

# *Public Health Performance Management Centers for Excellence*

2012 Quality Improvement Grantees  
Learning Congress

November 1, 2012

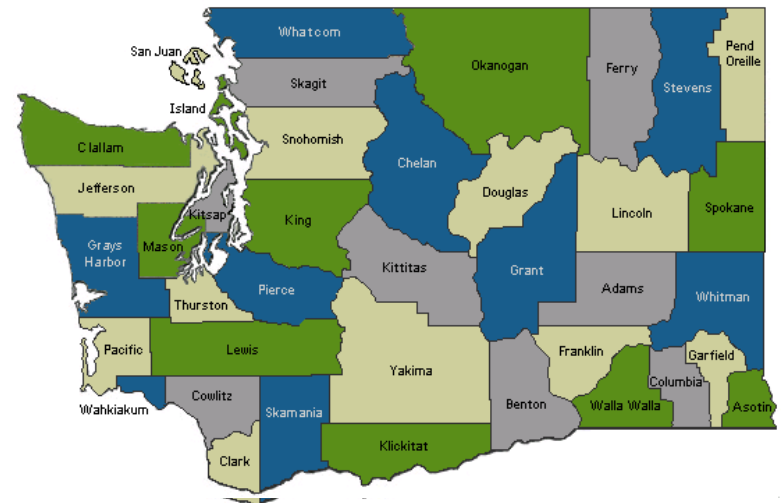
Medical Provider  
Communication Process

Kitsap Public Health District

# Public Health Performance Management Centers for Excellence

## Kitsap County

- Total population: 251,133
- 68% residing in unincorporated areas
- Kitsap Public Health District
  - 87.5 FTEs
  - \$9.5 million annual budget



Date on slide master

# Project Team

- Jessica Guidry, MPH, Emergency Preparedness and Response Regional Coordinator, Project Lead
- Scott Lindquist, MD, MPH, Director & Health Officer
- Beth Phipps, RN, Communicable Disease
- Ruth Westergaard, BS, Community Liaison, Emergency Preparedness and Response
- Melanie Dalton, BS, IT Specialist

# Project Identification

In a 2011 Kitsap Public Health District (KPHD) survey:

- 18% of physicians who responded reported being unaware of receiving alerts from Public Health via email or fax
- 24% of RNs, ARNPs, and PAs reported being unaware

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## AIM Statement

The purposes of our Quality Planning project were to:

- (1) increase awareness of our health alerts among medical providers,
- (2) increase the readability and usability of our alerts, and
- (3) make our internal process for transmitting medical provider alerts both easier and faster.

# Project Activities

- Identified **customer** (physician) and **supplier** (KPHD staff) **requirements**
- Identified **root causes** of lack of awareness of provider alerts
- Grouped customer requirements into an **affinity diagram**
- Interviewed other agencies to **benchmark** their best practices
- **Flowcharted** a new messaging process based on customer and supplier needs

# Project Activities (cont.)

- **Brainstormed** other solutions to support new process
- Identified a process to test the solutions created in this project using **Plan-Do-Check-Act (PDCA)** method

# Quality Tools - Customer Requirements

We conducted interviews with 11 Family Practice physicians to understand their messaging preferences.

We asked for their opinions on a recent pertussis message we sent to them. We asked about:

- Message timing
- Message content
- Message format
- Message importance/relevance
- Other information that they needed



