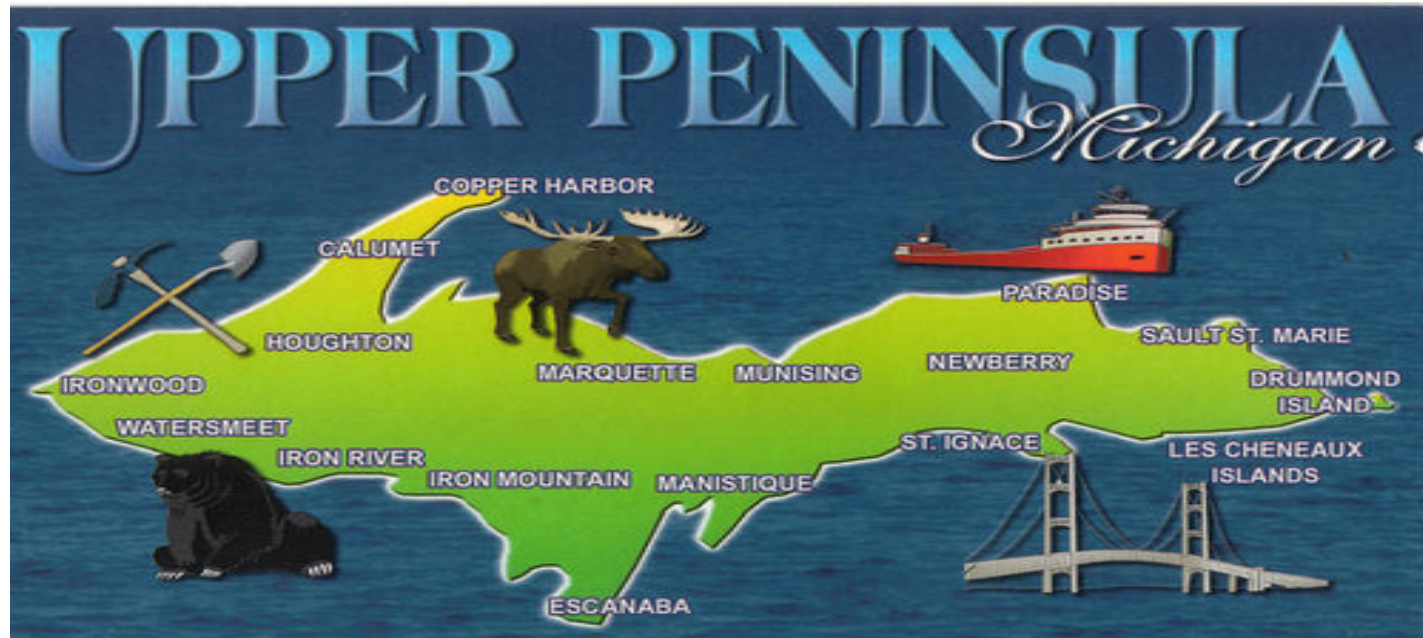




Keweenaw Bay
Indian Community

**Department of Health & Human Service's
Journey to Public Health Accreditation**

The Keweenaw Bay Indian Community is located on the Southern Shore of Lake Superior in the beautiful Upper Peninsula of Michigan. The reservation boundaries fall within the villages of Baraga & L'Anse, with a small amount of trust land in Marquette



The Donald A. LaPointe Health & Education Center

Medical Clinic

Dental Clinic

Pharmacy Services

Behavioral Health Counseling

Community Health

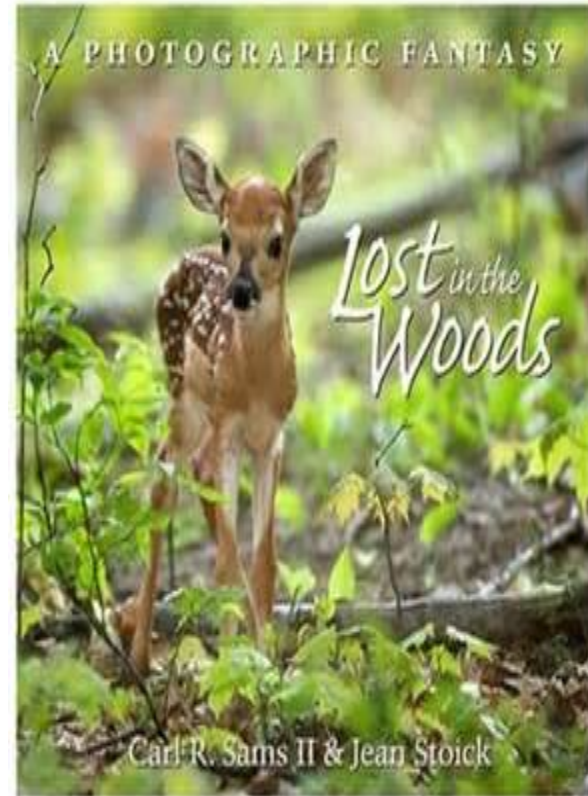
WIC/MIHP



- Provide services to 2,200 patients
- Baraga, Houghton & Ontonagon Counties
- 45 staff

