

QUALITY IMPROVEMENT STORYBOARD



HEALTH DEPARTMENT NAME: Central District Health Department
 ADDRESS: 707 N Armstrong Place, Boise, ID
 PHONE NUMBER: 208-375-5211
 POPULATION SIZE OF 4 COUNTIES SERVED: 452,061
 PROJECT POPULATION SERVED: WIC Clients
 PROJECT TITLE: Reducing Tobacco use Among Pregnant WIC Clients by Increasing Enrollment into Tobacco Cessation Programs
 PROJECT TIMELINE: 12/1/2012 – 7/31/2013

PLAN
Identify an Opportunity and Plan for Improvement

1. Getting Started

Central District Health Department's (CDHD) current smoking cessation control efforts targeting pregnant smoking WIC clients only enrolled half of reported WIC tobacco users into the smoking cessation program. However, once enrolled, more than half either quit or reduced tobacco use. CDHD identified the need for a quality improvement (QI) process to engage and enroll a greater number of pregnant women into the smoking cessation program.

In December 2012, CDHD was awarded a small grant through the National Network of Public Health Institutes. The grant provided personalized technical assistance, training in QI techniques and access to valuable online resources.

AIM Statement:

By July 31, 2013, increase by 18% (from 52% to 70%) the number of referred and enrolled pregnant WIC tobacco-using clients into a smoking cessation program through changes in the screening and referral process.

2. Assemble the Team

Members of the QI Team included:

- Health Promotion Program Manager
- Health Policy Analyst
- WIC Program Manager

3. Examine the Current Approach

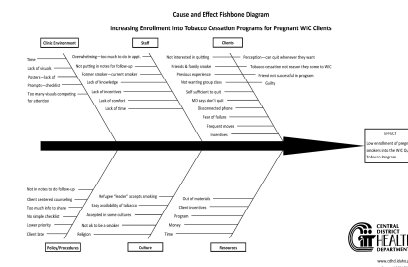
The QI Team utilized WIC Client Focus Groups to determine why clients were not enrolling in the WIC Quit Tobacco Cessation Program. Current procedure provided cessation counseling at each clinic visit, with one or two months between each visit. Clients identified the need for more timely support and follow-up once they had made the decision to quit.

Although not initially in the QI Project Plan, the benefit of including WIC staff in the QI process became apparent.

The QI Team led the WIC staff focus groups in three activities: fishbone to determine root causes for low enrollment, mapping/flow chart to evaluate the clinic visit protocol, and brainstorming of solutions.

The WIC staff mapping/flow charting of clinic visits activity revealed staff had a large volume of procedures to accomplish in a short timeframe and there were inconsistencies in clinic procedures.

WIC staff completed a Fishbone Cause & Effect Diagram to identify potential reasons for the low enrollment numbers.



4. Identify Potential Solutions

Following review of the various root causes, the QI Team led the WIC staff focus group in a brainstorming activity which generated a multitude of solutions. Prioritization identified three top solutions:

1. Incentives
2. Promotional visuals
3. Less paperwork

Some options to increase referral and enrollment, such as providing incentives, were cost prohibitive. Less paperwork, which would streamline clinic procedure, was deemed a manageable solution to begin the QI effort.

5. Develop an Improvement Theory

The QI Team researched and discussed the feasibility of the top three solutions.

The most viable solution was presented to the WIC staff and tools were developed to support the implementation of this solution: revised referral/chart documentation form, one page "Barriers to Quitting" handout, and the implementation of using the QuitLine fax referral form.



DO
Test the Theory for Improvement

6. Test the Theory

The initial step was to gather one month (May 2013) of baseline data to determine the number of pregnant WIC clients who use tobacco and the percent who were referred and accepted referral into the WIC Quit Program. Each Boise office WIC Clinical Assistant and WIC Dietitian used a form provided by the QI Team to tally the number of pregnant women, number of tobacco users, number referred to WIC Quit, and number who accepted referral.

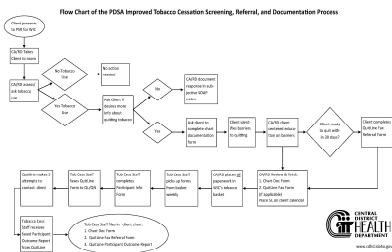
To reduce paperwork and streamline the referral and enrollment process, three enrollment/chart documentation forms were merged into one.

Further reduction in paperwork occurred when WIC staff suggested a one page "Barriers to Quitting" handout rather than the current five individual handouts.

WIC staff were trained in using the new Enrollment/Chart Documentation Form and one page "Barriers to Quitting" handout.

To improve timely cessation support and follow-up, clients were referred into the Idaho QuitLine by fax if they were within 30 days of quitting.

A new flow chart of the WIC tobacco cessation referral and enrollment protocol was created, used for staff training, and then posted in the clinic for easy reference.



The QI Team held a weekly "huddle" of WIC staff to share referral number updates, discuss implementation, and receive feedback on concerns, ideas, and observations. During the two-months of the pilot (June-July 2013), several modifications were made to the initiative.

Modifications included identifying the need to create a script and provide additional staff training on engaging clients and promoting WIC Quit and the Idaho QuitLine.

The benefit of changing the focus of the local WIC Quit Program from providing counseling on barriers to helping clients move toward the readiness to quit stage was also addressed. Training for the staff helped increase understanding of the two-part project: clinic counseling of barriers to quitting and referral into QuitLine if within 30 days of quitting.

During the pilot, WIC staff gathered two months of data (June-July 2013) to determine the number of pregnant WIC clients who used tobacco and the number who were referred and accepted referral into the WIC Quit Program. Also tracked were the numbers referred and accepting fax referral into the Idaho QuitLine.

STUDY
Use Data to Study Results of the Test

7. Study the Results

Data gathered in the pre-pilot phase of the project revealed 88% of pregnant WIC tobacco users were being referred to WIC Quit and 57% enrolled. During the initial rapid cycle improvement (June 2013), 86% were referred to the WIC Quit Tobacco Cessation Program and 50% enrolled. During the second rapid cycle improvement (July 2013), 87% were referred to WIC Quit and 33% enrolled. During the two month-long rapid cycle improvement, 12 clients were

referred to the QuitLine, 75% accepted referral and QuitLine made five attempts to contact and enroll them in the program. Two (22%) were successfully reached and enrolled in the QuitLine program.

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The team met and concluded that although the QI project did not increase the percentage of clients enrolled into tobacco cessation programs, these positive outcomes occurred:

1. Decreased and simplified paperwork staff used for enrolling clients into the WIC Tobacco Cessation Program.
2. Increased staff skills with training on how to ask clients about tobacco use and promote the available cessation programs.
3. Increased client support during quitting by providing timely and consistent client counseling and referral into the Idaho QuitLine.

9. Establish Future Plans

Plans include expanding the improved enrollment process and QuitLine fax referral to all WIC clinics within the CDHD area.

Staff will continue to monitor program effectiveness and implement additional improvements as needed.