

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

**Final Report**

**Prepared for NACCHO by the  
Okaloosa County Health  
Department, FL**

**November 2008**



## **Brief Summary Statement**

The Okaloosa County Health Department (OCHD) is located in Northwest Florida, and serves a population of 190,000 urban and rural residents. Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation we found that we needed to improve our media communications plan. As part of our quality improvement process we developed a comprehensive communications plan to include a master communications calendar, plans for routine communication, risk communication, and an electronic database to track media and stakeholder requests and outcomes. As a result of the plan, we are now able to track trends in media requests, and better utilize the media to communicate with the public and our stakeholders.

## **Background**

Located in Northwest Florida, Okaloosa County has had an 11% increase in population since the 2000 census. The total county population is approximately 190,000. The county population is predominately white (86.1%) and non-Hispanic (94.7%). The black population is 10.6% of the total population. The median household income is \$41,474. A smaller percentage of our total population lives below the poverty line (8.8) than in FL overall (12.5%). The population is divided and is mostly urban in the southern part of the county and rural in the northern part of the county. The military is the number one contributor to the county's economy, followed by tourism. The health department has two full-time sites and 123 employees.

Okaloosa County had a fairly robust quality improvement process in place, prior to applying for the NACCHO grant. The organization was interested in pursuing accreditation when it becomes available, and doing a LHD Self-Assessment identified areas for improvement. While we have routinely and consistently communicated through the media, we lacked a written policy on organizational expectations of communications released from the OCHD. We did not track media requests or document outcomes of the information released to the media. This resulted in having only a vague idea about the volume of requests, sources requesting information, or the types of information requests we received. Each program area was responsible for managing their own advertising and communications budgets, but no master calendar existed to document planned ad campaigns or media releases

## **Goals and Objectives**

By creating a communications plan we anticipated gaining: 1) a better knowledge of our media communications; 2) a consistent method of providing information to the media; 3) a way to plan and budget for communications releases or ad campaigns to maximize the expenditure of our limited advertising budget; and 4) a way to track trends across time.

Goal: To develop a comprehensive communication plan to include an electronic database for tracking media and stakeholder requests and responses.

Objective: By October 31, 2008, create and implement a communication strategy for the OCHD.

## **Self-Assessment**

The OCHD viewed the self-assessment tool as a way to involve senior leaders and program managers in assessing the strengths and weaknesses of the health department compared to specific standards. The project manager developed a capacity assessment tool matrix to determine which programs would be assigned various portions of the self-assessment to complete. Some standards clearly fell within the duties of specific programs, such as environmental health or clinical services. Some standards could best be assessed by senior management, while other standards cut across programs throughout the health department. Each senior leader and program manager was given a copy of the Self-Assessment Tool

with the standards they were to assess clearly identified. They were given approximately one month to complete their assessment.

During Leadership Development, which meets monthly, all those involved met and consensus on each standard was reached. This was accomplished by posting each standard around the meeting room. Program representatives were given four different colored Post-It notes to vote with. We assessed two to three standards at a time. Scores that were congruent were not discussed. A Nominal Group Technique<sup>1</sup> was used to rate each of the standards. A group discussion was held to reach consensus on standards where the scores were divergent. This process took approximately two and a half hours. The final hour of the meeting, the group evaluated the assessment and agreed on the standard that the organization would improve. The selection criteria were that the standard was not being met, the improvement process could be completed, including data collection and analysis in the timeframe of the grant, and the organization had the capacity to develop and implement the quality improvement process. At the end of the exercise documents were collected, results collated, and the data were entered into the electronic version of the Self-Assessment Tool.

Some difficulties in completing the Self-Assessment were: confusion on the meanings or definitions of some terms; some standards did not appear to be a function of the LHD in our state; and staff time to complete the assessment.

#### Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
II.	Protect people from health problems and health hazards. <ul style="list-style-type: none"> <li>We were pleased, but not surprised to find that the LHD rated very highly in each of the standards in this section.</li> </ul>
III.A	Develop and implement media strategies. <ul style="list-style-type: none"> <li>The OCHD was interacting with the media and stakeholders, however we were not logging or tracking media communications in any way</li> <li>No comprehensive communication plan existed</li> <li>Staff had the expertise to develop a written policy and tracking system</li> <li>This standard was chosen for improvement.</li> </ul>
IV.A and B	Engage the community to identify and solve health problems. <ul style="list-style-type: none"> <li>This was an area of weakness for the OCHD. We had pieces of a community health assessment completed and had a feel for what the health issues were.</li> <li>Because of the scope of this standard we determined that it could not be accomplished during the grant period</li> <li>A Core Team was selected to begin the MAPP process with a long-term plan to complete a community health assessment within 18-24 months.</li> </ul>
IX.C.1	LHD has a systematic process for assessing consumer and community satisfaction with agency. <ul style="list-style-type: none"> <li>The LHD was planning a customer satisfaction process. Evaluating the standard allowed us to focus on the pieces of the customer satisfaction we needed in order to be effective.</li> <li>A team was designated to develop a customer satisfaction process, policy, and tools with the expected implementation date of October 2008.</li> </ul>

### Quality Improvement Process

**AIM Statement:** By October 31, 2008, create and implement a communications strategy for the Okaloosa County Health Department.

