

PLAN
 Identify an opportunity and Plan for Improvement

1. Getting Started

The Public Health Accreditation Board Self Assessment Tool identified standards and measures that were either partially or not demonstrated. Using this list and agreed-upon decision criteria, the team completed prioritization matrices. These matrices multiplied ratings in different categories to work out the best project focus. The team chose to focus improvement efforts on Standard/ Measure A1.6 B (maintain facilities that are clean, safe, accessible, and secure) because it best met the criteria (shown by its .314 relative decimal value).

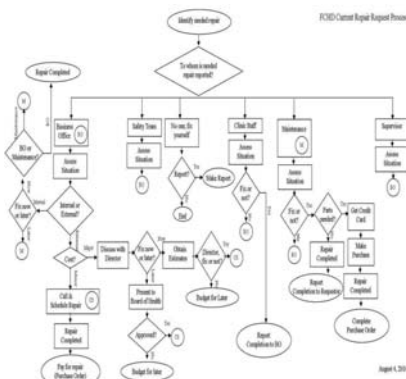
Summarize Option Ratings Across All Criteria

Options	Time (509)	Improved Quality (324)	Probability of Success (065)	Lower Costs (102)	Flow Total (RT)	Relative Decimal Value (RT-GT)
Log of Repairs (A1.6 B)	466 x 509 (247)	066 x 324 (018)	066 x 065 (004)	444 x 102 (045)	314	.314
Checking Qualifications of Employees (B.1.3 B)	015 x 509 (008)	444 x 324 (144)	444 x 065 (029)	066 x 102 (006)	187	.187
Document Training Activities (B.2.3.1)	164 x 509 (083)	444 x 324 (144)	066 x 065 (004)	066 x 102 (006)	237	.237
Log of Hardware (A1.6 B)	334 x 509 (170)	066 x 324 (018)	444 x 065 (029)	444 x 102 (045)	282	.282
				Grand Total (GT)	1.0	

2. Assemble the Team

Team members were chosen based on their experience with facility related issues and facilitation skills. The Team included a nursing supervisor, other clinical staff, administrative staff, a health educator, the Accreditation Coordinator, and operations/business office staff.

3. Examine the Current Approach



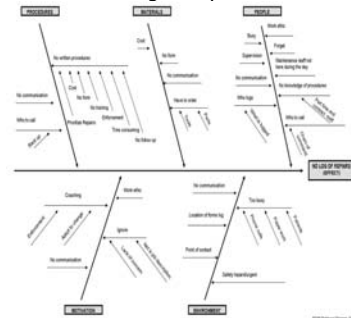
A flowchart of the current repair request process revealed major points of decision-making and responsible parties.

Aim Statement:

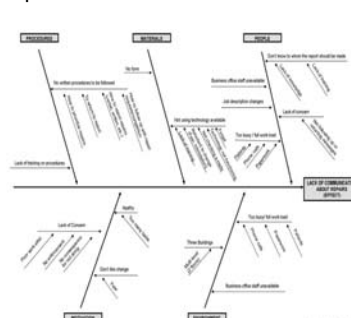
By December 4, 2010 FCHD will increase understanding of the repair request process from 22.2% to 52.2% and increase satisfaction with the repair request process from 38.9% to 68.9%.

4. Identify Potential Solutions

A fishbone diagram identified a lack of written procedures and communication as the root causes leading to an absence of a log of repairs.



Further root cause analysis examined the reasons for the lack of communication and verified the need for written procedures clarifying how, when and to whom to communicate needed repairs.



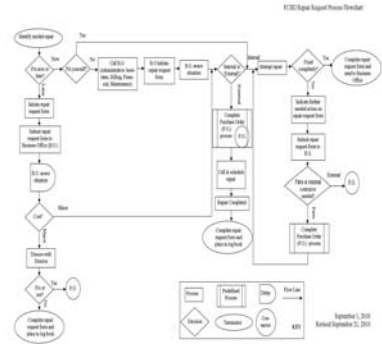
5. Develop an Improvement Theory

If FCHD provides formal training and a formal written process to follow for repair requests then both staff understanding of the repair request process and staff satisfaction with the repair request process will increase.

DO
 Test the Theory for Improvement

6. Test the Theory

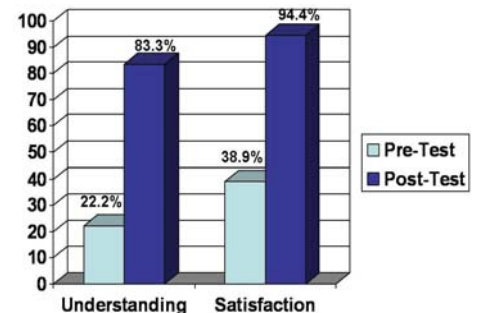
A pre-test/post-test survey methodology was utilized. The sample included 18 staff members who were located in one building. After the pre-test survey was administered training about the streamlined repair request process was provided.



CHECK
 Use Data to Study Results of the Test

7. Check the Results

The data collection proceeded as planned utilizing a survey measuring both understanding and satisfaction. The data collected showed an increase of 61.1 percentage points in understanding and in increase of 55.5 percentage points in satisfaction with the repair request process.



ACT
 Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Based on the increases in understanding and satisfaction, FCHD adopted and standardized the improved repair request process.

9. Establish Future Plans

Improvement efforts will continue and the pre-test/post-test methodology will be utilized with remaining staff, located in two other buildings. Policies will be revised to reflect the streamlined repair request process and a log of repairs will be maintained for accreditation documentation.