAL KANSAS PUBLIC HEALTH COALITION

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Brief Summary Statement

The East Central Kansas Public Health Coalition (ECKPHC) is a collaborative of eight county health departments: Chase, Coffey, Franklin, Greenwood, Lyon, Morris, Osage, and Wabaunsee. This coalition was originally formed in 2002 in response to a state request that counties form regions for the purpose of addressing Bioterrorism threats and strengthening preparedness capabilities. Regional associations are voluntary and the structure is unique to each region.

Lyon County is the geographic center of this region and the Lyon County Health Department/Flint Hills Community Health Center is the ECKPHC fiscal agent for preparedness funds. The table below gives the population and physical size for each of the eight counties and the staff FTEs for each local health department (LHD).

County	Population	Square mileage	FTE
Chase	3,070	778	3.5
Coffey	8,701	655	6.7
Franklin	26,513	577	9.47
Greenwood	7,067	1,153	4.5
Lyon	35,609	855	27.6
Morris	6,049	703	5.3
Osage	16,958	719	9
Wabaunsee	6,919	800	5

The ECKPHC members recognized the advantage of preparing for accreditation in 2006 and sought opportunities to assist them. The NACCHO Self-Assessment process provided the avenue to strengthen the regional association while examining and potentially increasing capacity for the individual counties. Common themes emerged from using the NACCHO LHD Self-Assessment Tool for Accreditation. These included gaps in knowledge for Community Health Assessment Processes and Use of Data. The collaborative developed a strategic plan to address both of these knowledge and skill deficits.

Project summary:

The East Central Kansas Public Health Coalition (ECKPHC), in response to receiving funding from NACCHO for Accreditation Preparation and Quality Improvement Demonstration Sites Project, expanded their normal monthly meetings to include time for accreditation discussions and activities. The partners initiated the project by each local health department assessing their own

readiness for accreditation using the Operational Definition Prototype Metrics Assessment Tool. Once completed and the regional score received, the coalition hired a consultant to help them review the results and develop a plan.

ECKPHC prepared a targeted improvement plan based on the collective assessment results from the Assessment Tool. The coalition selected Standards I-C, Conduct or Contribute Expertise to Periodic Community Health Assessments and I-E, Data Analysis to address through a collaborative effort. This was followed by a review of the selected priority areas and identification of the strengths and challenges of addressing each indicator under the chosen Standards. Three indicators of each standard were selected to further narrow the focus of the project.

A second effort of the group was developing the formal mechanism that would authorize the LHDs to implement their plan and work together on future areas of mutual interest and need. It was determined that the best scenario would be to build on the agreement they had entered into in 2002 stipulating their working relationship for state bioterrorism funds. The consensus was that the Boards of Health would consider amending the current agreement to address other topic areas across the region that would increase the capacity of each health department to perform the essential services and move toward accreditation. A revised agreement was developed and reviewed by select county counsellors. The agreement was then finalized and routed among all Boards of Health for approval and signature.

Background

Franklin County Health Department (FCHD) is in the east central portion of Kansas, approximately 50 minutes from both Kansas City and Topeka. It serves a population of just over 26,500 within 573 square miles. The county is semi-rural as it has a significant farming community. The largest city, Ottawa, with a population of over 11,000 has a commuting population to Topeka, Lawrence, and Kansas City area and to the Wolf Creek Nuclear facility in neighbouring Coffey County and is host to several large companies. FCHD provides typical surveillance and disease control functions and the federal programs of Women, Infants, and Children, Family Planning, and Maternal and Child Health Services. Other services include Child Care Licensing for Franklin, Linn and Anderson Counties; School Health Nurse Collaborative, Immunizations and Sexually Transmitted Disease testing. Home health care is not provided.

With new administration in 2008, FCHD began working collaboratively with partners in the county to determine health needs of the population and plan prevention/intervention programs. With a small staff efficient use of time is critical, and it is evident that a well thought out plan for conducting community assessment is necessary for that to occur. The last community health assessment that was undertaken was in 1999 and had not been repeated.

The Board of Health for Franklin County is the County Commission. They operate independently of other county commissions except under regional agreements such as those found with the judicial district. They do belong to the Association of Counties and attend state-wide meetings with other commissioners. Agreements of the sort the health departments undertook are not common. Kansas is a strong home rule state and counties have historically valued their independence. More recently, as populations decline in some areas and maintaining full government services independently becomes too costly, interest in regionalization has increased.

Franklin County joined the ECKPHC after the other seven counties had formed the region. The decision to join this region was based on the perception of greater similarity to those counties than to the Kansas City Metro region to the east. This was a fortuitous decision based upon the collaborative relationships developed.

