Final Report Template – MLC-3, Year 2

Case Summary Narrative – CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

Quality Improvement Project Title:
Environmental Health Customer Satisfaction Project

Quality Improvement Project Target Area:
Environmental Health Customer Satisfaction Surveys

LHD Overview:
The Central Michigan District Health Department (CMDHD)

Contact Name & E-mail:
Mary Kushion, Health Officer
mkushion@cmdhd.org

Introduction
The project focused on gaining greater knowledge and understanding of CMDHD’s Environmental Health (EH) customer satisfaction both with its in-office and on-site, services. Due to minimal return rates on past EH customer satisfaction surveys across the six-county area, the MLC-3 team did not know what to change to improve return rates. Utilizing the nine-step QI process, the MLC-3 team identified potential problems (e.g., inconsistent distribution efforts across the district, survey tool, lack of written policies), identified possible solutions (e.g., develop a district-wide distribution policy with staff and administrator input and develop a new survey tool), and tested the solutions (e.g., track survey distribution and return rates).

The overall purpose of the project was to assess and improve customer satisfaction of services provided through the on-site well and septic programs. By utilizing the nine-step MLC-3 Quality Improvement plan, the team intended to assess and improve the surveying process so that meaningful information could be gained by using the customer satisfaction surveys. Through review and revision of the survey distribution policy and the survey form itself, the team was able to gather quantitative and qualitative data to assess customer satisfaction of services specific to on-site septic and water programs.

Step One: Getting Started
CMDHD outlined customer satisfaction as a goal in its 2009-2013 Strategic Plan. On the MLC-3 team are representatives from the agency’s main divisions: Health Promotion, Environmental Health, Personal Health, Information Technology, and Administration. The Team began their Quality Improvement (QI) efforts by identifying an area for improvement. After much discussion and use of the Nominal Group Technique, Environmental Health (EH) was selected as the Team’s primary focus.

During discussion, it was discovered that recent updates had been made to customer satisfaction survey/processes in other service divisions while EH surveys were out-dated, did not provide useful information, and data related to survey distribution and returns was not being sufficiently tracked. In order to focus our QI efforts, various EH programs were discussed with unknown and unmet client needs being highlighted. Two specific EH programs, on-site water and sewage, were targeted for our project.
The team was instructed to select a program already in place which had elements that could be closely studied for QI. Customer satisfaction was an agency priority as outlined in the agency’s strategic plan. Work had recently been done with Personal Health satisfaction surveys and Health Promotion has varied programs so Environmental Health was focused on for the QI process. During the initial MLC-3, the team’s EH representative discussed the lack of useable information being retrieved from EH surveys. The following AIM statement was developed: *In order to improve customer service, CMDHD seeks to collect more feedback about client satisfaction by increasing participation in client surveys in onsite sewage and water, by 20 percent, by April 2010.*

Resources required for the CMDHD MLC-3 project were mainly staff time support and travel expenses. The MLC-3 team worked 35-45 hours per month on the project.

In order for the project to take off, CMDHD’s administration and Board of Health members needed to be made aware of the project’s intent. An orientation meeting was held at CMDHD where administrators and supervisors were invited to attend. At this meeting, an overview of the QI process and MLC-3 project were discussed and questions were answered by MPHI representatives.

**Step Two: Assemble the Team**

CMDHD Administrators chose MLC-3 Team members from each service division (Administration, EH, Personal Health, Health Promotion, and Information Technology). Selected Team members provided years of expertise from multiple public health areas.

Resources required for the CMDHD MLC-3 project were mainly staff time support and travel expenses. The five-member team traveled to and participated in a two-day training followed by bi-monthly meetings (two hours each), monthly mini-collaborative meetings (typically via teleconference), and three on-site meetings with MPHI and the team’s mentor.

The team worked together through the nine-step QI process. The team facilitator was responsible for meeting agenda, meeting minutes, communications (e.g., amongst team members, CMDHD administration, MPHI, and the team’s Mentor), reporting, and tracking project presentations. Other team members were responsible for tracking and reporting data, developing Google documents for use in the project, updating documents (e.g., spreadsheets, survey tools, the project timeline, AIM statement, etc). Individual team members worked independently on assigned project sections and reported results back to team. Each member helped to develop the overall project summary/presentation and storyboard.