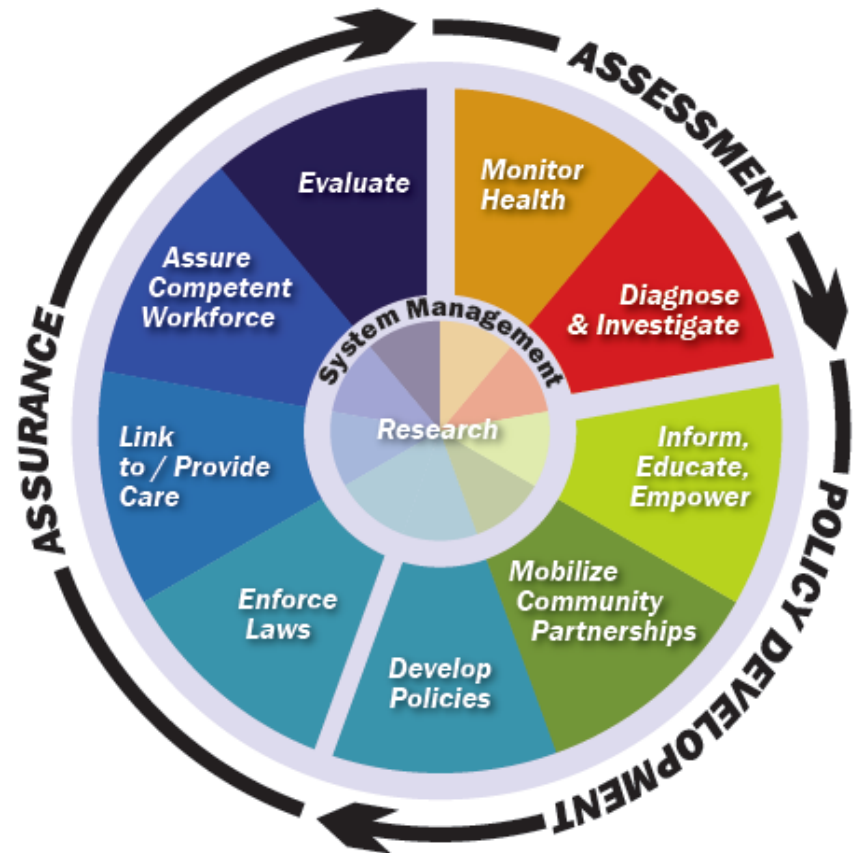
2009 PHAB Beta Test Site

- ✓ Hired an Accreditation Coordinator
- ✓ Created an Accreditation Team
- ✓ Completed Self Study
- ✓ PHAB Domains
- ✓ Completed a QI Project



The 10 Essential Public Services

1. Monitor Health
2. Diagnoses & Investigate
3. Inform, Educate, Empower
4. Mobilize Community Partnerships
5. Develop Policies & Plans
6. Enforce Laws & Regulation
7. Link People to Needed Personal Health Services
8. Assure Competent Workforce
9. Evaluate Effectiveness
10. Research for New Insights



PHAB DOMAINS & STANDARDS

ASSESS - *Domain 1:* Conduct and disseminate assessments focused on population health status & public health issues

INVESTIGATE – *Domain 2:* Investigate health problems and environmental public health hazards to protect the community

INFORM & EDUCATE – *Domain 3:* Inform and educate about public health issues and functions

COMMUNITY ENGAGEMENT – *Domain 4:* Engage with the community to identify and address health problems

POLICIES & PLANS – *Domain 5:* Develop public health policies and plans

PUBLIC HEALTH LAWS – *Domain 6:* Enforce public health laws

ACCESS TO CARE – *Domain 7:* Promote strategies to improve access to health care services

WORKFORCE – *Domain 8:* Maintain a competent public health workforce

QUALITY IMPROVEMENT – *Domain 9:* Evaluate and continuously improve process, programs, & interventions

EVIDENCE-BASED PRACTICES – *Domain 10:* Contribute to and apply the evidence base of public health

ADMINISTRATION & MANAGEMENT- *Domain 11:* Maintain administrative and manageme

GOVERNANCE – *Domain 12:* Maintain capacity to engage the public health governing entity



2010 PHAB Storyboard

Keweenaw Bay Indian Community
Department of Health & Human Services
Donald A. LaPointe Health &
Education Center
39 employees
Clinic in Baraga, MI (Upper Peninsula)
Serving a population of over 3,200



Team Members:
Carole LaPointe-Health Administrator
Kathy Mayo-Community Health Director
Becky Tussing-Associate Director
Denise Maki-Patient Registration
Stephanie Pinnow-Accreditation Coordinator

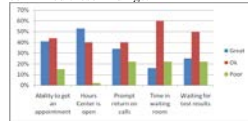
Quality Improvement
Story Board



Plan Identify an Opportunity and Plan for Improvement

1. Getting Started

After completing a self assessment tool the Quality Improvement (QI) Team decided we needed to collect information on patient access to care and patient satisfaction. Results from a patient survey told us that patients were not satisfied with both the ability to get in to be seen (access to care) and the wait time in the waiting area; we also collected qualitative data by interviewing some regular patients that confirmed these findings.



