Lincoln-Lancaster County Health Department, NE

Accreditation Preparation and Quality Improvement Demonstration Sites Project

Final Report

May 30, 2008
Brief Summary Statement

The Lincoln-Lancaster County Health Department is located in Lincoln, Nebraska and serves approximately 275,000 individuals in an urban and rural setting. A team of seven division managers along with the Health Director, Assistant Health Director and two other staff from the Director’s Office completed a self-assessment using the operational definitions metrics. The result included scoring of the 255 operational indicators, some implementation of quality improvement processes and the identification of illustrative evidence. A second outcome was the development of a database to connect the operational definition indicators and illustrative evidence to the Department’s existing databases and hard copy files. Technical assistance was provided by the Public Health Foundation and NACCHO during a two day site visit and through telephone conference calls and webcasts. As a result of the demonstration project, the Health Department will proceed with pursuing local accreditation.

Background

The Lincoln-Lancaster County Health Department (LLCHD) is dedicated to using best practices and evidence based approaches to being more accountable and effective at demonstrating outcomes in our programs and projects. Accreditation and the process for preparing to become an accredited organization will move us in that direction. Our goal is to gain public support by creating more credibility and visibility for public health with our stakeholders and the community as a whole. The LLCHD is a city/county health department comprised of seven divisions: Animal Control, Dental Health & Nutrition, Community Health Services, Environmental Public Health, Health Data & Evaluation, Information & Fiscal Management, and Health Promotion & Outreach. The Department serves all populations through disease prevention, health education, regulation and direct services with a mission of protecting and promoting personal and environmental health.

Goal

The broad overall goal for the LLCHD accreditation project is to protect and promote the health of the citizens of Lincoln and Lancaster County by advancing the capacity, quality and performance of our Department.

Objectives

1. Complete a self-assessment of our current capacity and performance as it pertains to the 10 essential services, 45 public health standards and 255 operational definition indicators by March 30, 2008.

2. Score 255 operational definition indicators using the scoring scale provided by NACCHO and log the scores on a spreadsheet by March 30, 2008.

3. Identify and document illustrative evidence for the 135 operational definition indicators that were given a score of 0, 1, or 2 by April 15, 2008.

4. Schedule and conduct a 1-2 day technical assistance site visit including staff from the Public Health Foundation and the NACCHO by January 10, 2008.

5. Distribute and utilize a variety of accreditation resources and tools including the distribution of the "Public Health Memory Jogger II" pocket guide to division managers and Board of Health members by February 1, 2008.
Self-Assessment

Our goal with the accreditation project early on was to create a buy-in and participation from the Board of Health, elected officials, the Health Director and our Management Team. The technical assistance and webcasts helped form the basis for proceeding. Stacy Baker with the Public Health Foundation and Penney Davis with the National Association of County and City Health Officials were involved from the beginning. The staffing plan, task and timeline that was a part of our application provided a useful reference for what had to be accomplished and by what date.

It was important to revisit the principles of quality improvement and determine how and where we could apply the QI process to our local accreditation demonstration project. While we made progress with these applications, that is still an area for development. The PHF/NACCHO slides from the Quality Improvement and Accreditation Preparation: Quality Improvement 101” were very useful.

On January 8-9, 2008, we had a site visit with Stacy Baker and Penney Davis. After going through the Metrics we worked from a short list of essential services, standards and operational indicators that were identified by our work groups. Our work groups consisted of our seven division managers and individuals from the Director’s Office. This short list is what we concentrated on for our technical assistance and quality improvement. We used a number of worksheets and the Public Health Memory Jogger II to assist us in formulating our outcomes. Four major themes emerged from the January 8-9, 2008 technical assistance sessions.