In addition to CMDHD’s administration and Board of Health, CMDHD staff was made aware of the MLC-3 project’s overall intent at the agency’s annual district-wide event. CMDHD staff directly affected by the project were counseled by their direct supervisors so that they recognized that their participation was necessary and expected for the project.

The team’s evolution started with the two-day training where everyone was presented with great amounts of information and given opportunities to work in with our team members and with District Health Department #10’s team members to actually work through some of the QI processes. After the training, the team’s understanding of our task was understood and individual members were confident in their abilities to perform the first few stages of the QI process. Overtime, we learned barriers and worked out solutions together. Because we were able to meet bi-monthly, the team stayed on task and worked well together.

The problem selected for improvement and initial AIM statement was decided during the two-day training. The initial draft timeline was developed during the first few meetings after the trainings and then refined and completed in the last few months of the project.
Step Three: Examine the Current Approach

In order to understand where to begin the QI project, Team members created a process map to illustrate the current EH on-site water and septic customer satisfaction survey distribution, tracking, and end use procedures. At first glance, the basic procedural process seemed to be sufficient; however, upon further review it was noted that many of the process elements were not adequately outlined or understood. The MLC-3 Team studied each of the current steps in the procedural process to identify areas needing further explanation and improvement (see Appendix A).

Questions included in the flowchart correspond to these areas of concern listed below.

| Question 1: Since land owners, contractors, or well-drillers could all come into apply for the permit there was concern about who would be filling out the survey, when it would be given to them, how it would be returned, and which services would be commented on (in office or field work). |
| Question 2: How does the client pick up the survey? Is it handed to them? Are they asked to fill out the survey? Are the surveys available for the client to pick up if they want to? |
| Question 3: How do we know who the client is? Is it the landowner or someone working on their behalf? |
| Question 4: How are the surveys returned being tracked? What information do we know about who sends in the survey? Can we track the surveys to individuals? Do we know which county, month, and service the survey data refers to? |
| Question 5: How are the surveys processed and tallied? What data have we collected in the past? How can that data be used for QI activities? |

One of the biggest concerns that came out these questions was the discovery that few EH surveys were being returned. That alerted the group to a potential problem related to a lack of participation in the EH surveys. The MLC-3 Team created a Fishbone diagram to identify contributing factors to low EH survey return rates (see Appendix B).

To further explore root causes for the low number of surveys returned, the MLC-3 Team participated in a “5 Whys” exercise.

CMDHD Five Whys of EH Survey Availability

Issue: Lack of participation in EH satisfaction surveys.

Why 1: Lack of client awareness of survey availability.
Why 2: Lack of prompts to fill out the survey.
Why 3: Lack of staff buy in to prompt for surveys.
Why 4: Fear of negative ramifications for employee.
Why 5: Due to the regulatory nature of EH.
Upon completion of the “Five Whys” exercise, a MLC-3 EH representative volunteered to informally discuss survey distribution with secretarial staff in each county. Results from that discussion are listed below.

Informal discussion with staff demonstrated an inconsistency across counties related to the format of survey being used and its distribution method. Counties were distributing either the general health department services or the EH services survey. Surveys were being distributed by being set out for clients to pick up, handed to the client, available upon request, or sent with final inspection reports.

After acknowledging that our initial beliefs from the “Five Whys” exercise were off base, we reviewed secretarial responses to inquiries and found that there was a lack of consistency related to which EH survey was used and a lack of consistency in the survey distribution process. Survey return rates could not be used as true baseline data, since the process was different across counties and we did not know how many surveys were given out. In order for the QI Team to work on improving EH customer service for onsite water and sewage, the process needed to be stabilized.

The only change to our AIM statement from its original wording was the timeline for change. We moved our end date to April 2010 from December 2009.

Step Four: Identify Potential Solutions

There was MLC-3 Team discussion which resulted in a list of potential solutions being developed and prioritized.

