

News from Reviews

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REMINDER

ARNP Collaborative Agreements need to be updated by March 1, 2011, to reflect the title change to Advanced Practice Registered Nurse (APRN).

Notes from Margaret Stevens-Jones, Manager

As we begin the new year of 2011 with budget constraints, we need to continue building the foundations for quality in Kentucky's State and Local Public Health Departments. Each organization must identify and optimize opportunities for stretching their health care dollars. One method is to have an oversight structure in place to ensure the delivery of quality, coordinated and appropriate care. Standard Number 7 in the American Nurses Association's "Scope and Standards of Public Health Nursing" (2007), states the Public Health Nurse should systematically enhance the quality and effectiveness of nursing practice. The nurse criterion should include methods to coordinate care, provide evidence-based medicine, practice quality monitoring, analyze data and improve patient outcomes. Quality Assessment and Improvement will assist in meeting these criteria and utilizing our resources to their fullest. This includes regular and systematic collection, analysis and dissemination of information.

The QA process can be broken down into 5 steps:

- * describe and identify the desired performance
- * indicate actual performance,
- * assist with identifying the causes for not meeting the desired
- * analysis of interventions to close the gap in order to meet the desired
- * measure the change in performance

The effectiveness of the QI process depends upon the ongoing reassessment of the above steps, practice and processes. These activities together will assist in increasing community trust and the level of excellence of care provided by the agency.



The Quality Improvement (QI) Team (Jan Hatfield, Deborah Donovan, Daniele Bray, Emily Anderson, Erica Davis and myself, Margaret Stevens-Jones) will be "on the road" to assist LHDs in meeting the desired performance to decrease waste and improve efficiency. The team will assist by providing Quality Assurance checks of your medical records and policies, furnishing Technical Assistance for improvement of practices, and supplying Quality Improvement tips, education and resources.



Key Issues

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

Growth Charts omitted for Pediatric Preventive visits: Height, Weight, Body Mass Index and/or Head Circumferences missing.

Height, Weight, Body Mass Index and/or head circumference should be assessed and documented with each preventive pediatric assessment. A patient's measurements can be compared with a standard, expected, or predictable measurement for age and gender. Age and gender appropriate growth charts should be initiated and utilized to signify abnormal patterns of growth and to help identify significant conditions requiring close monitoring or referral. The significance of measurements and actions to take when they deviate from normal expectations are found in the age-specific Preventive Health Guidelines.

Utilize Automated Growth Charts as much as possible.

Medication Policy

ALL LHDs should have in place a medication policy/plan that is developed in consultation with the Local Board of Health pharmacist or designee and is approved by the Local Board of Health, in accordance with [KRS 212.275](#). The policy should include storage, inventory, dispensing, and reporting of medication errors; and is consistent with the KY Board of Pharmacy as well as other relevant laws and guidelines. Medications listed throughout the PPHR need only be referenced in the local policy as "all medications listed in the Public Health Practice Reference." Additional in-house medications that are specific to the LHD must be included in the Plan/Policy as well. See PPHR, General Information Section.

Quality Assurance Policy

LHDs should continue to assure an ongoing QA program is actively in place to systematically monitor and evaluate the quality of PH services and resolve identified issues in accordance with 902 KAR 8:160. A QA/QI Folder/Notebook should be maintained and include results of reviews, current copies of QA forms used for chart and community review, the agency's QA/QI Policy, and minutes regarding the review findings. Results of QA findings should routinely be shared with local health department staff as well as the agency's Board of Health. See AR, Vol. I, Internal QA requirements for LHDs, Accreditation Quality Assurance/Quality Improvement chapter.

Counseling and Provision of Folic Acid

Folic acid supplementation has been shown to reduce the incidence of neural tube defects (NTD) such as spina bifida and anencephaly. Many pregnancies are unplanned and since pregnancy is usually discovered at 6 weeks from the last menstrual period, it is too late to prevent these defects. Therefore, it is essential that all women of childbearing age consume 0.4 mg (400 mcg) of folic acid on a daily basis.

Assure documentation of counseling of benefits of folic acid supplementation and provision of folic acid (400 mcg) supplements for all women of childbearing age during all Family Planning visits (See PPHR, Family Planning Matrix).

Assure documentation of patient refusal.

Interpreter Use

When using an interpreter, documentation should include the following: use of the interpreter, patient's primary language, and the steps taken to arrange for an interpreter other than employed by the agency (if applicable). Should the patient decline the use of an interpreter, documentation should include the following: patient was informed of free interpreter services, patient declined interpreter services, and patient requests to use interpreter of their own choosing. Additionally, if an interpreter is used when obtaining a patient's consent, include the following documentation: record the interpreter's name in the nurse's note or directly on the consent form. (See PR, Documentation/Medical Records Section)



Medication Record Corrections

Corrections of medical documentation in the medical record should be made by drawing a straight line through the mistaken entry so that it remains legible and date when change was made. The provider should sign their name or initial beside the mistaken entry. See PR, Documentation/Medical Record Section.

