Direct Effects of Quality Improvement in Public Health

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Beginning in the fall of 2011, local health departments will have the opportunity to participate in voluntary national accreditation. The cornerstone of this process is Quality Improvement (QI). The QI process allows health departments like Milwaukee to provide the highest quality services to their clients in the most efficient and effective manner or process.

The objective of the Milwaukee Health Department’s (MHD) first QI process was to reduce the rate of clients turned away from services at the MHD Sexually Transmitted Disease Clinic (STD). MHD identified clinic flow issues so intense that our turn away rate was at its highest since 2004. In order to identify solutions, a QI committee was created and utilized a Plan-Do-Check-Act (PDCA) model for quality improvement. The Committee documented current workflows, clinic hours and client wait time.

The STD Clinic is a limited-hours walk-in clinic housed in a central city location serving primarily uninsured or underinsured clients. The majority of the clinic clients are Medicaid eligible.

MHD utilized the PDCA model to evaluate performance of clinic operations in the STD Program. This demonstrated what a QI process looks like for MHD staff, eventually growing into a system that will be used department-wide. The primary outcome measure for this cycle is the percentage of clients turned away from services on any given day.

After carefully identifying workflow issues, the QI Committee identified the triage process in the clinic flow as the main problem area. A plan was created to change the flow of triage as well as change the staff assigned to this role. A medical assistant took over the function, allowing nurses and communicable disease specialists to see more clients. Between the change in assignment and a better flow through the waiting area, the turn away rate for the STD Clinic has dropped significantly. It is expected to continue to fall over the next few months.