QI Project: Consumer and Community Surveys

July 31, 2013
Selecting the Project

- Gaps between desired and actual performance levels.
- Strategic connection
- Areas staff/clients think need improving
- Completed in 2-3 months?
- Completed successfully?
- Wow factor?
- Resistance from staff?
Support for Survey Project

- A Strong QI team
- Accreditation support
- 4 benchmarks associated with this process
- Large gap between current and desired status
- Can be completed in 2-3 months
- Low resistances from staff
- Feedback from clients/community could help direct us to other QI areas/projects
Accreditation Perspective

- Benchmark 27.1
- Benchmark 27.2
- Benchmark 27.3
- Benchmark 30.8
Team Development

– Quality Improvement Coordinator- Laura Willingham
– Health Education Specialist- Anna Schafer
– Accreditation Coordinator- Casey Morris
– Clinic Staff- Wendy Hall
– Front Office Staff- Jami Brown
– Environmental Health Specialist- Josh Coltrain
The Survey Squad

Our team: Wendy Hall, Jami Brown, Josh Coltrain, Anna Schafer, Casey Morris, and Laura Willingham (honorary member: Dara Dockery, NCDHHS/WCH/Women’s Health Branch)
What are we trying to accomplish?

• Better Feedback from our consumers and community.
• Better understand the needs of our consumers and community.
• Make improvements based on quality feedback to better meet the needs of our consumers and community.
• Improve our survey tools
• Improve our survey processes
• Improve our survey analyses and change implementation
What is the problem we are trying to fix?

- Poor Survey tools
- Poor data collected
- Lack of consistent data collection processes
- Lack of process for implementation of improvements
What is the overall goal of our project

• Collect and utilize feedback to make improvements to our department and services to better meet the needs of our consumers and community.
Why is it important that we improve this area?

- Improve quality of care
- Assure we are meeting the needs of our consumers and community
- To continue to improve our department and services
- Because we are not getting quality feedback from our consumers and community.
Aim Statement

• We aim to improve our clinic consumer and community survey tools and data collection process (Phase 1) by August 2013, and develop a data analyses process and implementation of improvements based on quality feedback from our consumers and community (Phase 2) by January 2014. This is important because it will help us continually improve the services we provide to assure they meet the needs of our community. We will utilize QI methods and tools to understand our current process and identify ways to improve.
## Measurable Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Operational Definition</th>
<th>Baseline</th>
<th>Goal</th>
<th>Post data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff satisfaction with current surveys and processes</td>
<td>The opinion of clinic and HEO staff regarding satisfaction of the current process for collecting feedback from our patients and our community.</td>
<td>Patient: 28% of staff were satisfied with current process</td>
<td>40%</td>
<td>87.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community: 15% of staff were satisfied with current process</td>
<td>40%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>
# Measurable Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Operational Definition</th>
<th>Baseline</th>
<th>Goal</th>
<th>Post data</th>
</tr>
</thead>
</table>
| Staff familiarity with current surveys and processes | The opinion of clinic and HEO staff regarding familiarity of the current process for collecting feedback from our patients and our community. | Patient: 54% of staff were familiar with the current process  
Community: 22% of staff were familiar with the current process | 60%     | 81.3%   |
|                                                   |                                                                                        | 60%      | 75.1% |           |
## Measurable Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Operational Definition</th>
<th>Baseline</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of consumer surveys completed</td>
<td>The number of physical Patient Input Surveys completed.</td>
<td>35</td>
<td>70</td>
<td>115</td>
</tr>
<tr>
<td>Increase the number of community surveys completed</td>
<td>The number of physical Community Input Surveys completed.</td>
<td>5</td>
<td>25</td>
<td>76</td>
</tr>
<tr>
<td>Increase the response rate of our community surveys</td>
<td>The number of Community Input Surveys completed compared to the number of surveys administered.</td>
<td>5%</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>OBSERVED WASTE</td>
<td>IMPROVEMENT IDEA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey is not user friendly, and these templates.</td>
<td>Focus + Improve Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overproduction of community surveys as required is completed.</td>
<td>Improve distribution process to a common base</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance, omission of target guidance, access, return of surveys.</td>
<td>Review Process / Change Access to reduce waiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too many people in various tasks.</td>
<td>Est. oversupply of project, reduce test staff involved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too many of the staff are not involved.</td>
<td>Estimate mailing process, improve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much searching for supplies, trips to supplier.</td>
<td>Return future wasted surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No communication, tasks divergent.</td>
<td>Replace and process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match position priority.</td>
<td>Est. roles + responsibilities + leadership match to mi. employer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THE 8 WASTES**

