SEPHLI YEAR 10 SCHOLAR PROJECT

Improving Service Excellence and Continuous Quality Improvement in Public Health for Better Internal and External Outcomes: Preparing for Accreditation

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SEPHLI Year 10 Scholar
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Project Title

Improving Service Excellence and Continuous Quality Improvement in Public Health for Better Internal and External Outcomes: Preparing for Accreditation

Abstract

The purpose of this project is to assess readiness of two local health departments in Tennessee to undergo a voluntary accreditation process. The results of this assessment will guide interventions to provide local health department employees with tools to improve service excellence and continuous quality improvement activities in the provision of essential public health services, to improve both internal and external outcomes, and to reduce/eliminate barriers to accessing care. Improved internal outcomes will be evident with better teamwork, improved communication, and increased efficiency and cost-effectiveness of operations. Improved external outcomes will be seen by improved public awareness and knowledge of local health department services, increase in both the number of patient encounters and unduplicated patients, improvements in community partnerships and collaborations, and, over time, improved community health status. A variety of tools will be used to assess accreditation readiness including the Operational Definition of a Functional Local Health Department, Principles of the Ethical Practice of Public Health, community re-assessment, and the National Public Health Performance Standards.

Introduction/Background

In 2003, the Institute of Medicine issued its "The Future of the Public's Health in the 21st Century" report. This report recommended that a national committee be formed to study the benefits of accreditation to increase accountability in Public Health. In 2004, the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention co-funded a project and brought many stakeholders together to examine this issue. The work of this committee resulted in the Exploring Accreditation Project which was coordinated by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO). They also supported the Multi-State Learning Collaborative to share information learned. (1, 4, 12, 13) In 2007, the Public Health Accreditation Board was formed. (9)

There are many expected benefits to the accreditation process. Included among these benefits are the identification for areas of improvement, expansion of Continuous Quality Improvement processes, and the setting of benchmarks for performance standards. Accountability is better documented for the public as well as governmental supporters. Accreditation improves the evidence base of public health and facilitates the communication of best practices. It also brings improved understanding of public health, improved staff morale, greater collaboration and coordination, improved effectiveness, and provides team building opportunities for staff. There is also better understanding of co-worker function within the health departments. Better Board of Health relations can

also be realized. (5, 12) The ultimate goal of accreditation is to strengthen the effectiveness of local health departments to improve the health of the communities they serve. (12)

The tools of community reassessment, Principles of Public Health Ethics, National Public Health Performance Standards, and the Operational Definition of a Functional Local Health Department were chosen for this project to prepare for the public health accreditation process. Community assessment tools such as Mobilizing for Action through Planning and Partnership (MAPP) and others, along with the National Public Health Performance Standards Program, examine standards for the entire public health system, not only the local health. (1, 4, 13) It is imperative that all individuals within the public health system understand the ethical principles by which public health functions. NACCHO's Operational Definition of a Functional Local Health Department has been recognized as a framework specific for local health department standards that are linked to the Ten Essential Services of Public Health. (1, 8) This tool provides a foundation for a consistent performance-based definition for local health departments. These standards should help to improve awareness of the value of public health services. (8)

Accreditation programs in other healthcare industries have positive effects on service quality, operations, and service-related outcomes for the organizations that participate in accreditation. (7)

Project Description, Objectives, and Methodology

The overarching goal of this project was to use available and appropriate tools to improve the functioning of two local health departments, Roane and Morgan County Health Departments, and to assess readiness for a voluntary accreditation process. While aspects of the entire public health system were examined, the bulk this project focused on the work of the local health department. For this reason, emphasis was placed on community reassessment, review of the Principles of the Ethical Practice of Public Health, and the Operational Definition of a Functional Local Health Department.

In 1997, a Community Diagnosis process was undertaken as a community assessment. Since then, no formal re-evaluation process has been completed. Information on the need for a community re-assessment process was presented to both the Regional Health Council and to the Roane County Health Council as well as the staff for both county health departments. Currently, there is not a Council for Morgan County. I am in the process of developing one. This presentation included information on the Mobilizing for Action through Planning and Partnerships (MAPP) process as well as other methods for assessment. On a regional basis, some counties are engaged in the MAPP process. For other councils, including Roane, concerns were expressed about the current feasibility of undertaking a process as detailed and time consuming as MAPP. The councils did agree, however, that reassessment was important and should be conducted. Selected members of the Regional Health Council, myself included, formed a subcommittee to develop a tool that would be used during this process. A series of conference calls was conducted to finalize this tool (See Appendix A and B). The group decided to have a basic standardized survey are the core tool and then to have space available to customize for county-specific questions. The tool developed by this subcommittee is similar in composition to the Community Themes and Strengths

Assessment in MAPP. I facilitated a meeting with the Roane County Health Council and with the Morgan County Health Department Staff and "Home Team" to describe this survey process and gain input for county-specific questions. In March, 2007, surveys were distributed. A wide variety of community partners were engaged to assist with the completion of surveys. This portion of the process was completed in August, 2007. Results are currently being analyzed by Community Services and Epidemiology staff in the East Tennessee Regional Health Office. Results will be revealed in a region-wide meeting to be held on November 26, 2007. This will give better perspective of community health priorities and is vital information to have for future health planning.

