

## Three Rivers District Health Department: Using a Vision of Public Health Excellence to Prepare for Accreditation



### Background

Kentucky has a decentralized public health system with 58 counties that contain a mixture of district health departments and individual agencies. The Three Rivers District Health Department (TRDHD) serves four counties with a total population of just over 50,000 in rural northern Kentucky and employs approximately 65 full-time employees.

The district has an appointed board of health (BOH) made up of community members and stakeholders that governs the agency and its director, Dr. Georgia Heise. Heise, the leader of TRDHD since 2004, has been progressive and proactive with respect to policy, quality improvement (QI), and assessment.

TRDHD has both an agency-wide accreditation team and a QI team. The accreditation team mostly comprises frontline staff, whom Heise and Accreditation Coordinator April Harris felt would be better able to obtain documentation for accreditation because of close working relationships with the staff who were producing the documentation. They also find that participation on this team empowers staff to learn more about the agency and what different divisions do.

In 2007, TRDHD began conducting the National Public Health Performance Standards Program (NPHPSP) in the four counties it serves. Staff, stakeholders, and community agencies engaged in facilitated discussions to implement the assessments. The coalitions that formed as a result of these meetings allowed TRDHD to secure funding; in 2008, TRDHD received a \$43,000 grant from the Foundation for a Healthy Kentucky to complete the additional three assessments of the Mobilizing for Action through Planning and Partnerships (MAPP) process<sup>1</sup> and produce a community health assessment (CHA). Because the national accreditation program for local health departments (LHDs) was in development and gaining traction, TRDHD decided to use the momentum and community interest garnered through the MAPP process to prepare for accreditation.

### Preparing for Accreditation

In 2009, TRDHD underwent a strategic planning process that resulted in the following vision for the agency: “All One Team, Striving for Excellence, Educating & Empowering with Every Encounter.”

All staff were involved in the visioning process, which was challenging at times, due to their being part of different departments throughout the agency. However, the process was rewarding because the staff realized that they were part of a team and that the responsibility of the LHD—to improve health outcomes in the community—was everyone’s responsibility.

After completing the visioning process, a committee fully developed the agency’s strategic plan (a prerequisite of the Public Health Accreditation Board’s (PHAB’s) accreditation process). TRDHD built the plan around the Ten Essential Public Health Services and added two strategic goals: “to become a great place to work” and “to become a training center for other sites and agencies.” To ensure that the strategic plan would influence day-to-day operations at the LHD and that employees would feel ownership of the objectives, TRDHD assigned action steps to employees based on their areas of expertise and job responsibilities. As of January 2011, every staff member had been assigned to at least one action step in the strategic plan. Each action step will have an associated form that must be updated at least quarterly, to measure progress made in that area including accomplishments, plans for the next quarter, budget, and any supporting documentation for accreditation. The accreditation team also developed guidance for comparing the strategic plan to the PHAB standards, so that staff could easily identify which measure their action steps related to. The accreditation team and management team monitor these reports, and completing the reports is part of staff’s job responsibilities. To reinforce this, every staff meeting includes reference to TRDHD’s strategic goals and progress.

TRDHD plans to apply for PHAB’s voluntary national accreditation program as soon as the program is launched in fall 2011. It has installed scanners in all agency buildings and provided bracelet flash drives for all staff to provide easy access to documentation, the strategic plan, and status reports. Additionally, the accreditation team, with the assistance of a Master of Public Health student, is working to identify areas where documentation is lacking and organize documentation submitted by staff.

### Quality Improvement

TRDHD’s QI efforts, which began in 2009, are closely linked to the strategic plan and the accreditation preparation efforts. Staff used The TEAM Handbook to frame QI training sessions.

Heise instructed staff how to use the QI tools and processes referenced in the book, paying special attention to fishbone diagram, prioritization matrix, process diagrams, the differences among inputs, outputs, and outcomes, and how to determine what to measure to demonstrate improvement. After the initial staff trainings, employees, with the help of their managers, identified eight to 15 critical processes in their job. Later, staff developed a flowchart of their critical processes using Visio software. All departments initiated QI efforts, and Heise worked with staff to identify different ways to solve any problems that emerged during the flowcharting process. An example of a success resulting from this QI activity is that the clinics are now able to operate on a shortened schedule because of streamlining processes and identifying needs in the community. The efficiencies resulting from the QI work allowed the clinic teams to identify time in the week to address the major health issues in the community (diabetes education and tobacco policy—identified by the County Health Rankings<sup>2</sup>) without adversely affecting the services received by clinic visitors. Heise and the QI team are encouraging all staff to link their work with health outcomes, if possible, and conduct QI efforts on improving the community's health. TRDHD is primarily using County Health Rankings data and logic models to demonstrate how programs and policies can positively affect health outcomes.

QI initiatives have spread further into TRDHD as a result of this agency-wide training and leadership support. For example, one county that the LHD serves is home to a large auto racing speedway, where NASCAR will hold an event in summer 2011. Large crowds of over 120,000 people are expected. As a result of the accreditation preparation and QI efforts, Justin Pittman, Environmental Health and Preparedness Manager at TRDHD, identified regulations about the LHD's responsibility during large events with respect to food inspection and campsite permitting. Due to his QI training, Pittman was able to increase the amount of inspections that will be allowed during the event by streamlining a current process. Also, by collaborating with Kentucky Speedway and the Kentucky Department for Public Health, the regulation regarding campsites was amended to include provisions for large-scale special events.

Despite facing the challenge of adapting to change, TRDHD staff are responding positively to the QI work: "We saw many ah-ha! moments as staff learned how to use the QI techniques, especially now that money is tight and we have to show our worth to our legislators. It is important that we are able to show our board and our law-makers more than numbers of visits or numbers of encounters; we have to show health outcomes."