**DIRECT**

*Inspect or service that does not meet customer's demand due to quality issues (include reasons)*

**OVERPRODUCTION**

*Make more than, unlike, or lesser than required*

**WAITING**

*Wait for equipment, supplies, people, test results, etc.*

**INVENTORY / EXCESS PROCESSING**

*Efficient value to product of $90 from customer's viewpoint*

**MOTION**

*Any movement of people or machines that does not add value to product or service*
Community Input Surveys:

• There is a lot of people, materials, places, and waiting involved in the current process.

• There is no ownership of the process and task and positions do not match up ideally.

• There is so much room for improvement and this is demonstrated in the return rate of 5%.
### Gemba Waste Walk Worksheet: Patient Survey

#### Waste Walk
Use the Waste Walk worksheet to identify wastes that you see.

<table>
<thead>
<tr>
<th>OBSERVED WASTE</th>
<th>8 WASTES</th>
<th>IMPROVEMENT IDEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test surveys, inadequate</td>
<td>Overproduction</td>
<td>Revise + improve survey, identify survey storage area, establish a process</td>
</tr>
<tr>
<td>within short time</td>
<td>Waiting</td>
<td>Imp waste process by changes, improvements can be made</td>
</tr>
<tr>
<td>No value due to poor data collected</td>
<td>Non-value added</td>
<td>Help supplies readily available in convenient location</td>
</tr>
<tr>
<td>Supplies in various locations</td>
<td>Processing</td>
<td>Update survey + only use new version, all survey printed a week</td>
</tr>
<tr>
<td>No ownership, task don’t</td>
<td>Transportation</td>
<td>Establish roles + responsibilities match task to right position</td>
</tr>
<tr>
<td>match position assigned</td>
<td>Inventory</td>
<td></td>
</tr>
<tr>
<td><strong>THE 8 WASTES</strong></td>
<td><strong>Employee Skill Knowledge</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **DEfect**: Product or service that does not meet customer demand due to quality issues (include rework)
- **OVERproduction**: Make more than, earlier than, or faster than required
- **WAITing**: Wait for equipment, suitable, people, test results, etc.
- **NON-VALUE ADDED PROCESSING**: Efforts to reduce to product or services from customer's viewpoint
- **TRANSPORT**: Supply in excess of single-piece flow
- **INVENTORY**: Any movement of people or machines that does not add value to product or service

---

**Dare County Department of Public Health**

**SERVING TO ASSURE HEALTHY PEOPLE AND HEALTHY COMMUNITIES**
Gemba Walk

Patient Input Surveys:

• Surveys are completed at checkout after the appointment and patient is ready to leave.
• Patients are not putting a lot of effect into the surveys and therefore the feedback is not quality.
• No consistent process in place for staff
PDSA CYCLES

**Act**
- What changes are to be made?
- Adapt? Or Abandon?
- Next cycle?

**Plan**
- Objective of cycle
- Questions/predictions
- Plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems/unexpected observations
- Begin analysis of data

SERVING TO ASSURE HEALTHY PEOPLE AND HEALTHY COMMUNITIES
PDSA cycles: Consumer Survey