I presented information on the Principles of the Ethical Practice of Public Health, National Public Health Performance Standards, Operational Definition of a Functional Local Health Department, and voluntary accreditation was presented to the Roane County Health Council and Roane County Board of Health at a joint meeting held on April 24, 2007. At this time, I also presented my project theme and discussed the rationale behind it and was able to garner support from these two groups. This information was also presented to Roane and Morgan County Health Department staff members in April, 2007.

The Operational Definition was presented on a Regional basis to district health leaders to gain insight on what is done well and what needs improvement on each of the ten standards. I assisted in the facilitation of these regional discussions. A similar process was conducted with the staffs of both local health departments in staff meetings and strategic planning sessions. I facilitated all these discussions but was able to delegate some tasks to other county leadership staff members. Findings for each of the standards are included as Appendix C.

Areas of weakness identified have brought cause for concern and opportunities for improvement. Many of these areas require intervention on the state and/or regional level. Some local areas of improvement surround the need for additional cultural awareness and service excellence training for staff. Some training of this nature has been incorporated into staff meetings. Employees are also encouraged to utilize Employee Assistance Program (EAP) trainings. Another local area that needs improvement is the reduction/elimination of barriers to accessing care. A biannual patient satisfaction survey is conducted in both health departments. Both Roane and Morgan County Health Departments receive consistently high marks for patient satisfaction. This is excellent, but this survey only tells us about the patients that actually receive care. This standardized survey does not engage the population that is either not served or is underserved. A stakeholder survey will be developed and distributed to all appropriate stakeholders in an attempt to identify gaps in care and perceived or real barriers to accessing care. Once surveys have been returned, results will be analyzed. This information will be useful in adapting services to adequately meet the needs of the community. A staff satisfaction survey is pending and results will be analyzed to determine additional staff concerns and needs (See Appendix D).

General awareness of public health services is also limited. Three new resource books have been purchased to offer suggestions for improvement in social marketing. These books are available to all staff members and selected passages will be incorporated into future staff meetings and in future strategic planning sessions. Several presentations have been made to civic organizations and other social service organizations to help in publicizing public health services. To monitor if this has been successful in increasing

awareness of health department services, some baseline data has been collected regarding number of patients seen/encounters, number of unduplicated patients, relative value units earned, and median relative value units per encounter (See Appendix E). This data will be monitored on a continuous basis to monitor patient participation in health department services.

The evidence base of many of our public health programs and services has not been proven. Program evaluation is a definite weakness. This, however, is changing. The current Commissioner of Health is very interested in improving this. Hence, several of our new programs do have evaluation measures built into them. Locally, we can formulate independent evaluations and analyze the results to make needed changes. Partnerships with community organizations and academic institutions will be instrumental in conduction these evaluations. As a start, I have written a formal evaluation plan for the Primary Care program (See Appendix F). This has not yet been implemented, but will be in the future. To further assist with this, a region-wide sharing of best practices was held. Each of the 15 counties that represent the East Tennessee Region had the opportunity to present what they consider to be a best practice for clinical service delivery. I presented two practices at this meeting. The first presentation regarded obtaining a proxy statement from a patient to give permission for another individual to pick up medications and supplies and the proper documentation of the statement. The second discussed a schedule tracking tool that was developed and its use to improve clinic flow and efficiency. The book entitled Community Guide to Preventive Services was also obtained to use as a reference to increase the evidence base in community health promotion interventions.

Results

Results of this assessment have shown that there are many things that the Roane and Morgan County Health Departments do well, but there are also many aspects to service delivery that can be improved.

There are many aspects of this project that have not been fully completed. Survey data will be compiled and analyzed when appropriate and program evaluation measures will be conducted at a future date. Several of these items need continual development and implementation. Included in these are staff development activities and continuous quality improvement activities.

My mentor and I have discussed some aspects of this project, however due to time constraints, scheduling difficulties, and other barriers I encountered, we were unable to continue a lasting relationship. It is my hope that at some point in time, I will be able to renew this. I believe that I could gain much from his experience. There was another individual within the East Tennessee Regional Health Office that was instrumental in guiding me throughout this project. He was able to address many issues and questions I had as this project evolved.

Conclusions

I believe that this project will benefit both the Roane and Morgan County Health Departments and the communities that they serve by forcing us to improve our services and by becoming more accountable. I further believe that it would be beneficial to conduct a similar project on a state-wide basis to assess readiness for accreditation. Studies have shown that accreditation is important. It will behoove each of us to be proactive in this process rather than reactive.

