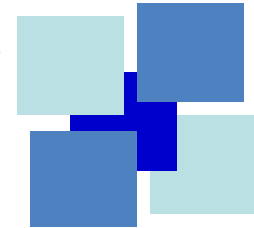


Workforce Development for Accreditation and Quality Improvement

APHA 2007
Session 4110.0
Lee Thielen, MPA
November 6th, 2007

Workforce Development for Accreditation and Quality Improvement in Michigan

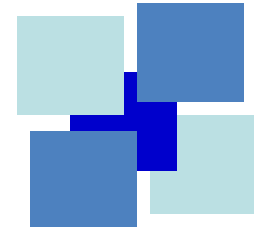


*Assuring and enhancing the quality
of local public health in Michigan*

Multi-State Learning Collaborative II :Quality Improvement in the
Context of Assessment or Accreditation Programs (MLC-2)

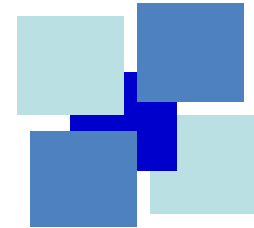
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Michigan Local Public Health Accreditation Overview



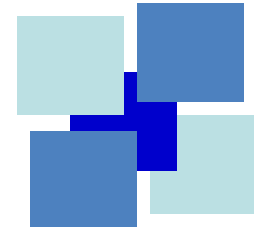
- 45 Local Health Departments in Michigan
- Mission of the program is to: *Assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments, and evaluating and accrediting local health departments on their ability to meet these standards.*

Accreditation Roles



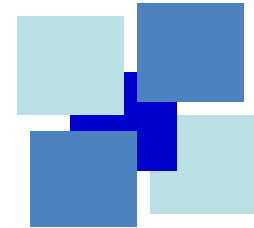
- MDCH, MDA, MDEQ serve as governing authority
- MDCH provides oversight and funding; over \$2 M since inception (1997)
- Accreditation Commission is advisory body
- Accreditation Quality Improvement Process (AQIP) Committee reports to Commission and monitors/sustains QI efforts
- MPHI provides daily program operations

Accreditation Goals



- ❑ Assist in continuously improving the quality of local public health departments
- ❑ Use a uniform set of standards for fair measurement
- ❑ Assure local capacity to address core functions
- ❑ Provide a mechanism for accountability

Accreditation Process and Designation



□ Three Step Process

Step one = Self Assessment

Step two = On-site Review

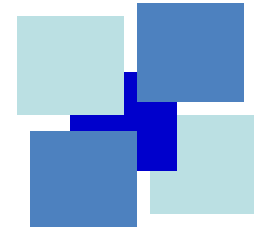
Step three = Corrective Plans of action

□ Two Designations

Accredited

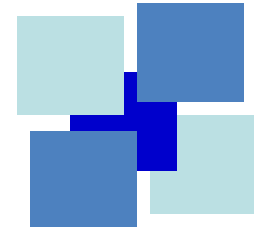
Not Accredited

Accomplishments



- ❑ All 45 local health departments have been accredited—twice
- ❑ Conducted over 115 on-site reviews at local health departments
- ❑ Evaluated organizational capacity and programs using 122 standards and 202 measures

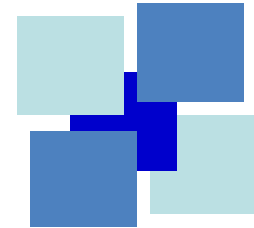
Michigan's MLC-2 Approach to Training the Workforce



- Inform local health departments (LHDs) about the elements of quality improvement (QI)
- Provide LHDs with learning opportunities related to QI techniques, tools, and methods
- Facilitate the application of QI tools to enhance organizational capacity
- Use Michigan Accreditation Standards and the NACCHO Operational Definition
- Aim to shift local QI efforts from program emphasis to a organizational capacity focus
- Guide the development of a collaborative learning module

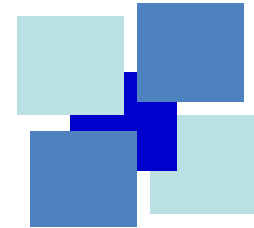
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Organizational Capacity



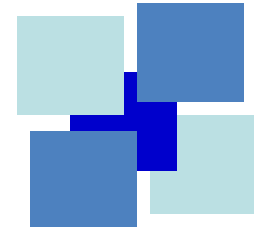
- ❑ Organizational capacity may be defined as the ability of an organization to carry out the essential public health services, and in particular, to provide specific services; for example, disease surveillance, community education, or clinical screening.
- ❑ This ability is made possible by specific program resources and by maintenance of the basic infrastructure of the public health system.

Learning Session



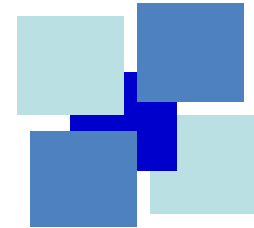
- ❑ Initial two day learning session was held with the four LHDs, the Project Team, and the Michigan MLC-2 Steering Committee
- ❑ Focus of the session was on Accreditation, Operational Definition of a Functional Local Health Department, Organizational Capacity, QI Principles and Tools, Data Analysis, Rapid Cycle Improvement, and Project Evaluation.

Workforce Training



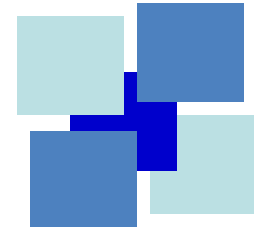
- ❑ Ongoing sessions with four LHDs through on-site meetings and teleconferences.
- ❑ Each session is tailored to the needs of the LHD, and tied to evaluations that have been distributed throughout the project period.

Collaborative Learning Module

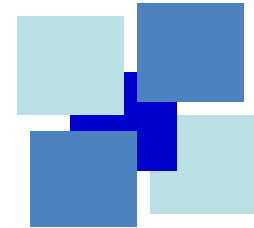


- ❑ CLM will be a guidebook of QI tools, resources and guidance that will be distributed to all of Michigan's LHDs and the public health community.
- ❑ Purpose of the CLM is to support growth, increase knowledge, and foster acceptance of QI as an approach for making data-driven decisions that lead to improvement.

