



**Minutes of the BOH Quality Committee Meeting
Tuesday, June 20, 2023 at 5:30 p.m.
WCHD, Room 115**

Members Present: Dr. Patricia Lewis, Robert McCreath (Ex-Officio), Dr. Williams, James Powers

Members Absent:

WCHD Staff: Dr. Sandra Martell-Public Health Administrator, Patrick Ngum Quality and Data Director; Katherine O'Toole, Director of Communications; Cheryl Floyd Director of Health Promotions; Todd Marshall, Director Environmental Health; Rebecca Lyons, Director of Emergency Preparedness; Stephanie Bahling, Executive Assistant (Recorder).

Patricia Lewis indicated that a quorum has been established and called the June 20, 2023 Quality Committee meeting to order at 5:31.

1. Approval of Agenda

Patricia entertained a motion to approve the June 20, 2023 Quality Meeting agenda which was provided by Jim Powers, seconded by Bob McCreath. All were in favor, motion carries.

2. Approval of Minutes – May 16, 2023: Patricia entertained a motion to approve the May 16, 2023 meeting minutes, which was provided by Bob McCreath, seconded by Jim Powers. All were in favor, motion carries.

3. PHAB Rec accreditation Review

a. **Domain 10 – Build and maintain a strong organizational infrastructure for public health:** Rebecca reported that domain 10 focuses on the health department's capacity to maintain a strong organizational administrative structure. She indicated that there are 21 documents submitted in domain 10. The three standards includes employing strategic planning skills, managing financial, information management and human resources effectively and fostering accountability and transparency within the organizational infrastructure to support ethical practice, decision-making, and governance. The foundational capability measures include adopting a strategic plan, maintaining a secure information management infrastructure to support strategic goals, oversee financial management systems, communicate with governance routinely and on an as-needed basis, access and use legal services in planning, implementing, and enforcing, public health initiatives, manage operational policies including those related to equity. Rebecca indicated that the packet includes a line item list of all the documents included in domain 10. Dr. Martell indicated that 10.1.1A goes over the process and the BOH is the governing body that operates under the division of the appointed code. She indicated that this year the strategic workgroup did the CBATO focusing on trauma and trauma informed care. Dr. Martell indicated that 10.1.2 is monitoring the plan and the updates are included in the monthly BOH report in addition to the annual report. Dr. Martell indicated that WCHD utilizes two standing committees comprised of members of the BOH to be responsible for the resolution of ethical issues. One committee is the policy committee and the other is the executive committee. WCHD has an ethics and business conduct policy identifies the committees that have oversight over ethical issues. Dr. Martell indicated that for all ethical issues that are required to conduct investigations with members of WCHD leadership soliciting input from all sides of the ethical issues and then bring it forward to the BOH. Dr. Martell indicated that complaints would be reviewed by the policy committee, then the executive committee and if necessary Winnebago County Human Resources. Dr. Martell indicated that there is also an anonymous reporting system as well. Dr. Martell indicated that an example of an ethical dilemma that they included in the domain was how to vaccinate with a limited supply which was determined to be based on high risk. Dr. Martell indicated to demonstrate a secure information management infrastructure they identified Dan Majors from Winnebago County IT as the security officer for WCHD and provided their IT audit information from Baker Tilly as documentation. Pat indicated that the HIPAA policy that is being reviewed relates to both



legal and ethical pieces adding that the policy includes information security and confidentiality. Dr. Martell agreed indicating that the policy identifies the security officer and privacy officer.

Patrick indicated leadership is looking for opportunities to improve from the initial application which involve aspects in the strategic plan, quality improvement plan and workforce development. Patrick indicated that there are approximately 93 documents to be submitted adding that they are 46% complete in document selection. Rebecca indicated that not all documents are the same some documents require more of a narrative description such as in domain four. Rebecca indicated that domain seven will be presented to the committee next month, which goes over how to improve access to public health.

