

PDCA STORYBOARD



DIVISION/OFFICE: Division of Health Promotion
 SECTION: Community Health
 MEMBERS: Michael Isaacson, Stephanie Acevedo, Alvina Eineke, Janie Maxwell, Terry Roman, Daisy Viyouth, June C. Wooten
 PROJECT TITLE: Improvement of pre and post meetings communications.
 DATES OF PROJECT: March to August 2011

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started

Section members were not taking advantage of opportunities to share information from other initiatives when they were representing the health department at community meetings. Additionally, information learned at meetings was not routinely shared with members after the fact. This meant missed opportunities and communication gaps. This information could expand and or impact other programs—a global effect.

2. Assemble the Team

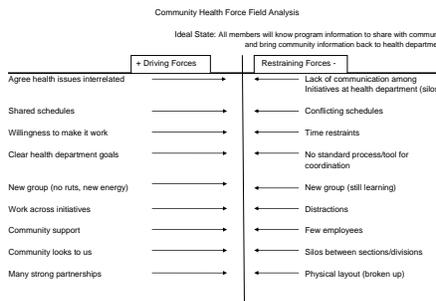
Team members are all staff of the Community Health Section. Most members attend and or facilitate a community partnership or coalition. Our one support staff helps with all of these at some level. We had little or no knowledge of activities that we were not involved in. Members were working in silos. The intent is to make available information on the status and events of all of the partnerships/coalitions involved with KCHD to offer additional and new opportunities to promote and enhance our partnerships and coalitions.

Original Aim Statement: **Between February and May 2011, for four pilot Community Health partnerships, increase to 100% the rate of communication within Community Health**

Section about the meetings both before and after they occur.

3. Examine the Current Approach

It was determined that currently there is no standard process or tool for information sharing and baseline data would need to be collected. A survey was designed and then data was collected. A Force Field Analysis was completed and the Aim Statement was revised.



Revised Aim Statement: **By July 1, 2011, the Community Health Section will increase from 60% to 100% both the knowledge of meetings and the knowledge of the purpose of the meetings for three selected partnerships.**

4. Identify Potential Solutions

Brainstorming was used to identify potential solutions. We then used open discussion, pros vs. cons and the benefits of each option. We then used consensus to identify the best options at least to begin with. If the first options give us the wanted results we will not have to do any others. The potential options were (1) to create an extra Stall Street

Journal that will be placed in the CH bathrooms and will focus on the 3 partnerships for the PDCA. (2) Post a master calendar in the kitchen. (3) Distribute a 1-page overview of partnerships. (4) Use Outlook shared calendar. (5) Put partnership grid on "S" drive. (6) Consult with Alvina re: best practices from AOK newsletter. (7) Create bulletin board to share information (8) Have a central location for minutes/agenda, both paper and electronic. (9) Post materials on "S" drive. (10) Produce an "AT A Glance" newsletter with a bullet update on each partnership bi-weekly.

5. Develop an Improvement Theory

If we share information via the Stall Street Journal format about the 3 partnerships, then our collective knowledge about the partnerships will increase.

DO
Test the Theory for Improvement

6. Test the Theory

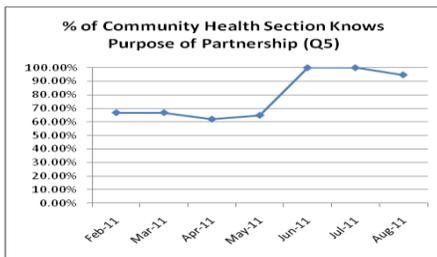
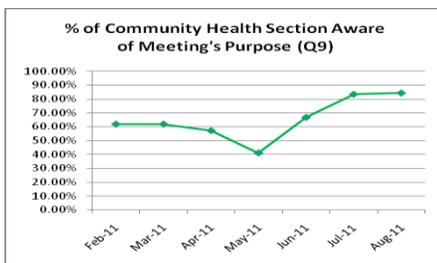
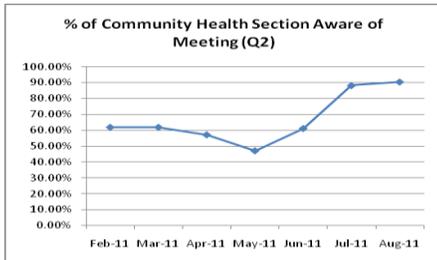
The creation of the Stall Street Journal with information specific to the 3 partnerships for this PDCA will be posted in the bathrooms in this unit by 6/8/11. Surveys will be completed for May and June by early July. The team will also meet in early July to review all data and determine the effectiveness of these solutions.

CHECK

Use Data to Study Results of the Test

7. Check the Results

In July 2011, surveys were completed, and the results compared over time. Surveys completed each month asked the same series of questions.



As a result of the implementation of the Stall Street Journals and the master calendar, improvement was demonstrated in awareness of partnerships, awareness of meetings, and awareness of the meeting's purpose. It is important to note that a decline in awareness was seen in all areas in April-May. It is believed this is the result of erroneously elevated percentages at the beginning of the project; as work was done in this project, participants realized they were less aware of the programs than they initially thought.

In addition, the remaining questions from the survey (which focused on receipt/review of meeting minutes and giving input about meetings) did not show significant improvement.

Based on these results, it is apparent that the theory for improvement was met.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

As a result of this project, the Community Health Section has decided to develop Stall Street Journals for the remainder of their partnerships, which will be created and shared on a regular schedule. Surveys will continue to be completed on a monthly basis regarding these new partnerships, to assure the results are the same. The calendar will continue to be used, and have started using different colors to differentiate between meetings and events.

The Community Health Section has decided to work now to improve the response rates for the remainder of the survey questions, which focus on communication about the content of meetings, and provide opportunities to give input. The Section is currently exploring the use of brief "stand-up" meetings to share information and provide opportunity for linkage between staff.

9. Establish Future Plans

Future plans include maintenance of successes, and hopes to improve other areas of communication regarding community partnerships, as well as continuing to seek out other improvement opportunities.

As a result of this project, the Community Health Section realized how independently they work (although it was believed that they worked collaboratively), but that this project has brought forth a number of "Aha" moments and opportunities for better collaboration. Another challenge was the use of acronyms by the group members, each of whom

understood only their own (a ledger was added to the calendar to correct this problem).

One of the challenges for this project was coordination of schedules to allow meeting time, as each staff member has a number of partnerships with which they work, and meeting schedules do not often allow the group to meet collectively. A final lesson learned was the need to meet more frequently, which was challenging given competing priorities, but the infrequent meetings meant more time was spent on reviewing past meetings and the project did not move along as it could have.

Despite the challenges, the Community Health Section all reported benefit from the use of this process, and are very pleased with the improvements they have seen thus far, and are looking forward to even more!