The ECKPHC has a strong history of collaboration through their Public Health Emergency Preparedness and Response (PHEPR) efforts and maintains a good working relationship. Prior to PHEPR agency personnel did not know each other well nor did they formally work together as a region. Some specific service agreements did exist between individual counties, such as Lyon County Health Department provided WIC services for Chase and Coffey counties and Franklin provided Child Care Licensing services to Anderson County. As part of the development of the coalition, a Regional PHEPR agreement was signed by a county commissioner and county clerk from each county in 2003. The agreement allows Lyon County to serve as fiscal agent for preparedness funds and states that the health departments would work together on preparedness planning. A Regional Public Health Preparedness Coordinator was hired to serve the region. In addition to the PHEPR activities, the Information Technology staff person for Lyon County serves as a resource to the the coalition as needed. The coalition holds monthly meetings with a formal agenda.

The coalition saw this NACCHO project as an opportunity to move the health departments toward accreditation working on capacity building as a region. It was recognized that it would be very difficult for smaller health departments to build capacity on an individual basis thus having a potentially slim chance for accreditation. However, this project offered the coalition another opportunity to work together and through the results of the assessment identify areas they could work on collaboratively to build capacity across the entire region. This project offered the coalition an opportunity to use the economy of scale to address gaps in capacity.

ECKPHC has worked collaboratively on a range of projects related in Public Health Preparedness, including development of Standard Operating Guides, regional table top exercises, sharing information on communicable disease

surveillance and follow-up, training, equipment and supply purchases, and sharing a Regional Coordinator for PHEPR. In 2007 the region applied for and received Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative funding to initiate a Continuous Quality Improvement project (CQI). With this funding the region received CQI training and utilized CQI processes to identify service delivery gaps related to maternal and child health. From this process lack of standardization in testing and treatment for Sexually Transmitted Infections (STI) was identified for a process improvement activity. From this activity the following were accomplished: 1) Training for regional partners; 2) Development of standardized protocols; 3) Regional brochure on availability of STI services. These shared work activities have strengthened relationships among the coalition members resulting in frequent networking and support of one another's programming needs.

Goals and Objectives

These goals and objectives were developed by the coalition through the process described below. More detail on the goals and objectives, as well as completion dates, is included in the Strategic Plan included as Attachment 2.

Goal I: Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

Objective I-1: By (DATE) identify and provide training to selected management and staff in the East Central Kansas Public Health Coalition on how to select and implement a Community Health Assessment.

Goal II: Identify common data to collect and a process for collection, analysis, integration and data sharing.

Objective II-1: By (DATE), identify program data categories and additional data needs to build consistent programming and data capacity across the region.

Objective II-2: By (DATE), develop written protocols, processes, and procedures for data gathering, analysis and integration/sharing. (Replicate or adapt any that are currently available and can be used across the region.)

Self-Assessment

FCHD began the process of assessment by giving each staff member a copy of the tool to review independently. They were asked to rate the health department based upon their perspective. It was quickly discovered that several of the staff members had little concept of the scope of public health and its function. In addition, four of the nine staff members had been at the health department less

than one year. Therefore, they found it difficult if not impossible to respond knowledgeably to the assessment.

Step two was to discuss each component of the assessment as a group to arrive at consensus. This effort proved to be very time consuming as it became a lesson in public health rather than an assessment. Easily, two hours could be spent reviewing each standard and discussing its meaning. Most of the staff expressed that they had little understanding of the role of public health, as they had been focused upon individual patient care.

Early in the process, staffing issues began to interfere with general operations of the health department, and in order to meet the deadline for NACCHO, the administrator completed the assessment with input from those staff members that felt they could contribute. There was some discrepancy in scores between staff members, partly because so many staff members were new and staff knew little about the capabilities and experience of one another or the history of the health department. In order to submit the assessment on time, the administrator reviewed the scores and discussion and made the final decision. Following submission of the tool, and when staffing issues were resolved, the staff returned to reviewing each standard and learning about public health. The assessment continues to be used as a training tool for staff and to help set priorities for improvement. At the end of the grant, staff did not believe the scores were very different from what had been submitted. The assessment will be used again in 2009 and new scores assigned at that time.

ECKPHC benefited from the aggregation of assessment results for the collaborative group provided by the NACCHO software. During discussion of results during ECKPHC meetings, each county was open about individual county results in comparing them with aggregate results for the coalition. Due to the extensive work done in the past by the coalition, a high level of trust exists, resulting in a willingness to share individual county strengths and weaknesses. The group discussed results initially and then used the services of a consultant to narrow down the areas of focus and to develop a plan. The methodology for that work is described in Attachment I.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
I-C	Conduct or Contribute Expertise to Periodic Community Health Assessments: The aggregate scores for all indicators under this standard related to community health assessment fell below 2.0 for the region. This standard was selected as a focus for the collaborative planning process. Franklin County has experience and knowledge in this area that can be offered to the region.

I-E	Data Analysis: The aggregate scores for all indicators under this standard related to data analysis, trending, comparison to other jurisdictions, state, and nation, and sharing data fell below 2.0. This standard was selected as a focus for the collaborative planning process.
I-A	Franklin County has expertise and training in data management, analysis and proper use of data. This is a benefit both to the local process and can be offered to the region.

