Kentucky Department for Public Health

Public Health Improvement Branch

News from Reviews

VOLUME I, ISSUE I FALL 2010

INSIDE THIS ISSUE:

Key Issues 2

Latest News 3

Quality Improvement Resources 3

FAQ 3

Accreditation Train 4

LHD Spotlight 4

Notes from Margaret Stevens-Jones, Manager

This is the first newsletter of what we hope will be several from the Public Health Improvement Branch, Quality Improvement Team. This is the result of a brainstorming session among the QI team. Our question was "how can we share information we learn from traveling across the state completing QI site visits"? The answer is before you, and alas, "News from Reviews" was born.

The goal of this newsletter is to share information KDPH QI Team has discovered during QI site reviews. This may include trends, best practices, and highlights of innovative ways LHDs are working with their community. This newsletter is also a method to share Quality Improvement information.

Quality Improvement processes have been in place in industries for years. The QI processes were used to reduce waste, improve efficiency and better serve their customers. More recently, these concepts have been applied to health care in order to make change in efficiency and cost. Now Quality Improvement is moving into the Public Health Arena. Always remember, the QI efforts in Public Health aim to bridge the gap between the ideal and actual care provided.

Quality improvement tools that have been used in other industries have now been applied to improve health care. These include the Plan-Do-Study-Act (PDSA), Lean, Six Sigma, and the Breakthrough Series model. One approach we have adopted that meets our purpose is the PDSA. The PDSA utilizes learning through trial and error, which allows for continued improvement and understanding with each cycle. This method relies on teams to identify problems, implement potential solutions, measure and evaluate the results, and then based on review of the results decide what interventions to try next.
The team recognizes a problem- **Plan** -creates a plan/idea to address the problem; **Do**-puts the plan in action; **Study**- asks did the plan solve the problem; **Act**- makes the plan a recognized process or returns to the plan stage and starts again with a different idea or solution. This is basic and you use it everyday in practice, but this is putting it in a formal tool and documenting your actions and results.

I hope you enjoy this newsletter and find the information useful. Please give us feedback on other information and topics you would like to see included in this newsletter at Margaret.Stevens@ky.gov.

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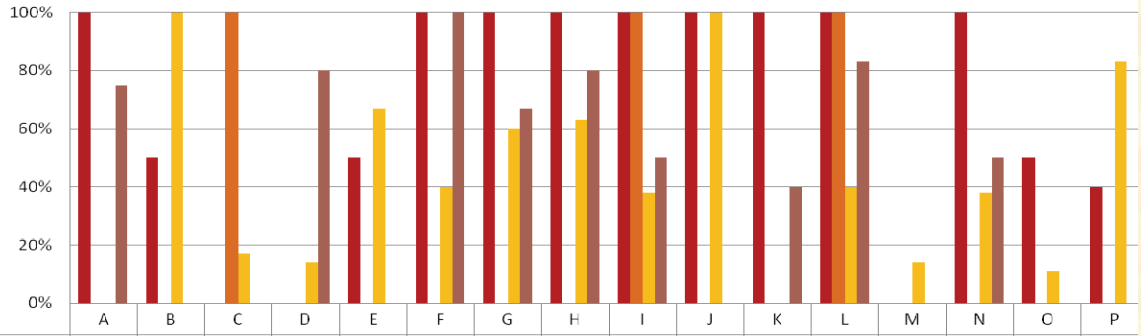
Key Issues

The following key issues were found to be incomplete, inconsistent, or ineffective during site reviews:

Of the sixteen counties reviewed during FY 2009, the Medical Nutrition Therapy referral rates by program are as follows:

Pediatric Preventive Services	68%	*(7/16 counties referred ≤ 50% of the time)*
Lead Prevention	56%	*(3/6 counties referred ≤ 50% of the time)*
Family Planning	37%	*(10/16 counties referred ≤ 50% of the time)*

MNT Referral Rates by Program



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Pediatric Preventive Services	100%	50%	0%	0%	50%	100%	100%	100%	100%	100%	100%	100%	0%	100%	50%	40%
Lead Prevention		0%	100%			0%	0%		100%			100%				
Family Planning	0%	100%	17%	14%	67%	40%	60%	63%	38%	100%	0%	40%	14%	38%	11%	83%
Adult Preventive Services	75%	0%		80%		100%	67%	80%	50%		40%	83%		50%	0%	

The Local Health Department On-Site Reviews 2009 Report has more details on MNT referrals and the following issues:

- Written QA policies and /or plans
- Assessment of Pregnancy Intendedness
- Verbal Lead Risk Assessments
- Emergency protocols for oxygen flow rate status
- Immune Status Assessment
- Active CFR teams
- Written Medication Administration Policy
- Utilization of Fluoride Varnish Program
- Completion rates LHD medical forms
- Visual Assessment of STDs

To request a copy of the Local Health Department On-Site Review 2009 Report, please contact Erica Jones Davis at Erica.Jones@ky.gov.

