| North Central Health District **Quality Improvement Project Tracking Form\*** | | | | | | | | | | | | | | | | | | | | | |
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| **QI Team information** | | | | | | | | | | | | | | | | | | | | | |
| Team Name | | | | The Peaches | | | | | | | | Version | | | 1 | | | | Subject | HIV Testing | |
| QI Council Sponsor | | | | | | Kim Warren | | | | | | Team Leader | | | | Ronnie Boone | | | | | |
| Team Members | | | | | | | | | | | | Area of Expertise | | | | | | | | | |
| 1. Edye Tillman-Johnson | | | | | | | | | | | | Family Planning | | | | | | | | | |
| 2. Kim Warren | | | | | | | | | | | | TB/STD | | | | | | | | | |
| 3. Ronnie Boone | | | | | | | | | | | | Infectious Disease Director | | | | | | | | | |
| 4. Judy Bradshaw | | | | | | | | | | | | Peach County LPN | | | | | | | | | |
| 5. Yvonne Way | | | | | | | | | | | | Peach County Clerk | | | | | | | | | |
| 6. Ernestine Taylor | | | | | | | | | | | | Peach County Office Manager | | | | | | | | | |
| 7. Bertha Ashley | | | | | | | | | | | | Peach County Nurse Manager, RN | | | | | | | | | |
| 8. Joy Knight | | | | | | | | | | | | Houston County Health Educator | | | | | | | | | |
| Meeting Frequency | | | | | | Bi-weekly as needed | | | | | | | | | | | | | | | |
| Planning Start Date | | 06/03/2014 | | | | | | | | Est. Implementation Date | | 07/01/2014 - 07/31/2014 | | | | | | ACT Date | | | 07/01/2014 - 07/31/2014 |
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| **PLAN: Identify an Opportunity and Plan for Improvement** | | | | | | | | | | | | | | | | | | | | | |
| **1. Problem/Opportunity Statement**. (Revisit and revise as needed during the planning phase.) | | | | | | | | | | | | | | | | | | | | | |
| HIV Testing rates should be higher because it is supposed to be a mandatory test given at routine and annual visits. | | | | | | | | | | | | | | | | | | | | | |
| **2. AIM Statement** (What? When? How much? For whom?) | | | | | | | | | | | | | | | | | | | | | |
| To increase HIV testing rates to 80% | | | | | | | | | | | | | | | | | | | | | |
| **3. Current process surrounding the problem**. (Tools to be used? e.g. flow charts, process mapping. Attach when completed.) | | | | | | | | | | | | | | | | | | | | | |
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| Customers/Stakeholders | | | | | | | | | | | Customer Needs Addressed | | | | | | | | | | |
| Patients | | | | | | | | | | | To become knowledgeable about their HIV status | | | | | | | | | | |
| County Staff | | | | | | | | | | | To provide services to help improve community health | | | | | | | | | | |
| District Staff | | | | | | | | | | | To be able to allocate resources to those counties that have a higher need for HIV testing. | | | | | | | | | | |
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| **4. Collect data on the current process**. (List data to be collected. Attach chart/graph as collected.) | | | | | | | | | | | | | | | | | | | | | |
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| **5. Identify all possible causes**. (Tools to be used? e.g. brainstorming, fishbone diagram, or 5 Whys. Attach when completed.) | | | | | | | | | | | | | | | | | | | | | |
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| **6. Identify potential improvements**: S.M.A.R.T. objectives. (Specific, Measureable, Achievable, Realistic, Time Frame) | | | | | | | | | | | | | | | | | | | | | |
| * Improve testing rates by:   + eliminating unnecessary paperwork/consent forms   + adding opt-out option and reason for opting out of the test in M&M workflow   + possibly condensing workflow screens | | | | | | | | | | | | | | | | | | | | | |
| Success Measures | | | | | | | Improve HIV testing process to be more user friendly for staff and to increase testing rates close to 80% by December 2014. | | | | | | | | | | | | | | |
| Available Resources | | | | | | | | IT support, Judy McChargue help with M&M and knowledge of consent forms, Peach County Health Dept staff, oraquick tests | | | | | | | | | | | | | |
| Additional Resources Required | | | | | | | | | N/A | | | | | | | | | | | | |
| **7. Develop an improvement theory**. (e.g. "*If we have a centralized call center for WIC, then our WIC caseload will increase*.") | | | | | | | | | | | | | | | | | | | | | |
| IF | We can condense/remove some of the paperwork | | | | | | | | | | | | THEN | Testing rates will increase | | | | | | | |
| IF | We can make M&M more user friendly | | | | | | | | | | | | THEN | We can give nurses credit for productivity for patients that opted-out | | | | | | | |
| **8. Develop an action plan**. (Key milestones) | | | | | | | | | | | | | | | | | | | | | |
| Key Milestones | | | | | July 1- July 31, 2014 testing the effect of removing one of the forms. Will reassess project on August 1. | | | | | | | | | | | | | | | | |
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| **DO: Test the Theory for improvement** | | | | | | | | | | | | | | | | | | | | | |
