

# APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME:	Lee County Health Department
ADDRESS:	2218 Avenue H, Fort Madison, Iowa 52627
PHONE NUMBER:	319-372-5225 or 1-800-458-6672
SIZE:	Rural
POPULATION SERVED:	10 Physician offices serving pregnant women and children ages 0-21 in LCHD's Title V service area
PROJECT TITLE:	Lee County Health Department's Accreditation Preparation Demonstration Site Project

## PLAN

### Identify an opportunity and Plan for Improvement

#### 1. Getting Started

In April 2008, LCHD first organized a NACCHO Self-Assessment QI team to complete the self assessment process using the *Operational Definition of a Functional Local Health Department's Assessment Tool* in preparation to become an accredited public health agency. Two standards were chosen to address during the project period after careful analysis and deliberation of the assessment team members:

1. **Standard III-B: General Data and Information Exchange on Issues Affecting Population Health**
2. **Standard III-C: Provide Health Information To Individuals For Behavior Change**

Looking at these two standards it was decided to narrow the agency's focus to one agency program-the Maternal Child Health (MCH) program in order to be able to complete one PDSA cycle by the end of the project period.

#### 2. Assemble the Team

A Core QI team was assembled consisting of the agency administrator, five program directors, and key MCH program staff.

#### 3. Examine the Current Approach

A two-day QI workshop was then held in August 2008 facilitated by a contracted consultant to teach agency staff involved in the QI project the *Plan-Do-Study-Act* process, set the aims statement for systems improvement, establish measures for improvement, and identify the changes most likely to result in improvement. After working through many brainstorming activities using affinity and fishbone diagrams, it was agreed upon by all QI team members that LCHD did not have an effective system in place for marketing MCH services in the community for linking pregnant women and children to needed health care systems. Increased awareness of MCH services was necessary and needed. A draft aim statement was developed: *Educate the community on the importance of the health and well-being of children, adolescents, and young adults and how LCHD can link families to care.*

#### 4. Identify Potential Solutions

The QI core team then identified 5 **potential solutions** to address:

- If we develop and improve LCHD's Website (inclusive of MCH services) then more people would be educated about our services increasing awareness.
- If we *narrow* the target audience focus to where the MCH EPSDT participation rates are lowest then we may be able to increase our outreach efforts to these targeted groups which may lead to increasing our EPSDT participation rates in these age groups.
- If we develop a new identifier for MCH services then people may understand why LCHD is providing services in other counties than just in Lee.
- If we communicate staff meeting minutes to others in the department and other MCH county partners, then program communication will improve.
- *If we increase our partnerships with medical and dental providers to raise awareness of MCH services, then we will receive referrals and be able to link additional families and children to needed care.*

#### 5. Develop an Improvement Theory

After much team discussion and further brainstorming, the team chose to **Increase partnerships with providers** as the primary improvement theory for the PDSA cycle. The final aim statement was then developed: *By October 31, 2008, LCHD will increase awareness of Title V/MCH care coordination services by meeting with at least one provider's office in each county of the Title V/MCH service area.*

## DO

### Test the Theory for Improvement

#### 6. Test the Theory

The core QI team then began to meet as needed to assign roles and responsibilities for completing the PDSA cycle. A very attractive and creative educational/marketing booklet was designed and several were printed to use for marketing LCHD's MCH services to 10 targeted physician offices in the five county service area by October 31, 2008. Each provider was to receive the marketing booklet and offered an in-person presentation on MCH services and referral processes. Methods were identified for tracking all QI data and for monitoring progress or barriers on a weekly basis. The team was striving for 60% of all targeted providers would accept and schedule a presentation by a MCH staff person.

## CHECK

### Use Data to Study Results of the Test

#### 7. Check the Results

By October 31, 2008, of the 10 provider offices targeted, 7 (70%) agreed to a follow up in-person presentation to increase their awareness of LCHD's MCH/Title V services and referral process. Many of the offices made positive comments of their increased understanding of the services available and of the referral processes and would make referrals if applicable. Three of the five counties total (60%) had at least one presentation scheduled/provided. Providers in two of five counties declined an in-person presentation but said they reviewed the booklet provided and understood more about services as it was very comprehensive. Due to the presentations being provided in late October the MCH program has yet to measure how many referrals will result. Three referrals have been received so far from providers who have utilized our fax referral form for linking children to needed care. LCHD's core team feels that the MCH marketing booklet was of great help to the team in just organizing/capturing services in an attractive binder and to have on hand for future presentations and overview of services.

## ACT

### Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

In the next three months the core QI team will track the number of referrals as a result of these marketing contacts and do follow up with the providers in the two counties that declined a presentation. The MCH team has agreed this has been a valuable process and will be implemented with additional providers to continue with efforts for increasing awareness and improving referral processes for linking families and children to care.

#### 9. Establish Future Plans

LCHD plans to use the PDSA cycle for another MCH improvement area identified through this process as well as with other agency programs such as Homecare and Hospice. The agency is committed to preparing for voluntary accreditation for a local public health agency and recognizes the significant value of quality improvement processes as a result of this project.