

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

Final Report

**Prepared for NACCHO by the
Houston Department of Health
and Human Services, TX**

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Brief Summary Statement

The Houston Department of Health and Human Services (HDHHS) serves an urban population of approximately 2.1 million. Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation, HDHHS initiated a quality improvement process in the area of evaluation. We realized that staff education and training regarding evaluation was the starting step and so various training sessions were held. We also did a targeted survey of programs within the department to catalogue on-going evaluation efforts and designed a model evaluation program for a new activity which will serve as a teaching example for other programs desiring to design their own evaluation programs.

Background

The Houston Department of Health & Human Services (HDHHS) is a local government public health agency under the leadership of Stephen Williams, M.Ed., M.P.A., Director and David Persse, M.D., Public Health Authority. Organizationally, the Department consists of the Director's Office (including Health Planning and Evaluation, Public Health Practice, and Information Technology), an administrative division, and five operational divisions (Disease Prevention and Control, Environmental Health, Neighborhood Services, Surveillance and Public Health Preparedness). The department serves an urban population of over 2 million with a budget of approximately 100 million dollars. There are approximately 1230 FTEs working at HDHHS.

HDHHS has been actively involved in preparing for health department accreditation and Mr. Williams serves as one of the co-chairs of the Public Health Accreditation Council of Texas which is evaluating the feasibility of implementing accreditation in Texas. We were therefore very interested in this opportunity afforded by NACCHO to get a head start on the self-assessment along with technical assistance. A decision was made to apply for the funding in order to emphasize the seriousness of our commitment to self-assessment and the accreditation process.

Upon funding of this grant, an Accreditation Coordinating Group (ACG) was formed consisting of Dr. Catherine Troisi, Chair, Director of the Office of Public Health Practice; Dr. Raouf Arafat, Assistant Director, Office of Surveillance and Public Health Preparedness; Dr. Michael Terraso, Assistant Director, Division of Environmental Sciences; Barbara Sudhoff, Bureau Chief, Quality Assurance and Auditing; and Isaac Joyner, Bureau Chief, Health Planning and Evaluation. Mr. Joyner left the department during the summer and was replaced by Dr. Faith Foreman. Stephen Williams, M.Ed., MPA, HDHHS Director, serves as an *ex officio* member.

Goals and Objectives

Our goal was to institute a QI process within one priority area based on the self-assessment. Objectives were:

- create readiness for the self-assessment and QI process by training leadership team
- perform a self-assessment of HDHHS using the NACCHO Local Health Department Self-Assessment Tool for Accreditation Preparation
- calculate self-assessment scores, analyze results, develop goal statements for area(s) of improvement
- identify opportunities for process improvements and formulate quality improvement plans to meet prescribed standards with input from consultant
- apply and incorporate continuous quality improvement to improve its current capacity, using our current QI activities as a model. Use Plan Do Check Act quality improvement methods to address target areas.

While the overall goal and objectives did not change during the project, the nature of the selected process for improvement (evaluation) meant that we needed to adapt the QI activities to meet the characteristics of this area.

Self-Assessment

In early May 2008, the Department Assistant Directors along with the ACG performed a self-assessment of the department using the LHD Self-Assessment Tool. Readiness for the activity was assured by presenting a training on the National Public Health Performance Standards to the leadership team. Performance standards were handed out ahead of time and members were given a chance to rate individually before the group meeting, which lasted approximately two hours. While consensus was reached on each performance standard, there was some difficulty in separating the public health *system* from what we as a local health department are responsible for. What is of concern is that the essential function gets done, not who within the system does it, and so we had difficulty rating areas where we, the LHD, don't perform the service but a partner does.

While many of the essential services received an overall average rating of rated three or four (e.g., monitor health status, diagnose and investigate health problems, enforce laws and regulations), it was apparent that improvement was needed in Essential Service 9, "Evaluate effectiveness, accessibility, and quality of personal and population-based health services". For example, we did not know what evaluation programs are already going on in the department and staff knowledge, attitudes, and beliefs about evaluation were thought to be at a rudimentary stage and additional training needed.

