



SUCCESS STORY HO-CHUNK NATION



OUR NATIONS,
OUR JOURNEYS

Ho-Chunk Nation Health Department's Journey to Accreditation Readiness

The Ho-Chunk Nation Health Department (HCNHD) provides health services to approximately 5,000 tribal members residing in fifteen rural counties in central Wisconsin. HCNHD's vision is to build a strong mind, body, and spirit together: Waza highiwire (we care). Our mission is to promote a high quality of life with holistic health care to those we serve, with an emphasis on the traditional Ho-Chunk way of life; and to empower each individual and family to make informed decisions regarding their present and future health.



Currently, the HCNHD has two clinics (accredited through the Accreditation Association of Ambulatory Health Care, Inc., or AAAHC), and two public health departments—Community Health and Environmental Health. Community Health houses community health nursing, community health representatives, the health and wellness program (diabetes program), nutrition, food distribution, and home health care services. Environmental Health houses injury prevention, air quality, sanitary facilities, community water/wastewater, solid waste and recycling, emergency preparedness, food safety and sanitation, and environmental programs.

THE SITUATION

We began our public health accreditation journey in 2010. Over the last six years, we appointed an accreditation coordinator, formed a Public Health Accreditation Committee (PHAC), completed the prerequisites to apply (community health assessment, community health improvement plan, strategic plan), and developed a workforce development plan. We have also strengthened our governance by forming a Health Board, updating our bylaws, and formalizing relationships with the state and various county agencies.

In 2016, the PHAC turned its focus to developing a performance management system and building a culture of quality. HCNHD has experience with performance management and quality improvement (QI); however, performance management has been historically monitored and measured at the program level, and our QI plan has focused specifically on the health care clinics to meet the AAAHC requirements. The PHAC recognized the need for a performance management system that included public health to successfully drive quality improvement and provide clear and consistent communication to the Health Board and Tribal Council, which are our governing entities.

THE TARGET PROJECT (Tribal Accreditation Readiness through Guidance, Education and Technical Assistance), a partnership with Red Star International, Inc., Northwest Portland Area Indian Health Board, Inc., Cherokee Nation, Chickasaw Nation, Ho-Chunk Nation, and Lac Du Flambeau Band of Lake Superior Chippewa Indians. The primary goal is increasing public health accreditation readiness among Tribal Health Departments through targeted capacity-building assistance and supporting activities that promote and support health department performance improvement.

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OUR JOURNEY

- The PHAC's first activity was to evaluate the existing QI plan against the Public Health Accreditation Board's (PHAB) standards and measures and to determine what portions of the plan, if any, could be utilized.
- HCNHD contracted a QI Consultant to work with the QI Director to analyze the existing plan and develop a strategy. It was determined that public health programs could not be effectively integrated into the existing clinical QI Plan. A separate QI plan would need to be written for public health (Community and Environmental Health Programs).
- HCNHD then formed a workgroup to develop the performance management system, which included the Environmental Health Director, Quality Improvement Director, and the Accreditation Coordinator.
- Recognizing the need for training, the QI Consultant provided two trainings: 1) Introduction to Quality Improvement for key community health staff, and 2) Basic Performance Management for HCNHD's Quality Improvement Committee.
- After reviewing the existing QI plan, attending the trainings, and reviewing sample county performance management plans, the workgroup decided to develop a combined plan for public health performance management and QI that was separate from the clinical QI plan.
- Together, the workgroup and the QI Consultant developed a combined performance management and QI plan to meet the HCNHD's needs and address the PHAB requirements.



SUCCESSES

Our greatest success was developing the performance management system to monitor performance across the department and expand QI efforts to include Community and Environmental Health Programs. In the process, HCNHD addressed some of the accreditation documentation requirements, including a performance and QI plan, dashboards for the Health Board to review and monitor performance, and staff training agendas. Without these critical documents, we would not have all the documentation we need to submit our application to the PHAB.

Preparing for public health accreditation has given our PHAC a better understanding of quality improvement and performance management. Training was vital to increasing understanding, knowledge, and skills among our upper management and program-level staff. The Tribal Accreditation Readiness through Guidance, Education, and Technical Assistance (TARGET) project allowed our HCNHD to tap into technical resources that were not previously available within the department. We were able to structure a new and more inclusive QI and performance management system to create greater connectivity across the department, and engage key stakeholders, especially our Health Board.



LESSONS LEARNED

- When developing a QI plan, recognize the unique needs of public health compared to the clinical setting. Significant time was used to determine if a combined clinical and public health QI plan was feasible. We determined that having separate plans was the most efficient route.
- QI and performance management are related and connected. It was very helpful to write both plans simultaneously because they are so integrated. Having a solid performance management system helped focus our QI planning, implementation, and monitoring.
- The performance management plan took much more time than initially thought, due to the connection to major documents previously developed, including the strategic plan, QI plan, and workforce development plan.
- Regional and national trainings provided opportunities to learn more about how other health departments approached performance management and QI, and to share our successes and challenges with others.
- In-house training and facilitation by a technical expert from outside the health department helped build of a culture of quality by increasing buy-in from program staff and upper management.



KEY RESOURCES USED

The Public Health Accreditation Committee reviewed several performance management and QI plans available online:

- Washington County Public Health Division Performance Management and Quality Improvement Plan
- Pierce County Public Health Performance Management and Quality Improvement Plans
- Oneida County Public Health Performance Management and Quality Improvement Plans
- Wood County Health Department Performance Management Plan

Training resources included:

- Institute for Wisconsin's Health, Inc., Wisconsin Tribal Quality Improvement and Accreditation Initiative <http://www.instituteforwihealth.org/tribal.html>
- National Network of Public Health Institutes, Inc., Public Health Improvement Training (PHIT) <https://nnphi.org/relatedarticle/public-health-improvement-training-phit/>



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NEXT STEPS

HCNHD recently completed a third organizational self-assessment against the PHAB standards and measures to determine our readiness to submit our application. Based on our self-assessment results, our health department plans to submit an application for public health accreditation by December 31, 2016. Until that time, documentation will be collected in an organized manner and shared routinely with our Health Board and Tribal Council. Plans include the implementation of the quality improvement and performance management plans during 2017-18. Quality improvement training will continue and has been incorporated into our workforce development training plan.



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