Blood Specimen Collection

When collecting a blood specimen by fingerstick or venipuncture (i.e. lead, Hgb, glucose), staff should assess and document in the medical record:

- * Test ordered and determine specimen type: fingerstick or venipuncture
- * Discuss and provide pretest instructions: explain why test is needed to parents/patient
- * Education/counseling was provided to the parent/patient
- * Manner in which the parent/patient was notified of test results-letter, telephone call or return visit to LHD

The January 2011 Public Health Practice Reference is now available via the internet at <http://chfs.ky.gov/dph/info/dpqi/PHPR.htm>

QI Team Site Visit Tip

Due to the Department of Public Health's agreement with Medicaid allowing LHD Nurses to provide and receive payment for services, LHD Nurses are required to maintain copies of Certificates earned after completion of training requirements for several programs. Certificates may also be required and should be kept on file for other services such as: performing, obtaining or interpretation of certain lab tests, inserting, and placement of Infant/Child Car Seats, providing Grief Services, applying Dental Varnish, HIV pre and post test counseling, etc.

The training, preceptor requirements, and certificate **MUST** be obtained before the nurse is deemed proficient to provide and bill for certain services. The programs requiring special training and certificates include but are not limited to Pediatric Preventive, Adult Preventive, STD, Cancer Screening, etc.

The QI Team will ask for copies of the nurse's Pediatric Preventive, Adult Preventive, STD, and Cancer Screening certificates during their visit. They may also share copies of these certificates with Program Staff at KDPH for monitoring and quality assurance purposes

Please assure that you have a **current copy of your employees Medical License or Certifications on file** for review by the QI Team during their visit. You should also have an internal process to check annually that the license and certifications are renewed.

Other license or certification requirements include but are not limited to: MD, OD, RN, APRN, LPN, Dietician, Nutritionist, X Ray Technician, Certified Lab Technician, Certified Medical Technician, Licensed Social Worker, and Temporary employees filling the positions listed above.

The Accreditation Train

By Rona Stapleton

The accreditation train is progressing down the track with steady pace. KDPH has set a goal to apply for PHAB (Public Health Accreditation Board) state accreditation (www.phaboard.org) in 2014. State and local health department nationwide PHAB accreditation is voluntary, at this point. The national beta test sites are concluded and data is being compiled for all of PHAB's final documents and procedures. The first accreditation applicants will emerge in 2011 throughout the U.S. This means that no health departments, anywhere or on any level, are officially **PHAB** accredited.

KDPH now has an Accreditation Readiness Team (ART) that meets monthly to spearhead and coordinate the action required to prepare for 2014 state accreditation. Performance management and quality improvement are the strong drivers within all standards and measures. KDPH domain champions and division liaisons lend their expertise and work together in a group format. The ART team has met many deliverable goals in 2010, including a team charter, logic model, agency planning guide update, educational awareness, and the completion of PHAB's readiness checklist. KDPH will ring in the new year by conducting a "gap analysis" utilizing PHAB's agency self-assessment tool, which encompasses all domains as well as the administrative capacity and governance elements.

On a parallel track, with the commissioner's office at the helm, KDPH received a five-year, \$1 million federal grant to enhance performance management at the state level and at all local health departments. More details are available at <http://migration.kentucky.gov/Newsroom/chfs/DPH+Grant+2010.htm>

If you have questions, please contact Rona Stapleton, State Accreditation Coordinator, at ronal.stapleton@ky.gov or call (502) 564-7212, extension 3650.

LHD Spotlight

The Lawrence County Health Department has a unique tool to motivate smokers to stop smoking. The "Tree of Life" quilt was designed and made by the Lawrence County "Quilted Treasures" quilt guild to support efforts in a research study conducted by the UK College of Nursing that examined "the effectiveness of culturally sensitive interventions to motivate smokers in a rural southern community to participate in tobacco dependence treatment programs" (Butler, et al.). The unique design of the quilt is based on the stories of current and former smokers in Lawrence County.

The appliquéd tree in the center of the quilt represents life in Lawrence County. The Log Cabin and Appalachian Trail motifs in the borders reflect the history of the people living in this region of Kentucky. The Hearth and Home pieced block was selected to represent the importance of the support of



At Left:
Lawrence County's
"Tree of Life" Quilt

family and friends for smokers during the quitting process. The Kentucky Chain represents freedom of individual choice. This design contains a crossroads to symbolize choices, or different roads that could be taken by current and former smokers. Sunbonnet Sue quilt block was chosen to represent the theme of quitting for one's children, which was a desire commonly voiced by current and former smokers (Butler, et al.).

The quilt has become a source of great pride in the community, with numerous requests for local displays. Its primary purpose continues to be used to engage and motivate participants of smoking cessation programs. It recently won 1st place ribbon in the Story Quilt Category of a local Quilt Competition (Butler, et al.).

"Culturally sensitive messaging, including use of the arts, is a data-rich strategy for the development of population-based interventions aimed at rural smokers. Such strategies may motivate smokers to quit, thereby reducing their tobacco-related health risks. (Butler, et al.)."

Congratulations to Lawrence County for your creativity and continued efforts to promote community wellness and smoking cessation!

Butler, K., Hedgecock, S., Rayens, M., Derifield, S., McGinn, C., Murray, D., et al. *Promoting Healthy Behaviors in a Rural Community Using Culturally Sensitive Smoking Cessation Outreach Strategies*. Lexington: University of Kentucky College of Nursing.