

Value Stream Mapping Workshop Charter

Project Title

Hospital Licensing Process

Workshop Sponsor	Workshop Coach	Workshop Project Lead	Workshop Facilitator(s)
Karen Jensen, Assistant Secretary, HSQA	Bill Riley, COPPHI	Dave Magby, Director, IIO Trent Kelly, Deputy Director, IIO	Kris Kernan, Strategic Planning Analyst, HSQA Susan Ramsey, Director, OPA

Background

The Department of Health is mandated by law to conduct inspections of hospital facilities on an average of every 18 months. These timelines are important to our role of protecting patient safety and well being in these facilities. A recent audit conducted by the Washington State Auditor's Office reviewed the department's compliance with Medicaid grant requirements to conduct hospital inspections. The audit found that the Department of Health did not survey all hospitals in accordance with state law, which could increase the risk of clients receiving substandard care. Specifically, some hospital surveys are not being done in a timely fashion.

The department inspects hospitals both on behalf of the federal government for Medicare/Medicaid certification, as well as pursuant to state licensing laws. The survey focuses on the hospital's administration and patient services. It also assesses compliance with federal health, safety and quality standards designed to ensure patients receive safe, quality care. When the department does not survey hospitals as timely as required, Medicare/Medicaid is paying hospitals for services without assurance the hospitals are providing services that meet state health and federal standards and regulations. There may also be greater potential for patient harm in a non surveyed facility.

The department wants to evaluate strategies of how it can conduct inspections to achieve greater efficiencies and improve timeliness. This analysis includes:

- Evaluating the number of inspectors needed in relation to the size of the hospital.
- Developing streamlined procedures for collecting information during an inspection.
- Reviewing department procedures to determine compliance/non-compliance with the regulations and protocols for inspecting care delivery within the hospital.

Aim Statement

Increase the percentage of acute care hospital inspections within 18 month timeline from 52% to 75% by December 2012 and to 100% by December 2013.

Deliverables

Current State Map, Future State Map, and Implementation Plan.

Scope & Boundaries

Included in scope: Acute Care Hospital survey process – survey preparation, on-site survey, survey deficiency follow-up, ILRS report monitoring

This project will focus on the hospital survey process. This process begins the date the onsite survey exit conference is held and ends when the next onsite survey exit conference is done. The team will value stream map the survey process, then choose critical area(s) to focus on when developing the future state map. The goal is to increase quality of the on-site survey process, make the survey process more meaningful, optimize and maximize resources and streamline business practices.

Not included in scope: Chemical Dependency Hospitals, Psychiatric Hospitals

Supplier	Integrated Regulatory Licensing System - report showing which hospital surveys are due
Input	Onsite state hospital survey
Process	State Hospital Survey done, deficiencies identified, deficiencies addressed
Output	Survey complete
Customer	Hospital

Problem Statements & Effects

During fiscal year 2011, 55% of surveys were not done within the 18-month timeline. The state has 96 active hospitals in three categories: acute care/general hospitals, chemical dependency hospitals and psychiatric hospitals. When the department does not survey hospitals as timely as required, Medicare/Medicaid is paying hospitals for services without assurance the hospitals are providing services that meet state health and federal standards and regulations. There may also be greater potential for patient harm in a non surveyed facility.

Workshop Date/Time/Location

Date	Time	Location
June 11-16, 2012	8:00 A.M. -4:00 P.M.	Comfort Inn, Tumwater

Workshop Participants

Name	Role/Function	Name	Role/Function
Karen Jensen, Assistant Secretary	Executive Sponsor	Cheri Carter, Health Services Consultant	Participant
Dave Magby, Office Director	Project Lead/As needed	Rachael Lindstedt, Health Services Consultant	Participant
Trent Kelly, Deputy Director	Project Lead	Shannon Walker, Health Services Consultant	Participant
Linda Foss, Program Manager	Subject Matter Expert/ Participant	Kristen Peterson, Hearings Examiner	Participant
Elizabeth Gordon, Nursing Consultant	Participant	Barbara J. Yoder RN, MBA/HCA, HACF	Customer/Hospital

