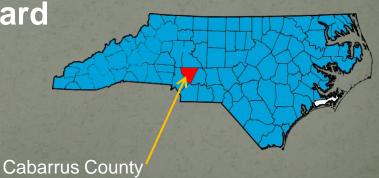
Cabarrus Health Alliance



FCC Express
Final Storyboard

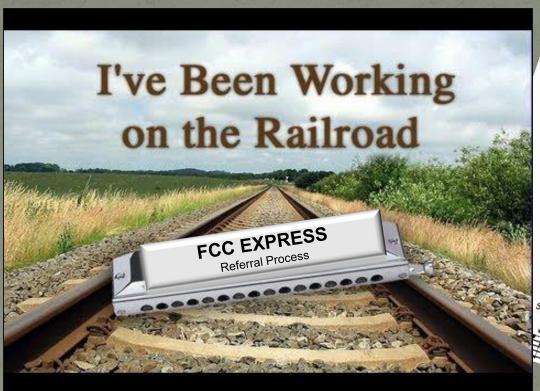


Improvement Team Members



Julie Handy- OBCM Care Manager
Emma Zelaya – CC4C Care Manager
Janie Woodie – Dental Practice Manager
Elizabeth Maldonado – Administrative Assistant
Leigh Glass – Family Care Program Manager
Julia Patterson - Accreditation/Quality Improvement Director -Team Lead

I've Been Working on the Railroad





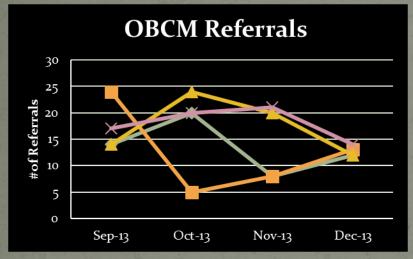
Final Aim Statement

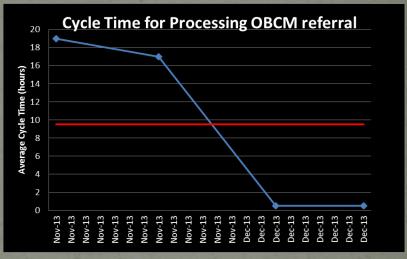
We aim to develop a standardized process for processing and distributing referrals for the Pregnancy Care Management program (OBCM). This is important to our agency and population served because it will improve over all access to care.

This improvement will ensure equitable distribution of referrals among staff which will improve staff efficiency and morale. We will decrease the overall time it takes to process a referral by at least 50%. We will decrease the number of staff that the referral goes through before it goes to the care manager from 3 staff to 1 staff. We intend to have these improvements in place by the end of May 2014.

Project Measures

• What measurable results have you seen?







Key Improvements

- Defined referral process
- •Decreased the number of staff involved in processing the referrals
- •Decreased the time it takes to process the referrals

Key Learning's

What are some of the lessons your team has learned by doing the QI process?

- We learned that although we have good ideas for change they still need to be tested and reviewed with all parties involved before implementation.
 - Not discussing modifications with community partners and all frontline staff before changes were made and taking their view into consideration.

Future Plans

- We plan to adapt a similar process and changes to our CC₄C Program.
- We will continue to use the PDSA model to test changes before full implementation of a process or changes are made to ensure the change will have positive outcome to the programs.