

Research Findings Brief

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Quality Improvement and Accreditation Strategies in Nebraska's Regional Local Health Departments

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Research Highlights

- The role of the Nebraska Office of Community and Rural Health (OCRH) in local health departments' (LHDs') drive to seek accreditation is extremely important. The funding and additional resources provided by the state have enabled many LHDs to begin the process of readying their department for accreditation and developing quality improvement (QI) initiatives.
- One LHD was an early adopter of QI strategies and has been much more prepared to begin the process of accreditation than the LHDs that were later adopters of QI strategies.
- The partnerships created between the LHDs have been very valuable in the process of preparing for accreditation. Late adopters of QI strategies perceived that they gained valuable technical assistance from the early adopter of QI strategies.
- The challenges for LHDs in the areas of QI and accreditation mirror each other. Allocating staff time for QI and accreditation can be difficult in the midst of other job responsibilities.

Introduction

With the launch of the Public Health Accreditation Board (PHAB) accreditation process in September 2011, local health departments (LHDs) have started considering the PHAB standards and measures in relation to their own policies and procedures. Nebraska provides a unique context in which to study accreditation and quality improvement (QI) within the regional LHD structure. The purpose of this qualitative study was to identify the strengths and weaknesses of Nebraska's regional LHDs in essential service areas and to examine their readiness for accreditation. This study also examined the relationship between QI strategies and accreditation for regional LHDs in Nebraska in order to inform how QI and accreditation strategies can be better integrated.

Methods

Qualitative interviews were completed with directors and selected staff members from four LHDs to gain insight about their experiences in the areas of QI and accreditation. These four sites were chosen for their variation in composition, with one urban LHD and three rural LHDs. Additionally, these LHDs were chosen for their variation in readiness to apply for accreditation. Face-to-face interviews were conducted with the LHD directors and selected staff. A total of seven interviews were completed. These interviews were transcribed and coded for themes using NVivo qualitative analysis software (QSR NVivo 10).



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Results

Strengths in the 10 Essential Services

One of the strengths of the LHDs is Essential Service 2, “Diagnose and investigate health problems and health hazards in the community.” Several LHDs reported strong disease surveillance and investigation programs.

“We have designated staff for disease investigation. And so whenever there is an outbreak or using the NEDS system, there’s [someone] there to follow up. . . . Actually, we have two trained nurses in Epi, so I would say that is definitely our strength.” (LHD Director)

Another strength of the LHDs is Essential Service 4, “Mobilize community partnerships and action to identify and solve health problems.” Many reported very strong community partnerships that have been successful in addressing community health problems.

“I think our biggest strength is probably working with the community and [mobilizing], I think we are very good at that. . . . Because without the community, we could not survive.” (LHD Director)

Weakness in the 10 Essential Services

A common weakness among the LHDs is Essential Service 10, “Research for new insights and innovative solutions to health problems.” Many cited lack of time, capacity, and staffing as the reason for the weakness.

“And then for research, I just do not feel like we have the capacity, skills to do that. We would be interested in participating in research. I think it would [be] terrific as it needs more research in a rural area. I guess I haven’t figured out how to make that happen. It is limiting sometimes that there are not models based on rural areas.” (LHD Director)

Challenges to Implementing Accreditation

Directors and staff noted several challenges in the process of preparing for accreditation. One of the main challenges is feeling overwhelmed by the process of accreditation and confused about what is required.

“I think when we first started, it was just getting the big pieces together . . . what really do they mean, you know, what really are they looking for when you are gonna submit. . . . I think those are some challenges because we are still not quite sure what the PHAB standards are and what they are asking for.” (LHD Staff Member)

Another major challenge LHDs face as they consider accreditation is lack of staff time for compiling the accreditation documentation.

“Most people are fairly busy managing their programs. The challenge will be having them be able to take the time to gather their documents in conjunction with their daily tasks and to fill up the folders that we have in the common drive. . . . I think the challenge for us will be for staff to have time to do it.” (LHD director)

Challenges to Implementing Quality Improvement

The challenges to implementing QI strategies are very similar to the challenges reported for preparing to apply for accreditation. The LHDs found that having competing priorities and a lack of staff time hindered their ability to implement QI strategies within their LHDs.

“We are incredibly short staffed. Not only we are out of space, but everybody is doing many jobs, so it’s this having the time, quality takes time, it saves time, but it takes time. . . . We will never have enough resources.” (LHD Director)

The LHD interviewed that had been using QI strategies for several years seemed more prepared to begin the process of accreditation. In fact, they had already submitted a letter of intent to the PHAB at the time of the interview. The early-adopter LHD indicated that their existing QI infrastructure was helpful in beginning the process for accreditation.

"We already had a firm, we were already doing a lot of stuff. . . . Under the human resources section [of the PHAB standards and measures] . . . for us that is like a check, check, check, check, you know we were doing all of that." (LHD Director)

How These Challenges are Addressed

The LHDs address challenges for both implementing QI initiatives and preparing for accreditation similarly. For both the accreditation process and QI initiatives, LHDs tended to take a team-based approach in order to begin the process for accreditation and implementation of QI initiatives. Because staffing is limited, the team-based approach ensures that the burden of both accreditation and QI is distributed across multiple people.

