

A STUDY OF THE IMPLEMENTATION AND PERCEIVED EFFECTIVENESS OF QI ACTIVITIES FOR NEBRASKA'S LOCAL HEALTH DEPARTMENTS

Presented by

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OUTLINE OF PRESENTATION

- Background of Public Health in Nebraska
- Purpose of the Study
- Study Methods – Survey and Facilitated Discussion
- Major Findings
- Conclusions and Next Steps



BACKGROUND OF LHDs

- In 2001, 16 new regional LHDs formed, ranging from 2 to 10 counties
- LHDs now cover entire state
- Regional LHDs have many advantages (economies of scale), but distance and capacity levels can be challenges



PURPOSE OF THE STUDY

- To assess the current status of Nebraska's LHDs in implementing public health quality improvement (QI) initiatives.
- From the practice perspective, QI is one of the standards of accreditation.



STUDY METHODS

- In 2011, the COPH conducted a survey of LHD directors using:
 - The QI Taxonomy developed by Bill Riley at the University of Minnesota
 - The 2011 Annual Survey of the Multi-State Learning Collaborative – University of Southern Maine.
 - NACCHO's 2010 National Profile of LHD Survey
- Survey reviewed by the Nebraska PBRN



LHD QUALITY IMPROVEMENT SURVEY

❖ Survey Content

- ❖ Are any QI-related programs, initiatives, or activities currently implemented in the LHD?
- ❖ If so, what specific QI tools and processes are used?
- ❖ What quality measures (if any) are used, what data are collected for the measures, and how is that data collected?
- ❖ What is the perceived appropriateness of the adopted quality measures and how relevant are they to the practice setting?
- ❖ What is the perceived effectiveness of the implemented QI activities?
- ❖ What are the challenges of implementing the QI activities?



