Lee County Health Department’s NACCHO QI Project Survey (Appendix B)

Project Evaluation Compiled results

(10 surveys returned from QI team members)

1. Did you participate in the agency’s self-assessment process/meetings using the Operational Definition of a Functional Local Health Department’s Assessment Tool? Y (6) N (4) If yes, what did you learn from this Process? The self-assessment process required a team approach. Even with the review of documents/activities that demonstrates the indicators have been met there was variance in the scoring in terms of meeting the indicator; I learned that you may receive more effective data with a quicker turn around study. Also everyone worked really well together to get the task finished in a timeframe and information out to the providers; I believe it was an adequate and user friendly tool.

2. Do you feel like you learned more about the capacities of Lee County’s public health system and how well LCHD and/or community partners are providing the 10 Public Health Essential in the county? Y (9) or N (1)

3. Any barriers you or the team faced during this project period? As an administrator it took longer than anticipated to find a QI consultant who would come to the agency in the timeframe needed within the costs of the proposed budget; technical difficulties with entering self-assessment data on-line;

4. Did you participate in the two-day NACCHO workshop in August to learn about QI and the Plan Do Study Act cycle? Y (9) N (1) if Yes:

   Did you find the workshop valuable? Y (9) N ( )
   Did it improve your understanding of QI processes? Y (9) N ( )
   Do you know how to use QI tools and resources now? Y (9) N ( )

5. Please describe what you are now able to use in your role at LCHD as a result of learning more about QI processes and the PDSA cycle? Implement strategic QI processes with valuable tools that can drive the process; Use the process to analyze other problems and implement action plans in MCH program as well as other LCHD programs; Tools from the Public Health Memory Jogger to look at problems and gather data; I have a more comprehensive book to use to help explain additional services of our agency; The information booklet on MCH services in the area; I always believed QI was important, now have a tool to help in future.

6. After participating in the PDSA cycle, what were the benefits to you and your program? Learning how to drive a QI process; Implemented a quality marketing product and process for MCH program; Process with staff involved greatly facilitated their participation and taking ownership to identify a problem area and implement and evaluate an action plan; Clear information to use as we move forward with providing services to the community; Witnessing team participation to devise a NACCHO project.

7. What do you think the agency’s next steps should be? Another PDSA cycle; Do another cycle with current MCH project; Evaluate# of referrals received; Continue to offer the marketing booklets to physicians and dental providers to get the word out; Continue to use the booklets and continue to use them as way to educate providers, just because our study is over doesn’t mean we should forget about using them; The agency should look into using the format used on this project for future projects; Use the PDSA cycle for
other areas of the agency that could use exploring of new ideas; To continue with projects using the PDSA cycle.

8. Any lessons learned you want to describe for other health departments to know as they move forward with QI project and preparing for accreditation? Consistent teamwork and communication is essential; Start now, take one step at a time to make process of preparing for accreditation more manageable; The tools were user friendly, short time turn around at a glance tracking; Implementing changes in our health department does not take six months to devise.

9. What do you think the best outcome was from participating in this NACCHO project? As a team learning new QI tools and processes; Having agency staff participate in the entire process of identifying an analyzing an area needing improvement and developing AIMS statement, developing and implementing a plan and evaluating it; Receiving instruction and consultation form a QI expert on a QI process that is usable and doable; Handing out the booklets to a clinic, they accepted the book and stated later in a conversation they would call if any questions at this time- due to flu season; We were able to build community awareness about our programs; Everyone really did come together to get the task finished. Everyone was able to put their thoughts and ideas into this project; This caused us to take organized action and work better as team; tools show what was done, who was responsible and deadliness set and kept; PDSA cycle involves everyone to work as a team instead of a few people and provides everyone an opportunity to make changes.

10. Any other comments you would like to add? We have a lot of work to become accredited; it would be helpful to have a template contract available at the beginning of the project for LPHA to use when contracting with their QI consultants; I am interested in what other areas we will use the PDSA cycle and am anxious to use it.
Lee County Health Department

Appendix C: Flow Chart of Current Informing and Care Coordination Process

1. **CARES Administrator downloads all lists from Iowa Department of Public Health at the beginning of each Month**
   - **Newly Eligible (informing) and Re-Informing lists**
     - Staff send packets to families on list educating on benefits of EPSDT services offering Care for Kids Services from agency
     - Assigned staff contact families face to face (WIC) or by phone (at least two attempts) to explain the benefits of EPSDT and services LCHD can assist with for future case management or linking to care
     - For those not contacted, a Follow up letter is sent requesting the family to contact the office and return requested information on a form provided
     - If not reached families are placed on No-Contact by voice on Unable to Reach List
   - **Periodicity and Periodicity not located lists**
     - Letters are sent to Parents reminding them it’s time for their child’s well-child check up or a component of well-child exam with contact information of staff who can assist with appointment or accessing services
   - **Service Follow Up lists**
     - List goes to appropriate Care Coordination staff regarding clients due for a Follow Up service
     - Staff contact families regarding needed Follow Up and provide appropriate care coordination services according to the families identified needs
     - All services are documented in CARES

2. **All services are documented in CARES**

3. **Billing**
   (once services are documented in CARES, services are entered onto an Excel spreadsheet with reimbursable services billed to Medicaid for reimbursement)