| **1. Implement the improvement**. (Implementation date? What is being done?) | | | | | | | | | | | | | | | | | | | | | |
| July 1 - 31, 2014. Removing one of the unnecessary consent/demographic forms. (See below) | | | | | | | | | | | | | | | | | | | | | |
| **2. Collect and document the data**. (Attach chart/ graph as collected.) | | | | | | | | | | | | | | | | | | | | | |
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| **3. Document problems and unexpected observations**. (Assumptions/Constraints/Obstacles.) | | | | | | | | | | | | | | | | | | | | | |
| Unexpected Observations:   * Although Peach County has a large college student population and high STD rates within this population, testing can be done at other locations that is lowering the testing numbers for the health department.HIV testing is also being done at the Phoenix Center (next door to the health department) Monday through Friday and at the Fort Valley State University Campus on Wednesdays. Both of these services are free and more convenient for college students. Testing is more convenient at the Phoenix Center because the students don't have to deal with any other medical check-ups or paperwork like they do at the health department. They are more convenient being on campus because the students don't have to travel to the health department. * The Department of Public Health was not selected for the Title X grant for the period beginning July 1, 2014.  This announcement came mid-July during the implementation period. We are not sure exactly how this will affect the QI project, but some of the paperwork required for HIV testing was required for Title X funding. Therefore, this paperwork will no longer be required, which will automatically reduce the visit time and paperwork.   Constraints:   * Mitchell & McCormick database is receiving an update on August 1 that may change the HIV workflow. This is one reason why we did not implement a change to the workflows that we originally planned on doing. We are waiting to see the new workflows to see if a change is still needed. | | | | | | | | | | | | | | | | | | | | | |
| **check/study: use data to study results of the test** | | | | | | | | | | | | | | | | | | | | | |
| **1. Analyze the effect of the intervention**. | | | | | | | | | | | | | | | | | | | | | |
| * Removing the demographic form increased efficiency in the health department. Specifically, this created less work for the nursing staff and reduced the total amount of time required for a patient visit by a few minutes. These few extra minutes make a huge difference in the overall picture. | | | | | | | | | | | | | | | | | | | | | |
| **2. Document lessons learned, knowledge gained, and any surprising results that emerged**. | | | | | | | | | | | | | | | | | | | | | |
| Lessons learned:   * QI coordinator provided project team members with a brief overview of QI tools that were used for the project instead of requiring them to do the module 1-3 training that was originally required in the QI plan. This training would have been too time consuming for county staff that is involved, and QI coordinator felt that it would be more beneficial to provide on the spot training, as needed.   Overall, HIV testing rates increased from the baseline data collected in February 2014 of 26% testing to 77% testing in July 2014. | | | | | | | | | | | | | | | | | | | | | |
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| **act: establish future plans** | | | | | | | | | | | | | | | | | | | | | |
| **1. Circle one** | | | ADOPT | | | | | | | | ADAPT | | | | | | ABANDON | | | | |
| Explain why and how | | | Due to the high success rate of this implementation, we are going to remove the demographic form from the HIV testing process in all 13 counties within the North Central Health District. | | | | | | | | | | | | | | | | | | |
| **2. Communication Plan** (Who, How, and When) | | | | | | | | | | | | | | | | | | | | | |
| * The QI Coordinator will communicate results of this implementation to the next QI Council meeting in September 2014. * A poster of this QI Project will be presented at University of Georgia's State of Public Health Conference in Athens, GA on September 10, 2014. * A storyboard will be made from this project's charter and will be sent to Peach County Health Department in August 2014. Peach County staff can print it out to be displayed in their lobby to notify patients, and share with their Board of Health and community partners. * An email will be sent to the other 12 counties within the district to notify them of the implementation. These County Nurse Managers will also be verbally notified at the next Nurse Managers' meeting August 28, 2014. | | | | | | | | | | | | | | | | | | | | | |

\*NOTE: Worksheet is based on "The ABCs of PDCA" by Grace Gorenflo of the National Association of County and City Health Officers and John W. Moran of the public Health Foundation and University of Minnesota School of Public Health. Gorenflo G, Moren JW. The ABCs of PDCA for Public Health Agencies. ASQ Healthcare update, June 2010. Formatted for electronic entry.