Leadership Development

This project has afforded me the opportunity to work on the development of many leadership skills. I was able to use systems thinking to lead both technical and adaptive change within each department and within community groups. During the assessment process, we were able to build new partnerships and strengthen existing ones. I had to use effective oral, written, and interpersonal communication skills to stress the importance of this project and gain support for it. Dialogue techniques were used in the facilitation of group discussions and in other meetings. I have been able to reflect on and act on personal leadership strengths and weaknesses. This project has provided an excellent opportunity for strategic planning and I have been able to engage staff members in the process. There have also been opportunities for delegation of tasks related to this project. Finally, I believe my organizational and project management skills have been enhanced. I have found that the concepts I have learned throughout my SEPHLI experience to be extremely beneficial.

Reviewed by:
The WANTS Team
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APPENDICES

Appendix A

2007 HEALTH COUNCIL COMMUNITY SURVEY
Roane County
Core Survey

1. What do you think are the **five most important factors for a healthy community**?
Select only FIVE.

Good place to raise children _____ Affordable housing _____
Clean environment _____ Low crime/safe neighborhoods _____
Good jobs/healthy economy _____ Good schools _____
Arts and cultural events _____ Access to healthcare _____
Excellent race relations _____ Youth and family activities _____
Religious or spiritual values _____ Other: __________________________
Other: __________________________
Other:___________________________

2. What are some examples of unhealthy behaviors in our county?

____
____
____

3. What are the three biggest health problems in our county?

____
____
____
____

4. Do you have a place where you go for

a) Medical care? Yes ___No ___ If yes, is this within the county? Yes ___No ___

Where (optional)? ____

b) Dental care? Yes ___No ___ If yes, is this within the county? Yes ___No ___

Where (optional)? ____

c) Mental health care? Yes ___No ___   If yes, is this within the county? Yes ___No ___

Where (optional)? ____

Place an "x" mark next to your response to the following questions on a scale of 1 to 5.

5. Are you satisfied with the healthcare services in our county? (Consider cost, availability, access, quality, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

6. Is this county a good place to raise children? (Consider school, daycare, after school programs, recreation, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

7. Is this county a good place to grow older? (Consider housing, transportation to medical services, churches, social support systems, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

8. Is there economic opportunity in our county?(Consider locally-owned business, career growth, affordable housing, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

9. Is this county a safe place to live? (Consider safety in the home, the workplace, schools, parks, shopping facilities, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

10. Is there support in this county for individuals and families during times of stress and need? (Consider neighbors, support groups, the faith community, human service agencies)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

11. Do all people and groups have the same opportunity to work on and benefit from community activities?

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

12. How comfortable do *YOU* feel within the community? (Consider convenience, sense of belonging, and overall well being)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Uncomfortable **Neutral** **Very comfortable**

Please explain:____

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13. Overall, how would you rank our county in terms of being a healthy community?

Very Healthy _____ Healthy _____ Somewhat Healthy _____ Unhealthy _____ Very Unhealthy _____

Please explain:____

____

14. Are there additional comments you would like to make and/or concerns you would like to share?

____

2007 HEALTH COUNCIL COMMUNITY SURVEY
Roane County
Section A: Demographics

Age Group:
_____ Less than 20
_____ 20-29
_____ 30-39
_____ 40-49
_____ 50-59
_____ 60-74
_____ 75 or over

Education:
_____ Some high school
_____ High school diploma
_____ GED
_____ Associate's degree
_____ Bachelor's degree
_____ Graduate degree
_____ Post-graduate work

Health Insurance:
_____ None
_____ TennCare
_____ Private/Individual
_____ Private/Family
_____ Medicare
_____ Medicare + Supplement

Race:
_____ White
_____ Black/African American
_____ American Indian/ Alaska Native
_____ Asian
_____ Native Hawaiian/ Pacific Islander
_____ Other Race

Household Income:
_____ Less than $25,000
_____ $25,000-$34,999
_____ $35,000-$49,999
_____ $50,000-$74,999

Ethnicity:
_____ Hispanic or Latino
_____ Not Hispanic or Latino

_____ $75,000 or greater **Gender:** **_____ Male**
_____ Female

Zip Code: Residential _________________ **Number of people in your household: __________**
Occupational ________________

2007 HEALTH COUNCIL COMMUNITY SURVEY
Roane County

<u>Section B: Community Specific</u>

1. Are there enough health providers in our county? (like doctors, dentists, mental health providers)?
Yes ___No ___

2. Is the abuse of alcohol, illegal drugs, or prescription medications a problem in our county?
Yes ___No ___

3. What is your martial status?
Single____
Married____
Divorced____
Widowed____
Living with significant other ____

4. Do you own your own transportation?
Yes ___No ___

5. Do you rely on someone else for transportation?
Yes ___No ___

6. Do you use public transportation?
Yes ___No ___

7. Are all the services you need available for you in your county?

Yes ___No ___

8. If you answered less than $2500 to the household income question, please select the appropriate income level below:

0-$6,000 _______

$6,000-$12,000________

$12,000-$25,000_______

9. Do you know what services are provided at the Roane County Health Department?

Yes ___No ___

If yes, please name three services

1.___________________________________

2. ___________________________________

3. ___________________________________

Appendix B

2007 HEALTH COUNCIL COMMUNITY SURVEY
Morgan County
Core Survey

1. What do you think are the **five most important factors for a healthy community**?

Select only FIVE.

