APPENDIX A: STORYBOARD TEMPLATE

<table>
<thead>
<tr>
<th>LOCAL HEALTH DEPARTMENT NAME:</th>
<th>Bethlehem Health Bureau (BHB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>10 E Church Street, Bethlehem PA 18018</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>610-865-7087</td>
</tr>
<tr>
<td>STAFF SIZE:</td>
<td>30</td>
</tr>
<tr>
<td>POPULATION SERVED:</td>
<td>73,000</td>
</tr>
<tr>
<td>PROJECT TITLE:</td>
<td>Improving the Bethlehem Health Bureau’s Data Collection Process</td>
</tr>
</tbody>
</table>

1. **Getting Started**
The Bethlehem Health Bureau identified data collection, processing, and maintenance as an area to target for improvement. Prior to this project, the BHB did not have an agreed upon approach for data collection. Data was collected from all program areas, but there was no consistency and data was not utilized in the most effective manner. The data being collected was not driving program priority areas.

2. **Assemble the Team**
Two teams were assembled to examine the issues related to data collection, processing, and maintenance. A team of program managers was assembled to conduct a root cause analysis on the issues identified by program staff. Then a team of 10 BHB staff were selected to participate in a three-day mapping event.

**AIM Statement:**
To improve accurate collection, processing, maintenance, and preliminary analysis of health data by establishing a reliable process for data collection, processing, and reporting for 100% of BHB’s program areas.

3. **Examine the Current Approach**
Interviews were conducted with BHB’s 26 program areas to examine data selection methods, data collection methods, data entry, data analysis, and reporting. Strengths and weaknesses regarding data collection were identified during the interviews. Training needs related to data collection were also documented during the interviews. The issues identified by the program staff were analyzed and those that had high impact and weak scores were further examined during the root cause analysis event.

4. **Identify Potential Solutions**
The first QI event involved prioritizing issues identified during the interview phase and conducting a root cause analysis on the issues that had the greatest impact and happened most frequently. The team then brainstormed possible solutions. It became clear through the root cause event that a process for data collection had to be developed and implemented Bureau-wide. A three-day mapping event was then held to develop a process for data collection.

5. **Develop an Improvement Theory**
If BHB develops a reliable data collection process then data will be used to improve programming, direct programming needs, and develop a health report card.

**DO**
Test the Theory for Improvement

6. **Test the Theory**
In order to assure that the newly developed process was accurate and reliable, four program areas within BHB were selected to pilot the process. Defect logs were created to document issues/defects at each step of the process. The defect logs also documented the timeframe to complete each step, if the process was followed at each step, if the job aids were useful, and other comments and/or suggestions.

7. **Check the Results**
After the pilot was complete, the four areas that conducted the pilot reconvened to discuss the new process and review the defect logs. The group also revisited the nineteen issues that were assigned high priority during the root cause analysis event to determine what impact the process will have on each issue.

8. **Standardize the Improvement or Develop New Theory**
The process was modified based on feedback from the pilot study team. The process is now in place in four program areas. The next step is to provide a Bureau-wide training on the process and the job aids that were created. Ongoing trainings will also be offered to staff related to data collection and statistical databases.

9. **Establish Future Plans**
Once the trainings are conducted, the process will be implemented Bureau-wide. A follow up survey will be conducted with all program areas to measure change from the initial data collection assessment.