Resources and Contact Information

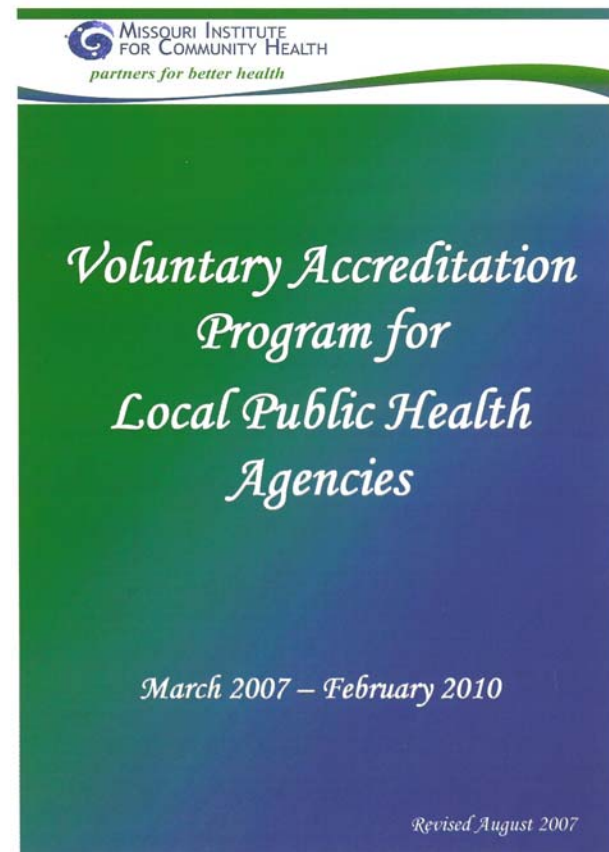
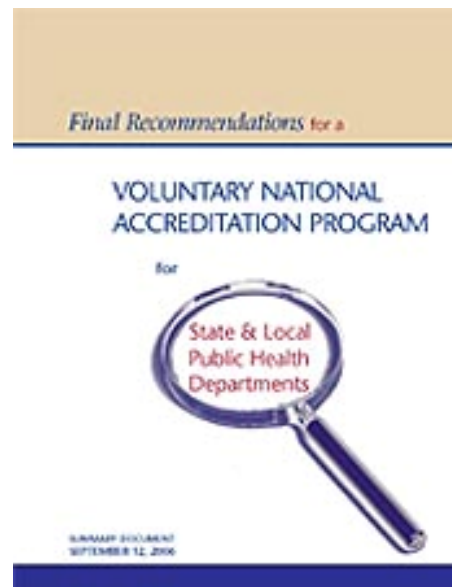
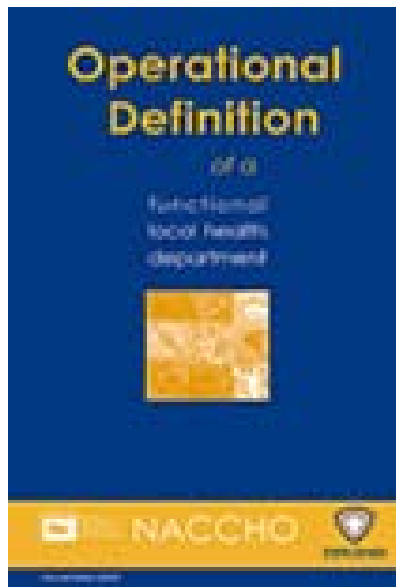
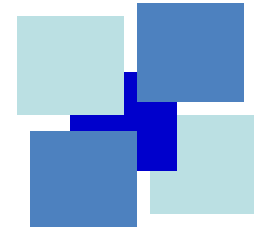


- ❑ The Michigan Local Public Health Accreditation Program website is www.accreditation.localhealth.net
- ❑ The website contains information about the Michigan Accreditation Program and MLC-2 Activities