Good place to raise children _____

Affordable housing _____

Clean environment _____

Low crime/safe neighborhoods _____

Good jobs/healthy economy _____

Good schools _____

Arts and cultural events _____

Access to healthcare _____

Excellent race relations _____

Youth and family activities _____

Religious or spiritual values _____

Other: ___________________________

Other: __________________________

Other:____________________________

2. What are some examples of unhealthy behaviors in our county?

____

____

____

3. What are the three biggest health problems in our county?

____

____

____

____

4. Do you have a place where you go for

a) Medical care? Yes ___No ___ If yes, is this within the county? Yes ___No ___

Where (optional)? ____

b) Dental care? Yes ___No ___ If yes, is this within the county? Yes ___No ___

Where (optional)? ____

c) Mental health care? Yes ___No ___   If yes, is this within the county? Yes ___No ___

Where (optional)? ____

Place an "x" mark next to your response to the following questions on a scale of 1 to 5.

5. Are you satisfied with the healthcare services in our county? (Consider cost, availability, access, quality, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

6. Is this county a good place to raise children? (Consider school, daycare, after school programs, recreation, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

7. Is this county a good place to grow older? (Consider housing, transportation to medical services, churches, social support systems, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

8. Is there economic opportunity in our county?(Consider locally-owned business, career growth, affordable housing, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

9. Is this county a safe place to live? (Consider safety in the home, the workplace, schools, parks, shopping facilities, etc.)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

10. Is there support in this county for individuals and families during times of stress and need? (Consider neighbors, support groups, the faith community, human service agencies)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

11. Do all people and groups have the same opportunity to work on and benefit from community activities?

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

Please explain:____

12. How comfortable do *YOU* feel within the community? (Consider convenience, sense of belonging, and overall well being)

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ Don't know/Does not apply ____

Uncomfortable **Neutral** **Very comfortable**

Please explain:____

---

15. Overall, how would you rank our county in terms of being a healthy community?

Very Healthy _____ Healthy _____ Somewhat Healthy _____ Unhealthy _____ Very Unhealthy _____

Please explain:____

____
____
____
____

16. **Are there additional comments you would like to make and/or concerns you would like to share?**

____
____
____
____
____
____

2007 HEALTH COUNCIL COMMUNITY SURVEY
Morgan County
<u>Section A: Demographics</u>

Age Group: _____ **Less than 20**

_____ **20-29**
_____ **30-39**
_____ **40-49**
_____ **50-59**
_____ **60-74**
_____ **75 or over**

Education: _____ **Some high school**

_____ **High school diploma**
_____ **GED**
_____ **Associate's degree**
_____ **Bachelor's degree**
_____ **Graduate degree**
_____ **Post-graduate work**

Health Insurance:
_____ **None**
_____ **TennCare**
_____ **Private/Individual**
_____ **Private/Family**
_____ **Medicare**
_____ **Medicare + Supplement**

Race:
_____ **White**
_____ **Black/African American**
_____ **American Indian/ Alaska Native**
_____ **Asian**
_____ **Native Hawaiian/ Pacific Islander**
_____ **Other Race**

Household Income:
_____ **Less than $25,000**
_____ **$25,000-$34,999**
_____ **$35,000-$49,999**
_____ **$50,000-$74,999**

Ethnicity:
_____ **Hispanic or Latino**
_____ **Not Hispanic or Latino**

_____ $75,000 or greater **Gender: _____ Male**
_____ Female

Zip Code: Residential ________________ **Number of people in your household: __________**
Occupational ________________

2007 HEALTH COUNCIL COMMUNITY SURVEY
Morgan County
<u>Section B: Community Specific</u>

1. **Do you have access to reliable transportation?**

   Yes ___No ___

   Do you own your own vehicle? Yes ___No ___

   Rely on someone else for transportation? Yes ___No ___

   Rely on public transportation (ETHRA/TennCare Transportation) Yes ___No ___

2. **Do you think there is a problem in Morgan County with alcohol?**

   1 _____ Strongly No 2 _____ No 3 _____ Neutral 4 _____ Yes 5 _____ Strongly Yes

3. **Do you think there is a problem in Morgan County with illegal drugs/methamphetamine?**

