

# Canton City Public Health Accreditation Document Cover Sheet

<b>Domain:</b>	9	<b>Standard:</b>	9.2	<b>Measure:</b>	9.2.2
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<b>RD:</b>	2	<b>Example:</b>	1 of 2	<b>Dated Within:</b>	5 years
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<b>Document Title:</b>	Phone routing quality improvement project assignments				
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<b>Staff Contact:</b>	Terri Dzienis	<b>Contact Number:</b>	330-438-4640		
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<b>File Name:</b>	9.2.2 RD2 – 1 of 2 – Phone Routing Quality Improvement Responsibilities.pdf				
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<b>Document Description:</b>	Phone routing quality improvement project responsibilities and assignments				
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Page #	Required Element
2 - 8	The health department must document how staff were involved in the implementation of the plan, worked on improvement interventions or projects, and/or served on a quality team that oversees the health department’s improvement efforts.



**800-015-03-F: QI PROJECT TEAM (QIPT) CHARTER FORM**

The QIPT should create this document utilizing the information on the QI Project Proposal and, if necessary, discussions with proposal submitter and/or process manager.

<b>Charter Last Updated Date:</b>					
<b>Project Title:</b> Phone Answering and Routing					
<b>Project Objectives:</b> Reduce process steps/time Reduce time of caller on phone with wrong staff Improve customer & employee satisfaction Simplify main line auto-attendant					
<b>Process Manager:</b> Division Leaders					
<b>Background (what is the problem, strategic importance, importance to customer):</b> Callers choose wrong auto-selection Callers have more than one request that needs answered by more than one division Transfers to clerk to clerk instead of end users					
<b>Boundaries (limits on scope of process change allowable by Process Manager, legal restrictions, budget, etc.):</b> Nursing: HIPAA concerns of what can be shared and who it can be shared with Only NO COST solutions					
<b>Process</b>	<b>First Step in the process (to be included in project):</b> Call received/phone rings				
	<b>Scope</b>	<b>Last Step in the process (to be included in project):</b> Caller gets to where they needed			
<b>Performance Metrics:</b> What measures will tell you if you are successful?		<b>Performance Metrics</b>			
		<b>Current</b>	<b>Goal</b>	<b>Baseline Data? (Y/N)</b>	
# of customer complaints with "you are the 3 <sup>rd</sup> person I have talked to"				N	
# of calls to wrong HD				N	
# of calls to incorrect Divisions				N	
# of calls transferred to other clerks or to end user				N	
# of callers requesting to talk to a live person (no voicemail)				N	
Length of time/# of selections on main line auto-attendant				N	
<b>What team has authority to do:</b>					
<input checked="" type="checkbox"/> Pilot improvement <input type="checkbox"/> Make recommendations to process owner prior to pilot					
<b>Estimated Date of Completion:</b>					
<b>Meeting Frequency and Duration:</b> Planned 2 meetings at 3.5 hours Actual meetings occurred on 8/18/2017, 8/25/2017, and 9/29/2017.					
<b>Team Members:</b>					
	<b>Member Need</b>	<b>Name</b>	<b>Title</b>	<b>Level</b>	<b>Division</b>
	QIPT Consultant (also serves as timekeeper)	Heather Macdonald	Lab Technician		Lab
	Subject Matter Expert	Connie Ash	Clerk		EH
	Subject Matter Expert	Connie Standard	Clerk		Nursing



Subject Matter Expert	Jil Neuman	Clerk		Vital
Subject Matter Expert	Ashley Archer	Clinic Assistant		WIC
Fresh Perspective				
<b>Note taker/Scribe:</b> Terri Dzienis				
<b>Other Notes about team/work:</b>				

