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## Better Systems, Better Outcomes:

Rethinking Processes with People in Mind using Principles of Process Improvements and Human Centered Design

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DATA DRIVEN RECOVERY PROJECT

## CONTENTS

Introduction .....	3
Overview of Process Improvement Methods .....	6
Project Information: Boxes 6, 7, 8, & 9 .....	22
Method Profiles .....	25
System Views .....	25
Sequential Intercept Mapping .....	25
Behavioral Health Continuum .....	27
Housing and Homelessness Continuum of Care .....	28
Human-centered Design and Brainstorming tools .....	29
Client Journey Mapping .....	29
Rapid Prototyping .....	31
Finding the Method That’s Right for Your Improvement Goals .....	31
Process Improvement and PDCA tools .....	32
1A. Problem Statement .....	32
1B. Goal Statement .....	33
2A: Process Walk .....	34
2B: SIPOC (Supplies, Inputs, Processes, Outputs, and Customers) .....	35
2C: Pareto “Vital Few” Chart .....	36
2D: 5 Whys Problem Solving Tool .....	37
2E: Current State Map .....	38
2F: Target State Map .....	39
3A: Project Plan Tool .....	40
3B: RACI Project Role Planning Chart .....	41
4A. Before and After Chart .....	42
5A: Standard Work Document .....	43
Case Study 1: Intake and Assessment Process for Probationers .....	45
Case Study 2: Contracts, Grants, and Memorandums of Agreement (MOA) .....	60
Case Study 3: Psychiatric Hospitalization Discharge .....	70
Case Study 4: Emergency Department Discharge to MH Outpatient Services .....	74
Case Study 5: Incompetency to Stand Trial .....	80
Case Study 6: Linking technology systems .....	81

Case Study 7: Pretrial pre-arraignment Release .....	82
Case Study 8: Mental Health Diversion Process.....	83
Case Study 9: Medicaid Benefits Signup Process .....	84
Case Study 10: identifying High Utilizers of Multiple Systems in the Community .....	85
Case Study 11: Connecting people to care during Re-Entry.....	86

## INTRODUCTION

As systems become more integrated, there is a growing need for approaches that give organizations a toolkit to both look at the needs of clients, as well as the demands of programs and processes. The purpose of process improvement is to build operational excellence through streamlining of value-added processes, Human Centered Design is aimed at leveraging interpersonal experiences to better understand the needs and wants of stakeholders and then design something that fits that need. Moving from operations to strategy is the next step that helps jurisdiction not just manage the ever-changing and emerging notion of innovation, but also develop and sustain efforts. Each organization or agency has their own set of norms, but this approach is grounded in a multi-disciplinary approaches that seek to align the WHY along with HOW and WHEN.

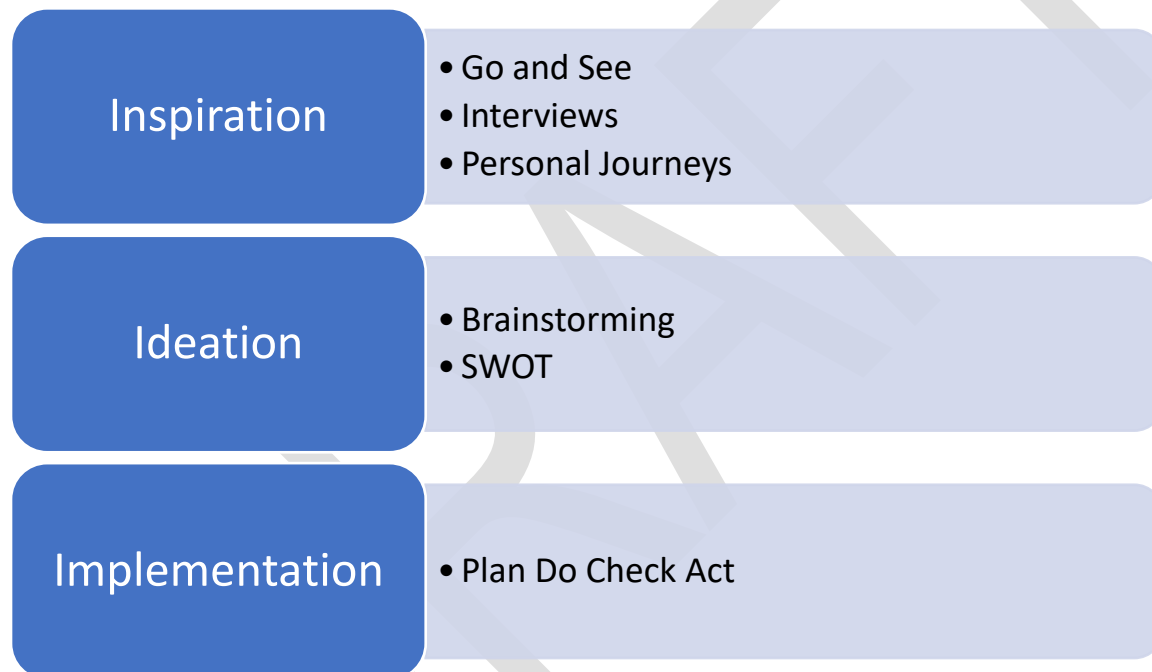
The document is organized to give the reader a thought process to go through in understanding a problem, but then how to apply a system of tools to look at it from the perspective of clients, as well as of systems. Section 1 walks through an approach to looking for inspiration in how to approach opportunities and challenges, especially around asking clients and families. Section 2 looks at how to start to create ideas and start to test them in different tangible ways. Section 3 list how this can then be turned into a problem-solving approach to ensure solutions get at root causes by describing a number of tools as well as approach for looking at problem solving. The Appendix also contains use cases that walk through the approach, using a variety of tools.

- Gain techniques for mapping complex systems and identifying the root causes of a problem.
- Establish a shared view of the system and reframe problems from different perspectives to uncover new solutions.
- Find the right problems to solve and pick the best solutions to experiment with.

- Deepen your understanding of your organizational systems by taking an iterative approach to testing solutions and gaining insights.

This is based on several principles that try and blend the challenges of heavily mandated and regulated systems like health and public safety with the reality of discretion and sometimes divergent ideas of the end customer. Human centered design and process improvement have compatible goals if managed and seen through a particular lens.

This guide is meant as a compendium to a searchable database of documents, process maps, and use cases available [here](#). This is also a way to include Sequential Intercept modeling into a larger framework of problem solving available [here](#).



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## 1. INSPIRATION

This first phase is dedicated to learning from your clients. Rather than develop services and processes based on preconceived notions about what you think they want or need, you take the time to discover what they actually or expect.

The inspiration phase requires empathy—the capability of understanding another person’s experiences, emotions, and expectations. You need to put yourself in your users’ shoes and ask questions to determine what they are actually doing and thinking, why and how they’re using them, and the challenges they’re trying to solve.

## 2. IDEATION

The inspiration you gather in the first phase will lead you to the second: ideation. During this step, you want to brainstorm as many ideas as possible based on the feedback gathered by talking to stakeholders and clients.

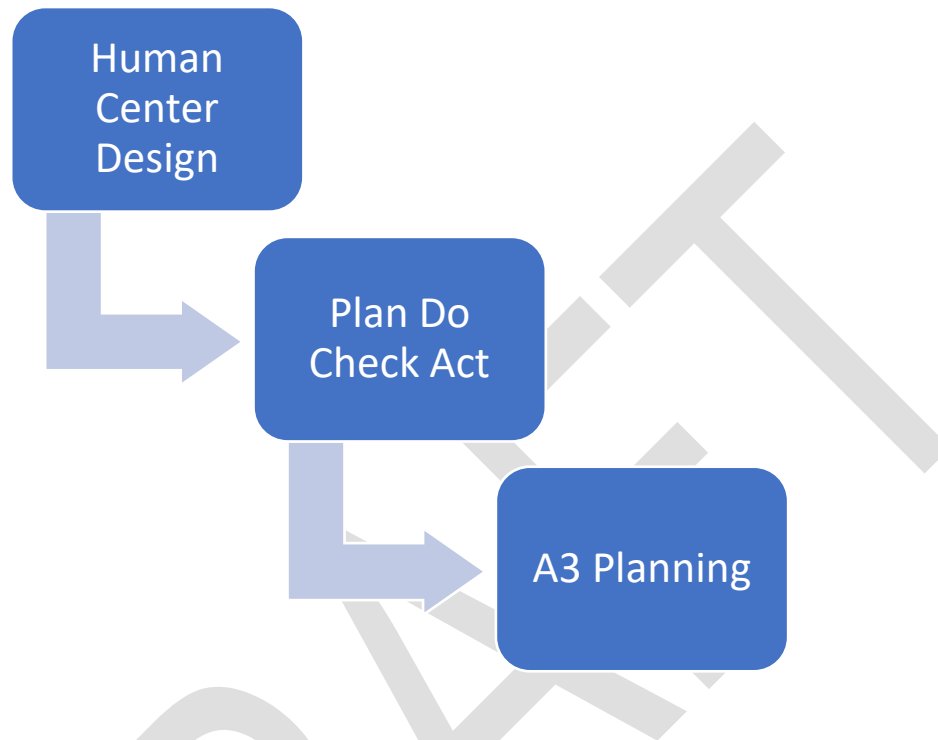
As to what is most feasible and viable, build out a prototype or a concept you can get feedback on. It could be as simple notes or PowerPoint presentation focuses on documenting how clients experience things Taking this a step further, using collaboration and brainstorming for process improvement can be an excellent source of innovations, new perspectives and possible solutions. Utilizing testing is a key piece of moving from a problem definition to validating an approach. Developing testing cycles can rapidly test a new idea and understand how it can adapt or be adopted. This can be done by looking at the process and seeing if anyone is actually better off or looking to see if the value created actually meet a need.

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## 3. IMPLEMENTATION

The final phase of the process is to start developing a clear sense of how making improvements would be implemented and standardized operationally. Keeping humans at the center of the development process will ensure you're continuously innovating and achieving sometimes complex operational goals. This is organized into a framework called Plan, Do Check act. This approach encourages a continuous process to both diagnose issues and look at problems creatively, as well as tool the ensure the new process is efficient but also rooted in a firm understanding of what creates value for different stakeholders

## OVERVIEW OF PROCESS IMPROVEMENT METHODS



Program improvement methods vary considerably in function, level of effort, and complexity. They can range from quick-fix actions your organization can implement regularly without formal tools or team participation, to week-long events that require more in-depth planning, participation, and formal tools. Designed to reduce waste and improve efficiency, these methods can be used for a variety of purposes—from identifying priority programs to designing and implementing faster and less complex ways of delivering key services. The following is an overview of starting with elements of human centered design, that try to better understand how a person really experiences the program or process, then attaching rigorous action steps to correctly identify the problem, as well as analyze the current state before moving to solutions.