- Develop a new plan for survey distribution and tracking so that we know how many surveys are given out by county and how many are returned.
- Discuss what information is wanted and needed on the survey tool so that meaningful QI information can be obtained.
- Revise the survey tool with help from MPHI and survey experts.
  - Develop a cover letter for the survey.
  - Develop a revised survey distribution plan for use with the new survey tool.
- Educate EH secretarial staff about the purpose of the MLC-3 initiative and train staff to use the revised distribution plan (e.g., presentation, survey monkey, email communication, one-on-one interviews).
- Develop a revised plan for survey end use for quantitative and qualitative data collected on returned surveys.
- Develop a plan for sharing QI project process and results with CMDHD staff, MPHI, etc.

Best practices related to survey tool development and distribution policies were researched to establish the best approach to our project activities. Mini-collaborative conference calls, administrative meetings, and internet searches were especially useful to the MLC-3 team.
**Step Five: Develop an Improvement Theory**

Predictions:
If we standardize the survey distribution process, we will know how many surveys are being given out each month by county (denominator) and how many surveys are being returned each month by county (numerator). This will lead to a stabilized and improved survey tracking system.

If we improve the survey tool, it will be more user friendly and clients will be more likely to return the survey. Data collected (quantitative and qualitative) will be useful in assessing customer satisfaction and improving EH services.

**Step Six: Test the Theory**

Several tools were developed to test CMDHD’s theories:
- Electronic data tracking documents
- Data tracking procedures including: secretaries telling how surveys sent out each month and CMDHD’s Administrative Assistant tracking the number of surveys returned by county by month.
- Initial survey distribution procedures to stabilize the project numbers.
- Educational tools for training and collecting input from EH staff about the project (e.g., email correspondence, phone calls, PowerPoint Presentation, Survey Monkey, and one-on-one interviews).
- A new EH Onsite Water and Sewage survey tool and cover sheet were developed using templates and input from internal (other health department divisions) and external (e.g., MPHI, Genesee County, mini-collaborative input) sources (Appendix C & D).
- Revised survey distribution procedures to be used with the new survey tool.
- A Rapid Cycle Improvement Plan was used to study the effects of use of the new survey tool in Clare County during November of 2009.

**Barriers**
Varied levels of effective communication, understanding, and buy-in related to the project between MLC-3 Team members and EH staff across six counties.

Seasonal fluctuation in on-site water and septic inspection requests complicated our study results. To get a better idea of the effectiveness of the changes made, expanding the research to a 24-month period is suggested.

**Unanticipated results**
An increased understanding of the need for development of and adherence to district-wide written policies and procedures.

**Step Seven: Study the Results**

Development of a formal survey distribution policy and improved data tracking documented the stabilization of the number of surveys given out and the number of surveys returned. Survey return rates increased from 6% to 12% in the 3-month period after the new distribution and tracking policy were implemented. Feedback from Clare County staff,
following the Rapid Cycle Improvement Plan, was used to finalize the survey distribution process prior to the new survey use being expanded to all six counties (December 2009). From May 2009 to February 2010, the overall survey return rate increased over 75%. Return rates ranged from 6% to 23.08% during the study period. Results from CMDHD’s MLC-3 project are outlined in the Survey Distribution and Return Rate chart below.

The chart below illustrates changes after implementation of the new survey distribution policy, initial survey format change, and district-wide survey format change; seasonal service number variations are also noted.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sent*</td>
<td>53</td>
<td>53</td>
<td>135</td>
<td>140</td>
<td>142</td>
<td>143</td>
<td>106</td>
<td>93</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>Returned</td>
<td>3</td>
<td>6</td>
<td>15</td>
<td>24</td>
<td>23</td>
<td>33</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>% Returned</td>
<td>6%</td>
<td>11%</td>
<td>11%</td>
<td>17%</td>
<td>16%</td>
<td>23%</td>
<td>12%</td>
<td>11%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The chart in (see Appendix E) illustrates changes after implementation of the new survey distribution policy, initial survey format change, and district-wide survey format change; seasonal service number variations are also noted. There was an increase in surveys returned after the distribution policy was stabilized. After starting to use to new survey format tool, there was an increase in survey returns overall and the AIM statement goal was reached.

**Step Eight: Standardize the Improvement or Develop a New Theory**

Upon completion of the CMDHD MLC-3 QI project, a revised flowchart was developed for use in training staff in the survey distribution process (see Appendix F). An official EH Survey Distribution policy will be adopted by June 2010. Due to the seasonal nature of EH services, the new EH survey return rates will be studied for at least another twelve months to insure the level of return stays at or above the current level.