STUDY POPULATION

- ❖ Sample

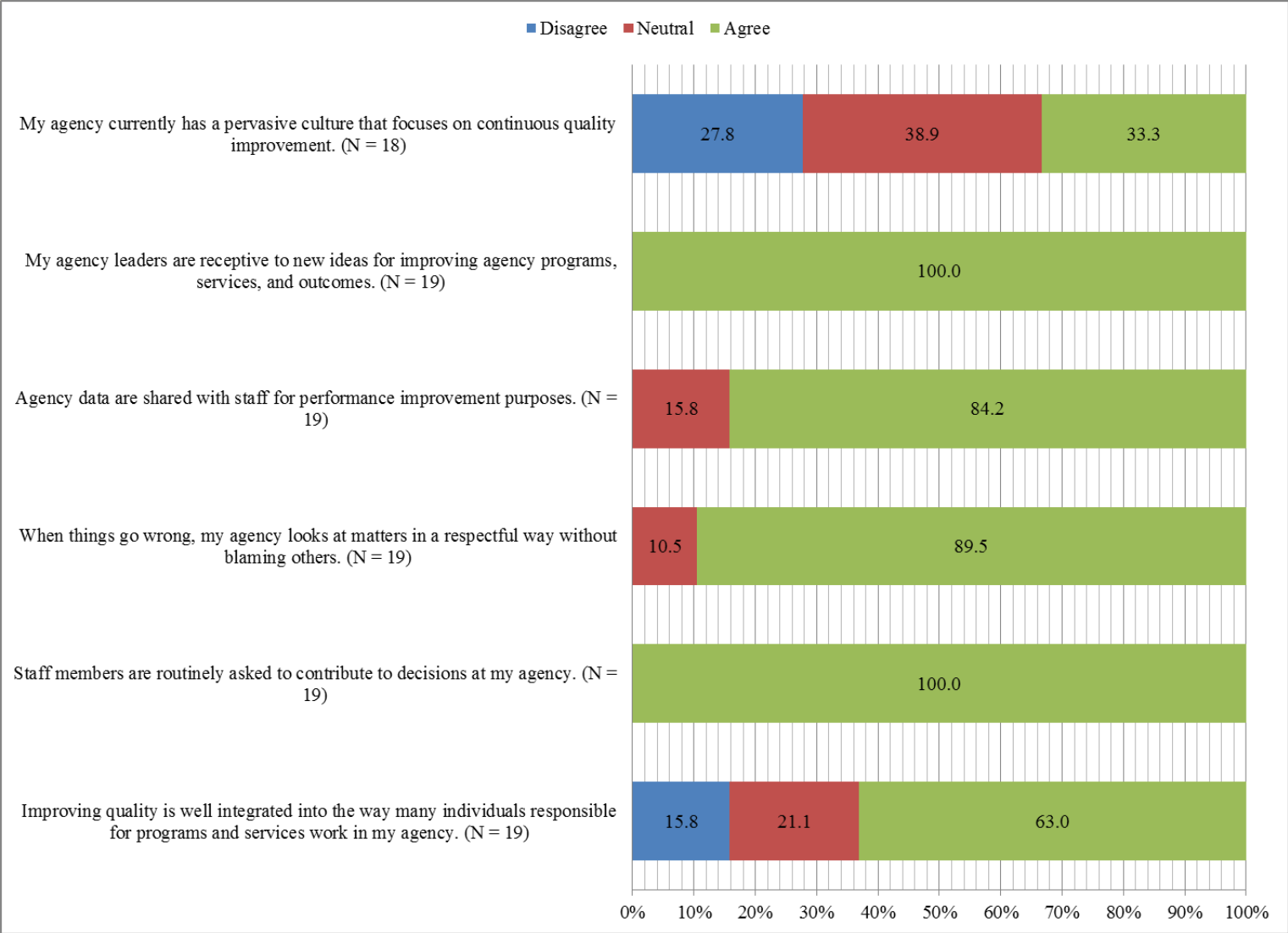
- ❖ Surveyed all 21 LHD directors

- ❖ Response

