

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

MEDICAL INTERPRETATION

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EXECUTIVE SUMMARY

The County of San Diego is geographically located with the Pacific Ocean to the west, Camp Pendleton to the north, the United States-Mexico border to the south, and the Sonoran Desert to the East. The Health and Human Services Agency (HHS) Public Health Division serves a diverse population of 3.1 million residents within its total area of 4,526 square miles. Using the Public Health Accreditation Board's (PHAB's) self assessment tool and the QI process, the division adapted an interpretation policy for public health centers and clinics based upon the interpretation guidelines used by HHS's social services programs. As a result, HHS has a uniform and standardized process for providing interpretation services to its customers in the public health sites, which aligns with the interpretation process used by HHS's social services programs through its Family Resource Centers (FRCs). A subsequent QI project will be performed in one of the public health clinic or center sites to improve customer service to non-English and limited English proficient (LEP) customers, which is part of a larger plan to ensure all HHS communications are delivered through a health equity lens.

BACKGROUND/INTRODUCTION

As a local government, the County of San Diego exists to serve the residents of the region by providing the best possible services as efficiently and effectively as possible. To achieve and maintain this level of operational excellence, the county has chosen to implement a comprehensive method of doing business by adopting a general management system (GMS). This five-part annual cycle of planning, implementation, monitoring, functional threading and evaluation ensures that the priorities set by the Board of Supervisors are clear, that goals are achieved, and that San Diego County government is accountable to the public it serves.

Using GMS as its foundation for doing business, HHS has been focusing on improving outcomes through operational excellence. The HHS Strategy Agenda: Building Better Health, provides the framework in carrying out HHS's mission. The County Board of Supervisors approved the Strategy Agenda: Building Better Health on July 13, 2010, as a plan for the entire county business enterprise. The 10-year plan emphasizes prevention, access, treatment and care, communication, workforce excellence, information management, and continuous improvement. The overall goal is to improve health outcomes for the general population, those at risk, and high risk or vulnerable customers.

Using concepts of its performance-based management business model, HHS is proactively seeking opportunities to improve the quality of its programs and services with the eventual goal of becoming accredited. Participating in the beta testing process has been a valuable experience in preparing the organization for a journey toward attaining this goal. HHS previously participated in similar assessments performed by the Health Officers' Association of California for the agency's public health emergency preparedness program. HHS staff is experienced in preparing for and carrying out these types of formal assessments.

HHS also wanted to provide input and feedback into the national accreditation process based on its experience as a beta test site. The ability to assist in shaping this process is the type of leadership that

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HHSA strives to undertake. Participating as a beta test site aligned well with the goals of the organization and its desire to provide the best leadership possible for its communities and customers.

BETA TEST SELF ASSESSMENT

Public Health Services has a full-time performance manager to establish organizational goals and objectives and track and monitor progress toward achieving them and was selected to coordinate the public health accreditation beta test process for San Diego. The beta test coordinator developed a communication plan and tools to inform all key stakeholders about public health accreditation and the beta test process. This was done to obtain organizational buy-in from across multiple departments within the county's governing system. Stakeholders consisted of the HHSA executive leadership (HHSA director, chief of operations, public health officer, and other deputy director level positions), the Department of Environmental Health executives (director and assistant director) and senior management (division chiefs), Public Health Services senior management (branch chiefs, middle managers, and supervisors), and key community partners that work with the county to conduct triennial needs assessments. The communication process took about one month.

The beta test coordinator chairs a committee with representation from all branches, and this committee was used as the working team to undertake the self assessment part of the process. Eleven committee members along with the director from the Department of Environmental Health volunteered to serve as leads or co-leads of each of the 10 domains. The leads were responsible for working with the subject matter experts within the county organization to obtain input and collect documents for each of the measures within their assigned domains. The beta test coordinator lead Part A and served as support to the other leads in gathering input into for the measures and the documentation necessary to support it. The self assessment process took approximately three months, but the team would have been preferred to have another month to thoroughly review the input before submitting it. Although the tight timeline limited the ability to do this review, it did not pose a challenge for the actual accreditation process because the timeline was shortened for the beta test process only.