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### GETTING A SYSTEM VIEW

Getting a system view entail looking at where a program or process fits into a larger system of care. The tools in this section using approaches from several approaches to give people a framework and common language to address a system's needs.

METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
<b>Behavioral Health Continuum</b>	This document gives a visual overview of the behavioral health continuum and links programs to their evidence base	Use this method to clearly inventory programs and practices that support people across levels of care.	To develop a program that blends the needs existing full service partnership programming resources with justice programs.
<b>Housing Continuum</b>	This document gives a visual overview of the housing and homelessness continuum of care,	Use this method to identify housing that can be used to support people at various stages of need, and to educate stakeholders about different funding streams	To create a program that links homelessness prevention efforts with behavioral health
<b>Sequential Intercept Model for Justice Systems</b>	This framework shows how different programming and diversionary options are placed among justice and social service agencies	When the goal is to develop alternative programs or process that are embedded at different points of the justice process	Look for gaps and priorities around increased alternatives to incarceration

INSPIRATION AND IDEATION: HUMAN CENTERED DESIGN AND BRAINSTORMING SOLUTIONS

Getting inspiration can come from a variety of sources but getting insights from clients and stakeholders, as well as having ways to quickly develop concepts that can inform final designs are key elements.

METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
<b>Client Journey Map</b>	Client journey mapping is a tool to document a person’s experience as they move through an experience, noting various touchpoints, as well as pain points.	When the goal is better understanding what clients want from their perspective, not just the systems perspective	Mapping a client’s experience at the emergency department can help to better understand their motivations and the alternatives.

<p><b>Rapid Prototyping</b></p>	<p>Rapid Prototyping is an approach to software and program development that emphasizes quick, iterative development cycles and minimal feature sets.</p>	<p>Use this method when the goal is to quickly show stakeholders new ways of approaching a shared problem to get input on certain key pieces</p>	<p>Develop an alternative to email and phone calls for planning re-entry for people released from jail through a single app.</p>
<p><b>Stakeholder Mapping</b></p>	<p>Stakeholder mapping is the visual process of laying out all the stakeholders of a product, project, or idea on one map.</p>	<p>Getting a visual picture of the people that influence your project and how they are connected, as well as plotting their interest or opinions about a project to better communicate with them</p>	<p>When looking to expand a program in a new neighborhood, use this tool to get a clear sense of who supports the new project as well as might have concerns, then develop a communication plan and pace.</p>

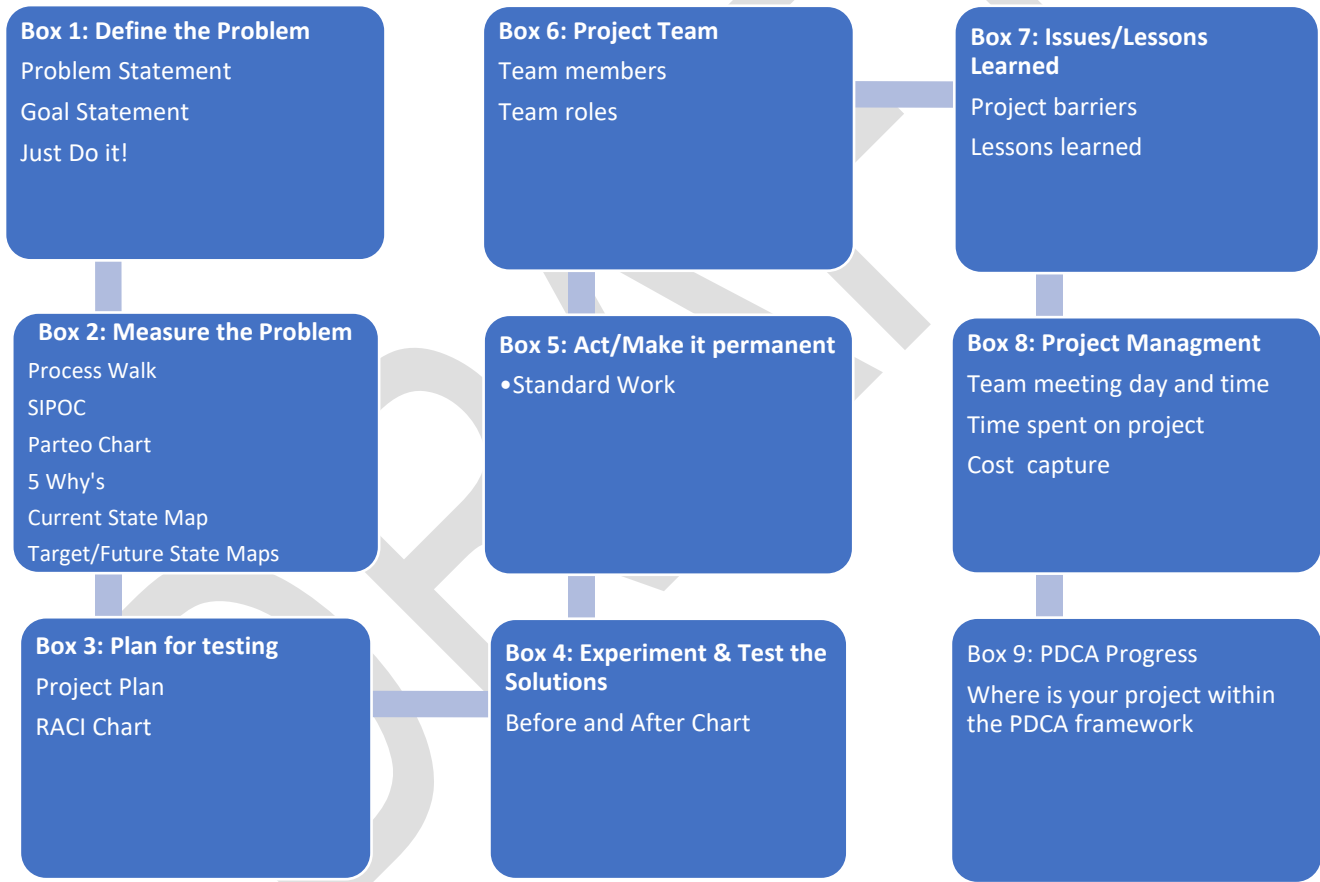
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IMPLEMENTATION: PLAN, DO, CHECK, ACT (PDCA) AND A3 PLANNING

The plan, do, check, act (PDCA) approach is way of organizing your program improvement process into a way that can be summarized but also documented to ensure a dynamic path rooted in continuous improvement. This guide is meant to show how all these things work together to form a toolkit, where some things are used in one situation and not in others. The appendix contains use cases, which will help to show the problem analysis approach as well as the tools. Reach case study has the templates available [here](#).



# Boxes of the A3



WHAT IS THE A3

The A3 is simply a template to organize your program inquiry so that it fits in one (very large) page. In this case, the A3 is being used to house the PDCA steps. The A3 also adds additional room for noting lessons learned, cost efficacy, and project management.

Breakthrough Project:		A3 Type:		Report Date:	BOX 6. TEAM													
BOX STATUS	<b>BOX 1. PLAN: Define</b>		<b>BOX 3. Improvement Actions</b>			Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name	Role								
	Problem Statement:		Action	Sub-Action / Analysis	Owner													
	1	Scope:	Trigger:	1														
				2														
	2	Done:	Goal Statement:	3														
				4														
	3			5														
				6														
	4			7														
				8														
	5			9														
				10														
	6			11														
12																		
7	<b>BOX 2. PLAN: Measure &amp; Analyze</b>		<b>BOX 4. CHECK: Results</b>			<b>BOX 7. Issues/Lessons Learned</b>												
8																		
<b>BOX 8. Project Management</b>																		
Day and Time for Regular Update Meeting																		
Estimate of Total Time Spent on Problem																		
Total Work Days from Open To Closeout																		
Target Cost Capture																		
<b>BOX 9. Progress</b>																		
<table border="1"> <tr> <th>P</th> <th>D</th> <th>C</th> <th>A</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>											P	D	C	A				
P	D	C	A															

PLAN: BOXES 1 & 2

There are many ways to use Lean methods to improve your agency’s processes and programs. Before choosing a method, it can be helpful to have a sense of the initial scope of your project so you can more readily identify the method that is best suited for your needs. It is important to match your goals to the function of the method, as well as to the level of resources required.

BOX 1. PLAN: Define	
Problem Statement:	
Scope:	
Trigger:	
Done:	
Goal Statement:	

**Box 1. DEFINE (PLAN)**

- How is this problem relevant to the department?
- Is there a deviation from the expectation?
- What benefits are you hoping to attain?

**Go / No-Go Criteria**

- Is the problem or reason for action clear and shared so that it can serve as a roadblock buster?
- Does the goal statement contain SMART objectives?
- Is the A3 aligned to KPI's and/or strategic goals?
- Is the Goal Statement (format specific "From X to Y by When"):

Tools

Problem Statement  
Goal Statement

PLAN

Box 1: Define the Problem

- Problem Statement
- Goal Statement
- Just Do it!