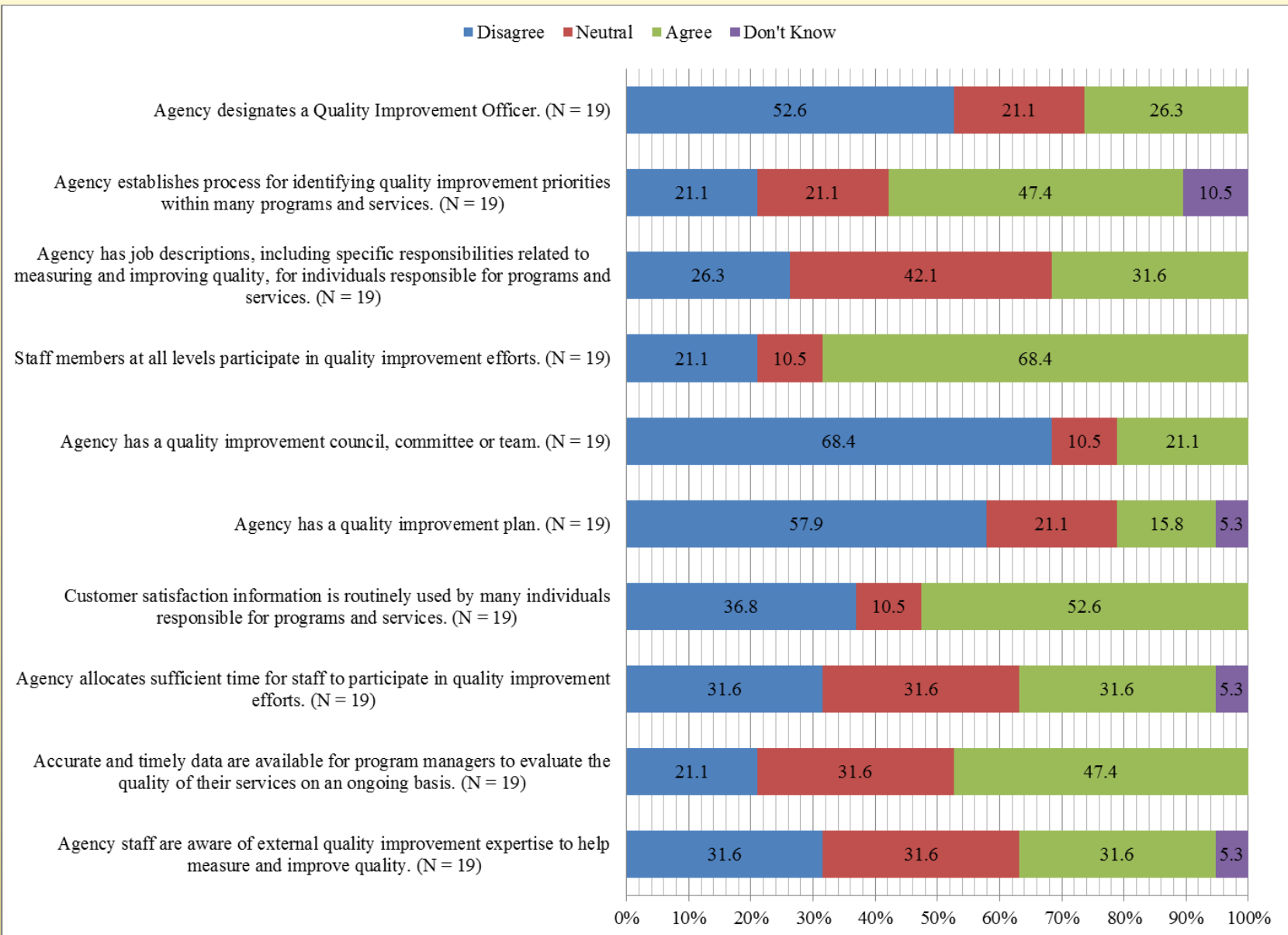
- ❖ Total of 19 responses (90.5% of total sample)
 - ❖ Regional: $n = 17$
 - ❖ Single-County: $n = 2$