4. Quality Improvement Project Update:

- a. Overview of status of Projects – PDSA Cycle: Patrick provided an update on health protection QI project on rabies indicating that they have created a draft information card to hand out. They are also working on including information for rabies exposure and reporting on the website, which includes links to the CDC website. Patrick provided an update on personal health services QI project on depression screening in refugees indicating that they have not had a refugee screen positive for depression and they reached the target of 100% screening rate. Personal health services also has a QI project on decreasing failed visits for the home visiting program. Patrick indicated that the center reviewed what was considered a failed visit resulting in a decrease in failed visits. He reported that they are currently at 7%, which is down from the 18% when they first started the project. Dr. Martell indicated that a referral would come in, they would be contacted by phone and then go to their house and they were not home which was being considered a failed visit. She indicated that they only consider a failed visit with clients who they have established a relationship with. Patrick indicated that the home visiting programs include Better Birth Outcomes (BBO), Lead, trauma informed care and high risk infant. Patrick indicated that they used the fishbone method to identify and improve the process. Patrick provided an update on the strategic QI project on increasing consistency of attendance at the violence reduction workgroup meetings. He indicated that they are tracking attendance using a spreadsheet and have seen an improvement for the first 5 months of the year. Last year the average number of participants was 15/meeting and this year it is 19/meeting. Patrick indicated that the center director continues to work on improving the number of participants who attend the violence reduction workgroup meetings. Patrick indicated that the second strategic QI project for that group involves engaging two participants with lived experience. Bob inquired as to how many people are in the group in which Patrick indicated that there are 54 contacts. Dr. Martell clarified that there are 54 individuals representing organizations who indicated that they wanted to work on a trauma informed initiative. Dr. Martell that most grants are requiring individuals with lived experience and the challenge is getting individuals disclosing that they have lived experience. Patrick indicated that there are individuals who do not attend the meetings frequently so they provide updates at the beginning of the meeting which takes time away from the meeting. Jim inquired as to which strategies are being used to encourage attendance. Patrick indicated that they are going to send out surveys to the participants to determine what would be needed to get them to attend meetings more frequently adding that perhaps there is a schedule issue. Dr. Martell indicated that the challenge is determining what motivates people to attend meetings. Pat suggested including the preferred meeting format in the survey to the participants.
- b. QI Clerical Procedures Project: Todd indicated that they are working on their clerical and customer service procedures. The goal is improved clerical accuracy with less mistakes. He indicated that they are making approximately five errors a day and improving will result in less time spent with the supervisor. Todd indicated that they are using the fishbone model and determined that the software system has fields that should be required before advancing to the next screen. He indicated that the staff needs additional training on the software and manuals need to be update. Todd indicated that there is also a communication issue with staff in the field and the clerks in the office. Todd indicated that the front desk staff experience a lot of interruptions causing the clerks to multi-task resulting in data entry errors. Todd indicated that they will be cross-training staff to have back-ups for the clerks at the counter. Todd reported that they are in the “do” stage of the project.



- c. QI Communications Project Update: Katie reported that her QI project involves communication with the hard to reach population. She indicated that they are learning from lessons learned during COVID-19 and capitalize on relationships that were developed during that time and address health equity concerns. They are working to create better communication systems so they are ready now and during the next emergency. They are making communication pathways with the hard to reach population. They are in the process of identifying the hard to reach populations and identify organizations in the community to work with. Katie indicated that they first effort is to create a meeting with at least five organization commenting that they currently have eight coming to their first meeting which is on Friday. Katie indicated that they used the logic model (if/then) for the QI project. If they can create communications with hard to reach populations, they can identify and address barriers as well as and decrease health disparities. They want to have more effective and efficient communication with the hard to reach population. She indicated that they are in the “do” stage working with partners to identify the hard to reach populations, identify the barriers and determine how to get them involved.
- d. QI IGROW Project Update: Cheryl reported that IGrow serves as the single-point of entry for home visiting services in Winnebago County. In FY 22 - 46% of the IGrow referrals came from the WIC Program. Their concern was that there may be other segments of the community being overlooked. Their goal for FY 23 is for 10% of the IGrow referrals to come from other sources such as RHA, Crusader Community Health, Winnebago County Housing Authority and State Insurance Agencies such as Aetna Better Health, Molina Health Care and Blue Cross Blue Shield.. Cheryl indicated that IGrow serves as a prevention and early intervention support for expectant mothers and families of young children from birth to age three. Cheryl indicated that they partner with six local agencies which includes the City of Rockford Head Start, Children’s home & Aide, Easter Seals HV/ Doula Services, Harlem School District # 122, Rockford Public School District # 205 and Lavoz Latina. Cheryl indicated that they used the Process Flow Diagram to demonstrate how they receive and distribute referrals. She indicated that under process improvement area their outreach plan incorporated using IGrow targeted populations which include low income families, women under 21 and pregnant, families with history of child abuse and neglect. They developed relationships with RHA and DCFS. Cheryl indicated that the IGrow Program Manager was invited to present at staff meetings with RHA and DCFS and also participated in RHA Community Resource Fair which generated approximately 12 referrals. Cheryl indicated that they have strengthened their relationships with state insurance agencies. They reached out to Aetna Better Health, Molina Health Care, and Blue Cross Blue Shield and Aetna has invited the Program Manager to present to their staff and they have also sent referrals. Cheryl indicated that educating the community the program manager has presented at Mercy Health Javon Bea, Crusader Community Health, DCFS and Aetna commenting that Molina has been in contact with her and she hopes to schedule a presentation with them soon. Cheryl indicated that the IGrow Progam Manager is truly committed to making sure that home visiting services are made available to all qualifying Winnebago County residents and that they are aware of the home visiting services.

5. Executive Session - None

6. Additions – None

7. Adjournment

There being no additional business, Patricia entertained a motion to adjourn the June 20, 2023 Quality Committee meeting which was provided by Jim Powers, seconded by Dr. Williams, all were in favor and the meeting adjourned at 6:25 pm.

Approved by the Board of Health

Secretary
Winnebago County Board of Health

Date