APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME: Webster County Health Department
ADDRESS: 330 1st Ave N, Suite L2, Fort Dodge, IA, 50501
PHONE NUMBER: 515-573-4107 or 1-888-289-3318
POPULATION SERVED: 10 local community partners
PROJECT TITLE: Webster County Health Department’s Community Health Profile Project

PLANNING

Getting Started: A Community Health Profile Mini-Collaborative local-level group was established and met for the first time on April 3, 2009. This group was established to aid in the development of a standard Community Health Profile that will be available for each county.

After hearing frustration from local partners, and frustration with gathering information for our own grants and the Community Health Needs Assessment and Health Improvement Plan, our agency decided we would like to take advantage of this opportunity for improvement and play an integrative role in the development of a standard profile, therefore, we joined the Mini-Collaborative group.

Assemble the Team: We developed an internal QI team consisting of our Financial Coordinator, Director and program coordinators.

Our QI team first met in April to discuss the Community Health Profile, the QI process we would take and our objectives. After brainstorming, we developed an AIM statement and a flow chart to follow to reach our goals. Our AIM statement: Collaborate with 10 local partners to develop essential community health indicators for Webster County by June 30, 2009.

Examine current approach: Our QI team reviewed how we are currently obtaining health related statistical information. We found that we were using several different search engines to obtain information at this point. We came to the conclusion that too much time is being spent obtaining this information; especially census information due to the age sensitive data is extremely hard to find and our processes are not consistent.

What is being done well: We have excellent communication with our local community partners, and they are a valuable tool when looking for county-wide data.

Identify Potential Solutions: To obtain input from local partners, we could do any of the following:
- Send out a questionnaire to all agencies.
- Meet with each local partner individually to discuss the project.
- Set up meetings with all ten local partners, so we can create an environment for better brainstorming.

Develop an Improvement Theory: If we collaborate with local agencies, we will be able to develop community health indicators that will be most beneficial for our county.

STUDY

Study the Results: Agencies that assisted in the process were appreciative of the opportunity to provide input. Collaborating with other agencies proved to be very beneficial. During our QI team’s second meeting, we were able to combine all participating agencies requests into our profile. 7 out of 10 agencies participated, which fell short of our 80% participation goal. Overall, I think our project was a success, but there was room for improvement. Areas for improvement: Our flow chart needed to be more specific and have more timelines. We also needed to meet more frequently to reevaluate our plan and determine whether or not changes were necessary, and make adjustments as needed.

ACT

Standardize the Improvement or Develop New Theory: The QI Team has agreed that this PSDA process is a valuable tool and will be used in the future. It helped us establish a process and vision for the project. Our plans need to be more specific and time-limited. This will make the PSDA cycle run more smoothly in the future.

Establish Future Plans: To use the PDSA cycle on 2-3 projects throughout the next year, develop policy and procedure on the cycle, and then use it with each QI project thereafter. We plan to educate all of our employees on the PSDA cycle and other QI tools, and provide support to them on the process so they can begin to use it.

Test the Theory: A meeting with all agencies under our time constraint was very unreasonable, so we decided to meet individually with the agencies. Our agency had either met with all 10 local partners by face-to-face contact, over the phone, via email or mail to educate them on the Community Health Profile project and also gather specific information that would be beneficial for their agency on a standard community health profile.