 Lean Rapid Process Improvement Project Storyboard **Quality Improvement Project:** Occupational Health Process

 **Date:** February 2nd, 2015

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|  | **PLAN** | **DO** |  |
| **PLAN** | **1. Getting Started**According to the Clackamas County Risk Manual,State statute and CDC guidelines, there are specific ongoing occupational health requirements that must be required for all organizations that employ at-risk healthcare workers (HCW’s). In the past when the Public Health and Health Centers Division of H3S were combined as Community Health, it was the responsibility of PH Communicable Disease (CD) Nurses to review and keep occupational health records for all Community Health employees. Since the separation of the divisions, along with changes in personnel and competing priorities, these roles needed to be evaluated.**2. Assemble the Team*** Health Centers Division
	+ Cheryl Weaver, Nursing Supervisor
	+ Angie Amundson, QI Specialist
	+ Erin Braman, HR Liaison
	+ Paula Jack, BH Clinic Manager
* Public Health Division
	+ Cathy Perry, Nursing Supervisor
	+ Carolee Asher, Community Health Nurse
	+ Sherry Whitehead, Business & Fiscal Services Manager
	+ Pam Douglas, HR Liaison
* Facilitators
	+ Philip Mason
	+ Bea McGinnity
	+ Greg Harvey (Advisor)
	+ Tenille Beseda (Observer)
	+ Kathy Henderson (Observer)
 | **3. Examine the Current Approach*** Onboarding and Ongoing needs
	+ The laws and guidelines are not considered for healthcare workers in the county’s onboarding process.
	+ Unclear procedures for permanent, temporary, contractors, volunteers and students/interns related to occupational health.
	+ Need update to job classifications
	+ Unclear time frames for completing requirements
	+ Disconnect between supervisors and HR liaisons for occupational health portion of onboarding
	+ Who houses records? Departments or DES?
* Blood Borne Pathogen needs
	+ BBP control plan needs updating
	+ Tracking and timeliness of annual refreshers a concern
	+ Inconsistent trainings
* Immunization Review Needs
	+ Currently, immunizations are not reviewed by a qualified person
	+ Immunizations cannot be provided to staff in-house with current vaccine inventory
	+ Costly to maintain vaccines
 | **4. Identify Potential Solutions*** Onboarding
	+ Upon recruitment of a new hire, job orders will include the identification of the position’s occupational health needs.
	+ Blood borne pathogen training provided for each new employee before hire
	+ Occupational health services provided at Providence Occupational Health clinic
	+ HR Liaisons will enter occupational health information into PeopleSoft
* Ongoing Needs
	+ TB screenings, FIT testing and annual refreshers provided in-house
	+ HR Liaisons will enter occupational health information into PeopleSoft

**5. Develop an Improvement Theory (Recommendations)*** Contracting occupational health services through Providence for new hires (onboarding)
* Ongoing needs for employees’ occupational health be provided in-house. This includes annual TB screening & FIT testing, bloodborne pathogen training / refreshers.
* Employees’ occupational health requirements be determined based on exposure type.
* HR liaisons will work with Managers and Supervisors to review and update current class specs’ occupational health needs on an annual basis.
 | **6. Test the Theory****7. Timeline**The target date for implementation of this new process is Tuesday, February 12th, 2015.The project team will reconvene with leadership in two months to evaluate.  | **DO** |
| **ACT** | **9. Develop Best Methods & Standardize the Improvements*** Onboarding/HR liaisons:

Update desk manuals; develop any flowcharts, checklists, etc.; update onboarding packets; practice inputting data in PeopleSoft and print a mock report for Managers / Supervisors* Policies:

Occupational Health – TB Control Policy; Blood Bourne Pathogen Control Plan; Immunization Requirements for Employees* DES:

Identify updates needed within the Clackamas County Risk Manual; develop a list of potential conflicts related to Labor Relations for Leadership* Employee’s Occupational Health Requirements:

Develop documentation and criteria for Health Officer and Medical Director to determine each employee’s occupational health requirements based on classification, role/job function, division, location; develop a plan for “catching –up” current staff’s ongoing occupational health needs.**10. Establish Future Plans: to be completed at 2 month evaluation meeting.** | **8. Check the Results / Measures of Success*** Onboarding: timeliness of processing occupational health requirements for new hires – Onboarding requirements for new hires will be completed within target date of 30 days or less from established start dates.
* Ongoing: annual requirements are followed and completed fully – the length of time from managers/supervisors being provided a list of ongoing occupational health needs for all employees (target=30 days upon notification for each employee).
 | **CHECK** |
|  | **ACT** | **CHECK** |  |