

Improving Service Delivery in Prentiss County Health Department WIC Clinic using Quality Improvement Initiatives

Sai Kurmana, MD, MPH¹, Angie Gainey, MBA¹, Roger Riley, MS¹, Tabatha Mathews, MS¹, Debra Weatherford, RN¹, Kristie Nanney, RD, LD¹, C'juan Gunner, MBA¹

(1) Mississippi State Department of Health, Jackson MS

Background

Today, more than ever, there is growing interest, awareness, and momentum for performance management and quality improvement. Sectors – such as industry, healthcare organizations, and business – have successfully used these concepts and tools to improve service delivery and process performance. Local public health agencies are challenged to continually improve service delivery, yet they frequently operate with constrained resources. Performance management methods and quality improvement techniques are being promoted and supported as an opportunity to increase the effectiveness of public health agencies, systems, and services.

Client service is the provision of service to clients before, during and after a service delivery, and is vital to the success of any business. Programs that strive to meet critical needs of at risk populations, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), may also benefit from assessment of client satisfaction.

The purpose of the study was to examine factors related to client satisfaction in the Prentiss County WIC clinic and identify potential barriers to participation through a six-month project initiated by the Mississippi State Department of Health and the Community of Practice for Public Health Improvement (COPPHI). The study examined clinic wait times, clinic environment, staff attitudes towards clients, quality of care, client satisfaction, and client service practices in the WIC clinic from the perspective of WIC participants.

Baseline Needs Assessment- Plan

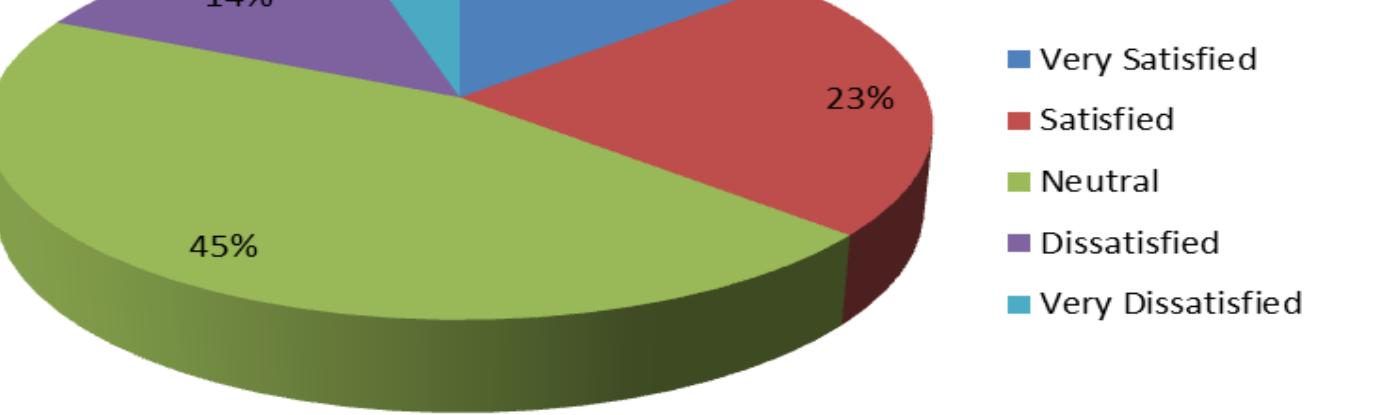
To better assess the needs of the local population and to gauge the WIC client's beliefs and feelings regarding the clinic's current effectiveness, a broad needs assessment survey was conducted during the spring of 2013.

This two-page survey design is based on similar surveys used elsewhere, and assesses the client's perception of employees' behaviors, clinic wait times, care received and overall satisfaction. The survey was administered to multiple WIC participants and efforts were made to involve as many clients as possible.

The highlighted question in the survey was considered the "desired intervention question" and was intended to determine client satisfaction and beliefs regarding potential improvement interventions.

Baseline Needs Assessment- Results

The results of the 46 needs assessments were analyzed. In general, participants were appreciative of the WIC clinic's current efforts and care, and they gave a favorable evaluation in their pre-survey responses. However, the respondents cited that the staff attitudes and behaviors had an impact on their overall "client satisfaction." This desire for "client satisfaction" was uniformly present in the majority of the clients surveyed.