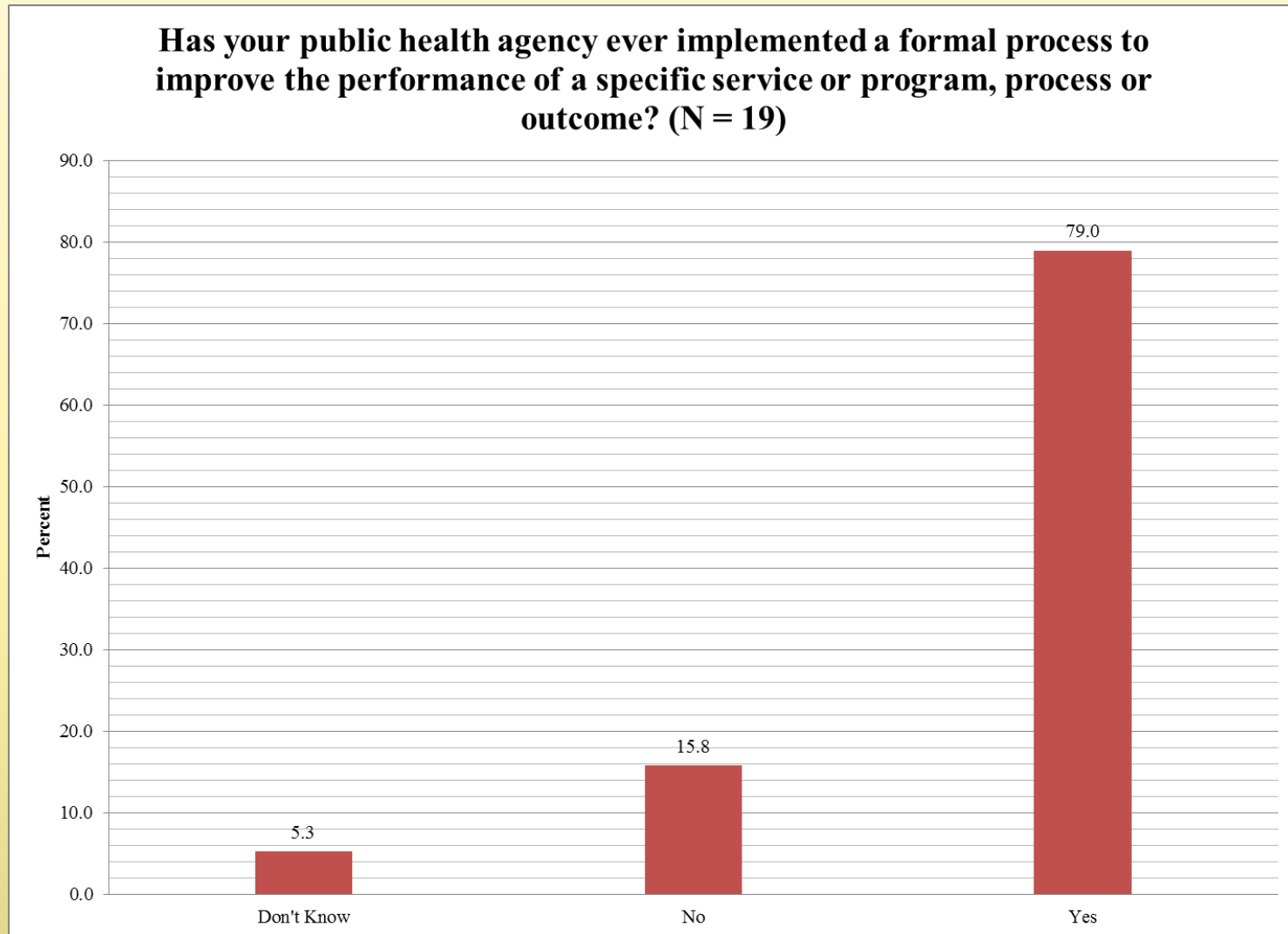
QUALITY IMPROVEMENT: AGENCY CULTURE



QUALITY IMPROVEMENT STRATEGIES

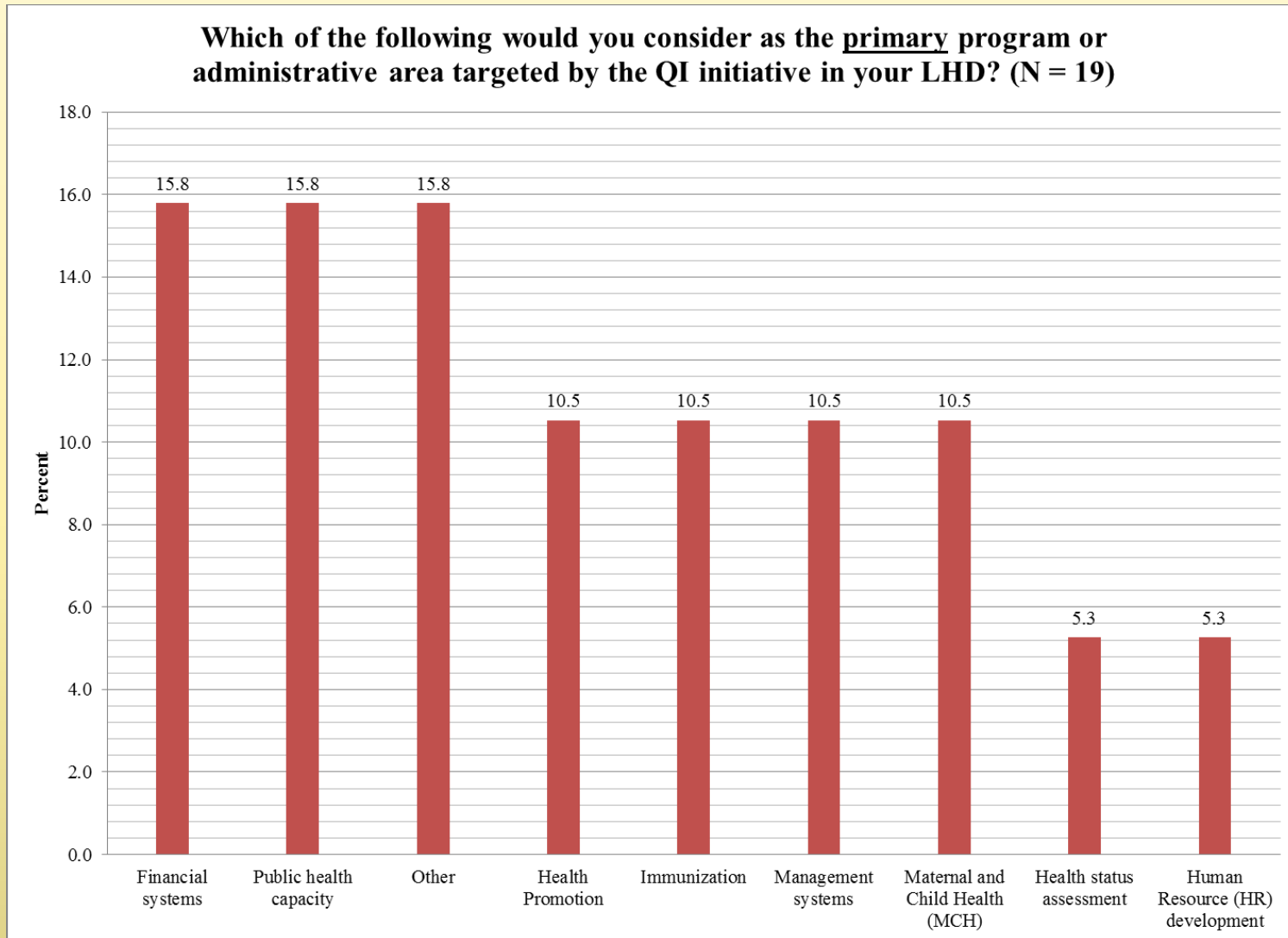