Highlights from Self-Assessment Results

Standard/ Indicator	Standard and Significance
IV-A	Community Planning Process Engaging Systems Partners <ul style="list-style-type: none"> Although certain aspects of this indicator were rated highly (e.g., community assets identified) overall we felt that we did not engage system partners as well as we might
VI	Enforce Public Health Laws and Regulations <ul style="list-style-type: none"> HDHHS scored exceptionally well in this area with only one sub-indicator scored less than 3 and over 80% at 4.
VIII-B-04	Maintain a Competent Public Health Workforce <ul style="list-style-type: none"> Our only 0 score recorded here. We do not provide any incentives to pursue education and training.
IX	Evaluate and Improve Programs <ul style="list-style-type: none"> Our overall lowest result with a score of 1.4. This was chosen as the focus area for our project.

In June, a leadership retreat was held off-site to discuss accreditation and the results of the LDH Self-Assessment Tool. The agenda is below:

Accreditation Retreat for the Leadership Team
June 24, 10 am – 2 pm
United Way of Greater Houston
50 Waugh Drive
Conference room AB

Time	Activity	Facilitator
10-11 am	Welcome and Overview	Troisi
11 – noon	PH Grand Rounds webcast – “Standards, Accreditation, and Improvement: Raising the Bar of Public Health Performance	
Noon – 12:45 pm	Lunch	
12:45 – 1:15pm	Breakout groups: Braining Storming about Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services	
	9.1 Evaluation of Population-Based Health Services	Troisi
	9.2 Evaluation of Personal Health Services	Sudhoff
	9.3 Evaluation of the Local Public Health System	Arafat
1:15-1:45 pm	Reports from Breakout groups	
1:45 – 2:00 pm	Priority selection for QI efforts	All

The approximately twenty-five bureau chiefs and assistant directors in attendance broke into three groups to discuss essential service 9.1, 9.2, and 9.3 and brainstorm on activities which could increase evaluation activities within the department. Action steps were identified and then all attendees were provided ten red dots to vote their preference on what our priorities should be in all three areas. Results are shown in Appendix B.

Using voting results on the brainstorming, results were grouped (Appendix C). Based on these data, the two priorities receiving a total of 21 dots were selected as the focus of our QI project. These were using feedback to improve programs and surveying the department to determine what evaluation efforts are already being performed.

Quality Improvement Process

AIM Statement: To educate HDHHS Leadership on the value of evaluation and to survey the department regarding evaluation programs currently in place

PLAN: The area for improvement was chosen based on the self-assessment which identified Essential Service IX, Evaluate and Improve Programs, as our lowest scoring area. This was further drilled down during the leadership retreat where we discussed and voted on priority areas within that essential service. More detail on these activities can be found through out the report. We realized that the first step in implementation of evaluation activities would be to change the culture and educate leadership on the value of evaluation. We also realized that we did not know what evaluation activities were currently taking place within the department. Therefore, we devised the following plan:

- Training for staff on evaluation and accreditation process
 - Public Health Grand Rounds by Dr. Mary Davis, UNC, on Accreditation
 - Training Session on Evaluative Methods for Leadership Team by QI Consultant, Dr. Kathleen Edwards
- Survey of Department regarding evaluation activities

- Survey Monkey survey of all programs to determine which programs currently have evaluations in place, what these evaluations entail, standards used to develop evaluations, success indicators and how results of evaluations are used. Later, based on preliminary findings, this was revised to a face-to-face in-depth survey of randomly selected programs representing the entire department.
- Development of model evaluation program to serve as example for other programs wishing to start evaluation.
 - One program in its planning stages was selected. We developed an evaluation plan for this program and will present this to the Leadership Team in January so that it can be used as a model for other programs.

DO: A Public Health Grand Rounds for the leadership team and other interested individuals was held in May 2008, with Dr. Mary Davis, Director, Evaluation Services, University of North Carolina School of Public Health, speaking on "Public Health Accreditation: Managing Great Expectations". We also arranged for our QI consultant, Dr. Kathleen Edwards, to travel to Houston to engage in a training for the leadership team (29 bureau chiefs and assistant directors) on the importance and techniques of evaluation. This was originally scheduled for September but due to Hurricane Ike, was rescheduled for early November. Leadership team members were invited to meet individually with Dr. Edwards in order to discuss evaluation needs of their particular area and four did avail themselves of this opportunity. Dr. Davis' slides and slides and handouts from Dr. Edwards training are attached as Appendix D, E, and F, respectively.