**Step Nine: Establish Future Plans**

We celebrated our accomplishments by presenting them at a Board of Health meeting and the agency’s annual district-wide meeting. In addition, a project summary was forwarded to the district’s larger newspapers, posted on our agency internet site, and made available in other public health meetings. Additional plans resulting from the QI process are listed below:

- A plan for analysis and use of newly collected EH survey data will be developed. Data quality from the old versus new EH survey format will be compared.
- Due to the varied levels of training needed to change behavior, the use of flowcharts for training will be explored.
The MLC-3 team will meet, fall 2010, to review new data since February 2010.
Other survey distribution options will be explored including a computer-based, on-line survey tool.
Use of the Rapid Cycle Improvement technique and nine-step QI process will be explored for use with priority issues identified in the agency’s 2009-2013 Strategic Plan.
Lessons learned and project accomplishments will be reported at a monthly CMDHD Board of Health meeting where the press is invited to attend.
Lessons learned through the MLC-3 project, will be shared with all staff during a district-wide meeting.

Closing Commentary

The project provided a closer look at our customer satisfaction survey tools and increased our knowledge of related, staff training needs. In addition, the long-term effects of the survey form and distribution policy change will provide useful information for further programmatic changes. Lessons learned from this project will be integrated into the QI supplement in the accreditation program. QI activities will be sustained by the CMDHD beyond the period of the grant. There has been discussion related to future QI projects that the team may be asked to do after the completion of the MLC-3 project. The project results will be shared and integrated into CMDHD’s 2009-2013 Strategic Quality Improvement Plan. Specifically, in Goal VI: Evaluate and Improve Programs and Interventions. The MLC-3 project process will be used in the remaining service divisions with the agency.
Appendix A-Initial survey distribution flowchart

Start

EH client comes into office

Client picks up survey

Yes

Client fills out survey

Yes

Client sends in survey

Yes

Survey processed & tallied

Negative comments

Yes

Sent to Div. Director for follow-up

No

Positive comments

Yes

Sent to Kim to put into Centraline

No

Survey filed

No

End

Question 1:

Question 2:

Question 3:

Question 4:

Question 5:
Appendix B-Fishbone Diagram

Fishbone Diagram for Lack of Participation in EH Surveys

**FORMAT OF SURVEY**
- No staff ownership
- Differing subset of clients
- Knowledge of survey development
- Service to evaluate (in office or in field)

**COLLECTION**
- Client time
- Can only mail in or fill out in office
- Lack of timely return
- Directions for return

**AVAILABILITY**
- Forms are not in the field
- Office placement

**INTERNAL PROCESS**
- Not available in field
- Data analysis-only tally now (need satisfaction rate and comments)
- Lacks staff input in development of survey
- Minimal prompts to fill out survey

**CUSTOMER PROCESS/METHOD**
- Team unsure of when surveys are given out
- Inconsistent method of distribution
- Is the correct person being surveyed (land owner or contractor)?
- When survey given?

Lack of participation in EH surveys
Appendix C

Survey Cover Page

The enclosed survey is part of our agency's on-going quality improvement plan for the services you received. Results from the customer survey are used to improve the process of applying for and receiving a well or septic permit.

Your survey answers are confidential. This survey is voluntary; however, you can help us by taking a few moments to share your experiences and opinions. You do have the option of providing your name and contact information, if you would like to discuss your survey responses with a member of our staff.

Thank you for helping with this quality improvement process.

Michelle Patton, R.S.
Director, Environmental Health Services
Appendix D - CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
On-site Well and Septic Customer Survey
Please check the appropriate box. Additional comments would be appreciated.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does Not Apply</th>
</tr>
</thead>
</table>

**In Office Experience**
- Staff were polite and professional.
- My questions were answered.
- Applying for a permit was an easy process to complete.

**On-Site Experience**
- Staff were polite and professional.
- My questions were answered.
- Making an appointment was easy.
- Appointment time was convenient.
- Appointments were kept in a timely manner.