QUALITY IMPROVEMENT ACTIVITIES



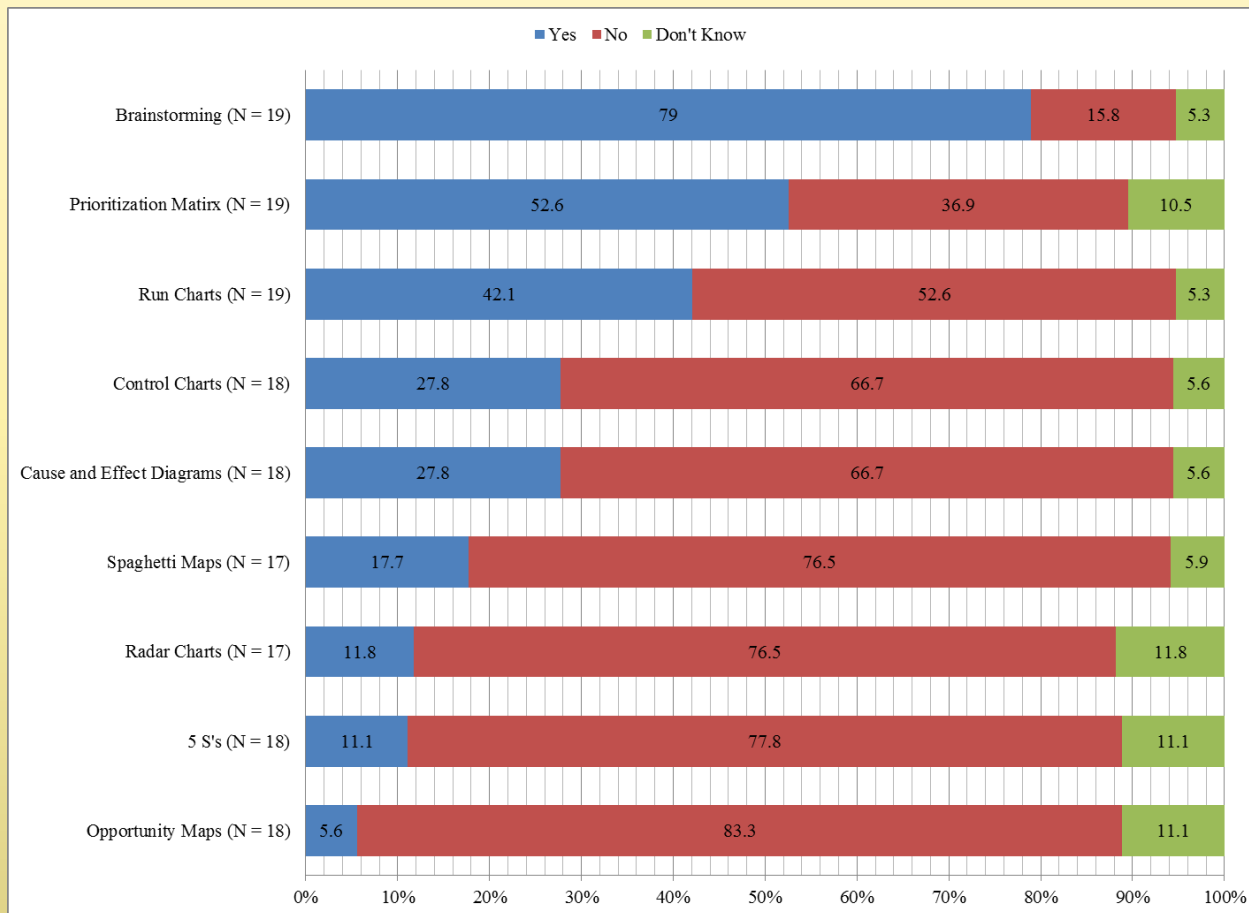
- ❖ In the past 12 months, a median of 3.0 (N = 8) formal projects has been implemented in LHDs.