"We've had teams for a long time. . . . All of our teams are effective." (LHD Director)

One of the main effective strategies to address the challenges associated with accreditation is for LHDs to work in partnership. Many of the LHDs are in the process of preparing for accreditation, which also requires the development of QI initiatives. Later adopters of QI initiatives have gained valuable technical assistance and tools from the LHD that was an early adopter of QI initiatives and that has already applied for accreditation.

"One of the health departments from the conference calls, that [name removed] would get on and discuss, talk about the progress they had made. I actually called her and individually got to talk to her on the phone, and she helped me quite a bit with a plan of how to set up our common drive on the computer to be able to store the documents." (LHD Staff Member)

Additionally, LHDs have been sharing their copies of existing policies, procedures, and other documentation to aid one another in the process of developing these documents for accreditation. Having an existing document from which to start writing its own documentation has been very effective for these LHDs.

"Now we are moving to a new capability, that will be easier, share documents. . . . We do plan to borrow and steal anything [that] we can get." (LHD Director)

Relationship between Quality Improvement and Accreditation

Many of the LHDs reported that QI and accreditation are not separable from one another. They reported that one leads to another in a cyclical fashion.

"I think accreditation is part of the quality improvement process for a health department. They go hand-in-hand. And I know you need to have a quality improvement plan to be accredited. Like you need a strategic plan and . . . so it's just one piece of one big animal." (LHD Director)

Several LHDs reported that accreditation is integrated with QI in their LHD because it is a driving factor for them to implement a QI strategy or plan.

"Accreditation is showing us where we are falling down in QI. That is not necessarily a positive because it opens up little weak areas that I do not like to see but that are there. But it is helping me see what they are and where they are. So it helps me correct that if I was not doing accreditation I might be blind to some of these. Yes, so accreditation is helping with QI because as we go through with it I know I am going to see more areas where we are not doing anything." (LHD Director)

Readiness for Accreditation

There is some variation in levels of readiness for accreditation within the LHDs interviewed. The one early adopter of QI has already submitted a letter of intent to apply for accreditation and will have its site visit in 2013. The other three LHDs interviewed have some of their prerequisites done and are looking to apply within the next three to five years.

Opportunities in Quality Improvement and Accreditation

One of the main reasons participants believed that QI would be good for their LHD is because it would improve LHD activities through documented evaluation, and thus would better serve the public.

“Even a QI project around something like that [fit-testing respirators], it is gonna tell me when the best time to get this evaluation. . . . Those evaluations will get us set up and that is like every program and every grant have that opportunity to look at it, and get that feedback.” (LHD Staff Member)

The LHDs identified several benefits of accreditation. LHDs forecast that in the future there might be funding opportunities that are limited only to LHDs that have received PHAB accreditation. They see accreditation as an opportunity to be able to apply for those funding streams.

“One of the benefits that has been dangled in front of us has been perhaps if you have been accredited, in the future, there will be a few less hoops to jump through when you are applying [for a grant]. Perhaps, you are not accredited, in the future, you might not be able to apply for certain types of funds. And those, I think, would be all important.” (LHD Director)

Another benefit identified is QI and standardization of processes within LHDs. LHDs believe that implementing accreditation standards and measures will make their LHDs better.

“I will say that it is gonna make us all obviously more standard everywhere . . . we all are gonna be, you know, talking the same language, we all know that we are gonna have certain things that we should have, I think that to me, is the biggest thing, how we all will have the same stuff.” (LHD Staff Member 1) *“Kind of a framework of excellence”* (LHD Staff Member 2)

Role of the State Office of Community and Rural Health in Accreditation and Quality Improvement Initiatives within LHDs

The Nebraska Office of Community and Rural Health (OCRH) has been an important factor in LHDs’ decision to begin the process of preparing for accreditation. Given the tight budgets that most LHDs operate under, many LHDs could not afford to undertake all the prerequisites for PHAB accreditation. The OCRH has provided funding through a contract with the Public Health Association of Nebraska (PHAN) to all the LHDs in Nebraska to fulfill the prerequisites for accreditation, which include updating their community health needs assessment (CHNA), completing a community health improvement plan (CHIP), or completing an agency strategic plan. The OCRH funding can also be used to complete a self-assessment of the PHAB standards. The OCRH also provided an additional small funding opportunity to the LHDs to complete a QI plan or a QI project.

The OCRH’s contract with PHAN also provides all Nebraska LHDs with the Mind Manager software to use for accreditation purposes. The OCRH has also arranged to hire a consultant to organize the group conference calls about accreditation and the usage of the Mind Manager software. They have also brought in outside experts on QI to provide training and ongoing technical assistance to LHDs interested in developing QI projects. This extensive support has made a large impact on the number of LHDs that are beginning the process to prepare for accreditation.

“All of those trainings last fall helped a lot, and there’s also monthly conference calls for a couple of workgroups that we have within the state. There’s one that works with policies and procedures. And there’s another one that works with Mind Manager workgroup. So it’s nice to get on these conference calls and learn from the people that develop the Mind Manager software, but also when we do have our conference calls within the state, we learn from other health departments what they’ve done.” (LHD Staff Member)

“And if we didn’t have [consultant] and if you guys had not made that possible, possibly we would all be light years behind, and it has been a huge benefit.” (LHD Director)

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