**Overall Experience**
- Directions on the permit were clear.
- Procedures were easy to understand.
- Received all the information that I wanted.
- Regulations were clearly presented.
- Services were performed in a timely manner.
- Staff were available to address my concerns.
- Satisfied with my overall experience.

If you disagreed with a statement above, please explain so that we can work to improve our service.

What could be done to improve your experience with the Health Department?

What did the Health Department do well?

OPTIONAL: If you would you like to be contacted regarding the quality of service provided, please provide your contact information.

Name: __________________________

E-mail: __________________________ Phone: __________________________

For office use only

| Well | Septic | A | C | G | I | O | R | J | F | M | A | M | J | J | A | S | O | N | D |
Appendix E-Survey Return Chart

# of Surveys Returned / Distributed per Month

- **Implemented Policy Change**
- **Survey Format Change in Clare**
- **Survey Format Change District Wide**

<table>
<thead>
<tr>
<th>Month</th>
<th># of Surveys</th>
<th>Return Rate</th>
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</thead>
<tbody>
<tr>
<td>May 09</td>
<td>53</td>
<td>5.66%</td>
</tr>
<tr>
<td>June 09</td>
<td>53</td>
<td>11.32%</td>
</tr>
<tr>
<td>July 09</td>
<td>135</td>
<td>11.11%</td>
</tr>
<tr>
<td>Aug 09</td>
<td>140</td>
<td>17.14%</td>
</tr>
<tr>
<td>Sept 09</td>
<td>142</td>
<td>16.20%</td>
</tr>
<tr>
<td>Oct 09</td>
<td>143</td>
<td>23.08%</td>
</tr>
<tr>
<td>Nov 09</td>
<td>106</td>
<td>10.75%</td>
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<tr>
<td>Dec 09</td>
<td>93</td>
<td>12.26%</td>
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<tr>
<td>Jan 10</td>
<td>46</td>
<td>10.64%</td>
</tr>
<tr>
<td>Feb 10</td>
<td>47</td>
<td>11.32%</td>
</tr>
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</table>
Appendix F-Revised Survey Distribution Flowchart

START

EH client applies for permit, service is performed, and final is approved.

Secretary mails survey with final paperwork to land owner with service, month, and county circled

Client fills out survey

No

END

Yes

Client sends in survey

No

Yes

Data tracked, processed, and return rates monitored.

Negative comments

Yes

Copy sent to Division Director for follow up

No

Positive comments

Yes

Copy sent to secretary to put in the Central Line

No

Survey Filed
Appendix G

Procedure for Distribution of EH Client Satisfaction Survey for Sewage and Well Permits

1. Client satisfaction surveys will be available in each branch office and ordered from the main office purchasing agent.

2. Circle the appropriate service and county, then circle the month the system was given final approval.

3. For sewage and well finals; mail a client satisfaction survey, a survey cover sheet printed on green paper, with the final inspection documents. Place the cover sheet and survey on top of the final documents.

4. Keep track of the number of surveys sent, by month, for your county.

5. Enter the total number of surveys sent on the Google Surveys Sent spreadsheet on the surveys sent tab by the 10th of the following month.
### Appendix H-Project Timeline

#### MLC-3 CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT TIMELINE

<table>
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<th>TASK NAME</th>
<th>DATE</th>
<th>Q3 '09</th>
<th>Q4 '09</th>
<th>Q1 '09</th>
<th>Q2 '10</th>
<th>DONE?</th>
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<td>Look at current survey data</td>
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</tr>
<tr>
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<td>X</td>
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<tr>
<td>Track surveys given out and received</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increase data analysis efforts</td>
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<td>X</td>
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</table>
Plan
Identify an Opportunity and Plan for Improvement

1. Getting Started

Central Michigan District Health Department (CMDHD) outlined customer satisfaction as a goal in its 2009-2012 Strategic Plan. The MLC-3 Team began their Quality Improvement (QI) efforts by identifying an area for improvement. After much discussion and use of the Nominal Group Technique, Environmental Health (EH) was selected as the Team’s primary focus.

During discussion, it was discovered that recent updates had been made to customer satisfaction survey processes in other service divisions while EH surveys were out-dated and did not provide useful information. Data related to survey distribution and returns was not being sufficiently tracked. In order to focus on QI efforts, various EH programs were discussed with unknown and unmet client needs being highlighted. Two specific EH programs, on-site water and sewage, were targeted for our project.

