Accreditation Preparation & Quality Improvement Demonstration Sites Project

Final Report

Prepared for NACCHO by the Logan County Health Department, OK

November 2008
Brief Summary Statement
The Logan County Health Department is located in Central Oklahoma north of Oklahoma City the major metropolitan area of Oklahoma. We serve a population of 33,924 who are mostly rural residents, but there is also a small university in the county. Using the NACCHO Local Health Department Self Assessment tool for Accreditation Preparation and a quality improvement process, the Logan County Health Department completed and scored the entire tool. From these results, we noticed a number of areas to address and decided to look at evaluating local health department programs. It was determined that we need to continue the efforts forged in this initial project and enhance our efforts to meet the standards that will be required to become an accredited Local County Health Department.

Background
The reason why the Logan County Health Department looked into this program is because we were beginning to see the State Health Department move in the direction of exploration of accreditation. Two of our staff members have been exposed to seminars at conferences concerning accreditation in other states, and there was a large interest from the administrative director to look into the possibility of receiving a grant to begin our process towards preparation for accreditation. Another major reason was that we wanted to measure what we are currently doing at the local level in order to make improvements and plans for future service delivery. Overall, we wanted to identify what we need to start doing to be ready when the accreditation comes to the forefront of the Public Health System.

Goals and Objectives
The goal of this project was to begin the steps and education in accreditation and initiate the quality improvement process in program evaluation within the local county health department with the overarching goal to begin preparation for accreditation.

Self-Assessment
A multi-disciplinary team initiated the local health department self-assessment. The team was given the assessment a week prior to implementation to review and met for a four hour time period to review each of the questions. The team was made up of the Administrative Director, Administrative Programs Officer, Public Health Nurse, Health Educator, and Clinical Social Worker. The team spent an entire day going through each question and scored each in a consensus vote. As we asked each question, we also looked at how we could provide evidence that the items were being done. We found that the Logan County Health Department does a lot but falls short on the documentation side of things in many areas. Another issue that was seen was some in our group had a narrower understanding of overall operations. This was most likely due to a team member’s experience with working in only one program area and not being able to experience the overall operations aspect of a county health department. The tool, once completed, gave us a road map to the areas that we need to enhance to begin the accreditation process. The group met again after the initial meeting to go over the results and select which area we needed to look at to initiate the quality improvement process. We looked at one of our lowest scoring areas, and program evaluations seemed to be an area where there has been a void for a number of years. It was suggested by the Administrative Director that we look at the Family Planning Program to start the evaluation process as that program requires a yearly review by federal requirements. In addition, it is one of the major services we offer at the local level.
### Highlights from Self-Assessment Results

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<th>Standard/Indicator #</th>
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| IX-B                 | *Evaluate Local Health Department Programs*  Score: 1.67  
  - This was an area of weakness for Logan County Health Department, as identified through the self-assessment. After discussion, Logan County Health Department felt this standard would be the best one to address through our QI process. |
| II-DM1               | *Lead in Emergencies that are Public Health*  Score: 4.00  
  - This was an area with the highest score, The Logan County Health Department over the last 5 years has put together some of the best response plans. Within the last two years, we have been recognized with the second highest preparedness rating within the state. |
| 11-DM2               | *Participate When Other Agencies are within the lead*  Score: 4.00  
  - We have been able to respond to multiple real world and exercise scenarios on a consistent basis within this county lead by other agencies to include local and state law enforcement and other county entities |

### Quality Improvement Process

**AIM STATEMENT:** To initiate the quality improvement process into local health department program evaluation in turn creating a sustainable evaluation system that will be able to gauge changes within programs ultimately leading to a system that can be applied to all clinical programs at the local level.