**800-015-04-F: QI PROJECT WORKSHEET FORM**

<b>Division / Program / Process Area:</b> Administration Department Wide		<b>Program / Process Manager:</b> Division Leaders	
<b>Project Title:</b> Phone Answering and Routing			
<b>QIPT Consultant:</b>		Heather Macdonald, Lab	
<b>Project Team Members:</b> Connie Ash-Environmental Health Clerk, Connie Standard-Nursing Clerk, Ashley Archer-WIC Clinic Assistant, Jil Neuman-Vital Statistics Clerk			
<b>Project Start Date:</b>		8/18/17	
<b>PLAN PHASE</b>			
<b>Dates of team planning meetings:</b>		8/18/2017, 8/25/2017, and 9/29/2017	
<b>Describe the problem / situation / process:</b> There are three main lines to transfer and retransfer. Auto attendant is too long. Some calls are transferred to wrong person or department. If transferred to voicemail, calls can loop back to main number if caller presses 0. Callers ask the same questions over and over (WIC). Calls come in for other Health Departments. Clerks that answer phones do not know if a person is out of the office. Callers are unhappy to get voicemail. Calls for Building Code. Callers choose wrong Auto selection. Calls for external numbers.			
<b>Process customers / stakeholders (both internal and external):</b> Employees/Callers/other agencies			
<b>AIM Statement</b> (Specific, Measurable, Achievable/Action oriented, Realistic, Time Sensitive) Reduce errors, Reduce time spent on process by all staff, create a standardized phone list Utilize IT for Auto Attendant(WIC)			
<b>How will you measure improvement? What baseline data will you use?</b> IT provided a week of calls log for four main numbers Clerks and others recorded calls for one week. These logs identified two main issues; Calls for the wrong Health Department Calls for the wrong Division			
<b>List contributing factors and root cause(s) to the problem and describe what QI tools were used:</b> Calls for General info/Listed in the phone book as public information Transfer clerk to clerk instead of end user/clerks don't know who is off/call buttons on phone are outdated Auto selection too long/not pertinent Underutilization of technology/ No Auto Attendant for WIC Extensions are not provided/posted for all(safety concern) Tools used: SIPOC, Process Mapping, Tim U Wood, 5 Whys, Root Cause, Value Added			

**800-015-05-F: QI PROJECT ACTION PLAN FORM FOR PHONE ANSWERING AND ROUTING TEAM 9/29/2017**

Action Steps / Tasks	Responsible Person(s)	Target Completion Date
Update voicemail instructions to remove “dial 0 for operator” statement <ul style="list-style-type: none"> <li>• Leave vacation message</li> </ul>	TBD	
Provide copy of external #'s list (resource list from Connie A) to all clerks	Connie A	10/6/17
Update internal routing list for people’s responsibilities (start with EH list and update for all divisions)	Connie A update her list for EH; will provide to this group to decide what other info should be added.	10/6/17
Develop cheat sheet for clerks on “best practices” (leave voicemail, cut off caller providing too much info, how to handle when they insist on talking to live person, giving out our last name, etc); Or update the customer service policy	Jil to draft then send around to group	10/6/17
Out of Office: Central location for out of office for more than 1 day at a time (for EH staff primarily); Jil wants a printout; this can be in Outlook (but Connie A’s doesn’t work). Will do it by paper.	Connie A and Jil worked this out; Connie A will ask IT to fix the calendars next week; Terri to setup the shared calendar.	10/6/17 (IT) 10/6/17 (paper system) 10/13/17 (terri)
Update main phone line auto-attendant selections <ul style="list-style-type: none"> <li>• Acquire a copy of current script to modify</li> <li>• Modify script to shorten</li> </ul>	<ul style="list-style-type: none"> <li>• Terri</li> <li>• Group/email</li> </ul>	<ul style="list-style-type: none"> <li>• 10/6/17</li> <li>• 10/13/17</li> </ul>
Update phone book so it doesn’t say “public info” (there is a lot of calls received for general info, like when is light up DT, when is farmers market, etc)	TBD	
Define policy on providing direct dial phone #'s on letters, emails, website, business cards (and what exceptions there are); add to website contact list for certain divisions. Decide per division	TBD	
Setup auto-attendant for WIC to direct certain phone calls to correct place prior to getting to clerks. (develop script)	Ashley	10/13/17
Update phone button labels on clerk phones (that are outdated); some buttons are not used and need replaced with others	Each clerk to develop list of changes needed to their phones	10/6/17

