

LOCAL HEALTH DEPARTMENT NAME: Henry County Health Department

ADDRESS: Napoleon, OH

SIZE: 65 staff

PROJECT TITLE: Orientation Project

PLAN

Identify an Opportunity and Plan for Improvement

1. Getting Started

A multidisciplinary Quality Improvement Team was formed in September 2012. Following QI training and review of the Strategic Plan, the team compiled a list of potential processes that could be improved using the PDSA method of Quality Improvement. The team decision was to study and improve the New Employee Orientation process.

2. Assemble the Team

Each Division was asked to provide one person for this team. The goal was to have input from each area of the health department, hoping to understand how orientation was currently being completed, what was well done, what was missing, and what topics were “must haves” to orient new employees.

3. Examine the Current Approach

The health department experienced a time when there was no HR staff. During that time each division oriented their new employees. When the current HR/Office Manager took over the process, she covered items on the orientation checklist provided to her.

There were two different orientation checklists that were being used—some managers used the older version, others the newer one. Neither checklist addressed everything that needed to be covered. Following review, the team decided to work from the newest version of the orientation checklist. The stated team goal was to *Standardize and Improve the Orientation Process for New Employees.*

4. Look at the Data

Turnover rates were not tracked and there was no method in place to gauge how the process was working. To obtain baseline information, the following tasks were assigned to team members:

- Review past employee satisfaction survey results, focusing on employee orientation questions.
- Review forum evaluations and rounding notes for any responses, problems, complaints or suggestions that referred to the orientation process.
- Send a questionnaire to employees hired in the last year to determine effectiveness and obtain suggestions for improvement.
- Obtain copies of any orientation materials currently used by managers.

The survey and evaluation review did not reveal any specific suggestions for

improvement. There was a general consensus from the team that the current orientation did not fully prepare the employee for work, or provide an understanding of Public Health.

5. Identify Potential Solutions

QI team members identified the following requirements for an ideal orientation process:

- Orientation would be standardized.
- The project would identify subject matter experts and responsible parties for each topic.
- The New Employee Checklist would be updated and include information necessary for a well rounded Public Health Employee.
- The employee would be ready and able to do the job upon completion of the orientation.
- Follow up with the new employee would ensure further questions were answered and additional information provided as needed.
- The orientation checklist would be reviewed periodically to ensure it remained up to date.

6. Develop an Improvement Theory

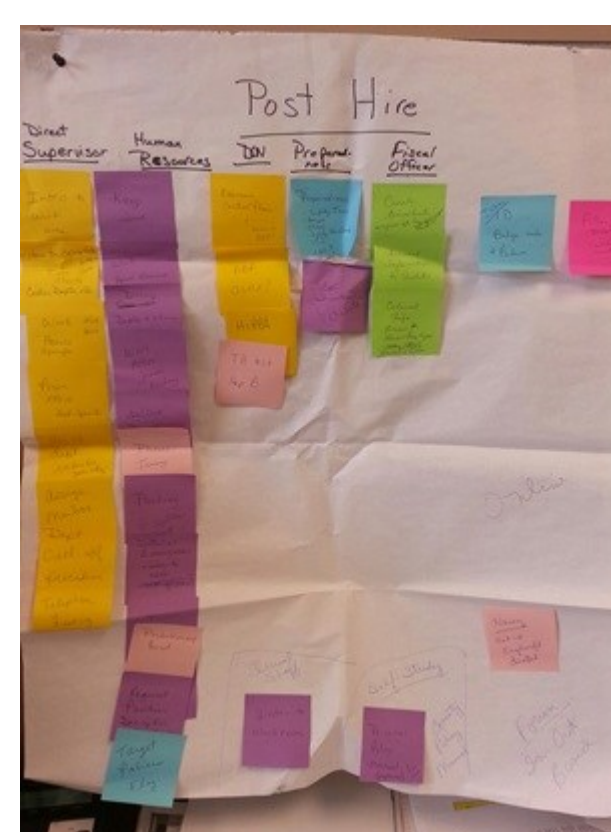
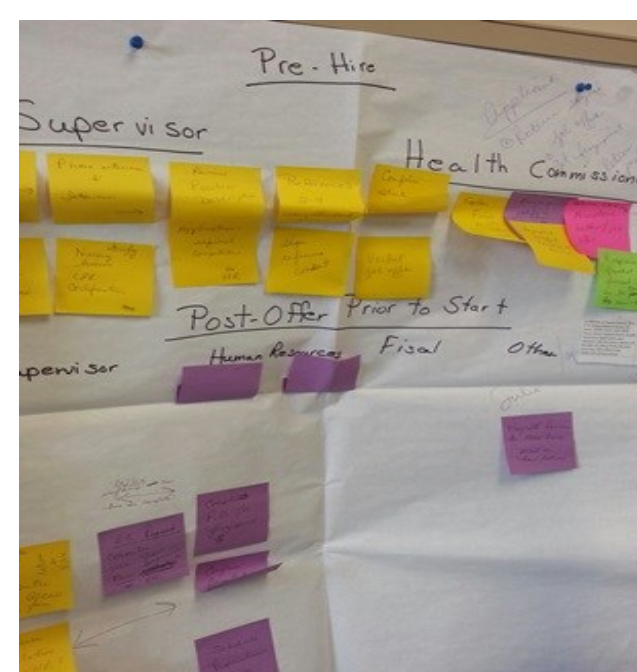
Our initial theory was: Effective January 1 2013, 100% of our new hires will be welcomed to Henry County Health Department by our orientation team.

DO

Test the Theory for Improvement

7. Action Steps Taken to Test the Theory

—Current process was reviewed using flowcharts and color coded “sticky notes.” Additions and deletions were added as identified.



—Responsibility for completing each task was assigned to the appropriate person, including Managers, Directors, HR, and Health Commissioner. This was accomplished initially by moving the “sticky notes” from place to place. Notes were also moved between Pre-Hire to Post Hire to show when the task would occur.

—A time to “meet and greet” with each Manager was added to the checklist. This an overview of all the services provided by public health.

The process was organized and transferred to paper in March, 2013. The Orientation Checklist contains areas of responsibility, listing topics that person needed to cover. A training center was set up in the workroom where employees can complete portions of the training or check email.

Following these improvements, a new AIM statement was created:

“The current orientation process is disorganized and the information given is not the same for each employee. The goal is to make orientation consistent and clearly define roles and duties in providing orientation.”

It was noted that health department orientation is the first step, and department specific orientation will be a separate step.

CHECK

Use Data to Study Results of the Test

8. Check the Results

The new Orientation checklist has been used since September 2013. Since that time, the QI Team has reviewed and revised it numerous times based upon requests and suggestions. A second survey was sent to staff who were oriented using the new process, and the results were positive. Additionally, each new employee is rounded on by the QI Coordinator approximately one month after hire to gauge the success of the orientation and to elicit suggestions for improvement. At this time, the project is still on-going, and is in the “check” phase.

ACT

Standardize the Improvement

9. Standardize the Improvement

The team continues to make improvements based upon feedback from both trainers and orienteers. The process will be finalized in a Standard Operating Procedure in 2014.

10. Celebration

A celebration is planned to acknowledge the hard work and achievement of the team on April 22, 2014.