   1 _____ Strongly No 2 _____ No 3 _____ Neutral 4 _____ Yes 5 _____ Strongly Yes

4. Do you think there is a problem in Morgan County with prescription drug abuse?

1 ____ 2 ____ 3 ____ 4 ____ 5 ____

Strongly No **No** **Neutral** **Yes** **Strongly Yes**

9. Do you know what services are provided at the Morgan County Health Department?

Yes ___No ___

If yes, please name three services

1.___________________________________

3. ___________________________________

3. ___________________________________

Appendix C

Results of Review of Operational Definition Standards

1. Monitor health status and understand health issues facing the community.

DO WELL	CAN DO BETTER
Good data collection	Disseminate information
Good relationships with local providers	Continue to develop regional relationships
Current community reassessment process	Local staff knowledge data collection/analysis
Epidemiology at regional level	Often information is dated. Should be more timely.
Good listing of local providers	No or limited use of GIS systems in planning
Sentinel physician network	Media policy to allow more local media interaction
Community interaction	
Good relationships with health councils	
Good regional data analysis	

2. Protect people from health problems and health hazards.

DO WELL	CAN DO BETTER
Outbreak investigations	Better understanding of specific roles in disease investigations
Mass clinic operations	Share information with community partners
Communication networks (T-HAN)	Most surveillance functions are done at a state/regional level, limited capacity locally
Regional and state laboratory access	Use Public Health Ready criteria more
Emergency planning and drills	
Networking with other emergency responders	
Access to technology/computers	
Regional surveillance activities	
Written protocols for action exist	
Sentinel physician networks	
NIMS/Incident Command training	
Volunteer database/networks	

3. Give people information they need to make healthy choices.

DO WELL	CAN DO BETTER
Good media relations locally	More cultural awareness and training

Good community networking to exchange information	More media training and adapt media policy to allow more local contact
Good health promotion activities	Use social marketing skills more effectively
Active health councils	Be mindful of literacy levels in materials
Community reassessment process	Do a better annual report
Data on health indicators available	Improve use of available data
Communication/technology available	More accessibility to real-time data
Outreach programs	
Provide information to others on request	
Interpreters and/or language line available	
PTBMIS system for tracking	

4. Engage the community to identify and solve health problems.

DO WELL	CAN DO BETTER
Health councils	Be more active in policy decisions
Good community networking	Need more awareness of public health services
Good health planning	Use of NPHPS for goals and measurable outcomes
Good relationships with local government	Social marketing
Good relationships with Boards of Health	Seek additional grant opportunities
Community reassessment process	Evaluate programs
Access to health indicator data	Better public health advocacy
Professional organizations	Increase political activities

5. Develop public health policies and plans.

DO WELL	CAN DO BETTER
Active health councils	More active in policy decisions
Active Boards of Health	Strategic planning
Good relationships with local government	Evaluate programs
Good relationships with political leaders	Improve public health advocacy
Serve as a resource for community partners	Improve communications
Community reassessment will guide processes and policy development	Improve public awareness of public health services
Active professional organizations	

6. Enforce public health laws and regulations

DO WELL	CAN DO BETTER
Enforcement of public health laws	Access to legal counsel at state level for most activities
Ability to educate others about PH laws	Little legal authority locally to change

	programs and policies
Ability to monitor compliance	Improved knowledge and awareness needed for all staff
Perform inspections and issue permits	Need to educate new partners on an ongoing basis
Training for staff	Improve communications
Quality management programs and processes	
HIPAA	
Surveillance and investigations	
immunizations	

7. Help people receive health services.

DO WELL	CAN DO BETTER
Primary care services/safety net services	Ensure staff training to provide appropriate care
Open access/no appointment needed	Limited network for specialty care referral
Community reassessment process	Limited awareness of public health services
Biannual patient satisfaction surveys	Adult oral health care availability
Health promotion activities	Engage special populations
Care coordination activities	Identify barriers to care
Community partnerships and networking	
Resource pamphlets	
Patient assistance programs for needed medicines	
Community networking with partners	
More culturally appropriate care available	
Preventive health service available	
Use of lay outreach workers	

8. Maintain a competent public health workforce.

DO WELL	CAN DO BETTER
Use of structured hiring process	Better public health orientation
Workforce consortium for MPH	Merit pay raises for performance
Training is available	Difficult to justify need for new positions
Job plans and performance evaluations	Study of workforce needs
Equal opportunity	Employee retention
Nondiscrimination policies	More competitive pay
Resources for job performance are available	Awareness of public health competencies
SEPHLI	Tracking system for employee training
Partnerships with academic institutions	Leadership development for more staff
Clinical rotations sites at LH|D	Need budget for training and inservice

Best practices meeting on regional basis	Succession planning
Public health presentations in community	
Grand Rounds participation	

