Accreditation Preparation & Quality Improvement Demonstration Sites Project

Final Report

Prepared for NACCHO by the Chase County Health Department, KS

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EAST CENTRAL KANSAS PUBLIC HEALTH COALITION

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Brief Summary Statement

This collaborative was originally formed for regional Emergency Planning. We have continued our work together and broadened our scope to include QI projects with a focus on preparation for voluntary accreditation. The East Central Kansas Public Health Coalition, is comprised of eight counties: Chase, Coffey, Franklin, Greenwood, Lyon, Morris, Osage and Wabaunsee. Lyon County Health Department is geographically in the center of this region and serves as the fiscal agent for the collaborative. Population and square mileage of each county are included in the table below.

County	Population	Square mileage	FTE
Chase	3,070	778	3.5
Coffey	8,701	655	6.7
Franklin	26,513	577	9.47
Greenwood	7,067	1,153	4.5
Lyon	35,609	855	27.6
Morris	6,049	703	5.3
Osage	16,958	719	9
Wabaunsee	6,919	800	5

Common themes that emerged from using the NACCHO LHD Self-Assessment Tool for Accreditation Program included gaps in knowledge for Community Health Assessment and Use of Data. The collaborative developed a strategic plan to address both of these knowledge and skill deficits.

Project summary:

The East Central Kansas Public Health Coalition (ECKPHC), in response to receiving funding from NACCHO for Accreditation Preparation and Quality Improvement Demonstration Sites Project, initiated the project by each county individually completing its own assessment of readiness for accreditation using the Operational Definition Prototype Metrics Assessment Tool.

ECKPHC then identified a targeted plan based on the collective assessment results from the Assessment Tool. The coalition selected Standards I-C, Conduct or Contribute Expertise to Periodic Community Health Assessments and I-E, Data Analysis to address through a collaborative effort. It was determined that the scope of the two standards was quite broad and for the purposes of the grant requirements the focus would need to be narrowed.

A planning process was undertaken that included review of the selected priority areas and identification of the strengths and challenges of addressing each indicator under the chosen Standards. Each person in the ECKPHC agreed on the two standards that all

counties scored low on. We individually prioritized the indicators. Then, as a group, we tallied the scores to target the top three indicators.

The group discussed the mechanism they would use to formally collaborate to implement their plan and also how they would address working together on future areas of mutual interest and need.

They determined that the best scenario would be to build on the existing service agreement and to develop a general collaborative agreement to be signed by a representative from each county's Board of Health and County Clerks. For all counties other than Morris, the Board of County Commissioners serves as the Board of Health whereas in Morris County the Board of Directors of Morris County Hospital has been designated as the Board of Health. The consensus was that the Boards of Health would be willing to consider amending the current agreement to address other topic areas across the region that would increase the capacity of each health department to perform the essential services and move toward accreditation. A revised agreement was developed and reviewed by select county counsellors. The agreement was then finalized and routed among all Boards of Health for approval and signature. Details on this process are outlined below.

Background

Chase County is located on the western edge of our coalition region and is in the "Flint Hills". The Flint Hills is an area of hills made of limestone and flint rock. These hills stretch across the state from north to south in the east-central part of Kansas. Cottonwood Falls is the county's largest city and also serves as the county seat. At 776 square miles total area and approximately 8.9 people per square mile, Chase County is ranked 87th out of 105 counties in Kansas for population density. With a total population of 3030, Chase County is ranked 93 of 105. Because of the sparse population, our county is designated as a frontier county.

Chase County's rocky surface does not allow for much cropland agriculture. However, some croplands are located along the river valleys. The natural tallgrass prairie still exists in most areas and is used for range and pasture land. The U.S. Census Bureau identified the top 3 employment industries in 2000 as educational, health and social services (18.5%); and manufacturing (14.5%). Chase County has no public transportation, radio or television stations. It has only one weekly newspaper. Chase County has no hospital; most of the citizens use the hospital in Emporia or Council Grove. There is one medical clinic that staffs one FT physician's assistant and two physicians provide one afternoon a week. There are no home health agencies in Chase County, as services are provided by out of county agencies. The nursing students of Emporia State completed a community health assessment on Chase County. The primary health issues identified are cancer, hypertension and associated heart disease, diabetes, and smoking cessation.

