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**Multi-State Learning Collaborative III**  
*Lead States in Public Health Quality Improvement*

**Quality Improvement Storyboards:**  
**Using Storyboards to Communicate Lessons**  
**Learned and Document Impact**

**Call in Number: (800) 504-8071**  
**Code: 3019811**

**September 19<sup>th</sup>, 2008**

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## EMBRACING QUALITY IN LOCAL PUBLIC HEALTH



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# Embracing Quality in Local Public Health:

## Michigan's Approach to QI Story Boards

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MLC-3 Teleconference  
September 19, 2008

# A Quality Story Board Is:



# Story Board History & Use

- Surfaced at Walt Disney Studios during the 1920's to “articulate a story in an embraceable way!”
- Illustrated cartoons for short subjects then moved to larger scale efforts (*Gone with the Wind in 1939!*)
- Having proved themselves in other fields & industries, storyboards are now being applied to system development, web development, instructional design, and quality improvement

# Why QI Storyboards?

## They:

- Tell your QI story in an organized way
- Harness the 'power of the visual'
- Depict your process improvement
- Give users real content that is easy to digest
- Provide an embraceable approach that needs little explanation
- Highlight your accomplishments!

# Sample Story Board

**Ottawa County Health Department (OCHD)**  
115 employees  
Four offices: main office in Holland  
Serving a population of 260,000



**Team Members:**  
Lisa Brinkman - Team Chair  
Debra Thomas - Assistant Health Administrator  
Debra Bower - Public Director  
Elin Taylor - Administrator  
Tara Pomeroy - Health Promotion Manager  
Michelle Kist - Youth Health Manager  
Katie Oshin - Community Health Manager  
Amanda Kist - Community Health Manager  
Catherine - Administrative Assistant

**Quality Improvement Story Board**  
Creating a Culture of Quality



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## Plan

Identify an Opportunity and Plan for Improvement

**1. Getting Started**  
Ottawa County Health Department (OCHD) was transitioning into a new leadership team and a dramatic change of organizational values and expectations. To help address the OCHD organizational areas of opportunity a version of the Baldrige Organizational Assessment Survey was implemented.



OCHD leadership was cognizant of the planned improvements and committed the personnel and financial resources to the project.

**2. Assemble the Team**  
The OCHD team consisted of the OCHD Administrative Team because the nature of the project required a department-wide approach. A work plan and timeline were created and regular meetings were established.

**AIM Statement**  
Improve organizational health by improving the relationship between staff and management for addressing communication issues highlighted in the annual employee survey and providing leadership development to current and future leaders.

**3. Examine the Current Approach**  
The initial process flow of the health department was "business as usual". Organizational changes were implemented based on empirical evidence and informal employee communication. A process was developed and applied to measure and improve the three key organizational elements:

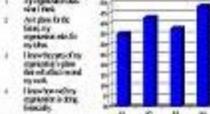


OCHD acquired baseline data by administering an employee survey based on the Baldrige Organizational Assessment Survey to staff. The survey evaluated their opinions on seven categories: leadership, customer focus, measurement, planning, human resources, process, and results.

OCHD GRADE REPORT	A - percent score
1. LEADERSHIP	2.7
2. CUSTOMER FOCUS	2.1
3. MEASUREMENT	2.8
4. STRATEGIC PLANNING	2.2
5. HUMAN RESOURCES	2.8
6. PROCESS MANAGEMENT	2.7
7. BUSINESS RESULTS	2.8
<b>AVERAGE</b>	<b>2.5</b>

Statements regarding leadership and strategic planning were low scoring, as they were in the communication theme. In addition, the lowest scored element involved financial knowledge.

**Survey Results:**

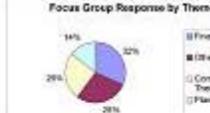


OCHD results by survey category:



**4. Identify Potential Solutions**  
Based on the survey and focus group findings the team determined there was a need to increase communication through the department's services. It developed a "Therapy 101" course to create staff in understanding the financial details of the health system and to provide leadership development to current and future personnel. OCHD used the survey evidence to determine the issues in a formal order to help define the issues in detail OCHD conducted focus groups.

