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Georgia Southern Examines Implementation of Electronic Disease Reporting Systems

September 11, 2015



Disease surveillance systems (DSS) are the cornerstone of health informatics for local health departments (LHDs) operating in the post-H1N1 and evidence-based public health practice era. An electronic disease surveillance system refers to a system for electronically transferring disease-related public health data from the healthcare facilities to LHDs (and state health agencies) for surveillance and early detection of outbreaks.

The primary objective for this study was to provide evidence regarding the level to which LHDs have implemented electronic disease reporting systems and factors associated with variation in implementation of electronic disease reporting systems.

Significant factors associated with the implementation of EDRSs were experienced (tenure) top executive, jurisdiction population size, region of geographic location, presence of Local Board of Health, type of governance, presence of health information specialist on staff, and number of clinical services performed.

For the advancement of public health surveillance in the 21st century, LHDs need the capacity for real time surveillance data collection and use, as well as, interoperable and integrated disease surveillance systems. Policies aimed at advancing disease surveillance in the United States might benefit from our findings on modifiable factors associated with the difference in EDRS implementation.

“[Implementation of Electronic Disease Reporting Systems by Local Health Departments](#),” is published in *Frontiers in Public Health Services and Systems Research*.

Dr. Gulzar Shah, Associate Dean for Research at the Jiann-Ping Hsu College of Public Health (JPHCOPH) at Georgia Southern University, was the lead author. Karmen William, DrPH student, and Bushra Shah, MPH student at JPHCOPH were the co-authors.

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Georgia Southern Compares Quality Improvement Efforts

September 11, 2015



Public health agencies in the USA are increasingly challenged to adopt Quality Improvement (QI) strategies to enhance performance. Many of the functional and structural barriers to effective use of QI can be found in the organizational culture of public health agencies. The purpose of this study was to assess the impact of public health practice based research network (PBRN) evaluation and technical assistance for QI interventions on the organizational culture of public health agencies in Georgia, USA.

An online survey of key informants in Georgia's districts and county health departments was used to compare perceptions of characteristics of organizational QI culture between PBRN supported QI districts and non-PBRN supported districts before and after the QI interventions. The primary outcomes of concern were number and percentage of reported increases in characteristics of QI culture as measured by key informant responses to items assessing organizational QI practices from a validated instrument on QI Collaboratives.

Survey results were analyzed using Multi-level Mixed Effects Logistic Model, which accounts for clustering/nesting.

Agency culture, considered by many QI experts as the main goal of QI, is different than use of specific QI methods, such as Plan-Do-Study-Act (PDSA) cycles or root-cause analyses. The specific use of a QI method does not necessarily reflect culture change. Attempts to measure QI culture are newly emerging. This study documented significant improvements in characteristics of organizational culture and demonstrated the potential of PBRNs to support agency QI activities.

["Comparison of practice based research network based quality improvement technical assistance and evaluation to other ongoing quality improvement efforts for changes in agency culture,"](#) was published in BMH Health Services Research.

Dr. William C. Livingood, Center for Health Equity & Quality Research, UF College of Medicine, was the lead author. Ms. Angela H. Peden, Jiann-Ping Hsu College of Public Health Georgia Southern University (JPHCOPH), Dr. Gulzar Shah, associate dean for research at the JPHCOPH were co-authors along with many of their colleagues.

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Georgia Southern Examines the Impact of Laws on Healthcare-associated Infection Reduction

September 11, 2015



Healthcare-associated infections (HAIs) are preventable. Globally, laws aimed at reducing HAIs have been implemented. These laws exist at the federal and state levels within the USA. It is not known whether the state interventions are more effective than the federal incentives alone. The aims of this study were to explore the impact federal and state HAI laws have on state departments of health and hospital stakeholders in the USA and to explore similarities and differences in perceptions across states.

Ninety interviews were conducted with stakeholders from 12 states (6 states with laws and 6 states without laws). We found an increase in state-level collaboration. The publicly reported data helped hospitals benchmark and focus leaders on HAI prevention. There were concerns about the publicly reported data (e.g., lack of validation and timeliness). Resource needs were also identified. No major differences were expressed by interviewees from states with and without laws.

While the study could not tease out the impact of specific interventions, increased collaboration between departments of health and their partners is occurring. Harmonization of HAI definitions and reporting between state and federal laws would minimize reporting burden. Continued monitoring of the progress of HAI prevention is needed.

“Impact of laws aimed at healthcare-associated infection reduction: a qualitative study,” was published in the *BMJ Quality & Safety Journal*.

Dr. Julie Reagan of the Jiann-Ping Hsu College of Public Health at Georgia Southern University was one of the co-authors of the study led by Dr. Patricia Stone, School of Nursing, Center for Health Policy at Columbia University.

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