

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

ONE WHEEL, MANY DRIVERS: AN ORGANIZATIONAL APPROACH TO IMPROVING STAFF KNOWLEDGE AND INTERNAL COMMUNICATIONS FOR THE AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

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EXECUTIVE SUMMARY

The Austin/Travis County Health and Human Services Department (A/TCHHSD) is located in Austin, TX, and serves approximately 1,008,035 people. A/TCHHSD serves a demographically and geographically diverse population in urban, suburban, and rural settings and offers a range of services including social and environmental health, public health, medical, emergency preparedness, and vital records. Using the Public Health Accreditation Board self-assessment and a quality improvement (QI) project, A/TCHHSD realized the need to strengthen internal departmental communications. As an initial step, A/TCHHSD's Continuous Quality Improvement and Public Health Accreditation Team (CQI-PHA) developed and distributed a departmental resource packet that defines internal and external services provided by each area in the department. As a result of the discussion, face-to-face meetings, and continuous communication, the department is committed to updating and continuously improving the resource packet to inform staff and support greater and effective internal communication.

BACKGROUND/INTRODUCTION

A/TCHHSD applied to be a beta test site and participate in a test of the new national voluntary public health accreditation program because of the opportunity to provide feedback for the formulation of the accreditation process and practical application at the local level. The experience as a beta test site further enables A/TCHHSD a systematic means of evaluating its local public health department and identifying opportunities for QI and service enhancement. Technical assistance, self assessment, and required feedback documentation provided an objective department-wide opportunity to improve organizational capabilities and development of policies and protocols related to the delivery of essential public health services.

BETA TEST SELF ASSESSMENT

The Executive Leadership Team provided a strong and supportive foundation throughout the beta test self assessment. Throughout the QI process, CQI-PHA team facilitators worked with each division and area in the department to learn about their benefits and challenges and found that knowing what others do and navigating through the health department were among the top challenges. The team realized the need for a formal communication resource or plan that is made available and accessible to departmental staff, kept updated, and used as key information department wide.

In order to garner input from each area of the health department for a holistic public health approach to advance quality, the Executive Leadership Team recommended representatives from all divisions in the department to participate in the CQI-PHA team. CQI department coordinator and the accreditation coordinator facilitated monthly team meetings and were available for support, education, and guidance. As the department embarked on the beta test self assessment, the Executive Leadership Team paved the way and provided continuous positive reinforcement, encouragement, and support. The leadership team and CQI-PHA coordinators engaged the department employees through thoughtful discussion on reasons for accreditation including improving processes to better serve the community, benefits of being a beta

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

test site, the collaborative nature of the team and the interconnectedness of continuous QI and public health accreditation. Moreover, the team members and leaders created a positive and open environment in which everyone's comments and thoughts were encouraged and appreciated. The team members' engagement was fundamental throughout the entire process. Through this commitment and dedication, A/TCHHSD built a strong and multidisciplinary team that was representative of the entire department.

In addition to leadership and team support, three components that were key to success throughout the beta process were organization, communication, and documentation. The CQI-PHA coordinators made presentations throughout the department to introduce staff to the beta test process and engaged staff department wide. To ensure organization, the accreditation coordinator developed an electronic library for submissions to be posted and ensured that all department staff had access to these folders. A tracking tool and database were also created to enable a system for status and monitoring system. The CQI-PHA coordinators reviewed the self-assessment and worked with the team to assign appropriate measures to CQI-PHA team members. By ensuring participation and documentation from each area in the department, the coordinators validated that the entire department was represented throughout the self-assessment. The interpretation guide helped clarify the intent of the measures and what documentation was needed. Monthly team meetings were held in addition to ongoing conference calls and work sessions.

One of the priorities from the beginning was to increase collaboration between divisions and units through more shared resources and communication of programs, projects, and initiatives. Through the planning processes, the team maintained ongoing communication with executive leadership and department staff resulting a greater knowledge and understanding of programs in the department and opportunities for resource sharing.

The site visit on June 9–11, 2010, offered significant opportunity for insightful review of the department. A/TCHHSD appreciated the visitors' expertise, dedication, and remarkable professionalism. Throughout the beta process, including the site visit, the department was engaged in its efforts to strengthen key focus areas such as planning, evaluation, communication, and use of A/TCHHSD's intra- and inter-collaboration opportunities. Highlights from the site visit, review, and self-assessment are listed in the Table below.

