# **Cleveland County QI Collaborative:** *Quality Improvement Storyboard*

Cleveland County Health Department (CCHD) 250 12<sup>th</sup> Ave N.E. Norman, OK 73071 405-321-4048



County Population: 235,616

# **PLAN**

#### 1. Getting Started

- The State of Oklahoma ranks below average in multiple key health status indicators and ranks 49<sup>th</sup> in the nation in overall health.
- The Cleveland County Health Department (CCHD) is using client satisfaction surveys, community assessments, and direct observation to determine current problems.
- No county-level community assessment of health improvement plan.
- High profile community leaders do not recognize the value of their involvement in health assessment and planning processes.
- The newly released Oklahoma Health Improvement Plan has targeted the state to focus on Tobacco Use Prevention, Obesity Reduction, and Children's Health.
- Desire to improve community engagement and health improvement planning process.

#### 2. Assemble the Team

Two teams were formed:

- An internal CCHD QI team was formed to lead the collaborative effort, which includes the administrative director, district nurse manager, coordinating nurse, and health educators.
- The external community team is comprised of partners from the local school district, non-profit agencies, faith-based organizations, local city government, and local hospital.

# 3. Examine the Current Approach

- The CCHD addressed the needs of the community through task forces and community coalitions prior to launching this QI effort.
- CCHD had access to community surveys and health status data to make health priority decisions prior to this intervention, but community agencies were collaborating independently to address individual problems.
- Collaboration was limited to specific areas of need without a comprehensive assessment.

#### 4. Identify Potential Solutions

- The community team saw a need for greater community involvement. A brainstorming session determined strategies to increase participation.
- Personal invites sent to high profile community leaders by sector.
- Develop a flyer, postcard, and newspaper article to be sent out a month in advance to promote community participation.
- Provide lunch or meal at meetings.
- Complete Community Themes & Strengths Assessment & Community Health Status Assessment and share findings with the community team.
- Utilize meeting effectiveness tool at community meetings.
- Increase community's commitment to health improvement by applying community engagement strategies.

<u>Force Field Analysis</u> done to identify ways to improve community engagement.

engagement.	
Driving Forces	Restraining Forces
Common Goals	Lack of Time
Multiple/Diverse Stakeholders	Lack of Knowledge of process
Health Rankings	Lack of priorities
Committed membership	Lack of communication
Ownership to group	Competitive Factors

#### 5. Develop an Improvement Theory

If the Cleveland County Health Department and its community partners give advance notice to community sectors for meetings, share health status and community assessment findings, and apply overall community engagement strategies the QI team will increase partner attendance and the rating on the meeting effectiveness survey.

AIM: By March 2011, the Cleveland County Health Department will improve community engagement as evidenced by: 55% of invited partners will attend meetings; an average of 4 on the Meeting Effectiveness Survey.

### DO

#### 6. Test the Theory

Interventions included:

- · Identify invitees by sector
- Promote meetings through flyers, postcards, newspaper, and personal invites
- Launch community meetings to complete the Community Themes & Strengths Assessment & Community Health Status Assessment.

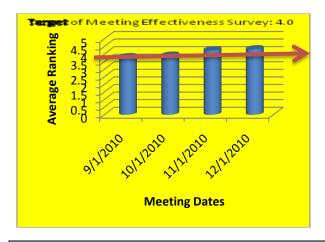
- Distributed assessment summaries to community upon completion
- Meeting Effectiveness Survey evaluation of all meetings

# **CHECK**

#### 7. Check the Results

- Invited attending partners attending coalition meetings have increased from 45% to 48%, with a goal of 55%.
- The community improved from 0 to 3 assessments being completed by February 2011.

Results of the meeting effectiveness survey went from an average of 3.8 to 4.32 as seen on the column chart below:



# **ACT**

# 8. Standardize the Improvement Or Develop New Theory

- Continue sending draft agendas and materials out in advance of meetings to assure adequate notice and opportunities for input.
- Continue to utilize the meeting effectiveness survey.

#### 9. Establish Future Plans

- Create a community advisory committee to regularly review progress.
- Use Assessment summary results to create a health improvement plan for the community.