# Canton City Health Department

March 2018 Report (Meeting 04/23/18)

QUALITY IMPROVEMENT

*On a quarterly basis, the Quality Improvement Committee provides a written update to the Board of Health as to the progress of QI Plan goals and objectives and completed QI project outcomes per the 2016-2017 QI Plan 800-015-P approved on 06/09/2016.*

## **PROGRESS OF QI PLAN GOALS AND OBJECTIVES:**

- *QI Goals with deadlines within 1<sup>st</sup> quarter 2018 (01/01/2018-03/31/2018) due to extensions:*
  - Develop QIPT PDCA implementation structure for QIPT meetings due 03/31/2018:
    - The developed outline summarizing the structure was used for the QI projects conducted in 2017. Since the QI projects are still underway, the outline is still under evaluation to determine if any revisions are still needed.
    - EH has agreed to build a supplies cart out of recyclable materials from the Recycle Center to minimize costs. EH has not started this work yet. This will likely not be completed until end of 2<sup>nd</sup> quarter 2018.
    - Goal deadline extended to 06/30/2018.
  - Find free QI Tool training modules for QIPT members by 03/31/2018
    - The training documents available from LeanOhio were revised to fit CCHD needs. These training documents were used during QI projects conducted in 2017. Since the QI projects are still underway, the training documents are still under evaluation to determine if any revisions are still needed.
    - Goal deadline extended to 06/30/2018.
  - Develop and implement Performance Management System (PMS) due 03/31/2018
    - Assigned to the Accreditation Domain 9 Team. Domain 9 and CCHD decided that select strategic plan goals will be used as the performance management (PM) measures. The next step in developing the PM measures is to complete the strategic plan action plan. The DLT members assigned certain strategic goals to draft the action plan before the February meeting. The second planning meeting occurred on 02/07/18 with the one member of Domain 9 Team (Terri), two members of Domain 5 Team (Linda and Laura) and the Division Leadership Team to discuss the draft action plan. There were still some strategic priorities that needed a draft action plan that were assigned to some DLT members to complete by the end of March prior to the April meeting.
    - Goal deadline extended to 06/30/2018.
  - Conduct advanced QI training for QIPT Consultant and any other interested staff by 03/31/2018.
    - Lake County HD hosted LeanOhio Boot Camp training for LHDs in NE Ohio on Jan 30-31 and Feb 6-7, 2018 in which 2 QIC members, Kim Koons and Chrissy Kardos, attended. The NACCHO grant funding was used to pay the travel expenses for this training.



- LeanOhio Boot Camp training for LHDs is scheduled on April 26-27 and May 3-4, 2018. CCHD is planning on sending their remaining 2 interested staff, Rob Knight and Linda Morckel, to attend this training. The NACCHO grant funding will be used to pay the registration and travel expenses for this training.
- Goal deadline extended to 06/30/2018.
- **Complete one QI project in an administrative area by 03/31/2018.**
  - In January 2017, the QIC selected the Phone Answering and Routing (“phone”) project proposal to be a QI project in an administrative area. After the baseline data was collected 09/15/17-09/22/17, the Phone QI project team conducted another meeting on 09/29/17 in which the improvement strategies and plan were developed. The team and responsible persons have been working toward implementing the improvements. As of 03/31/2018, the majority of the improvements have been implemented but updating the main phone line auto-attendant and the website with direct dial extension contact information still needs completed. After they are completed, the improvement data needs to be collected and analyzed before the project is deemed complete.
  - Goal deadline extended to 06/30/2018.
- Complete one QI project in a program area by 03/31/2018.
  - In January 2017, the QIC selected the Improving Immunization Clinic project proposal to be a QI project in a process area. The Immunization Clinic QI project team conducted seven (7) meetings during October and November 2017. Baseline data forms were developed and data was collected in November. The improvement strategies and plan were drafted and presented to the process owner, Diane Thompson on 12/07/17. Diane made the final improvement selections in December 2017 and began implementing the improvements. Some improvements were implemented in January 2018, but the additional data collection event to determine other improvements is delayed due to staff turnover. After they are all completed, the improvement data needs to be collected and analyzed before the project is deemed complete.
  - Goal deadline extended to 06/30/2018.
- Collect CCHD & social media website views progress data due 03/31/2018:
  - Gathered internal CCHD and social media website views data to show progress of views on 12/27/2017. IT provided external CCHD views data on 01/19/2018. The data was compiled and analyzed in January 2018 completing the goal. Below is a summary of the pertinent data to show that the views have increased so this communication method is being used.