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

Table I. Highlights from Self Assessment Results

Standard/ Measure	Standard and Significance
5.2.1B through 5.3.4L	Community Health Assessment and Community Health Improvement Plan: This is an area of great opportunity for A/TCHHSD. The department is engaged in updating the strategic planning process and community health planning. The department is part of a larger city effort in the early stages of planning based on community needs and health data. They are working with public health partners for comprehensive data and insight on community health planning processes. As a major player in the development of the new City of Austin Comprehensive Plan, A/TCHHSD has the city’s support to strengthen strategic assessment and planning needs.
2.14 (a)	Two examples of partners/partnerships established through contracts/ agreements with other governmental agencies and key stakeholders that play a role in investigation or have direct jurisdiction over investigation A/TCHHSD inter-local agreements enable efficient use of resources to serve the community.
2.14 (b)	Two examples of working with partners to conduct investigations A/TCHHSD appreciated being recognized for our valuable partnerships with local, state, and national entities.
7.12 B (b)	Description of process (e.g., sector maps or other tools) for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations, to assist in identification of programs gaps and barriers to accessing care. A/TCHHSD is pleased to continuously work on improving the quality of life for all persons and addressing gaps and barriers to care.

QUALITY IMPROVEMENT PROCESS (PLAN-DO-CHECK-ACT)

PLAN

Assembling the Team

A/TCHHSD’s QI project team members were members of the CQI-PHA team. Prior to the beta test process, the director’s office and three of the five divisions in the department participated in quarterly continuous QI meetings and initiatives. As they began the accreditation beta process, the department updated the CQI team to “CQI-PHA.” In order to garner input from each area of the health department for a holistic public health approach to advance quality, the Executive Leadership Team recommended representatives from all divisions in the department to participate in the CQI-PHA team. The QI project co-facilitators led the CQI-PHA’s first meeting by discussing the background, goals, and rationale for having a CQI-PHA team that is composed of representatives from the entire department (see Appendix B for the list of team members). The team members all expressed an interest and commitment in serving on the CQI-PHA team and working together to continuously advance programs and services through quality and collaboration. In order to commit to continuously monitoring their processes, programs, and services, the team agreed that meetings would change from quarterly to monthly and that both QI project facilitators would lead and be available for support, education, and guidance on QI and the accreditation beta test process.

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

The CQI-PHA team included public health professionals from executive leadership, business, nursing, medicine, media, information technology, quality management, family and youth services, health disparities, environmental health, communicable disease, epidemiology, vital records, immunizations, health promotion/disease prevention, emergency preparedness, animal protection and care, and the Woman, Infants, and Children program. This multidisciplinary team approach was chosen to better capture the whole picture when embarking on QI to effect positive change throughout the department and to have such change positively impact the communities served.

Initial barriers to participation common to all members included time commitments, competing priorities, lack of formal or informal training on QI and the accreditation beta process, lack of familiarity with functions across the department, and uncertainty of the degree of success for ongoing communication.

The team reduced these initial barriers to participation by educating and communicating with team members, leaders in the community, other departments in the city, and staff within A/TCHHSD. The CQI-PHA team reviewed public health accreditation, the beta process, how quality is essential to accreditation, and definitions of quality and QI and the steps of the process. By outlining the steps, involving the team, updating partners, and having open communication, leadership was able to increase engagement in the process and project.

The CQI-PHA co-facilitators accommodated team members' schedules and helped increase their participation by (1) educating the entire department on reasons for QI and the process by presenting at multiple locations throughout A/TCHHSD; (2) sharing QI resources, QI project background materials including CQI-PHA meeting minutes with the entire department; (3) notifying HHSD staff that the CQI-PHA minutes, resources, and materials were located in a specific location on the shared-drive; and (4) updating the executive leadership team and managers/supervisors about the project aim and requesting that they share this information with their staff members.

In addition, at each meeting, everyone re-introduced themselves and stated why they thought QI was important. This exercise helped the CQI-PHA team transition from hectic schedules to a focus on a collaborative endeavor that would improve the way the health department functions. Such positivism, determination, and vision continuously motivated and encouraged the team.

Identifying the Problem

When the department began the accreditation beta test process, the CQI-PHA team predicted that the QI process was needed in order to make the department more connected, aware of functions, and able to understand each other's contributions. As the team progressed with their self assessment, the CQI-PHA facilitators worked with each area in the department to learn about their benefits and challenges. Again, knowing what others do and navigating through A/TCHHSD were among the top challenges. Upon completion of the self-assessment and throughout CQI-PHA meetings, the team brainstormed a list of focus areas for improvement. They vetted the results of the self assessment and identified the following as highly needing advancement: (1) planning (including documentation of measurable objectives); (2) knowledge of staff professional and educational representation in partnerships, organizations, coalitions, boards, etc.; (3) evaluation; (4) succession planning; (5) updated and approved final plans; and (6) internal communication.