Latest News

- HIPAA and LEP responsibilities have transitioned from the PQI to the AFM Division. Janet Overstreet will serve as the point of contact for questions regarding both issues. Contact Janet at janetb.overstreet@ky.gov or by phone at 502-564-6663 Ext. 3150
- CONGRATULTIONS, Magoffin County, on your new facility located at 132 East Mountain Parkway in Salyersville, KY!
- CONGRATULTIONS to new Local Health Department Directors:

  Graves County: Noel Coplen
  Jessamine County (Acting): Jo Morgan
  Madison County: Nancy Crewe
  Marshall County (Acting): Tina McCormick
  Todd County: Jennifer Harris

Quality Improvement Resources

http://www.cdc.gov/od/ocphp/nphpsp/Improving.htm

http://nciph.sph.unc.edu/mlc/publications/qi_BackgroundPaper.pdf

http://nnphi.org/CMSuploads/UserCallSlides-2.09-98055.pdf

FAQ

Q: Is there any problem with transferring records from one of our county health departments to another county in our district without getting the patient's signature on a release of information? Also since HIV/STD records have an added layer of confidentiality by KY state law, do we need to get the patient to sign a release of information to transfer those records between health departments within our district?

A: As a District Health Dept. and for HIPAA there will be one (1) policy and one (1) Notice of Privacy Practices for the entire agency; you can share patient records within the agency, but the original records will need to stay with the local health center (copies of the records can be provided, as needed, to other health centers in the district to carry out needed medical services). This can be done without a written patient consent.

Q: What is the best practice for documenting vitals and vision and hearing on the green sheet (CH-12)? Does the provider need to initial these items? It is not always the same provider completing all of these services/ measures. When coding on the PEF there are occasions when vision, hearing, or BP is performed by another provider.

A: On the CH-12 (MISCELLANEOUS SCREENINGS AND LABORATORY TESTS PERFORMED ON SITE) the provider's initials are to be placed in the same block as the test results. Provider's initials are not required for procedures that are not lab tests, unless this is the only documentation to be found in the record for a reportable CPT.

Q: On the new IMM-1 that is in the July 2010 PHPR revision, the EPID #'s are not on the form after the name of the vaccine. Do we have to write the EPID # on the consent form?

A: The Federal Guidelines only require the date the VIS is given and the most current version of the VIS sheet.

Federal Guidelines - http://www.immunize.org/catg.d/p2027.pdf

Most current VIS sheets - http://www.cdc.gov/vaccines/pubs/vis/default.htm#download

The Accreditation Train

By Rona Stapleton

The accreditation train is on track and the whistle is starting to be heard. We all have a long path to go, and KDPH is currently in the "discussion and planning" phase. Our goal is to apply for state accreditation with PHAB (www.phaboard.org) in 2014. State and local health department accreditation is voluntary at this point .

The KDPH did apply to be a PHAB beta test site for accreditation, but the state public health department was not selected. We were thrilled to know our close neighbor, Franklin County LHD, was selected and we hope to learn from their experience. The KDPH is reading the PHAB website, and affiliated documents, and staff internally have began looking at and planning for possible systems changes that may, or may not, need to occur to apply for accreditation in years to come. The state department for public health received a technical assistance grant from ASTHO to provide a consultant that has helped KDPH create a logic model, planning guide, and accreditation team charter.

KDPH has now formed an Accreditation Readiness team (ART) that meets monthly to spearhead the logistics and action required to prepare for 2014 accreditation. As State Accreditation Coordinator (SAC) for KDPH, the National Network of Public Health Leadership Institutes (NNPHI) provided a scholarship for recent conference attendance in Washington DC as a part of the Multi-state Learning Collaborative (MLC). The MLC Open Forum was stellar and the networking opportunities were fruitful.

We will produce three main plans over the next few years: a state health assessment plan, a state health improvement plan, and an agency strategic plan. If you have questions, please e-mail me at ronal.stapleton@ky.gov or call (502) 564-7212, extension 3650.

LHD Spotlight

The first LHD Spotlight column is devoted to one of the smaller Kentucky LHD agencies. This agency has met with the same challenges as others for funding, resources, staffing, retirements, accreditation, and change in general. Through their LHD Director's guidance, they have partnered with other agencies in their community and acquired funding to build an Activity Center on their agency's campus….This agency is Fleming County Health Department and the Director is Stephanie Fryman.

Ms. Fryman worked with her community partners to develop a facility that can be utilized by all of Fleming County Citizens. Citizens could not receive these type services in Fleming County in the past, as this type facility did not exist. Membership fees are nominal and in some case waived. Exercise, aerobic or walking classes are conducted daily. A Silver Sneakers group was formed and continues to grow in numbers as the word spreads throughout the county.

Fleming County Health Department

The facility itself includes state of the art exercise equipment, trained staff are on-site to assist with developing your own exercise plan and group nutrition and health education classes are taught in the Community Room. Ms. Fryman stated that each year they are working to add services, classes and activities. This year's addition is a junior basketball class and league. It was welcomed by the community and has great participation from parents and children alike. She hopes to expand this in the future to include other age groups and types of activities for children. This is a work in process and she expects to increase the community involvement in the planning and initiating of new functions.

Fleming County Health Department is involved in finding new and exciting ways to improve the health and well being of their community. KUDOS to Fleming County Staff and their Director – for a job WELL DONE!!!