CCHD services include: WIC, immunizations, Maternal Child Health, Sr. Care Act / HCBS (in-home services), Public Health Preparedness, and limited environmental services. Provided screenings include BP, Blood Sugars, Ht. / Wt., Vision / Hearing and Well Child / EPSDT. Health education is offered. Medical services are provided to the detention facility. Our health department works well with the Chase County Family

Health Center (CCFHC). One of their physicians serves as our medical consultant. And we give and receive referrals with the CCFHC

The ECKPHC has a strong history of collaboration through their Public Health Preparedness (PHP) efforts and has a good working relationship. Prior to PHP the agencies did not know each other well nor did they formally work together as a region although Lyon County did provide WIC services for Chase and Coffey counties, both of which became members of ECKPHC when it was formed in 2002. As part of the development of the coalition, a Regional Public Health Preparedness Coordinator was hired to serve the region. In addition to the PHP activities, the Information Technology staff person for Lyon County serves as a resource to the rest of the region as needed. Lyon County has been designated the fiscal entity for the PHP efforts; however, the coalition plans the budget as a group. They hold monthly meetings with a formal agenda.

A Regional PHP agreement was signed by a commissioner and county clerk from each county in 2003. This agreement was a formalized plan to share resources in emergency planning and preparation. It has been successful in that Chase County Health Department has acquired equipment and resources that would not have been otherwise attainable.

The coalition saw the NACCHO project as an opportunity to move the health departments toward accreditation working on capacity building as a region. It was recognized that it would be very difficult for smaller health departments to build capacity on an individual basis thus having a potentially slim chance for accreditation. However, this project offered the coalition another opportunity to work together and through the results of the assessment identify areas they could work on collaboratively to build capacity across the entire region. This project offered the coalition an opportunity to use the economy of scale to address gaps in capacity.

ECKPHC has worked collaboratively on a range of projects related in Public Health Preparedness, including development of Standard Operating Guides, regional table top exercises, sharing information on communicable disease surveillance and follow-up, training, equipment and supply purchases, and sharing a Regional Coordinator for PHP. In 2007 the region applied for and received Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative funding to initiate a Continuous Quality Improvement project (CQI). With this funding the region received CQI training and utilized CQI processes to identify service delivery gaps related to maternal and child health. From this process, lack of standardization in testing and treatment for Sexually Transmitted Infections (STI) was identified for a process improvement activity. From this activity the following were accomplished: 1) Training for regional partners; 2) Development of standardized protocols; 3) Regional brochure on availability of STI services. These shared work activities have strengthened relationships among the coalition members resulting in frequent networking and support of one another's programming needs.

Goals and Objectives

These goals and objectives were developed by the coalition through the process described below. More detail on the goals and objectives, as well as completion dates, is included in the Strategic Plan included as Attachment 2.

Goal I: Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

Objective I-1: By (3/1/09) identify and provide training to selected management and staff in the East Central Kansas Public Health Coalition on how to select and implement a Community Health Assessment.

Goal II: Identify common data to collect and a process for collection, analysis, integration and data sharing.

Objective II-1: By (4/1/09), identify program data categories and additional data needs to build consistent programming and data capacity across the region.

Objective II-2: By (5/1/09), develop written protocols, processes, and procedures for data gathering, analysis and integration/sharing. (Replicate or adapt any that are currently available and can be used across the region.)

Self-Assessment

The Chase County Health Department (CCHD) is comprised of 1.5 FTE nursing staff, one FTE clerical, and one 0.5 FTE, one 0.25 FTE, two 0.1 FTE in-home care providers. One of the nursing staff is also the administrator. Due to the low number of staff, the administrator chose to complete the assessment as time allowed. And because the administrator is also a staff nurse, she had knowledge of most areas. A hard copy was made of the assessment tool and each standard was scored. The other staff were consulted for part of the standards scoring, specifically on standards II-A,B, and C and VI-A and B. Consensus was reached on scoring through discussions. There were no huge discrepancies in scoring the standards. The scoring was then entered in the on-line assessment tool. The entire process took approximately 12 hours.

ECKPHC benefited from the aggregation of assessment results for the collaborative group provided by the NACCHO software. During discussion of results during ECKPHC meetings, each county was open about individual county results in comparing them with aggregate results for the coalition. Due to the extensive work done in the past by the coalition, a high level of trust exists, resulting in a willingness to share individual county strengths and weaknesses. The group discussed results initially and then used the services of a consultant to narrow down the areas of focus and to develop a plan. The methodology for that work is described in Attachment I.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
I-C	Conduct or Contribute Expertise to Periodic Community Health Assessments: The aggregate scores for all indicators under this standard related to community health assessment fell below 2.0. This standard was selected as a focus for the collaborative planning process.
I-E	Data Analysis: The aggregate scores for all indicators under this standard

	related to data analysis, trending, comparison to other jurisdictions, state, and nation, and sharing data fell below 2.0. This standard was selected as a focus for the collaborative planning process.
II-D	Take Lead in Emergencies That are Public Health in Nature: Chase County scored 3 and 4 on all indicators for this standard. Federal and state grants have allowed us to develop these capabilities.

