

Continuous Quality Improvement in Tazewell County: Evaluating Patient Awareness



Alyssa Lawler
RSPP

University of Illinois College of Medicine at Peoria

Background

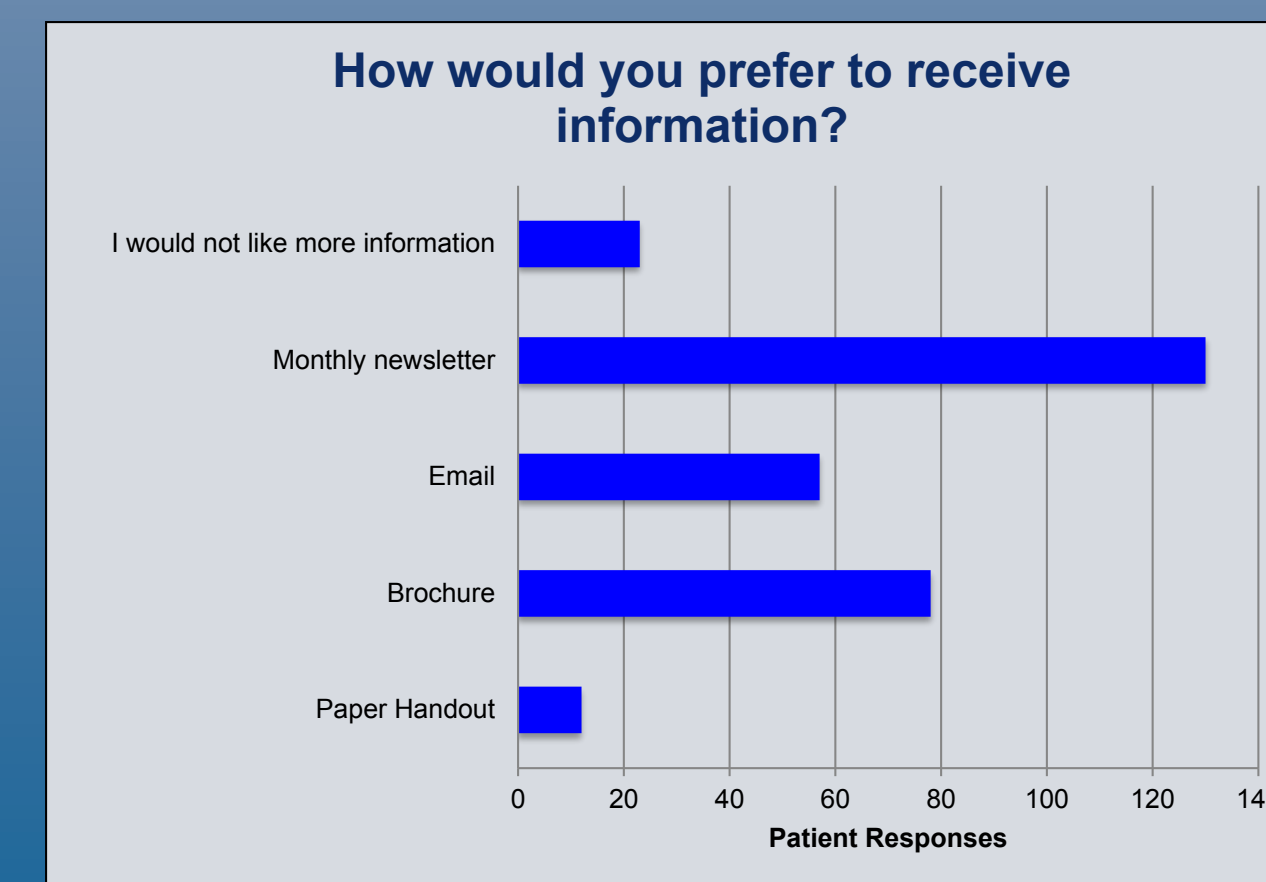
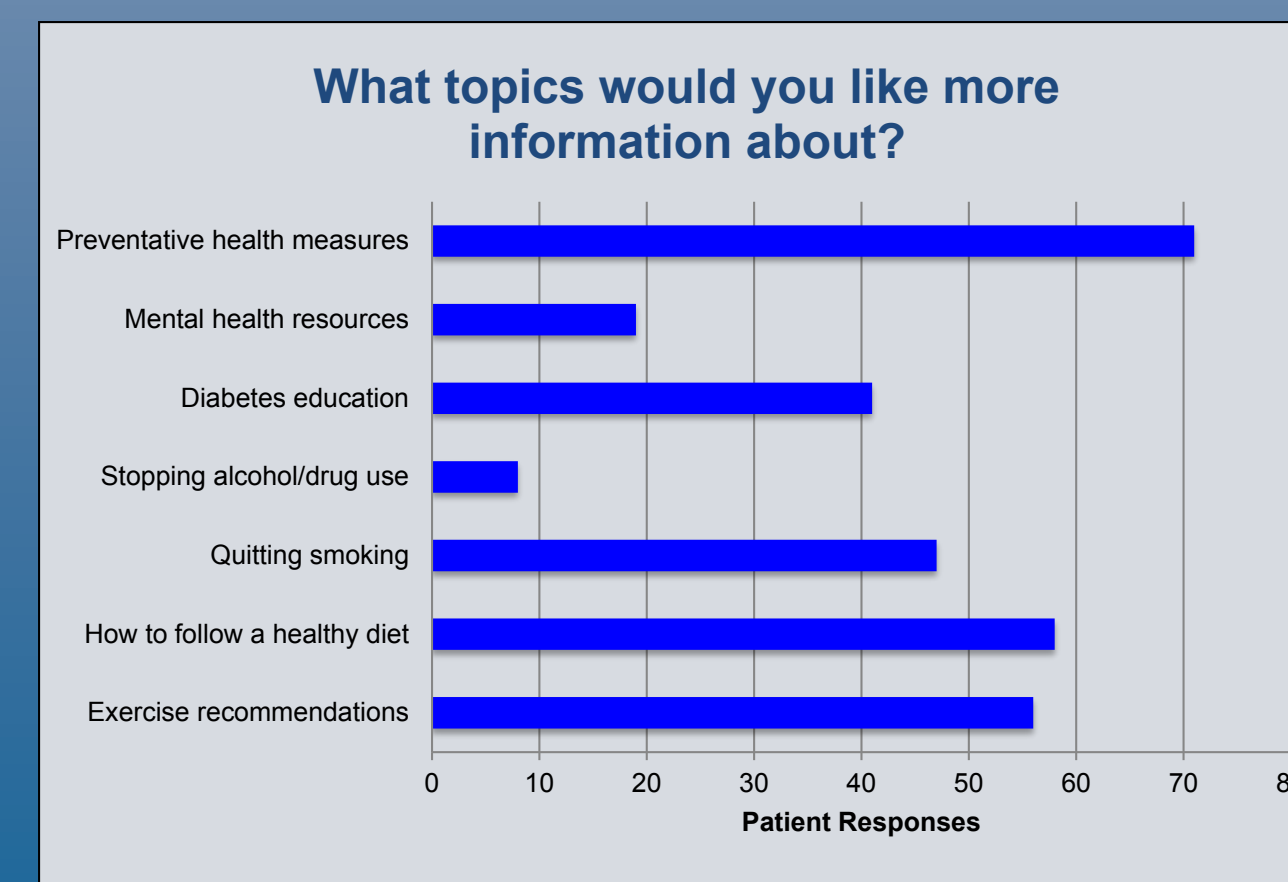
