

## PDCA STORYBOARD

DIVISION/OFFICE:	Office of Community Health Resources
SECTION:	Community Health Resources
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PROJECT TITLE:	Assessing and Improving Agency-wide QI Training
DATES OF PROJECT:	5/7/2014 – 9/19/2014

### PLAN

Identify an opportunity and Plan for Improvement

#### 1. Getting Started

Using the program SlideRocket, the Kane County Health Department has created QI training modules on 13 different QI tools. Going through the QI training modules can help build staff members scope and ability to use QI tools in finding methods to improve upon the work they do. Section V of the KCHD FY2014 Quality Improvement & Performance Management Plan indicates that all staff members are required to complete 6 QI training modules: Aim Statements, Cause and Effect Diagrams, Data Collection and Analysis, Flowcharts, QI101/PDCA, and SWOT Analysis.

Currently the data shows that only 61.7% (37/60 staff members) of the workforce at KCHD has completed all the 6 required modules. Also, from January to March of 2014 the percentage of those who have completed the trainings has not improved and has remained at 61.7%.

The data tells us that unless an intervention occurs, there is the potential that 100% compliance may not be achieved in a timely manner or may never occur.

#### 2. Assemble the Team

The community Health Resources (CHR) section, who oversees Quality Improvement, were all involved in the process. The 9 members of the Quality Improvement and Performance Management (QuIPM) Committee represent the various sections within the organization, so they also were involved in the process.

By analyzing the baseline and creating the team, the group determined an Aim Statement: By September 19, 2014, the percentage of staff that have completed all 6 of the required quality improvement training modules will increase from 61.7% to 85%.

#### 3. Examine the Current Approach

The Community Health Resources section tracks the trainings or training modules that staff have completed in a database, but because it has personal names and completion tracking it cannot be shared on the organization's shared drive. Training modules are available on the shared drive that staff can access at their convenience. There is also no process flow for how staff are notified by managers in regards to completions of trainings within identified timelines.

On 5/20/14 the KCHD staff were surveyed on whether they knew how many training modules they have completed, if they knew where to find the modules, whether there was accountability of completion, and various staff barriers in completing the modules.

#### 4. Identify Potential Solutions

Using the 5/20 survey as a guide, the QuIPM Committee conducted a Cause and Effect Diagram on 6/4 to analyze potential root causes to completing the modules. The CHR Group then added to the Cause and Effect Diagram during their PDCA meeting on 6/18.



The common causes for not completing the modules were time, not knowing which modules have to be completed, and not knowing where modules are located.

From the analysis of the surveys and Cause and Effect Diagram, the QuIPM Committee then brainstormed potential solutions and created an Affinity Diagram on 7/16/14. The diagram was then analyzed by the CHR section for additional comments.



