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EXECUTIVE SUMMARY
Franklin County Health Department (FCHD) is located in the capital city of Frankfort, KY. FCHD serves a mixed suburban and rural population of 48,968. Using the Public Health Accreditation Board (PHAB) self-assessment tool, FCHD identified a standard/measure for a quality improvement (QI) project. FCHD examined and ultimately streamlined its repair request process to ensure clean, safe, accessible, and secure facilities. As a result, FCHD has an efficient process in place, a log of repairs that documents this process, and high employee understanding and satisfaction with this process (see Appendix 1).

BACKGROUND/INTRODUCTION
Public health accreditation was of high interest to FCHD since it seemed to be a logical way to ensure the performance of the 10 Essential Public Health Services and to ultimately improve the health of the community. FCHD had already conducted the National Public Health Performance Standards Program and organized over 70 local public health system partners for the Mobilizing for Action through Planning and Partnerships (MAPP) community-wide strategic planning process. Franklin County MAPP had assessed the forces of change, community themes, and strengths and completed a community health status assessment to identify and improve areas of weaknesses.

FCHD was fortunate to have support from not only community partners but also the progressive public health director and Board of Health. Numerous FCHD staff members had recently received instruction in QI processes through their participation in the Survive and Thrive Program, Kentucky Health Department Association, Kentucky Public Health Leadership Institute, Leadership Frankfort and the Kentucky Department for Public Health (DPH) Quality Assurance (QA) survey and QA improvement tools training. FCHD considered serving as a beta test site a milestone on the road to accreditation. Since Frankfort is the state capital, FCHD wanted to serve as a model for the rest of the state in leading the effort to implement science-based projects to improve the public’s health. FCHD absolutely anticipated applying for national accreditation within the next couple of years. To help apply for national accreditation, the organization had previously established a contract position for an accreditation coordinator. During the time that FCHD was submitting the PHAB beta test site application, staff were also working with an MPH
student from the University of Kentucky’s College of Public Health. As a Frankfort resident, the student used accreditation as a platform for her advanced studies. In addition, FCHD had put significant local monies into the accreditation effort even as the organization was seeing program funding cuts from Kentucky’s DPH. Overall, it was thought by all that accreditation would only further improvement efforts and strengthen partnerships.

BETA TEST SELF ASSESSMENT

FCHD’s Management Team including the public health director, director of nursing, environmental health director, home health nurse administrator, community health education director, business office supervisor, accreditation coordinator, and emergency preparedness coordinator were initially recruited to the accreditation team. Accreditation team membership was then expanded beyond the Management Team to include all of the Community Health Education Team that serves on various community advisory boards and facilitates community coalitions, additional business office staff that oversee the health department’s funding and clinic staff that ensures quality. This resulted in an team of 13 FCHD staff that provided leadership and direction to the health department and community. Together, these individuals have a vast knowledge of the community and functions of each of FCHD’s five internal departments, the Business Office, Clinic, Home Health, Environmental Health and Community Health Education.

The timeline to complete the self assessment began with the initial PHAB training that was attended by both the accreditation coordinator and one of the community health educators in November of 2009 and ended with the documentation submission deadline of March 2010. Due to the limited time available, the group met on a bi-weekly basis. Finding a time for all team members to meet was a challenge, but leadership made this project a priority and team members agreed on early morning meetings before they reported to their other duties. Occasionally a team member would be unable to participate in meetings, but a health educator emerged as the leader of the team meetings and would therefore follow up on documentation requirements. This health educator also kept meetings focused on the self assessment and organized and submitted all documentation to PHAB.

During team meetings, learning took place through discussion and debate over the standards and measures. During discussion, the team determined which individuals were responsible for documentation and often documentation was provided from several different departments for the same measure. If a team member did not personally maintain documentation for a particular standard or measure then they were able to identify the appropriate staff member and invite them to join the team. Once documentation was presented, each was scored using demonstrated, partially demonstrated, or not demonstrated. Debate focused on the interpretation of the required documentation and all viewpoints were presented before a final decision was agreed upon.

The team quickly learned that the team approach to the self assessment provided the widest possible breadth and depth of documentation of services. This approach also resulted in a breakdown of internal silos and an increased understanding of how the various services interrelated. It was pleasing to see pride and ownership in the provision of services.
Whether a standard or measure was identified as a weaknesses or strength, it provided an opportunity for future planning. For example, highlights from FCHD’s self assessment results included the following:

