Portage County Health District - (Bill Payers) Quality Improvement Storyboard

Team Sponsor: Joseph Diorio

Facilitator: Becky Lehman/Ali Mitchell

Team: Andy Bull, Amy Cooper, Maria Gill, Carol Pillsbury, Kim Plough



PLAN

BACKGROUND INFORMATION

Due to recent findings from the State Audit regarding the lack of purchase requisitions and purchase orders, there is an opportunity to review, revise and discuss the current process used that includes education of staff. As an accounting practice, following a streamlined paper trail (purchase requisitions and purchase orders) is required to pay invoices and vendors.

ASSEMBLE THE TEAM

The Quality Improvement Committee selected team members from each division within the Health District, since the requisition process impacts all staff.

PERFORMANCE IMPROVEMENT AIM

To enable a bill paying workflow that can be used by all staff to achieve 100% paper trail as required for our agency and validated by future audits.

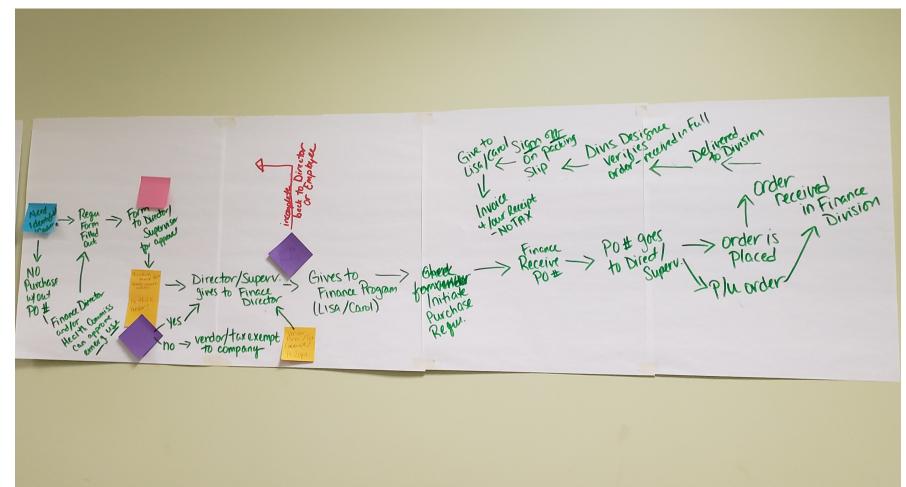
STRATEGIC ALIGNMENT

4.3 Financial reporting; financial understanding for all staff

SMART OBJECTIVES

- 1.To improve staff understanding of policies and procedures related to requisitions and purchase orders by 1/31/22.
- 2.To standardize the requisition process for improved work flow and efficiency by 3/15/22.
- 3.To receive zero findings related to requisitions and purchase orders on 2022 Audit.





DO

PCHD QI team revised purchase requisition form and procedures for opening a requisition. New draft purchase requisition form and procedure was shared with all staff during PCHD staff meeting on November 18, 2021. All staff will utilize the revised requisition form until January 2022. Feedback and comments from Finance Division, as well as all staff who complete the purchase requisition will be collected and reviewed by the team.

STUDY

Review results from Finance Division regarding draft requisition.

QI team analyze results and comments received following the trial of purchase requisition form.

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	PURCHASE REQUISITION	<u> </u>		
Requestor:		Date:		
Funding Source:	PCHI	PCHD Credit Card? Yes No		
Reason:				
	e back for additional items)			
tem - number/description		Cost	Quantity	Total
		\$		\$
			Shipping	\$
			Grand	\$
VENDOR INFO			Total	
Current Vendor? Yes	No (check with finance)			
APPROVAL				
X Program Director Signa	ture Date X X	irector Signa	iture D	ate
	Purchase Order#			-

ACT

Adapt requisition form based on Finance Division's feedback.

Adopt new policy and requisition form based on outcomes identified during study phase.

Present training and new requisition form to ALL STAFF at PCHD Staff Meeting February 17, 2022.

F:\QUALITY IMPROVEMENT\
Date Completed: 02/09/2022