During the self assessment, it was uncovered that some of the agency's policies were not reviewed by their sunset dates and that the interpretation policy never was finalized or distributed. This was the impetus for the QI project to finalize and implement the interpretation policy to increase staff knowledge on how to address the interpretation needs of a non-English or LEP customer. Also, given the large size of the county and its government, policies are located in multiple areas depending on the department that authors them (e.g., clerk of the board, Department of Human Resources, HHSA Programs), making it difficult to track and monitor the hundreds of policies that guide the agency's policies. The self assessment process highlighted the need for an electronic policy tracking and tickler system, which the County of San Diego is currently pursuing.

Overall the process went very well, with only a couple of challenges to overcome. SharePoint software was effectively used a centralized storage system to collect and organize the documents. Scoring of the measures was done by the teams that worked on each domain. The team lead was responsible for reporting the score. The team did not encounter any challenges to the scoring of the measures. Having a communication strategy was successful in gaining early buy-in and participation from a broad audience of staff and community members. The tight time frame of the beta test process forced staff to reprioritize workloads in order to meet the deadline, and they were up to the challenge. The only difficulty encountered was in planning the site visit, which was done without a planning conference call with all involved parties (beta test site, PHAB staff, and site visitors/evaluators). There was also difficulty with the governance measures of the self assessment because they conveyed assumptions that all local

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jurisdictions have similar governance. It is anticipated that changes will occur to reflect these varying systems.

Highlights from Self Assessment Results

Standard/ Measure	Standard and Significance
Domain A1.3 B	<p>Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs, and interventions</p> <ul style="list-style-type: none"> • This measure is very important for the jurisdiction. The agency serves a diverse population that speaks a multitude of languages, with Spanish being the most dominant of all of them. San Diego County also receives refugees from all over the world, creating pockets of need within specific HHS regions. The lack of policies to address needs to ensure that the agency is providing culturally and linguistically appropriate services and health information to all segments of the population became apparent in the self assessment phase of the accreditation process. This measure is related to the selected QI project.
Domain A4 B	<p>Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.</p> <ul style="list-style-type: none"> • This standard was difficult for the County of San Diego to demonstrate with documentation as it is currently written. The county does not have a governing board of health. The Board of Supervisors is the governing entity for public health; however, the size of the county is not conducive to have the Board of Supervisors intimately involved as the documentation of this standard suggests. The county has a process by which board members are oriented and informed about public health issues, but it is typically done by the agency director or one of his deputy directors that meet with board aids that will then inform the board member, not through the board meetings. Our site visitors recommended that PHAB revisit the measures within this standard before finalizing in order to reflect other methods used to inform and orient governing entities about public health issues.
Domain 1.1.3 B	<p>Collect additional primary and secondary data on population health status and public health issues from multiple sources</p> <ul style="list-style-type: none"> • The significance of this measure ties with public health planning at all levels. Without good data, it is impossible to know the health status of the population, and without this knowledge, the local health department cannot develop plans to address those areas that need improvement. The County of San Diego HHS demonstrated its strength in this area. Staff dedicated to collecting and reporting data on a continuous basis is located throughout the organization.
Domain 5.2 B	<p>Develop and implement a health department organizational strategic plan</p> <ul style="list-style-type: none"> • All measures within this standard are critical to the business of a well functioning health department. This was an area of strength for the

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	<p>County of San Diego HHSA. The county uses its GMS to guide its business practices. It contains five components: strategic planning, operational planning, monitoring and control, functional threading, and rewards and recognition. GMS is founded on the principle of strategic planning that uses annual environmental scanning to guide the organization. Data collection and analysis are other strengths, and these data are used in the planning process. Performance measures are created and monitored to assist in determining whether or not the organization is on track to meet its long-term goals. Without such business practices, it would be difficult for an organization to meet all of the accreditation requirements, which is why PHAB includes it as a required document before an organization can apply for accreditation.</p>
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QUALITY IMPROVEMENT PROCESS (PLAN-DO-CHECK-ACT)

PLAN

Assembling the Team

The QI project team members were selected based upon their strengths and skills, their roles as clinic managers, and/or their participation in the Public Health Services Division's Clinical Quality Management (CQM) Committee. CQM meets to address issues involving the operations of public health centers and clinics. CQM members are charged with setting clinic policy, procedures and operations, assuring quality in their clinic services, and reviewing complaints. Members of this committee consist of management staff from public health nursing administration and public health nurse managers in the regions and specialized public health clinics (STD/HIV and tuberculosis). The public health officer (PHO) also actively participates in this committee. In addition to CQM members, the remaining staff members were from human resources, performance management, data analysis and reporting, epidemiology investigations, and continuity of operations.