2. Assemble the Team

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AIM Statement:

To further explore root causes for the low number of surveys returned, the MLC-3 Team participated in a “5 Whys” exercise.

Upon completion of the “5 Whys” exercise, a MLC-3 EH representative maintained informal discussion survey distribution with secretarial staff in each county. Results from that discussion are listed below.

4. Identify Potential Solutions

There was MLC-3 Team discussion which resulted in a list of potential solutions being developed and prioritized.

- Develop a new plan for survey distribution and tracking so that we know how many surveys are given out by county and how many are returned.
- Discuss what information is wanted and needed on the survey tool so that meaningful/quantitative information can be obtained.
- Revise the survey tool with help from MHPH and survey experts.

5. Develop an Improvement Theory

Predictions:

- If we standardize the survey distribution process, we will know how many surveys are being given out each month by county (denominator) and how many surveys are being returned each month by county (numerator). This will lead to a stabilized and improved survey tracking system.
- If we improve the survey tool, it will be more user friendly and clients will be more likely to return the survey. Data collected (quantitative and qualitative) will be useful in assessing customer satisfaction and improving EH services.

6. Test the Theory

Several tools were developed to test CMDHD’s theories:

- Electronic data tracking document
- Data tracking procedures involving secretaries telling how surveys were sent out each month and CMDHD’s Administrative Assistant tracking the number of surveys returned by county by month.
- Initial survey distribution procedures to stabilize the project numbers.
- Educational tools for training and collecting input from EH staff about the project, e.g., email correspondence, phone calls, PowerPoint presentations, Survey Monkey, and one-on-one interviews.
- A new EH Onsite Water and Sewage survey tool and cover sheet.
- Revised data distribution procedures to be used with the new survey tool.
- A Rapid Cycle Improvement Plan was used to study the effects of use of the new survey tool in Clare County during November of 2009.

Barriers:

- Varied levels of effective communication, understanding, and buy-in related to the project between MLC-3 Team members and EH staff across six counties.
- Seasonal fluctuation in on-site water and sewage inspection requests complicated our study results. To get a better idea of the effectiveness of the changes made, expanding the research to 24 months is suggested.

Unanticipated results:

- Increased understanding of the need for development of and adherence to district-wide written policies and procedures.

7. Study the Results

Development of a formal survey distribution policy and improved data tracking documented the stabilization of the number of surveys given out and the number of surveys returned. Survey return rates increased from 6% to 12% in the 3-month period after the new distribution and tracking policy were implemented. Feedback from Clare County staff following the Rapid Cycle Improvement Plan, was used to finalize the survey distribution process prior to implementing it in all counties (December 2009). From May 2009 to February 2010, the overall survey return rate increased over 75%. Return rates ranged from 6% to 23.08% during the study period. Results from CMDHD’s MLC-3 project are outlined in the Survey Distribution and Return Rate chart below.

The chart below illustrates changes after implementation of the new survey distribution policy. Initial survey format change, and district-wide survey format change; seasonal service number variations are also noted.

8. Standardize the Improvement

Upon completion of the CMDHD MLC-3 QI project, a revised flowchart was developed for use in training staff in the survey distribution process.

9. Establish Future Plans

- A plan for analysis and use of newly collected EH survey data will be developed.
- Data quality from the old versus new survey format will be compared.
- Due to the varied levels of training needed to change behavior, the use of flowcharts for training will be explored.
- An official EH Survey Distribution policy will be adopted by June 2010.
- The new EH survey return rates will be studied for at least another twelve months to insure the level of return stays at or above the current level.
- The MLC-3 team will meet, fall 2010 to 2011.
- Other survey distribution options will be explored including a computer-based, online survey tool.
- Use of the Rapid Cycle Improvement technique and nine stop QI process will be explored for use with priority identified in the agency’s 2009-2013 Strategic Plan.
- Lessons learned and project accomplishments will be reported at a monthly CMDHD Board of Health meeting where the press is invited to attend.
- Lessons learned through the MLC-3 project, will be shared with all staff during a district-wide meeting.
- Project successes will be forwarded to the district’s larger newspapers, posted on our agency internet sites, and made available in other public health meetings.