

Multi-State Learning Collaborative III
Lead States in Public Health Quality Improvement

Guidelines for the Development of Quality Improvement Storyboards

Overview

Quality Improvement (QI) Storyboarding is an organized way of documenting and showcasing the quality improvement process conducted by a team that is working systematically to resolve a specific problem and/or improve a given process. Storyboards use simple, clear statements as well as pictures and graphs to describe a problem, summarize the analysis process while it is under way, describe the solution and its implementation, and display the results and next steps.

As participants in the *Multi-State Learning Collaborative: Lead States in Public Health Quality Improvement* (MLC-3), the quality improvement efforts you are undertaking will pave the way for other states and localities as they prepare for national accreditation and learn about quality improvement in public health. A crucial component of participation in the MLC-3 consists of sharing your experiences and lessons learned as you implement projects aimed at improving specific capacity and health outcome-related target areas. As such, each MLC participant state is asked to develop QI Storyboards as a mechanism for documenting the steps that were taken to conduct the quality improvement projects and the impact of these efforts.

Purpose

The MLC-3 QI Storyboards are intended to reflect the quality improvement projects being undertaken by the in-state (“mini”) collaboratives. The Storyboards will serve the primary purpose of providing a concise description of the key components of each quality improvement project and the quality improvement tools and methods that are undertaken.

Scope

The Storyboards should be created at the level that the quality improvement work is being conducted within each “mini-collaborative.” The number of Storyboards that are created in each state will depend upon the number of quality improvement projects taking place in the state. For example, if a mini-collaborative has five health departments that are implementing five different quality improvement projects, then five Storyboards should be created. Conversely, if five local health departments in a collaborative are conducting a single project addressing a joint aim statement, that regional group of health departments could create one Storyboard to describe their efforts. It may nonetheless be beneficial for each local project to consider producing a storyboard to enhance understanding and communication within their own health department.

Audience

The primary audiences for the Storyboards are the teams conducting the quality improvement project (e.g., team from a health department or group of health departments conducting a regional project), the fellow teams participating in the mini-collaboratives within your state, and the peer participant states and partners in the MLC. Secondary audiences include states that are not funded participants in the MLC, but are interested in learning from the MLC, as well as the larger public health community. From MLC-2, we also learned that some of the participant states used their storyboards to communicate with legislators and other key stakeholders within their states.

Presentation

1. *Technical Poster:* The Storyboards are meant to be presented in a large poster format and provide key information on the components of your work. We also request that you produce an electronic (PDF) version of the Storyboard/poster to share with NNPHI (1 page preferred; 2 page maximum). We will encourage MLC participants to bring their storyboards to future meetings of the collaborative to share with your peers.

2. *Optional Project Summary*: Recognizing that the technical presentation of the information required in a poster format may not be easily digestible for all audiences, states are encouraged to consider producing a longer version of the Storyboard that contains additional narrative or “storytelling” elements. It is suggested that this longer version be no more than 7 pages.

Tip: The Storyboards produced by Kansas during the second phase of the MLC provide an example of both a shorter version (technical poster) and a longer version of the Storyboard.

Timeline

The QI Storyboard can serve as an ongoing visual record of a team’s progress, helping to keep team members focused on the task while sharing their progress with others. It is recommended that you develop your Storyboard *as the quality improvement projects are taking place*. The Storyboards will likely be refined and revised throughout the course of the project. You may also want to consider project milestones as opportunities to share the storyboards. For example, the MLC Site Visit might provide a good opportunity to share first versions of your Storyboards with the site visit team. Similarly, an in-person meeting of the teams participating in the collaborative might provide a venue for each health department to share their work via the Storyboards.

Please feel free to share all versions or drafts of Storyboards with NNPHI. At a minimum, NNPHI requests that you submit your storyboards within 60 days after the completion of a quality improvement project.. This will allow for NNPHI to make the lessons learned available to the rest of the MLC and other interested in parties in a timely fashion.

Storyboard Components

The final Storyboard should include, at a minimum, the following 7 components. Where it is appropriate, include information about the quality improvement tools and methods that are used. The storyboard may be expressed through a Plan-Do-Study-Act model: see Storyboards from Michigan, Kansas, and Minnesota for examples):

1. **Description of the situation/problem.**
How was the problem identified? What is the context of the problem/why is this problem significant? What are the root causes?
2. **Articulation of the aim statement.**
What is the intent of the project? What is the intended end result?
3. **Description of the proposed intervention or solution to address the situation/problem.**
What actions or intervention should be tested to address the situation/problem? What is the theory for improvement?
4. **Description of what was done to address the situation/problem**
What actions or activities took place to address the problem?
5. **Description of the analysis/evaluation of the intervention/actions taken to address the situation / problem**
What are the results of the activities that took place? What measurements were taken to identify if there has been a change?
6. **Description of the subsequent action that took place to standardize the improvement**
What happened in response to the analysis of the intervention or solution that was tested? What adjustments were made or next steps will take place if an improvement was not made? What will be done to sustain or standardize the solution? What are the next steps?
7. **Overarching lessons learned**
What did you learn from the process? What worked? What did not work? What would you do differently next time?

Tips for Developing QI Storyboards

Below are some general tips to consider in the development of QI Storyboards:

- Be as succinct as possible. Include only critical information.
- Design for ease of comprehension and readability.
- Make the purpose of the project readily apparent.

- Avoid jargon when possible.
- Display the data used throughout the process.
- Outline conclusions based upon data.
- Present plans for sustaining the improvement or further investigation.
- States may want to consider what role(s) they might play supporting the teams in creating their storyboards (e.g., help with formatting/layout).

Additional Resources

1. [Storyboard Teleconference Presentation slides](#)
2. Storyboard Examples (*these may also be found in the [NNPHI e-Catalog](#); search by program: Multi-State Learning Collaborative and by state name*)
 - a. [Kansas](#)
 - b. [Michigan](#)
 - c. [Minnesota](#)
 - d. [Orange County](#)
3. Sample Templates
 - a. [MS Publisher version \(developed by Michigan\)](#)
 - b. [MS Word version \(developed by NACCHO\)](#)

For additional information, please feel free to contact [Jennifer McKeever](#) at NNPHI.