—April Harris, Accreditation Coordinator

## Results

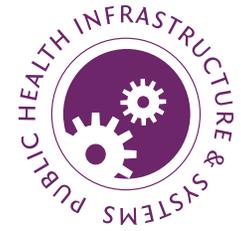
TRDHD's BOH has been pleased by the impact the QI work has had on the agency. The local representatives on the district BOH for the region have been impressed by the LHD's commitment to national accreditation and QI and, as a result, have asked for their own trainings related to the work of the LHD. So far, they have received trainings on the Ten Essential Public Health Services<sup>3</sup> and the policy role of a BOH. Coming up, they will receive information about accreditation and the governance instrument of the NPHSP.<sup>4</sup> Support from the BOH helps TRDHD to know that its work is valued.<sup>5</sup>

TRDHD's efforts have aided more than just local residents and staff—the state of Kentucky has also benefited. In 2009, Harris, while completing a master's degree in public health and continuing work at TRDHD, interned at Kentucky's Department of Public Health (DPH), Division of Prevention and QI: Public Health Improvement Branch. There, she created material that introduced DPH staff to the concept and process of national accreditation. Shortly after, DPH began accreditation preparation (PHAB will also accredit state agencies), and Heise became a key advisor for that process. In 2010, the Centers for Disease Control and Prevention's Office for State, Tribal, Local and Territorial Support funded state, tribal, local, and territorial health departments to implement projects to systematically increase their performance management capacity and improve their ability to meet national public health standards. This financial support, provided through the Prevention and Public Health Fund of the Affordable Care Act, is called the National Public Health Improvement Initiative;<sup>6</sup> the funding included an award to the state of Kentucky.

With this funding, DPH hired two part-time performance management staff who support the accreditation preparation work of the state and the local agencies within Kentucky. The state staff have organized a network of accreditation coordinators from each LHD who meet and communicate regularly. This group has learned from TRDHD and neighbors at the Franklin County Health Department (a PHAB beta test site<sup>7</sup>) and the Northern Kentucky Independent District Health Department (a National Association of County and City Health Officials demonstration site<sup>8</sup> and a PHAB site visitor during the beta test). Information from these LHDs was invaluable to TRDHD as it continued documentation collection and organization.

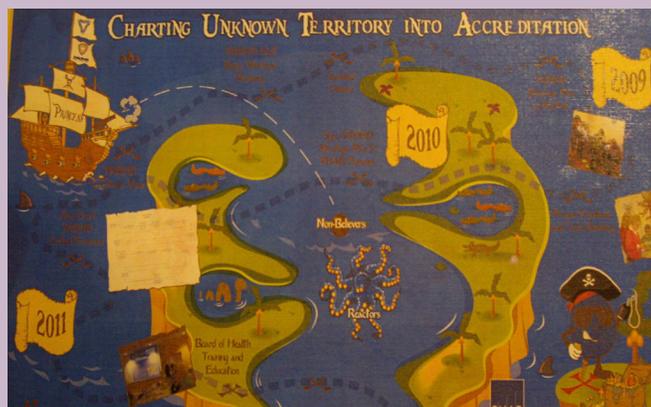
## Words of Wisdom

The message from the story of TRDHD is that accreditation preparation is a team effort. All staff were involved throughout the strategic planning process, the community health assessment, and the accreditation preparation efforts. Having staff at all levels of the LHD involved led to greater support from staff.



July 2011

Additionally, TRDHD recommends engaging BOHs and sharing information with other LHDs. LHDs should approach accreditation one step at a time so as not to overwhelm staff or reduce morale. In addition, TRDHD suggests that LHDs not worry about limited funding, feeling rather that “The money will come because [the LHD will] show that [it’s] doing what [it’s] supposed to be doing. Even better, the money might evolve to address what public health is supposed to do, provide the Ten Essential Public Health Services and respond to community needs. LHDs cannot accomplish their duties while constantly chasing available money.”



TRDHD incorporated fun into strategic planning activities as an important way to improve employee morale and gain staff support for a shared vision. For example, staff developed a timeline of accreditation activities and gave it a pirate theme.

## References

1. MAPP is a community-driven strategic planning process for improving community health. For more information, visit [www.naccho.org/mapp](http://www.naccho.org/mapp).
2. For more information about the County Health Rankings, visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org).
3. For information about the 10 Essential Public Health Services, visit <http://www.cdc.gov/nphpsp/essentialservices.html>.
4. The CDC’s NPHPSP program page can be found at <http://www.cdc.gov/nphpsp/index.html>.
5. NACCHO developed a customizable “Accreditation 101” for local BOHs, which can be downloaded at <http://www.naccho.org/topics/infrastructure/accreditation/preparationunderway.cfm> under “Informing Local Governing Entities.”
6. For more information, visit <http://www.cdc.gov/ostlts/nphii/>.
7. For more information, visit <http://www.naccho.org/topics/infrastructure/accreditation/beta-test-qi-projects.cfm>.
8. For more information, visit <http://www.naccho.org/topics/infrastructure/accreditation/demosites.cfm>.

### FOR MORE INFORMATION:

Please contact [accreditprep@naccho.org](mailto:accreditprep@naccho.org).

## Acknowledgments

This publication was supported by Award Number 1U38HM000449-01 from the Centers for Disease Control and Prevention (CDC). Support was also provided by the Robert Wood Johnson Foundation (RWJF). NACCHO is grateful for this support. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or RWJF.

**NACCHO**

National Association of County & City Health Officials

The National Connection for Local Public Health

[www.naccho.org](http://www.naccho.org)



**Public Health**

Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

1100 17th St, NW, 7th Floor Washington, DC 20036

P 202-783-5550 F 202-783 1583

© 2011. National Association of County and City Health Officials.