

PDCA STORYBOARD

DIVISION/OFFICE:	Division of Disease Prevention
SECTION:	Communicable Disease
MEMBERS:	K. Marishta; S. Boline, L. Sarro-Lowe, A. Posada
PROJECT TITLE:	Improvement of case completion rates in STD program
DATES OF PROJECT:	

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Kane County Health Department (KCHD) Communicable Disease (CD) staff recognized a large backlog of open Human Immunodeficiency Virus (HIV) cases (more than 100 cases in the HIV program alone) and as well a large number of Chlamydia and Gonorrhea cases not completed on time (more than 200 Chlamydia cases alone were reported each month). In August 2011, the Illinois Department of Public Health (IDPH) recommended a new management of Gonorrhea cases including counseling.

The Sexually Transmitted Disease (STD) program was transferred to the CD section in November 2010, following the reorganization of the Health Department. The HIV program was transferred to the CD program in March 2011. Three staff members were designated as STD/HIV surveillance specialists. Per the Illinois Department of Public Health (IDPH), the surveillance specialists who counsel clients should complete the CDC STD Employee Development Guide (EDG) and attend a HIV/STD Prevention Counselor Workshop.

The process to close an STD/HIV case has been cumbersome, and the HIV backlog cases or the Gonorrhea counseling cases seemed too overwhelming to tackle with limited time and no extra staff. The group recognized that if the systems were improved in STD and CD programs, resources could be devoted to Gonorrhea counseling in STD program and HIV program activities.

2. Assemble the Team

The team for this project included the Assistant Director for Communicable Disease, and three of the Communicable Disease team members (One Epidemiologist, two Disease Intervention Specialists).

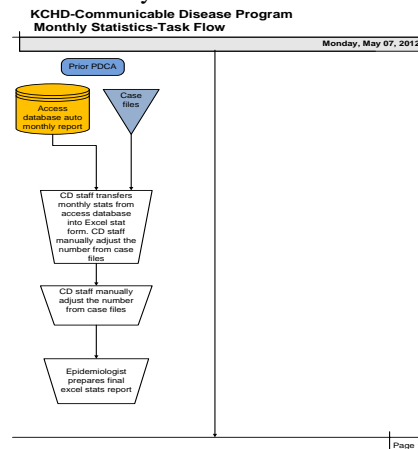
Initial Aim Statement: By December 31, 2011, the average timeline of Chlamydia cases completion will be reduced by 10 days in comparison with prior August 2011.

3. Examine the Current Approach

a. To allow staff time to work on counseling of Gonorrhea cases the workgroup developed flow chart of the current state of how cases in the STD program are investigated.

As a result of the flow chart development, it was recognized that there were several duplicative and time-consuming steps, especially with case completion for chlamydia and gonorrhea.

b. The staff also analyzed CD program stats monthly collection data.



The group identified that by utilizing INEDSS electronic automated reporting, CD staff time will be better utilized in STD/HIV case investigation and as well in Quality Assurance for monthly stats.

4. Identify Potential Solutions

The group then met and, utilizing brainstorming identified potential solutions:

- Eliminate separate STD morbidity form, and use INEDSS printouts to indicate to providers exactly what information is needed.
- Eliminate time spent from a staff to collect CD monthly stats by replacing it with an INEDSS auto report.

5. Develop an Improvement Theory

The workgroup theorized that:

- By using printouts directly from INEDSS, the form could be marked to indicate only the needed information, which would be less overwhelming for providers, and would not require staff to complete the morbidity form. It was theorized that by doing so, it would save time for CD staff in preparation and decrease the amount of time waiting for providers to return the data to KCHD.
- Using the INEDSS auto monthly stats report would not only improve the accuracy in CD monthly stats, but also would eliminate duplication in the process.

DO

Test the Theory for Improvement

6. Test the Theory

The intervention began on August 15, 2011. The total number of monthly Chlamydia cases was tracked, along with the total number of days needed to complete each case.

The monthly CD statistics were collected directly from INEDSS by the Epidemiologist and the data were compared with the previous process