# Quality Tools - Benchmarking

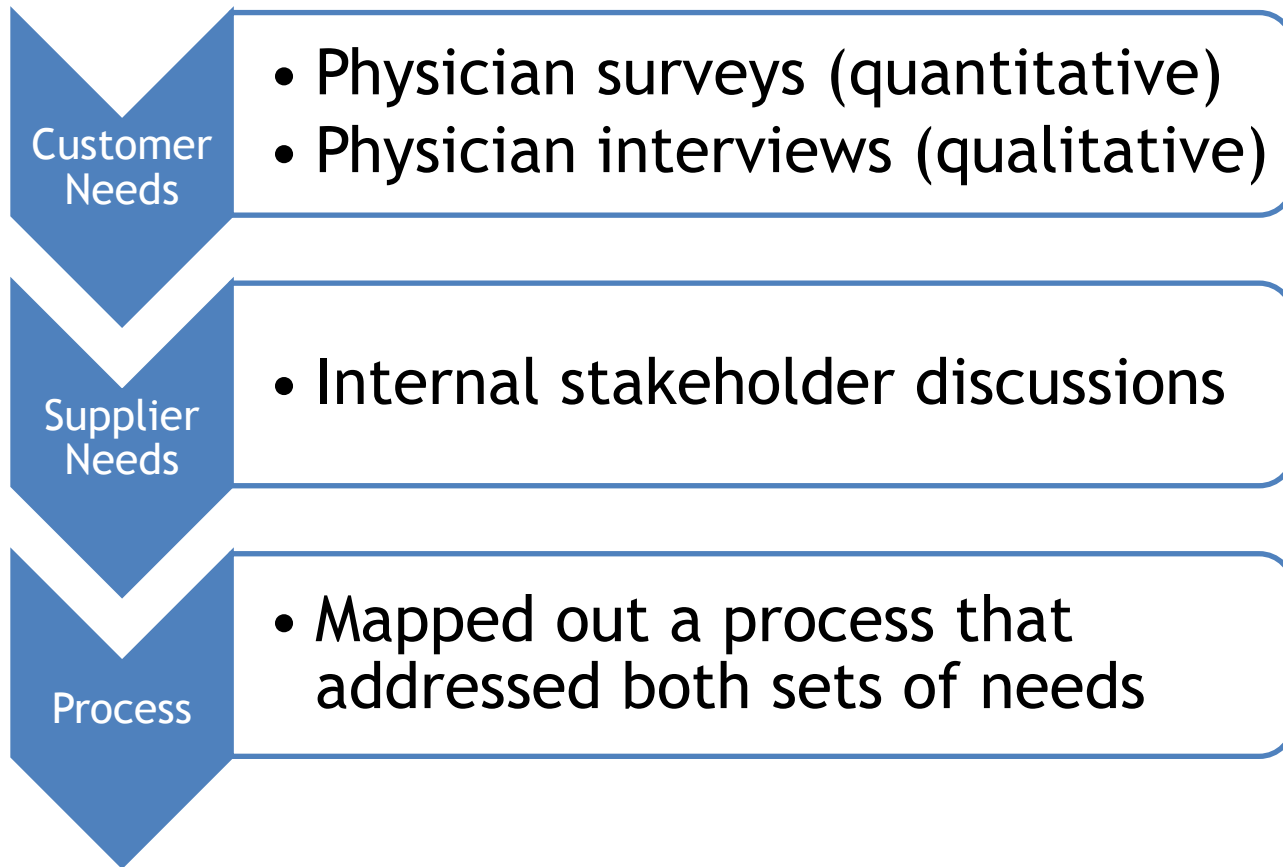
We looked for best practices in messaging to medical providers, interviewing:

- Other local public health agencies
- The Washington State Department of Health
- Pharmaceutical companies
- University of Washington

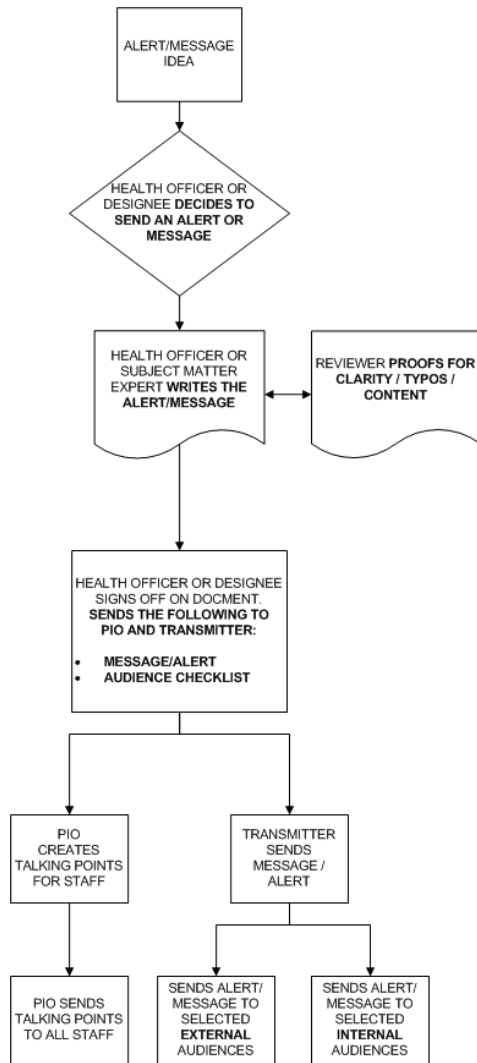
We looked for systems that:

- Enabled confirmation that the intended audience receives and reads their messages
- Ensured that information sent out gets applied by their audience
- Could determine that information gets to the right people at the right time
- Collected feedback from their users/audience

# Quality Tools - Flowcharting



# Quality Tool - Flowcharting



- The flowchart listed all the steps needed for standardizing the messaging process
- The QP Team also created a checklist for this process that the Alert Writer can use to ensure the standard steps are followed

# Results - Solutions Identified

- Created health alert template based on customer requirements
- Standardized health alert writing process based on supplier (staff) requirements
- Identified characteristics for a new web-based messaging system based on supplier (staff) needs

Solutions will be implemented by **December 2012**

Solutions will be evaluated in **2013**

# Next Steps

- Complete implementation of solutions
- Measure progress:
  - % provider satisfaction
  - % of providers being aware of message
- PDCA (Plan-Do-Check-Act)

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For more information, contact:

Jessica Guidry, MPH, PHEPR Regional  
Coordinator, Project Lead

360-337-5267

[jessica.guidry@kitsappublichealth.org](mailto:jessica.guidry@kitsappublichealth.org)

[www.kitsappublichealth.org](http://www.kitsappublichealth.org)

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