- 1st PDSA Cycle 1- Consumer Survey, Get Patient feedback on survey.
- 1st PDSA Cycle 2- Consumer Survey, Get Staff input on patient survey
- 1st PDSA cycle 3- Consumer survey, Patient Focus Groups with “new” consumer survey
- 1st PDSA cycle 4-Consumer survey, Staff Focus Groups on “new” Consumer Survey
PDSA cycles: Community Survey

- 2\textsuperscript{nd} PDSA cycle 1-Community Survey, Get community input on community surveys
- 2\textsuperscript{nd} PDSA cycle 2-Community survey, Get Staff input on “new” Community Survey
- 2\textsuperscript{nd} PDSA cycle 3-Community survey, Test “new” Community Survey with Community Focus Groups
- 2\textsuperscript{nd} PDSA cycle 4-Community survey, Test revised Community survey with final round of staff
**Patient Survey**

### Patient Input Survey

**Date:**

**Type of Visit (Please Circle One):**
- Physical
- Female Annual
- Immunization
- WIC
- Laboratory
- Maternity
- Well Child
- Other

As part of our effort to improve our services, we would like your input about your experience in our clinics. Please respond to the following statements by checking the boxes that best match your answers. Thank you.

1. The location of the clinic is convenient for me.
   - Agree
   - Disagree
   - Not Sure
2. I am satisfied with the time it takes to get an appointment.
   - Agree
   - Disagree
   - Not Sure
3. The hours of operation are convenient for me.
   - Agree
   - Disagree
   - Not Sure
4. The wait time for my visit today was appropriate.
   - Agree
   - Disagree
   - Not Sure
5. The professional who saw me today thoroughly explained the services I received.
   - Agree
   - Disagree
   - Not Sure
6. The office staff was pleasant to deal with.
   - Agree
   - Disagree
   - Not Sure
7. Overall, I am satisfied with my visit today.
   - Agree
   - Disagree
   - Not Sure
8. How did you hear about our services? (please circle)
   - Friend/family member
   - DCCD website
   - Referral from another provider
   - Health fair or other community event
   - Other, ________________

---

**Patient Satisfaction Survey**

Excellent service is our most important goal. Your responses are important to us and will help us improve our services. Thank you for taking our survey and sharing your ideas with us.

**Date:**

**Today I visited the Health Department in:**
- Manteo
- Frisco
- Kill Devil Hills

**Type of Visit?**
- Physical
- Female Annual
- Immunization
- WIC
- Laboratory
- Maternity
- Well Child
- Diabetes/Nutrition
- Other

Please check (x) how well you think we are doing in the following areas:

<table>
<thead>
<tr>
<th>AREA</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>VERY POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>RATING TODAY'S VISIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to get an appointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invitations of Health Department's location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prompt return of phone calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time in waiting room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time in exam or interview room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAFF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendly and helpful to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listens to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes enough time with you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides instruction you understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of finding the Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfort and safety while waiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you recommend the Health Dept. to your family/friends?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which Health Dept. location is most convenient?</td>
<td>Manteo</td>
<td>Kill Devil Hills</td>
<td>Frisco</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What do you like best about the Health Department?

What do you like least about the Health Department?

How did you find out about the Health Department?

Suggestion/Comments: ____________________________

---

**Serving to assure healthy people and healthy communities**
COMMUNITY SURVEY

The Dare County Department of Public Health wants your ideas about how we can improve our services. Thank you for taking our survey. Your opinion matters!

