Proposed Organizational Development: Public Health Services Division

Background

The Ingham County Health Department was awarded a grant from the National Association of County and City Health Officials (NACCHO) to focus on accreditation and quality improvement. A small team of representatives from the Public Health Nursing Division met with project staff and Jim Butler, the consultant working on the project.

After brainstorming a number of potential issues to focus on, the group identified the referral process as the target area to focus quality improvement efforts. Much discussion focused on the need to improve coordination and communication among various programs, including Public Health Nurses, Jump Start, MIOP, and NAOP.

Organizational Review Purpose

Through their critical roles within Public Health, PHNs and Advocates serve as flexible generalists within the ICHD, able to interact and provide expertise within clinical settings, Communicable Disease, Environmental Health, and the community at large. It is the adaptability of these roles that are their greatest and perhaps most under-utilized strengths.

In order to enhance and expand the professional capital that these team members bring to the department, we propose the adoption of a *Communities of Practice* (often abbreviated as CoP) model for the programs internal to Public Health Services (PHN/MIHP/JS/MIOP). This model is based on the idea of self-organization through coordinated activities, and is formed when groups of people share ideas and knowledge that allow them to develop new practices as they learn together. Wenger defines communities of practice as groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

*See http://www.ewenger.com/theory/index.htm for additional information on communities of practice.

Proposed Structural changes

Incorporating this model into practice, Nurses and Advocates will collaborate to focus on core areas and programs, such as MIHP and Early On. Teams would be comprised of a core group of staff who receive expert training and support, and who work with their target families on a routine basis. Through these efforts, families will be served by a more seamless, coordinated approach; resulting in more frequent, overall contacts with clients, fewer no-shows, and a better continuity of care, among other benefits. Long term impacts are projected to include increased efficiency, accountability, and service revenue generation.

Within the Public Health Services Division, there will be programmatic foci, including:

- Maternal Infant Health Program (MIHP)*
- Early On*
- Children's Special Health Care Services*
- Vision and Hearing*
- Medical Examiners Investigator
- Lead
- Lice
- Adult services
- School Outreach

*Revenue generating

CoP teams will be comprised of a **Public Health Nurse** and a **Public Health Advocate** (formerly referred to as Maternal Advocates, Jump Start Advocates)**.** These teams will work in collaboration to provide coordinated care for families in Ingham County. The CoP team model will be applied to existing services such as the MIHP and Early On teams, resulting in proposed structural changes that include a team approach to working with families.

Within these CoP, the PHA will receive all initial referrals from the Community Referral Coordinator. Utilizing the universal referral form, the information will be e-mailed to the PHA assigned to the family. CoP teams are expected to hold weekly case conferences, in order to discuss an appropriate plan of care for meeting the family's needs.

The team building process of CoPs will facilitate clarification of the roles for both PHNs and PHAs. Case conferencing and team meetings will also facilitate clinical supervision of both PHNs and PHAs. PHAs will focus efforts on prenatal and parenting education and work to meet families' tangible needs. PHNs will work to provide assessment, education, and intervention related to the client's overall health status. Collaboratively, both Advocates and Nurses will work to assist families to create medical homes and access a wide variety of community support services through information sharing and referrals.

Organizational Benefits

The proposed move from individual professionals to a more coordinated team approach of working with families provides a number of benefits for the newly formed **Public Health Services Division**, including:

- The referral process will be streamlined so that referrals will be distributed by one person to teams of service providers. This approach will save time for the Community Health Representative who currently completes much of the initial referral.

- One chart will be developed for each family, which will be housed at the ICHD. This will streamline services (i.e. assessments) and reduce duplication of data.
    - The current JS/MIOP/NAOP chart could be enhanced with additional PHN services (MIHP, Early On, CSHCS, etc.), to increase collaboration and coordination.

- One streamlined database to track families on any computer within the division.

- Meaningful case conferencing on a weekly basis to discuss new referrals and implement plans of care for families.

- A move to an every-other-week all staff meeting to share administrative updates and programmatic concerns. Each team will rotate their leadership role at these meetings, serving as facilitators and addressing follow up needs such as minutes and distribution.

- A more unified and comprehensive approach to community health fairs and group presentations.

- Flexibility, adaptability, and innovation during community needs such as Communicable Disease Outbreaks, and special events e.g. Lansing School District Neighborhood Enrollment.

- Increased access by Advocates to access ancillary services (RD or MSW)

Organizational Challenges

Case load transitions, including closing of current families as justified and the incorporation of new families, will likely be the source of procedural and relational challenges. It is the CoP model, itself, that will aid in the resolution of such challenges. While there may be some initial concerns of how to transition current caseloads to incorporate new families or which forms to complete; many of these logistical issues will be worked out as the teams move forward in the process.

Additional potential challenges that must be considered may focus on cultivating staff buy-in, managing power struggles, and maintaining full engagement and accountability for all team members.

Projected Cost Savings

- Utilizing the team approach, services to clients will be increased. As caseloads are closer to 40 families for Advocates, and 40-80 for Nurses, the amount of revenue generated through MIHP and Medicaid Outreach billing will increase.

- The majority of PHN chart materials will be eliminated, saving the ICHD both time and funds.

- It is projected there will be an increase in billable visits using a team approach due to increased efficiency and accountability. There will be clear roles of PHN/PHA teams and less duplication of services through coordination and case conferencing, and team .members will be accountable to other team members and the families they serve.

- Data tracking of client(s) will be more efficient using team approach.

- Additional billable visits are possible, e.g. advocate may have case open for MIHP Sparrow clients and refer to PHN-ISS services.

- Within the Public Health Services Division, external Spanish translation services will not be required through the skills of the bi-lingual Advocate.

Next Steps

- Provide input to enhance this process and streamline services to Marcus Cheatham or Rona Harris on proposed organizational changes by October 20.

- Teams will be assembled based on strengths and provision of services by October 24. If there are concerns about assignments, please contact Lisa or Anita by October 29.

- Beginning November 3, teams will have met to begin the case conferencing process.
    - As of that date, all MIHP/maternal referrals will be processed through the Community Referral Coordinator.
    - Early On referrals will be given directly to the EO team Coordinator who will assign families within the EO team.
    - Lead, lice, CSHCS, and adult and miscellaneous referrals will go directly to the PHN team leader for dispersal throughout the unit.
    - MEI work will continue to be coordinated through the MEI Coordinator.
    - CSHCS referrals will be given directly to the CSHCS team Coordinator

- MIHP Public Health Service teams will meet to case conference/develop plan of care on a weekly basis, of which two hours each week will be allocated. To meet MIHP state requirements for case conferencing, it will be the responsibility of each team to coordinate with clinics, and with RD, and MSW, to sign the Care Plan.