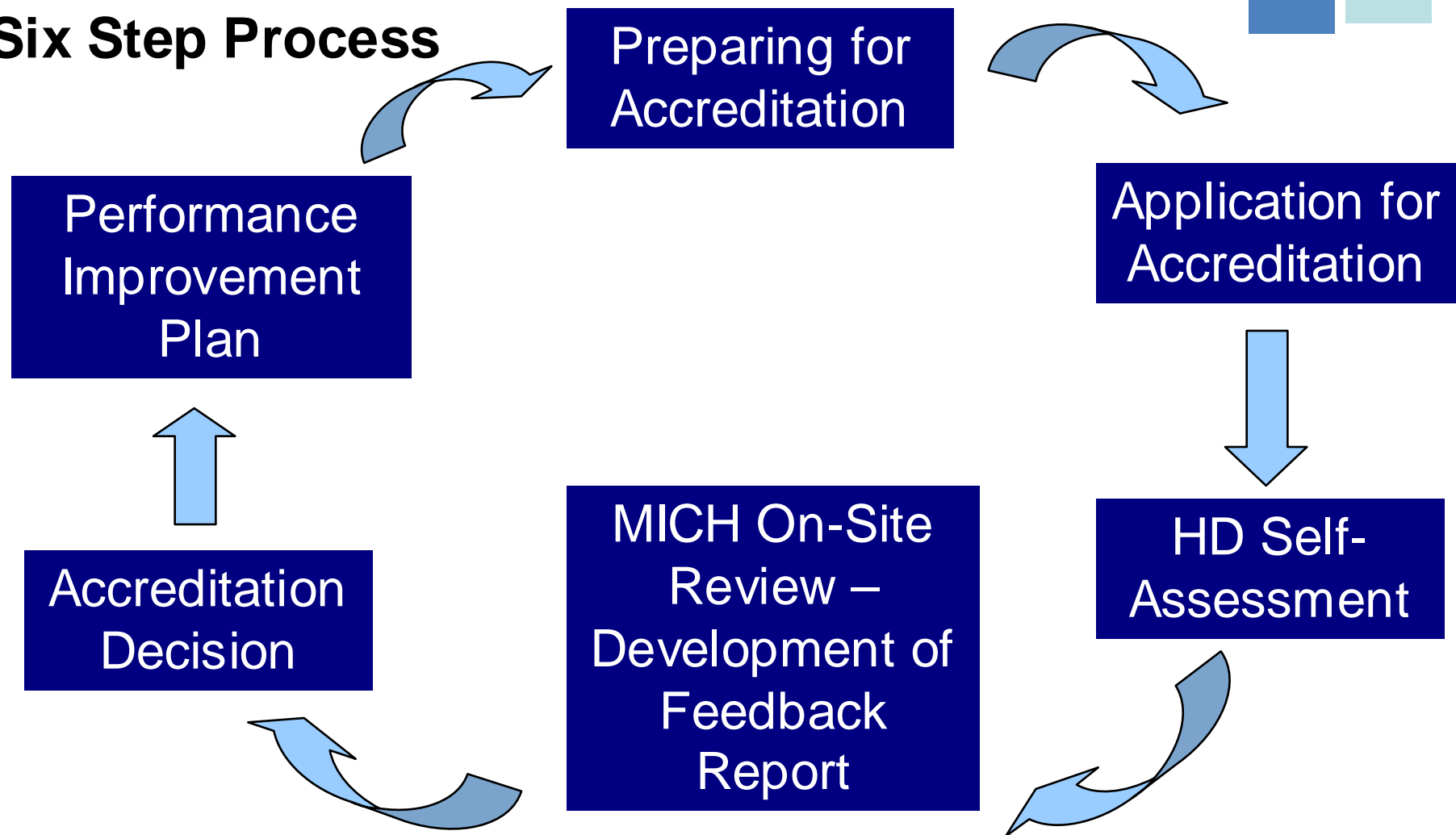
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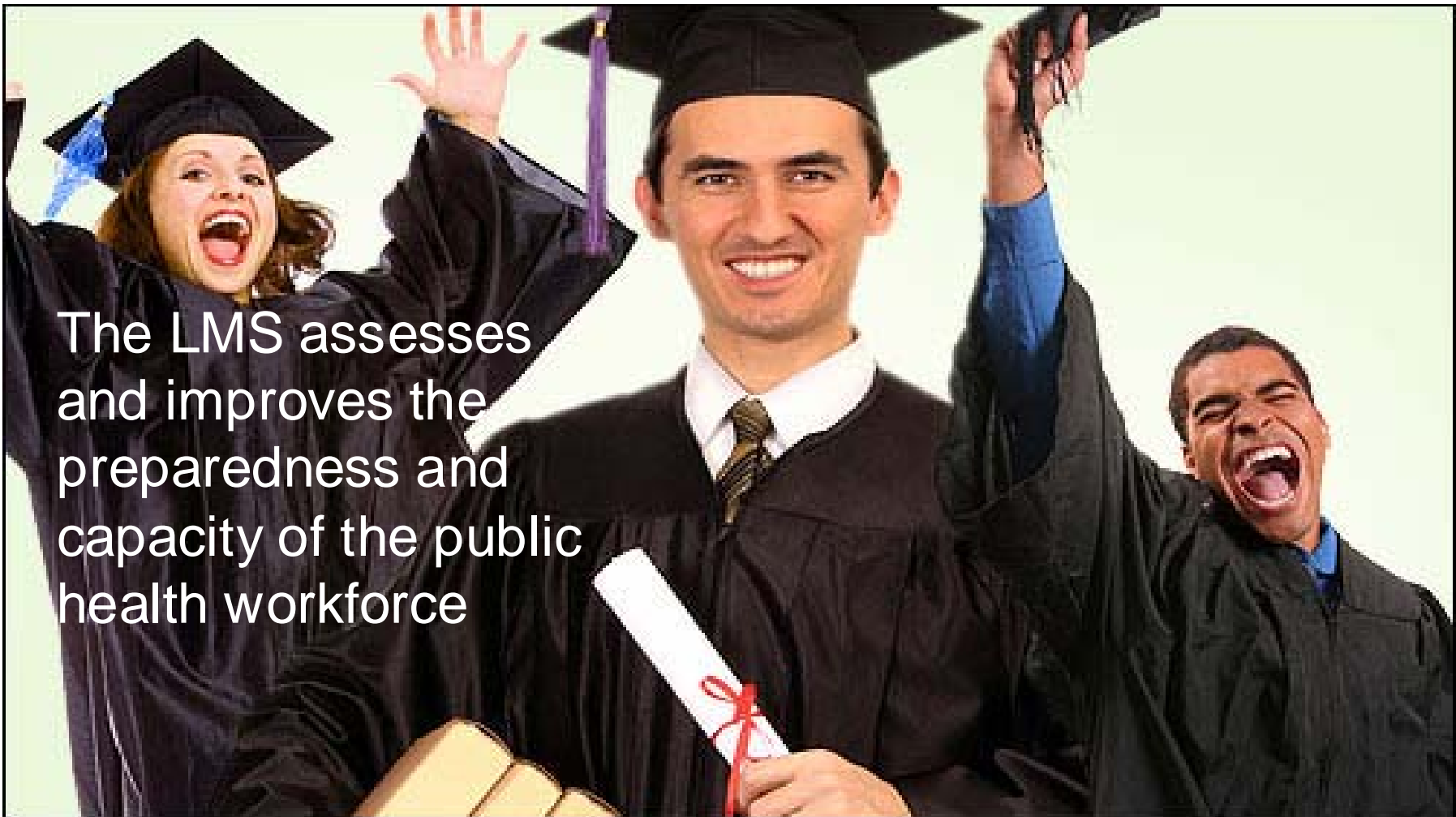
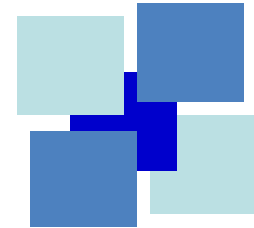
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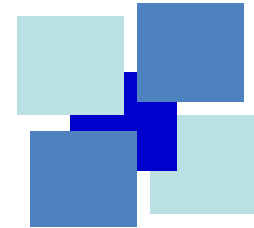
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Six Step Process



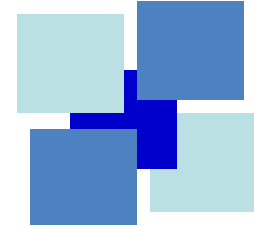


The LMS assesses
and improves the
preparedness and
capacity of the public
health workforce



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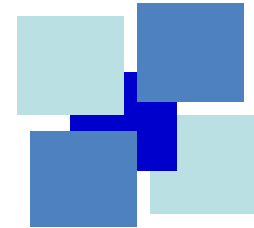
18



Improving Public Health in Washington State

Multi-State Learning Collaborative II :
Quality Improvement in the Context of Assessment or Accreditation Programs (MLC-2)

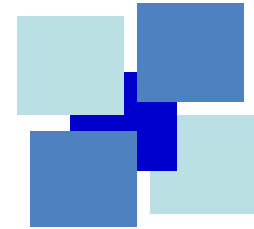
Multi State Learning Collaborative II



- Increase statewide understanding of Quality Improvement approaches and skills
- Add program-specific measures and mature the Standards measurement system
- Increase engagement and understanding by staff
- Improve the standards assessment processes

