

# Making the Connection

*An Exploration of Accreditation and Quality Improvement through the Multi-State Learning Collaborative*

## Announcements

### PHAB Prepares for the Development of Standards

The Public Health Accreditation Board (PHAB) is preparing for the development of standards for health departments. The Board of Directors has appointed members to the Standards Development and Equivalency Workgroups. Both workgroups are under the standing Standards and Accreditation Activities Review Committee, co-chaired by PHAB Board members Kaye Bender, RN, PhD, FAAN, and Edward A. Harrison. For a list of workgroup members, please click on the links below: [Read full announcement and view a listing of workgroup members....](#)

### NACCHO announces Accreditation Preparation and QI Web Pages

In an effort to help local health departments prepare for accreditation, the newly designed NACCHO Accreditation Preparation & Quality Improvement Web site is easier to navigate and offers a wider variety of information. This includes links to the NACCHO accreditation preparation Webcast series, quality improvement trainings, an interactive map of state accreditation efforts, a self-assessment tool for applying the Operational Definition Prototype Metrics, the Peer Assistance Network and more! Please visit the new, easy-to-remember site at [www.naccho.org/accreditation](http://www.naccho.org/accreditation) for more information, or contact Jessica Solomon at [jsolomon@naccho.org](mailto:jsolomon@naccho.org) or 202-783-5550, Ext. 266.

## In This Issue

Local Public Health Departments Drive Quality Improvement Efforts

Kansas Approach to Accreditation Focuses on Regional Cooperation

Minnesota Builds Capacity for Performance Improvement

## APHA 2007

[Click here](#) to view APHA Sessions of potential interest for Accreditation, Quality Improvement, & MLC.



## Local Public Health Departments Drive Quality Improvement Efforts

By Lee Thielen, MPA

The Multi-State Learning Collaborative on Assessment and Accreditation (MLC) grantees recognize the important role that local public health departments play in the delivery of public health services. Local leadership has been integral to the success of the work that improves public health systems in the states. Local agency involvement in the MLC's second year has been crucial as the project moved to a quality improvement focus.

Several states in the MLC in 2007 structured their projects to include awarding small grants to local health departments. Illinois awarded grants to local health departments to test the proposed standards for voluntary state accreditation. Kansas has continued its experiments with functional regional services through small grants to rural health departments. Washington State included local quality improvement projects in its drive to continually improve public health. Michigan awarded grants to four local health departments to show how they could use the Quality Improvement to improve organizational capacity at the local level.

Minnesota, North Carolina, and Ohio plan and implement improvements to their state systems in a close partnership with local public health agencies and their organizations. Florida, the only centralized state in the MLC, works to strengthen its county health departments through training, technical assistance, and peer assistance. New Hampshire does not have a comprehensive system of local health departments, but instead contracts with non-profits, community-based organizations, and others to deliver public health services in much of the state. As such, New Hampshire has focused on quality improvement by all its providers.

Strong partnerships between state health agencies and local public health are the cornerstones to strong public health service delivery. Quality improvement efforts can help both state and local practitioners, and we know that real measurable improvements are most likely made at the service delivery level. In most states, this means the local public health agency.

Change can be incremental or systemic. To impact public health practice, the MLC will continue to challenge states to improve their over-all systems, looking at accountability through standards, assessment, accreditation, and certification. On- the- ground improvements will be a focus as well. Local health quality initiatives may offer the best laboratories for just how this training and technical assistance can make measurable improvements. Local projects offer public health managers and leaders a chance to see and showcase tangible results through better ways of managing.

Public health continues to learn from other industries, including our health care partners, how to do our business better. Local health leaders need the same high quality tools of top flight training, flexible and current technical assistance, and resources that have lead to success in other arenas. This means investment, coordination, and helping each other. The Multi-State Learning Collaborative will continue to support the practice community with its focus on learning together and sharing knowledge and resources. Local public health agencies are key to that success.