PRIMARY PROGRAM OR ADMINISTRATIVE AREA TARGETED FOR QI

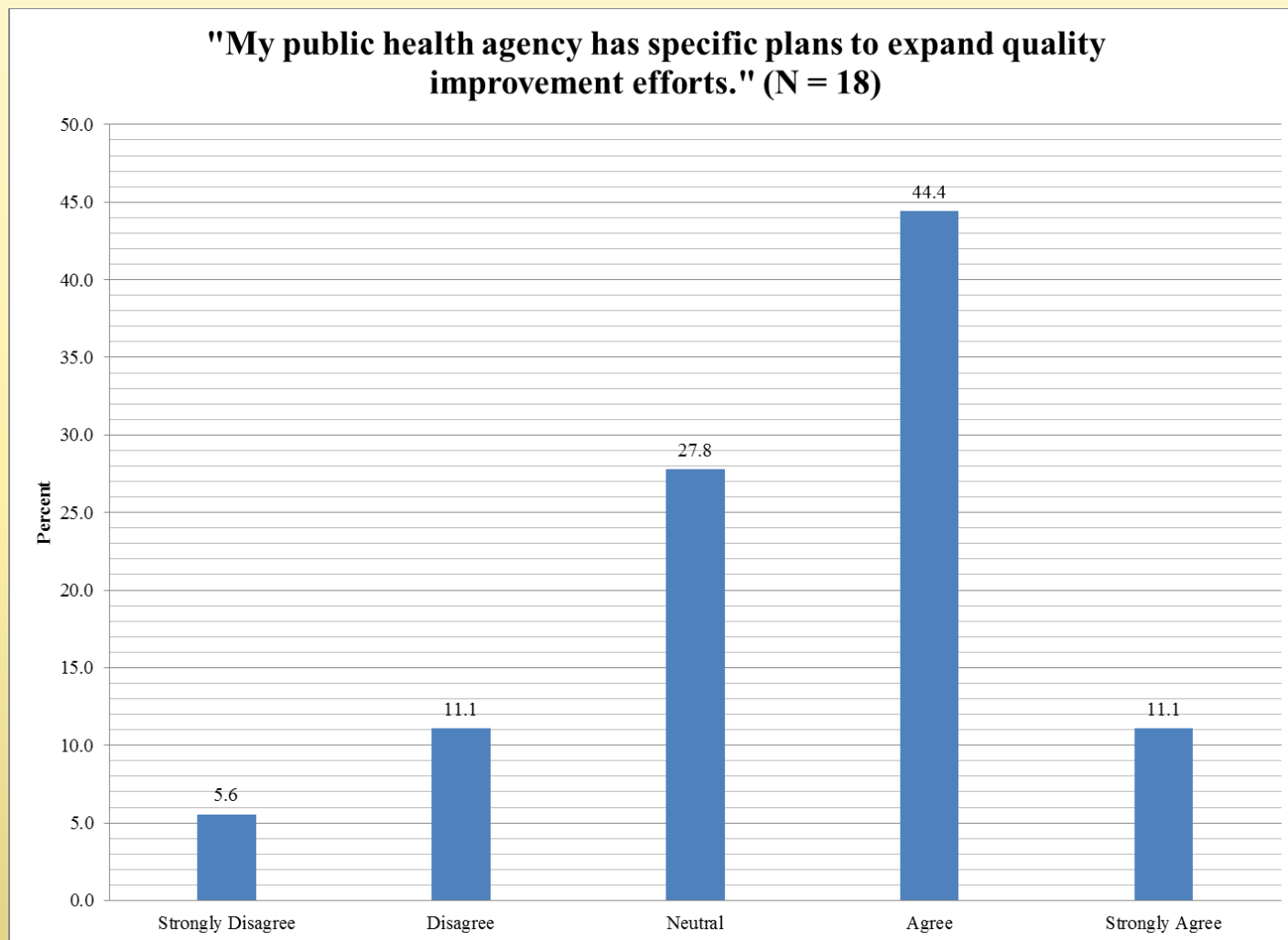


QUALITY IMPROVEMENT TECHNIQUES

- ❖ 47.1% (n = 8) of LHDs indicated that QI techniques were used for any QI program or intervention.