Date ______________

1. The Health Department is open from 8:00AM-5:00PM. How do you feel about the hours of operation?
   - [ ] The hours are just right
   - [ ] The Health Department should be open earlier than 8:00AM
   - [ ] The Health Department should close later than 5:00PM
   - [ ] The Health Department should be open on weekends
   - [ ] The Health Department should be open on holidays

2. Have you ever used Dare County Health Department services, and if so, how often and which ones?

3. Please circle the Health Department location that is most convenient to you.
   - [ ] Mountains
   - [ ] Graveyard Fields
   - [ ] Edenton

4. What would be the most effective ways to provide information about Health Department services to you? Please circle all that apply.
   - [ ] Newspaper
   - [ ] Radio
   - [ ] TV
   - [ ] Website
   - [ ] Facebook
   - [ ] Email
   - [ ] Mailed Letter

5. What reasons would prevent you from using Health Department services?

6. What are some things that would make you more likely to visit the Health Department?

7. Comments:

Thank you for completing our survey. For more information, please contact the Dare County Department of Public Health at 252-475-3003 or visit www.darenc.com/health.

SERVING TO ASSURE HEALTHY PEOPLE AND HEALTHY COMMUNITIES

Dare County Department of Public Health
PO BOX 1000
109 EXETER STREET
Manteo, NC 27954
PHONE 252 475 5005
FAX 252 475 1141
Kaizen Event

FIRST DAY
KICK-OFF:
PD/GOALS

REFRESHER TRAINING
DOCUMENT REALITY
ID THE WASTE

PLAN COUNTER MEASURES

DAYS 2, 3 OR 4
MAKE CHANGE
MAKE CHANGE
MAKE CHANGE

REVIEWS PROGRESS
TO-DO LIST

MAKE CHANGE

TEAM LEADER MEETING WITH CONSULTANT

TEAM LEADER MEETING WITH CONSULTANT

LAST DAY
MAKE THIS THE NEW STANDARD

SUMMARIZE AND CELEBRATE

EVENT SUMMARY GOALS AND RESULTS

DO IT AGAIN!

SERVING TO ASSURE HEALTHY PEOPLE AND HEALTHY COMMUNITIES
## Value Stream Mapping

### Patient Survey

<table>
<thead>
<tr>
<th>Step No.</th>
<th>Work Area</th>
<th>Activities</th>
<th>Delays / Waits</th>
<th>Observed Time (min.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Exam room</td>
<td>Patient given survey in exam room</td>
<td>Y</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>&quot;</td>
<td>Staff gives instructions</td>
<td>Y</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>&quot;</td>
<td>Patient completes survey</td>
<td>y</td>
<td>3 minutes</td>
</tr>
<tr>
<td>4</td>
<td>&quot;</td>
<td>Patient ask any questions or need for further instruction</td>
<td>Y</td>
<td>10 minutes</td>
</tr>
<tr>
<td>5</td>
<td>mailbox at checkout</td>
<td>Patients puts completed survey in mailbox</td>
<td>N</td>
<td>1 minute</td>
</tr>
<tr>
<td>6</td>
<td>Admin/office</td>
<td>Tally results</td>
<td>N</td>
<td>4 hours</td>
</tr>
<tr>
<td>7</td>
<td>Admin/office</td>
<td>Present results</td>
<td>Y</td>
<td>2 Weeks</td>
</tr>
</tbody>
</table>

**Notes:**
## Value Stream Mapping: Community Survey

### Value Stream Mapping Data Collection Form

<table>
<thead>
<tr>
<th>Step No.</th>
<th>Work Area</th>
<th>Activities</th>
<th>Delays / Waits</th>
<th>Observed Time (min.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admin/Office</td>
<td>Decide who to mail the survey too</td>
<td>Y</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>&quot;</td>
<td>Translate to Spanish and make copies</td>
<td>Y</td>
<td>1 month</td>
</tr>
<tr>
<td>3</td>
<td>&quot;</td>
<td>Address Envelopes</td>
<td>Y</td>
<td>1 week</td>
</tr>
<tr>
<td>4</td>
<td>&quot;</td>
<td>Prepare packages</td>
<td>Y</td>
<td>1 week</td>
</tr>
<tr>
<td>5</td>
<td>&quot;</td>
<td>acquire self address paid postage</td>
<td>Y</td>
<td>1 week</td>
</tr>
<tr>
<td>6</td>
<td>mail room</td>
<td>mail surveys</td>
<td>N</td>
<td>1 hour</td>
</tr>
<tr>
<td>7</td>
<td>Admin/offices</td>
<td>wait to get back surveys in mail</td>
<td>Y</td>
<td>2 months</td>
</tr>
<tr>
<td>8</td>
<td>&quot;</td>
<td>tally results</td>
<td>N</td>
<td>2 hours</td>
</tr>
<tr>
<td>9</td>
<td>&quot;</td>
<td>present results</td>
<td>Y</td>
<td>3 weeks</td>
</tr>
</tbody>
</table>