Project Goals

The team developed a plan to improve client satisfaction by streamlining and standardizing the WIC clinic processes to make it as user-friendly and as efficient as possible. The goals of the project were to:

- Identify strengths and best practices
- Identify areas of weakness for improvement
- Establish baseline and track goals over time

TEAM CHARTER:

- Participation rates remained relatively low in Prentiss County compared to other counties in the same district (76.8%).
- The quality improvement (QI) team included a QI coordinator, chief nurse, district nutritionist, district administrator, warehouse clerk and a senior epidemiologist who met once every month.
- Target population was low income pregnant and postpartum women and children (up to age 5) at risk of inadequate nutrition.
- QI tools and techniques used included brainstorming, force-field analysis, cause-effect diagram, process flow chart, dashboards for audit/feedback, client satisfaction surveys, and Gantt chart.

AIM:

- To increase the percentage of "satisfied" clients from a baseline of 37% to 55% in responses to overall satisfaction within 3 months from the start of this intervention
- 60% at 4 months.
- 75% at 6 months.

Methods

Plan (P)

Team members were tasked with reviewing WIC clinic wait times and client satisfaction, and identifying areas for improvement. Project team members were from several different programs within the health department. The overall flow of the WIC clinic and pre-intervention client satisfaction survey were reviewed and discussed. The project team brainstormed possible causes for low customer satisfaction.

One area that district administrators have communicated as an area of frustration is lack of full staffing causing increased wait times in the WIC clinic. The pre-intervention survey revealed bad attitudes and disrespectful employees as causes leading to poor client satisfaction.

Identify Potential Solutions

- Provide training to WIC clerical staff on the use of new electronic SPIRIT system to reduce wait times.
- Develop "courtesy phrases" for WIC clerical staff to use when clients visit the WIC clinic.
- Reassign staff responsibilities.

Develop an Improvement Theory

If the WIC employees received training and implementation on staff courtesy and client service, they would satisfy and exceed client needs and expectations. This will result in increased client satisfaction.

Do (D)

WIC staff developed "courtesy phrases" for WIC clerical staff to use when clients visit the WIC clinic. A staff training on client satisfaction was conducted with WIC staff. Clerical staff from other counties will be reassigned to the Prentiss County WIC clinic. Efforts to discover the expectations of WIC clients in terms of both service and products were made to ensure that the WIC staff is meeting their needs.

Check (C)

Set standards for employee conduct where interactions with clients are concerned. WIC clerical staff were trained to use "courtesy phrases" that were developed to use when talking to the clients. We are implementing procedures and guidelines to ensure customer satisfaction and measure their success.

Act (A)