The first meeting of this team consisted of QI training and a brief discussion of what was to be accomplished along with a timeline and team charter. The current economic climate impacted participation. Like many other jurisdictions around in the United States, the County of San Diego has cut back on staffing while demand for services has increased, leading to staff doing more with less. Most staff carries excessive workloads and finding the time to do yet another project has been challenging. In order to address time constraint concerns, the QI project lead has set the meeting schedule for the duration of the entire project and performed most of the prep work so that the meeting is an effective use of the team's time. Many team members had difficulty meeting their assignment deadlines, jeopardizing the team's ability to meet the deadline for the entire project. The PHO and chief public health nurse fully endorsed the project and have had to address this issue with some of the managers. Thirty-three percent (3 of 9) of HHSA's public health centers and clinics fully participated and met deadlines. The remaining 66 percent participated with varying degrees of engagement. The composition of the team was reduced by 41 percent (7 of 17) and was the result of self-selected removal from the project due to competing priorities. The impact of this was minimal because the remaining representatives were fully engaged and committed to the project.

Identifying the Problem

During the self assessment phase of the beta test process, the team discovered that the agency did not have a finalized policy regarding interpretation in addition to varying needs and abilities to provide this

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service throughout HHSA. The team wanted to use the QI project to create a standardized process for interpretation that included the use of an outside service, especially for those rare languages that arise infrequently. The PHO, QI project lead/beta test coordinator, public health administrator, and assistant deputy director reviewed documentation from the self assessment process and site visit report to identify areas for improvement. The self assessment revealed four areas that were good candidates for the QI project. The interpretation project was selected using a prioritization matrix with the criterion of finishing the project within the given timeframe.

The selected problem included absence of a standardized interpretation policy and procedures, no required medical interpretation training for those serving in this capacity, and lack of multiple or rare languages within the organization, which is also linked to the PHO's priority of ensuring equitable access to health information in all of HHSA's programs and services.

The PHO wanted to address this issue for a number of years, and the agency has identified the best methodology and system to use, especially for the rarer languages. With this project, the agency hopes to gain the foundation of a much larger endeavor that will include an entire communication plan using a unified health communications strategy. Health interpretation networks were explored to determine which one would meet HHSA's needs.

A natural first step in prioritizing this project was to finalize and implement the policy by ensuring all staff in public health centers and clinics read and understood the policy. The agency will continue with additional QI projects to further develop interpretation abilities and ensure the quality of the interpreted messages. The next QI project will involve working with one public health center or clinic to train staff and reduce time wasted in locating staff to address the needs of non-English and LEP customers in order to improve customer service.

After determining the focus of the project, the QI team brainstormed to identify and scope the problem and determine how it would be addressed. The second team meeting was used to brainstorm in an unstructured manner all of the issues surrounding the ability to effectively communicate with non-English speaking customers. At the end of this meeting, a draft aim statement was written:

- Initial AIM statement: By Nov. 15, 2010, the agency will have an updated interpretation policy and procedures and 100 percent of public health clinics demonstrate knowledge of protocols.
- First revision: By Nov. 30, 2010, the agency will have an updated interpretation policy and procedures and 100 percent of public health centers and clinics will have access to health interpretation for all language needs that they encounter.
- Final aim statement: By Nov. 30, 2010, the agency will have an updated interpretation policy and procedures and public health clinic staff will demonstrate improved knowledge of protocols by 25 percent using a pre- and post-test.

Examine the Current Approach

Each clinic and public health center manager was asked to develop a flowchart of the process used in working with non-English speaking customers (see Appendix 2). The team reviewed the clinic and public health center flow charts at the third QI team meeting. Spanish is the most frequent language that was encountered, and the agency has many staff members that are capable of communicating in Spanish that perform interpretation when needed. This includes nurses themselves that may not need an interpreter because they are able to communicate without one. The process for interpretation in other languages varies by site with a couple of sites using Language Line, a telephone number that can be

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called that will put the caller in touch with an interpreter. A fee is typically charged by the minute. The sites that use these services find it very helpful.