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
1a	<b>Problem Statement</b>	A problem statement is a short, clear explanation of an issue or barrier that sums up what you want to change. It helps you, your team, and other stakeholders to focus on the problem, why it's important, and who it impacts.	Whenever an issue or problem is identified, but needs to be more clearly defined	Discuss problem with staff and use data to provide a clear image of the problems impact
1b	<b>Goal Statement</b>	A goal statement is a description of your objectives on an improvement project. This should include clearly defined accomplishments and a timeline for achieving your goal in order to stay on track.	Whenever a problem is identified and a clear goal for the improvement project is needed	Discuss goal with stakeholders to ensure a common goal is identified
1c	<b>Just Do It</b>	Simple action can be taken immediately to fix a problem or reduce waste in a process. You can identify "just do its" in through process walks mentioned below, or in your daily work.	Any time there is an easy solution that can be implemented right away	Fixing a jammed printer or moving paperwork that was incorrectly filed

<p><b>Box 2. MEASURE and ANALYZE(PLAN)</b></p> <p><b>Current State:</b></p> <ul style="list-style-type: none"> <li>• Describe attributes of Current State</li> <li>• Quantitative and Qualitative Graphically</li> <li>• Can you express the deviation/gap visually? (Pareto)</li> </ul> <p><b>Go/ No-Go Criteria</b></p> <p><input type="checkbox"/> Confirmation of current state data measures reflect SMART objectives from Box 1</p> <p><b>Target State:</b></p> <ul style="list-style-type: none"> <li>• Describe attributes of Target State</li> <li>• Quantitative and Qualitative</li> <li>• Graphically present picture of Target State</li> <li>• Are SMART (specific, measurable, attainable, relevant &amp; time-bound) objectives defined and achievable?</li> </ul> <p><b>Go/ No-Go Criteria</b></p> <ul style="list-style-type: none"> <li>• Improvement metrics direct connection with Box 1, current state, and DATA supports highest level KPI's</li> </ul>		<p><b>Gap Analysis:</b></p> <ul style="list-style-type: none"> <li>• What holds us back from the target state?</li> <li>• What are the root causes of these road blocks?</li> <li>• Has gap analysis been completed?</li> </ul> <p><b>Go/ No-Go Criteria</b></p> <p><input type="checkbox"/> Root cause(s) defined and prioritized</p> <p><input type="checkbox"/> Data representing root cause analysis</p> <hr/> <p style="text-align: center;"><b>Tools</b></p> <table border="0"> <tr> <td style="text-align: center;"> <p><b>Measure Tools</b></p> <p>Current State Map</p> <p>Process Walk</p> <p>SIPOC</p> </td> <td style="text-align: center;"> <p><b>Analyze Tools</b></p> <p>Five Whys</p> <p>Pareto Chart</p> <p>Target State Map</p> </td> </tr> </table>	<p><b>Measure Tools</b></p> <p>Current State Map</p> <p>Process Walk</p> <p>SIPOC</p>	<p><b>Analyze Tools</b></p> <p>Five Whys</p> <p>Pareto Chart</p> <p>Target State Map</p>
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<p><b>PLAN</b></p>				

**Box 2:  
Measure the  
Problem**

- Process Walk
- SIPOC
- Pareto Chart
- 5 Whys
- Current State Map
- Target/Future State Maps

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
2a	<b>Process Walk</b>	A cross-functional team of employees walks through the work area over a short period, identifying opportunities to reduce waste and introducing improvements as they walk. Improvements can usually be implemented rapidly, resulting in quick gains. This method can help to engage employees in spotting waste in their day-to-day activities beyond the scope of the initial process walk or waste walk.	To identify immediate and/or easy changes; to identify waste in a process “on the floor” (e.g., your office)	Physically walk through the stages of a permitting process (follow the path of the permit application) and identify ways to improve the process
2b	<b>SIPOC</b>	A SIPOC (suppliers, inputs, process, outputs, customers) diagram is a tool for documenting a process from beginning to end. SIPOC diagrams are high level process maps because they do not contain much detail.	To identify the high-level steps of a process	Talk with staff involved with a process to identify the items
2c	<b>Pareto Chart</b>	The pareto chart shows the ordered frequency of categorical counts of data. These charts are often used to identify areas to focus on first in process improvement. According to the Pareto Principle, in any group of things that contribute to a common effect, a relatively few contributors account for most of the effect.	Identify the top contributors to a problem solving effort and prioritize using a basing data count	Looking at the top reasons for clients going to the Emergency department and segmenting them into the ones that are most common
2d	<b>5 Whys Tool</b>	Five whys (5 whys) is a problem-solving method that attempts to find the underlying cause-and-effect of particular problems. The goal is to determine the root cause of a problem by repeatedly asking the question “Why?” until the root cause is found	Whenever top contributors are identified for a problem, but they may just be symptoms	Discuss top contributors with staff and continually asking why the top contributor exists

2e	<b>Current State Map</b>	Mapping an existing process from beginning to end. Each step in the process is documented, with a noun and a verb identified for each. Will provide a visual map of how a process works, including any waste found	Whenever a process needs to be understood in order to implement solutions	Map out the process with staff involved in the process, identifying each step and waste involved
2f	<b>Future State Map</b>	Mapping a process, you intend to implement, which should include improvements on the current process, from beginning to end. Each step in the process is documented, with a noun and a verb identified for each. Will provide a visual map of how a process works, including any waste found	Whenever a new process needs to be implemented to achieve solutions	Map out the process with staff involved in the process, identifying improvement steps

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DO: BOX 3

It is important to match your goals to the function of the method, as well as to the level of resources required.

BOX 3. Improvement Actions							
#	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected or Actual Completion Date	Status	Completed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Box 3. Improvement Actions (DO)**

- Develop and communicate actions/changes to the “critical few” factors that lead to improvement. (Base action from data in box 2)
- Is the completion plan on track?
- What are we learning from delays or adjustments?

**Go/ No-Go Criteria**

Has a process owner been assigned and been informed?

Are actions based from Box 2 data or information?

Has task completion dates been assigned?

**Tools**

RACI Chart  
Project Plan

DO

Box 3:

- Project Plan
- RACI Chart

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
3a	Project Plan	A project plan defines project goals, tasks, goals and who is responsible for each of them	Whenever a project involves numerous Departments and needs coordination to succeed	When working to implement a new program, identifying the goals and tasks of a project and who is responsible for implementing each, as well as a general timeline



3b	<b>RACI Chart</b>	A RACI chart (Responsible, Accountable, Consulted, Informed) is a way to identify your project teams' roles and responsibilities for any project task. Allows you to clarify responsibility and reduce confusion.	Whenever Department Leaders need to be kept informed and their responsibilities defined, as well as who will just be giving input.	. A high-profile project where there are multiple experienced people but there is a need to clarify who is making choices, implementing steps, or being asked for their opinion.
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CHECK: BOX 4

It is important to match your goals to the function of the method, as well as to the level of resources required.

**4. RESULTS of Solution Approach (CHECK)**

- Does solution approach link well with the root causes identified in the Gap Analysis?
- Are rapid experiments/projects achieving desired results and learning?
- Are metrics displayed that best indicate progress towards goal statement pre-, during and after project completion?
- Does the solution approach express the hypothesis to be validated or adjusted through rapid experiments or project pilots?
- Can emerging roadblocks be removed?

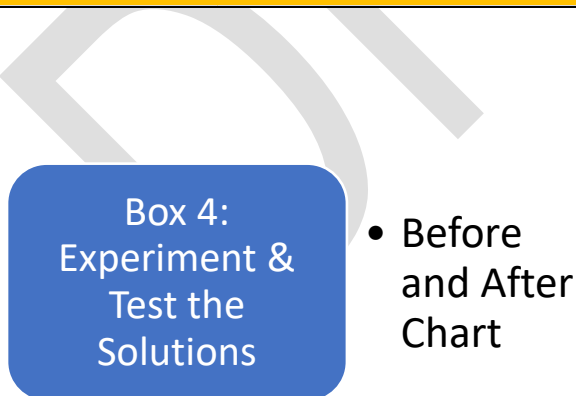
**Go / No-Go Criteria**

- Are counter-measures defined?
- Are confirmed state metrics in place and do they validate the target state?
- Is the approach aligned with Lean Principles, KPI's & Strategic Objectives?
- Was expected result achieved?
  - YES – update box 3 and go to box 5
  - NO – go back to box 2 reassess your root cause(s)

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**Tools**  
Before/After Charts

CHECK



PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
4a	<b>Before &amp; After Tool</b>	A graph is used to study how a process changes over time. Data are plotted in time order, showing the data before an improvement was implemented after it was implemented, and the overall goal of the data set.	Whenever an improvement project is implemented, you need to know if the goals of the project have been met	Documenting the progress of an implemented project to show success or failure

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ACT: BOXES 5

It is important to match your goals to the function of the method, as well as to the level of resources required.

<p><b>5. SUSTAIN&amp; ADJUST (ACT)</b></p> <ul style="list-style-type: none"><li>• Has communication &amp; standard work been developed?</li><li>• Have systems been developed that will sustain the achieved improvement?</li><li>• Is the solution approach being followed?</li><li>• Are people recognized and achievements are shared?</li></ul> <p><b>Go/ No-Go Criteria</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Achieves Target State in Box 2</li><li><input type="checkbox"/> Box 3 Complete</li><li><input type="checkbox"/> Standard work audits are confirming target state sustainment</li></ul>
<p style="text-align: center;"><u><b>Tools</b></u> Standard Work</p>
<h1>ACT</h1>

**Box 5:**  
**Act**

- Standard Work

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
5a	<b>Standard Work</b>	Standard Work is the current best practice for performing a process. Standard work should contain instructions, useful graphics, and anything else necessary to ensure that work is done consistently no matter who performs it.	Whenever a new process is implemented to ensure success is sustained over time	Writing a detailed instructions of how to complete a process, who does it, how long it takes, and critical steps that must be completed

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PROJECT INFORMATION: BOXES 6, 7, 8, & 9

It is important to document the staff involved with the project, issues encountered along the way, lessons learned, project management details, and progress. Boxes 6 thru 9 are used to document these items to assist in managing the A3. Box 6 focuses on the team members involved in the project and what their role is. Box 7 focuses on what issues or lessons were learned during the project that could be useful for other projects in the future. Box 8 focuses on documenting when project updates are held, how many hours have been spent on the project, and the projected savings (Cost, Time, Ect.) of the project. Finally, Box 9 shows what step in the process the project is currently in (Plan, Do, Check, or Act). All of these are crucial to complete prior to closing an A3 so those reviewing the project are aware of all the players involved, what was learned during the project, and the ultimate benefit the project created.