### Notes:
Kaizen Event - Key Improvements

- Patient Satisfaction Survey
- Community Survey
- Patient Survey Process
- Community Survey Process
- Patient Survey toolkits
- Consumer & Community Policy & Procedure
- Data analyzing and sharing process
- Process for Implementing changes from survey data
- Identifying Roles and Responsibilities
Kaizen Event- Key Improvements

• Patient Satisfaction Survey – New improved survey, toolkits provided, process supported department-wide, communication with all staff, & results shared with staff!

• Community Survey – New improved survey, colored copies put in school packets for completion and returned to school nurses!

• Data analyzing and sharing process- display results, email all staff, & placed on share drive!
### Kaizen Action Items

#### Team: The Survey Squad

<table>
<thead>
<tr>
<th>No.</th>
<th>Action/Recommendation</th>
<th>Person Responsible</th>
<th>Date/Time Due</th>
<th>% Complete</th>
<th>Resolution/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Get HD Draft Brochure</td>
<td>Roxana</td>
<td>7/26/13</td>
<td>75%</td>
<td>Need to get finalized. Check reading level.</td>
</tr>
<tr>
<td>2</td>
<td>Check AA for clinic programs</td>
<td>Casey &amp; Wendy</td>
<td>7/16/13</td>
<td>100%</td>
<td>Complete. No specific requirements.</td>
</tr>
<tr>
<td>3</td>
<td>Volume in Clinic</td>
<td>Jamie</td>
<td>7/15/13</td>
<td>100%</td>
<td>Complete. 130/week average in Clinic. 55/week average in WIC</td>
</tr>
<tr>
<td>5</td>
<td>WIC's Numbers</td>
<td>Jamie</td>
<td>7/15/13</td>
<td>100%</td>
<td>Complete.</td>
</tr>
<tr>
<td>6</td>
<td>Community Survey- add note about return to school. Shorten 1st paragraph. Check reading scale. Get Spanish version</td>
<td>Laura</td>
<td>8/1/13</td>
<td>100%</td>
<td>Complete.</td>
</tr>
<tr>
<td></td>
<td>Consumer survey- Add locations, check reading scale, eliminate question mark, change overall choice scale</td>
<td>Laura</td>
<td>7/16/13</td>
<td>100%</td>
<td>Complete.</td>
</tr>
<tr>
<td>8</td>
<td>Add Community Survey dates in PA Plan. Add community Survey for NR. Consumer survey to events calendar.</td>
<td>Laura</td>
<td>7/17/13</td>
<td>100%</td>
<td>Complete.</td>
</tr>
<tr>
<td>9</td>
<td>Contact Debbie Dutton- see about adding community survey to this packet for 1 grade level only at all ES in DCS. Ask on how best to label to get it back from parents.</td>
<td>Roxana</td>
<td>7/17/13</td>
<td>100%</td>
<td>Complete.</td>
</tr>
</tbody>
</table>
### Kaizen Action Items