<table>
<thead>
<tr>
<th>Standard/Measure</th>
<th>Standard and Significance</th>
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<tbody>
<tr>
<td>Domain A1.6 B</td>
<td>Maintain facilities that are clean, safe, accessible, and secure</td>
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<tr>
<td></td>
<td>d) Log of facility work orders or facility related issues</td>
</tr>
<tr>
<td></td>
<td>• Although this standard was demonstrated, it was noted as a weakness since it was extremely difficult to provide documentation that was pulled from Safety Team meeting minutes as well as various work orders and invoices. A prioritization matrix (see Appendix 2) later identified this standard/measure as the best to address through the initial QI process.</td>
</tr>
<tr>
<td>Domain 5.3.2 L</td>
<td>Produce a community health improvement plan as a result of the community health improvement process</td>
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<tr>
<td></td>
<td>a) Community health improvement plan (CHIP) dated within the last five years</td>
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<tr>
<td></td>
<td>• This standard or measure was not demonstrated and was therefore an area for improvement. However, FCHD was pleased to verify that community health improvement processes, such as MAPP, were already in place that would lead to this important documentation. Furthermore, the self assessment specified components for inclusion in the CHIP.</td>
</tr>
<tr>
<td>Domain A3.1 B</td>
<td>Provide mandated public health operations and services</td>
</tr>
<tr>
<td></td>
<td>• It was delightful to receive recognition for these essential public health services and to note compliments on the annual report, which described operations that reflected public health authorities.</td>
</tr>
<tr>
<td>Domain 4.1.2 B</td>
<td>Recruit and engage governing entity members, stakeholders, community partners, and the public to participate in collaborative partnerships and coalitions to address important public health issues</td>
</tr>
<tr>
<td></td>
<td>• All of FCHD’s substantial and sustained efforts initiating and facilitating the MAPP process were confirmed with the demonstration of this standard.</td>
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QUALITY IMPROVEMENT PROCESS (PLAN-DO-CHECK-ACT)

PLAN
After completing the self assessment, the team used the results to identify possible areas for QI. Fifteen areas of improvement were initially identified based on standards or measures that were either partially demonstrated or not demonstrated. After much discussion, the combination of some choices and brainstorming the list was narrowed to four choices including Domain 8.1.3 B, “Confirm that staff meet
qualifications for their positions, job classifications and licensure,” Domain 9.2.3 L, “Demonstrate staff participation in QI methods and tools training,” Domain A1.5 B, “Maintain information systems that support the agency’s mission and workforce by providing infrastructure for data collection/analysis, program management, and communication,” and Domain A1.6 B, “Maintain facilities that are clean, safe, accessible, and secure.”

Using this list of options and the four agreed upon decision criteria of time, improved quality, probability of success, and lower costs, the team completed prioritization matrices that multiplied the criterion rating for each option by the weighting for each criterion (see Appendix 2). The team chose to focus QI efforts on Domain A1.6 B because it best met the criteria as shown by its .314 relative decimal value.

<table>
<thead>
<tr>
<th>Criteria Options</th>
<th>Time (.509)</th>
<th>Improved Quality (.324)</th>
<th>Probability of Success (.065)</th>
<th>Lower Costs (.102)</th>
<th>Row Total (RT)</th>
<th>Relative Decimal Value (RT÷ GT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log of Repairs</td>
<td>.486 x .509 (.247)</td>
<td>.056 x .324 (.018)</td>
<td>.056 x .065 (.004)</td>
<td>.444 x .102 (.045)</td>
<td>.314</td>
<td>.314</td>
</tr>
<tr>
<td>Checking Qualifications of Employees</td>
<td>.015 x .509 (.008)</td>
<td>.444 x .324 (.144)</td>
<td>.444 x .065 (.029)</td>
<td>.056 x .102 (.006)</td>
<td>.187</td>
<td>.187</td>
</tr>
<tr>
<td>Document Training Activities</td>
<td>.164 x .509 (.083)</td>
<td>.444 x .324 (.144)</td>
<td>.056 x .065 (.004)</td>
<td>.056 x .102 (.006)</td>
<td>.237</td>
<td>.237</td>
</tr>
<tr>
<td>Log of Hardware</td>
<td>.334 x .509 (.170)</td>
<td>.056 x .324 (.018)</td>
<td>.444 x .065 (.029)</td>
<td>.444 x .102 (.045)</td>
<td>.262</td>
<td>.262</td>
</tr>
</tbody>
</table>

Grand Total (GT): 1.0

First Domain A1.6 B was identified for QI efforts then QI team members were chosen by the team based on their experience with facility work orders or facility related issues. The team consisted of the Safety Team leader who receives reports of needed facility repairs; two clinic staff members with the responsibility of maintaining the clinic facilities, one who was also responsible for technology repairs; one maintenance technician who performs minor repairs; one home health member who is responsible for technology repairs; and two business office members who schedule repairs and handle billing for repairs.
The team consisted of members from several different departments, which made scheduling appointments a barrier, but this was overcome by scheduling early morning meetings. In addition, team members lacked a QI background so the NACCHO introduction to QI Power Point was presented and three additional staff members with QI knowledge were also identified as facilitators of the use of QI tools and processes. Commitment or buy-in from team members was addressed by having the public health director personally invite them to join the team and providing a presentation at the kick-off meeting on the importance of their work to both FCHD and the entire field of public health. After the initial team meeting that was themed “Git-R-Done,” complete with a frontier breakfast and decorations, team members eagerly acknowledged their role in this process and embraced the upcoming work. The QI efforts were equated with those of a well known automobile manufacturing plant also located in Kentucky of which many team members had familiarity with through family members and friends.

Based on this area of improvement, the QI team formed an initial aim statement. However, the aim statement was not finalized until baseline data was collected. The final aim statement was, “By Dec. 4, 2010, FCHD will increase understanding of the repair request process from 22.2 percent to 52.2 percent and increase satisfaction with the repair request process from 38.9 percent to 68.9 percent.”