<p><b>BOX 6. TEAM</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th>Role</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Role																							<p><b>Box 6: Team</b>  <input type="checkbox"/> List project team members and their role.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Role Name</th> <th>Role Definition</th> </tr> </thead> <tbody> <tr> <td>Project Lead</td> <td>Staff leading the project (Typically the owner of the A3)</td> </tr> <tr> <td>Management System Coach</td> <td>Staff responsible for providing information regarding the Management System</td> </tr> <tr> <td>Management Support Team Member</td> <td>Member of the Management Support Team assisting the Project Lead</td> </tr> <tr> <td>Project Sponsor</td> <td>Member of the Executive Team or other Management Staff who oversee the project and receives updates from the Project Lead</td> </tr> <tr> <td>Deployment Champion</td> <td>Management or other staff who assists the project lead in completing the project</td> </tr> <tr> <td>Subject Matter Expert</td> <td>Staff who have demonstrated an expertise in an area impacted by the project</td> </tr> <tr> <td>Other</td> <td>Any other staff involved in the project</td> </tr> </tbody> </table>	Role Name	Role Definition	Project Lead	Staff leading the project (Typically the owner of the A3)	Management System Coach	Staff responsible for providing information regarding the Management System	Management Support Team Member	Member of the Management Support Team assisting the Project Lead	Project Sponsor	Member of the Executive Team or other Management Staff who oversee the project and receives updates from the Project Lead	Deployment Champion	Management or other staff who assists the project lead in completing the project	Subject Matter Expert	Staff who have demonstrated an expertise in an area impacted by the project	Other	Any other staff involved in the project
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Box 6:  
Team

- Team Members
- Role(s)

<p><b>BOX 7. Issues/Lessons Learned</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"> </th> <th>Date Entered</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Date Entered							<p><b>Box 7: Issues/Lessons Learned</b>  <input type="checkbox"/> List immediate obstacles that are blocking progress on this project  <input type="checkbox"/> List lessons learned that may assist others</p>
	Date Entered								

**Box 7:  
Issues/Lessons  
Learned**

- Issues
- Lessons Learned

<p><b>BOX 8. Project Management</b></p> <p><u>Day and Time for Regular Update Meeting</u></p> <p>_____</p> <p><u>Estimate of Total Time Spent on Project</u></p> <p>0 Hours</p> <p><u>Total Work Days from Open To Closeout</u></p> <p>_____</p> <p><u>Target Cost Capture</u></p> <p>_____</p>	<p><b>Box 8: Project Management</b></p> <p><input type="checkbox"/> List the Day and time for regular update meeting</p> <p><input type="checkbox"/> List an estimate of total time spent on project</p> <p><input type="checkbox"/> List the total work days from open to closeout</p> <p><input type="checkbox"/> List to Cost Capture</p>
---	--

Box 6/7/8/9

**Box 8: Project  
Management**

- Meeting Info
- Time Spent on Project
- Project Time
- Total Cost Capture

BOX 9. Progress			
P	D	C	A
•			
Date A3 Closed:			

**Box 9: Progress**

- Project progress is correctly listed
  - Plan: Box 1 or 2 still pending
  - Do: Box 1 and 2 are complete, working Box 3, but not yet working Box 4
  - Check: Box 1 and 2 are complete, working Box 3 and 4, but not yet working Box 5
  - Act: Box 1, 2, 3, and 4 are complete
- Once Box 5 is complete, A3 can be closed out

**Box 9:  
Progress**

- Plan
- Do
- Check
- Act

DRAFT



## METHOD PROFILES

To gain a richer understanding of the mechanics of each method and the potential benefits they can provide for county departments and agencies, below are in-depth profiles for all of the methods in this guide except for just-do-it actions. Each method profile below defines the method, provides more information about when to use the method, explains its implementation process and typical duration, provides one or more examples of county applications, and lists tools and references relevant to the method. The profiles are divided into 3 sections:

1. **System Views:** These tools give communities a broader system of care perspective to then look at the individual processes and programs as part of a larger whole. These currently include a general system of care approaches for justice systems, behavioral health, and

## SYSTEM VIEWS

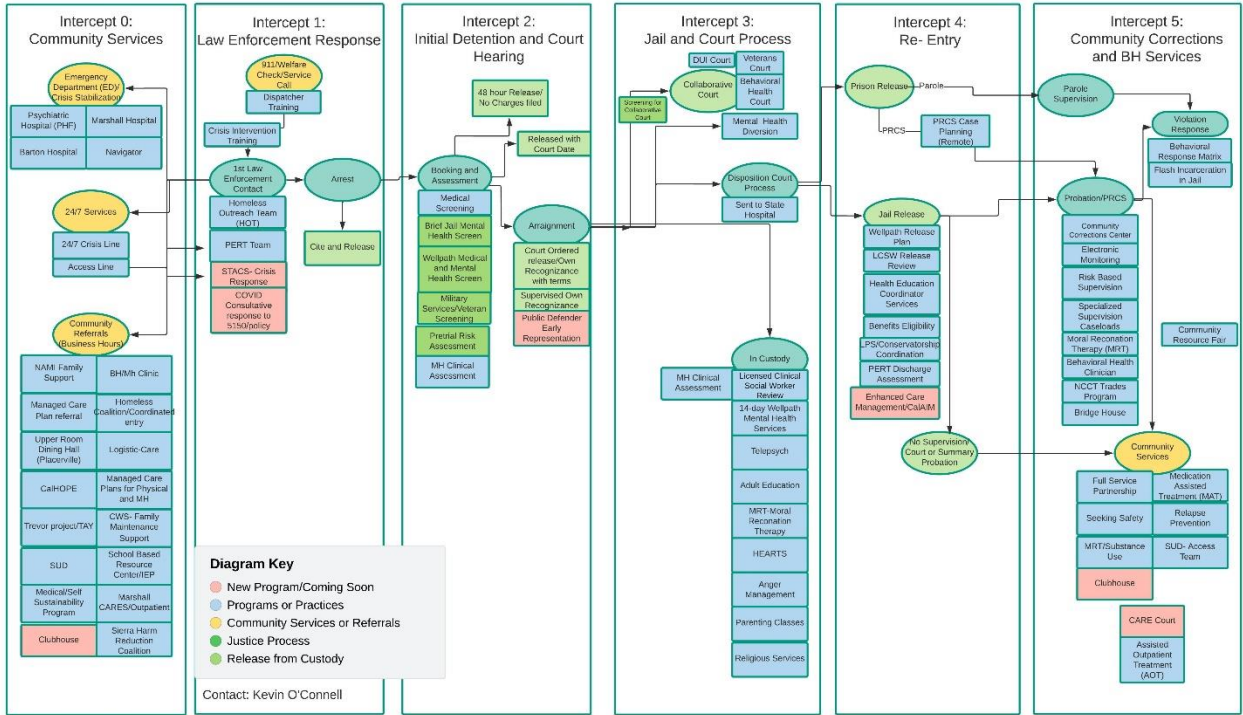
### SEQUENTIAL INTERCEPT MAPPING

The Sequential Intercept Model (SIM) was introduced in the early 2000s to help communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders. The purpose of this document is to look at the larger systems that impact how processes and programs work. This is also used to inventory programs and services and link them to the evidence base

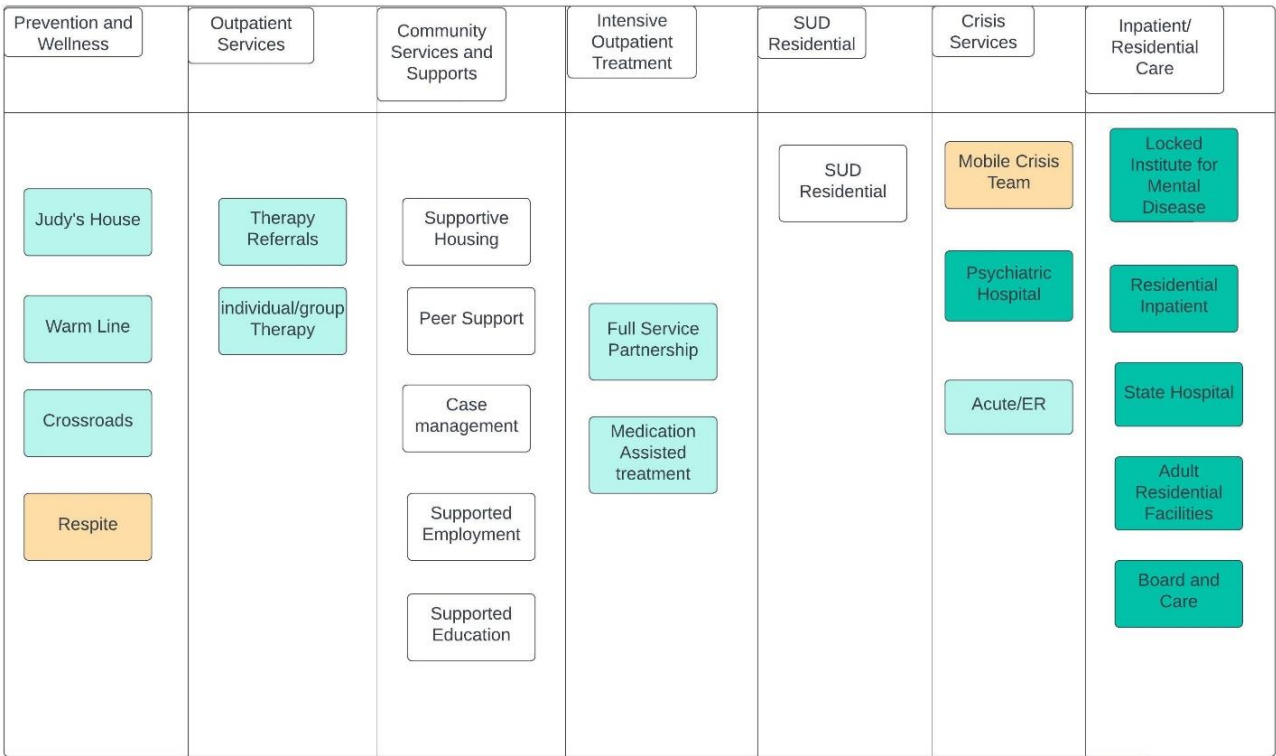
- **Intercept Zero - Community Services**
- **Intercept One - Law Enforcement Response:**
- **Intercept Two - Initial Detention and Initial Court Hearings**
- **Intercept Three - Jails and Courts**
- **Intercept Four - Reentry**
- **Intercept Five - Community Corrections**



