

## **PROCESS IMPROVEMENT (PI) IN THE WORKERS' COMPENSATION DIVISION**

- 1997 – our decision-making and the way we implement changes in our processes that affect outcomes we deliver to customers needs to be data-based.
- Identified PI course: 3-day “hands on” with 2/3 business simulation and 1/3 lecture. Based on Deming/quality management principles. Project “storybooks” facilitate correct methodology and document team decisions.
- Emphasis: use consistent PI methodology and create a “common dictionary” for staff.
- By Spring 1998: 80% of division managers trained.
- May – Oct. 1998: 3 pilot projects (12 managers + 6 lead workers in 2 sections). Avg. 13% staff time; 6% manager time. Emphasis: breaking down “silos” between sections.
- Recommendations and surveys used to develop proposal for division-wide training. Exec Team approved:
  - o Team training for 238 FTE: \$6500 + personal services costs = \$12,000 - \$15,000
  - o Licensing 4 trainers in PI and training 54 FTE: \$25,000
  - o Training more groups of 18: \$270 + materials, time
  
- Early 1999 – established “GRIP” (Group Responsible for Implementing Prism) to plan, coordinate, and implement PI; 4 managers, 4 staff. Key activities:
  - o Training a critical mass
  - o Certifying trainers and developing team coaches
  - o 8 – 10 hr. team skills training for all 18 units (project team work, conflict resolution, reaching consensus)
  - o Developing capacity for customer satisfaction surveys to obtain process data (pilots using outside vendors were very costly and unsatisfactory in deliverables)
  - o All-staff meetings; “how to” open house for managers
  - o Using team experiences to improve future projects
  
- 2000 – surveyed managers/Exec Team re: early efforts
- Fall 2000 – offsite for all 30 WCD managers; surveys and brainstorming lead to 12 categories of needs to improve PI planning and implementation. Subcommittees: Resources, Modeling PI Leadership, Communications, and Training.
- 2001: 89 recommendations, including:
  - o Developing knowledge base for resources, project documentation, etc.
  - o Training managers: how to sponsor projects
  - o Develop project charters to provide teams clear direction (now used elsewhere)
  - o Develop survey development training
  - o Weekly communication about related activities
  - o Collect 6-month data about skills usage
  - o Provide recognition
  - o Develop division resources (“who do I go to for...”)
  - o Identify when PI is appropriate or not
  - o “Small bites, quick successes” whenever possible (blocks of time)
  
- 2004- ended GRIP (PI implemented); started PIC (Process Improvement Committee). Idea adapted from Tri-met; 4 managers and 4 staff.
- PIC solicits ideas, interviews to determine if appropriate for PI, and recommends 2 – 3 ideas each quarter to Exec Team based on resources and priorities.
- 2004: 33% of staff used tools in 40 cases; 27% more than twice; 75% used flowcharts.
- Focus: Long-term; continuous improvement; culture change. Not a start/stop initiative.

- Examples of projects:
    - o Temporary Disability Rating Standards
    - o Phone Consultations - benefits, return-to-work
    - o Notices of Closure
    - o Rules Promulgation
    - o Policy Development
    - o Director's Orders
    - o File Tracking
    - o Worksite Modifications
    - o Medical Dispute Resolution orders
  - Support division performance measures: timely and accurate benefits to workers, access to return-to-work assistance, timely and objective dispute resolution, customer satisfaction, etc.
- 

- 2006 – Shift to “Regulatory Redesign”
  - Higher level view: 30,000 foot view vs. the on-the-ground focus on processes
  - Philosophy:
    - o explain what is expected of those we regulate
    - o stand back and let them do it (not hand-holding or “paternalistic”)
    - o hold them accountable for doing it by verifying (with consequences).
  - Systemic, not “case-based,” regulation.
  - Function reviews vs. process improvement – higher-level, fundamental questions:
    - o Are we doing/regulating/enforcing/providing the right things?
    - o What are indicators of system health?
    - o Do our current regulatory functions, methods, and data support those indicators?
    - o If not, what do we need?
  - Higher-level tie-in to performance measures and key system indicators.
  - Redesign basic functions to support Regulatory Redesign decisions, then establish supporting processes. PI methodology can then be used over time to improve the processes based on customer data.
- 
- Pilot 2006 – function review methodology
  - 2006 – 2008 - Function reviews in Compliance, Dispute Resolution, Benefits, and Medical areas
  - 2008 and on-going – implementation of recommendations (Examples; audits, MCOs)
  - Over 1,000 recommendations; roughly 96% approved by Steering Committee.
  - Recommendations include statutory and rule changes, data system changes, etc.
  - Steering Committee tracking implementation and impacts.
  - Focus: long-term, higher-level focus on improving system health supported at the lower process level by PI efforts.