2. Assemble the Team

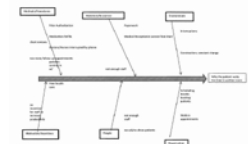
The QI Team consisted of the leadership team of the health department along with patient registration staff and the project coordinator. Goals, progress and obstacles for the project were discussed at regularly scheduled meetings.

AIM Statement

By implementing a new scheduling model, Advanced Access, we will increase patient satisfaction with our services to 75% by November 30, 2010.

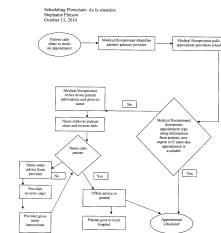
3. Examine the Current Approach

The QI Team worked together to construct a fishbone diagram to look at potential reasons for a long wait time.



This exercise led us to examine the current scheduling model (flowchart below) which included: criteria for follow-up appointments, number of daily double-

booked appointments and weekly no call/no show rates.



4. Identify Potential Solutions

- Hire an additional nurse
- Reduce the number of follow-up appointments scheduled
- Change the current scheduling model

5. Develop an Improvement Theory

If we change the scheduling system to align with an Advanced Access Model then we will see an increase in patient satisfaction.

Do Test the Theory for Improvement

6. Test the Theory

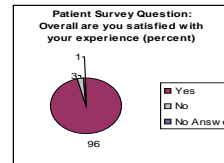
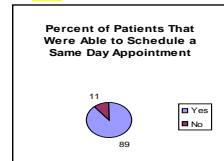
We implemented the Advanced Access Scheduling Model into the medical clinic. Our hope was that percent of patients satisfied with the ability to get in to be seen would increase as well as the overall satisfaction of services would increase. We developed specific steps to implement the new scheduling system that included working down backlog and developing follow-up criteria to decrease the number of follow-up appointments scheduled

Study Use Data to Study Results of the Test

7. Study the Results

Using a survey we asked patients if they were able to schedule a same day appointment and if they were satisfied overall with their experience at our clinic. According to the first survey 41% responded that the ability to get in to be seen was "great," after implementation 89% of patients said they were able to get a same

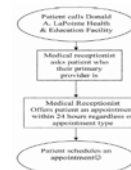
day appointment. To test the improvement theory we asked patients if they were satisfied with their experience at our health department. 96% of patients said they were satisfied. This outcome was higher than we had anticipated in our aim statement, which was 75%.



Act Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The medical clinic has adopted this new scheduling system and will continue to monitor patient satisfaction. The flowchart for the scheduling system is shown below:



9. Establish Future Plans

The success of this project will be shared with staff and governing bodies. The Health Center will continue to use QI tools learned by participating in the accreditation process to improve in other areas that will bring us closer to applying for accreditation.



**After being a test site we had to consider
were we ready to take on this challenge?**

Preparation Activities

Projects

- 2006 - Comprehensive All Hazards Plan
- 2012 - REACH Core
- 2013 - Community Health Assessment
- 2013 - Performance Management guideline
- 2013 - Community Health Improvement Plan
- 2014 - Quality Improvement Projects

Partnerships

- National Indian Health Board
- Great Lakes Epicenter
- Inter-Tribal Council of Michigan
- Michigan Public Health Institute
- LHD

Building Capacity

“Once we began working on projects that aligned with PHAB standards and developing community partnerships we could see that PHAB Accreditation was possible for the KBIC Department of Health & Human Services”



Present Activities



- Compete CHIP
- Develop Strategic Plan Framework
- Begin Self-Assessment
- Implement Quality improvement project

Develop Strategic Plan Framework



- Develop A Strategic Planning Committee (SPC)
- Review Dept Mission, Vision & Value Statements
- Collect Public Health Systems data & review
- Complete SWOT Analysis
- Identify Strategic Issues
- Present Framework to THB for approval

Future PHAB Activities

- Develop and implement a QI Plan
- Develop and implement a Performance Management Plan
- Complete Departmental Strategic Plan
- Complete Self- Assessment tool

Continued Work

- Continue to educate & train staff, health board & council on Public Health Accreditation
- Align current & future grants with PHAB standards & measures
- Develop our workforce
- Apply for funding opportunities that allow us to work toward PHAB Accreditation

If we keep moving forward it all comes
together like the seasons