### El Dorado County Sequential Intercept Map (Fall 2022)



BEHAVIORAL HEALTH CONTINUUM



Lassen County Behavioral Health Core Continuum

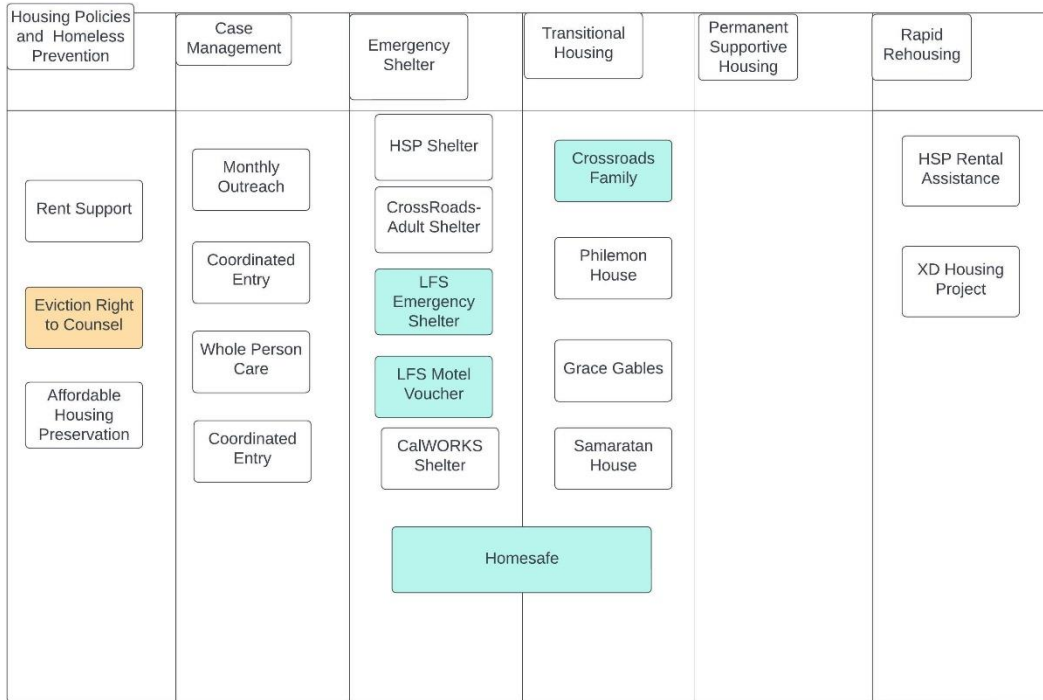
————— **Level of Care** —————→

**Diagram Key**

- Needed Program
- Existing Programs (in County)
- Expanded Program
- Existing Program (Out of County)
- Assessment

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HOUSING AND HOMELESSNESS CONTINUUM OF CARE



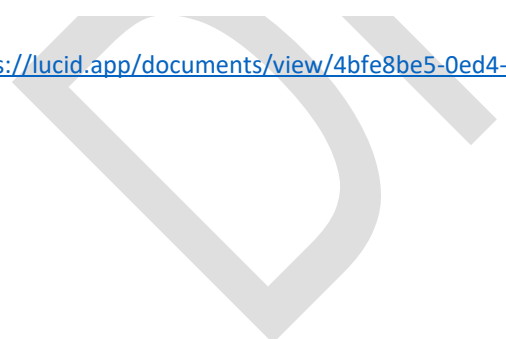
Lassen County Housing Continuum

————— **Level of Care** —————→

**Diagram Key**

- Needed Program
- Family Program
- Expanded Program

<https://lucid.app/documents/view/4bfe8be5-0ed4-4b83-9e2c-7987240a9429>



## HUMAN-CENTERED DESIGN AND BRAINSTORMING TOOLS

### CLIENT JOURNEY MAPPING

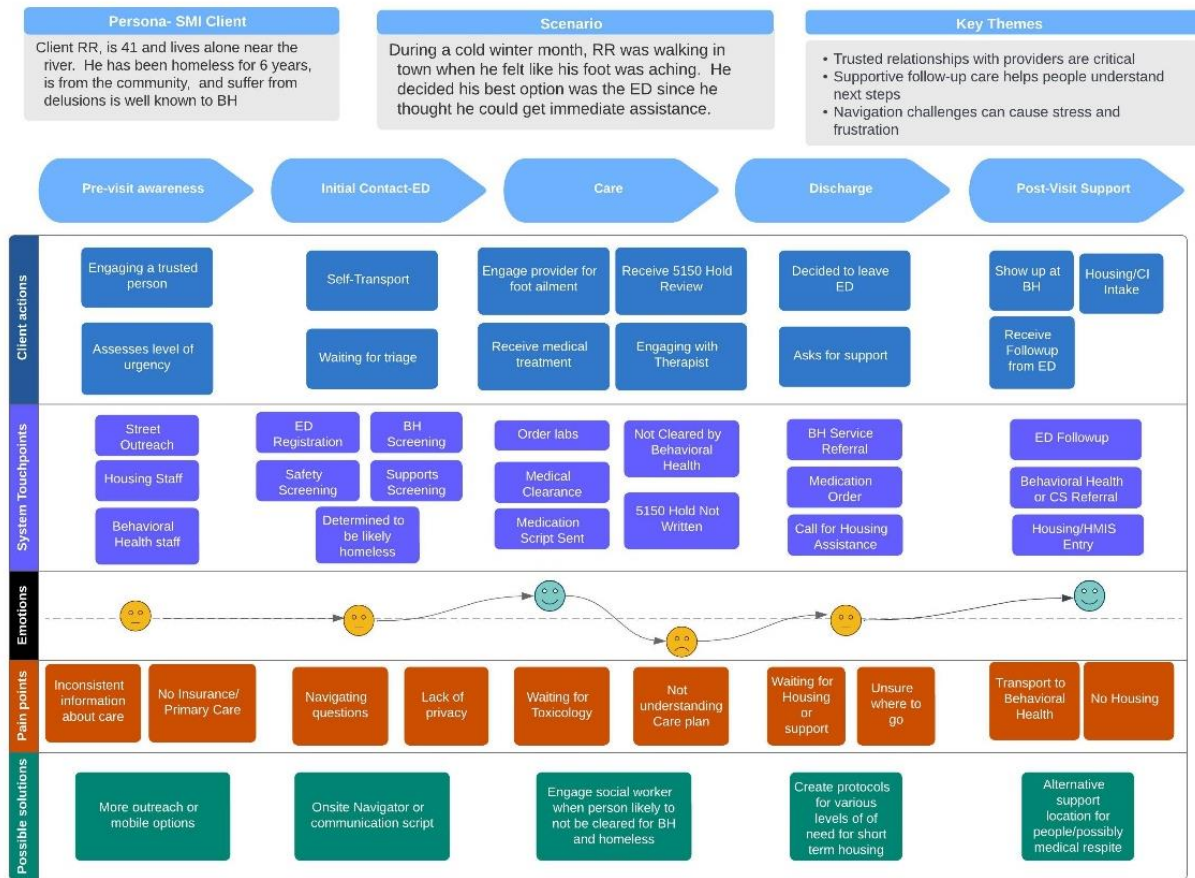
A journey map is used to better understand how a person moves through and experiences a system or program. Patient journey mapping is an exercise to better understand how patients interact throughout their care journey, from their perspective. The patient journey map outlines patient touch points during each stage of interaction, and aids in the creation of strategic outreach that improves both patient engagement and satisfaction. To effectively reach and engage clients' systems must focus on creating excellent experiences for the patient that lead to increased awareness, higher conversion between journey stages, and patient retention.

The best way to understand the end-to-end experience and determine areas for improvement is by mapping the patient journey. The journey may begin with the way a person first comes in contact with a program, where they complete an assessment or are later contacted to engage in the program.

# Rethinking Processes with People in Mind using Principles of Process Improvements and Human Centered Design

## Homeless and SMI: A Client Journey to the Emergency Department

Kevin O'Connell | April 12, 2023



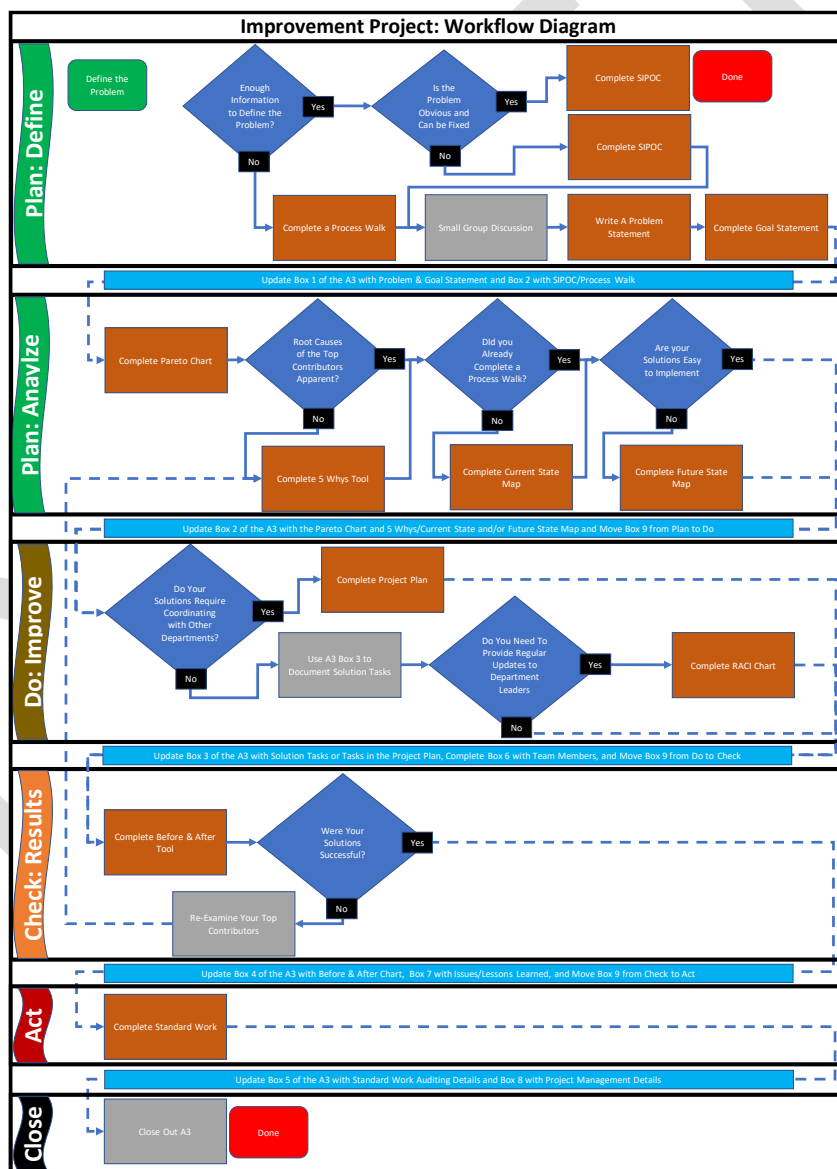
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RAPID PROTOTYPING

Rapid prototyping gives the ability to quickly see what kind of needs or problems....