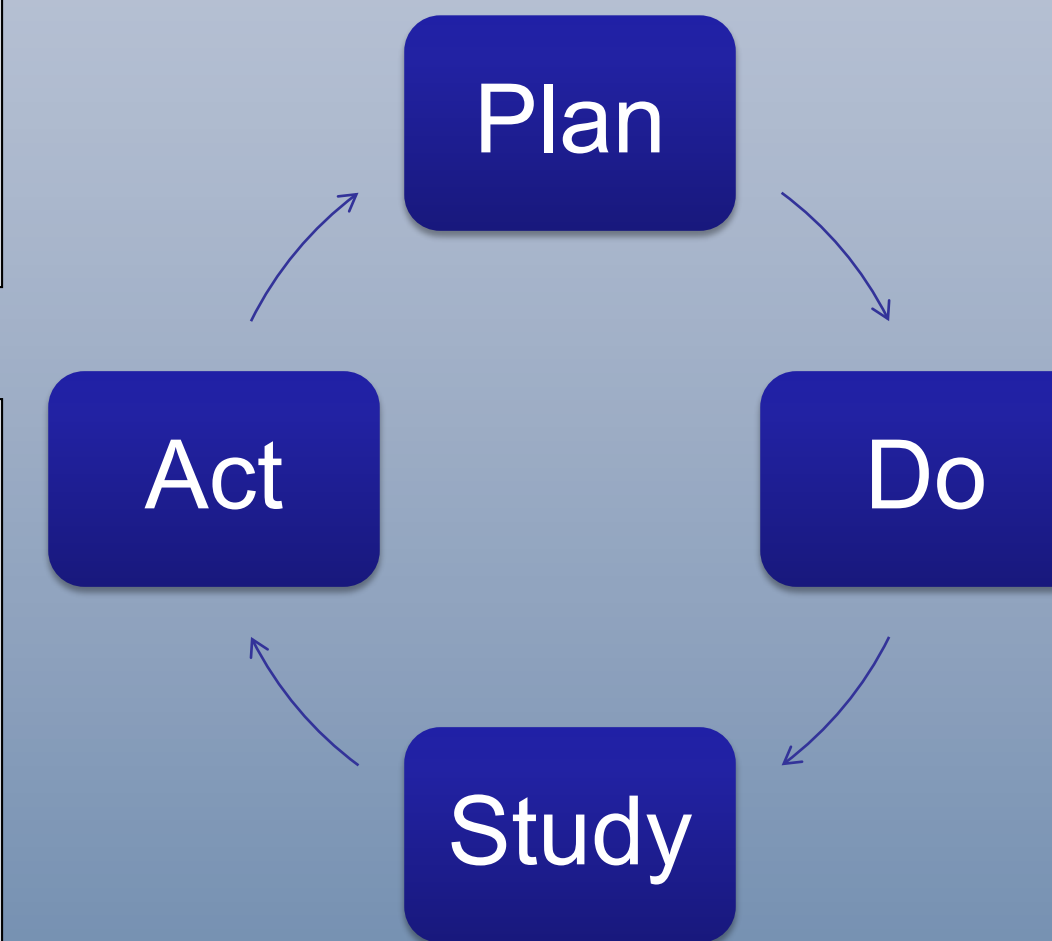
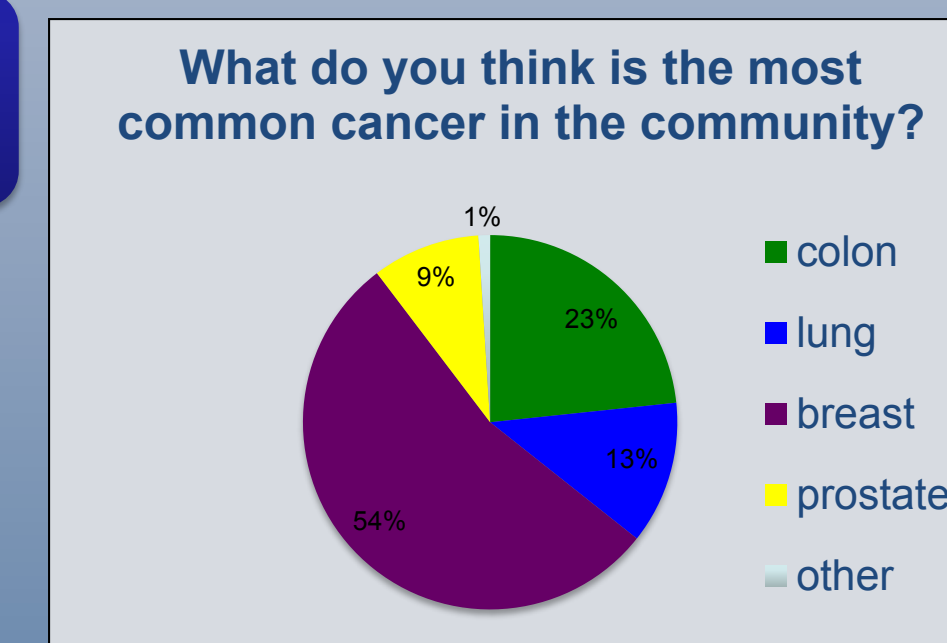
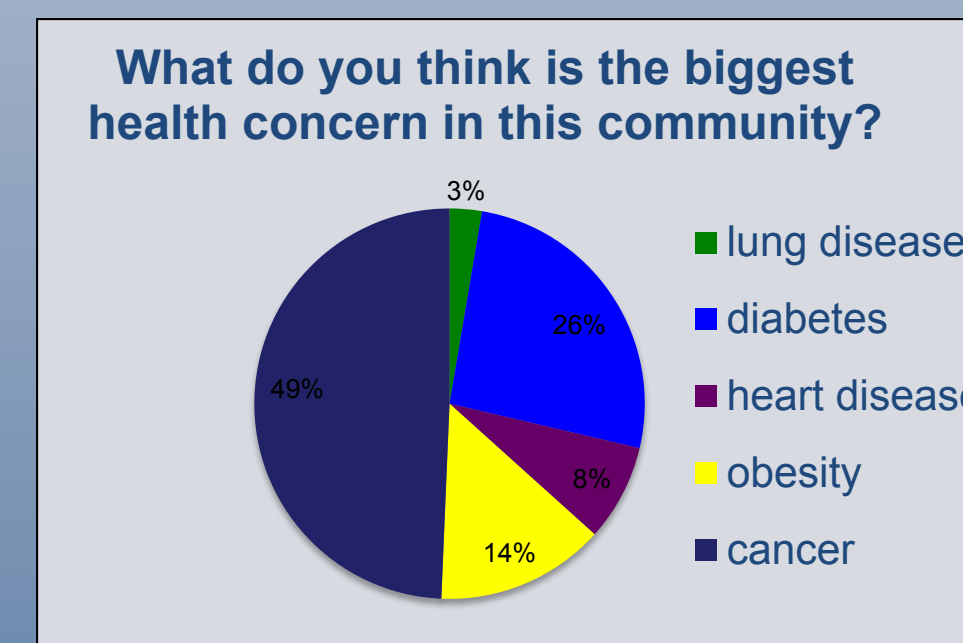
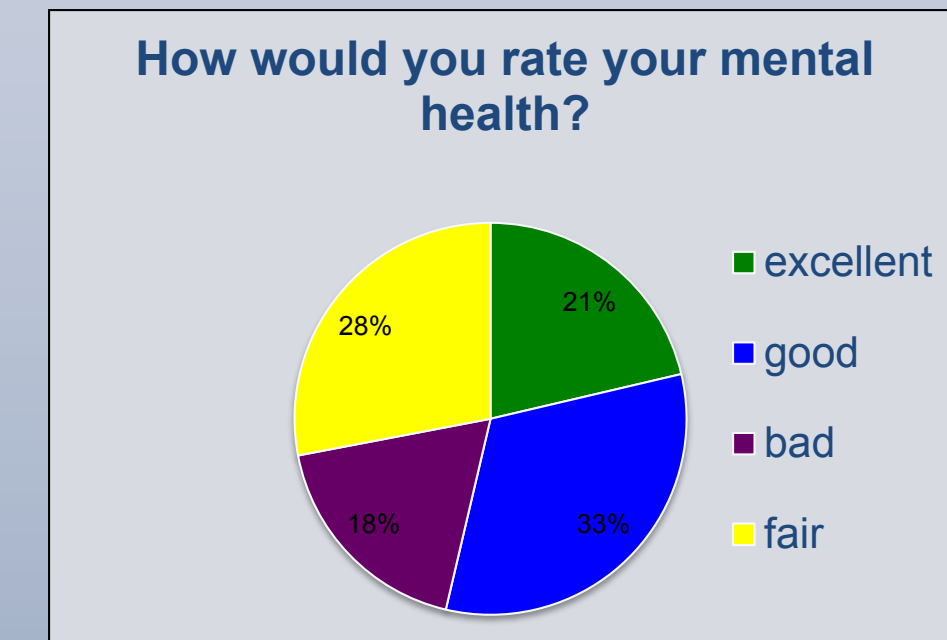
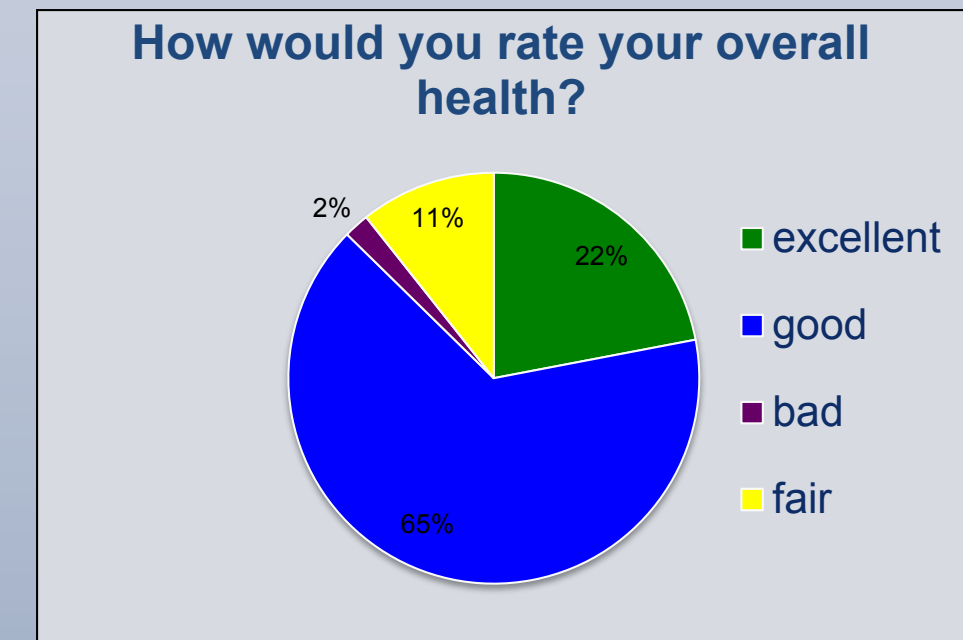
Continuous quality improvement (CQI) is a research method that has been developed to improve healthcare by identifying current problems and implementing changes to achieve better patient outcomes. One of the most common models for CQI is the Plan, Do, Study, Act cycle. In this cycle, the first step is to plan an objective and method to study the target population. The next step is to carry out data collection. Following this step, the collected data is studied and results are summarized. The last step is to reassess and implement changes to identified areas of weakness while preparing to restart the continuous cycle.