**Focus Group Response by Theme**



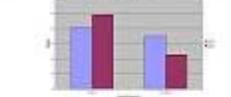
**5. Develop an Improvement Theory**

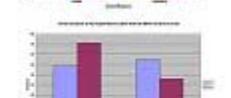
- OCHD created focus groups that communication between staff and management will improve as measured by the annual Organizational Assessment Survey administered in January 2008.
- OCHD expects an internal usage of modules and process that communication between staff and management will improve as measured by the annual Organizational Assessment Survey administered in January 2008.
- OCHD implements superior learning capabilities that the capacity of current and future leaders will be developed as measured by the annual Organizational Assessment Survey (leadership category) administered in January 2008.

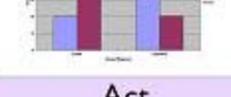
## Study

Use Data to Study Results of the Test

**7. Study the Results**  
The new survey data was compared against the previous year's baseline data. The new data showed improvement both with process and weighted scoring.





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## Do

Test the Theory for Improvement

**6. Test the Theory**  
OCHD's theory will continue to be tested using data from an employee survey which will be administered on an annual basis. As learned during the first iteration of the survey development our intention for conducting this "real data" "organizational" survey. The survey will be modified from year to year as needed based on the results.

Annual results will be compared against the baseline survey data to determine if an increase in employee communication and leadership capacity is supporting staff content.

## Act

Standardize the Improvement and Establish Future Plans

**8. Standardize the Improvement or Develop a New Theory**  
Some organizational changes have been behavioral (communication and leadership) and others will continue to be reflected in the annual survey results. Furthermore, development of a financial "Therapy 101" training will provide long term staff access regarding the financial aspects of the organization. The leadership development program will continue to reinforce positive leadership in many facets of the organization.

**9. Establish Future Plans**  
OCHD will continue their accomplishments and continue to offer organizational improvements. OCHD will use the survey (annual quality benchmark), and will review the survey data and determine focus areas for improvement depending on multiple factors such as score consistency or other department solutions.

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# Organization & Composition

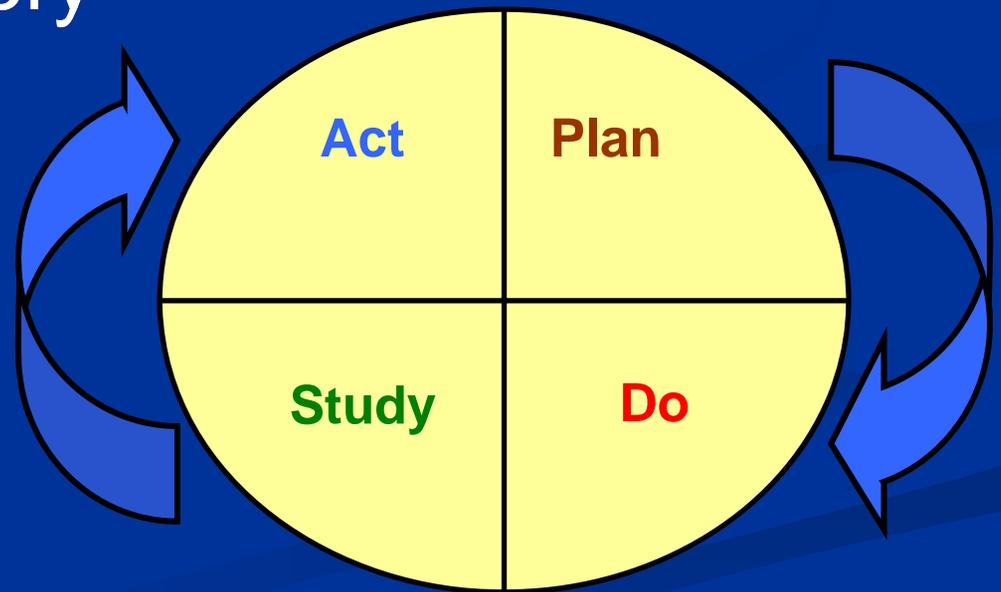
Organized around **Plan-Do-Study-Act** and the **Nine Key Steps** listed in Michigan's QI Guidebook:

- ✓ **Getting Started**
- ✓ **Assemble Team**
- ✓ **Examine Current Approach**
- ✓ **Identify Potential Solutions**
- ✓ **Develop Improvement Theory**
- ✓ **Test The Theory**
- ✓ **Study Results**
- ✓ **Standardize Improvement**
- ✓ **Establish Future Plans**

# Must Haves & Milestones

In general, MI strived to depict the:

- Aim Statement
- Improvement Theory
- Data & Results
- QI Tools Used
- Learning



# How Were They Used in Michigan?

- Used during MLC-2 to share QI progress & results (site-visits, BOH meetings, showcase presentations, conferences, newsletters, and in Michigan's QI Guidebook)
- Used by the LHDs as internal communication tools to “tell the story”
- Remain on display at LHDs

# Who Created Them & How?

## In Michigan we:

- Asked the LHDs to provide content
- Enlisted the help of the Michigan Public Health Institute for formatting
- Used Microsoft Publisher
- Used a commercial print shop for professional printing results
- Final products displayed in color on 4' x 3' posterboards

# Lessons Learned

- Formatting storyboards can be challenging and very time consuming
- Graphic depictions & color add more interest than text
- QI tools like process maps, cause & effect diagrams, and Pareto charts are useful
- Building story boards throughout the improvement process may be more efficient than waiting until the end

# Tales from the Trenches

## LHDs in Michigan noted:

- “We’re glad the MPHI helped us create our first story boards, but now we want to learn how to do them ourselves”
- “We’d like templates, tutorials, and technical assistance to help with content and become familiar with Microsoft Publisher”

# More Information



[www.accreditation.localhealth.net](http://www.accreditation.localhealth.net)

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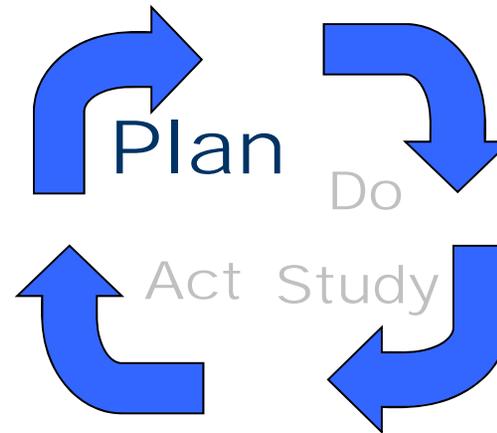
# Minnesota Public Health Collaborative for Quality Improvement



Storyboards

# MLC-2 Storyboard Components

- Introductory Narrative (“The Situation”)
- Aim Statement
- Plan
- Do
- Study
- Act
- Lessons Learned



# Process of creating storyboards

- Led by MDH
- Interviews w/ 8 project teams/team leaders
- MDH review of monthly reports
- Review and feedback from team members
- Standardization
- Storytelling

# Storytelling with storyboards

- “Marketing” public health
  - Andy Goodman workshop
    - <http://www.agoodmanonline.com>
- Storytelling principles
  - Protagonist, clear goal, struggles, story twists
  - What will engage the audience?
- Share skills

# Using the storyboards

- QI Showcase
- Sharing QI process
  - with other local health departments
  - with decision makers
  - with other states
- Lessons learned on the specific topics (e.g., timely PCA reassessments)

# MLC-3 Storyboards

- Anticipate our different audiences and think about what they need to know
- Work on developing “The Situation” up front - why are we doing this?
- Take time with QI tools to develop good visuals



# Quality Improvement and Public Health in Kansas

## Storyboards

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Kansas Health Institute

September 19, 2008



# Kansas MLC-2 pilot projects

## 3 pilot regions

**East Central  
Kansas  
Public  
Health  
Coalition  
(ECKPHC)**

**8 counties**

**West  
Central  
Public  
Health  
Initiative  
(WCPHI)**

**5 counties**

**Wildcat  
Public  
Health  
Region  
(WPHR)**

**3 counties**



# Getting started...



Team brainstorming



Defined target audiences



Reviewed templates:  
Michigan and  
Florida



# Storyboard package

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- 3 storyboards
- 1 “short” + 1 “long version”
- 3 information sheets:
  - Quality Improvement and Public Health
  - “Functional regionalization” and Public Health
  - Kansas Pilot Projects



# Next steps...

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- **Gather information:**
  - Assembled a “storyboard” team: 3 people
  - Reviewed the pilot projects’ materials (proposal, progress reports, QI training minutes, charts)
  - Interviewed all 3 regional coordinators



- **Standardize the improvement**  
**Establish future plans**

- **Identify process for selecting problem area**
- **Describe team**
- **Define problem area**
- **Define target population and stakeholders**
- **Identify data sources**
- **Root cause analysis**



