



Implementing Successful QI: Lessons Learned featuring Kane County Health Department

Welcome! Thank you for joining! **Sound for the webinar will come through your computer speakers.** Please feel free to submit your questions throughout the webinar via the chat feature. We will start momentarily.

February 25, 2014

Sharon Verzal, MPH – Environmental Health Supervisor, Kane County Health Department

Les M. Beitsch, MD, JD – Chair of Medical Humanities & Social Sciences, Florida State University, PHQIX Expert Panel

Moderated by Kelley Chester, MPH, DrPH – PHQIX Community Engagement and Sustainability Lead

QUALITY IMPROVEMENT TOGETHER.

Agenda

- Welcome and webinar overview
- Presentation from Sharon Verzal (QI Champion at Kane County HD)
- Input from Les Beitsch (PHQIX Expert Panel Member)
- Presenters' Chat
- Q&A





**Kane County
Health Department**

Routine Food Inspections – Report Completeness

Presented by:
Sharon Verzal, MPH, LEHP, REHS/RS
Environmental Health Supervisor

Kane County, Illinois Profile

- Decentralized State
 - 102 Counties
 - 95 Local Health Departments
- 520 Square miles
- Population: 515,269
- 1,778 Food Service Establishments
- 9 Full time Environmental Health Practitioners
- 2 Supervisors
- 1 AA



Why improve the current process?

- Supervisors were making notes to inspectors on how to write inspections
- Conferences between supervisors and staff would yield minimal change
- No documented process to follow
- Each supervisor wanted different documentation
- Staff were frustrated
- Supervisors were frustrated

Why improve the current process?

- Per Ordinance certain information must be conveyed via the inspection form
- Per approval by the State health department certain information must be documented on the form

Potential Outcomes

- Higher quality inspections
- Increased Consistency
- Reduce unnecessary follow-up inspections
- Achieve grant requirements
- Increased education and understanding to the establishment leading to better food safety practices and a potential decrease in foodborne illness complaints



Getting Started

- PDCA Quality Improvement tool was selected for use
- The team:
 - 9 EHP's
 - Joe Durczak, Kristin Johnson, Amy Lantis, Juan Magana, Vic Mead, Neal Molnar, Austin Schramer, Liz Swanson, Ben Sylejmani.
 - 2 EHS's
 - Sharon Verzal, Dan Eder
 - 1 AA
 - Maria Almanza
 - 1 Assistant Director of Health Promotion
 - Julie Wiegel
 - 1 Director of Health Promotion
 - Theresa Heaton



Getting Started

- Initial baseline
 - Criteria developed for evaluation
 - Supervisors met to define complete inspection forms
 - Baseline data
 - February 2013
 - 42% of inspection forms were complete
- AIM Statement
 - By May 13, 2013 the EH Section will see an increase in the percentage of completely written inspection reports from 42% to 80%.



Examine the Current Approach

- Survey
 - Each EHP was asked:
 - To take an anonymous survey asking how often each field was completed
 - Use a flow chart to document their individual process flow
- Results
 - Both tools showed variability in the way inspection reports were being completed.



Examine the Current Approach

- To determine the root cause a Cause and Effect Diagram was completed
- Results
 - Inconsistency of review by EHS
 - Pressures of time and workload
 - Not enough collaboration in defining a completely written inspection report

Possible Solutions

- Brainstorming ideas
- Affinity Diagram
 - Topics of Affinity Diagram
 - Inspection Form Design
 - Time and Workload
 - Assessing Completeness
 - Organize Guide / Checklist
 - Training / Consistency / Collaboration
- Decided on Inspection Checklist