Before improvements could be implemented the current repair request process was examined and depicted in a flowchart:
The above flowchart of the current repair request process revealed major points of decision-making and responsible parties as areas of concerns. With this in mind, the QI team conducted a root cause analysis using a fishbone diagram:

The initial fishbone diagram clearly identified a lack of communication about needed repairs as a primary cause contributing to a lack of a log of repairs. This lack of communication was a result of all major cause categories including procedures, materials, people, motivation, and environment. Therefore, the QI team continued the root cause analysis by creating another fishbone diagram specifically examining the root causes of the lack of communication:
Based on the completed root cause analyses, procedures to communicate needed repairs had to be clarified including how, when, and to whom needed repairs should be reported.

The team determined that if they provided formal training and a formal written process to follow for repair requests then both staff understanding of the repair request process and staff satisfaction with the repair requests would increase. Therefore, a pre- and post-test survey methodology measuring these improvement goals was used with 18 staff members who were located in one FCHD building. The pre-test revealed a baseline understanding of 22.2 percent and a baseline satisfaction of 38.9 percent with the current repair request process.

To correct the misunderstandings and miscommunication about the repair request process, the QI team streamlined the process using a corrected flowchart:

DO
Each QI team member was assigned a role in the testing process including administering the pre-test, providing training on the streamlined repair request process by presenting the corrected flowchart and new repair request form for communicating needed repairs (see Appendix 3), providing anticipated questions, answering staff questions about the new process, and administering the post-test.
CHECK
The data collection proceeded as planned using a survey measuring both understanding and satisfaction (see Appendix 4). The data collected showed an increase of 61.1 percent in understanding and in increase of 55.5 percent in satisfaction with the repair request process.

ACT
Based on the increases in understanding and satisfaction with the repair request process, which were greater than expected, the team decided to move to the act phase and adopt and standardize the improved process.

Improvement efforts will continue and the pre- and post-test methodology, including repair request process training, will be used with remaining staff who are located in two other buildings. Policies will be revised to reflect the streamlined repair request process and a log of repairs will be maintained for accreditation documentation. The Safety Team will review and approve, on a quarterly basis, all received repair request forms.

RESULTS, NEXT STEPS, AND ACCREDITATION
The results of this small QI project were enormous. First and foremost the measureable success achieved with this project was much greater than what was anticipated in the team’s aim statement. FCHD has not only identified a new tool, policy, and process, but has identified a means of addressing all weaknesses acknowledged through internal evaluation findings. FCHD plans are already underway to form another QI team to address Domain A1.5 B, “Maintain information systems that support the agency’s mission and workforce by providing infrastructure for data collection/analysis, program management, and communication,” because it received the second highest ranking in the prioritization matrix.

The team is confident that the results of this QI effort have paved the way for much of the accreditation documentation that FCHD has not demonstrated for voluntary national accreditation purposes. Beyond accreditation documentation, this QI team has helped to establish a culture of QI within the department. Rather than viewing future invitations to a FCHD QI team as yet another additional duty, it will now be viewed as an honor and a privilege. The inclusion of numerous staff members from all FCHD departments in this initial QI effort has ensured that each FCHD department has a QI champion that can lead future efforts. The most outstanding result of the entire beta test site and QI project has been the unanticipated results of greater staff pride, ownership, and acceptance of responsibility for the
community’s health and well-being. As stated in the PHAB beta test site application, employees are FCHD’s most precious commodity.

LESSONS LEARNED
The self assessment was invaluable as an instrument to identify areas for QI, workforce development, staff satisfaction, and staff buy-in for accreditation. FCHD highly recommends including a wide range of qualified staff members, beyond traditional management, as members of local health department accreditation team members. This wide inclusion of team members will ensure the required and suggested documentation and provide site visit reviewers with a great understanding of your community and health department.

Support from both your local board of health and community partners is essential to accreditation success, which FCHD validated during the site visit luncheons with these partners. Since the luncheons had no formal agendas, the group was overwhelmed by the outpouring of gratitude and appreciation voluntarily expressed by numerous community partners to the point of actual tears. More than anything, this made the work and accreditation efforts worthwhile.

Although FCHD did not anticipate the extreme indebtedness of our community, FCHD’s site visit ratings were exactly as expected. If anything, the team found itself to be its own harshest critics since the site visit reviewers often rated FCHD as demonstrated when it was internally ranked as only partially demonstrated on numerous domains.

Since the improvement efforts were so graciously validated by stakeholders, it was of the utmost importance to fully understand and have training in QI methods and tools. FCHD found NACCHO to be an invaluable resource in these improvement efforts and has established a long standing partnership with this national organization as a technical assistance clearinghouse of QI tools for root cause analyses, identifying an improvement theory/method, setting goals, identifying data, collecting data, analyzing data, and testing QI interventions.

APPENDICES

Appendix 1: Storyboard

Additional Appendices:

Appendix 2: Prioritization Matrices
Appendix 3: Repair/Maintenance Request Form
Appendix 4: Repair Request Process Survey