| **QI IMPROVEMENT CHARTER** |
| --- |
| **1. Team Name:** | **2. Version:** | **3. Subject:** |
| Tulare PHN | 1.0 | Class V TB |
| **4. Problem / Opportunity Statement:** |
| Internal and external communication problems/breakdown, missing information in forms, from TB to PHN offices |
| **5. Strategic Alignment**: |
| **6. Team Leader:** C.S. | **7. Team Sponsor:** C.V |
| **8. Team Members:** | **9. Area of Expertise:** | **10. Time Commitments** |
| H.H. | TB and Computer Genius |  |
| S.N. | TB Case Management |  |
| L.B. | TB Case Management |  |
| P.T. | TB Case Management |  |
| L.Y. | TB Case Management |  |
| S.F. | TB Case Management |  |
| C.P. | TB Case Management |  |
| R.T. | Administrative |  |
| **11. Performance Improvement Aim (Mission):** |
| To increase the % of Class V TB referrals that meet time requirements to 100% (1-2 business day turnaround from TB office receipt or generation of referral to PHN supervisor, 1-2 business day turnaround from PHN supervisor receipt to initial attempt to contact client) during the pilot phase stating from December 1, 2014 through February 28, 2015.  |
| **12. In Scope (Boundaries):** |
| * Evaluating TB Classes: V
* Methods of communication: email, text, and phone calls
* Process from receipt or generation of referral to initial attempt to contact client

**Out of Scope (Boundaries):*** Process around “actual contact with the client”, “diagnostic/ screening clinic issues”
 |
| **13. Customers (primary and other):** | **Customer Needs Addressed:** |
| TB team | Achieve consistent communication and referral turn around |
| Client/patient | Identification and treatment starts sooner |
| **14. Objectives:- SMART - Specific, Measurable, Achievable, Realistic, Time Frame** |
| * By February 28, 2015 TB Team will achieve 100% TB case referrals that meet time requirements for class V TB.
 |
| * All staff (TB & PHN) will document referral date and first attempts in *Nightingale Notes (EMR)*
 |
|  |
| **15. Success Metrics (Measures):** |
| * 100% TB case referrals meet time requirments.
* 100% of nurses enter referrals and first attempts in Nightingale Notes.
 |
| **16. Constraints / Obstacles / Risks** |
| * Staff resistance and understanding
* Technology transition to Nightingale Notes
* Lack of communication with TB staff
* Inconsistent use of mobile technology
* TB Department is understaffed
 |
| **17. Key Milestones:** | **Date:** |
| PLAN | November 2014 |
| DO | December 1, 2014-February 28, 2015 |
| STUDY | February-March 2015 |
| ACT | March 2015 |
| **18. Communication Plan (Who, How, and When):** |
| * Bi-weekly team meetings
*
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| **19. Key Stakeholders:** |
| Health Officer |
|  |