

2013 Model Practices

Applicant Information

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2013 Model Practice

Responsiveness

At the Orange County Health Department, one of our core values is "Commitment to Service". When asked about our services after their visit before QFlow, only 68.29% of our clients felt the wait time was "None or Not Long." The WIC program provides essential nutrition education and counseling, breastfeeding support, referrals for health care, and food assistance for members of our population who desperately need it – financially challenged pregnant woman, breastfeeding mothers, and children (to age 5).

Our clients overcome a number of challenges to just walk in our door – taking time off work, battling transportation issues, trying to juggle children and paperwork. We strive to make each visit worth their time and effort, therefore client satisfaction is of the utmost importance to us, as it is only if they are satisfied with the services we provide that they will come back again and receive these essential services.

13% (or almost 1 in 9) of all families with children under 18 in Orange County live in poverty (2000 Census). WIC's purpose is to improve the client's health by providing nutritional support during critical periods of growth and development. WIC provides healthy foods (at no cost), nutrition education and counseling, breastfeeding promotion and support, and medical referrals. If a mother and/or child lives in poverty in Orange County and does not come back to WIC because they were not satisfied with our services, we have not served the health of a very important part of our community.

When a client arrives in our WIC clinics, they are placed in a "queue" for the staff member that they need to see first. Depending upon their client type and/or previous visits, they might need bloodwork, eligibility determination, nutrition counseling, or even breastfeeding consultation. They are given a ticket with a number, and instructed to listen for their number and that it will also be on the TV screen when the staff are ready to see them. The clients can see the numbers being called, so they understand where they are in the "line" for service. Staff members are back in the clinic, most in offices or enclosed work spaces for client privacy.

This system allows them to see how many people are waiting for their services so they can adjust their service time properly. The initial software package was modified to allow our staff to choose the next queue the client will be placed in, as our clients frequently have different needs. It was modified for the different job functions that each of our staff perform so they see the queues of only the types of clients they can assist, based on their position and qualifications. The software was also programmed so that the client who has been in the clinic the longest is always the first one called when a staff member is available.

Clients understand their wait better because they can see the progress as their number gets closer to being called. Staff members are more accountable for their time, sometimes moving clients faster if there are a lot of clients waiting, or using lulls in the client flow to catch up on paperwork, etc. Therefore, clients are more satisfied, which we believe is one of the reasons that our participation has gone up by 10% since the program was first installed. And each day we are able to see more clients with less staff and in less time than before QFlow.

Innovation

Before our clients leave our clinics, we ask them to complete a customer satisfaction survey. In August 2012, 88.21% of our clients felt their experience was excellent or very good; 92.03% of our clients felt the wait time was none or not long. Prior to the software purchase, design and installation of the software, an average of 82.86% felt their experience was excellent or very good; and only 68.29% felt their wait time was none or not long.

This is a creative use of an existing tool or practice.

The original software program would not have met the needs of our staff or clients. Our program and processes are too unique and this ultimately would not have been a worthwhile investment. However, Orange County WIC and IT department staff worked very closely with the software's design staff. There was much collaboration between OCHD and ACF Technologies (the developer of the software) to change the program to make it useful not only for Orange County WIC, but other departments within Orange County Health, as well as other county health departments. Modifications included redesigning job functions, alterations for two additional languages in various implementations in different clinics, different settings of many kinds for each clinic (as each has different variables in their client and staff base), design for flexibility as our staff move to different sites based on needs, etc. The Orange County WIC and IT team was awarded a 2012 Davis Productivity "Award of Distinction." It has now been implemented in 7 other counties in Florida. Orange County IT also agreed to host the servers and provide support for the additional 7 counties, resulting in savings of over \$200,000 for these counties. Our "redesign" of the program is now in use at WIC offices in 5 additional counties in Florida, and other state entities have inquired about use in their agencies.

It specifically addressed the issue of customer satisfaction for wait times in our clinics. Although minor modifications had been made in the past in our processes to attempt to address this issue, none had made a significant difference in either the wait times or the clients' satisfaction.

LHD and Community Collaboration:

Local Health Department and Community Collaboration

The base software program was discovered by our WIC Coordinator, Cynthia Schneider (Sr. Public Health Nutritionist Supervisor). She worked with Christopher Collinge (Systems Programmer III - SES) and Christopher Montalvo (Distributed Computer Systems Analyst) in IT to determine if the program could be modified. Robin Norell (Training Specialist II) and IT then worked with ACF Technologies to

analyze, modify, and implement the software in all 8 Orange County WIC sites.