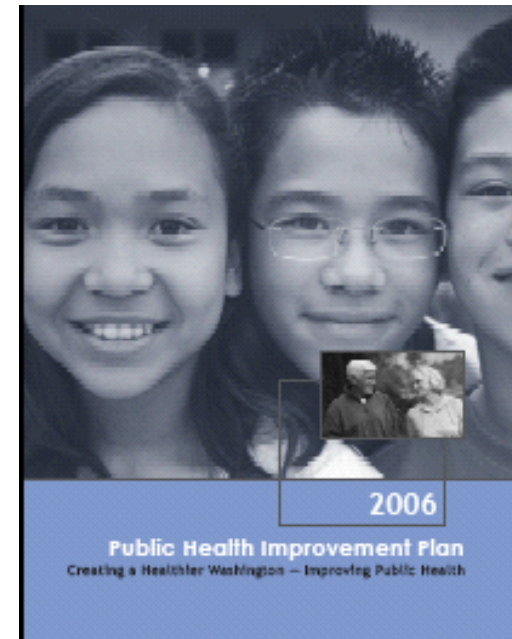
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Quality Improvement in the Context of Assessment or Accreditation Programs (MLC-2)



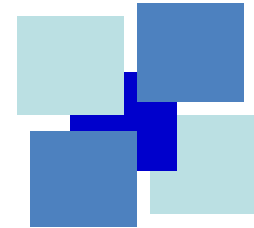
History of Improvement Processes

- **PL 43.70.520-Public Health Improvement Plan**
- **1994-1998 developed standards**
- **1999-2000 field tested standards**
- **2002 Baseline assessment**
- **2005 assessed state and local health**
- **2008 next statewide assessment**



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Quality Improvement in the Context of Assessment or Accreditation Programs (MLC-2)



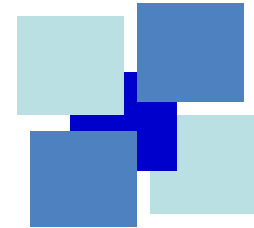
Our Goal

- A predictable level of public health protection throughout the state

“What every person has a right to expect.”

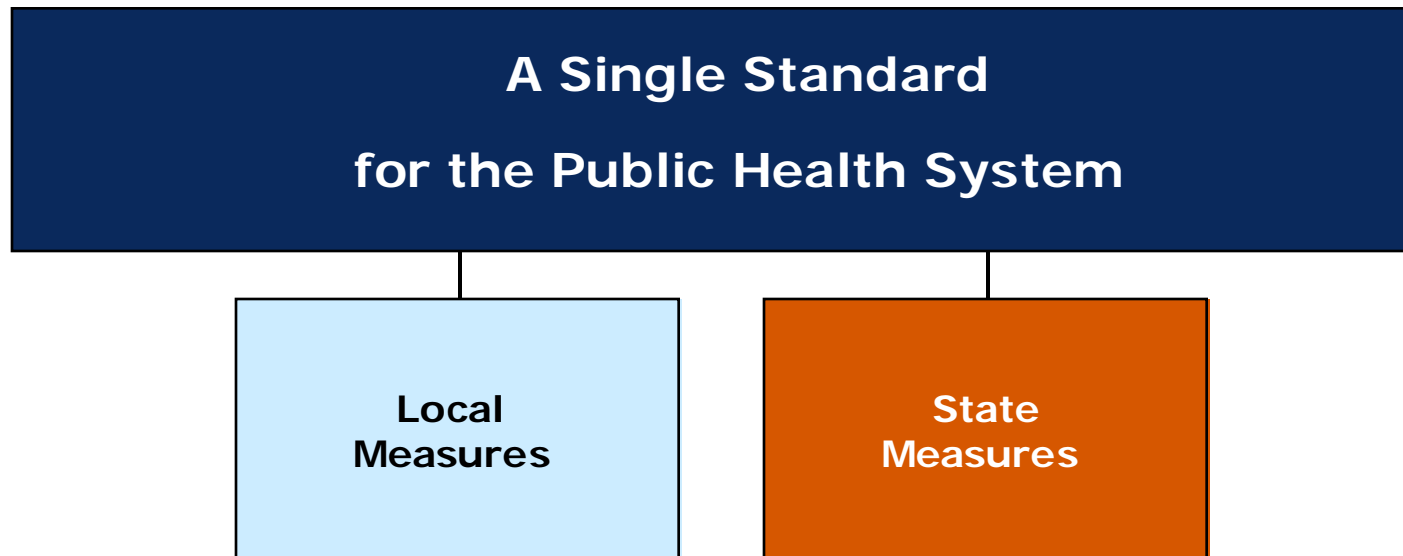
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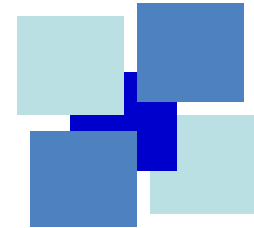
Standards

- 12 standards
- 2-12 measures for each standard
- Applies to state and local health



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Local Public Health Indicators

Criteria Examples

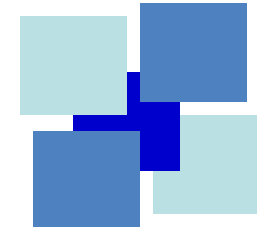
- Local data available
- Population-based
- Actionable
- Trends available
- Understandable

Indicator Examples

- Monitor health trends across Washington State at the county level
- Identify differences and areas of concern across the state
- Used to improve services through policy and programs changes
- Used to report results to Legislature, Boards of Health and other health policy bodies

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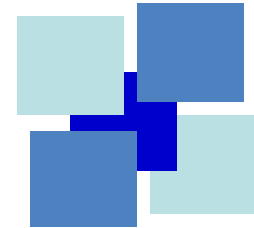
Local Public Health Indicators

All indicators are available and can be tracked by county, and over time.

