

KAIZEN RESULTS

Citizens will get faster resolutions when filing complaints about doctors and other medical practitioners

IN BRIEF: The State Medical Board licenses and regulates physicians, physician assistants, anesthesiologist assistants, radiologist assistants, massage therapists, cosmetic therapists, and acupuncturists. As a part of this mission, the agency investigates complaints and takes disciplinary action. It's an important mission that affects all Ohioans, which is why agency leaders and staff used Kaizen to improve the complaint intake and resolution process.

GREATER EFFICIENCY: The projected impact varies by complaint type. The "protocol close" process for complaints that do not allege quality of care or regulatory requirement violations will now require just 3 steps, which is a 91% improvement over the previous process. The number of days to process and close these types of complaints will be reduced from 12-44 days to 3-17 days.

FASTER RESOLUTIONS: With the newly designed process, the Board will reach resolution on quality of care complaints that do not result in formal disciplinary action in 44 steps, which is a 61% improvement. The time to reach resolution will be 4-11 months, compared to 1.4-5.6 years previously.

LESS WAITING: The subpoena issuance process was reduced from 76 steps to 28 (63% improvement). This will result in a time savings ranging from 1.4 months to 5 months compared to 5.6 months to 2.7 years.

BETTER WORKFORCE UTILIZATION: The cumulative reduction in steps per process will allow staff time to be redirected to other core agency services. The team estimates that approximately \$340,000 in annual wages can be redirected in this way.



Team members: Front row, left to right: Krista Tackett, Jeff Bradford, Angela McNair, Mike Miller, Kay Rieve, Danielle Bickers, Ruth Pologruto. Back row, left to right: Bill Schmidt, Rob Feldmann, Rebecca Marshall, Nicole Weaver, Barb Jacobs, Angela Fields, Sue Bigham, Judy Rodriguez, Doug Edwards. Not in photo: Kim Anderson, Jennifer Hayhurst, Kathleen Peterson.

DETAILS

The State Medical Board's regulatory responsibilities include investigating complaints against applicants and licensees, and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

It's a vital mission because of its direct impact on the quality of health care. It's also a big mission, with the Medical Board regulating 65,645 active licensees in 2012. And it's a demanding mission given the sheer volume of work, with 4,824 complaints being submitted in 2012 alone.

So a team of people from the Medical Board did what all high-impact organizations should do: They spent a concentrated period of time studying a core process, mapping it out, and scrutinizing every step from complaint intake all the way to closing. They looked for inefficiencies, finding 86 separate occurrences of waste – everything from redundant work to delays to unnecessary handoffs and more. They analyzed the errors that typically occurred and dug deep to understand the root causes.

Springboarding from their analysis of the current situation, they generated more than 75 improvement ideas. Then they narrowed in on a package of high-potential changes, using these to build a new process that will move far faster and be virtually free of errors.

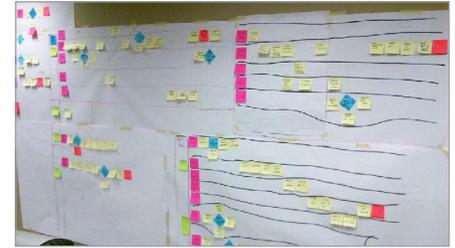
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During every Kaizen event, the process is made visible in the form of an on-the-wall map, enabling people from different parts of the work flow to see the entire process from start to finish. This makes it much easier for people to see improvement opportunities. Here, a subgroup from the State Medical Board team is focusing on several steps.



Left: The process *before* the Kaizen event
Below: The simpler and faster process once all the improvements are in place



The projected impact varies by type of complaint. With the so-called “protocol close,” which typically requires the least amount of time to process, the new process will involve just 3 steps vs. 32 steps with the previous way of doing things. What used to take 12-44 days will now take just 3-17 days.

