Quality Improvement Project: Quality Assurance Electronic Audit Tool
Gurleen Roberts, MPH & Sam Matson, BS

BACKGROUND
PDCA/PDSA Cycle
The Plan-Do-Check-Act (PDCA) or Plan-Do-Study-Act (PDSA) method is the most widely used, simple approach for quality improvement projects. PDCA and PDSA may be used interchangeably. During the “plan” phase, the goal is to recognize an opportunity and plan a change. During the “do” phase, the attention is on testing the changes that have been planned. During the “check” or “study” step, the goal is to review and analyze the results to identify what has been learned. The last step, “act,” focuses on taking action based on the study results. Both positive and negative results are learning how to move forward by either testing a different approach, or implementing the change on a wider scale. Two rounds of the PDCA/PDSA cycle were needed for this project.

Prior to this project:
- No baseline data because there was no way to quantify past audit results. The purpose of developing this tool was to make it possible to analyze past audit results, quantify a score, and quantify past audit results. The purpose of developing this tool was to make it possible to analyze past audit results, quantify a score, and quantify past audit results. The purpose of developing this tool was to make it possible to analyze past audit results, quantify a score, and quantify past audit results. The purpose of developing this tool was to make it possible to analyze past audit results, quantify a score, and quantify past audit results.
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Baseline Data
Previously, there was no baseline data because there was no way to quantify past audit results. The purpose of developing this tool was to make it possible to analyze past audit results, quantify a score, and compare to other counties over time.

PLAN
Identify an Opportunity and Plan for Improvement

Opportunity/AIM Statement
To be able to quantify and efficiently track NCHD audit trend/results over time.

Current Process Map

1. Generate prior cycle audit report
2. Converting previous years' audits into this tool to be able to compare 2011 results could be compared.
3. Calculate the score for each audit.
4. The quantitative score helped show both the QA team and the county health dept. staff the areas that need improvement. The nurses managed to really like the new grading/scoring system. The QA team members became much more comfortable with the electronic tools the more they used them.
5. There is a learning curve, but team members are reacting positively to the change.

Collect and Document the Data
During the January 16, 2015 audit, the data collected was able to be filled out the electronic tool to ensure the QA visit may be more efficient. The project worked overall, but a few things needed to be edited/added to make things work more effectively. After testing again in January 2016, the project worked very well. By editing/correcting some of the initial problems, we have created an even better process.

DO
Test the Theory for Improvement
Implement the Improvement
This electronic audit tool was first tested during the June 27, 2014 audit at Houston County Health Department.

Unexpected observations included that since the tool was on an excel file, when we tried to print out the results, the spreadsheet printed on 6 different pages. Thus, we are in need of developing an audit summary template for the exit interview.

The second round of testing was done January 16, 2015 at Hancock County Health Department. We created handouts that only state the number of errors to give to the county staff, pre-filled out the excel tool to make the process more efficient. The password protected of the e-tool to ensure patient confidentiality, and added 2013 and 2014 audit results so that 2015 results could be compared.

<table>
<thead>
<tr>
<th>NCHD Hancock County QA Scores 2011-2015</th>
<th>NCHD County Average QA Scores, 2012-2014</th>
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<tbody>
<tr>
<td>The graph to the left shows a summary of Hancock County’s average overall audit score from 2011-2015.</td>
<td>The graph to the right shows a summary of each NCHD County’s average score from 2012-2014.</td>
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References
Georgia Public Health Association 2015 Conference, Atlanta, Georgia, April 13-14, 2015.
North Central Health District’s Quality Improvement Council - Gurleen Roberts, MPH & Sam Matson, BS

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