



# Local Health Department Experience

Wilkes County Health Department

# Involvement in DPH Kaizen Event



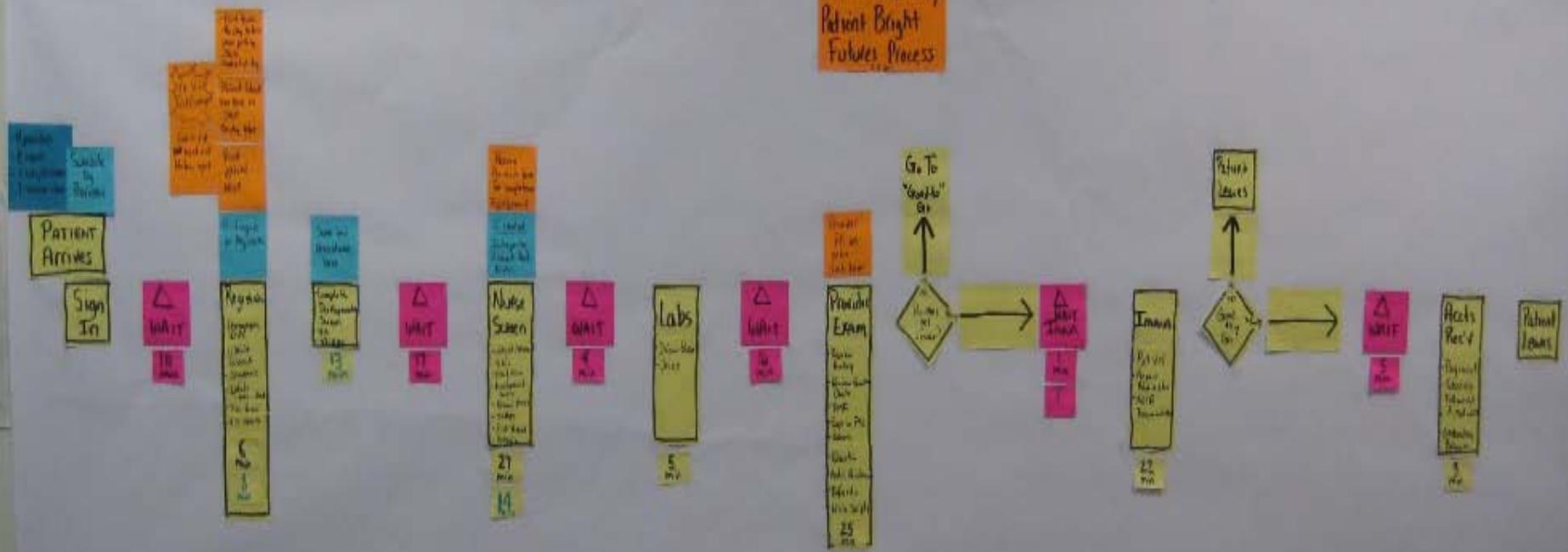
- Asked to participate in statewide roll-out Kaizen Event to roll out Bright Futures.
- Recognized for involvement in QI 101
- Recognized for previous experience with QI and Kaizen Events.
- Staff engaged because consulted and participated in statewide decisions.

# The Health Department Perspective



- The Value Stream Map
  - A Walk in the Customer Shoes (local health department)
  - Gave a Visual Overview of the Complete Process from position of readiness
  - Identified non-value added time
  - Provided a framework for redesigning a process of implementation for new guidelines.

