

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

Final Report

**Prepared for NACCHO by the
Franklin County Board of Health,
OH**

November 2008



Brief Summary Statement

The Franklin County Board of Health serves a growing suburban area of approximately 400,000 residents surrounding Ohio's capital city, Columbus. Using the NACCHO LHD Self-Assessment Tool, we identified strengths and areas for improvement. For our project, we selected Essential Service IV, Standard IV-E, engaging and informing elected officials to increase awareness about public health priorities. Of paramount importance was our ability to offer timely and consistent information to the Franklin County Commissioners—an ongoing struggle. We developed a monthly e-newsletter for the three Commissioners, their aides, and the County Administrator. Not only did this improve communication with them, the results influenced communication strategies with other elected officials as well.

Background

The Franklin County Board of Health (FCBH) strongly believes in self-assessment, continuous improvement and pursuing accreditation. After participating in some of Ohio's activities in the Multi-state Learning Collaborative (MLC-2), we were motivated to try out some of what we learned in our own Department. The NACCHO Demonstration project offered us the opportunity to learn and practice quality improvement, as well as the possibility to contribute to a better understanding of advancing quality improvement for all of us in public health.

Our project evolved from an existing goal and objective setting process based on Ohio local health district improvement standards. Annually each program at FCBH develops one standards based objective to be accomplished. Every employee is included in the process, and has their name specifically attached to an objective. All objectives are reviewed by the Board of Health and progress is evaluated at the end of the year. However, the system is limited, and there was a need to implement a more sophisticated process of measuring improvement. Conducting the self-assessment using the Local Health Department Self-Assessment Tool for Accreditation Preparation helped us define what we intuitively thought about our strengths and areas of improvement. Implementing a quality improvement process gave us simple, effective tools to begin working on what we wanted to improve.

The Franklin County Board of Health (FCBH) serves a growing suburban area surrounding Columbus, Ohio with a population of approximately 400,000 residents. We serve diverse communities that include 10 suburban cities, 12 villages and 17 rural townships, each with their own governance. The breadth and complexity of public health has grown rapidly over the last few years. We continually struggle with how to keep public health issues visible among so many elected officials in so many communities, given the competing priorities for their time, attention and resources. Our assessment confirmed that this was an important area for improvement, and it was something we wanted to improve. And so our project began.

To assure a meaningful project, we narrowed our focus to one group of elected officials, the Franklin County Commissioners. While not directly funded by the County Commissioners, the Health Department is considered part of the county infrastructure and has some statutory relationships with the Commissioners. There is no regular, required reporting mechanism between us, and most of the communication is informal and intermittent. A quality improvement process would not only help us progress in our communication with the Commissioners, but could yield results that would be applicable to the elected officials in the other communities we serve.

Goals and Objectives

The proposed goal of the project was:

The Franklin County Board of Health (FCBH) will develop links with our Franklin County legislative leaders to inform, communicate with, and serve as a primary resource for public health priorities in our community.

Our top three objectives were:

1. To ensure more effective, consistent and appropriate communication with the county commissioners.

2. To provide timely information about current issues in public health resulting in increased awareness of the Franklin County Board of Health as a primary public health resource.
3. To encourage information sharing by expanding the range of the electronic newsletter to other audiences.

Self-Assessment

In late April, the Health Commissioner convened a quality improvement (QI) team, consisting of herself, 5 senior leadership staff and the Epidemiologist for Planning and Assessment. An organizational meeting was held to introduce NACCHO's Local Health Department tool for Accreditation Preparation. Each team member was asked to read through the entire tool and complete it individually prior to the first scheduled QI meeting. Once completed, the tools were given to the Epidemiologist who reviewed and compiled the results. Indicators were evaluated one at a time, across individual assessment tools. If the scores for an indicator differed by more than one point, the indicator was highlighted and added to a list to be presented to the QI team for discussion and voting. Scores that differed by one point or less were averaged to reach a single score for that indicator. When the team reconvened, members were presented with a spreadsheet containing all the non-consensus indicators. The team spent two hours discussing each indicator, what the original scores were, why they differed, and collectively scoring the indicator. A second, two hour meeting was needed to complete the discussion of non-consensus indicators.