Root cause analysis was done using a fishbone diagram (see Appendix 3) during the fourth QI Team meeting. The team decided that given the timeframe, it would address finalizing a policy and standardizing the methodology used in medical interpretation. The team will explore systems and resources in a subsequent QI process and training bilingual/multilingual staff members using appropriate interpretation techniques (to be held in January and February 2011).

Identify Potential Improvements

Several different improvement theories were explored:

- The social services programs in the County of San Diego already had guidelines to standardize the process in the FRCs. The team explored the idea of adapting these to fit public health service delivery.
- Finalize the interpretation policy to standardize the process used in public health centers and clinics to include the use of an interpretation network to ensure that there is access to multiple and hard to obtain language interpretations. The theory is that staff will be able to effectively communicate through interpretation with non-English speakers thereby improving the quality of the clinic visits. There may also be improved employee satisfaction with a process in place that they know how to use, reducing frustration and anxiety that could occur when unable to communicate with a customer.
- The team explored the various procedures used at each site when obtaining interpretation services and found that two of the nine sites used Language Line when there were no staff members available to speak the required language. The other sites used customers' friends or family members, non-verbal communication, or turned customers away for them to return with someone to assist in communication. All of these methods are less than ideal. The Language Line services provides interpretation services over the telephone using trained professionals, and some of the QI team members felt that the quality of the interpretation may exceed that of those performed by county staff.
- The team also examined the types of languages encountered and whether or not customers were being sent away (if so, how many) in order to determine the scope of the issue. It was discovered that the East Region of the county had a great need for Arabic language capacity due to Iraqi refugees being relocated to this area of San Diego County. At baseline, the team did not have any sites turn customers speaking Arabic away for inability to communicate in their languages.

The team selected adapting the social services interpretation guidelines, which included the use of bilingual/multilingual staff, organizations contracted with HHSA to provide interpretation services, and Language Line services, into a policy for HHSA. Team members wanted to ensure that the staff read the policy and are able to improve their knowledge about the policy and procedures by a minimum of 25 percent using a pre- and post-test assessment. At baseline, the County of San Diego has no finalized policy around health information interpretation. Initial data were collected using clinic logs. Staff was asked to record the total number of customers, the number of customers needing language interpretation, the types of languages needed for translation, the availability of staff to communicate with them, and whether or not any customers were turned away due to an inability to communicate with them. Only three sites completed this task.

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A pre-test survey was sent to 189 staff identified by the public health nurse managers including six questions to assess current knowledge of various components of the interpretation policy. Only one staff member out of 70 completing the pre test knew that the policy encompassed impairment services and less than half the staff knew they had access to a civil rights coordinator (CRC) to assist with interpretation. By Nov. 30, 2010, the County of San Diego will have an adopted policy for health information interpretation. Providing staff with a policy and procedure that standardizes the process for providing interpretation, will increase staff knowledge of interpretation protocol and variation will be reduced and or eliminated between sites.

Develop an Improvement Theory

The improvement theory: If a final policy and procedures for clinical interpretation services are developed and shared with staff, HHS staff will improve knowledge about what to do when a non-English or LEP customer arrives.

The original planned test methodology consisted of identifying 189 HHS clinic staff that would need to know the policy and procedures for providing interpretation services. Using Survey Monkey, they received a pre-test to assess their current knowledge about the interpretation policy for providing these services to non-English and LEP customers. After developing a final draft of the interpretation policy and procedures, it was sent to these staff to assess improvement in their knowledge after reading the policy and procedures. The survey asked about staff's ability to speak another language in addition to English, what types of language needs they encounter, and other demographic information. The pre- and post-test contained questions specific to the policy and procedures in order to determine whether or not there was a gain in knowledge after reading the post-test. The majority of this phase was performed by the QI project lead with data support from a senior epidemiologist. The root cause analysis illustrated a need to take this project further. The team would like to address the quality of interpretation services in a subsequent QI project, which will continue immediately after this one is finished. Quality tools will be used in conjunction with Lean Six Sigma tools for this endeavor.

What (if any) unexpected results occurred during the plan phase?

The team was challenged to maintain focus on the smaller scope of this project. It was easy to stray into all of the facets of this issue, which is why the team went back and forth on their aim statement. It was determined that the social services programs already had well-developed interpretation guidelines and a CRC and the team was able to adapt their guidelines into an HHS policy. The CRC has civil rights liaisons throughout HHS, but no one identified representing public health. An unexpected outcome of this QI project was that the CRC was able to fill this gap.