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Amy M with Health Vet TF, add community surveys to the Hispanic work group</td>
<td>Roxana</td>
<td>7/17/13</td>
<td>50% Approved</td>
</tr>
<tr>
<td>Draft P&amp;P for Community and Consumer surveys.</td>
<td>Laura &amp; Casey</td>
<td>7/17/13</td>
<td>100% Approved</td>
</tr>
<tr>
<td>Draft checklist for Robin for completion of consumer clinic survey and provided to Robin</td>
<td>Josh, Wendy &amp; Janie</td>
<td>7/17/13</td>
<td>100% Complete</td>
</tr>
<tr>
<td>Draft Data reporting system plan</td>
<td>Anna</td>
<td>TBD</td>
<td>100% Done</td>
</tr>
<tr>
<td>Develop Community Survey in survey monkey for website and facebook link and post.</td>
<td>Anna/Laura</td>
<td>7/17/13</td>
<td>100% Complete</td>
</tr>
<tr>
<td>Table in lobby for “consumer Appreciation day”</td>
<td>Jamie</td>
<td>TBD</td>
<td>0% Follow up with discussion</td>
</tr>
<tr>
<td>Create Tool Kit for Clinic staff for consumer survey dates</td>
<td>Laura</td>
<td>7/17/13</td>
<td>100% Complete</td>
</tr>
<tr>
<td>Print out health department brochure (how many?)</td>
<td>Laura</td>
<td>7/18/13</td>
<td>0% Waiting on brochure</td>
</tr>
<tr>
<td>Staff communication plan</td>
<td>Team</td>
<td>8/31/13</td>
<td>0% Send out email to HD Share info</td>
</tr>
<tr>
<td>Setting up staff communication board in clinic</td>
<td>Laura/Roxana</td>
<td>TBD</td>
<td>0%</td>
</tr>
<tr>
<td>Kaizen Action Items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Post Q1 survey to staff</td>
<td>Team</td>
<td>12/1/13</td>
<td>0%</td>
</tr>
<tr>
<td>Send Community survey out in school packets, enter and</td>
<td>HEO</td>
<td>10/1/13</td>
<td>10%</td>
</tr>
<tr>
<td>analyzes data, and share data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Patient Satisfaction Week Sept 16, 2013,</td>
<td>Clinic</td>
<td>9/16/13</td>
<td>0%</td>
</tr>
<tr>
<td>collect, enter, analyze and share data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a Community Survey toolkit for events</td>
<td>Laura</td>
<td>8/10/13</td>
<td>0%</td>
</tr>
<tr>
<td>Develop a Staff Input Survey and schedule</td>
<td>Anna/Laura</td>
<td>11/30/13</td>
<td>0%</td>
</tr>
</tbody>
</table>
SUSTAINABILITY PLAN

- Established Roles & Responsibilities
- Document in Policies & Procedures
- Document in Job Descriptions
- Team supports initial year of project
- Team meetings 1x a year to review, update and tweak process
- Reminders are build into events calendar
Next Steps

- Conduct Community Surveys in August 2013
- Conduct Patient Surveys in September 2013
- Support the implementation of the project
- Administer Post-Staff survey in December 2013
- Document presentation of data at staff meetings
- Identify future QI projects from the data collected
- Document implementation of improvements
Lessons Learned
Patient Satisfaction Surveys

• Communication was key.
• All staff emails and huddles were vital.
• More “Stars” and reminders needed to be provided in toolkits.
• Toolkits really helped staff feel supported.
• HEO role was important to lighten load on clinic and make them feel supported department wide.
• Providing incentives to patients as a thank you was very well received.
Lessons Learned
Community Input Surveys

• Get surveys to school nurses earlier.
• Don’t rely on interoffice mail to school nurses at various school locations.
• Try to get a better idea of number of surveys needed—we underestimated.
• School nurses were asked to have all surveys turned in to HEO by a specific date so HEO knew when to expect them.
Conclusion/ Suggestions

• Staff gained QI skills
• Team approach worked well
• Regular Staff Communication worked well
• QI culture has improved
• Staff feedback is all positive
• Needed processes were established
• Sustainability is key