Our original intention was to survey the entire department using Survey Monkey regarding on-going evaluation efforts. Preliminary discussions were held with Bureau Chiefs from the Office of Surveillance and Public Health Practice (OSPHP; Bureaus of Pharmacy, Public Health Preparedness, Laboratory, Vital Statistics, and Epidemiology) regarding wording of questions and types of data to be collected.

An evaluation program was developed for one program within the Department. Two criteria were used for deciding which program for which to develop the evaluation - interest by the Bureau Chief and Assistant Director and the requirement that the program be in its nascent stage, as this is the point at which evaluation programs should be developed. The Bureau of Health Promotion and Evaluation (HPE) met these criteria and was chosen for development of an evaluation of a new initiative, the Community Garden Project. The evaluation program was developed by Janet Aikins, Ph.D., a health planner in collaboration, with input Dr. Faith Foreman, Assistant Director, Health Planning and Program Development and Dr. Patsy Cano, Bureau Chief. Information learned during the training session with the QI consultant was incorporated with the design, which is shown in Appendix G.

CHECK: Results from the first section of "**DO**", the preliminary discussions with Bureau Chiefs from OSPHP, made it clear that, due to a lack of common terminology and differing levels of understanding about evaluation, in-depth interviews as a survey technique would be necessary. This type of survey would allow for clarification of questions and additional probing by the interviewer should the interviewee misinterpret or insufficiently answer questions.

The second section of "**DO**", developing the model evaluation plan for a program at the beginning phase of its implementation, is not able to be checked at this point, as the program which is proposes to evaluate has not started. The check phase will be performed on this section of "**DO**" at an appropriate point in the implementation of the Community Gardens program. However, it is ready to be used as a model program to roll out to the Leadership team as a example which may be emulated in their own program area.

ACT: We randomly picked eight program areas, representing the whole department, to conduct face-to-face interviews with as a survey mechanism. The programs were Children's Health, Information Technology, two regions of clinical services, epidemiology,

Water Resources Protection, Jail Health, and Epidemiology. The survey instrument used in the face-to-face interviews is shown in Appendix H with results summarized in Appendix I. These data will be used in further training efforts about QI and evaluation and in development of a survey instrument to be administered to the entire department.

Results

A Plan Do Check Act system was employed to determine which programs have evaluation programs. While we initially planned to survey the entire department, during the *Check* phase, we realized that lack of a common lexicon and different starting levels of knowledge about evaluation made face-to-face surveys necessary. We surveyed eight randomly selected programs. Results showed that understanding and implementation of evaluation efforts varied quite dramatically across the programs surveyed. Complete results are shown in Appendix I.

The model evaluation program is shown in Appendix G. We will present this to the Leadership Team and carefully monitor uptake of this model by other programs, a surrogate marker for an increased appreciation of the value of evaluation in public health programs. In addition to serving as a model, this evaluation program will be used for the Community Garden Project. Quality Improvement and Evaluation training will continue as we prepare ourselves for the accreditation process.

Lessons Learned

- Can't assume that all are starting at a certain level of knowledge about the process
- Important to start at the beginning – need to firm basis of understanding about the process and why it is important
- The LHD culture can determine what is deemed important. Need to work on changing the culture if that is necessary.
- Outside consultants often carry an air of expertise not afforded internal people – use that!

Next Steps

We are actively involved in preparing for accreditation and will continue to educate and emphasize evaluation within the department. Two new processes are planned:

- On-going training regarding the importance of program evaluations will continue. Survey results will be used to design this training.
- The model evaluation program developed for the Community Garden project will be presented to the Leadership Team in January. There will be opportunities for managers to discuss how this model could be adapted to their area.

Conclusions

HDHHS is grateful to have had the opportunity to participate in the accreditation preparation and quality improvement demonstration sites project. The self-assessment showed that we are doing well in many areas but that we have much to do to change the culture regarding appreciation for evaluation activities.

Appendices

Appendix A: Storyboard Template

Appendix B: Brainstorming Results from Leadership Retreat on Essential Service #9

Appendix C: Priority Results from Brainstorming on Essential Service #9

Appendix D: Slides from Public Health Grand Rounds presentation from Dr. Mary Davis

Appendix E: Agenda for evaluation training led by Dr. Kathleen Edwards

Appendix F: Slides from evaluation training led by Dr. Kathleen Edwards

Appendix G: Model Evaluation Program

Appendix H: Evaluation survey instrument for face-to-face interviews

Appendix I: Survey results of face-to-face Interviews

Appendix J: Poetry Corner