In order to select a focus area in a measurable and formal manner, the team completed a prioritization matrix. Although not ranked the highest, internal communication was ranked "equally important" when compared to each of the other five needs/focus areas. The team members realized that the results from

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

the prioritization exercise emphasized that even though there are essential and critical areas that need to be strengthened, investing in the department's basic needs, such as knowledge of what others do in each department so that employees may access resources and other essential information, would greatly aid in the ability to communicate and collaborate with each other.

The team recognized that comprehensive planning, evaluation, succession planning, finalizing plans versus maintaining draft versions, and staff members' participation in various public health entities would be positively affected with improved internal departmental communication. The thought process was that if the department has the means, then it will be that much closer to achieving public health standards and its goals.

The site visit evaluation revealed a high priority need for a routine communication plan. The CQI-PHA team greatly appreciated this finding and discussed the numerous types of communication available to the health department staff. Throughout the self assessment and the QI meetings, departmental staff voiced that it was very challenging to locate information such as active plans, policies, and procedures when there is a lack of a centralized location for information to be stored. Although the department has a shared computer drive, often times it is difficult to navigate and it is unclear whether information has been updated for present needs. The vast majority of department employees use work e-mail to exchange information but not everyone receives all necessary information. The department's intranet and Internet are helpful but limited information is available. Therefore, the team realized the need for a formal communication resource or plan that is made available and accessible to departmental staff, is kept updated, and is used as key information department wide.

The aim statement progressed as the goals and objectives became clearer. The team had to extend the date as more time was needed for review of the resource packet and presentations to managers and supervisors.

Initial aim statement: By Nov. 15, 2010, 50 percent of A/TCHHSD's managers and supervisors will report a greater understanding of internal communication as a result of training on department communication procedures and protocols.

Revised aim statement: By Nov. 23, 2010, the percentage of A/TCHHSD managers and supervisors reporting that they know the responsible parties to contact for departmental resources and information (for example, HHSD news, events, announcements, plans, new policies or procedures) will increase from 65 percent to 90 percent.

Final aim statement: By Nov. 30, 2010, the percentage of A/TCHHSD managers and supervisors reporting that they know the responsible parties to contact for departmental resources and information (for example, HHSD news, events, announcements, plans, new policies or procedures) will increase from 65 percent to 90 percent.

Examine the Current Approach

The CQI-PHA team developed a fishbone diagram to illustrate the current process for communicating information in the health department. The fishbone diagram (see Appendix C) depicts the department's process and highlights (1) positive factors for growth, (2) negative factors preventing growth, (3) the current situation, and (4) the desired situation. Positive factors for growth include understanding

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

department needs, accessibility and accountability, designated money, designated time, practicality and applicability, and positive roll-out (kick-off). The CQI-PHA team recognized that in order to improve internal communication, they had to ask the employees in the department how they perceived the communication structure. The team recommended priorities and action items to the executive leadership team and since the group had ongoing support, encouragement, and expectations from the leadership staff, managers, and supervisors, accountability for the communications QI project was achievable. The intervention would have to improve accessibility of information and be communicated to employees as this would be a department project. Funds and time were realized by the NACCHO accreditation beta test process and QI grant in which the accreditation coordinator led the project and was already appointed to coordinate QI goals. Practicality and applicability of communications was deemed appropriate by the communications QI project identified by the CQI-PHA team based on measurable objectives and evidence-based tools. Positive roll-out was supported continuously by the team and leadership. Negative factors included lack of infrastructure, rules constantly changing, lack of funding, lack of time, reactive vs. proactive, lack of awareness, lack of staffing, and information being hard to find. The team's identification of such barriers created awareness and discussion of the factors in an open and positive manner. The group was able to discuss the reasons and concerns for not having a means for improved internal communications prior to the current project. However, through discussion, the team realized that they were capable of reducing the negative factors by working toward the positive. The current situation illustrated that while there are multiple avenues to gain information, many times, employees do not receive information in a timely manner and sometimes acquire internal information outside the health department. Moreover, addressing the desired situation enabled the team to focus on advancing and improving the current information and communication structure to one that is more centralized, accessible, organized, updated, and timely.

