

Return on Investment (ROI)/Economic Investment (EI) Form

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| I. Date | December 2011 |
| II. Quality Improvement (QI) Project Name | Improving Customer Service Response |
| III. Organization or Department | Heart Disease and Stroke Prevention, DPH |
| IV. Aim Statement <small>A written, measurable, and time-sensitive description of the QI project's purpose and improvements the Team expects to make.</small> | We aim to improve HDSP customer service response (e.g., communication, requests for information and material) to local, state, and national customer requests in a timely and efficient manner. |
| V. Baseline Measurements at Project Start | <ul style="list-style-type: none"> • Customer satisfaction – increase by 20% on question: The request for information met your needs. Baseline: 80% or 4.0 out of 5 point scale. Goal: 4.8 • Staff satisfaction – increase by 25% on question: The current process of responding to customer requests for information is efficient. Baseline: 2.6 out of 5 point scale. Goal: 3.3 • Achieve 100% staff compliance on completing designated fields on the new data base tool. No baseline as new tool. • Decrease by 25% the number of days to complete customer's information request. Baseline: avg 13.1 days. Goal: 9.8 days. |
| VI. Benefits Obtained and Outcomes Improved (include Intangible Benefits ¹) | <ul style="list-style-type: none"> • Improved response time to customers will result in improved customer satisfaction and brand recognition. For Sept. and Oct., achieved an average of 2 days (baseline 13.1 days) to respond to customer requests. • Faster response time of sending customer information can impact customer ability to save lives and reduce healthcare costs in communities across NC/nation. • Increased credibility and brand-building as a top provider of heart/stroke information, data maps, and charts used at conferences to reach more people. • Improved service partnerships with customers to work toward common goals. • For Sept. and Oct., achieved 100% staff compliance in completing database fields. • More clearly defined process and tracking data base will impact staff satisfaction. • Creating automated process and Access database enables tracking of valuable data so that HDSP has readily available an accurate, consistent record of service requests. This data also provides valuable data and documentation that can be used for staffing projections and needs. • Establishing standardized work for processing requests and recording data in database improved consistency, provided transparency for the dept., reduced duplicate handling of requests, and established method for important MIS reporting. |

Definitions

¹Intangible benefits: Non-monetary benefits derived from the QI project (e.g., improved staff morale, improved teamwork).

² Financial Benefits: Tangible monetary benefits derived from the QI project (e.g., reducing overall process time results in overtime salary reduction, workplace organization results in elimination of storage rent).

³ Project Costs: The costs incurred and associated with the QI project (e.g., team salary during project time, cost of new supplies purchased as a result of project).

⁴ ROI: A performance measure used to evaluate the efficiency of an investment (the QI project).

⁵ EI: Refers to and compares costs and benefits of the QI project.

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| | <ul style="list-style-type: none"> Improved documentation of requests, data gathering capability, and process for CDC reporting, which impacts funding decisions. Database has multiple uses: Can also be used as contact list for mail merge, announcements, etc. 5S of education materials: Freed up 3 cabinets, 1 cubicle, and 1 office space (so aisle/cubicle/office materials could be housed in cabinets); reduced time hunting/searching for materials and waiting until the staff with best knowledge of inventory status could devote time to advise if sufficient materials were on hand. Removed safety hazard of supplies in aisles to comply with regulatory requirements. Linking education material inventory to database system and creating kanbans in-house and at warehouse reduced material stock-outs and enhanced reordering process. |
| VII. Financial Benefits ² | <ul style="list-style-type: none"> Funding - \$134,875. Accurate, automated record of service requests improved quality of reporting. Being quality focused and having specific data available will impact ability to maintain CDC and State funding. Standard work – \$1104 Time savings of 4 hrs/mo x 12 mo=48 x \$23 hrly rate Improvements include: Handbook (new/existing staff reference); process; database; time reduction to locate customer data in database; time reduction with improved inventory control/reorders (no stock-outs), in searching for mats, & waiting for staff to help with matl inventory search Space - \$5466 freed up 1 office (10x10), 1 cubicle (6x6), and 2 cabinets for material storage |
| Total Financial Benefits: | \$141,445 |
| VIII. Project Costs ³ | Staff time for QI project: \$8,556 |
| Total Project Costs: | \$8,556 |
| IX. Return on Investment (ROI) ⁴ ROI Formula: Total Benefits-Total Costs / Total Costs | <p>Savings: \$141,445 Costs: \$8,556 <u>ROI calculation:</u> $(141,445-8,556)/8,556 = 15.53$</p> <p>Intangible Benefits:</p> <ul style="list-style-type: none"> <i>Decreased time lapse between receiving & responding to customer requests</i> <i>Remove materials from aisles complied with OSHA & reduced safety hazard</i> <i>Community/State/National Impact: Potential to decrease healthcare costs by reducing CV disease within NC and nationally. According to CDC.gov, 2010 US total costs of CV disease in U.S.= \$444 billion, with treatment accounting for \$1 of every \$6 spent on healthcare. By increasing H&S's outreach, there is potential to reduce the number of CV events, thereby improving the health of the population and reducing healthcare costs.</i> |
| ROI Results: | For every \$1 invested in quality improvement, the organization received in return \$15.53 after costs. |
| X. Economic Impact (EI) ⁵ EI Formula: Total Benefits-Totals Costs | $141,445-8556 = 132,889$ |

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