The Orange County Health Department has become the lead agency in this practice. After the software was modified by IT and WIC staff and put into place in 8 WIC clinics, it is now being implemented in various clinics throughout this LHD. The IT department has also extended the programming modifications to other counties and now manages a data center, based in Orange County, that services 7 other county health departments.

The project could only have been accomplished with strong teamwork between IT and WIC. Together the software was purchased, designed and implemented, then modified many times and in many ways, and staff were trained in a way that helped them be immediately amenable to the new program. Had either group acted alone, the program would not be as successful in the clinics as it is today.

Orange County Health Department's mission is to "Protect and Promote the Health of All Residents and Visitors in Orange County, Florida". By providing better customer service to our clients, they are more likely to utilize our services. And in using our services, we are able to provide services that ultimately lead to better health for our residents.

The Orange County WIC program is the most successful of those departments in Orange County Health Department using the QFlow software. Subsequent review and evaluation helped IT determine that it was the way in which WIC modified (and continues to modify) the program, and introduced the program into each site with one-on-one hands-on training so that staff were familiar and comfortable with all aspects of the program that has led to the acceptance and success of QFlow in our WIC clinics. Other departments did not introduce the software in the same way, and the software was never "personalized" for their clinical needs, and it has met with resistance and a lack of use.

Implementation

To insure the success of the new program, we knew that the processes already in place at the WIC sites should not be significantly changed, that we needed to change the program to fit the clinic. After extensive modification to the program, it was first installed in our largest site. Changes continued to be made to the program frequently to have it fit more closely to already existing (and effective) practices. The program was then installed at our second largest site, and again it was modified to fit their needs. Staff were trained one-on-one to assist them in feeling confident with the new program.

Customer satisfaction surveys were already in place, and continue to be closely monitored to measure the results. In addition, modifications continue to be made as needed to fit the flow of our clients and clinics.

This implementation and training process was repeated at each site in which it was installed, for a total implementation period of approximately 13 months.

Step 1 – determine products to be purchased. Equipment needed (one computer for each site plus hardware for displaying data on TVs in lobbies, one or two ticket printers for each site), software licenses needed (administrative licenses, manager licenses, user licenses for each staff member at each site), additional options for software.

Step 2 – work with ACF Technologies to gain better understanding of software as purchased, and begin to determine redesign needs. Clinic workflows diagrammed, modifications made to software to allow for our changes, etc.

Step 3 – finalize redesign, and modification of software by ACF and by Orange County begin.

Step 4 - training by ACF of administrators, and then site staff and supervisors.

Step 5 – installation at WIC's largest site, with hands-on training for each supervisor and staff member. Changes made immediately and regularly as needed.

Step 6 – after 4 months of use and modification, installation at 2nd largest site. Again, hands-on training and modifications.

Step 7 – installation and training and modifications at remaining 6 sites.

Ongoing – modifications to software as needed

1) The hands-on training was less extensive at the first site. It was then determined that a more in-depth training needed to take place prior to use for each staff member to give them a level of comfort with the software program. It also allowed us to modify the software at each site prior to implementation as different work flows were determined.

2) Understanding the different workflows at each clinic allowed us to request reprogramming and then modify the program at each site. For example, at large sites there are staff and clients who speak only English, and staff and clients who speak Spanish, so different "services" were needed for each. At smaller clinics, all staff and clients speak both, so "Spanish services" were not needed, but all announcements needed to be made in English and Spanish.

- Cost of software and hardware from ACF Technologies - \$109,450.80
- Staff time to redesign, install, and implement - \$6,100.00
- Computer equipment (8 PCs and monitors) - \$5,912.00
- Total costs - \$121,462.80
- All except IT staff time funded by Federal WIC Funds

Evaluation:

Objective: Improve staff performance while increasing client satisfaction

Objective achieved (unintentionally): Cost savings

Customer satisfaction survey machines are installed in each clinic. Clients are asked to complete the survey after they have finished their service for the day. This is collected by the Orange County Health Department's Information Technology's Data Analysts and distributed monthly. Customer Satisfaction Survey results were analyzed, comparing pre-software and post-software satisfaction levels. Staffing levels were reviewed, as well as client participation levels.

CUSTOMER SATISFACTION: The original goal of the software was to aid our staff in helping clients move through the clinics more quickly and efficiently. Many of our staff are in "back offices," and cannot see how many clients are waiting in the lobby for their services, so without the current program they could not always direct their time in the most efficient way. Upon leaving our WIC clinics, clients are asked a number of questions to measure their satisfaction. Prior to the software implementation, only 68.29% of our clients felt there was no wait time or that it was not long. After implementation, 86.42% now feel that our wait time is non-existent or not long.