Wilkes County  
 Patient Bright  
 Futures Process

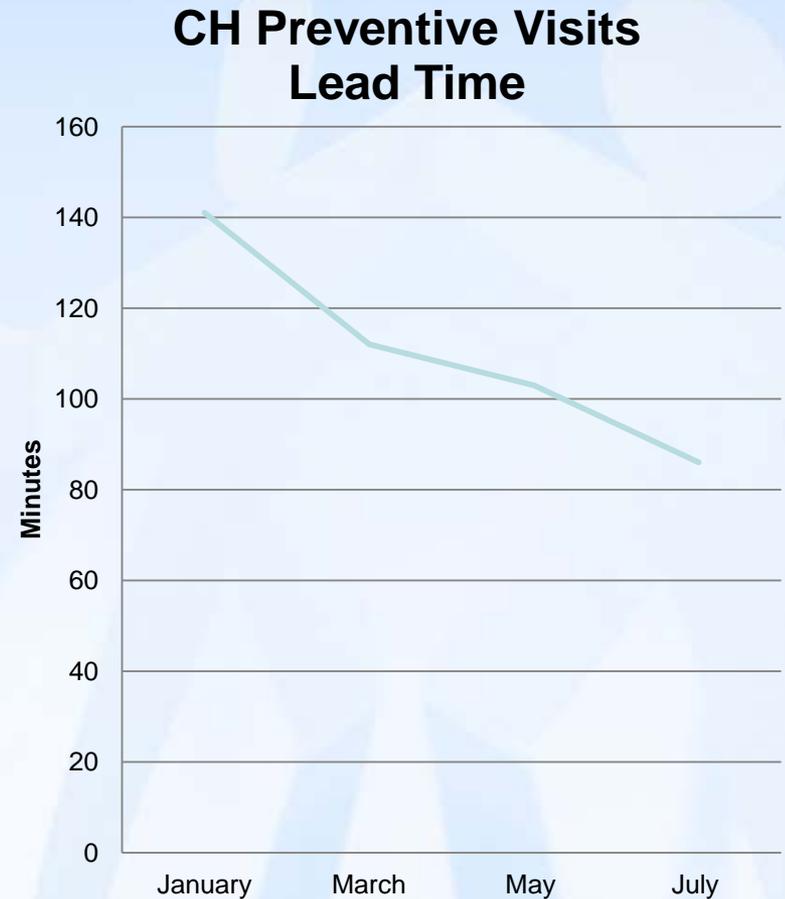


Wilkes County VSM

# WCHD Results Using QI Approach



- Lead time decrease by 39% or 55 minutes
- Customer satisfaction increased from 2.9 to 3.4 (4=excellent)



# Lead Time Results

Wilkes County Health Department



Pre-Implementation

## January 2011

Lead Time: 141 mins

VAT: 88 mins

NVAT: 53 mins

## March 2011

Lead Time: 112 mins

VAT: 80 mins

NVAT: 32 mins

Decrease: 29 mins

## May 2011

Lead Time: 103 mins

VAT: 72 mins

NVAT: 31 mins

Decrease: 9 mins

## July 2011

Lead Time: 86 mins

VAT: 70 mins

NVAT: 16 mins

Decrease: 17 mins

After 6 Months

Total Decrease in Lead Time=55 mins  
FROM 2 HR 21 mins TO **86 mins**

Wilkes County Health Department

# What Results Meant to Agency



- Decrease in lead time has allowed providers more time available for sick and/or problem visits
- Opportunity for CH ERN to increase productivity from 6 to 8 patients per day
- Increase in Patient Satisfaction Survey scores
- Staff had input into best way to roll-out Bright Futures which led to better “buy-in”
- Identified problems and process changes are managed through the use of QI/QI tools which increases staff satisfaction and efficiency

# Differences (and similarities) from typical TA experience:



- LHD staff were involved in the planning process from the very beginning- staff “buy-in”
- Pilots were able to identify “best practices” through the use of QI methods and tools to determine processes- “time saver” and saves dollars for LHD
- Ongoing follow-up by Consultants with LHD staff to determine progress, problems identified, and lessons learned. The conference calls allowed the pilot counties to share information which also made the roll-out smoother.
- In the past, LHDs have been provided with new forms to be implemented and a deadline date for implementation. This resulted in resistance, questions and frustration for staff.

# What worked well:



- Communication between consultants and LHD staff
- Roll-out using QI methods and tools provided a standardized/organized means for “testing and learning”
- Collection of baseline data and follow-up measurements of lead time demonstrated progress to LHD staff and state consultants.
- Use of pilots to “test” the implementation.
- Regional meetings

# Challenges



- Staffing and time
- Other priority projects
- Not all staff were “early adopters”
- Problems that were identified such as not having the Self History form in Spanish were corrected in the pilot stage

# Reflections/ Take home:



- Involve all stakeholders in the process from the very beginning: DPH to LHD
- Encourage input from all stakeholders
- Good communication and transparency
- Just in time training sessions
- Focus on baby steps and low hanging fruit with new process
- Differences in readiness to change
- Always celebrate success (even small)

# Questions & Answers

