

Portage County Health District - The FBI (Food Borne Illness) Quality Improvement Storyboard

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PLAN

Background Information

The PCHD Quality Improvement Committee (QIC) selected this project from a proposed staff submission on the department "parking lot", recognizing that there was no consistent process for handling incoming food complaints. The reporting, documenting, investigating, and follow-up procedures were not standardized. As a result, not all customers were receiving the expected action and response. This project, then, was determined to align well with the department's mission, values, and strategic focus on improved customer service.

Assemble the Team

The QIC selected team members focusing on representation from the nursing, environmental, and clerical divisions which have the greatest role in the food complaint process. Additional representation for outside unique perspective was added from the health education division.

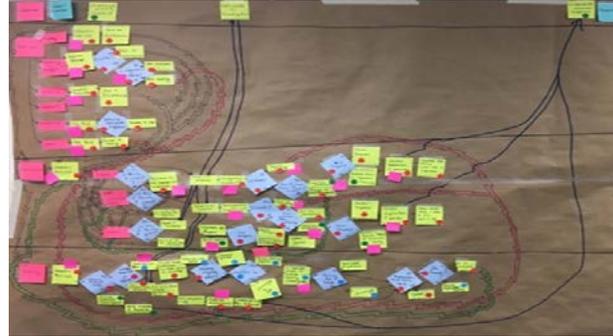
Performance Improvement AIM

To develop and implement a process to appropriately route incoming food complaints and standardize follow-up by December 31, 2016.

Analyze Current Approach

Data regarding food related complaints received within the previous 3 months was collected, and consideration was given to how further handling was completed and accounted for. Multiple gaps were identified, and the team engaged in a brainstorming exercise to identify primary contributing factors to the problem, with a deliberate focus on the voice of the customer for possible solutions. A current-state process map was developed using Lean principles and guidance. Review of this process map revealed several inefficiencies, redundancies, and gaps in communication and accountability. As a result of these evaluations, it was determined that a formalized policy and procedure, standardized forms, a shared database to log and access all activity, and staff training would be needed.

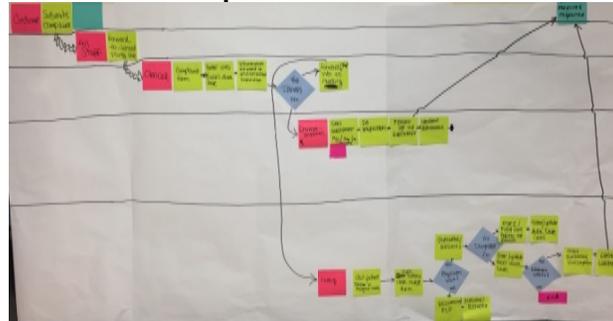
Original Process Map



Develop Revised Approach

A desired future-state process map was developed to reflect the intended process improvement, in alignment with identified and selected solutions to the root causes of the problem.

New Process Map



DO

In accordance with determined improvement needs and the new process map, the following were created:

- o A comprehensive Food Complaint Policy and Procedure document
- o A standard Food Facility Complaint Form
- o A standard Food-Borne Illness Complaint Form
- o A shared Food Complaint log and tracking Excel Database on the department F: drive.

Additionally, front line clerical staff and applicable nursing and environmental staff were trained on the use of the forms and the database, and all PCHD staff were presented with the new policy and procedure.

The team investigated our phone system capabilities and found that the initially desired ideal procedure of forwarding all incoming food complaint calls to a shared clerical line was outside of the team's scope.

STUDY

Personnel changes and scheduling delays impeded the project concluding by the original AIM target date. The new process began in April 2017. Initial feedback from staff has been positive regarding streamlining of the process and consistency of information sharing.

Assessing the revised process reveals substantial improvements in simplification and efficiency:

Process Map Data	Before	After	Change
Process Steps	62	21	66%
Decision Steps	20	4	80%
Delays	22	1	95%
Total Improvement	104	26	76%

This project team will meet quarterly for at least one year to review and evaluate:

- Effective implementation of policy and forms
- Accuracy and completeness of database entries
- Customer feedback survey scores/comments regarding food complaint handling
- PCHD staff feedback regarding effectiveness of and any issues with the new process

The new process provides for consistent efficient documentation of incoming food complaints, standardized transfer to the appropriate staff for further handling, and a collective database to ensure proper sharing of information across divisions and accountability for proper follow-up. All of this should ensure faster and more consistent delivery of appropriate information, response, and action to and for our customers.

ACT

Pursuant to evaluative measures, this revised Food Complaint Process will be comprehensively reviewed in one year; and the policy and procedures, forms, and database will be amended as needed per the continuous PDSA cycle.