With complaints relating to quality of care concerns, in cases that do not appear to warrant formal disciplinary action, the new process will involve 44 steps vs. 113 steps – and the process will take 133-334 days instead of the previous 516-2,027 days. When subpoenas are involved, the new process will have 28 steps vs. 76 steps – and the time will go from 174-987 days to 43-154 days. This includes the 30 days that are allowed for a person to respond to the subpoena.

The team achieved many of these gains by improving the front end of the process, knowing the importance of having accurate inputs from the start.

Team members redesigned the instructional consumer guide to make it crystal clear. They reworked the complaint form to make it more user friendly. The new form will essentially “pre-code” itself, making the entire triage step much more predictable.

In addition, they moved “triage” to the front of the process, designed a triage form to provide better direction, and reduced the number of “alleged issue” codes. Triage is where incoming complaints are first examined and then channeled to the right processes and people. These changes will ensure that triage eliminates the entry of false complaints at the very start.

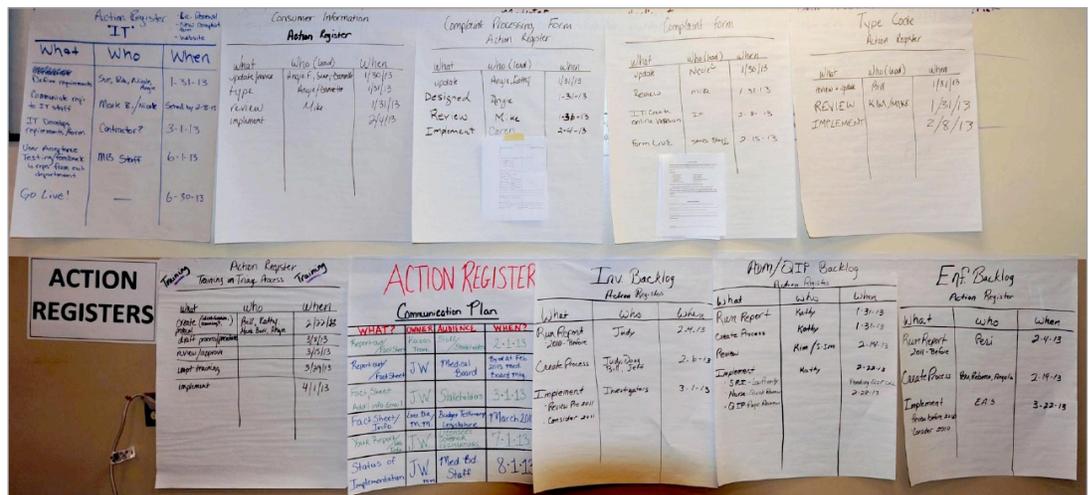
With the new approach, complaints that don’t belong in the system (such as complaints against people over which the Medical Board doesn’t have jurisdiction) will be directed to the proper entity right away – whereas with the previous system, nearly all incoming complaints would be automatically funneled into the system, causing work and rework that wasn’t necessary.

Another change has to do with subpoenas. Last year, some 1,300 subpoenas were served in person, costing considerable time and expense. The new process calls for most of the subpoenas to be mailed.

Other improvements include allowing for electronic subpoena approvals; eliminating the “to be closed” work queue, which had become a sort of limbo that caused delays, and making each section responsible for its own complaint closings; and having one release letter sent for complaints relating to unprofessional conduct, with a clearly stated requirement that it be returned within 30 days.

Obviously, the team accomplished a great deal during its five-day Kaizen event. This was an intense week – something that the team commented on when presenting their plans and projections to a crowded room of interested stakeholders. Team members cited Wednesday as a turning, when different perspectives began to merge and improvement plans began to take shape. As person put it: “After Wednesday, everyone was working together and we were ready to roll.”

The team developed a detailed implementation plan. Included are action registers for communication, training, forms, IT, and other areas. Each register spells out specific action steps, identifies who is responsible for each step, and establishes time frames.



Go to lean.ohio.gov to download this report, view the team’s report-out visuals, see more photos, and read about other Kaizen teams and their results. Important: This report was published on February 14, 2013. Projected and actual results may have changed since then. Contact LeanOhio or the team contact for the latest information.