**To learn more about the work being conducted with local health departments in the MLC states, please contact Liz Tagle at [etagle@nnphi.org](mailto:etagle@nnphi.org).**

## **Kansas Approach to Accreditation focuses on Regional Cooperation**

**By Sarah Green and Jim McLean, KHI News Service**

### **Kansas Approach to Accreditation Focuses on Regional Cooperation**

Local health departments in Kansas are not one-size-fits-all. Kansas' public health diversity is a microcosm of the nation's and many eyes are on the state's accreditation efforts, which are breaking ground because they emphasize regional cooperation.

In anticipation of the new accreditation standards, Kansas public health leaders have designed a concept of "functional regionalization," which relies on local health departments partnering with others in nearby counties to share resources.

The hope is that the regional partnerships will have enough shared resources to meet accreditation standards that would be difficult for the smaller agencies to meet individually, while still maintaining political autonomy. It is cooperation without government restructuring.

### **Regionalization Not a New Idea for Some Rural Counties**

Kansas has 15 public health "regions" covering 103 counties. All but two counties have joined the regional efforts. The West Central region, which includes Logan, Gove, Trego, Ness, and Sheridan counties, is the least populated with 14,207 residents. The Kansas City Metro Region is the state's largest with 878,749 residents.

The counties' public health workers have been helping one another long before the concept of "functional regionalization" was put into place, which allows local health departments to partner with others in nearby counties to share resources and services.

"I think 'shared services' is something that has been going on for a long time," said Cheryl Goetz, the Administrator of Gove County Health Department. Perhaps with this new approach Kansas will be able to do it better.

One example can be found with immunization. Mass immunization clinics that provide flu shots for residents while also testing the county's ability to vaccinate many people in a short time have recently brought nurses and staff members from other counties with the West Central region together to help.

The initiative is one of the three pilot projects funded by the state's Multi-State Learning Collaborative grant.

A "gut feeling" that too few of the region's children were being immunized led to the project's focus, Mullen said.

Working together they located and analyzed data on immunizations in the region and found that they were correct in their assumption.

The emphasis on using data to make decisions-and track the progress and success of an initiative-was a new one for the small public health departments involved.

"We realized up front that we needed to get baseline data, and that in itself had not been a task our size of counties had been used to requesting on a regular basis, but maybe on a project basis," said Cindy Mullen, the West Central regional coordinator. "I think we've made progress."

Children in each county age 6 months to 59 months were identified. The health workers then sent postcards to the children's parents reminding them to bring their children in for a flu shot.

Two flu shot clinics held earlier this month gave the group the first indications that the project was succeeding.

In Gove County alone, there were 130 children identified to receive immunizations, including flu shots. About 10 percent have since received their shot, Goetz said, and it's early in the flu shot season.

"A clinic held on Wednesday, October 17<sup>th</sup> in Logan County brought in between 30 and 40 children in the target age group," said Georgetta Schoenfeld, Logan County Health Department administrator.

More children were immunized there in one day than the county had immunized all last year, Schoenfeld said. And an unexpected benefit was that parents also brought their older children-up to age 18-to be vaccinated.

"It took a little extra effort," she said. "The second time will be easier. This is something I would consider doing again even if the group didn't."

### **Local Quality Improvement**

Using quality improvement models to identify and address the low immunization rates has taught the local health department administrators the importance of collecting and understanding data, and using it to measure goals.

The MLC-2 program has provided training for the quality improvement programs and those involved in the pilot projects. "The training makes the tasks less daunting," Mullen said.

"I think at first it might have been seen as another thing that we have to accomplish on top of other demands," she said. "What was so helpful for our region was that the administrators committed to bringing their entire staff to the training we had for our region. That helped with the buy-in for the concept."

"I don't think anybody is going to speak out against quality improvement," said Lougene Marsh, executive director and administrator of the Flint Hills Community Health Center/Lyon County Health Department in Emporia.

## Minnesota Builds Capacity for Performance Improvement

By Deb Burns, MA, William J. Riley, PhD, and Sue Hedlund, MAL

Minnesota's MLC-2 project seeks to prepare for a future national accreditation program by 1) building the capacity of the public health workforce to use performance improvement processes and tools; and 2) reviewing Minnesota's current framework for performance improvement to identify gaps, inconsistencies and possible improvements, based on work underway nationally and in other states.