<sup>1</sup> The Nominal Group Technique or Multivoting allows a team to quickly come to a consensus on the relative importance of issues. Each group member completed their assessment and ranked the areas for improvement. Through multiple rounds of voting, consensus was reached on the area for improvement we chose to address.

**PLAN:** The Okaloosa County Health Department conducted a Local Health Department Self-Assessment to determine areas for improvement. Each major program participated in evaluating their current level of attainment on multiple LHD standards and assigned a numeric score to those tasks. A modified Nominal Group Technique was used to rate each of the standards, then consensus was reached on which standard to select. The selection criteria were that it had to be a standard that needed improvement, but could be reasonably accomplished in the timeframe of the grant. The OCHD did not have a written communications plan. While interacting with the media was frequent, nothing was formally documented or tracked. Standard 3.A.4 was chosen: LHD has a media strategy that includes formal (press releases) and informal opportunities for communicating with the media and responding to media requests, along with routine communication to raise awareness of public health issues.

The Okaloosa CHD does not have a full time Public Information Officer (PIO), but access to a regional Department of Health PIO is available through a cooperative agreement among ten counties in the Panhandle of Northwest Florida. These are mostly rural counties who do not need a full time PIO. The PIO is housed in Escambia County, but is available to all ten counties to review media releases and provide on-site assistance as needed. The PIO also releases all of the information for the region that is provided by the Florida Department of Health for general distribution to the media.

Risk communications plans existed as part of an All Hazards Plan. Blitz Teams have been successfully used in the past to develop policies, procedures, and tools. The Blitz Team is a group of subject matter experts and/or line staff who come together for a short period of time to accomplish a specific task.

The Communications Plan Blitz Team members were selected because they manage programs that most often interact with the media with routine or crisis communications. The two section chiefs on the team are members of the Steering Committee and have the authority to make decisions at the highest level of the organization. The Organizational Development Section Chief also is a skilled facilitator and served in that role for the team meetings. A two-day Blitz Team meeting was scheduled, and a timeline for the project was developed.

The team used brainstorming to clarify the goals the organization has in communicating with the media and the community. They identified three major types of communications: routine communication initiated by the OCHD; routine communication requested by the media either for newspaper articles or television or radio broadcast; and risk or crisis communications. OCHD used a Bone Diagram to help answer questions about the current organization and opportunities for improvement. This diagram graphically represented the responses and helped the team to identify, document, and understand the current situation while focusing on where the OCHD needed to be in the future.

The team assessed the current system for communicating with the public. Communications were not tracked, so there was no way to know if there was a pattern of requests, how frequently various media outlets requested information, how often articles that were submitted were actually published, or how well the organization responded to media requests. While various programs used paid advertising as a means of communicating, no master plan or calendar existed. This meant that multiple public health campaigns might run at the same time, which potentially diluted the public health message.

When the Blitz Team examined current communications, they determined that: 1) there was no coordination of efforts in communicating with the public and media; 2) no logs were maintained, so it was difficult to determine how many articles or interviews had actually been done; 3) timeliness of organizational response had not been documented; 4) the organization did not have a master calendar of paid advertising or Public Service Announcements; and 5) the OCHD website was maintained by the county on a general

county website which made it impossible to update on a routine and frequent basis. The team determined that many components of a communications plan existed, but it was not organized into a comprehensive plan.

The team realized that the communications plan would have to encompass all forms of communication. The goal was to create a robust plan that encompassed print, broadcast, and electronic media. The team drafted a written policy that clearly delineated the goal of the communication plan, and how the plan would be implemented. Evaluation of the types and frequency of media requests would allow the OCHD to be better prepared to respond to the media. Creating a master calendar would optimize the use of resources and assist in budgeting. Finally, creating our own website would allow us to incorporate links to resources, and also to focus on emerging community public health issues.

**DO:** The next step was project implementation. The organization began collecting, tracking, and reviewing data. The tools used were the Access database to track media releases.

**CHECK:** The reports that were generated are:

- Date of release and media outlet the release was sent to
- Outcome of the release by outlet it was sent to
- Issue-topic of the release
- Outcome-which outlets published or broadcast the information, and whether the information was accurate

The only obstacle identified was that the electronic database had not been created to track media releases that were initiated by the OCHD. The information technology branch was contacted, and the database modified to allow for tracking of OCHD initiated releases and reporting.

**ACT:** Because of the short duration of data collection phase, only a small number of media releases were entered in the database, but the reports are available, allowing us to track issues over time.