FINDING THE METHOD THAT'S RIGHT FOR YOUR IMPROVEMENT GOALS

There are many ways to use methods to improve your agency's processes and programs. Before choosing a method, it can be helpful to have a sense of the initial scope of your project so you can more readily identify the method that is best suited for your needs. It is important to match your goals to the function of the method, as well as to the level of resources required. The Figure 1 flowchart provides a graphical illustration of how you might select a Lean improvement method based on your problem. Your facilitator can also help match your needs with a method that is best suited for your problem, the outcomes you are hoping to achieve, and your agency.



PROCESS IMPROVEMENT AND PDCA TOOLS

1A. PROBLEM STATEMENT

A Problem Statement is used when a problem is identified, and a solution is needed. A problem statement should describe a gap between the current state and a desired target state. It should include a measurement of the problem but should exclude possible causes or solutions.

**Purpose:** Use this tool when a problem is identified, and a solution is needed. A problem statement should describe a gap between the current state and the desired target state. A problem statement should include a measurement of the problem but should exclude possible causes or solutions. Developing a problem statement is one of the first steps of the A3 Problem-Solving tool and is done before developing a Goal Statement.

**Why is it Useful:**

This tool allows you to fully understand what you believe the problem is and ensure all stakeholders are on board with what the actual problem being solved is.

Problem Statement			
Process:		Owner:	Date:
Question	Answer		
What is the problem?			
Who is experiencing the problem?			
Where is the problem occurring?			
When does the problem occur?			
What KPI does the problem effect?			
Can the problem be measured?			
Write Your Problem Statement			
Problem Statement Evaluation Questions			Yes or No
Is your problem statement specific? (Identifies the who, what, where, and when of the problem)			
Does the problem statement align to a KPI?			
Does the problem statement identify the current KPI results and the KPI Goal?			



### 1B. GOAL STATEMENT

A Goal Statement is part of the A3 Problem-Solving tool used to help close gaps and solve problems. The goal statement is located on Box 1 of the A3. It is completed after defining the Problem Statement and scope of a project.

**Purpose:** The purpose of the Goal Statement is to define the target state goal of the A3 or any improvement project. It can address department strategy goals, operational goals, or ways to improve Key Performance Indicator (KPI) metrics.

**Why is it Useful:**

This tool allows you to fully understand what the goal of your problem solving project is and ensure all stakeholders agree on what the goals of the project are.

<b>Goal Statement Tool</b>				
<b>Process:</b>		<b>Owner:</b>		<b>Date:</b>
Question	Answer			
Who is involved?				
What do we want to accomplish?				
Where will it be done?				
Why are we doing this?				
What are our constraints?				
How will we know when the goal is accomplished?				
Considering our constraints and timelines, what can reasonably be accomplished?				
How does this goal relate to department strategy?				
When does it need to be accomplished by?				
Write your Goal Statement				
Specific?	Measurable?	Attainable?	Relevant?	Timely?
Yes	Yes	Yes	Yes	Yes

2A: PROCESS WALK

A process walk, also referred to as a waste walk, is a technique to help you understand a process quickly and identify waste in your everyday operations. A cross-functional team of employees walks through the work area over a short period, identifying how the process walk helps the team understand how the process works, why each step is done, and what value it brings to the customer. Improvements can usually be implemented rapidly, resulting in quick gains. This method can help to engage employees in spotting waste in their day-to-day activities after the initial Waste Walk or process walk.

**Purpose:** Use to observe and document detailed steps in a process, including the time taken to complete each step, any waste present, the impact of waste, the level of difficulty to correct, and any other issues or barriers to success that are observed.

**Why is it Useful:**

This tool requires very little advance planning, training, or resources. A process walk can be done quickly and the improvements that you identify during the walk can be implemented immediately. Employees who participate in process walks will gain skills and habits that will empower them to spot wastes during their normal jobs, helping your organization to continually improve efficiency. Finally, the areas for improvement that are identified during a process walk can be incorporated into your organization's overall continuous improvement strategy as potential targets for future Lean events.

## Process Walk Tool

<b>Process:</b> (Process Name Here)		<b>Owner:</b> (Name Here)		<b>Date:</b> (Date Here)											
<b>Start Point:</b>			<b>Observer:</b>												
<b>End Point:</b>			<b>Observation Date:</b>												
Step #	Process Step (Verb + Noun)	Process Time (Minutes)	Category of Waste						Priority			Ease to Correct?		Issues/Lessons Learned	
			Defects	Overprocessing	Waiting	Not Utilizing Talent	Transportation	Inventory	Motion	Extra Processing	Low	Medium	High		Easy

Waste = D.O.W.N.T.I.M.E.

D – Defects

O – Overproduction

W – Waiting

N – Non-Standard Processing

T – Transportation

I – Intellect

M – Motion

E – Excess Inventory

2B: SIPOC (SUPPLIES, INPUTS, PROCESSES, OUTPUTS, AND CUSTOMERS)

A SIPOC (Supplies, Inputs, Process, Outputs, and Customers) is a tool used to familiarize someone with the high level of a process, including anyone who supplies the process with inputs, what those inputs are, the main steps to the process, what outputs are produced by the process, and the customers for those outputs.

**Purpose:** A SIPOC is used to map a process to identify all individuals/agencies who supply a process with inputs, how they move through the process, what outputs are produced, and identify the customers for these outputs.

**Why is it Useful:**

Helps to gain a high level understanding of a process, all of the actors involved, and what is produced by it. Allows someone to understand the process at a very high level and obtain insights that may not be apparent by a more detailed observation.

<b>SIPOC Tool</b>								
Process:	(Process Name Here)		Owner:	(Name Here)		Date Updated:	(Date Here)	
S	I	P			O	C		
Suppliers	Inputs	Process			Outputs	Customers		
•?	•?	<pre> graph LR     A[Process Step 1] --&gt; B[Process Step 2]     B --&gt; C[Process Step 3]             </pre>			•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		
•?	•?				•?	•?		



2D: 5 WHYS PROBLEM SOLVING TOOL

The 5 Whys is a problem-solving tool that helps to identify the underlying reason, or root cause, of a problem. It can assist in explaining why something is happening (the cause and effect). You ask the question, “Why?” to why that problem is occurring. After doing so several times, usually around 5, you will arrive at the root cause of the problem. The root cause should be something you have control over.

**Purpose:** To identify the root cause of a problem so the solution can solve the true problem and not just the symptoms of the root cause problem

**Why is it Useful:**

This tool allows you to identify the root cause problem so your solution will most effective and sustainable

<h2>5 Whys Tool</h2>						
Process:			Owner:		Date:	
Top Contributing Cause	Why?	That occurs because				
	Why is it that ""?					
	Why is it that ""?					
	Why is it that ""?					
	Why is it that ""?					
	Why is it that ""?					

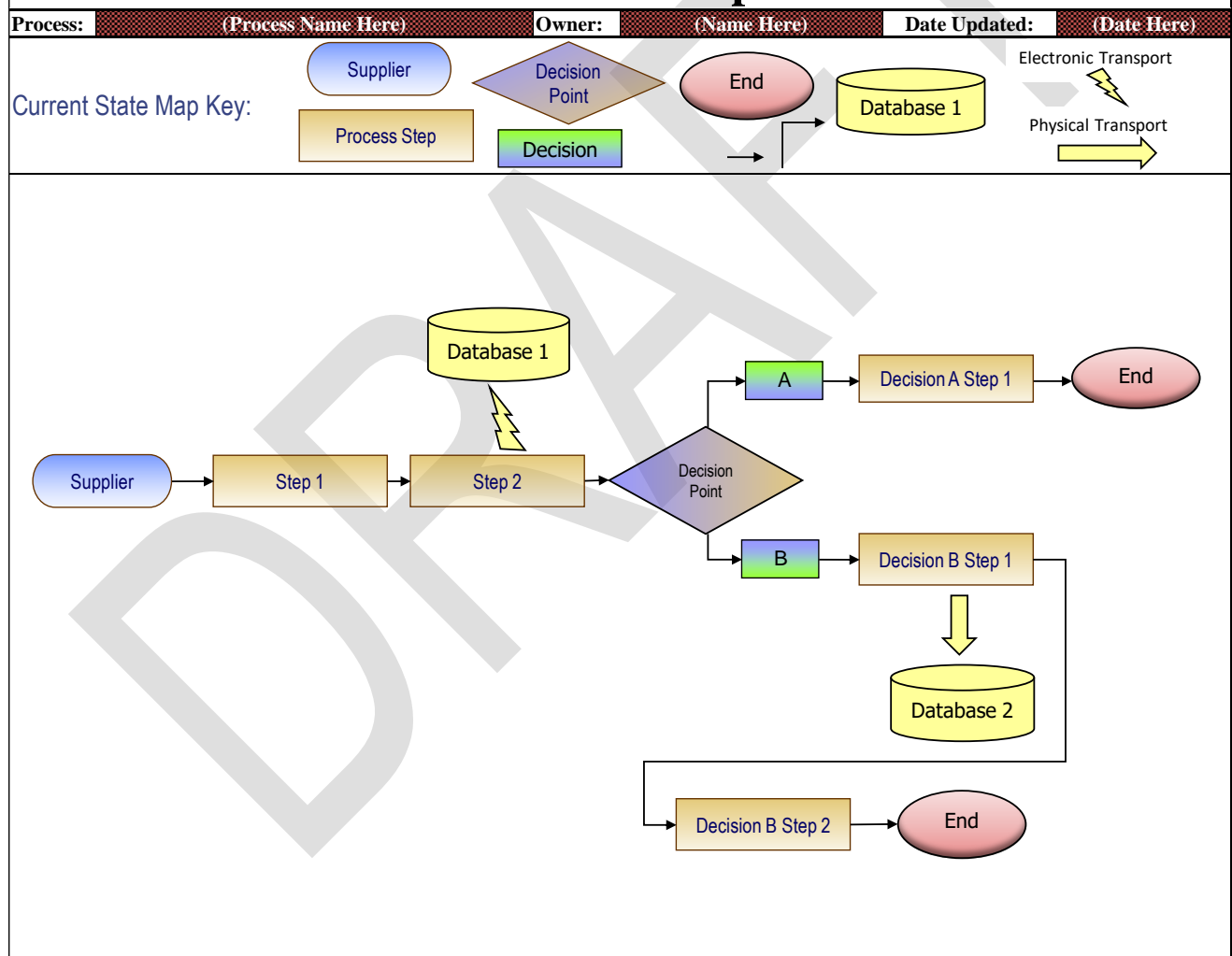
2E: CURRENT STATE MAP

The Current State Map is used to map what a process in its target (future) state would look like to help understand process inputs and outputs, baselines, bottlenecks, barriers, redundancies, and waste.

