



**Wells County District Health Unit**  
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Wells County District Health Unit

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**Beckee Keller - Tobacco Coordinator**

Good morning, Chairman Lee, Committee members. I am Karen Volk, Nurse Administrator from Wells County District Health Unit located in Fessenden. From my perspective, the challenges and successes of this regional network **collaborative** truly relates to systems, policy and environmental change.

**Challenges:**

It has been months of hard work and training to get to this point and we have needed every day due to a rigorous schedule. It was extremely challenging to complete all of the tasks in only one year, especially with respect to services because **CHANGE TAKES TIME.**

1. **Community Health Assessment (CHA) – CHA can be an expensive, time-consuming process. CHA identifies community needs from which the need for services can be derived. SB 2333 required us to choose a minimum of three services to pilot (in addition to EH and PHEP). Since we didn't have a complete CHA, we had only county profile data (and we were fortunate to have that). What was missing was community feedback that would have provided the opportunity to compare profile data with assessed community need before selecting services.**
  - **Sexual Assault Response Trauma: Wells County has 1 nurse trained at the local hospital (St Aloisius Medical Center) Sexual assault is handled through Devils Lake, victims have been seen in Bismarck.**
  - **Family Planning: Can be a controversial service because of social issues and provider competition. Just because the community has a need for a service; sometimes improving access for services is a better alternative.**
2. **Geography vs. Programmatic Structure – WCDHU (along with other local public health departments) works with many different structures depending on a program or service. This can sometimes up the ante in terms of coordination when trying to provide services. For example,**



- Women's Way has a different service area than Emergency Preparedness, which also is slightly different than Epidemiological regions

While we have become acclimated to the numerous structures across the ND public health spectrum, it doesn't necessarily make it easier to when it comes to service delivery. It helps to have a strong foundation – that is, a solid public health infrastructure.

#### Successes:

The first steps in this project concentrated on improving agency infrastructure. The hardware, software, equipment and training brought Wells County District Health Unit up to a level of professionalism not previously experienced.

Results: increased confidence, decreased time and frustration. Before this project, if 1 computer was down we all (clients and staff) waited. We have changed our way of doing business. The financial savings, by utilizing group purchasing for the software, training and implementation was 35%.

1. Electronic billing system (Ahlers)
  - Increased agency HIPAA Compliance (chart numbers instead of by name)
  - Improved tracking of statistics, revenue and client accounts receivable. Plus, no more hand-written bills for services.
2. Zirmed (billing system clearinghouse) replaced a dial-up (PC-Ace) system used for Medicaid, Medicare and BCBS immunization claims submission.
  - Staff go online to identify services provided to the client, click on the fees for the service and submit the claim. [Billing staff reports a time savings of at least 5 minutes for each entry].
3. Web-based Time Management System replaced an antiquated (18 yrs old) data entry/time sheet tracking DOS program
  - Improved data capturing ability for reports for grants (applying for and monthly/quarterly reports)
  - Saves time in aspect like payroll by electronically tabulating program hours.

In a small rural Public Health department, one has to be cognizant of each tax dollar and each employee wears many hats. Staff nurses are often out and about in the community and may not physically be in the office at any time

during a day. So policy development may have not been completed as thoroughly. By utilizing Central Valley Health District's on-line policies, our operational policies have been improved. By utilizing the regional policies available, citizens have a higher standard of care as well as consistent services throughout our region.

We have environmental policies available with services from Central Valley Health District. We have a contract in place with Central Valley to provide environmental health services to Wells County. Environmental services have increased more delivery of services, increased and improved communication with environmental health.

This **collaboration** brought us to the table as equal partners – Central Valley Health as lead agency coordinated-managed-ordered-provided staff to our agency to train and instruct. Central Valley provided policies – saving time and personnel expense, set up our website and provided expertise. Our interaction and feedback enabled Central Valley to further streamline existing policies and procedures. The result? A stronger relationship and a regional source for assistance with qualified staff, therefore, with people who are comfortable calling to ask for help. These changes didn't happen overnight and while we've made a lot of progress we are still not completely where we need to be. The good news is that the pilot project has brought us close to where we need to be and has furthered our preparation for public health accreditation. We are very grateful for the opportunity to be the first group to pilot a regional network and the solidarity we have achieved in working together. WCDHU hopes that you will continue to be supportive of regional network projects that improve local public health. At this time, I can try to answer any questions you may have. Thank you.