

**Background**

The Toledo-Lucas County Health Department (TLCHD) chose to focus its CQI efforts on maximizing efficiency in foodborne outbreak investigations. The Public Health Emergency Preparedness (PHEP) grant requires foodborne outbreak cases to be closed within 60 days. TLCHD is currently averaging 44 days close-time for its foodborne outbreak investigations. The Registered Sanitarians and Epidemiologists are lead investigators on foodborne outbreak cases and have recently been housed under the same department. Now operating within the same department in order to better serve its customers, TLCHD felt that the mean close-time of foodborne outbreak cases could be lowered. By improving the efficiency and decreasing the open-to-close time of foodborne outbreak response cases, Toledo-Lucas County Health Department will be able to identify potential health problems and environmental public health hazards in a timelier manner.

AIM Statement

"Between May 30 and November 30, 2012, the mean open-to-close time for foodborne response cases will decrease from average of 44 days to 37 days, a reduction of seven days (15%) when compared to foodborne cases from January 2009 - October 2011."

Work Completed

Thus far, our CQI team has:

- Selected team members and assigned roles
- Goal clarity
- Created team charter, aim statement, flowchart, and fishbone diagram
- Brainstormed solutions based off the root cause analysis/fishbone diagram
- Prioritized those solutions and turned the top 4 into action items (assigned to team members with due dates)

Lessons Learned

Having team members from multi-disciplines or departments is essential to obtain a clear understanding of the true process or procedure. This allows for an accurate flowchart which can act as the foundation to recognizing the problems and finding potential solutions. The CQI process, with tools like the flowchart, force team members to slow their thinking down and focus on the essential details that are imperative to finding a successful solution.

Results We Hope to See

We hope to have concrete and also non-measurable results. We hope for a decrease in the mean time for open-to-close time for foodborne illness investigations. We hope that an enhance in communication, through various tweaks and adjusts to the already established procedure, not only



NHPPHI CQI Project Description

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results in a more efficient process, but also a less stressful and better organized system for both the Registered Sanitarians and the Epidemiologists.