**Purpose:** Used to map what a process in its target (future) state would look like to help understand process inputs and outputs, baselines, bottlenecks, barriers, redundancies, and waste. The mapping process can bring up potential questions, concerns, and areas for improvement. This tool is recommended when there are limited staff roles involved in the process. If there are numerous staff roles involved, consider using the Swim Lane tool.

**Why is it Useful:**

Helps you understand a process you intend to build, including any stakeholders who need to be involved and what barriers need to be overcome.



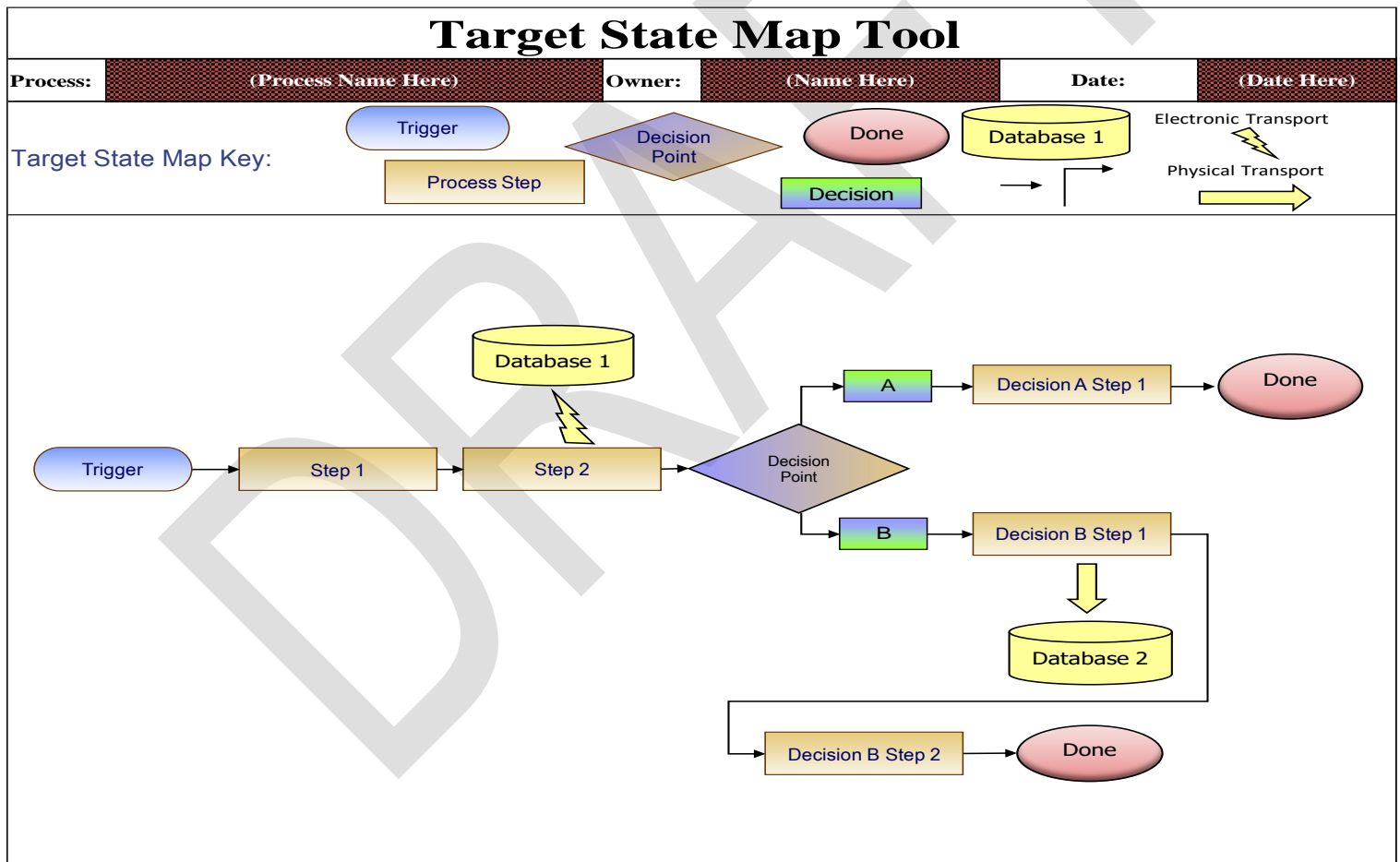
2F: TARGET STATE MAP

The Target State Map is used to map what a process in its target (future) state would look like to help understand process inputs and outputs, baselines, bottlenecks, barriers, redundancies, and waste.

**Purpose:** Used to map what a process in its target (future) state would look like to help understand process inputs and outputs, baselines, bottlenecks, barriers, redundancies, and waste. The mapping process can bring up potential questions, concerns, and areas for improvement. This tool is recommended when there are limited staff roles involved in the process. If there are numerous staff roles involved, consider using the Swim Lane tool.

**Why is it Useful:**

Helps you understand a process you intend to build, including any stakeholders who need to be involved and what barriers need to be overcome.







3B: RACI PROJECT ROLE PLANNING CHART

A RACI chart is a diagram that identifies the key roles and responsibilities of users within the major tasks of a project. RACI charts serve as a visual representation of each person's role on a project team. These are made up of the R(responsible), A(Accountable), C(Consulted), and I(Informed) as it relates to how a project is implemented.

**Purpose:** The RACI chart is not meant to replace the Project Plan or Box 3 of an A3. Box 3 and the Project Plan detail each task to be completed, the timeline, and how the project is to be managed. The RACI chart is a simple visual of the different roles and responsibilities across major project tasks.

**Why is it Useful:**

Helps you understand who needs to be aware of improvement actions on a project and what level of detail they need to know

<b>RACI Chart Tool</b>					
Process:	(Process Name Here)	Owner:	(Name Here)	Date Updated:	(Date Here)
<b>R = Responsible</b> – The person who performs the action/task.					
<b>A = Accountable</b> – The person who is held accountable that the action/task is completed.					
<b>C = Consulted</b> – The person(s) who is consulted before performing the action/task.					
<b>I = Informed</b> – The person(s) who is informed after performing the action/task.					
Step	Action/Task	Responsible	Accountable	Consulted	Informed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



5A: STANDARD WORK DOCUMENT

The process of standardizing procedures within the workplace. Ensuring every employee has a standard set of steps to follow for specific tasks which aim to reduce variability, enhance consistency, and promote continuous improvement in the workplace. It is important when creating standard work that you differentiate policy from procedure. Policy is the why you are completing a procedure, while procedure is the how. Standard Work should be focused on the step by step procedures of a process.

**Purpose:** To ensure process improvements are sustainable and do not change when staff are replaced

**Why is it Useful:**

Allows for staff at all levels to understand how a process is suppose to work and to allow Supervisors and Managers to audit a process to ensure the standard is being followed.

**DEPARTMENT**  
Title

<b>Purpose:</b>	
<b>Related Policy/ Legislation:</b>	
<b>Process Owner/ Position:</b>	

**Step 1:**

-

**Step 2:**

-

**Step 3:**

-

<b>Total Time:</b>	
--------------------	--

Date last reviewed:

Date(s) Revised:

Date Created:

Page 1 of 2

**DEPARTMENT**  
Title

For Auditing Purposes Only

<b>PASS</b> AUDIT FREQUENCY: _ of _ per (year, month, week)		<b>FAIL</b> AUDIT FREQUENCY: _ of _ per (year, month, week)		
<b>AUDITOR:</b>		<b>DIVISION/ UNIT/ AREA:</b>		
<b>DATE:</b>		<b>CASELOAD # or CID:</b>		
STEP	CRITICAL PROCESS	STEP OK?	ISSUE	AREA(S) FOR IMPROVEMENT

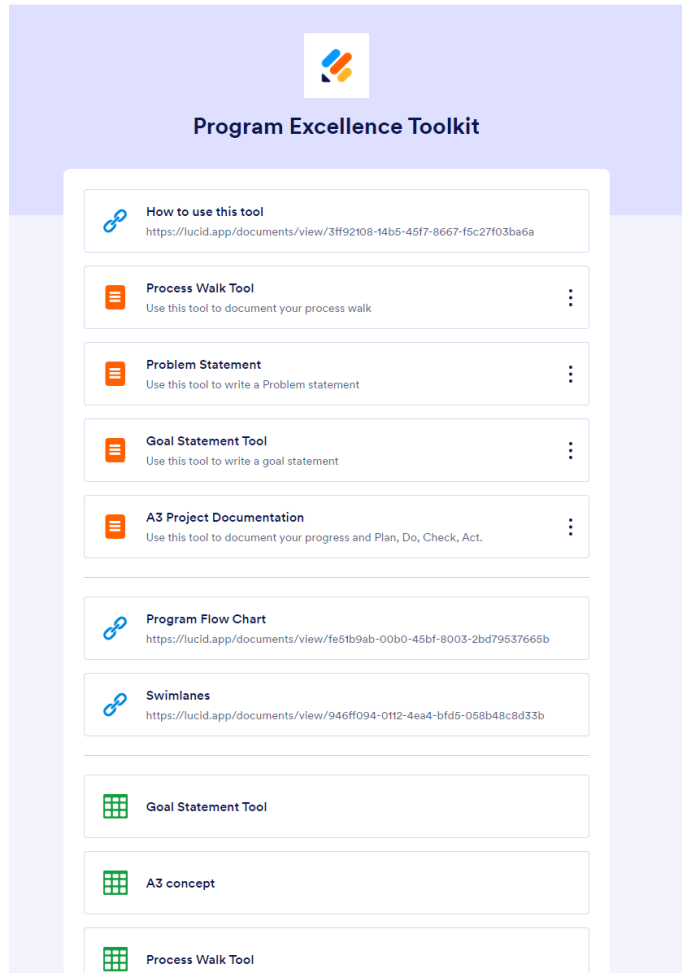
Page 2 of 2

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## PUTTING IT ALL TOGETHER

The PDCA approach

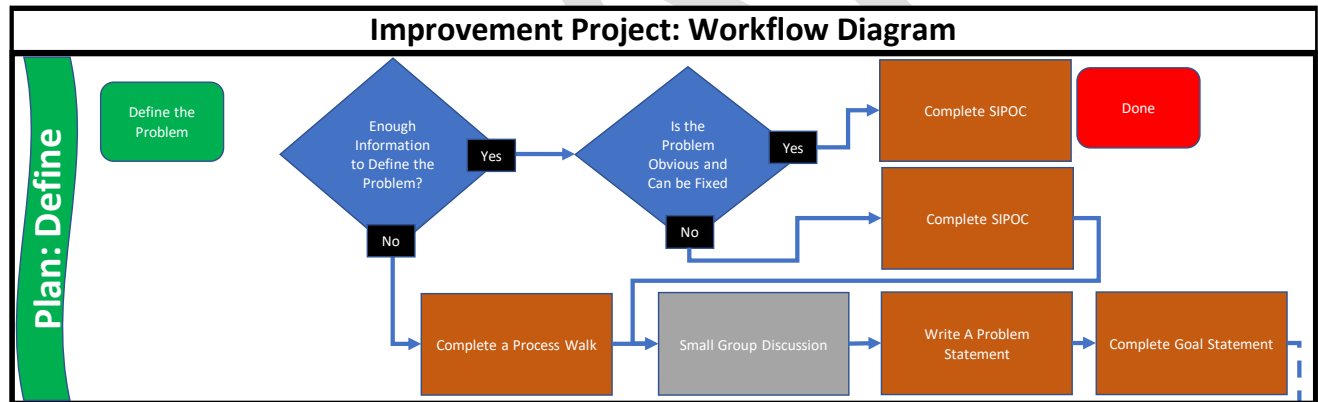
Using the app and managing change <https://www.jotform.com/app/223007467149153> through a PDCA approach and getting to strategy



