

Oregon Quality Connection

Quality and accreditation news for the Oregon public health system



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The *Oregon Quality Connection* newsletter aims to support a culture of continuous improvement across the public health system by sharing success stories and best practices related to quality improvement, performance management and accreditation initiatives. The newsletter is published by the Performance Management Program of the Oregon Health Authority Public Health Division.

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Public Health Accreditation starts now



“Accreditation is about accountability, quality improvement, and consistency . . . Oregon is known for being first on many public health issues. This is an opportunity for us to again innovate.”

– Jean O’Connor, J.D., Dr.P.H., Deputy Director for Cross-Office Initiatives, OHA Public Health Division

On Sept. 14, 2011, the Public Health Accreditation Board (PHAB) launched a national, voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to advance the quality and performance of public health departments in order to improve the health of communities. For details, visit www.phaboard.org.

Accreditation efforts ongoing in Oregon’s public health system

State: The Oregon Health Authority’s Public Health Division aims to submit a state accreditation application by fall 2012. Check out the next newsletter issue for updates on the state’s work to complete accreditation prerequisites (community health assessment, community health improvement plan and agency strategic plan).

Local: Several local health departments (LHDs) receive funding to complete accreditation prerequisites. The Performance Management Program (PMP) supports 13 Local Public Health Authority Accreditation Readiness Projects and funds the Coalition of Local Health Officials to provide accreditation technical assistance to all counties as part of the [National Public Health Improvement Initiative](#). The Northwest Health Foundation, in partnership with the Coalition of Local Health Officials and Oregon’s Public Health Division, provided grants to 10 LHDs. A map of PMP and NWHF grantee counties can be found on the [PMP Accreditation website](#).

Tribal: See Rachel Ford’s article on page 2 about tribal accreditation efforts.

Northwest Portland Area Indian Health Board awarded Public Health Improvement Program grant

*Rachel Ford, M.P.H., NPAIHB
Public Health Improvement Manager*



Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the 43 federally recognized tribes of Idaho, Oregon and Washington. Each member tribe appoints a delegate via tribal resolution and meets quarterly to direct and oversee all NPAIHB activities. NPAIHB houses a Tribal Epidemiology Center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy.

NPAIHB's Public Health Improvement Program is one of eight tribal grantee projects funded by the CDC's National Public Health Improvement Initiative program. The grant supports one employee to work with NPAIHB's 43 member tribes. The primary goal of NPAIHB's program is to systematically increase the performance management capacity of Tribal Health Departments and programs serving the 43 federally recognized Northwest tribes, in order to ensure that tribal public health goals are effectively and efficiently met.

Public health improvement efforts include: supporting Tribal Health Departments and programs to engage in continuous performance improvement using the Public Health Accreditation standards as a guideline and increasing the number of tribally-based health program staff trained in performance management across key areas using quality improvement (QI) methods.

Technical assistance and opportunities for education are offered to all 43 member tribes. Early in the program more in-depth assistance will be offered to five tribes: the Shoshone Bannock Tribe (Fort Hall, Idaho), the Confederated Tribes of the Umatilla Indian Reservation (Pendleton, Ore.), the Lummi Nation (Bellingham, Wash.), Port Gamble S'Klallam Tribe (Kingston, Wash.), and the Nooksack Tribe (Everson, Wash.). At least one tribe is seeking Public Health Accreditation, and the others are determining what type of QI project will be the best fit.

For more information, please contact Rachel Ford, M.P.H., Public Health Improvement Manager, at rford@npaihb.org or 503-416-3282.

Benefits of accreditation

High performance and quality improvement: Highlight strengths and address areas for quality and performance improvement

Recognition, validation and accountability: Meet nationally adopted standards and provide accountability to the public

Improved communication and collaboration: Increase cross-department understanding of staff functions and how these roles relate to the delivery of essential services

Potential increased access to resources: Highlight the health department capacity and attract new resources, including funding

AmeriCorps VISTAs working on accreditation

Kristine Babbish - *Linn*

Karn Brynildson - *Curry*

Anne Celovsky - *Lane*

Jamila Freightman - *Lincoln*

Frances Nicholas - *North Central Public Health District*

Mikkel Quam - *Benton*

Monique Schreiber - *Yamhill*

Theodore Solberg - *Oregon Health Authority*

Teresa Tomaszewski - *Union*

Jared Wolschlager - *Washington*

“My VISTA experience...was a unique opportunity to work on a project that reflects the future of public health. Accreditation taught me to appreciate the full scope of the local public health system, the intricacies of programming, administrative policies, county collaborations and quality improvement.” – Divneet Kaur, former Lincoln Vista

New AmeriCorps VISTAs join accreditation efforts at local public health departments

Akiko Berkman, M.P.A., M.P.H., Oregon AmeriCorps VISTA/ Medical Reserve Corps and Accreditation Partnership Project Director

The Oregon AmeriCorps VISTA/Medical Reserve Corps (MRC) and Accreditation Partnership Project welcomed 16 VISTA members for the 2011-2012 service year, including two who will serve a second year. Nine of the 16 VISTAs have assignments that involve accreditation. (See list on the left.)

The 2010-2011 VISTA team transitioned onward after completing 24,880 total hours of service from August 2010-July 2011 (equivalent to \$531,436 of staff time). Thank you for your service!