This article describes activities underway in MN to build capacity for performance improvement in the public health workforce through a partnership among the Local Public Health Association, the University of Minnesota/School of Public Health (SPH) and the Minnesota Department of Health (MDH).

### The Learning Collaborative Model

In spring 2007, all local health departments (LHDs) and tribal governments in Minnesota were invited to participate in a Learning Collaborative. The application asked for a brief description of a process or program that the LHD (or group of LHDs) wished to improve and an indication of commitment to participate in Learning Collaborative activities.

The resulting eight project teams represent every region of the state and encompass 38 of Minnesota's 87 counties and one tribal government. Examples of topics being addressed by the teams include 1) reducing WIC clinic no-show rates; 2) reducing staff time needed to respond to health alert network tests; 3) increasing immunization rates among certain populations; 4) streamlining administrative aspects of a tuberculosis program; and 5) improving timeliness of in-home personal care assessments to avoid lapses in service.

Each project team received a small amount of funding (\$2,000 for a single LHD or \$3,250 for a group of LHDs); training on quality improvement processes and tools; an SPH faculty member to provide consultation; and an SPH graduate student to assist with the project. Additionally, two staff from the MDH Office of Public Health Practice participate on each team. Other MDH staff are involved as appropriate, depending on the subject matter.

Three half-day Learning Sessions (held in July, August and September 2007) were conducted by University of Minnesota SPH faculty to provide an overview of quality improvement (QI) methods and techniques for the improvement teams. During those sessions the teams also worked to apply the concepts learned to their particular project and each team had a consultation time scheduled with SPH faculty trainers. The training portions of the Learning Sessions were also open to any interested LHDs in an effort to broadly foster a culture of quality improvement.

Topics addressed in the training include the Model for Improvement, crafting aim statements, developing measures of progress, process mapping, nominal group technique, run charts, fishbone diagrams, and force field analysis. During the working sessions, and between Learning Sessions, project teams were given assignments (e.g., developing an aim statement; developing measures of progress), which were then shared at the second and third Learning Sessions.

### **Next Steps**

From October 2007 through February 2008, monthly conference calls of the Learning Collaborative will provide opportunities for continued information sharing and consultation with SPH faculty trainers. Each project team will submit a brief monthly report summarizing the changes that have been made, and the results of the changes. The SPH faculty and graduate students will also meet monthly as a group for problem solving and mentoring.

A showcase event will be held to share results and lessons learned when the projects have been completed. The showcase may be paired with a training workshop to expand the reach to additional public health workers.

## Conclusion

This model is designed to provide hands-on experience working with quality improvement tools and techniques on an issue that is highly relevant to the project teams. By providing a structure and ample support via training, technical assistance and consultation, Minnesota hopes to achieve short-term successes that will contribute to the ongoing integration of performance improvement into public health practice. Although the projects are still underway, preliminary data are already showing progress in some of the LHD activities targeted for improvement. This collaboration is also strengthening ties between members of the academic and public health practice communities, and adding richness to the public health experience of the graduate students. Given this encouraging start, MLC-2 steering committee members are beginning to discuss ways to sustain this work after the conclusion of the grant.

## Our Partners

[American Public Health Association](#)

[Public Health Accreditation Board](#)

[Association of State and Territorial Health Officials](#)

[Public Health Foundation](#)

[Centers for Disease Control and Prevention](#)

[Public Health Informatics Institute](#)

[National Association of County and City Health Officials](#)

[Robert Wood Johnson Foundation](#)

[National Association of Local Boards of Health](#)

If you have any comments, questions or suggestions regarding *Making the Connection*, please contact Liz Tagle at [etagle@nnphi.org](mailto:etagle@nnphi.org).

The *Multi-State Learning Collaborative (MLC)* is managed by the [National Network of Public Health Institutes](#) and funded by the [Robert Wood Johnson Foundation](#).