

STORYBOARD TEMPLATE



Public Health
Prevent. Promote. Protect.

Franklin County Health Department

LOCAL HEALTH DEPARTMENT NAME:
ADDRESS:
PHONE NUMBER:
SIZE:
POPULATION SERVED:
PROJECT TITLE:

Franklin County Health Department
100 Glenn's Creek Road Frankfort, KY 40601
(502) 564-4269
Local County Health Department
48,968
Git-R-Done: To Be Safe

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

The Public Health Accreditation Board Self Assessment Tool identified Standards/Measures that were either partially or not demonstrated. Using this list and agreed upon decision criteria we completed prioritization matrices that multiplied the criterion rating for each option by the weighting for each criterion. We chose to focus improvement efforts on Standard/Measure A1.6 B, Maintain facilities that are clean, safe, accessible, and secure, because it best met our criteria (shown by its .314 relative decimal value).

Summarize Option Ratings Across All Criteria

Criteria	Time (609)	Improved Quality (.324)	Probability of Success (.065)	Lower Costs (.102)	Row Total (RT)	Relative Decimal Value (RT-GT)
Log of Repairs (A1.6 B)	.496 x .609 (.247)	.056 x .324 (.018)	.056 x .065 (.004)	.444 x .102 (.045)	.314	.314
Checking Qualifications of Employees (9.1.3 B)	.016 x .609 (.008)	.444 x .324 (.144)	.444 x .065 (.029)	.056 x .102 (.006)	.187	.187
Document Training Activities (9.2.3.1)	.164 x .609 (.083)	.444 x .324 (.144)	.056 x .065 (.004)	.056 x .102 (.006)	.237	.237
Log of Hardware (A1.5 B)	.334 x .609 (.170)	.056 x .324 (.018)	.444 x .065 (.029)	.444 x .102 (.045)	.262	.262
Grand Total (GT):					1.0	

2. Assemble the Team

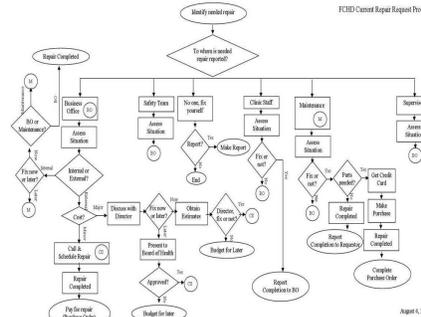
Team members were chosen based on their experience with facility related issues. Sally Brunner, Nurse Supervisor I, Clinic Margie Bucklew, Administrative Specialist II, Business Office Mary Cook, Support Services Associate II, Home Health Susan Nesselrode, Senior Clinical Assistant, Clinic Charlotte Ruble, Support Services Associate II, Clinic Dwayne Sutherland, Maintenance Technician, Business Office Cindy Weddington, Administrative Specialist I, Business Office Three additional staff members served as facilitators. Fred Goins, Accreditation Coordinator Judy Mattingly, Health Educator III Julie Reynolds, HANDS Technical Assistant

Aim Statement:

By December 4, 2010 we will increase understanding of the repair request process from 22.2% to 52.2% and increase satisfaction with the repair request process from 38.9% to 68.9%.

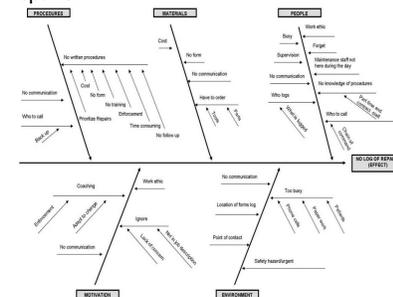
3. Examine the Current Approach

A flowchart of the current repair request process revealed major points of decision making and responsible parties.

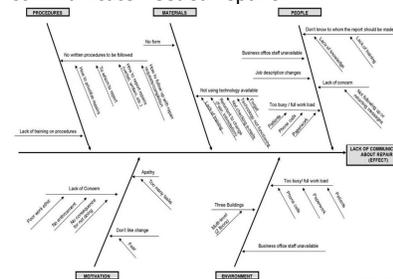


4. Identify Potential Solutions

A fishbone diagram identified a lack of written procedures and communication as the root causes leading to an absence of a log of repairs.



Further root cause analysis examined the reasons for the lack of communication and verified the need for written procedures clarifying how, when and to whom to communicate needed repairs.



5. Develop an Improvement Theory

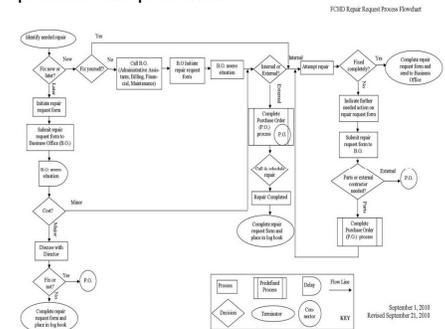
If we provide formal training and a formal written process to follow for repair requests then both staff understanding of the repair request process and staff satisfaction with the repair request process will increase.

DO

Test the Theory for Improvement

6. Test the Theory

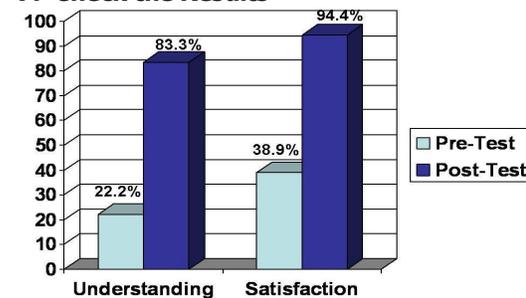
A pre-test/post-test survey methodology was utilized. The sample included 18 staff members who were located in one building. After the pre-test survey was administered training about the streamlined repair request process was provided.



CHECK

Use Data to Study Results of the Test

7. Check the Results



ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Based on the 61.1 percentage point increase in understanding and the 55.5 percentage point increase in satisfaction we adopted and standardized the improved repair request process.

9. Establish Future Plans

Improvement efforts will continue and the pre-test/post-test methodology will be utilized with remaining staff, located in two other buildings. Policies will be revised to reflect the streamlined repair request process and a log of repairs will be maintained for accreditation documentation.