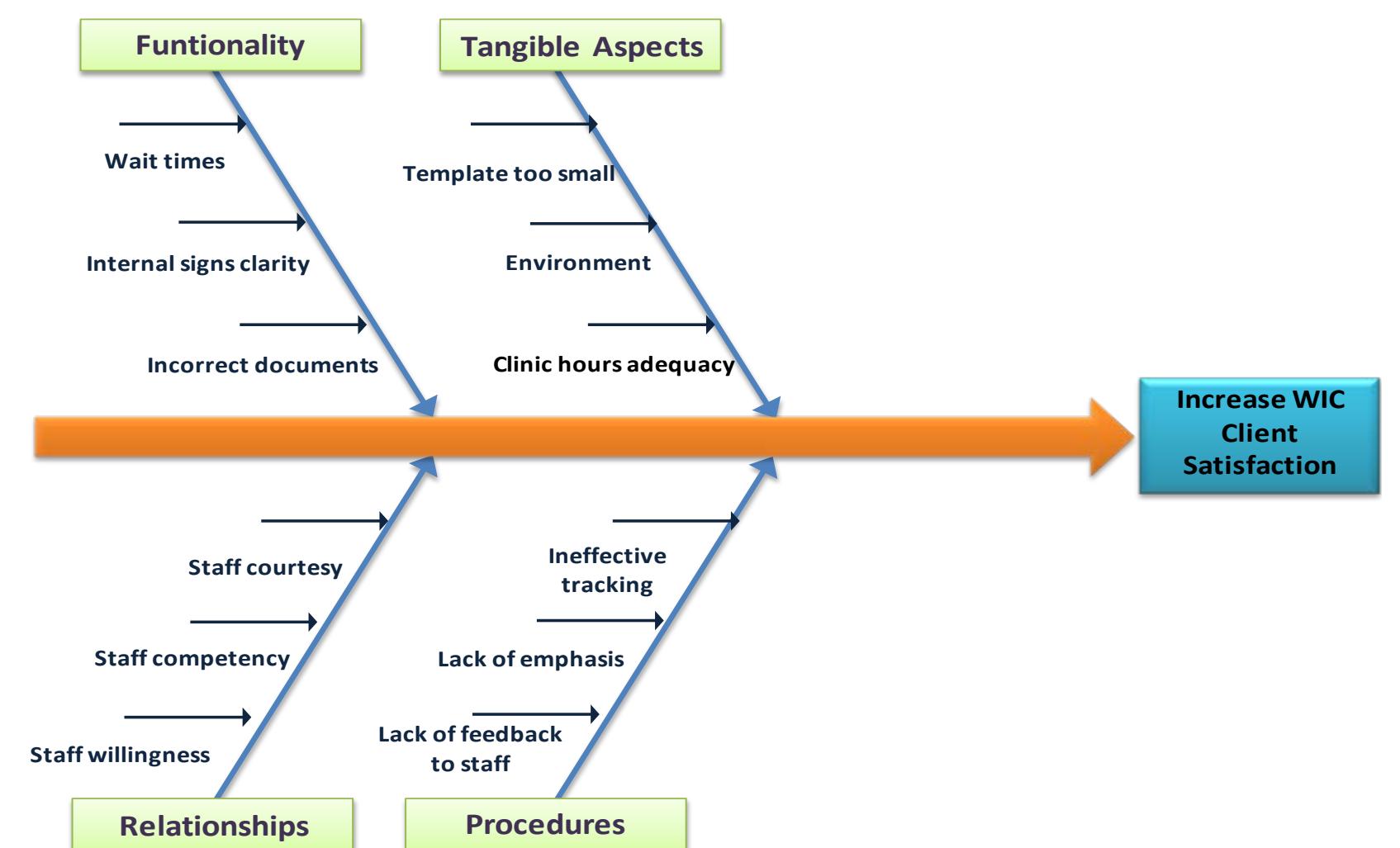
- Data suggest that providing standardized client service to all WIC participants will increase their level of satisfaction.
- Staff professionalism may require more extensive efforts involving relationship building with client.
- Evaluating compliance with clinic standards based on the type of client (e.g., new client vs. recertification) may provide more insight to employee-client relationship.

Results

Initial meeting (March 2013): WIC participation data from previous months and pre-intervention customer satisfaction survey data were presented, the Aim of the project was selected, setting up a goal to increase the percentage of clients responding to the survey as being satisfied from a baseline of 37% to 55% by July 31st and 70% by October 31st, 2013.