In order to explore root causes for lack of communication and staff awareness of others functions inside the health department, the team used a force field technique (see Appendix D). The results showed the need for greater accessibility and centralization of information while emphasizing the reasons for currently not reaching the ideal state. It was clear that while information is submitted, it may not go to the correct place or person and thus, is not shared with the department including those that need to know the information in real time. In addition, the sheer bureaucracy of the system makes it difficult to navigate. Identifying that there is not a process or mechanism for routine departmental communication was the most telling aspect. In addition, limited technology, time, and funding steers many away from implementing a communication process. Another significant force is that staff would need to adhere to communication processes and be accountable in order for our quality intervention to be effective.

Identify Potential Improvements

If the A/TCHHSD managers and supervisors increased their knowledge of the organizational structure of the health department and each area or unit's roles and responsibilities, then they will be able to find the information they need and communicate with each other more readily. The team will measure potential improvements through feedback from monthly team meetings and follow-up surveys to the managers and supervisors.

The CQI-PHA team decided to implement this project on a small scale first with managers and supervisors before expanding the intervention to all department staff members. They initially explored rolling out the solution with all staff but then determined they could better monitor and measure the results of the change with a subset comprised of managers and supervisors only and learn from the project before implementing the intervention department-wide. In addition, it was deemed that the more informed

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

managers and supervisors are, the more likely they would be able to share and communicate updated information with their staff.

A Pareto chart (see Appendix D) was developed based on the results from the baseline survey. The chart illustrates that 51 percent of managers and supervisors receive communication from multiple information sources that are decentralized, 51 percent report not knowing resource sharing procedures, 49 percent lack knowledge for how to send important information, 35 percent report having questions and not knowing whom to contact, and 28 percent did not know or disagreed that departmental information is easily accessible.

Based on these results, the CQI-PHA team recognized that improving internal communication hinges on staff knowledge of department organization and functions. The team decided to specifically focus on the issue of managers and supervisors not knowing whom to contact when they had questions. Since there is always opportunity for QI, the team recognized that this intervention will be the first of multiple phases (see Appendix E for baseline data).

The measureable improvement goals for managers and supervisors included a greater understanding of the organization and structure of A/TCHHSD and of the internal and external services and programs that each area or unit of the health department provides.

The goals would be measured from the post QI intervention survey, and more specifically, "By Nov. 23 2010, the percentage of A/TCHHSD managers and supervisors reporting that they know the responsible parties to contact for departmental resources and information (for example, HHSD news, events, announcements, plans, new policies or procedures) will increase from 65 percent to 90 percent."

Develop an Improvement Theory

If A/TCHHSD developed an organization and resource packet based on information obtained from each area/unit in the department to identify the internal services (i.e., services to staff in the department) and external services (i.e., services to the community, the public) and the resource was provided to all managers and supervisors, then managers and supervisors would know whom to contact when they need assistance. A post QI intervention survey would be administered to the managers and supervisors and results would be compared to the results from the pre QI intervention survey.

The planned test methodology included administering a post QI intervention online survey to the A/TCHHSD's managers and supervisors. The survey would only be administered online as all managers and supervisors have access to e-mail and the Internet. The CQI-PHA team would analyze the results of the survey by using Pareto charts, histograms, and additional tools. Based on the results, the team may choose to (1) continue studying the theories on a wider scale or longer interval or (2) modify the theories to test different possibilities or (3) standardize the improvement and continue to monitor if it is highly successful.

DO

The improvement was piloted in early November by presenting the plan at a department managers and supervisors meeting and providing a department resource packet to all managers and supervisors. Prior to the presentation and distribution of the resource packet, internal and external services and contact information for respective units, programs, and areas in the department were collected and reviewed by the team. The improvement process was met with enthusiasm and appreciation throughout the department. Managers and supervisors reported that this formalized and thoughtful planning and

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

implementation process illustrated more than a priority for improved communication and signified the power of teamwork and dedication. Furthermore, non-managers and supervisors who helped gather information for the packet relayed their support for this process and reported their commitment to the project as the department moves into the next phases and implement this process and project for all department staff.

The improvement process differed from the plan phase because the structure of the department changed. On Oct. 1, the Division of Animal Services, which was formerly part of A/TCHHSD, moved into its own department. The department project and improvement process came at an opportune time because the importance of communication, knowing the services each area in the department provides, and working as a team was even more palpable.

