



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

Janelle Jacobson, MPH, CHES ¹, Li-Wu Chen, MHSA, PhD ¹ David Palm, PhD ²

¹College of Public Health, Department of Health Services Research and Administration, University of Nebraska Medical Center

²Nebraska Department of Health and Human Services, Office of Community and Rural Health

Background

With the launch of the Public Health Accreditation Board (PHAB) accreditation process in September 2011, local health departments (LHDs) have started looking at 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 within the regional LHD structure (Figure 1).

Study Aims

The purpose of this qualitative study was to identify the strengths and weaknesses in essential service areas and to examine the readiness for accreditation for regional LHDs in Nebraska. Additionally, this study also examines 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.

Data Source

Qualitative interviews were completed with directors and selected staff members from four LHDs in order to gain insight about their experiences in the areas of quality improvement 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).

Results

Strengths in the 10 Essential Services

One of the strengths of the LHDs is in the area of 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 on that way and that is, 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 being able to mobilize, 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 cite 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 area." (LHD Director)

Challenges to Implementing Accreditation and Quality Improvement

There were several challenges noted by directors and staff with the process of preparing for accreditation. One of the main challenges illustrated in the interview was the issue of feeling overwhelmed by beginning the process of accreditation and confusion about what was required for accreditation. These challenges were also mirrored within quality improvement.

"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 and what they are asking for" (LHD Staff Member)

Another major challenge for accreditation is the problem of competing priorities of existing daily tasks and staff time needed for compiling the documentation necessary for accreditation.

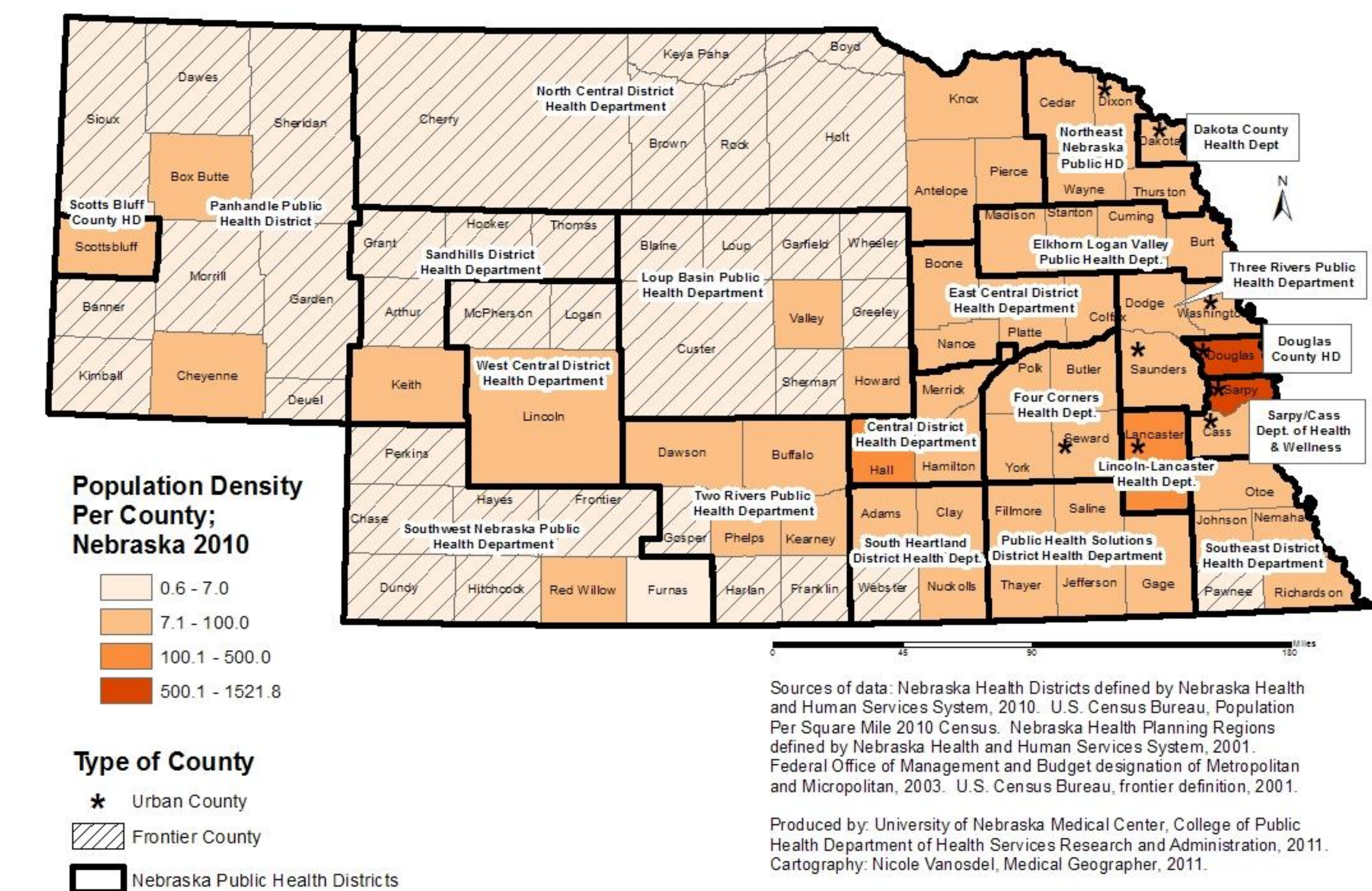
"Most people are fairly busy managing their programs, the challenge will be having them to be able to take the time to gather their documents in conjunction with their daily tasks and to fill up the folders that we have in the common drive...I think the challenge for us will be for staff to have time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

Relationship between Quality Improvement and Accreditation

Several LHDs listed that accreditation is a driving factor for them to implement a QI strategy or plan within their LHD. This is the main way that accreditation is integrated with QI in their LHD.

"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 not be purposely 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. Oh my God, how could it go unattended because it has not come across in any of the programs of the staff are doing it." (LHD Director)

Figure 1.



Conclusions and Future Research

There are significant challenges associated with the implementation of quality improvement initiatives and accreditation within regional local health departments in Nebraska as well as significant opportunities. It will be important to study in the future the differences between local health departments that decide to implement quality improvement initiatives and apply for accreditation. Specifically, it will be crucial to study the impact on how the LHD functions and the impact on the health of the community.

Acknowledgements:

We thank the directors and staff of the local health departments who participated in this study. Additionally, we thank Bill Riley, PhD, for his technical assistance on this project. We also thank Nicole Vanosdel for her assistance with the map.