Deschutes County Health Department a beta test site for National Public Health Accreditation



In 2009-2010, the Deschutes County Health Department was one of 30 public health departments (selected from 148 applications) throughout the United States to participate in a beta test of the national voluntary public health accreditation program. Deschutes County Health Department hosted the nation’s first site visit of the Public Health Accreditation Board. An article about the experience, “Public Health Accreditation: A Statewide Survey and Local Perspective,” was featured in the

Northwest Center for Public Health Practice Journal (Fall/Winter 2010), which is available to view at www.nwpublichealth.org/archives/f2010/public-health-accreditation-a-statewide-survey-local-perspective.

Quality improvement success stories

Local spotlight

NCPHD: Improving patient care in a family planning clinic

In August 2011, the North Central Public Health District (NCPHD) convened a Rapid Process Improvement (RPI) team to decrease the wait time of family planning clinic clients. Staff identified two reasons to improve the current process: 1) to reduce the client wait time to be seen by a nurse practitioner; and 2) to reduce the length of appointments (returning patient appointments took 30 minutes and new patient appointments required 45 minutes).

After conducting informational interviews with NCPHD staff, a two-day RPI was planned to create a process that would allow the family planning clinic to serve more clients in the same amount of time, without sacrificing quality. The event objectives were to understand the current process, look for areas where it could be improved, and develop a new standard process for client exam flow.



The NCPHD RPI team (clockwise from top left): Mary Catherine Clites, Tracy Willett, Matt Mercer, Grace Anderson (not pictured: Teri Thalhofer)

The group created a value stream map, with agreed upon “essential categories of work that needed to be done” in order for the process to work. Once root causes were defined, they were able to mitigate the cause with the right improvement. Then the group constructed new process maps.

Currently NCPHD is pilot testing the new process and measuring the impacts of the improvements.

“The RPI helped the group to develop new process improvement skills and get energized about identifying and improving other obvious process problems in the clinic.” – Teri Thalhofer, R.N., NCPHD Director

RPI members

- Matt Mercer, Patient Registration
- Grace Anderson, R.N., Public Health Nurse
- Teri Thalhofer, R.N., Director
- Tracy Willett, M.D., Health Officer
- Mary Catherine Clites, R.N., Nursing Supervisor

Quality improvement success stories

State spotlight

Revising the emergency medical technician recertification process

The Oregon Public Health Division Emergency Medical Services and Trauma Systems (EMS/TS) Program licenses approximately 9,000 emergency medical technicians (EMTs). These licenses are valid for two years and approximately 90 percent of licensees seek recertification. The previous recertification process used paper forms and caused significant frustration among EMS staff:

- Only 26 percent of recertifications were completed within four business days.
- The program needed five temporary staff to complete the process.

To address these issues, a two-day Rapid Process Improvement event was held in October 2009. The revised process moved to an online application, including fee payment. This new process used fewer resources and provided faster service to the customer. Additionally, customers could complete an online survey at the end of their application and the program made real-time process adjustments based on this feedback.

2011 Improvement Results, n=7,973 Recertifications

Measure	Old Process	New Process	Benefits
EMS program staff time	39 minutes per application; 5,184 hrs total	5.6 minutes per application; 746 hrs total	Savings of 4,438 hours; 86% reduction
Financial Services staff time	183.8 hrs total	10.4 hrs total	Savings of 173.4 hours; 94% reduction
Cycle time	26% completed in 4 working days	58% completed in 4 working days	123% improvement
Customers rate overall satisfaction as "Excellent"	21.6%	35.7%	65% increase in customer satisfaction

Customer quotes

"I have been recerting since 1991 and this is by far the easiest one ever. Thank you for finally getting it online."

"I really like the new system. From a chief's view, it's better for my employees and easier to track costs."

RPI members

- Nancy Gillen, EMT Exam and Certification
- Shelley Shute, EMT Exam and Certification
- Liz Morgan, Compliance Specialist
- Veronica Seymour, First Responder Coordinator
- Nancy Grengs, Office of Information Services
- Boris Shternberg, Office of Information Services
- Reggie Liggins, Office of Information Services
- Monty Schindler, Accounting Tech
- Carol Doborovolny, SEIU Representative

The PDCA Model



Trainings

Available to all Oregon public health staff (local, tribal and state):

Introduction to Quality Improvement: Self-paced e-learning module available on CD. Email brieshon.dagostini@state.or.us to request a copy and/or register for the trainings below.

Plan, Do, Check, Act (PDCA) Training Series*

- **DO:** Oct. 19, 2011, 1:30 p.m.-3:30 p.m.
- **CHECK and ACT:** Nov. 16, 2011, 1:30 p.m.-3:30 p.m.

**See <http://1.usa.gov/AccreditationQI> for more information and archived training materials (click the Quality Improvement link in the left navigation bar).*

Other resources

<http://1.usa.gov/AccreditationQI>

Accreditation and quality improvement resources for the Oregon public health system.

<http://1.usa.gov/PerformanceManagementProgram>

The Performance Management Program works to promote and protect the health of the public by advancing the quality, performance and equity of the Oregon public health system, which includes state, local, and tribal public health departments and public-private partnerships.

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