Collaboration Mechanism

The coalition agreed to use the same format as the existing PHP Service Agreement. Language changes were made to make it appropriate to this project and future capacity building efforts to move the region toward accreditation. Charters were also discussed as possible options for further defining the efforts of specific capacity building activities. The original agreement on which the revision was based had extensive legal review prior to finalization in 2003. The proposed revisions were reviewed by county counsellors for Coffey, Lyon, Osage and Wabaunsee prior to submission to Boards of Health for approval. The Chase County commissioners felt that the agreement had not changed enough to consult their county attorney, and were comfortable signing it. Significant discussion and review among coalition members occurred prior to consensus and finalization. Because of the past history of the group, no barriers were encountered in revising the service agreement. Obtaining the required signatures from eight governing bodies was a challenge but was accomplished by developing a timeline for scheduling and routing. The Chase County commissioners had previously reviewed the agreement and only questioned the cost. When the potential benefits were addressed, they were content to sign.

Accountability was assured through description of responsibility for funding, identification of equipment ownership, and assignment of personnel responsibility to Lyon County as the fiscal agent. This process for revising and finalizing the agreement was accomplished through regular monthly meetings facilitated by the Regional PHP Coordinator and a coalition member who was using this work as her capstone project for the Kansas Public Health Leadership Institute. The willingness of each coalition member to participate and fulfil assigned responsibilities ensured success.

Results

Because the revised service agreement is amending the formal mechanism under which the coalition has been working since 2003, the revision serves to broaden the scope of work of the coalition in preparation for accreditation and other capacity issues. The revision formalizes previous and current work of the coalition as exemplified by the initiative funded by the Lead States in Public Health Quality Improvement, Multi-State Learning Collaborative (MLC) described above. In 2009 the region will consider applying for a new MLC grant opportunity that addresses community health assessment knowledge and skills. Successful completion of the work outlined in the Strategic Plan developed under this project will strengthen the capacity of all local health departments as they move toward readiness for public health accreditation.

An unanticipated benefit of the project was the opportunity for each county to contribute by individual assessments that cumulatively formed the regional assessment results

without bias of population, geography, or infrastructure. The opportunity for each county to determine its own process for the individual county assessment was very helpful because of the variation in staff resources represented among coalition members. The financial support of the grant allowed each county to move forward individually and collectively without the need to utilize existing budgetary resources. The on-line completion of the document and the aggregation of results by the NACCHO-supported software were tremendously beneficial. Another benefit was having data-driven confirmation of areas of strength as well as gaps.

Lessons Learned

The Chase County Health Department will benefit from this agreement through shared resources and networking. A health department of our size would be limited in time and resources in order to prepare for accreditation. With the help of NACCHO and our coalition, accreditation seems to be an attainable goal.

Local health departments planning a collaborative effort should consider establishing and maintaining a regular meeting schedule with a high level of commitment by all for regular attendance. In addition, the assignment of someone to facilitate the process, including setting agenda, running the meeting, and completing meeting minutes is essential. For ECKPHC this role is fulfilled by the Regional Public Health Preparedness Coordinator. Meetings must include regular, substantive agenda items with relevance to the day to day work roles of public health, for example sharing information about recent communicable disease episodes.

Next Steps

The CCHD plans to continue as a member of this coalition. We will research different community health assessments, choose one, and learn how to administer it. This will help determine areas of need in our community and allow us to expand the capacity of providing the ten essential services. With commitment to the collaborative efforts of the region, all partners will be supported in their efforts to strive for national accreditation. Each county will have resources that may not have been available prior to the collaboration

All members of ECKPHC recognize the challenge for small health departments to meet all of the standards for public health accreditation and that working together and building shared capacity will be essential in helping each member county prepare for and achieve accreditation. As a collaborative, ECKPHC is committed to completing its Strategic Plan developed under this grant, which will result in increased capacity in the Essential Services where gaps existed across the region. Following completion, it would be beneficial to have an opportunity to utilize the assessment again to re-evaluate the individual and collective level of preparedness in order to identify additional gaps that need to be addressed.

Conclusions

The importance of strong capacity in the area of community health assessment was underscored for members of ECKPHC as the accreditation readiness assessment tool was completed. Although the community health assessment is one component of the ten essential services, our perspective is that it is foundational to all of the others. This

perspective was a driving factor in the coalition's selection of strengthening capacity in this area as the first goal in its strategic plan.

Although public health accreditation is scheduled to be voluntary, this grant opportunity focused the coalition on the readiness assessment, and members recognize that in the press of daily work, moving forward on this assessment became a priority because of the grant and its timelines.