		PeaceHealth Southwest Medical Center	
Lisa Sassi, Nursing Consultant	Participant	Linda Goodwin Evergreen Hospital (Kirkland)	Customer/Hospital
Marieta Smith, Nursing Consultant	Participant	Jean Borth Franciscan St. Clair Hospital (Lakewood)	Customer/Hospital
Lee Malmberg, Public Health Advisor	Participant	Karen Jones, Fire Marshal	Customer/Fire Marshal
Paul Throne, Public Health Advisor	Participant	Steve Hodgson, Finance Director	As Needed
Lisa Mahoney, Public Health Advisor	Participant	Kathryn LePome, Workforce Analyst	As Needed/Observer
Larry Anderson, Public Health Advisor	Participant	Sam Marshall, Chief Administrator	Observer
Valerie Walsh, Nursing Consultant	Participant	Diana Ehri, Performance Management Consultant	Observer
Steve Mickschl, Nursing Consultant	Participant	Deven Zipp, ITS 5	Observer
Barb Runyon, Nursing Consultant Advisor	Participant		

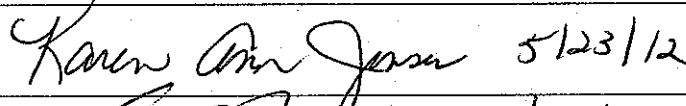
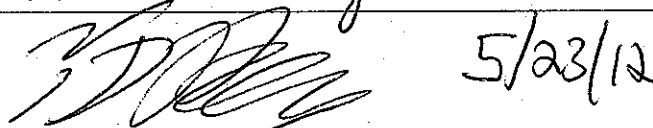
VSM Workshop Guiding Principles

1. Demonstrate trust to other VSM Workshop participants.
2. Follow through on any commitments you make or assignments you accept.
3. Display professional courtesy during meetings and discussions with other VSM Workshop participants.
 - a. Listen to different points of view.
 - b. Maintain self-esteem of all participants.
 - c. Listen while others are speaking.
 - d. Provide VSM Workshop participants equal opportunity to speak on a topic.
 - e. Be positive and constructive.
 - f. Focus comments on the process, not the person.
4. Provide regular progress reports to the VSM Workshop sponsor(s).
5. Consider cost-benefit aspects of our products and actions.
6. Use consensus decision-making process.
 - a. Use multi-voting decision as our secondary decision-making process.
 - b. Use majority rules decision making as our tertiary decision-making process.
7. Keep sensitive information within the group.
8. Ask for help if you cannot complete your assignments on time.
9. Do not let cell phones, pagers, & laptops disrupt the workshop.
10. Have fun.

Roles and Responsibilities

The table lists who does what before and after the VSM Workshop.

Who	Does What
Before the VSM Workshop Starts	
Sponsor	Provides guidance and authorization to the Workshop Project Lead in <ul style="list-style-type: none"> • preparing the workshop charter and • selecting workshop team members
	Commits resources for the workshop
	Ensures leaders of associated function commit to providing resources for the workshop
	Provides opening comments to the workshop participants
	Attends the report-out on the final day of the workshop
Project Lead	Organizes the evaluation meeting to develop the workshop charter
	Ensures completion of the VSM Evaluation & Planning Phase Checklist
	Ensures the correct team members are committed to participating in the entire workshop
	Sends a meeting notice out to the workshop participants
After the Workshop Ends	
Sponsor	Hold Project Lead and Implementation Team responsible for achieving improvements (final results)
	Commit resources necessary to execute process improvement implementation plans
	Ensure leaders of associated functions commit resources necessary to execute process improvement implementation plans
	Support follow-on action plan status meetings
	Sponsor appropriate out-of-scope improvement recommendations and go-forward plans
Project Lead	Ensure workshop participants begin implementing their assigned actions
	Hold implementation meetings with key team members
	Keep track of all open action items and measure progress (i.e. first pass yield, number of transaction, cycle time)
	Link action plan improvements to the future state map

Signature of Workshop Sponsor:	 5/23/12
Signature of Workshop Project Lead:	 5/23/12