Prevention	Maternal-Child Health	Health Service Access	Environmental Health
Smoking	Pre-natal care	Adults, unmet need	Solid waste compliance
Physical activity	Maternal smoking	Adults, source of care	Food establishment violations
Nutrition	Teen births	Adults, dental access	On-Site sewage system corrections
Alcohol use	Low birth weight	Adults, cancer screening	Communicable Disease
Diabetes	Teen physical activity	Adults with health insurance	Chlamydia
Mental health	Unintentional injury	Children with health insurance	Influenza
Poisoning	Asthma hospitalization		Child immunization

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How these work together

An LHJ must be carrying out Assessment (a **Standard**)

so that  A sudden increase in injuries/deaths from vehicle crashes in one community is recognized (**Health Indicator**)

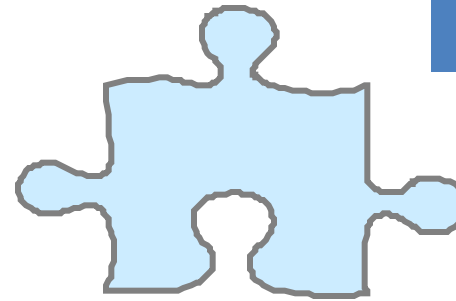
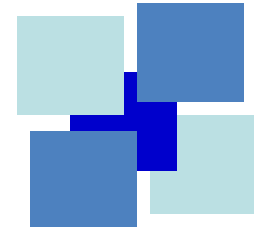
so that  A community strategy can be deployed, based on the best evidence about what works, (**Service, Program**)

so that  There are fewer injuries, deaths and/or crashes (**Outcome**)

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Three basic building blocks for improving performance



Health Indicators

How healthy are we?

How does our health compare to others?

What specific problems could we address?

Population level data



Standards and Measures

What should a health department be able to do?

Do we provide basic expected functions?

How do we compare to others?

Where do we need to improve?

System/organization level data

Quality Improvement Efforts – Program/Service Based

How can we improve the work we do -- that will result in better health or protection?

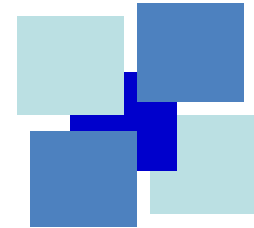
This is generally applied at the program or service level. There are many distinct programs/services. *Examples:* TB, Immunizations, WIC, Food safety.

Service-level data

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Putting the pieces together



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Identify the weak spots in public health practice

One Problem: Program evaluation is weak, so we do not routinely measure program impacts on health.

One Example: We have not systematically evaluated immunization efforts. Our immunization rates for 2 year olds appear low for the 4th DTAP. We have seen increased pertussis. Can we improve the effectiveness of this service?

Change what is not working

Response: Provide training and tools on evaluation and apply to specific services. Implement strong evaluation. Use the results to make services more effective.

Example: Outreach to medical providers, parents and day care to address immunization. Better data collection. Increased outreach to parents.

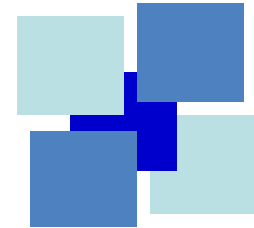
Monitor Results

Track rates: Determine if strategies are working

Example: Did the strategies work? Immunization rates up? Pertussis down? If not – why not? Was success achieved one place – and why?



Workforce Development The Standards



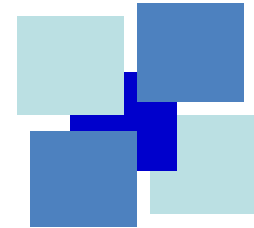
- **Electronic course- "Orientation to Washington Public Health Standards"**
- **The Standards booklets**
- **Exemplary Practices**
- **Web site**
- **Local contact at each LHJ**
- **Glossary**
- **Reverse look-up to 2005**
- **Crosswalk to NACCHO Definitions, core functions and 10 essential services**

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Workforce Development Local Public Health Indicators



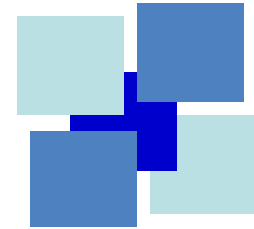
- **Web site**
- **Improvement collaboratives**
 - Immunizations
 - Birth certificates
 - Chlamydia
- **iLinc training**
- **Communication to LHJ Assessment Coordinators**

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Workforce Development Quality Improvement



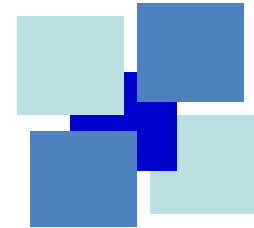
- Funding – mini grants (DOH, LHJs)
- Training on QI tools and skills
- Site specific consultations –mini grant sites
- Collaboratives on Local Public Health Indicators
- Tool kit
- Learning Congress

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“Plan – Do – Study – Act”

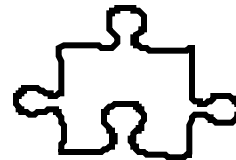
Example: Immunizations



1. Plan

Completing the full DTAP immunization series protects children and others from pertussis

Goals and targets are set

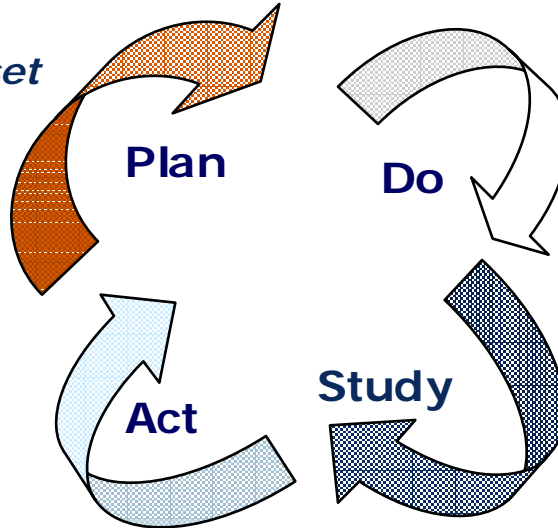


2. Do

Outreach to health providers, parents and day care can increase attention and follow through.

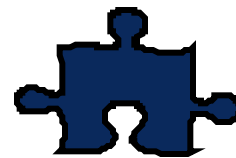
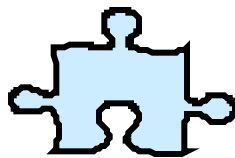
4. Act

Materials are improved, Tracking system is made easier to use. Return to Plan step, above, and set new targets.



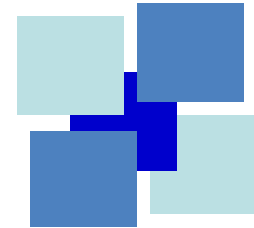
3. Study

Rates are monitored to see if they increased. Surveys may be used to gather data. What worked? What did not work?



