



DATE 05/16/16

LOCAL HEALTH DEPARTMENT NAME: Franklin County Public Health  
 ADDRESS: 280 E Broad St. Columbus Ohio 43215  
 PHONE NUMBER: 614-525-3160  
 SIZE: 82 FTE  
 PROJECT TITLE: Immunization Survey Response Rate

Team members:  
 Terry Bugg, Eve Behrens, Jennifer Kerr, Milu Nguyen,  
 Jennie McAdams, Paula Mieseler, Niki Stout

**PLAN**  
 Identify an opportunity and Plan for Improvement

**1. Getting Started**

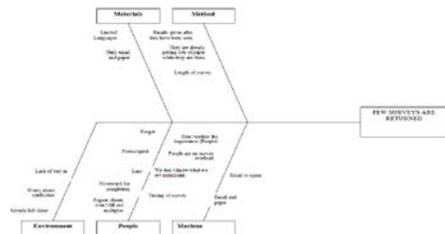
The Immunization program created a customer satisfaction survey to determine if they were serving the population appropriately. After realizing how few surveys were being returned, it was brought to the attention of the QI council who agreed it would work as a QI project. The return rates were 68 from 1,360 surveys sent electronically post visit. This is a return rate of 5%.

**2. Assemble the Team**

The team consisted of the immunization program supervisor as well as the immunization nurses. The facilitator for this project was the Accreditation Coordinator.

**3. Examine the Current Approach**

The team used the process map to determine what the current process is, but found the fishbone diagram to be the most useful tool. This diagram helped the team to understand where the issues and delays on the consumers end were.



**4. Identify Potential Solutions**

The solutions the team identified centered around how to encourage the customer to complete the survey and to ensure it was easy on them. The team decided that instead of sending the surveys in an email that is easily forgotten, every customer would be given a survey upon entering the clinic. The team also shortened the length of the survey to include only the information they were truly interested in collecting.

**5. Develop an Improvement Theory**

By streamlining the survey, making it shorter and giving it to the customer in hand when they arrive, the chances that they will complete it will increase.

**DO**  
 Test the Theory for Improvement

**6. Test the Theory**

The QI Team implemented the decided upon solution and began handing out the short surveys while the client was in the waiting room and having them drop them off in the new box on the way out. For the test month of April, out of 212 surveys handed to clients, 204 were returned completed. This is a 96% return rate, compared with the original 5% rate.

**CHECK**  
 Use Data to Study Results of the Test

**7. Check the Results**

- The team is currently in The "DO" phase of the cycle. In addition to the first solution, they will also be utilizing incentives during the month of May to increase survey response.
- The team may also change the survey to focus on different areas in order to gather more feedback since the return rate has been so high.

**ACT**  
 Standardize the Improvement and Establish Future Plans

**8. Standardize the Improvement**

- The team must first complete the entire PDCA cycle.
- Once complete, procedures will be changed and other programs will be informed of the success.

**9. Establish Future Plans**

- The team is collecting further data to determine if clinics could do more to raise customer satisfaction.
- The team is planning its next round of survey questions to continue to improve the services FCPH offers.