

QUALITY IMPROVEMENT STORYBOARD



Division/ Program:	SPA 3 Clinic Services and Community and Field Services
Project Title:	TB WORKFLOW IMPROVEMENT
Project Timeline:	July 2018-Present
QI Specialist(s):	Jocelyn Estiandan

1. Getting Started

As part of the CHS realignment, staff from Clinic Services (CS) and Community and Field Services (CFS) were jointly convened and identified 20 areas of improvement which were displayed gallery style around the room where staff spoke and voted about the issues they identified. TB Clinic workflow and clarity of roles received 35 of the 233 votes (15%) and was selected as 1 of 4 priority areas for a QI project.

2. Assemble the Team

Fifteen SPA 3 staff volunteered to be part of the workgroup which was co-led by a team-nominated Public Health Nurse Supervisor and Public Health Nurse. The group included staff from the business office, clinic staff, and district staff.

3. Define the Problem/ AIM Statement

In 2018, a SPA-wide survey was conducted in which only 69.6% of respondents from CS and CFS strongly agreed or agreed that they have clarity about their current role/work assignment, and only 26.5% strongly agreed or agreed that they felt the current level of coordination/ collaboration between the divisions are satisfactory. The goal was to have the staff better understand their role within the ORCHID system and assume their clarified roles within the TB Clinic workflow.

4. Examine the Current Approach

Through a series of meetings, the workgroup examined the current workflow and clarified existing roles and responsibilities. Through this process staff found inconsistent protocol in some TB clinic workflow activities.

5. Identify Potential Solutions

The workgroup decided to develop a comprehensive document to clarify the roles of staff interacting with TB patients.

6. PLAN

The document included business office roles for scheduling, the TB clinician role in completing orders, the community health workers role in scheduling and calling patients for appointment reminders, and the role of PHI staff. It was brought to a SPA 3 All-Staff meeting for further editing.

7. DO

Once the workflow document was finalized and approved by the managers, RHO and CS Director, it was implemented in SPA 3.

8. STUDY

Among SPA 3 staff respondents (N=63) in a survey conducted in December 2019, 71.4% strongly agreed or agreed that they have clarity about their current role/work assignment, a 2.6% increase from a year ago. Also, 38.1% strongly agreed or agreed that they felt the current level of coordination/ collaboration between the divisions are satisfactory, an 43.8% increase from last year.

9. ACT

The workflow document continues to be a resource for the staff to clarify roles and responsibilities. Occasionally, reminders are sent to some staff to clarify or remind them of their responsibilities, but overall, staff continue to adhere to the document and do their best.

10. Next Steps

The TB Clinic Workflow Workgroup will reconvene and revisit the TB clinic workflow document based on the survey results. This data will serve as a baseline for improvement in the TB Workflow.