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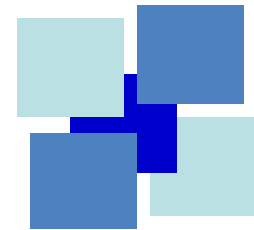
Washington Results

- Participation of all 35 health departments
- Participation of all programs in State DOH
- 18 teams trained in quality improvement methods
- Demonstrated improvement in Standards from 2002-2005
- Demonstrated improvement in results of public health work
- Consistent use of logic models throughout the state
- Consistent communication

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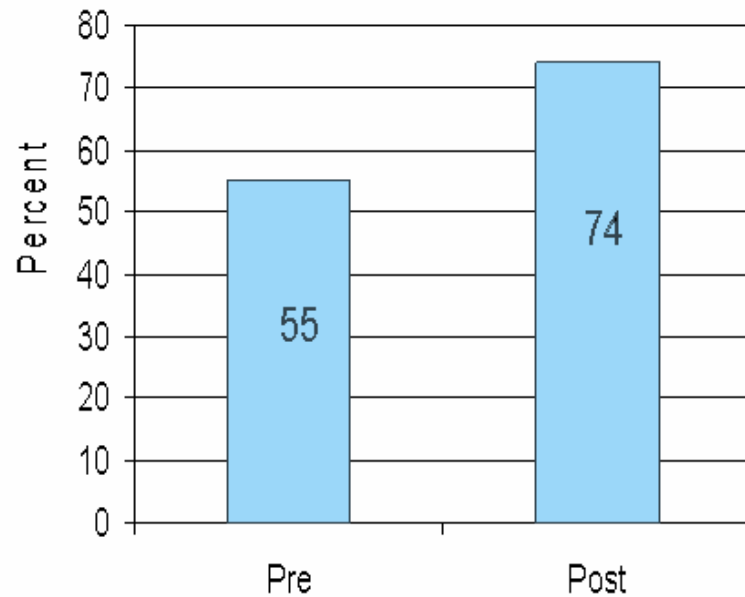
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Tacoma-Pierce Health Department



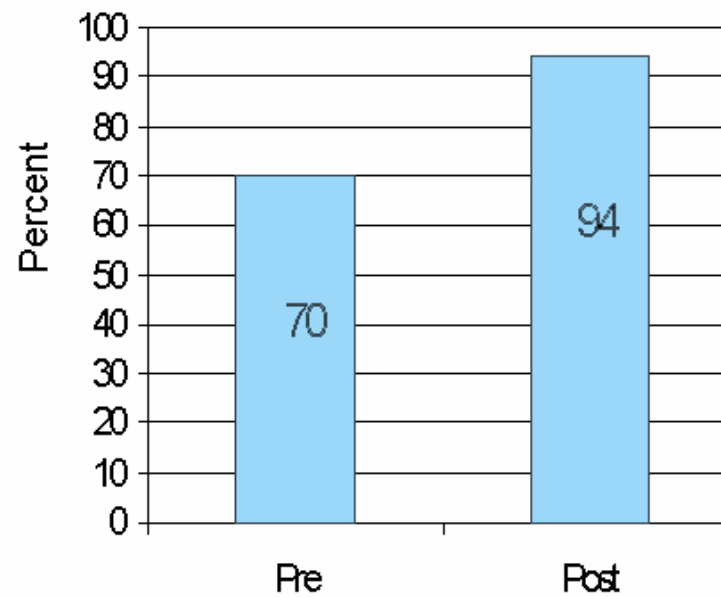
Results:

Percent of STD Case Reports That Include Race Data (Among Pilot Providers)



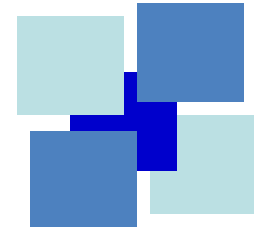
Results:

Percent of Septic Systems That Received a Final Inspection



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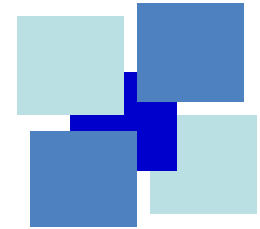


Websites to review

- **Public Health Improvement Plan**
www.doh.wa.gov/hip
- **Standards for Public Health**
www.doh.wa.gov/hip/PerfMgmt/07stds/main.htm
- **Local Public Health Indicators**
www.doh.wa.gov/hip/khi/lphi/overview.htm
- **Exemplary Practices**
www.doh.wa.gov/hip/documents/PerfMgmt/05EP/EPreport.pdf
- **Everybody Counts**
www.doh.wa.gov/hip/communications/tools/survey/everybodycounts/default.htm

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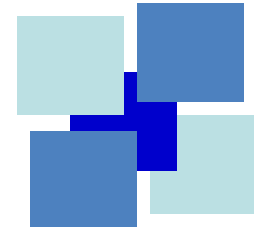
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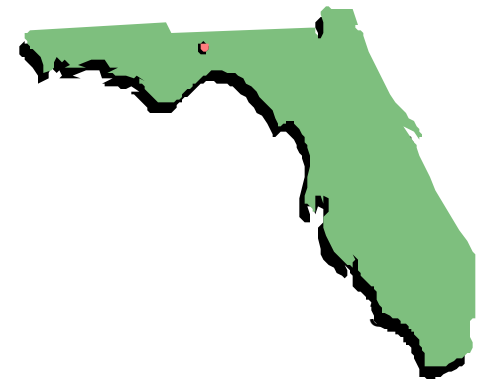
Engaging the Workforce in Florida's Quality Improvement Initiatives

Cathy Brewton, M.S., ASQ-CQIA
November 6, 2007

Structure of DOH

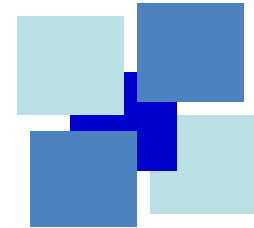


- ❑ State government agency
- ❑ 67 Public County Health Departments
- ❑ 17,000+ employees throughout the state of Florida
- ❑ 2006-2007 budget is approximately \$2,531,626,647



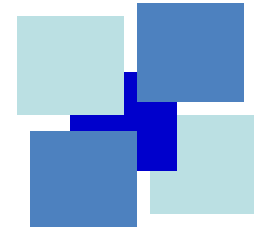
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How It All Began...