**PLAN:** The Logan County Health Department has a multitude of services and programs that run consistently on a daily basis. This, in turn, means that multiple clinics are run simultaneously with a limited number of exam rooms. Over the years, the growth in programs coupled with the increase in documentation related to each program has slowed clinical process down. The Health Department has not looked at the impact of overall customer satisfaction as it relates to program areas nor has comprehensive program evaluation been conducted in a number of years at the local level. A couple of the team members met with the Nurse Practitioner that runs the local program to assess how the current operations and process flow through the clinic. Attached is a logic model and process flow map that breaks down the original family planning process. As this process was mapped out, we found that our patients could spend increased amounts of time in our waiting area waiting to see providers or filling out paperwork. Another issue was that the patients were sometimes shuffled between three different rooms before their appointment process was completed. We were able to pull statistics on our program from last year and realized that the program had seen 4,415 clients in the last year. We also reviewed current documentation that is required for the exam and decided as a group to complete a Cause & Effect fish bone diagram to line out different options to decrease patient wait time and movement in relation to the family planning program. As we completed this process, we realized that we needed to go through the basic steps to analyze customer satisfaction with regards to wait time for services with the family planning program to see if this was an issue within the current process that is in place for program clients.

**DO:** The customer service survey was developed by the work group to identify customer’s perceptions of the overall process. The attached survey was designed in a likert-type scale so data input and statistical analysis could give the team a quick overview of customer satisfaction as it relates to the Family Planning Program. This survey in conjunction with the mapping out of the clinical process from when the client enters the facility and exits the door, provided valuable information related to
the number and scope of operations and patient flow. We were also able to pull data
from our client encounter software (PHOCIS) to see historically over time how many
clients are served in the Family Planning Program and also clients’ ability to make it
to their scheduled appointments. The survey was given on a Monday, Wednesday,
Thursday and Friday of the same week. To limit some bias, administration of the
survey throughout the week covered all staff involved in the provision of Family
Planning Services. The week chosen was representative of normal appointment
volume for Family Planning, although throughout the year we have seen spikes in
the number of clients seeking services for family planning. To determine the timing of
survey implementation, we utilized our existing patient encounter software to
compare patient load to other times of the year.

CHECK: Once the surveys were completed, they were entered into a access
database and SPSS version 13 was used to analyze the data in regards to patient
processing time to determine if we have an issue regarding wait time and patient
satisfaction for the Family Planning Program. The collected data from the survey
results will be used by the team to identify different ways to increase patient flow and
client satisfaction. The team was also able to pull the number of reports that show
the number of patients being seen in other clinics across the state comparable to our
program through the PHOCIS program for the same time frame. The use of the
PHOCIS System allowed us to use multiple reports to look at the number of clientele
we have processing through the building throughout the selected week. In our
analysis of clinical numbers, we processed a total 51 patients in a four-day
workweek with all scheduled patients attending and no missed appointments. In
other clinics in the state the closest clinic with comparable numbers saw a total of 36
clients for the same services. Statewide, Logan County Health Department’s Family
Planning Program, when looking at the numbers to other comparable clinics, sees an
optimum number of clients per year. The number of customers surveyed totalled 30,
which represented 58% of our clients in the Family Planning Program during the
selected survey week. We would have liked to have had 100% participation, but due
to some staffing shortages and patient load in other program clinics we felt this
number was representative of overall satisfaction and wait time. Findings showed
that 40% of the clients self-reported that they waited a less than 10 minutes with
another 27% reporting that they waited between 16 to 30 minutes from appointment
time to seeing a provider. When asked in a separate question about the amount of
time spent waiting in the exam room before seeing a provider 40% of the
respondents reported some improvement needed while 37% reported no
improvement needed at all. After analyzing the data, we believe that our current
process, though not ideal because of current structural building conditions with a
limited number of exam rooms, at this point is operating at a high level of
performance with overall good client satisfaction for our Family Planning Program
Services.