Collaboration Mechanism

The coalition agreed to use the same format as the existing PHEPR Service Agreement. Language changes were made to make it appropriate to this project and future capacity building efforts to move the region toward accreditation. Charters were also discussed as possible options for further defining the efforts of specific capacity building activities. The original agreement on which the revision was based had extensive legal review prior to finalization in 2003. The proposed revisions were reviewed by county counsellors for Coffey, Franklin, Lyon, Osage and Wabaunsee prior to submission to Boards of Health for approval. Significant discussion and review among coalition members occurred prior to consensus and finalization. Because of the past history of the group, no barriers were encountered in revising the service agreement. Obtaining the required signatures from eight governing bodies was a challenge but was accomplished by developing a timeline for scheduling and routing.

Accountability was assured through description of responsibility for funding, identification of equipment ownership, and assignment of personnel responsibility to Lyon County as the fiscal agent. This process for revising and finalizing the agreement was accomplished through regular monthly meetings facilitated by the Regional PHEPR Coordinator and a coalition member who was using this work as her capstone project for the Kansas Public Health Leadership Institute. The willingness of each coalition member to participate and fulfil assigned responsibilities ensured success.

Results

Because the revised service agreement is amending the formal mechanism under which the coalition has been working since 2003, the revision serves to broaden the scope of work of the coalition in preparation for accreditation and other capacity issues. The revision formalizes previous and current work of the coalition as exemplified by the initiative funded by the Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative (MLC) described above. In 2009 the region will consider applying for a new MLC grant opportunity that addresses community health assessment knowledge and skills. Successful completion of the work outlined in the Strategic Plan developed under this project

will strengthen the capacity of all local health departments as they move toward readiness for public health accreditation.

An unanticipated benefit of the project was the opportunity for each county to contribute by individual assessments that cumulatively formed the regional assessment results without bias of population, geography, or infrastructure. The opportunity for each county to determine its own process for the individual county assessment was very helpful because of the variation in staff resources represented among coalition members. The financial support of the grant allowed each county to move forward individually and collectively without the need to utilize existing budgetary resources. The on-line completion of the document and the aggregation of results by the NACCHO-supported software were tremendously beneficial. Another benefit was having data-driven confirmation of areas of strength as well as gaps.

Lessons Learned

Utilizing the assessment tool reinforced the understanding Franklin County had on its weaknesses, strengths and need for partners to be able to attain accreditation. Franklin County quickly learned how much they didn't know and how much they had to do to build sufficient capacity for accreditation. FCHD clearly learned the importance of documentation and the effort necessary to develop adequate documentation systems. Time must consistently be planned into health department operations for quality improvement and accreditation efforts.

Franklin County concurs with regional partners that local health departments planning a collaborative effort should consider establishing and maintaining a regular meeting schedule with a high level of commitment by all for regular attendance. In addition, the assignment of someone to facilitate the process, including setting agenda, running the meeting, and completing meeting minutes is essential. For ECKPHC this role is fulfilled by the Regional Public Health Preparedness Coordinator. Meetings must include regular, substantive agenda items with relevance to the day to day work roles of public health, for example sharing information about recent communicable disease episodes.

Next Steps

All members of ECKPHC recognize the challenge for small health departments to meet all of the standards for public health accreditation and that working together and building shared capacity will be essential in helping each member county prepare for and achieve accreditation. As a collaborative, ECKPHC is committed to completing its Strategic Plan developed under this grant, which will result in increased capacity in the Essential Services where gaps existed across the region. Franklin County offers to the collaborative expertise in data collection, analysis and interpretation. As FCHD moves forward with the community

assessment process locally staff shares any lessons learned as they complete their local work. The administrator has further committed to researching and presenting the various processes available for community health assessment, such as CHAP and MAPP as well as the process itself. Fulfilling Essential service #1 as an outcome of this project will enable the region to identify other gaps across our counties as a whole that can be addressed jointly. Success with this project builds confidence that we can collaborate on even bigger endeavours and together strengthen our weakest links. Following completion, it would be beneficial to have an opportunity to utilize the assessment again to re-evaluate the individual and collective level of preparedness in order to identify additional gaps that need to be addressed. Franklin County is committed to the concept of accreditation and work with the coalition.

Conclusions

The importance of strong capacity in the area of community health assessment was underscored for members of ECKPHC as the accreditation readiness assessment tool was completed. Although the community health assessment is one component of the ten essential services, our perspective is that it is foundational to all of the others. This perspective was a driving factor in the coalition's selection of strengthening capacity in this area as the first goal in its strategic plan.

Although public health accreditation is scheduled to be voluntary, this grant opportunity focused the coalition on the readiness assessment, and members recognize that in the press of daily work, moving forward on this assessment became a priority because of the grant and its timelines.