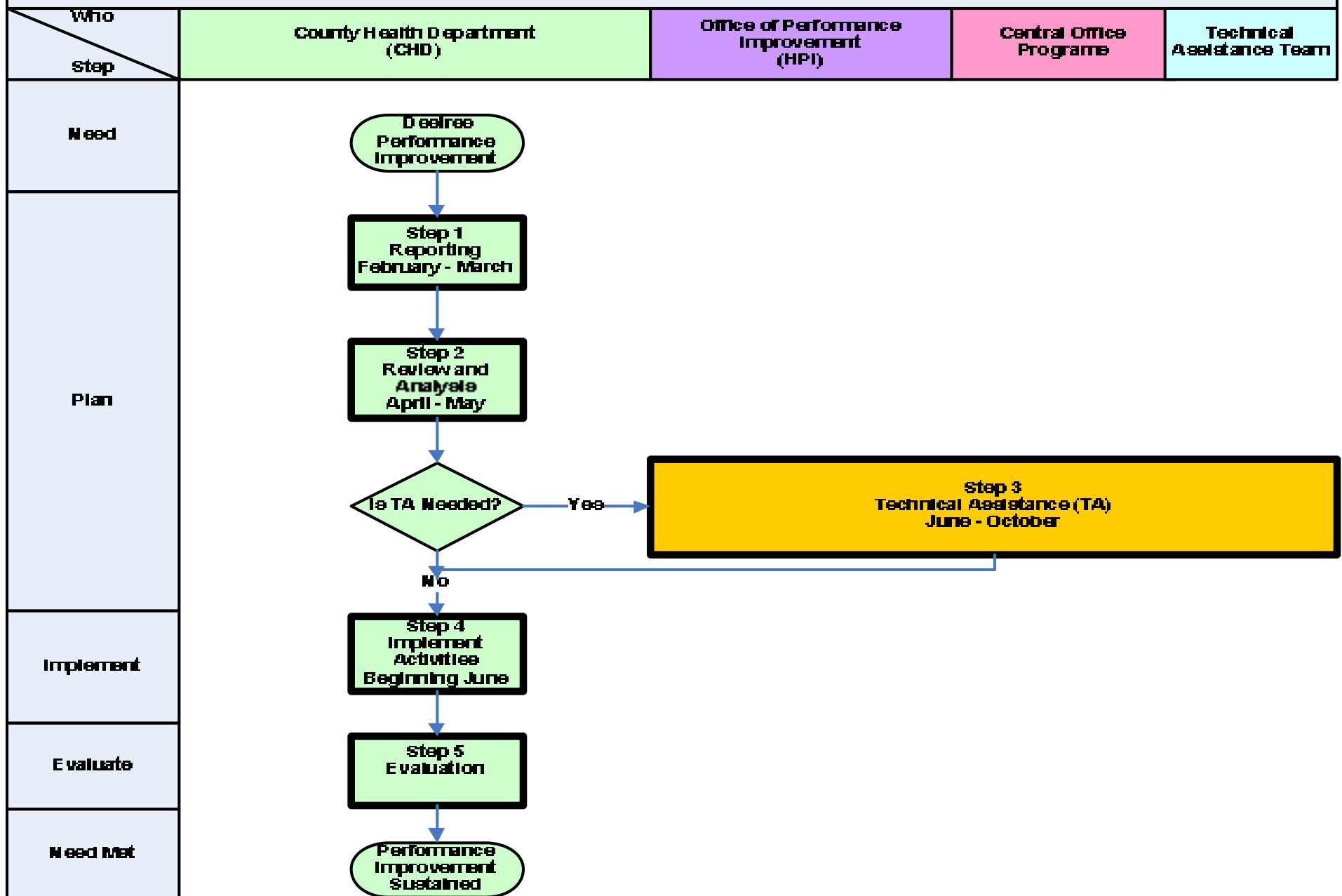
- ❑ 1988: Began Quality Assurance Reviews
- ❑ 1990: Transitioned from QA to QI
- ❑ 1998: Florida Sterling (Baldrige)
- ❑ 2000: Initiated Peer Reviewer Involvement
- ❑ 2005: Initiated Pilot CHD Performance Improvement Process
- ❑ 2007: Implemented Process for 67 CHDs

CHD Performance Improvement Process



- ❑ Provides a process to sustain performance improvement
- ❑ Provides a set of key indicators for CHD's to measure, improve, and compare performance
- ❑ Provides statewide view of performance on an annual basis to drive statewide initiatives
- ❑ Ensures collaboration between CHDs, Central Office Programs and HPI

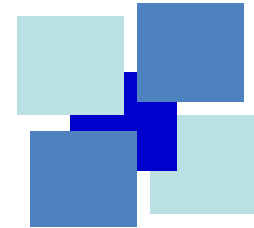
2007 County Health Department Performance Improvement Process Macro Process



