

Appendix A: PDCA Storyboard Template:

APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME:	Municipality of Anchorage Dept. of Health & Human Services
ADDRESS:	P.O. Box 196650, Anchorage, AK 99519
PHONE NUMBER:	907-343-4650
SIZE:	155 employees
POPULATION SERVED:	280,000
PROJECT TITLE:	Municipality of Anchorage Department of Health and Human Services <i>NACCHO Accreditation Preparation and Quality Improvement Demonstration Sites Project</i>

PLAN

Identify an opportunity and
Plan for Improvement

1. Getting Started

Following the “self-assessment” process we completed in the early phases of this project, our QI Team identified the priority “focus areas” to initiate a QI process within our department. The priority focus-area considered most important to the department for the short-term (and long-term too) was the Essential Function #9: Evaluate and Improve Programs. The specific standard and indicator targeted by this project was IX-A:5: LHD has evaluation with analysis of local data with goals, objectives and performance measures.

2. Assemble the Team

Once we had this priority identified, the QI Team reviewed program areas on the department that could most immediately benefit from an application of QI principles, and yield relatively short-term measurable outcomes. The Team selected our Reproductive Health Clinic and HIV “Opt-Out” testing program as fertile ground for a QI Demonstration Project. This program is administered by asking every visitor to our Reproductive Health Clinic to participate in HIV testing (if not recently tested) and to complete a brief survey regarding HIV status, perception of risk associated with contracting HIV, and general knowledge of HIV and sexually transmitted diseases.

3. Examine the Current Approach

The HIV testing program began with varying degrees of success. Program staff recognized fairly early in the program that there were certain administrative and program obstacles that impacted the number of clients getting tested, and completing the pre-post survey.

4. Identify Potential Solutions

The program wanted to collect & analyze data from the pre-post surveys to determine if issues that impact “willingness to test” could be identified.

The QI Team identified “increased HIV/STD survey participation” and “increased HIV testing rates among RHC clients” as indicators of “improvement” for this project.

5. Develop an Improvement Theory

By reviewing the administrative process for HIV testing in the clinic, and interpreting pre-post survey data, program staff can prioritize strategies to improve testing and survey participation rates.

DO

Test the Theory for Improvement

6. Test the Theory

The "Do" steps for this project as outlined in our PDCA cycle summary include the following:

- Begin offering HIV tests to Initial & Annual exam RHC clients
- Begin offering HIV tests to clients seen as contacts to sexually transmitted infections (STI) and clients seeking STI screening.
- Begin offering the test to all eligible clients seen in the Reproductive Health Clinic (RHC)
- Offer Pre/post Surveys to all eligible clients

CHECK

Use Data to Study Results
of the Test

7. Check the Results

Preliminary results from the survey activity in August of this year indicated that the program was not meeting the goals established for survey participation and testing. Clinic staff convened at that time to review administrative processes and other factors to determine if survey participation and testing activity can be increased. New procedures were implemented and final data analysis is expected to reveal improvement in program participation and HIV testing.

The "check" steps for this project as outlined in our PDCA cycle summary include the following;

- Complete Beta analysis (Initial survey results)
- RHC Staff Retreat – Progress report, staff feedback & recommendations for project improvements.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Program staff developed a *process flow chart* of the RHC survey and HIV testing administration. The flow chart shows the steps involved in determining if an HIV test will be administered in the clinic (assuming a same-day visit). This process was reviewed during a RHC staff retreat and strategies were identified to improve this overall process for clients. Those changes were implemented in September of this year.

9. Establish Future Plans

RHC Program staff will continue to monitor the rates of testing participation, and data from the pre-post surveys to determine if additional changes to the program should be considered. This will be accomplished through "continuous" quality improvement by using a rapid-cycle PDCA model.