When comparing the service time per client right after the software was implemented, compared to a year later, the average service time was 10% shorter. Our staff now finish with clients an average of 30 minutes per day earlier than before QFlow. The true test of our objective is the customer satisfaction ratings, which have increased 27% overall for our agency, with our second largest site seeing an increase of 57% in customer satisfaction for wait times.

COST SAVINGS: This was not an initial objective, but unintentionally became a great benefit of the program. Our initial goal was to recover our investment within a 3-year period. Initial costs of \$121,463 included the software, equipment, and staff time necessary to implement the program. We broke even in the first 13 months. Our staff members see the same clients each day in thirty minutes less time than before QFlow. With 89 staff members and an average hourly wage of \$13.27, this is a savings of \$122,127 annually. We are still seeing the same number of clients, but we have a total of 5 less staff members in our sites. Five staff members that left through attrition did not need to be replaced. At \$11 per hour, this is a savings of \$114,400 per year.

In 2012, ACF Technologies began an annual maintenance fee of \$5,115 for software support. Including that, at the end of our 3 year period we will have a total additional savings of \$453,409 return on investment. The IT department also established a data center which is used by 4 other counties. These counties saved \$50,000 each in installation and equipment costs, yielding an additional savings of \$200,000.

Sustainability:

Sustainability is already established. The only additional costs are \$5,115 per year for maintenance (2012 is the first year we will begin paying this fee). With a savings of \$237,227 per year in staff time and positions not filled, that is a net of \$232,111 per year. New staff members are trained on the software, and changes are still made to the program when needed. At this point, the staff members are so reliant on the program that they would have great difficulty going back to the old, inefficient methods. Our clients are also very happy with the program and would not want to see it discontinued. With customer satisfaction an integral part of our mission, this program will remain in place.

Changes are made to the software when needed for changes in our clinics. Customer service numbers continue to show satisfaction by our clients with their wait times in our clinics. Orange County WIC administration staff have also assisted other counties with this program, sharing our unique redesign and documentation used for training new staff and new supervisors on the program, and even conducting classes for administration staff at two other WIC county offices. Our model is now used at the WIC offices at the 6 counties that Orange County IT supports with QFlow server hosting, as well as the WIC offices at 5 additional counties at this point. The Orange County WIC and IT team won a 2012 Davis Productivity "Award of Distinction" for this process, and now other state entities have inquired about this product for use in their agencies as well.

Overview:

The Orange County (FL) health department serves our county's population of 1,169,107. Orange County WIC currently serves an average of 35,110 clients in 8 permanent sites. In response to lower than desired client feedback about the wait times in the Orange County WIC clinics, WIC federal funds were used to purchase a software package (QFlow). The original program was a good starting point, but WIC Administration worked closely with Orange County IT Department and extensively modified and enhanced the program to meet the needs of our staff and our clients. It was implemented at our first (largest) site in September 2009. Despite the initial investment of time in software program changes, hands-on installation and training, the staff adopted it quickly. The change was almost immediate. Our clients now understand where they are "in line" compared to other clients waiting. It was then installed at our other 7 sites with the program modified to accommodate the work flow of each. Hands-on installation and training was provided by WIC Administration for each staff member. Now our staff and our clients don't know how they did without it. Clients move through our clinics faster than ever before (average 10% faster). Customer service scores rose (average 27% higher). Staff members finished seeing the same number of clients each day in 30 minutes less time than before QFlow. Our client numbers have remained the same, but we have 5 fewer staff members. Our initial investment of \$121,463 (software, equipment, staff time) saved \$115,764 in the first year, resulting in our recovery of the initial investment within 13 months. Our additional return on investment over a total of a 3-year period is \$453,409 (this includes a \$5,115 annual maintenance fee that began in 2012). Although our initial objective was to increase customer satisfaction, we not only met that objective but realized a tremendous and unexpected cost savings. The success of the program is primarily attributed to the teamwork between WIC and IT in the implementation of this program. By gaining the ability to easily customize the program for each site's unique processes, and by gaining the confidence of the staff members with personal hands-on training, there were no objections by staff members, and the new program was heartily adopted.

The Orange County WIC and IT team earned a 2012 Davis Productivity "Award of Distinction" for this practice.

Once IT had established the Orange County WIC Program QFlow servers, they then utilized a data center consolidation approach and incorporated 6 other counties into Orange County's data center, thereby saving each county approximately \$50,000 each in installation and maintenance costs. Additional training was also provided by Orange County WIC to the WIC staff at two of these counties to assist them in implementing the software. Our model is now in practice at WIC offices in 5 additional counties, and inquiries have been made of our IT department by other state entities for use in their agencies.