1. The LLCHD needs to be able to clearly articulate our public health governmental role.

2. There needs to be community-supported priorities with a mechanism for feedback.

3. There should be a systematic review of the priority process (need to identify, communicate and take action).

4. We must understand and connect with the values of the opposition (particularly on those values that are changeable).

There were several useful tools along the way. One that was very useful for our team was the inter-relationship digraph that is described in the Public Health Memory Jogger. This tool allowed our team to systematically identify, analyze and classify the cause and effect relationships that exist and to focus on outcomes that can be directed at solutions. It was the use of this tool that got our team to reach consensus on the four themes/priorities.

The second major phase in the self-assessment process was the completion of the scoring and identification of illustrative evidence. We had a total of 11 people who did the majority of the work. We provided monthly updates to our Board of Health and our Management Team. The 11 member team was divided into 4-5 smaller work groups each group taking responsibility for 2-3 essential services and the respective standards and operational indicators. The teams met and went through each of the operational indicators one at a time and scored them based on the NACCHO Scoring Table. While there seemed to be some ambiguity to this process, it was helpful in providing a time for reflection on what we as a local health department would need in order to demonstrate capacity and evidence.

This process was time consuming and we spent approximately 70-80 hours completing the self-assessment. The Assistant Health Director functioned as the coordinator throughout the process. We created a scoring sheet that was very helpful. Below is an example of our format for the scoring
spreadsheet.

<table>
<thead>
<tr>
<th>Score</th>
<th>Essential Service</th>
<th>Standard</th>
<th>Operational Definition #</th>
<th>Page #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>III</td>
<td>A</td>
<td>4</td>
<td>12</td>
<td>LHD conducts an environmental scan assessment of media.</td>
</tr>
<tr>
<td>1</td>
<td>IV</td>
<td>A</td>
<td>6</td>
<td>15</td>
<td>Community assets are identified.</td>
</tr>
</tbody>
</table>

Our work teams concentrated on those operational definition indicators that received scores of 0, 1, or 2. The total breakdown was 7 = 0s; 48 = 1s; and 80 = 2s. The remaining 120 indicators received a score of 3 or 4.

To conclude the self-assessment, a final matrix was developed that included all the scores and the illustrative evidence of those operational indicators that received a score of 0, 1, or 2. There were some questions raised by the team members regarding clarity in what was being asked relative to the indicators and how to score them. Most of these questions were passed on to NACCHO and included in the NACCHO evaluation.

**Highlights from Self-Assessment Results**

<table>
<thead>
<tr>
<th>Standard/Indicator #</th>
<th>Standard and Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Service #5, C</td>
<td>Department staff and Board of Health members are able to articulate ONE community health plan. This is an area of weakness for LLCHD and became a major area of focus during our technical assistance site visit.</td>
</tr>
<tr>
<td>Essential Service #3, A, B, C</td>
<td>Need to effectively assess the target population on how they accept information and what methods we need to use to be able to assure the information is accepted in a manner that works for the individuals in the community.</td>
</tr>
</tbody>
</table>
| Essential Services #4, A | Engage the local public health system in an ongoing, strategic, community driven, comprehensive planning process to identify, prioritize and solve public health problems; establish public health goals; and evaluation success. 
While this has been a strength in the past, it is time to revisit and refresh our community health plan through new strategies that involve new stakeholders. |
| Essential Service #1, A | The department maintains a large volume of health data and information. The challenge is making it available to the community. One of our quality improvement processes was to conduct community health data forums. Three forums were held in the Spring of 2008. |

**Quality Improvement Process Planning and Implementation**

The Health Director and Senior Management staff conducted a self-assessment covering all the accreditation requirements. The Quality Improvement Coordinator provided a worst-to-best list of self scores and the management teams studied what it would take to bring up the lowest scores to acceptable accreditation levels. With the help of the NACCHO quality improvement consultants and using the inter-relationship digraph, the 5 W-s, and PDCA, the group proceeded to identify four priority deficit areas that needed to be addressed: 1) Clearly articulate public health governmental role, 2) community-supported priorities with feedback loops, 3) systematic review of LLCHD=s priority process (identify, communicate, take action, measure, report), and 4) understand and connect with values of (changeable) opposition.

