The Road Toward Accreditation through Regional Cooperation

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Kansas Accreditation Experience

A. Where is Kansas in the accreditation process?

B. Challenges

C. Action Steps

D. Closing Thoughts
Kansas Accreditation Experience

A. Where is Kansas in the accreditation process?
Kansas Progress Toward Accreditation

Precontemplation

Contemplation

Preparation

Action

Maintenance

Regional Collaborative Agreements – 2002

Preparedness Regions “Small Partnerships”

Regional Cooperation
Performance Management
Assessment Tools
“Large” Partnerships and Alliances
Communication
QI Efforts

Beta Test Site
In Kansas, We Believe That…

“Everyone, no matter where they live, should reasonably expect the local health department to meet certain standards.”

Source: National Association of County and City Health Officials, "Operational Definition of a Functional Local Health Department,” November 2005.
Kansas Accreditation Experience

B. Challenges
Challenges to Accreditation

Kansas Public Health Structure

100 local health departments

- 90% of LHDs serve populations < 50,000
- 36 counties < 5,000

- Frontier
- Rural
- Densely Settled
- Semi-urban
- Urban
Obstacles to Accreditation

- Distance
- Sparse population
- Organizational capacity of Local Health Departments (LHDs)
- Resources

What can be done?
Kansas Accreditation Experience

C. Action Steps
Kansas Accreditation Experience

Regional Cooperation

Exploring Capacity and Readiness

Reaching a Broader Audience

Quality Improvement Efforts
Regional Cooperation: Starting Right

Accreditation

Regional Cooperation
Regional Cooperation: Starting Right, continued…

Source: U.S. Census Bureau, Census 2000
Regional Cooperation: What and Why?

- Consortium of LHDs
- At Least 3 Contiguous Counties
- Each County – 1 member on Board
- You Pick Partners
- Not Consolidation
- Formal Agreements
- Shared Provision of Services
Regional Cooperation - Drivers

The need to:

- Economize
- Expand preventive services
- Meet increasing staff shortage
- Improve accountability and quality improvement
- Adequately assess community health
- Mobilize LHDs

Source: A Report on Local Health Departments Regionalization, National Association of County and City Health Officials, October 2009.
Regional Cooperation - Anticipated Benefits

- Financial advantages
- Enhance public health visibility
- Improved services
- Focus on data
- Internal advantages

Source: A Report on Local Health Departments Regionalization, National Association of County and City Health Officials, October 2009.
Regional Cooperation Challenges

- Time constraints
- Fear of loosing LHD jobs
- Lack of funding to support new services
- County commissioners interest in safeguarding local control
- Overall resistance to change
- Liability concerns

Source: A Report on Local Health Departments Regionalization, National Association of County and City Health Officials, October 2009.
“Almost without exception, the LHDs have viewed regional cooperation as a means to position themselves for accreditation and influence the development of accreditation standards and survey requirements. Primarily, they hope to be able to maintain their county identity and their programs while still obtaining accreditation. Expansion and improvement of services are additional objectives.”

Source: A Report on Local Health Departments Regionalization, National Association of County and City Health Officials, October 2009.
Exploring Capacity and Readiness - Performance Management

Exploring Capacity and Readiness Through Assessment Tools

Operational Definition

of a functional local health department

November 2005

NACCHO
NACCHO Regionalization Project

North Central Region

Northeast Corner Region
• Address gaps through a regional approach
• Legal and financial considerations
• Develop communication strategies

• Assessment results compiled by region
• 2 regional assessments compared/combined to study major strengths & challenges

• 19 health departments completed assessment
• Assessment results compiled by region
• 2 regional assessments compared/combined to study major strengths & challenges

• Local Health Departments
  Local Officials/Boards of Health
• State Elected Officials

Accreditation

Capacity Assessments

Regional capacity improvement planning

Communication
Reaching a Broader Audience

- Local Health Departments
  - KALHD Mid-Year Meeting
  - Peer-to-Peer Program Presentations

- Local Officials/Boards of Health
  - Regionalization Summit
  - New Commissioner Training
  - National Association of Counties (NACo) Annual Conference

- State Elected Officials
  - KHI Legislative Luncheon
  - Senate Health Committee Hearing on Public Health
  - Legislative Initiation of Planning Process
Current Quality Improvement Efforts

KS Association of LHDs

KS Dept. of Health and Environment

KS Health Institute

University of Kansas Medical Center

Local

Region
Kansas Multi-State Learning Collaborative

NE Corner Subregion Team

Lower 8 of SE Team

KDHE Team
Northeast Corner Subregion
Northeast Corner Subregion

- **Team Description:**
  - 2 LHDs - 9 members

- **Identified Focus/Need:**
  - Provide pregnant women assistance in making a prenatal intake appointment
  - Schedule 95% of prenatal intake appointments within 10 working days

- **Current Approach**
  - Provide verbal counseling on prenatal care
  - Not all clinics provide a listing of area obstetricians
  - Not all clinics consistently refer pregnant women to prenatal services
Teams: Northeast Corner Subregion, continued....

- **Data and Tools**
  - **QI Tools (selected):** Flow Charts, Fishbone Diagram, 5 Why’s, Affinity Diagram, Pareto Chart, SWOT Analysis
  - **Data:** Kansas Information for Communities (KIC)

- **Identified Barriers**
  - Outdated information in regard to clinic hours and choices available for delivery sites
  - Providing a listing of obstetricians does not guarantee the client will make a prenatal appointment
  - Limited number of prenatal intake appointments available each week
Example of Improvement Cycle: Increase the Number of Intake Appointments

Activities

- Open/flex the clinic intake appointment book to accommodate 2 – 5 more intakes per week as the schedule allows.

- Make intake appointment while the client is still on site – “Warm handoff”.

- Reformat intake registration form and change the process of how the form is filled out.

Results

17% more women entered prenatal care in 1st trimester.
Kansas Accreditation Experience

D. Closing Thoughts
Closing Thoughts - Strengths

- Moving in the right direction
- Strong foundation
  - Regional Cooperation
  - Regional Improvement Plans
  - Community Health Assessments
  - QI Efforts
  - Communication
Closing Thoughts - Challenges

- “Need to Speed Up”
- Need more of:
  - Regional Cooperation
  - Regional Improvement Plans
  - Community Health Assessments
  - QI Efforts
  - Communication
Accreditation

Kansas
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Kansas Health Institute

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