



Saint Paul - Ramsey County Public Health

Marina McManus, Director

Community Health Services Advisory Committee

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**MINUTES
SHIP LEADERSHIP TEAM
October 3, 2012**

MEMBERS PRESENT

Kathy Campion
May Seng Cha
Thomas Kottke
David Muhovich
Heather Peterson
Colleen Quesnell
Regina Ripple
Karla Sand
Kerri Sawyer
Jill Stewart
Bob Tracy
Mary Yackley
Mayblia Yangsao

STAFF PRESENT

Cheryl Armstrong
Sue Mitchell
Richard Ragan
SuzAnn Stenso-Velo

Chair's Report

Rina is attending the annual Board's of Health meeting and Bob will join the conference tomorrow. Bob Tracy stated that the Public Health Department will be proceeding with a process for accreditation that will involve a substantial commitment of resources for the next 2 yrs. During this time staff will also be conducting a CHS assessment, creating a strategic plan, developing a community health improvement plan, continuing quality improvement work, re-evaluating the measures for CSIs and establishing new or expanded relationships with community partners. All of these major projects are inter-related and will require coordination and communication across the dept. This work will require creating a focal point for leadership and coordination of all of these efforts across the department.

Bob asked if members had information to share. Kerri Elizabeth has a new job at MDH that involves performance measurement. David is planning to take students to Uganda for an entire semester in 2013 and will focus on Obstetrics. Dr. Kottke asked members to visit worldbicyclerelief.org and watch the presentation titled Half the Sky (Turning Oppression into Opportunity) on PBS.

Bob mentioned that the committee leadership will do some transition planning. The first task is to elect a vice-chair. Next, a small group of members will join the vice-chair and staff in reviewing and revising the committee by-laws.

Public Health Department Accreditation

SuzAnn Stenso-Velo presented the first section of the presentation and focused on accreditation – the goal of which is to “Improve and protect the health of the public by advancing quality and performance of public health departments.” The presentation reviewed the accreditation process, components, benefits, potential incentives, and the structural framework of the PHAB (Public Health Accreditation Board) Standards & Measures document which includes domains, standards and measures. The twelve major domains were highlighted. SPRCPH is moving toward a goal of being accredited by the end of 2014. Several steps have been taken already toward this effort. An Organizational Self-Assessment has been conducted to identify three areas that need improvement related to the PHAB “Standards and Measures.” This information will feed into quality improvement efforts and the strategic plan. Management and staff have been assigned to work on specific accreditation domains and standards. A SharePoint site has been created for staff to access PHAB documents, connect with resources, and upload relevant documents. A tracking tool has been created to organize and catalogue documents. Staff have participated in statewide conference calls to share tips and progress toward the goal of accreditation. When an agency applies for accreditation, it must submit three prerequisites: a community health assessment, a community health improvement plan, and a strategic plan. These documents are also requirements from the Minnesota Department of Health for LPHAP (Local Public Health Assessment and Planning). We are currently gearing up for these components. An overview chart of the LPHAP process was reviewed (see PowerPoint slides), and each of the components explained. The components related to quality improvement and the community assessment received particular attention in the presentation since the department is currently focusing energy on those areas.

Quality Improvement

Cheryl Armstrong described what the department is doing in the area of Quality Improvement (QI), defined as a process and set of disciplines coordinated to ensure that an organization consistently meets and exceeds customer requirements. QI encompasses “small qi,” which refers to individual efforts at the staff level, aimed at improving particular processes, and “Big QI,” which is achieved when QI is integrated throughout organizational functioning and is embraced philosophically both top-down and bottom-up throughout the agency. Principles of QI include: knowing your stakeholders and what they need, focusing on processes, using data for making decisions, using teamwork to improve work, making quality improvement continuous, and demonstrating leadership commitment. QI is

important to SPRCPH not only because it is a requirement of Domain 9 for Accreditation, but also because it is a tool for maximizing the effectiveness and efficiency of how we provide our services to the community.

To date, the Department has created a formal “Quality Improvement Leadership Team,” conducted an organizational assessment related to QI, developed a QI plan, undertaken one QI project, completed an all-staff assessment, and begun training staff in QI principles and tools. The QI project has focused on improving the process staff will go through to develop educational and outreach materials for the public related to environmental health. Staff have proposed a new process that reduces the number of steps from almost 80 to less than 30. In the coming months, staff will be testing the new process, evaluating results, and making any necessary revisions so that the new process can be fully implemented. The Department has applied to receive funding from Robert Wood Johnson Foundation to take on another QI project (related standardizing how the department gathers and uses customer satisfaction data), staff will review and update the QI plan, and continue staff training as needed. Some of the challenges that will need to be overcome include limited staff time to lead and facilitate projects, staff resistance to what feels like more work, and limited internal capacity for the technical aspects of QI. Based on survey feedback, it was determined that staff are interested in learning more about QI and how it applies to local public health, and are excited to find new ways to solve problems encountered on a day-to-day basis.

Community Health Assessment

Sue Mitchell reported that the Community Health Assessment is underway within the Department. It is a statutory requirement for every local Board of Health in MN as well as a requirement for Accreditation. MDH just completed their statewide community health assessment and statewide community health plan which can be found at the MDH website: <http://www.health.state.mn.us/statewidehealthassessment/>. The Department’s last assessment was completed in 2007. This time staff is following the format used by MDH. Sixteen internal staff “experts” in each content area are gathering and analyzing the 144 indicators suggested by MDH as well as other data that is available. The next step will be to gather community input on top health concerns and ideas for the Community Health Improvement Plan. The top ten concerns and the Community Health Improvement Plan are due to MDH by 2/2015 but the department is on a shorter timeline because of the Accreditation application requiring the Community Health Assessment and the Community Health Improvement Plan earlier.

The meeting was adjourned at 6:45 PM.

The next meeting of the Ramsey County CHSAC is Wednesday, November 7, 2012.