The online post QI intervention survey was sent to all department managers and supervisors. The post survey included the same questions as the pre-survey (see Appendix F for a comparison of pre- and post-survey data).

The short time to review and use the resource packet prior to the survey impacted the survey response rate. The packet was completed and sent in early November and the follow-up survey was sent a few days prior to Thanksgiving holiday. This short time turnaround likely contributed to not having enough time for packet review and survey completion.

CHECK

The time limit on the QI intervention was a challenge, but data revealed a 6 percent increase of managers and supervisors reporting that they knew whom to contact if they had questions about new department information. In addition, the post-survey revealed a 20 percent increase of managers and supervisors reporting the need for a centralized information source. The post survey also illustrated an increase of 11 percent of managers and supervisors reporting that they knew what procedure to follow when distributing pertinent information.

The improvement enabled a tangible deliverable (resource packet) and a living and working document. All areas in the department provided their internal and external services that in turn produced the resource packet. Although the aim statement of a 25 percent increase of managers and supervisors reporting they knew whom to contact when questions about new A/TCHHSD information arose was not attained, the project did increase rates by 6 percent and the team will continue to assess as more managers and supervisors thoroughly review and apply the knowledge gained from the resource packet. Furthermore, throughout meetings involving managers and supervisors, the take away message was that the resource packet motivated units and areas in the department to report their internal and external services, learn more about the services other areas and units provide, and to have a resource when assistance is needed.

The pre- and post-survey response rates were unexpected as more managers and supervisors participated in the pre-survey than the post-. After inquires from meetings and electronic communication, it was revealed that (1) there was insufficient time to review the resource packet and (2) the post survey occurred during holiday season. In order to remedy the situation, thereby adapting the improvement, the CQI-PHA team dedicated the months of January and February to an in-depth review of the resource packet during CQI-PHA meetings, manager and supervisor meetings, and unit meetings. The team will assess the impact again through a post-survey.

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

ACT

Standardize the Improvement or Develop New Theory

The team is adapting the intervention to allow for more time for managers and supervisors to review the resource packet, provide training, and update the packet. The team continues to study the results and will hold engagement sessions with the managers and supervisors. By doing so, they will continue to measure the project's successes and weaknesses as they gather additional input including challenges and benefits of the project.

Establish Future Plans

The resource packet will be updated at least annually and will be reviewed department wide. The department will use lessons learned as it advances toward a centralized information system such as SharePoint. A/TCHHSD continues to follow the multidisciplinary team approach as it advances QI to effect positive change throughout the department and have such change positively impact the communities served.

RESULTS, NEXT STEPS, AND ACCREDITATION

The beta test process prioritized planning for a comprehensive community health assessment and improvement plan. While the department embarks on this new frontier, it will do so hand in hand with leaders, partners, department staff, and the community.

The department is more engaged in best practices and learning from other health departments and partners. The team is monitoring the work and status of focus areas for improvement and ensuring that A/TCHHSD is on track to meet public health accreditation standards. A/TCHHSD has benefited tremendously from the beta test site experienced as it is more prepared, organized, and confident for public health accreditation.

A/TCHHSD is fortunate to have the support and guidance from the community, city, and county and are proud to working together to advance quality for A/TCHHSD, its communities, and for the future of public health.

LESSONS LEARNED

One of the most valued lessons learned throughout the beta and QI processes were the fundamental importance of communication vertically, horizontally, and cross-sectionally. Also, executive leadership and staff buy-in is paramount to the heart of the process and once a commitment is made, the dedication and positivism counteracts difficulties such as short turnarounds and having many duties and obligations.

A/TCHHSD has a profound respect for the process of documenting, saving, and maintaining files. The importance of sign-in sheets at staff meetings, trainings, and community events was made clear throughout the beta process and although challenging, the team is working toward developing templates and tools to improve processes.

A/TCHHSD appreciates the beta test process and the site visit team's exceptional review and consideration. The beta test process has increased staff motivation and appreciation for all the functions and services that the public health department offers. In addition, the departmental quality and performance continues to advance with the public health accreditation process. A/TCHHSD is honored to be part of making history while working toward public health accreditation for a better and healthier future.

Accreditation Beta Test Quality Improvement Project: Final Report

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT

APPENDICES

[Appendix A: Storyboard](#)

[Additional Appendices:](#)

Appendix B: List of Continuous Quality Improvement-Public Health Accreditation team members

Appendix C: Fishbone Diagram

Appendix D: Force Field

Appendix E: Pareto chart for baseline study

Appendix F: Baseline survey results