9. Evaluate and improve programs and interventions.

DO WELL	CAN DO BETTER
Data available for evaluation	Program evaluation is limited
Regional staff trained in evaluation techniques	Limited capacity for local staff to formulate and/or conduct formal evaluation processes
Community reassessment	Limited evidence base to programs
Access to health indicator data	Little program change with data
Growing interest in increasing the evidence base in public health	Use best practices
Best practices meeting	
Patient satisfaction surveys biannually	
Quality management audits for compliance	
Immunization program	

10. Contribute to and apply the evidence base of public health

DO WELL	CAN DO BETTER
Growing interest in increasing evidence base in public health programs	Limited evidence base to interventions
Data is available	Limited program evaluation conducted
Good relationships with academic institutions	Research
Best practices meeting	Share data
CUBES data, PTBMIS tracking	

Appendix D

Staff Survey

Please respond to the following questions. If a scale is used, 1=strongly no, 2=no, 3=neutral, 4=yes, 5=strongly yes

Your input is important to us. Please answer honestly. All answers are confidential and cannot be linked to any particular individual. Thanks for your cooperation

1. Do I know what is expected of me at work? 1 2 3 4 5

2. Do I have the materials and equipment I need to do my work to the best of my ability? 1 2 3 4 5

3. At work, do I have the opportunity to do what I do best every day?
   1 2 3 4 5

4. In the last week, have I received recognition or praise for doing a good job?
   1 2 3 4 5

5. Does my supervisor, or someone else at work, seem to care about me as a person?
   1 2 3 4 5

6. Is there someone at work who encourages me to do my best?
   1 2 3 4 5

7. Do my opinions and suggestions seem to matter?
   1 2 3 4 5

8. Do you believe that your job is important to the mission of the organization?
   1 2 3 4 5

9. Do my co-workers pull their weight & are they committed to doing quality work?
   1 2 3 4 5

10. In the last 6 months, has someone discussed my progress in my job?
    1 2 3 4 5

11. I feel challenged by my work.
    1 2 3 4 5

12. I am happy with my job.
    1 2 3 4 5

Please share any comments (continue on back if needed)

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Appendix E

Number of Unduplicated Patients

Year	Morgan County	Roane County
2005	2,819	6,318
2006	2,805	6,309

Number of Encounters

Year	Morgan County	Roane County
2005	5,744	12,473
2006	5,846	13,673

Relative Value Units (RVUs) Earned

Year	Morgan County	Roane County
2005	9,972.81	17,312.08
2006	9,398.36	20,652.82

Median Relative Value Units (RVUs) Per Encounter

Year	Morgan County	Roane County
2005	1.74	1.39
2006	1.61	1.51

Appendix F

Primary Care Program Evaluation
Laura Conner

Program selected for evaluation plan:

I have selected Primary Care service delivery at the Roane County Health Department as the program to formulate an evaluation plan for. I am planning a formative evaluation to address the assessment of program process (process evaluation) to examine the effectiveness of our implementation and operation of Primary Care services.

Work being done to identify stakeholders and their interest(s) in evaluation results:

Many stakeholders have been identified as having a vested interest in this program. They include the health department staff (myself included); Regional and Central Office administrators working in the Primary Care program and those with entire departmental oversight; patients receiving services; the local hospital administrator; the medical community at large; local government officials; state government officials including the Governor; taxpayers; community service organizations working with populations at risk; and, the members of the Safety Net Task Force that suggested implementing these services in local health departments. The stakeholders were identified on the basis of their involvement and interest in either providing or accessing medical care for the uninsured.

Each identified stakeholder will have a different interest in the evaluation results. For many, the interest is on an administrative level-has the program been implemented in an efficient and effective manner, whether appropriate services are in deed being provided, and if resources are being utilized appropriately. Governmental officials will be interested in the results so they are assured that the appropriate services are being offered to their constituency and will also be interested because of issues surrounding continuity of funding for the project. The medical community and other social service/community advocacy groups are interested as a referral source for uninsured patients being able to access appropriate care at a reasonable cost. They have a desire that the clinic maintain operations in the best manner possible. Tax payers are interested so they can see if a cost savings exists when compared to continuing TennCare funding to the previous level and to see that the clinic is operating in a cost effective and efficient manner. The patients, of course, want the best care available at a reasonable cost.

