



**PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT (PCHD)**

<b>Team Name: FBI (Food Borne Illness)</b>		<b>Project Title: Food Complaints</b>	
<b>Problem / Opportunity Statement: There is currently no consistent process for handling incoming food complaints.</b>			
<b>Team Sponsor: Joseph Diorio, Health Commissioner</b>		<b>Target Division/Process Improvement Area: Environmental Health and Nursing</b>	
<b>Performance Improvement AIM (Mission): To develop and implement a process to appropriately route incoming food complaints and standardize follow-up by December 31, 2016.</b>			
<b>Strategic Alignment: Workforce Development (objective 1.1); Communication and Education (objective 3.3)</b>			
<b>Team Members:</b>		<b>Roles and Responsibilities:</b>	
1. Sherry Halas		Team Leader – Nursing (QI Leader)	
2. Susie Forgacs		Facilitator	
3. Kevin Watson		Team Member - Health Education and Promotion (QI leader)	
4. Justin Rechichar		Team Member - Environmental Health	
5. Debbie Wine		Team Member - Fiscal	
6. Marianne Kitakis		Scribe; Team Member - Nursing	
7. Beth Ahrens		Scribe; Team Member - Environmental Health (QI leader)	
8. Ali Mitchell		Team Member- Health Education and Promotion	
<b>Scope (Boundaries)/Team Authority: Using existing personnel and resources, focus on consistent proper handling of food complaints from initial receipt to the point of appropriate follow-up and documentation.</b>			
<b>Customers (primary and other):</b>		<b>Customer Needs Addressed:</b>	
1. Complainant		Action, response, and resolution within an acceptable time frame	
2. Food service agencies / employees		Information regarding complaints, fair evaluation, education & assistance	
3. Other health departments, ODH, ODA		Communication of information, assistance as needed	
4. Public		General information, trust that PCHD will handle food complaints appropriately	
<b>Objectives: SMART - Specific, Measurable, Achievable, Relevant, Time-Framed</b>			
<ol style="list-style-type: none"> <li>1. Collect available data regarding received food complaints from June 1, 2016 to November 17, 2016 by November 18, 2016.</li> <li>2. Develop a comprehensive written procedure, and related mechanisms and resources, for handling all Food Complaints by December 2016.</li> <li>3. Present proposed procedure to PCHD staff by December 2016, and begin implementation.</li> <li>4. Gather data related to Food complaints from implementation of procedure through March 2017, and update procedure as indicated.</li> </ol>			
<b>Improvement Theory: If a standardized procedure/policy exists and is understood by all PCHD staff members for proper handling of incoming food complaints, the response to such complaints will be implemented with greater efficiency and accountability, resulting in greater internal and external communication of information, and higher quality public health service to the community.</b>			
<b>Success Metrics (Measures): Recorded food complaints – logged date/time of receipt and entry into appropriate database for proper follow-up with associated date/time.</b>			
<b>PDSA Timeline:</b>		<b>Projected Date Completed:</b>	<b>Actual Date Completed:</b>
<b>Plan: Assess current data. Review current procedures. Develop proposed new procedure for handling food complaints and present to PCHD staff.</b>		12/31/2016	3/2017
<b>Do: Implement new proposed procedure.</b>		1/1/2017	4/2017
<b>Study: Gather further data for food complaints and evaluate procedure.</b>		3/31/2017	6/2017
<b>Act: Create formalized policy, or revise/amend and implement alternative procedure as necessary.</b>		4/30/2017	6/2017 to be reviewed quarterly for first year
<b>Considerations (Assumptions/Constraints/Obstacles/Risks):</b>			
<b>Needed/Available Resources: Available – paper, white board, markers, dots, sticky notes, mapping paper. Needed – Melissa’s input for current state process mapping, current data (# of calls, gaps), existing complaint forms, EOP policy, sanitarian policy, environmental HDIS report</b>			
<b>Meeting Frequency/Duration &amp; Team Member Time Commitments: All team members meet bi-weekly for 2 hours (or more as needed in November for process mapping/assessment.)</b>			

**Communication Plan (Who, How, and When):** Team leader will present progress as applicable at monthly all-staff meetings, and will coordinate presentation of developed procedure to all staff. Final project storyboard (and project overview) will be presented by team to all staff at future all-staff meeting.

**705 OAKWOOD ST, RAVENNA, OHIO 44266**  
**QI Team Charter**