- **Show project's results**

- **Describe activities**
- **Implement theory of improvement**



# Regional “storybook experience” rating...

## Successes

- Served as powerful tools for learning more about the region’s own MLC-2 projects
- Helped communicate QI processes to LHD staff and other stakeholders
- Adopted storyboards for their future planning purposes

## Pitfalls

- Storyboards developed at the end of the project
- Regions involved at the review stage of the process
- Could have served as helpful planning tools for the regions
- Spent more time than anticipated
- Lack of a uniform project documentation



# Communicating via storyboards

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- **Target audience:**
  - Local Health Departments (LHDs)
  - Public Health Regions
  - Public Health Agencies
  - County Government
  - Legislators
- **Outreach through meetings:**
  - KALHD Mid-Year Meeting
  - Regionalization Summit
  - MLC-3 Kick Off Meeting



## Lessons learned...

- Start working on storyboards early in the process
- Conduct a “storyboard” session as a part of the First Learning Session
- Provide Mini-Collaboratives teams with clear guidelines and templates
- Identify regional “storyboard teams” early in the process
- Develop a worksheet in order to generate ideas for a storyboard early in the process
- Use storyboards as a part of the planning process

# MLC-3

# Quality Improvement

# Storyboards

Guidelines for Storyboard Development



# Quality Improvement Storyboards

*QI Storyboarding is an organized way of documenting the QI process of a team that is working systematically to resolve a specific problem or and/or improve a given process.*

# Tips

- Be as succinct as possible. Include only critical information
- Design for ease of comprehension and readability
- Use visual images such as charts & graphs
- Avoid jargon when possible
- Make the steps that you took to conduct the project readily apparent

# Tips

- Display the data used throughout the process
- Outline conclusions based upon data
- Present plans for sustaining the improvement or further investigation
- Consider what role the leads in your state may play in supporting the teams in the creation of their storyboards (e.g., help formatting/layout).

# Purpose

- Serve as an on-going record of a team's progress
  - Guide the work of the team
  - Document and Share...
    - Steps that were taken to implement quality improvement projects
    - Lessons learned
    - Potential impact
- 

# Audience

## ➤ **Primary audiences:**

- Team conducting the QI project
- Fellow teams in a collaborative
- MLC participants

## ➤ **Secondary audiences:**

- Other in-state audiences (e.g., other programs within a health department)
- External states interested in work of the MLC
- Public Health Practice Community interested in QI

# Scope

- Storyboards should be created at the level the actual quality improvement work is being conducted
- Examples:
  - Michigan: Health Departments
  - Minnesota: Collaborative level
  - Kansas: Regional level

# Timeline

- Develop storyboard as project is being conducted
  - Consider milestones opportunities to share storyboards (e.g., learning sessions)
  - Share with NNPHI 60 days after completion of a collaborative's work
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# Page Limit

- “Short version” or “executive summary”
  - 1-2 pages
- Additional narrative optional
  - 7 pages maximum
- Total page limit: 9 pages

# Storyboard Components

1. Description of the Situation/Problem
2. Aim/Goal Statement
3. Description of the Proposed Solution
4. Description of what was done to address the situation/problem
5. Description of the analysis or evaluation of the solution
6. Description of the subsequent action that took place to standardize the improvement
7. Overarching lessons learned

# 1. Description of the Situation/Problem

- How was the problem identified?
- What is the context of the problem?
- Why is this problem significant?
- What are the root causes?

## 2. Aim/Goal Statement

- What is the intent of the project?
- What is the intended result?

### 3. Proposed Solution to Address the Situation/Problem

- What actions/interventions should be tested to address the situation/problem?
- What is the theory for improvement?



## 4. Description of what was done to address the Situation/Problem

- What actions or activities took place to address the problem?



## 5. Description of the analysis or evaluation of the solution

- What are the results of the activities that took place?
- What measurements were taken to identify if there has been a change?

## 6. Description of the subsequent action that took place to standardize the improvement

- What happened in response to the analysis or evaluation of the solution?
- What adjustments were made or next steps will take place if an improvement was not made?
- What will be done to sustain or standardize the solution?
- What are the next steps?

# 7. Overarching Lessons Learned

- What did you learn from the process?
  - What worked?
  - What did not work?
  - What would you do differently next time?
- 

Questions?



# Announcements



More information  
[www.nnphi.org/mlc](http://www.nnphi.org/mlc)