The process that was developed to ensure consistency of how media releases are handled worked very well. The organization now has the ability to document what type of information is requested as well as responses to the issues. The issues tracked were routine communication. No crises occurred so there was no opportunity to evaluate how the crisis communication plan works. The crisis communication plan was based on lessons learned in the past, and there is no reason to expect that the crisis communication plan will not work.

The OCHD plans to use the communication policy and plan and to track media requests electronically. The policy and database will be assessed over time, and modifications made, as needed. The process is definitely an improvement because the OCHD was not tracking media requests or releases. Pieces of the communications plan existed in various forms, but not in a single document. Creation of an electronic database allows for easy tracking of media activities.

The OCHD will continue to track media requests and make improvements to the policy or plan as needed. The website is the only piece of the plan that was not completed during the grant period. A draft of the website was created and enhancements will be made prior to posting on the OCHD website.

## **Results**

The team created a master communications calendar and an electronic database to track media requests. They incorporated both routine and risk communications plans, with sample media releases, FAQs (Frequently Asked Questions) and multiple templates for

interacting with the media. At the end of the Blitz Team meeting, assignments were made to pull the documents together, and format them to meet OCHD policy standards. The drafts were presented to the Steering Committee for review, comment, and approval. This process resulted in a single communications policy and plan for the OCHD which included planned communications initiated by the OCHD, handling requests from the media, an electronic database for tracking media requests, development of an OCHD website, and a fully developed risk communications plan. Policies were signed and the process was implemented August 1, 2008. The website remains under construction at this time. A communication plan was written that explains how the OCHD will respond to both routine requests from the media, as well as crisis communications. The plan includes policies and procedures. Also included are:

- PIO check lists for crisis communications
- Joint Information System operations plan
- Joint Information System general checklist
- Strategic National Stockpile Communications Kit
- Okaloosa County Joint Information System Memorandum of Understanding
- PIO team contact information
- Media contact information
- Associated Press Style Guidelines
- DOH Pre-approved media templates in English, Spanish, and Creole
- Health and Human Services Media Field Guide
- DOH Region 1 radio and television emergency contacts
- Risk communications templates
- 77 journalist questions

The plan also included an Access database to track OCHD initiated media releases and media requests for information. The database generates reports that allow the organization to track trends over time.

## **Lessons Learned**

- It is important to allow adequate time for completing the self-assessment.
- A single point of contact for the self-assessment process allows for a more cohesive process and allows staff to readily get answers to questions.
- It is critical to involve key staff such as program managers because they have the in-depth knowledge of their programs. No single staff member has a comprehensive view of the organization.
- Gaining staff buy-in for the process is facilitated by explaining the link between self-assessment and accreditation.
- QI is not a program, it's a process. Lay the groundwork for the self-assessment by having on-going QI in place or developing a strong QI program prior to completing the self-assessment.

## **Next Steps**

The self-assessment allowed us to identify areas for improvement. Creation of a communications plan and a way to track media requests and response was chosen for this project. Another identified need was creation of a customer satisfaction policy and procedure. We researched tools for collecting customer satisfaction information and decided on an electronic tool that is available from a vendor. A policy was written on customer satisfaction. Five standard survey questions were developed so that all programs ask for the

same information. The electronic devices were purchased, and staff was trained on soliciting client input to ensure better response rates. The customer satisfaction system was implemented in October 2008, and we have begun to collect and analyze data. The second phase of this project is to implement a customer complaint system that will track customer comments, suggestions, and complaints. The final area we identified for improvement was community assessment and involvement of community stakeholders in public health system planning. This is a long-term project that we have initiated action upon. We have assembled a MAPP (Mobilizing for Action Through Planning and Partnerships) team and are in the process of gaining key stakeholder support for the project. Completion of these three activities moves us toward our ultimate goal of accreditation. Our strategic plan for the next two years includes these three key goals.

## **Conclusions**

Participation in the accreditation preparation and quality improvement project gave us the impetus to move forward in several important areas. We realized that, as an organization, we have many strengths. Celebrating those strengths is important. We also discovered that some areas needed improvement, and were able to identify several projects that could be improved upon in a short time period. The bigger issue of community assessment and involvement in program planning is the one issue we identified that will take the longest to accomplish. As with other areas for improvement, we have pieces of the process in place. The self-assessment definitely gave us the impetus to build on these pieces to create a cohesive product. Our LHD already had a fairly robust QI process, with staff buy in and involvement. This was a good base upon which to build. We can improve and enhance what already exists and will be prepared for accreditation when it is available.

## **Appendices**

*Appendix A: QI Storyboard*

*Appendix B: Okaloosa County Health Department Performance Indicator Plan*

*Appendix C: Forces of Change Diagram*

*Appendix D :Crisis Communications Process Map*

*Appendix E: Formal Information Request Process Map*

*Appendix F: OCHD Initiated Information Release-Sample Data Base*

*Appendix G: Formal Information Request-Sample Data Base*

*Appendix H: Sample Reports*