	<b>Baseline Data (Feb 2017)</b>	<b>Progress Data (Dec 2017)</b>	<b>% Change</b>
CCHD QI main page hits	1088	4083	275%
CCHD QI Project #1 page hits	22	453	1959%
CCHD QI Project #2 page hits	3	401	13267%
CCHD Facebook page likes	1378	1878	36%
CCHD Twitter followers	33	44	33%

## **COMPLETED QI PROJECTS:**

No QI Projects were completed during the 1<sup>st</sup> quarter 2018. As specified above, the goal is to have two QI projects completed by 03/31/2018, and progress has been made toward completion, but the projects need more time prior to completion, so the goal deadline has been extended until 06/30/2018.

## **QI PLAN EXPIRATION ACTIVITIES:**

Due to the 2016-2017 QI Plan expiring on 12/31/2017, several plan expiration activities are due to be completed by the QIC. The following summarizes those activities.

- Evaluate QIC operations effectiveness and implement any necessary revisions:
  - The QIC evaluated and discussed the QIC operations effectiveness during their 02/21/2018 meeting. It was determined the QIC operations is effective as it. The group also decided to change the monthly meeting frequency requirement to only 10 out of the 12 months a year to provide flexibility. The QIC Team Charter was updated on 04/04/2018 to reflect the meeting change. Activity completed.
- Evaluate the in-progress QI Projects using the assessment checklist
  - The QIC members worked on the QI project assessment and discussed their conclusions during the 02/21/2018 meeting. The assessment were completed during the 02/21/2018 meeting. Since this was the first time the QIC used the checklist, the QIC identified several inconsistencies that need corrected on the assessment form and on the other QI project documentation forms which will be revised as part of the 2018-2019 QI Plan. Activity completed.
- Assess the 2016-2017 QI Plan Goals and Objectives completion
  - The QIC regularly assesses the goals and objectives completeness, but for the plan expiration, the QIC Chairperson prepared a summary of all the goals and their status. The QIC plans to review and discuss this during their April 2018 meeting. Activity continued.
- Compile QI Projects lessons learned
  - The 2 QIC members who participated on the 2 QIPT documented their lessons learned. These will be discussed during the April 2018 QIC meeting. Activity continued.
- Evaluate the 2016-2017 QI Plan effectiveness against the effectiveness targets
  - The QIC Chairperson prepared a summary of activities related to the effectiveness. The QIC plans to review and discuss this during their April 2018 meeting. Activity continued.
  - Once completed, provide a written update to the Board as to the effectiveness of the QI Plan.
- Develop the 2018-2019 QI Plan
  - The QIC members are reviewing the 2016-2017 QI Plan to determine what revisions are needed and establishing new goals and objectives to accomplish in the 2018-2019 years to further develop a culture of QI at CCHD. This process involves using the information generated from the above activities, which are still in progress. The QIC hopes to have a draft of the 2018-2019 QI Plan ready for DLT review and approval no later than May 2018. Activity continued.