

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Our Vision

Healthy people in a healthy community!

Our Mission

To serve Knox County by assessing health and environmental needs, developing policies, and assuring those needs are effectively addressed.

Knox County Health Department serves a population of approximately 52,000 residents in the West-Central portion of Illinois. The area is very rural with Galesburg, Illinois being the largest city of 32,000 and several small farming communities surrounding it.

The Knox County Health Department is also a Federally Qualified Health Center with a total of 46 employees serving our area. Total programmatic areas include: communicable disease, environmental health, emergency preparedness, wellness promotion, health education, family case management, Women, Infants, and Children, and a dental and medical clinic.

The five areas of greatest need, identified by our health assessment are: access to health care; nutrition, obesity, and diabetes; oral health care; sexual behavior and health; and mental health.

2. **Project Overview**

Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

Through the NACCHO Accreditation Support Initiative project, the Knox County Health Department contracted the Illinois Public Health Institute to lead 6 face-to-face learning collaborative meetings with the 4 teams, 6 face-to-face Quality Improvement Council meetings, and trained 100% of health department staff.

Each team was trained on quality improvement tools and concepts. The teams through a process of multi-voting and application of a project feasibility matrix each chose a project, created an aim statement, and traveled through an entire Plan-Do-Study-Act cycle.

As well as, through this effort the Knox County Health Department convened a Board of Health appointed Quality Improvement Council to guide all Quality Improvement efforts for the department. This Council serves to support and foster a culture of quality in our organization.

The Quality Improvement Council was tasked with creating an agency-wide Quality Improvement Plan. The plan was adopted by our Board of Health in May 2014. The plan will serve as a guide toward our continuous pursuit of quality improvement.

3. **Challenges**

*Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

Several challenges of note were weather related closures, staffing changes, data collection, and meeting times. Concerning weather related closures and data collection, the project period was during the coldest months for our area and particularly this year, we had several days with extreme cold warnings and inclement weather. This affected meetings times and re-scheduling as well as it impacted the amount of incoming clients for data collection. Timing of projects with respect to season change should be considered.

Staffing changes had a minor impact on projects as some employees left and those roles had to be covered by existing staff. This affected the ability for some staff to participate as well as one quality improvement project team lost a member all together. But because roles on QI Teams were flexible, this was resolved.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your agency's work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

There was some overlap of roles for staff in the QI Teams and QI Council. Two meetings occurred back to back and required the full day; on these days, lunch was provided to streamline participation and align lunch schedules. Other factors that made this a major success were the work of the 4 team's data collectors. The two individuals were well versed with statistical analysis, data collection, analysis, and management, as well as talented to be able to graphically depict those results.

The graphical aids they produced described an accurate picture of our situation.

The Illinois Public Health Institute's teaching methodology was also a major factor of success. The several face-to-face group meetings, the online accessibility (shared cloud drive, email consultation), and access to several QI best practices throughout the nation boosted our performance.

5. **Lessons Learned**

Please describe your agency's overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

Lessons learned included several small solutions that arose from monthly learning collaborative meetings:

- Training materials sent out ahead of time
- Packets to include room for note taking
- More staff per team to evenly distribute project duties
- More practice with QI tools
- Alternate roles on teams e.g. minute taker, presenter, document collector
- Scheduled deadlines were implemented at the beginning and proved to be very beneficial

6. **Funding Impact**

Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

Funding was able to provide us expert technical assistance and consultation by the Illinois Public Health Institute. Their extensive knowledge and outsider perspective greatly assisted in guiding us through our 4 projects and through the creation of a department-wide Quality Improvement Plan.

While a grant deliverable, funding made the Atlanta, GA training possible which proved to be more than complimentary to this initiative as well as a capstone to this experience.

7. **Next Steps and Sustainability**

What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

The Knox County Health Department will continue monitoring the 4 quality improvement projects through the next several months to ensure our intervention made adequate affects as well as determine if changes need to be made/abandon the current intervention and complete another Plan-Do-Study-Act cycle.

The Quality Improvement Council will continue to meet bi-monthly to discuss current and future projects. Annually, the Council will review the Quality Improvement Plan and make necessary

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revisions and/or additions. The Council will also monitor the need for trainings.

As well as, sustainability of Quality Improvement will also be carried out through Board of Health meetings and public story boards of our Plan-Do-Study-Act cycles. Quality Improvement is a standing agenda item and story boards are displayed during all Board of Health meetings. In turn, all staff meetings cover the Board of Health agenda and subsequently, this becomes a standing agenda item in all staff meetings.

On an unrelated note, the attached Federally Qualified Health Center is also undergoing the same Quality Improvement Learning Collaborative with the Illinois Public Health Institute and the two entities are able to share best practices and collaborate together.