ACT: Through this initial grant, we have been given the experience and the tools to
begin evaluating other clinical programs within the local department. This fulfilled the
steps needed and identified in our initial self-assessment and created a program
evaluation system and processes that we lacked at the beginning of our endeavours.
We also found that a process (Family Planning Program) that we thought initially had
problems is actually working at an optimum level when compared to other
comparable clinical sites in the state. The number of clientele our program see in an
average week in comparison to other clinics showed that our current process, though
not ideal in some ways regarding patient movement and flow, was not seen to be an
issue when it was reported back through the survey process. There is some improvement needed, but wait times as a whole are not a pressing issue. Due to the limitations and structure of the building and the need to continue multiple clinics on a daily basis, we believe it is important to start to look at a number of issues that need to be addressed when it comes to patient flow. One is an overreaching goal to be used in this department and hopefully the in the future planning of County Health Departments in regards to the structural limitations of buildings and patient flow. Through this project, we realized over the years as our programs grew in size and scope, the physical infrastructure has not been able to keep up. As with any governmental entity, the ability to build new structures to grow with the times is limited. The next areas to look at will include mapping out each clinical process for every program that we offer clinical services and see where we can move or redesign patient flow in the other programs. We plan to reduce the amount of patient movement from room to room or room to lobby in regards to the family planning program but also start customer satisfaction surveying for the other programs as well to see if we may have a problem relating to patient wait time. The results from this project can also be used in the comparison of the other Family Planning Program clinics across the state that function in larger, better designed buildings but are not seeing the same number of clientele on a monthly or yearly basis. With the cost of staffing and programs, emphasis on running as efficiently as possible and setting benchmarks is needed statewide.

**Results**
This project in the overall scheme of things gave us a better understanding of what it is going to take to begin to implement the quality improvement process in a number of areas in the local health department. This opportunity provided us with the tools and knowledge to be able in the near future to move forward and analyze each of our programs utilizing the clinic facilities and create a sustainable evaluation system. Also, through this experience, we have the template to allow us the opportunity to break processes down and conduct the same type of analysis to see if there may be a better way of doing things from a detailed process where changes can be based on the evidence and information collected.

**Lessons Learned**
Due to some logistical issues and some of the team members work schedules, we found that it is a big benefit to have an individual assigned the duty to keep the project going. We also found that we meet a lot of the standards, but we have not developed a system to track and document on a consistent basis the information, which will be the backbone of the items inspected when accreditation teams come on-site to review overall operations. This level of detailed documentation, though attainable, is a comprehensive project that no individual county or state should underestimate in the initial planning phases. This type of project is a group effort and no one individual can pull it off because a critical component to having success is teamwork and staff buy-in.

**Next Steps**
The leadership within Logan County Health Department has already demonstrated interest to begin to allow at least one staff member to commit some time throughout the week towards the efforts in this area. This will be instrumental to be able to look
at the issues identified in the self-assessment in order to begin to formulate plans and quality process improvement to address those areas. From this, we will begin to map and strategize future planning for the creation of systems to acquire data and documentation and make it presentable to meet the standards of accreditation. We also look to begin to educate all staff members on these efforts to begin the transition toward accreditation, and to create an environment that lends itself to the consistent idea of thinking about quality improvement of services delivered at the local county health department obtained through constructive proven improvement processes.

**Conclusions**
The process of working through this grant allowed the Logan County Health Department to operate in a structure that opened the eyes of all involved. Though we operate day-to-day and year-to-year, seamlessly most of the time, we often do so without thinking about how the approved standards apply to daily operations. When we began the self-assessment process, we felt very confident in our endeavours. As we completed the process, we found that there are many areas that must be addressed and documented to meet the standards. It is not that we fail to meet criteria, as there are a number of things in public health that are done in autopilot, and a majority of the time those operations are ongoing. One only realizes that there are issues when there is a problem instead of having an on-going awareness of service processes. We found that we scored high in some areas and very low in others. Overall, we have much to do before we are completely ready for accreditation, but we have made a big step in beginning to take the strides necessary to become prepared and meet state and national requirements for accreditation.