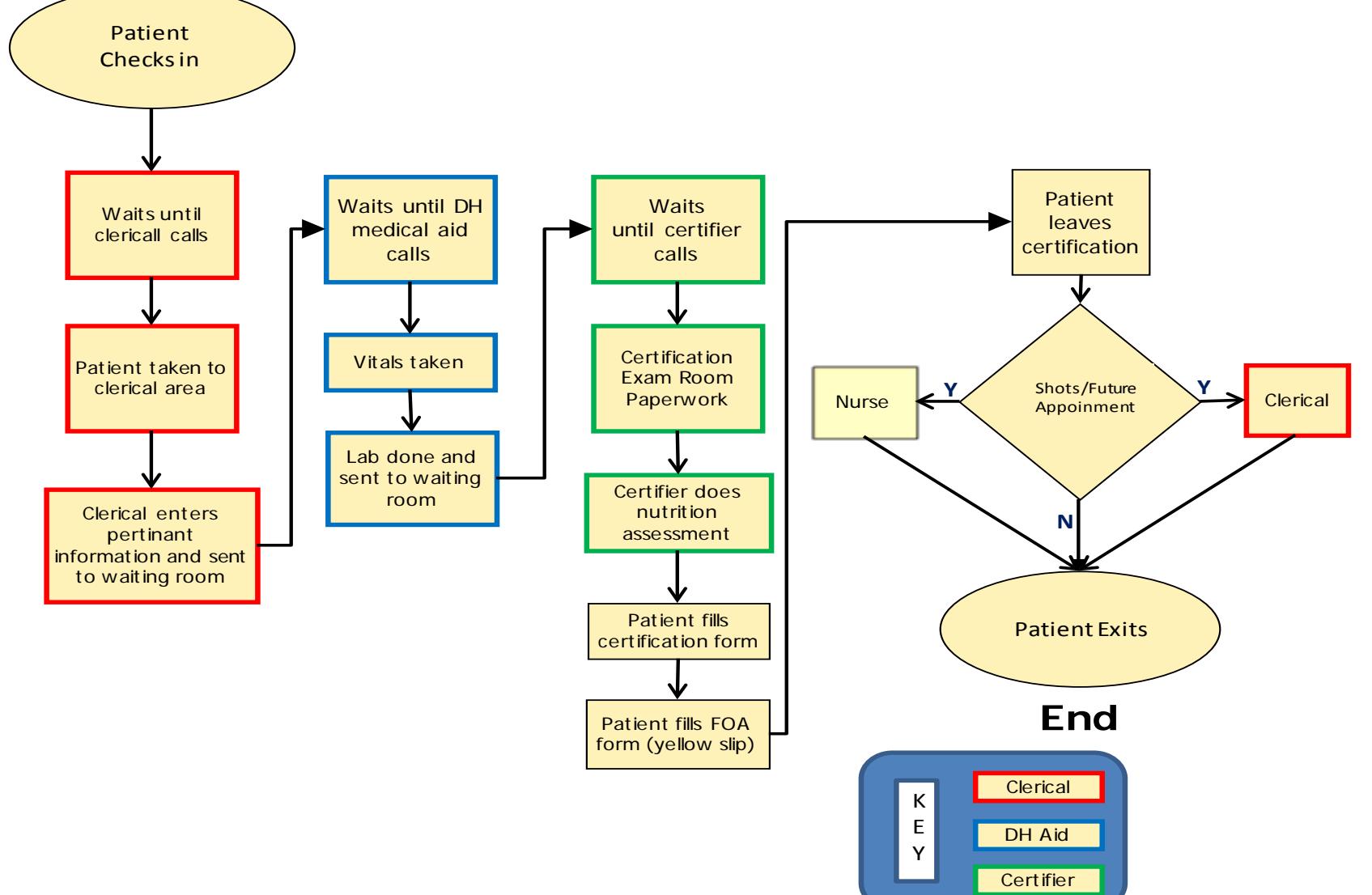
Initially a brainstorming session was performed to identify causes for the low satisfaction rate, and a Cause-Effect analysis was performed (see Figure1).

Figure 1. Cause- Effect diagram describing the causes for the low satisfaction of WIC participants in Prentiss County



Concurrently, the process of clinic flow was mapped using a process flow chart (Figure 2). With the use of the cause-effect diagram and findings of the brainstorming session, interventions were planned to try to increase the percentage of responses to overall satisfaction, and a Gantt chart was developed to create a timeline for different interventions.

Figure 2. Flow Diagram



Results

Interventions:

- SPIRIT system to monitor participation rates and waiting time for clients.
- Feedback system to monitor timely web based feedback to all WIC clinics.
- Provision of staff training by professional enrichment.
- Reassignment of staff during days of increased WIC appointments.

Follow up

During subsequent meetings:

- Staff understanding of PDCA cycle accomplished.
- Clinics with very low customer satisfaction and participation rates were identified and a process flow chart that described the process was implemented and reviewed.
- Additional information was added to the cause and effect diagram.

Discussion

- We used QI tools to improve WIC processes. This allowed adaptation of change by adjusting interventions as we were implementing the project.
- We followed recommendations from the National Network of Public Health Institutes, as well as more recent data that links improved customer satisfaction to enhance WIC participation.
- The support of the district health department and leadership was strong and visible.
- We will continue our Plan-Do-Check-Act cycle in planning our next project's campaign and look for ways to increase customer satisfaction to 90%.
- Interventions will be designed to address the most commonly stated reasons for declination.

Conclusions

The WIC Clinic QI intervention in Prentiss County is essential because it provided a framework for evaluating change and improving the areas that need improvement in a clinic. Specifying measurable outcome numbers helps us demonstrate the value of public health interventions. This support requires understanding the various motivations of employees, coupled with appreciation for the need to permeate the working environment with consistent messaging and integrated activities. The QI process will give us a better understanding of what interventions and strategies actually improve customer satisfaction.

Contact Information

Please contact Sai Kurmana at:
Sai.Kurmana@msdh.state.ms.us