Objective

The objective of this study is to identify the understanding and awareness of patients in Tazewell County of major health issues among this population. The study also gathers information on patient opinion of personal health, identifies desire for improvement, and assesses interest in expanding their involvement in personal health care. This data will help develop targeted strategies for improvement based on community specific health concerns. Once the areas of weakness and patient objectives have been identified, attainable goals and interventions aimed at continuous improvement can be developed.

Methods

A 2-page survey was developed based on input from several physicians and then distributed to all patients in a primary care office in Tazewell County. The surveys were collected anonymously for a 2-month period from patients willing to participate. The survey was designed to avoid any identifying information and did not discriminate by age, sex, socioeconomic status, or any other factor. The final number of completed surveys was 300 and the response rate was approximately 20%.



Results

There were several areas identified in this study that allow for significant improvement in patient care. A total of 65% of patients reported their overall health as good, which can act as a baseline for future studies. When looking at mental health, 46% of patients reported their health as fair or bad. It was also shown that 49% of patients chose cancer as the biggest health concern in the community, which was rated significantly higher than more prevalent issues such as obesity, diabetes, and lung disease. Patients also reported interest in learning more about several topics and a monthly newsletter was the most common mechanism selected.

Conclusions

The main areas of focus identified from this data are mental health, misconceptions of prevalent health issues, and methods of information distribution preferred by patients. One option for future building on this project would be to implement a monthly newsletter that focuses on topics of patient interest and areas of weakness identified by this data. After implementation for a period of time, the survey could be repeated to assess progress that has been made. By incorporating this change and reassessing which aspects have been successful, plans can be determined for future improvements in patient care and the cycle can be repeated.

References

Heard, S., & Schiller, G. (2001). Continuous quality improvement: Educating towards a culture of clinical governance. *International Journal of Healthcare Improvement*, 10(2), 70-78.

County Health Rankings & Roadmaps. (2014). <http://www.countyhealthrankings.org/tazewell/county>