



**Minutes of the BOH Quality Committee Meeting
Tuesday, July 18, 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; Todd Kisner, Director of Health Protection; Tiffany Levine, Director of Personal Health Services, James, Keeler, Director of Finance; Michael Jarvis, Director of Policy; Cynthia Hall, Director of Strategic Initiatives; Stephanie Bahling, Executive Assistant (Recorder).

Patricia Lewis indicated that a quorum has been established and called the July 18, 2023 Quality Committee meeting to order at 5:33.

1. Approval of Agenda

Patricia entertained a motion to approve the July 18, 2023 Quality Meeting agenda which was provided by Bob McCreath, seconded by Jim Powers. All were in favor, motion carries.

2. Approval of Minutes – June 20, 2023: Patricia entertained a motion to approve the June 20, 2023 meeting minutes, which was provided by Bob McCreath, seconded by Jim Powers. All were in favor, motion carries.

3. Quality Improvement Project Update

- a. **Overview of Status of Projects – PDSA Cycle** – Patrick reported that the QI communications project focuses on the hard to reach population including Rockford neighborhoods, the homeless, the LGBTQ as well as the hard to reach populations that speak other languages such as Spanish and Arabic. Patrick indicated that they used the logic model to map out a process. They have identified partners within the community who work with these hard to reach populations such as the Liam Foundation who works with the LGBTQ population and Rockford Ministries who work with Rockford Neighborhoods. Patrick indicated that they met with the partner agencies to determine ways to improve communicating with the hard to reach populations. The objective is to identify five partner agencies and five participants to improve communication with the hard to reach population.

Patrick provided an update on the Environmental Health clerical procedures QI project regarding clerical errors. He indicated that they are using a run chart to track the number of errors weekly, missing field data, duplicate entries and calls going to the supervisor. Patrick indicated that there has been a decline in the number of calls that are transferred to the supervisor as well as a decline in time off taken by the clerks. During the investigation, they learned that clerical errors increased as well as number of missing fields and duplicate entries increased when there was a higher volume of work to be completed. Patrick indicated that they will continue to work with the team and monitor progress.

- b. **PHEP – N95 Respirator Fit Testing** – Rebecca indicated that her QI project is for N95 respiratory fit testing for long-term care facilities. The COVID-19 after action report identified providing FIT testing in congregate care settings as an area for improvement for WCHD. Rebecca worked with Todd Kisner, Jennifer Dehmlow, Ed Riding and Audrey Salberg on the project. She indicated that they are in the “plan” phase and will be meeting on Thursday to do a SWOT analysis for long-term care facilities. Rebecca indicated that the goal was to have it completed by June 30th which has since been pushed back to December. The QI project links to the 2025 strategic goal to develop and enhance systems to support core public health and will measure success based on the number of individuals trained to provide FIT testing. Rebecca reported that they currently have four MRC volunteers trained. Rebecca indicated that they sent out a Red Cap Survey to 97 long-term care facilities and received 18 responses in which 50% of them reported that their staff has direct contact with patients, which is a requirement for FIT testing. Rebecca indicated that they identified that time and staff turnover were barriers along with the lack of N95 Fit testing providers.



- c. **Strategic Initiatives – Build and maintain a strong organizational infrastructure for public health:** Cynthia reported that the AIM statement of the QI project is to increase the number of agencies who consistently participate in at least 70% of the violence reduction workgroup meetings. Cynthia indicated that violence reduction is a priority for WCHD and pre-COVID the attendance and participation in the violence reduction workgroup was elevated however, that has not continued post-COVID. She indicated that they used a logic model and are in the do phase. To improve meeting participation they send out meeting reminders, meeting minutes as well as homework assignments. Cynthia reported that they meet via zoom and have integrated smaller work groups within the larger workgroup. Cynthia indicated that attendance has increased by four people with 19 individuals regularly attending the meetings and they continue to focus on increasing attendance and participation.

4. PHAB Reaccreditation Review:

- a. Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health: Standard 4.1 is to engage with the public health system and the community in promoting health through collaborative processes. Measure 4.1.2 Participate actively in community health coalition to promote health equity utilizing the collective impact model to foster culture and trust citing the IGROW program as an example. Measure 4.1.3 Engage with community members to address public health issues and promote strategies citing the forces of change analysis.
- b. Domain 7: Contribute to an effective system that enables equitable access to the individual serves and care needed to be healthy: Standard 7.1 is to engage with partners in the health care system to assess and improve health service availability citing the forces of change analysis demonstrating collaboration as well as determining barriers to receiving care. Measure 7.1.2 T/L is to implement and evaluate strategies to improve access to health care services by demonstrating a collaborative implementation of a strategy to assist the population in obtaining health care services citing the harm reduction “ask for Winnie” program providing naloxone and fentanyl test strip kits. Rebecca also cited the PAXLOVID COVID-19 treatment program commenting that to date Winnebago County is the only local health department in the region offering PAXLOVID treatment. Rebecca indicated that they also included documentation that demonstrated that there was a gap in providing those services within the community. Standard 7.2 is to connect the population to services that support the whole person. Measure 7.2.1 collaborate with other sectors to improve access to social services citing the MIECHV IGROW partnership program (maternal child health home visiting program) and the Trauma Informed Care referral program. Measure 7.2.2 to collaborate with other sectors to ensure access to care during service disruptions citing the monoclonal antibody treatment clinic that was set-up in December of 2022 to decompress the hospital due to a surge in COVID cases. The clinic was in place for four weeks and provided 135 doses to participants.

Jim Powers inquired as to how many domains remained in which Rebecca reported that she will be presenting two domains at the August Quality Committee Meeting, two at the September Quality Committee Meeting and one at the October Quality Committee Meeting which will complete the remaining five domains for reaccreditation.

5. Executive Session - None

6. Additions – None

7. Adjournment

There being no additional business, Patricia entertained a motion to adjourn the July 18, 2023 Quality Committee meeting which was provided by Jim Powers, seconded by Dr. Williams, all were in favor and the meeting adjourned at 6:20 pm.

Approved by the Board of Health

Secretary
Winnebago County Board of Health

Date