DO

The original drafted policy needed to be revised and written so that it had better flow in addition to clarity between the policy and the procedures sections. The original plan was to ask the public health nurse managers to edit and provide input into the document. They were asked to submit their feedback, but all claimed that it was fine as it was written. The QI team lead did not agree because as it was written, neither the policy nor the procedure was clear. The QI team lead then found the CRC for HHS. The CRC was able to share the interpretation guidelines for the social services programs and used in the FRCs throughout the County. The policy was revised so that it aligned with those guidelines (see Appendix 4 final draft).

A survey was sent to all staff identified by the public health nurse managers as those who engage with HHS's public health customers. The survey included post-test questions to assess knowledge gained

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after the final draft of the interpretation policy was released for their review. The team decided to call this version the final draft so that the frontline staff had the opportunity to provide feedback on the post-test survey in an open-ended comments section to ensure that the managers did not miss a critical step or point before finalizing the document.

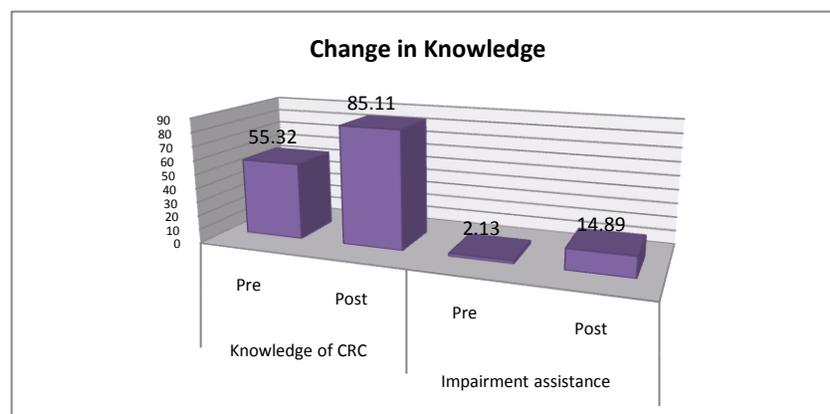
Due to the approaching deadline, the surveys were not open as long as the team preferred. Therefore, there may have had a larger response rate for better data reliability. Of the 189 staff surveyed, 70 participated in the pre-test survey. Of those 70, only 47 completed the post test survey, lending to an overall participation rate of 25 percent for the entire project. The pre- and post-test questions could have been improved if they were not written at the same time the policy was being revised. The project was a little rushed at this point, so the data that were collected were not as informative as they could have been (see Appendix 5 for survey results).

The team was able to align their interpretation policy with the social services programs' within HHSA, and made a connection with the CRC. In turn, they were able to meet the CRC's need of assigning the role of civil rights liaison to a Public Health Services staff member. This was a gap that needed to be filled. According to the pre-test results, less than half (47%) of the staff knew there was a designated CRC on staff. Only one staff member out of 70 completing the pre-test survey knew that the interpretation policy also covers impairment services.

CHECK

The data collected were not sufficient to conclude that the improvement was effective. The tight timeline resulted in pre- and post-test questions that were lacking specificity to the new policy. Also, the majority (>90%) of staff was able to correctly answer most (4 of 6) of the pre-test questions.

Post test results indicated that knowledge was not lost for the four questions that were correctly answered in the pre-test. The team achieved a 58 percent gain in knowledge about the CRC and a 600 percent increase in knowledge about the policy containing information about impairment services. However, there is still room to improve on the impairment services awareness because only nearly 15 percent of those completing the post test knew that the policy addresses these services. Two of six areas showed improvement of less than 25 percent: knowledge of the CRS and addressing impairment services.



The next step taken will be to encourage the remaining 23 staff to complete the post-test survey. Also, the team needs to assess how many clinic staff read and understood the policy and procedures.

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Unexpected results that occurred during the check phase were the length of time to obtain the post-test results.

ACT

The next step was to adapt the policy and procedures to include some key input from the frontline staff. The HHSIA Interpretation Policy is currently undergoing revisions based on the feedback received from the post-test and will undergo the final approval process and be adopted.