Work being done on describing selected program:

a) Needs Assessment-Roane County Health Department was chosen as one of 47 public health departments across the state to begin or expand primary care services as part of the Governor's Task Force on the Healthcare Safety Net in response to TennCare reform and participant disenrollment. Sites were chosen, in part, by the available resources in the community. In Roane County, there were no clinics providing indigent care services, no Federally Qualified Health Centers, or 330 clinics. There were also no private providers in the county that were willing to provide services by a sliding fee scale. To further complicate the matter, there was a shortage of primary care providers in general.
b) Population targeted in the program-The population targeted to receive primary care services was initially the segment of the population that was affected by TennCare reform and included those who were to be disenrolled. In Roane County, this was approximately 4,000 individuals. Later, the target group further expanded to include any other uninsured individuals. In a previous community assessment (Nine Counties. One Vision. 2003), 15.9% of the population (approximately 53,000) were identified as being uninsured. This equates to nearly 8,500 individuals with a total uninsured population of 12,500 citizens.
c) Program goals and rationale-The goal of this program is to provide medical care to individuals without insurance. Services provided are billed for on a sliding fee scale and are adjusted based on family size and family income. No patient is ever denied services because of an inability to pay. Initially, the Safety Net Plan predicted that most services would address acute episodic care needs. The bulk of the care that has actually been provided has addressed follow-up of chronic care conditions such as diabetes, hypertension, chronic obstructive pulmonary diseases, coronary artery diseases, etc.. Mental health concerns have also been profound and somewhat unexpected.
d) Location and planned longevity of the program-Services are provided at the Roane County Health Department which is a rural regional health department. It is anticipated that there will be recurrent and perhaps expanded funding for this program. We anticipate that the program will be continued indefinitely.
e) Current state of program development-The program was implemented on a very limited basis on October, 2005. The program was fully staffed in February, 2006 and the full compliment of services was then available. Most supplies and equipment were received by that time as well, but there are pieces of equipment that continue to trickle in. The program continues to grow and develop. There is still a good bit of planning involved in how to manage the growth and improve services, but I believe that the program is in the implementation phase at this time. Many changes have been made in the program. One additional note of concern, Roane County continues to be the only primary care site in our region that is fully staffed. For this reason, sometimes staff members here are called on to assist in other locations. This causes problems with efficiency, effectiveness, and outcomes.
f) Methodology used to obtain program description information-Several methods were used to gather program information. These include interviews,

surveys, advisory groups, document review, other discussions with stakeholders, and the use of key informants. I was also a participant in the planning and implementation of the program and have first hand knowledge of the program.

Evaluation questions, evaluation procedures, methodology, and data collection activities:

1. How many patients are receiving services from the Primary Care clinic? (Process) This will serve to identify how many of the uninsured citizens in the community are benefiting from the service.

   An observational design will be used to address question one. To determine the number of program participants, program case files will be reviewed. A patient tracking database is already in existence. Information will be queried from that system and will be compiled monthly and reported to the Director.

2. Are individuals without insurance aware the program exists? What types of public awareness activities have been conducted? (Process) This will identify if people are informed that the service is available and if not what efforts may have been successful and unsuccessful in reaching the target audience.

   An observational design will be used to evaluate this aspect. To determine if the public is aware of the program, customer interviews will be conducted within the health department targeting customers utilizing other services within the health department (i.e. WIC, dental, family planning, etc.) and at selected partner agencies (Department of Human Services, local hospital, and the local community action agency). This will require stakeholder agreement to participate. Medical offices will also be polled by telephone to determine their awareness level. Interview and telephone poll results will be recorded and compiled into a database. Document reviews and staff interviews will be conducted to record the public awareness activities that have been conducted. The document review will include any outreach logs kept and copies of press releases issued. Results of the interviews and telephone polls will be compared to the level of outreach activities performed to determine whether additional promotional activities are needed.

3. Is staffing sufficient in numbers and competencies/disciplines for the functions that must be performed? (Process) This will help to identify if the program is appropriately staffed and, if not, what changes should be implemented.

   Both observational and goal-based evaluation models would be used to assess staffing. Staffing standards have been pre-determined; however, observational methods would be useful in determining if those standards are

appropriate. Surveys will be distributed to both program staff and program administrators at the beginning of the evaluation and annually thereafter to assess staffing needs. Any identified need will be tabulated and presented to higher level administrators with the appropriate justification for change. Direct observation of clinic flow should be conducted at the beginning of the evaluation and at least every six months thereafter to determine bottlenecks and provider delays. This information will be collected and presented to the Director for review.

4. Are primary care services provided in a well organized and efficient manner? Do staff members work well together? (Process) This would look at clinic flow issues and staff development issues. Are there measures that could be taken to improve the manner in which services are provided?

   Again, observational and goal-based evaluation models will be employed to determine efficiency. Efficiency standards exist that examine provider/clinic productivity. Clinic scheduling will be examined. Time studies will be conducted that monitor the time the patient was registered for services and the time the patient was checked out by the cashier. Labels will be placed on the top of patient encounters and clerical staff will be responsible for ensuring that this information is recorded. This data will be entered into a database. Other efficiency measures will be reviewed including the monitoring of Relative Value Units (RVUs), and other data taken from CUBES reports. Clinic flow will be monitored at the beginning of the evaluation period and at least every six months thereafter to assess if any changes can be made for improvement.