All team members were encouraged to review the self-assessment tool and their answers in advance of the first scheduled QI meeting, and again prior to the second meeting, to ensure consistency and efficiency in the process. While each QI meeting took approximately two hours, the entire process (completing the self-assessment) took about two weeks. Initially the QI team struggled with issues such as who to include in the process, how to correctly interpret and use the self-assessment tool, and reaching consensus. Initial team discussions helped to clarify these concerns and once the team began working on the assessment they found the process went fairly smoothly. Ultimately the team felt that more time to complete the tool would have been beneficial.

Completion of the NACCHO self-assessment tool yielded interesting results. Figures 1 and 2 showcase both strong and weak area results from the self-assessment.

Figure 1: Self-assessment highlights—Strengths

II-E:2	LHD attends preparedness planning meetings and exercises by other organizations <ul style="list-style-type: none"> • Staff helps not only to build partnerships in the community but also to ensure the community is prepared for disaster.
VI-C:3	LHD provides appropriate education to regulated facilities at inspection time <ul style="list-style-type: none"> • Staff are able to effectively communicate with target populations, enforcing regulations, preventing disease and promoting health.
V-A:3	LHD sustains formal and informal relationships with legislative and governing bodies <ul style="list-style-type: none"> • Maintaining these relationships ensure that there are appropriate avenues to use for developing policies to positively impact the community. LHD works with local chapters of state organizations, such as the State Association of Ohio Health Commissioners.

Figure 2: Self-assessment highlights—Improvement areas

IV-E:2	LHD maintains capacity to interact with the legislative process and governing body <ul style="list-style-type: none"> • LHD interacts with the Board of Health regularly and effectively, but not necessarily the county elected officials.
IX-A:6	LHD uses community health target outcomes as evaluation benchmarks <ul style="list-style-type: none"> • The HD has not completed a comprehensive community health assessment and so does not have a complete picture of the health of the community, nor does the LHD have an understanding of what the evaluation benchmarks should be.
V-C:8	LHD develops or updates the agency strategic plan every 24 months <ul style="list-style-type: none"> • LHD does not have a comprehensive internal strategic plan.

Quality Improvement Process

AIM Statement: The Franklin County Board of Health will develop links with our Franklin County legislative leaders to inform, communicate with, and serve as a primary resource for public health priorities in our community.

PLAN: Once the assessment tool was completed and support staff had entered the data into the online scoreboard, the QI team familiarized themselves with the results. Following much discussion and thought, the team felt both Essential Service four, indicator E and Essential Service V would service as worthwhile topic areas (Figure 3).

In late June a quality improvement training, led by quality improvement consultants, was held at the Franklin County Board of Health for all three Ohio demonstration sites. The training included general information about quality improvement but ultimately was focused on utilizing several QI techniques to ensure that the chosen topic area was appropriate. The QI team progressed through a series of exercises intended to narrow a broad topic area into a manageable project.

Figure 3: Preliminary topic areas

Essential Service numbers IV	Engage the community to identify and solve health problems
Essential Service V	Develop public health policies and plans

More specifically, the following essential services and standards were identified as the basis for development:

Essential Service IV: Engage the community to identify and solve health problems

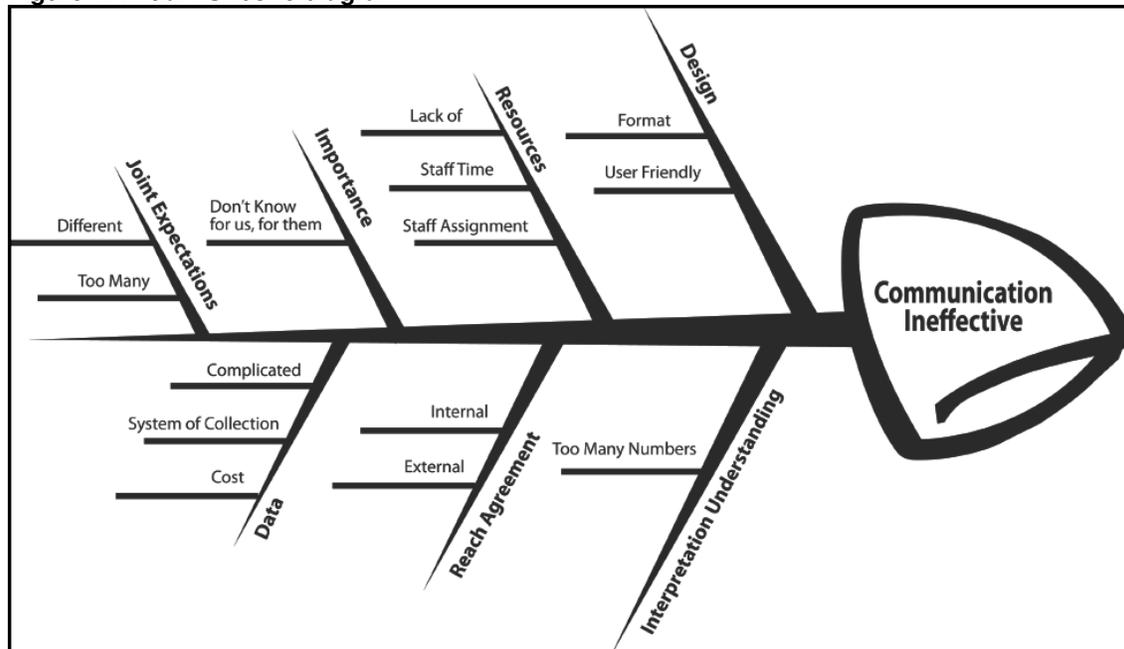
- Standard IV-E: Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.
- LHD maintains capacity to interact with the legislative process and governing body

Essential Service V: Develop public health policies and plans

- Standard V-A: Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices
- Maintains formal and informal relationships with legislative and governing bodies
- Communicates routinely with legislative and governing bodies to raise awareness of current public health issues and emerging issues affecting the community.

During the early stages of the project, several improvement theories were proposed. Because one of the overall goals of the quality improvement project was to increase awareness of the health department and its programs, one staff member proposed we refine all staff meetings to include more information about the health department. It was thought that if this occurred, an increased number of staff would be knowledgeable about more program areas, and thus would be able to disseminate information to the community. However, due to the somewhat limited nature of this approach, and the difficulty in measuring change, other ideas were considered. Using several QI techniques, including an affinity diagram and a fishbone diagram, the QI team worked through several ideas surrounding the general concept of informing the public and strengthening relationships with the community leaders (Figure 4). The concept that eventually emerged encompassed both awareness and communication. After a second, more specific fishbone diagram was completed (Appendix B), it was suggested that the health department develop a newsletter that could be circulated among the county's elected officials, something that was predicted to have a more direct impact in raising the awareness level of the community.

Figure 4: Initial fishbone diagram



This succinct and measurable project would enhance communication with our elected legislative leaders. The Health Department composed an e-newsletter for the County Commissioners, their aides, and the County administrator to encourage a healthy dialogue between the county and the health department. Prior to this e-newsletter there was limited communication between the two entities. Frequently, the county would be unaware of important or advantageous information about health department programs. With the e-newsletter we hope to increase awareness of Health department programming, boost funding opportunities and provide feedback to each department. To gain understanding of the baseline level of communication between staff and elected officials, a brief survey was sent to all staff that might have had conversations with the officials (Appendix C). After three monthly newsletters had been emailed to the county commissioners, their aides, and the county administrator, a follow-up survey was emailed to the same staff who received the first survey. The design of the second survey allowed the QI team to learn if communication had increased or decreased and what topics were discussed (Appendix F). A post-newsletter survey was also distributed to the elected officials, and encouraged them to respond with their opinions of the e-newsletters and whether or not they found the information helpful (Appendix E).

DO: Once the project was selected and refined, the project team could move forward. The process was fairly straightforward, and the team quickly developed a product. During development the entire staff had the opportunity to contribute to the project. Figure 5 shows team members and their responsibilities.

Figure 5: QI team and responsibilities

Director of Communication	Newsletter development and organization
Health Commissioner	Article selection and editor
Senior staff	General assistance as needed
Health Department staff	Article detail and photographs
Support staff/epidemiologist	Pre and post surveys

Staff began development of the newsletter by selecting programs to highlight. For information to be included in the newsletter, it was either recently in the news, timely, or relevant to ongoing projects. Staff contributed details about the program or news and were encouraged to include photographs or visuals. To avoid overwhelming the audience, the newsletter was kept to a two page maximum. This was enough space to share three or four highlights from the month and entice the reader.