After further discussion with the management team and the Board of Health, the Assistant Health Director led in the implementation of the QI project. The Health Director, Assistant Health Director and the Division Manager of the Health Data & Evaluation (HDE) Division further defined the aim and scope of the quality improvement project to: AINCREASE public awareness and utilization of LLCHD health data services. A

Community Health Data Forums were held on March 18, April 29 and May 6. The participants for all three meetings included producers and consumers of health data and interested citizens. A total of 95 participants attended the three forums. The first meeting was largely producers of health data and discussion centered around data definition, analysis, frequency of measurement and data use. The second and third meetings were presentations by the HDE Division Manager about various data sources, what the data AsayA and how they might be used and how to prevent their misuse. Participants at the second and third meetings were asked to evaluate on a scale of 1 to 10 Ahow helpful the forum was and Ahow soonA they expected to use the information discussed/presented, A1A being Anot veryA and A10A being AveryA. A Of the 56 evaluation forms returned, the average for Ahow usefulA was 8.6 and for Ahow soonA was 8.4.
Results
The end result was a greater understanding of the accreditation process and how other local health departments have approached accreditation. The Assistant Health Director attended the National Public Health Leadership Institute May 13-16, 2008 at which time several leaders talked about the accreditation process and what it meant to their respective local health departments and communities. In Lincoln, Nebraska, the LLCHD will be taking the lead with accreditation by serving as one of the first local health departments in Nebraska to pursue accreditation.

The NACCHO accreditation demonstration project provided the opportunity to complete a self-assessment of our current capacities and to discuss as a team.

Much of our anticipated project success was affirmed through the webcasts and teleconferences. These interactive conferences were critical to our ability to check in with our peers to compare notes and make adjustments along the way.

Lessons Learned
Keeping the project manageable and not attempting to accomplish too much too early is good advice for any local health department that is starting an accreditation process. Setting measurable and reasonable goals and involving a team of employees from the start is also helpful in getting started. Expect to get stuck at times when you are working through the self-assessment. Our teams would often get stalled on what constituted a 1, 2, 3 or 4 on the scoring table. Have a plan for how you will move forward when you do get stalled.

One way we attempted to keep the QI process in the picture was to use the tools available from the Public Health Foundation and the Memory Jogger II. The most useful tools for our teams were the inter-relationship digraph, the 5Ws and PDCA.

For the new demonstration projects it may be helpful if they could be assigned to one of the projects that were completed in the first round, a form of mentoring arrangement that could be offered on a voluntary basis. We found the webcasts and teleconferences to be helpful in troubleshooting some issues we came up against in the process and what we learned may save some time for the second round of demonstration projects.

Next Steps
We will continue pursuing local accreditation. Our plans are to follow many of the recommendations set forth by the Planning Committee for Voluntary National Accreditation Program for State and Local Health Departments. On July 24, 2008, we will present to the National Association of Local Boards of Health in Accreditation Preparation at their annual meeting in Madison, Wisconsin. That presentation and follow-up discussion should prove useful as we prepare for any challenges that might be presented by our own local Board of Health, elected officials, and funders in Lincoln, Nebraska.

We will continue to work from our self-assessment and begin to create and expand upon our database for tracking and monitoring our progress with the performance standards and operational definition indicators. A prioritization process will continue to assist us in defining next steps and which areas of essential service and standards we focus our initial attention and resources on.
Conclusion
In conclusion, we had a beneficial and productive experience from our participation in the NACCHO Accreditation Demonstration Project. We have increased knowledge and awareness among our senior level management staff about the benefits and challenges of public health accreditation. The new connections we made with other local health departments has broadened our insight on how to approach accreditation and what to expect over the long haul. Since we have started our accreditation and quality improvement process we have been invited by our local Fire and Rescue Department and our local Police Department to learn from their accreditation processes. They both have told our health department staff that they are pleased we are pursuing accreditation and they perceive it as a benefit to their accreditation efforts.