The next step will involve working with one site to conduct another QI project around the implementation of the policy and the quality of the interpretation interaction. Given that there are no external hard deadlines, the team will have the flexibility to spend more time at various stages as needed. Eventually there will be a point where the agency will be conducting ongoing quality assessments (QA) as part of HHSIA's ongoing medical and health QA work to ensure that interpretation has not strayed from the policy and procedures.

RESULTS, NEXT STEPS, AND ACCREDITATION

As a result of participating as a beta test site, staff within HHSIA has learned how to apply QI concepts and tools to real life issues. HHSIA has recently implemented Lean Six Sigma Green Belt training with three cohorts of 15 staff each participating during this fiscal year. The beta test coordinator and QI project lead are participating in this training and using the next step of implementing the interpretation policy within one site to conduct QI work in ensuring that the non-English or LEP customer is receiving the correct medical/health information. Also, undertaking the self assessment phase of the accreditation beta test provided reassurance that the organization's principle of operation excellence has placed it on a strong path toward obtaining accreditation.

In addition, Public Health Services has institutionalized the concepts of QI by requiring each of its branches to conduct a QI project during this fiscal year. The beta test coordinator will provide technical support and training to those staff on an as needed basis. This effort was kicked off at the annual senior staff advance, and sharing storyboards from this year's experience in QI work will be done during the following year's advance.

LESSONS LEARNED

The most important lesson learned is that it takes a team to undergo accreditation preparation and organization self assessment. The entire accreditation process entails a workload beyond the ability of a single staff member. Team building and cultivation needs to be a priority. Also, having an infrastructure in place that is conducive to QI and performance management is vital to a successful outcome. This infrastructure provides the mechanism to undertake document gathering, measure scoring, organization, and other skills necessary for the accreditation process. The team was an existing Performance Management Committee that has experience in the area of performance management and quality improvement work.

Many of the measures are based on the premise that strong collaborative working relationships and partnerships exist. These cannot be built over the course of a year. They take many years and will become clear to any site visitor whether or not they exist and are working well. San Diego has a long history of strong public-private partnerships in addition to strong collaborative internal working relationships with other county departments.

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The development of a communication plan to orient all key stakeholders to the process of public health accreditation and QI is vital to obtaining buy-in. The agency created various communication strategies based upon the audience: executive staff, program staff, non-HHSA county staff, workgroups, and community groups. This provided the opportunity to explain what would be done and why. They had the opportunity to ask questions and know whom to contact if questions or issues arose during the process.

Information technology has the potential to make the process more efficient. The team used SharePoint to collect and organize the documents, which was effective because it allowed the team to post links to documents that were already on Internet. While collecting documents during the self assessment phase and working on the QI project, the team discovered many policies and procedures existed in multiple locations throughout the entire county organization, in some cases with duplicative policies for the larger county government system and then for HHSA. Also, many of the policies were past their sunset dates with no indication of the policy being revisited and updated. Implementing an electronic document management system with a built in tickler alerting mechanism would assist in preventing this from happening in the future. The agency is currently looking into purchasing such a system to reduce staff time in searching for documents, creating a duplicate document of one that already exists, and preventing documents from expiring (or passing their sunset dates). This type of IT system is essential for such a large county like San Diego.

The team's site visit experience went very well. The team would recommend conducting a conference call to prepare the agenda for the site visit so that the site coordinator is able to ensure that the logistics to the proposed agenda are realistic. With such a large geography, some of the agenda items were not feasible given the distance between the office sites. The agency covers six geographic regions, and it could take over an hour to drive from one end of the county to the other. These are things that the site visitors would not know. A conference call centered on planning the agenda would resolve these types of issues.

For the QI project, the team discovered that flexibility is a key element to a successful project and that the team should be well informed up front about the expectations of their participation in the project. The QI project lead could have spent more time cultivating stronger relationships with the team members and communicated their role on the project. With clear expectations, it may have been easier to delegate tasks. The QI project lead contributed to approximately 80 percent of the project with another 18 percent contributed by an epidemiologist for the data analysis. The remaining 2 percent was the contributions made by the remaining eight team members. One of the main reasons for this was the timeline and the overburdened workforce that has resulted from budget cuts that led to cuts in staffing.

APPENDICES

[Appendix 1 – Storyboard](#)

[Additional Appendices:](#)

Appendix 2 – Clinic Flow Charts

Appendix 3 – Root Cause Analysis Fishbone Diagram

Appendix 4 – Interpretation Policy Final Draft