QUALITY IMPROVEMENT PLANS

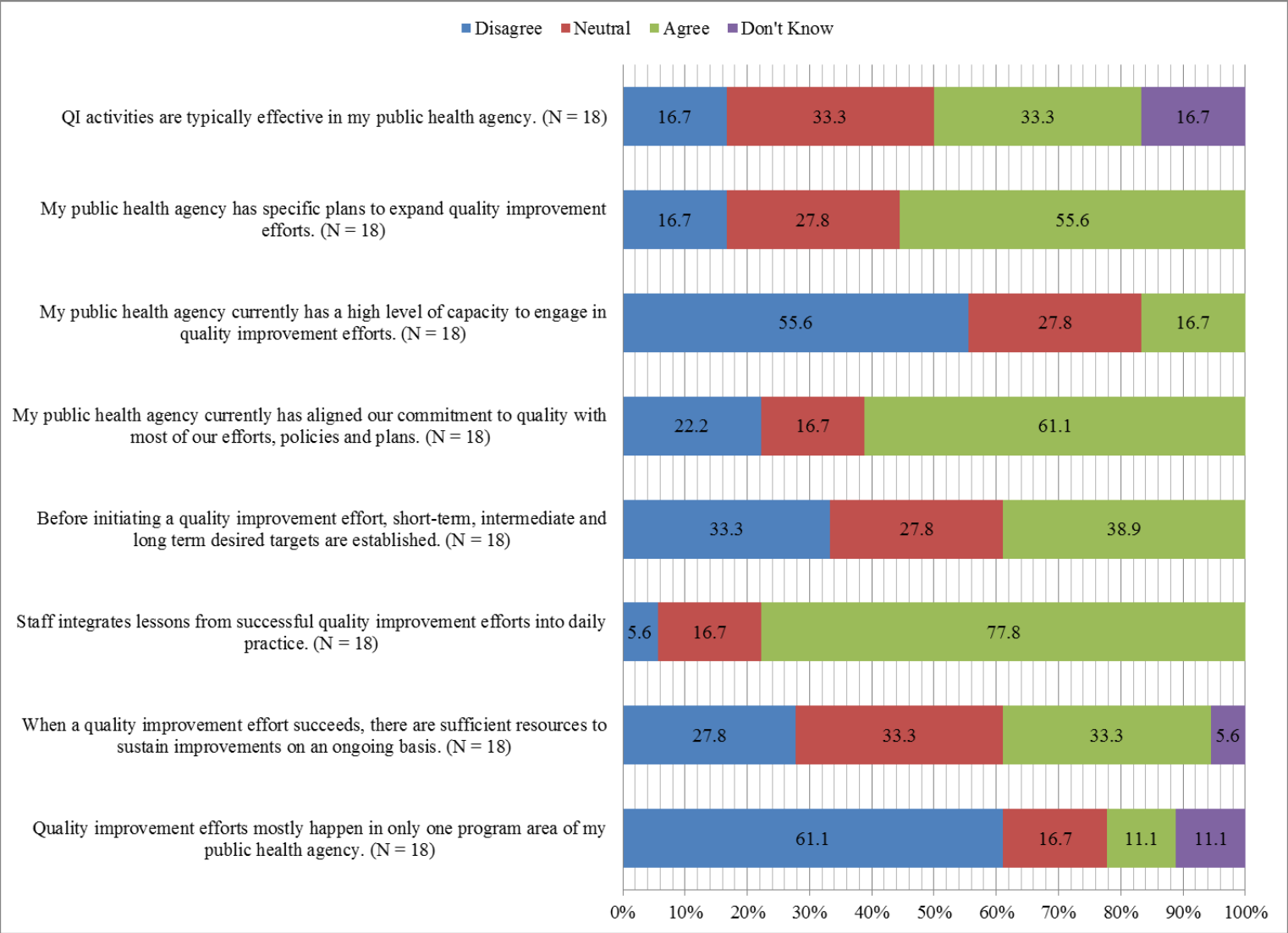


CHALLENGES

- Infrastructure
 - *“Getting started”*
 - [Need for] *“an experienced, dedicated staff person to help with education and the process”* (Respondent)
- Resources
 - Time
 - Money
 - Staff and Staff Knowledge
- Training
 - [Need for] *training in applicable QI measuring systems” and “techniques”* (Respondent)
- Data Limitations
 - Collection
 - [Need for] *“access to appropriate data for the best measures”* (Respondent)



OPPORTUNITIES AND BARRIERS



FUTURE RESEARCH

- A recent RWJF funded project will build on the information from the QI survey.
- The purpose is to examine the relationship between QI readiness and accreditation readiness based on the size of the regional health departments
- In-depth site visits will also be conducted in four regional LHDs
- Final results will be published by March, 2013



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