Though this was a new approach to communication for the health department, it was not necessarily a new idea. Quarterly reports are submitted to each of our jurisdictions to offer information and an opportunity to ask questions. This QI project is similar with the exception of format and audience. However, developing an appropriate and valuable report for elected officials proved somewhat difficult and required creativity and patience.

During the development process, staff found that it was challenging to decide what to include or not, as the newsletter needed to be both brief and meaningful. Other than receiving limited feedback from the target audience, no other obstacles were reported.

CHECK: Prior to sending the e-newsletters, results from the internal staff survey were reviewed (Appendix D). After all three e-newsletters were sent, a qualitative post-survey was sent to both internal staff and the elected officials who received the newsletters. While the elected officials' survey focused on overall impressions and whether or not the newsletter was a benefit, the internal staff survey asked whether communication had increased or decreased (Appendices E and F). Commissioners were also called and asked for verbal feedback. Generally, the QI team's prediction was supported; elected officials awareness of health department activities increased and communication stayed the same, although it was more pertinent. Overall, the newsletters were an improvement.

ACT: Since the e-newsletters were an improvement, they will be continued. However, verbal feedback will be sought at regular intervals—both from the elected officials and internal staff. Also, the original objectives will be periodically reviewed so that when the project is expanded to other audiences, the intent of the newsletters remains the same. Building on the success of the e-newsletter, there is a tentative plan to provide brief advocacy pieces to the e-newsletter audience. It is hoped that these will help to further inform the commissioners about public health and its value to the community.

Results

The end product—an e-newsletter—was the result of a six month quality improvement process. Utilizing such elements as digital design, staff participation and quality improvement techniques, the e-newsletter was a successful collaborative effort to raise awareness and improve communication with the county commissioners. To better understand the impact of the final product, electronic surveys were sent to e-newsletter recipients and internal staff.

Though none of the county commissioners or their aides responded to the electronic survey, verbal feedback was offered. Commissioners remembered the e-newsletter and were able to recall various topics and articles. Written feedback was obtained from internal staff as to the perceived efficacy of the e-newsletter and any changes in communication that occurred. Overall, communication with the commissioners stayed the same but discussions were more meaningful. Long-term exposure to the newsletter will hopefully encourage more conversations about relevant issues.

Ultimately, responses—verbal or written—will drive development of the next iteration of the e-newsletter.

Lessons Learned

The QI team would like to pass on three thoughts:

1. In working through the self-assessment, especially in the beginning, the team struggled to answer the questions with the entire health department in mind. More than once during the assessment, indicators were ranked according to the activities of a specific division. Keeping a broad perspective will help to obtain an accurate assessment.
2. Build as much time as possible into your meetings for quality improvement. It was difficult to complete the process in six months and still learn about quality improvement. But we learned that it's about small steps, not gigantic ones. We'll take what we learned and build on it.



3. When we started on this process, we thought we already knew what we were going to do—and it was a large project. Keep in mind that the smaller and more manageable the project, the better. It took awhile, but eventually we came up with a project that had a narrower scope and was more likely to accomplish what we needed to do.

Next Steps

The current iteration of the e-newsletter will continue to be sent to the county commissioners, their aides, and the county administrator. However, there are tentative plans to modify and expand the e-newsletter to other elected officials, such as the mayors and trustees of our contract cities, townships and villages. The newsletters will be followed by brief advocacy pieces, hopefully encouraging opportunities for increased awareness and funding.

This great opportunity has allowed us to focus on an area that needed some work—communication with our elected officials—and learn about quality improvement in a positive way. We look forward to continuing this practice, especially in preparation for accreditation.

Conclusions

Asked to offer their input in five words or less, the QI team had these things to say about the project:

“A good place to start”

“Doable”

“Let’s us see how it [quality improvement] might work”

“Opportunity to invest time”

“Kept us grounded on small projects”

“Easy to replicate”

“Successful”

“**Let’s do it again!**” (Now our team slogan)

Appendices

Appendix A: Franklin County Board of Health Storyboard

Appendix B: Fishbone diagram

Appendix C: Survey for Franklin County Board of Health staff pre e-newsletter

Appendix D: Results from the pre e-newsletter survey

Appendix E: Survey for elected officials (county commissioners) post e-newsletter

Appendix F: Survey for FCBH staff post e-newsletter

Appendix G: The October e-newsletter developed for the county commissioners