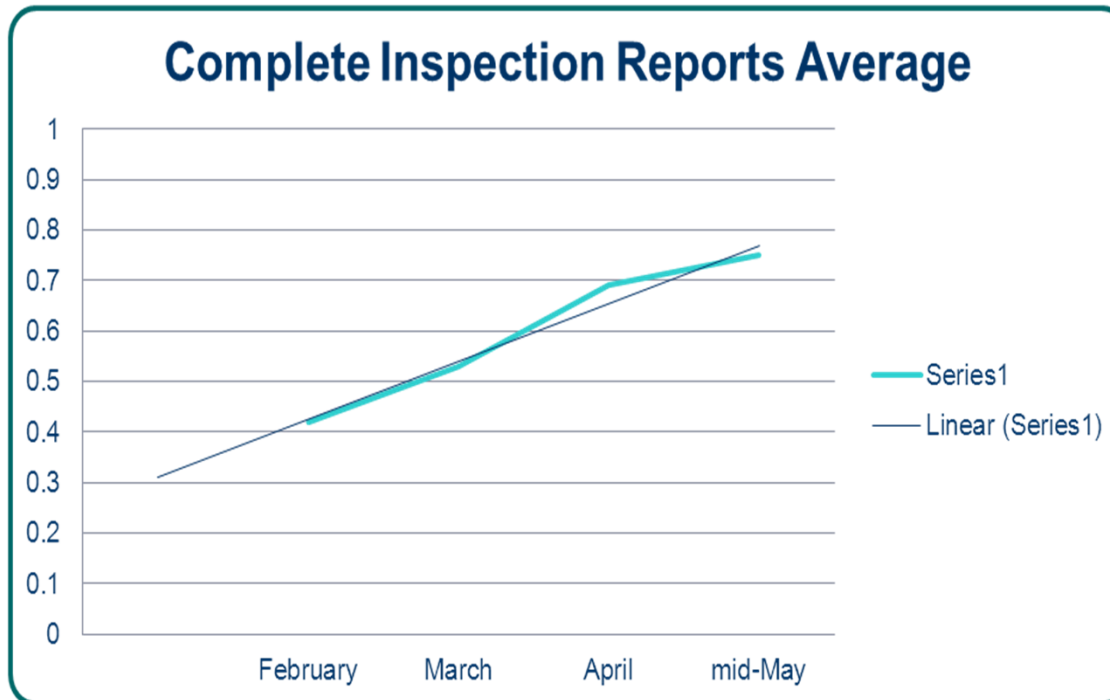
Test the Theory for Improvement

- Results tracked monthly
 - This was done as staff felt just talking about making improvements would lead to more complete reports.
- Individual results were discussed with staff members each month February - May
- Implementation period was April 13, 2013 – May 13, 2013.
- Bar charts were created to track team and individual progress.
 - Trendlines were inserted to show negative or positive trend.



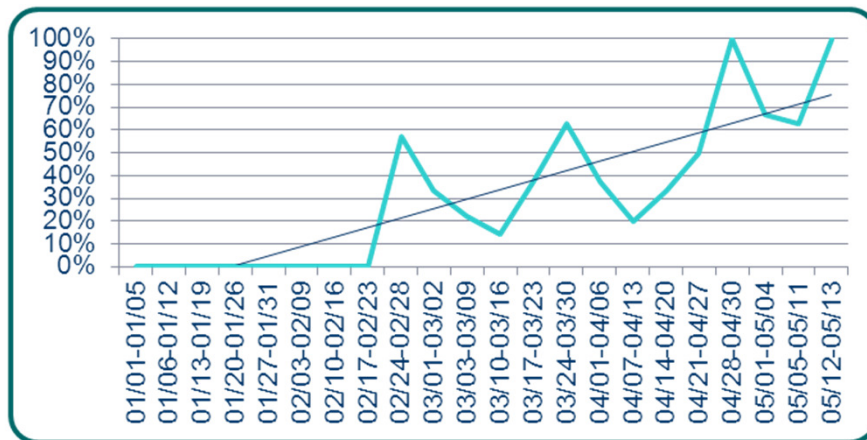
Check the Results

- Aggregate data showed an increase in results from 42% to 75% by the end of the cycle.



Check the Results

- Individual data showed an increase in results although this data varied by inspector
 - This data was distributed to each inspector
 - This variability may be an issue for further investigation



Act

- Did not reach the goal of 80%
 - However, the improvement of 42% - 75% was deemed a success by the team.
- SWOT completed
 - Revealed increased level of consistency
 - Increased team collaboration
 - Thought the PDCA process was time consuming
 - Identified new projects
- Resulted in a new inspection form

Future Plans

- This form and checklist has been implemented in the new hire orientation process
 - Positive feedback
- Data is monitored quarterly and reported as part of the Performance Management System.
 - Declines in performance could result in future PDCA work.



Les M. Beitsch, MD, JD
PHQIX Expert Panel Member

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Presenters' Chat

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Questions





Thank you!

A recording of this webinar will be made available on the PHQIX website, along with the slides.

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