APPENDIX A: STORYBOARD TEMPLATE
PDCA #1

LOCAL HEALTH DEPARTMENT NAME: City-County Health District
ADDRESS: 230 4th St. NW Rm 102
PHONE NUMBER: 701-845-8518
SIZE: Small
POPULATION SERVED: 10,775
PROJECT TITLE: Data Management

A more complete data reporting system would decrease the time needed to complete "annual program evaluations" and would give a more complete/accurate picture of total services provided in each program area.

Revisions made after 2nd 2 wk trial period.

We examined the results of the first PDCA cycle and found that the data system did not capture all the information. The team modified the log (check list) to include head lice, home care, jail and a refer out column. Data were collected and examined during the subsequent rapid cycle PDCA’s.

A control chart was created to determine process stability and capability.

1. Getting Started
Public Health Assessment completed and Reviewed. Preliminary decision made to look at a comprehensive data reporting system.

2. Assemble the Team
Selected lead staff members who work with various programs in the health district.

3. Examine the Current Approach
The team examined the lack of a data system. The current system is incomplete in several areas (no phone data, no data available regarding the clients who are seen and who do not make a monetary donation for the service, so number of clients seen in any given program is not accurate). This lack of data systems and processes causes considerable rework and waste when preparing community reports for the health board.

4. Identify Potential Solutions
We developed a log to provide data which will assist in creating a reporting system. Several solutions to the problem were identified, the team agreed that we would add more detail to the current “office log”, which will allow us to track incoming phone calls per program, and will add office contacts specific to each program.

5. Develop an Improvement Theory

6. Test the Theory
We used rapid cycle PDSA to test two modifications during August and September. Initial test done 7/14-7/18. Initial log found to be missing several columns necessary to collect the data needed. These were added. New log system tried for a 2 week period (7/28-8/8). Final test done 8/25-9/25. Log taped to director’s desk right beside her phone. Log put on a clip board by service phone. Both as visual cues to remember to log phone calls. Log for in office clients appears to be very accurate.

7. Check the Results
Team reviewed results of log from 7/28-8/8.

Results reviewed. Phone calls appear to be logged more accurately. Surprised with the number of phone calls related to in office medication clients.

8. Standardize the Improvement or Develop New Theory
The team changed the intervention and started the second and third cycles. We tested a revised log for 30 days. Upon completion of the third cycle, we locked in the new process for ongoing use by the City-County Health District.

9. Establish Future Plans
Now that the new process is in place, we will monitor occasionally to ensure that it is performing as designed. We will also use the new QI skills we learned for a future team effort to improve another process. A control chart will be put in place to monitor future process performance.

DO
Test the Theory for Improvement

ACT
Standardize the Improvement and Establish Future Plans

CHECK
Use Data to Study Results of the Test

7. Check the Results
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