SUNSHINE COUNTY PERFORMANCE SNAPSHOT

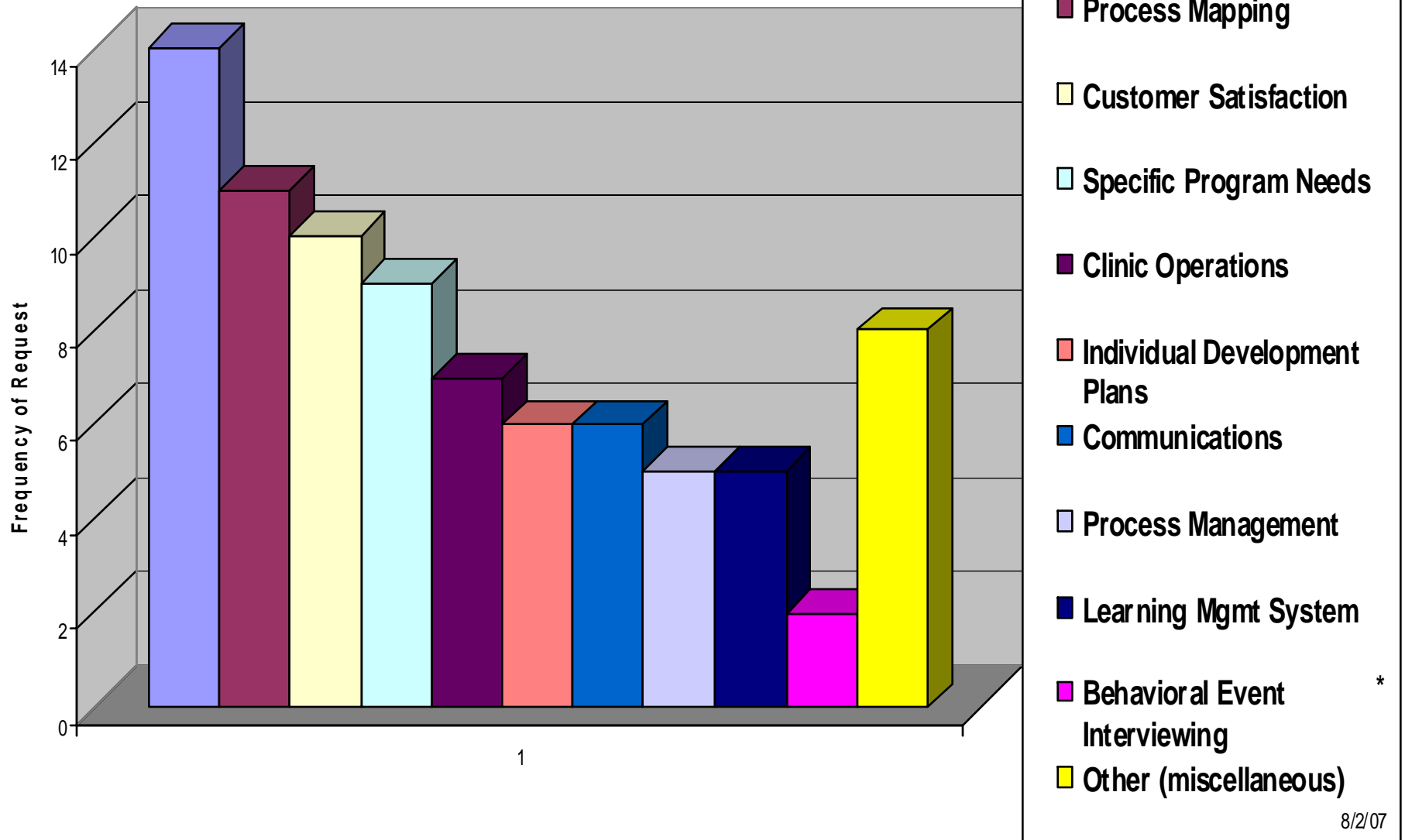
	Data Point 3	Data Point 2	Data Point 1	TREND	Target
(7.1) Products and Services Outcomes				Alert	
(7.1a) Assess, monitor and understand health issues facing the community					
(7.1a.1) Number of Births to Mothers Ages 15-17, Rate Per 1,000 Females, 3-Year Rate for All Races	57.3	55.8	42.9	+	21.0
(7.1a.2) Live Births Under 2500 Grams to All Mothers, Percent of Total Births, 3-Year Rates for All Races	10.3	9.2	7.9	+	5.0
(7.1a.3) % of WIC infants who are initially breastfed	62.8	68.6	60.0	ALERT	75.0
(7.1a.4) HIV cases per 100,000 population among non-Hispanic blacks	7.0	6.8	11.1	ALERT	120.0
(7.1a.5) % of active TB patients completing therapy within 12 months of initiation of treatment	0.0	50.0	66.7	+	90.0
(7.1a.6) Enteric Diseases Total, Rate Per 100,000 Population, 3-Year Rates for All Races All Sexes	49.9	55.5	54.8	ALERT	28.5
(7.1a.7) Chlamydia, Rate Per 100,000 Total Population, 3-Year Rates for All Races All Sexes	108.7	262.4	361.4	-	233.0

Statewide Action Plan



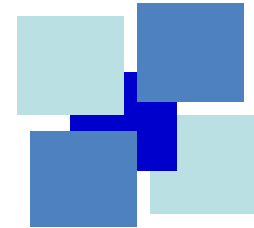
- Priorities identified from collection of statewide data
 - Performance Improvement Process(es)
 - Strategic Planning
- Action plan developed and implemented
- Resources distributed
- Statewide training conducted

2007 Technical Assistance Requests



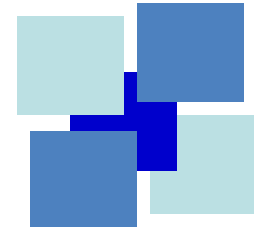
* Other requests included : effective strategies to address alcoholism, suicide, high rates of liver disease; preparation for Medicaid Reform; assistance with recruitment and retention of nurses and dietitians; employee reward and recognition, locating funds for community needs assessment; and GIS mapping.

Peer Advisors



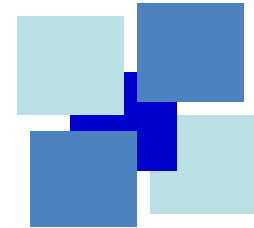
- ❑ Trainings coordinated for new and current Peer Advisors
 - Tampa (June) – 31 attendees
 - Tallahassee (July) – 31 attendees
- ❑ Peer Advisor web-based application developed
- ❑ Peer Advisors assisting with on-site visits
- ❑ New Peer Advisors shadowing on-site visits

Evaluation of CHD Performance Improvement Process



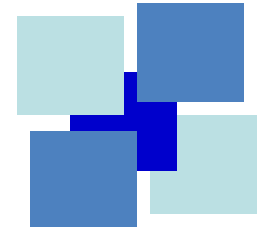
- Reporting Tool
- Technical Assistance
- Peer Advisors
- Overall Process

Cardiovascular Collaborative

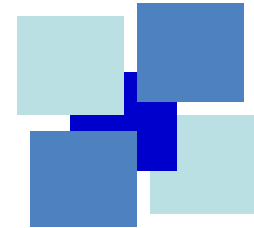


- ❑ Participation from ten (10) County Health Departments
- ❑ Identified AIM Statements
 - Increase the number of persons positively affected by our PA interventions.
 - Increase the use of quality and performance improvement methods.
- ❑ Sharing ideas
 - Monthly conference calls
 - Face-to-face discussion

Prepare for National Accreditation

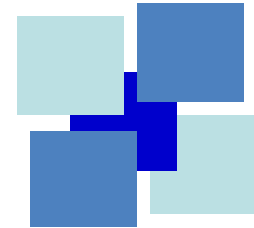


- Identifying infrastructure needs
 - State agency
 - Local health department
- Defining linkage to on-going performance improvement activities
- Marketing



Thank You

Florida Department of Health
Office of Performance Improvement
(850) 245-4007



For more information about these or other
MLC projects please contact:

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