5. Do the primary care program and its staff coordinate effectively with the other programs and agencies with which it must interact (hospital, EMS, medical community, social service and community organizations, and other referral sources)? (Process) Are there improved relations between the health department and the medical community at large since the inception of primary care? (Impact) How is this being accomplished? (Process) This will address issues of collaboration and partnership within the community to address the needs of the patients that cannot be adequately addressed within the confines of the health department.

   An observational design will be used to determine the effectiveness of partnership development. A survey assessing collaboration and information sharing will be developed. The surveys will be mailed to all stakeholders and community partners. The survey will be sent with a letter detailing the reasoning for the instrument and instructions how to complete it. Two weeks after the initial mailing, participants who have not responded will be contacted by telephone and encouraged to respond. If they do not have the survey, additional copies will be distributed. Survey results will be entered into a database. To complete the assessment of what has been done to form

collaborative ventures, program staff will be interviewed and any supporting documentation will be reviewed. These results will be recorded.

6. Are supplies and equipment that are available for use used efficiently and effectively? (Process) This will identify any waste or misuse of scarce resources that are available to provide needed care.

   Observational methods will be used to assess use of supplies and equipment. Purchase requisitions will be reviewed along with inventory control logs to monitor usage. Any unusual use of items will be documented and reported to the Director for follow-up. Query of diagnosis codes within the patient tracking system can be made to support use of supplies/equipment. Additional chart review could also be necessary to confirm results.

7. Is performance at some primary care sites significantly better or worse than at other sites? (Process) This question will help to identify best practices to improve performance at all sites. It will also help to point out changes or modifications that could be implemented to improve outcomes and performance.

   A goal-based evaluation model and observational design method would be used to compare functioning at each clinic site. This data would be collected by document review from CUBES reports and RVU monitoring. Sites could be compared within the region and across the state. This information will be recorded into a database for review. This information would also be shared with the Primary Care Committee so that best practices could be established.

8. Are patients satisfied with the services they receive and with the interactions they have with staff within the department? (Outcome) It is important to know if the audience you are providing services to are satisfied with those services and if not, why.

   An observational design will be used to determine patient satisfaction. Written surveys will be distributed to each patient upon being registered for services for a period of one week. A survey collection box will be placed at the cashier’s counter and the cashier will remind patients to submit their responses. This survey will be completed at the time of evaluation and annually thereafter. Surveys will be reviewed daily by clinic administrators daily, and at the end of the week, the data will be collected, compiled and analyzed. Results will be given to the Director for review.

9. Do patients demonstrate a better understanding of their disease states and demonstrate an improved ability to manage their chronic medical conditions? (Outcome) It is important for patients to demonstrate an understanding of concepts that they have been instructed on.

This question will be addressed using a quasi-experimental method due to the lack of random selection and a true control group. The experimental group will be program participants and the control group will be the general population. Research exists that projects the public's general base of knowledge regarding chronic disease states. Patient surveys that address a self-assessment of their knowledge base will be given to patients with chronic diseases such as diabetes, hypertension, coronary artery disease, and chronic obstructive pulmonary diseases. These surveys will also include specific questions that will address chronic disease issues so that the rater can examine the level of awareness. The results from the surveys will be compared to the research that currently exists. Results will be compiled in a database and analyzed.

10. Have visits to the hospital emergency room for uninsured patients decreased as a result of the clinic opening? (Impact) Uninsured patients often wait to seek care until they are experiencing a medical crisis. This should be an indicator of patients seeking more routine care.

    An observational method will be used to assess the impact to the hospital. The Emergency Room Manager will be contacted at the time of evaluation and every six to twelve months thereafter to inquire about the number of uninsured patients seen in the emergency room and a further breakdown of the peak times of the visits. This information will be recorded into a database and can be utilized when negotiating on behalf of patients for hospital services.

11. Is there an improvement in the overall health status of the community since the clinic initiated operations? (Impact) This data will not immediately be available as morbidity and mortality information is not immediately impacted with improved access to care.

    A quasi-experimental method will be used to assess health status. The experimental group will be patients receiving services and the control group will be the community at-large. Vital statistic data is currently available that addresses morbidity, mortality, and disability within communities. Documentation review will be conducted to determine morbidity, mortality, and disability rates of program participants and recorded into a database. This information collected regarding program participant will be compared to rates known within the community at the time of evaluation and annually thereafter. Information will need to be recorded over a long period of time to see changing trends in health status.

Obstacles confronted and how they are being handled:

With limited resources, it would be most difficult, if not impossible, to address all of the identified areas of concern. The evaluation questions would need to be limited.

Because each program site is in a different stage of program implementation, it will be difficult to get meaningful valid and reliable data to compare information across public health primary care sites. This will improve over time. Additional staff continues to be hired. As those staff members are hired, of course, the program will mature. This will hold true for productivity standards as well. There are standards that are established for clinics that have been in operation for quite some time; however, it is difficult to gauge productivity when services are limited.