**CASE STUDY 1: INTAKE AND ASSESSMENT PROCESS FOR PROBATIONERS**

Supervising Probation Officer (SPO) Smith was recently appointed as the new supervisor of the Intake Unit. During her initial meeting SPO with her manager he expressed concerns about how the number of violations for the Intake Unit has been historically high. SPO Smith decided to understand why the number of intake violations were too high.

SPO Smith decided to follow the continuous improvement method of Plan, Do, Check, ACT using the A3 problem solving method as outline in the improvement methods guide that was provided to her department. After reading the introduction and reviewing the guide she decided to sequentially follow the workflow diagram. The first step was for her to properly understand and define the problem. Did she have enough information to define the problem? In this case, SPO answered, “No I don’t”, which leads her to conduct a process walk. SPO Smith opens the chapter in the guide that discusses how to conduct a process walk.



SPO Smith observed the process and documented what she found in the Process Walk Tool

Process Walk Tool															
Process:	Adult Intake	Owner:	SPO Smith					Date:	3/1/2023						
Start Point:	Client Sentenced in Court					Observer:	SPO Smith								
End Point:	Client's first meeting with assigned officer					Observation Date:	Friday, March 10, 2023								
Step #	Process Step (Verb + Noun)	Process Time (Minutes)	Category of Waste						Priority		Ease to Correct?		Issues/Lessons Learned		
			Defects	Overprocessing	Waiting	Not Utilizing Talent	Transportation	Inventory	Motion	Extra Processing	Low	Medium		High	Easy
1	Court sends minutes to probation	5			X							X		X	Takes a significant amount of time for probation to be made aware client was sentenced
2	Intake Officer schedules appointment with client	5	X		X				X	X		X		X	Client information is often out of date and home visits need to be done to make contact
3	Client meets with Intake Officer	60	X		X					X				X	Client often has not even begun completing the tasks ordered by the Court that are due within the first 30 days
4	Intake officer submits paperwork to Supervisor	30	X	X		X	X	X	X	X		X			Failing to complete the paperwork correctly often results in the file being sent back and assignment being further delayed
5	Supervisor assigns the file	10	X	X	X	X	X	X	X	X		X			Supervisors are reviewing the file for errors that are of little to no importance to the client
6	Supervising Officer schedules the appointment with the client	5	X		X				X			X	X		Supervising Officer's attempts to contact the client occur after 30 days have occurred and client is often already in violation

Once she was done with the process walk, she shared the results with her staff. Together, they were able to identify all the different types of waste, how big a priority solving them should be, and how easy they will be to correct. SPO Smith and her team came to the following conclusions:

- 1.) Clients are not meeting with their Supervision Officer until after 30 days from their sentencing in Court
- 2.) Once clients meet with their Supervision Officer, they are often already in violation of their Court orders as they have not started meeting the short-term goals set by the Court

Based on these conclusions, SPO Smith hypothesized that the delays in assigning cases were the main reason for the historically high violation rates in the Intake Unit. This now allowed her to craft a Problem Statement.

SPO Smith used the problem statement tool and came up with the following:

Problem Statement					
Process:	Adult Intake Process	Owner:	SPO Smith	Date:	3/3/2023
Question		Answer			
What is the problem?		Once sentenced to Probation, our clients are waiting for an average of over 30 days to have an initial appointment with their assigned supervising probation officer.			
Who is experiencing the problem?		All adult supervision probation officers are assigned to managing an adult caseload.			
Where is the problem occurring?		All four adult supervision divisions.			
When does the problem occur?		When the client is placed on probation by the court.			
What KPI does the problem effect?		1. Client Violations 2. Client Recidivism % 3. Adult Success %			
Can the problem be measured?		Yes			
Write Your Problem Statement					
Our current Intake process takes over 30 days to complete and assign to a Supervision Officer, resulting in violations of probation occurring, increased client recidivism, and decreased client success.					
Problem Statement Evaluation Questions					Yes or No
Is your problem statement specific? (Identifies the who, what, where, and when of the problem)					Y
Does the problem statement align to a KPI?					Y
Does the problem statement identify the current KPI results and the KPI Goal?					Y

Now that SPO Smith had a good idea of what the problem she was trying to solve was, she needed to define what the goals of the problem-solving would be, so she decided to utilize the Goal Statement Tool.

SPO Smith completed her Goal Statement and came up with the following:

Goal Statement Tool					
Process:	Adult Intake	Owner:	SPO Smith	Date:	3/3/2022
Question		Answer			
Who is involved?		Client, Intake Officer, Intake Supervisor, Supervision Officer, and Supervision Supervisor.			
What do we want to accomplish?		Reduce the time from client sentencing to their instial appointment with the Supervision Officer			
Where will it be done?		At Court and the Probation Officer			
Why are we doing this?		To reduce the number of violations resulting from the Intake Unit			
What are our constraints?		1.) Staff willingness to change procedures, 2.) Clients ability to report to the office, 3.) Partner Agencies willingness to cooperate with project			
How will we know when the goal is accomplished?		When the time from sentencing to intial appointment is reduced and the Intake Units violation rate is reduced			
Considering our constraints and timelines, what can		It is feasible to accomplish what we want to accomplish.			
How does this goal relate to department strategy?		Reduce violations, Reduce client recidivism, and increase client success			
When does it need to be accomplished by?		3/31/2023			
Write your Goal Statement					
To decrease the time of getting our in-custody and out-of-custody clients assigned to their supervising probation officer from an average of over 30 working days to 8 working days by March 31, 2023.					
Specific?	Measurable?	Attainable?	Relevant?	Timely?	
Yes	Yes	Yes	Yes	Yes	

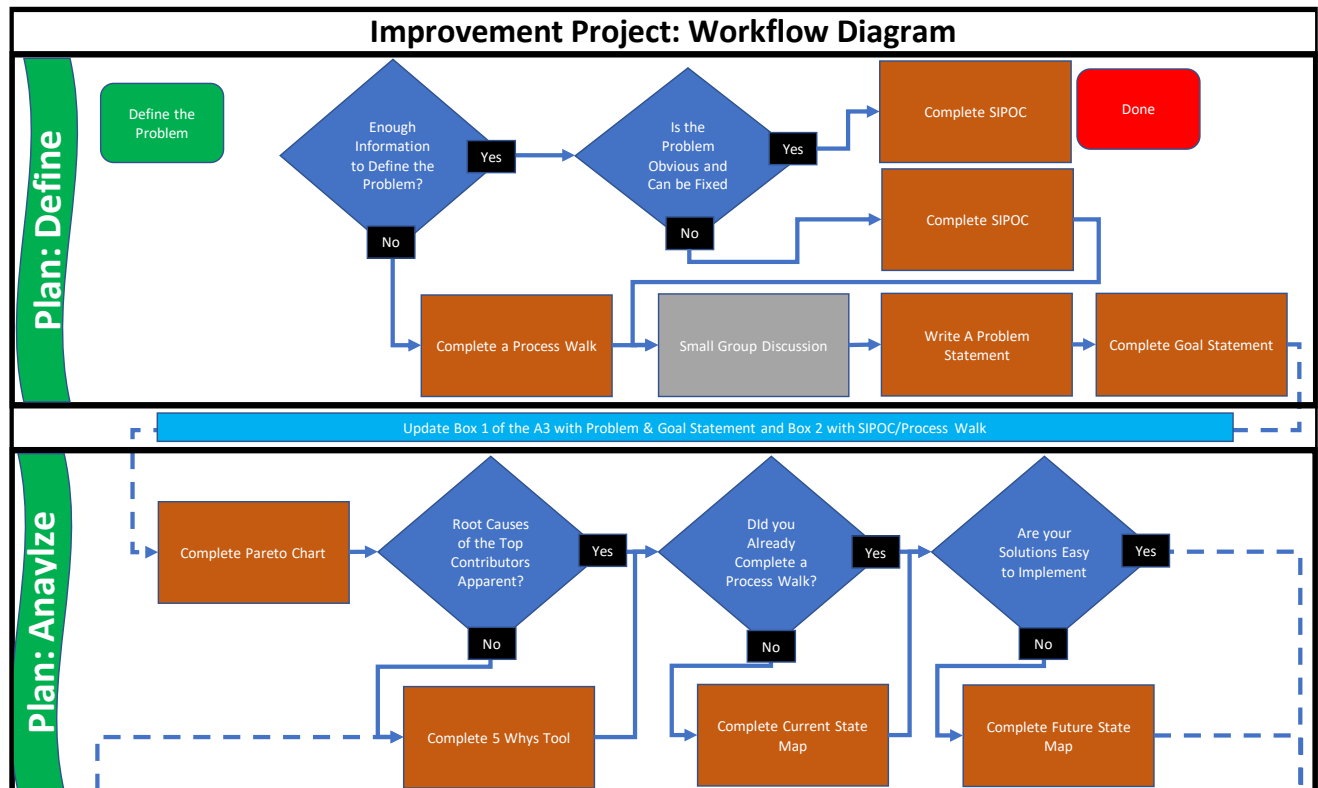
After completing the Process Walk, Problem, and Goal Statement, SPO Smith updated Box 1 and 2 of her A3, as recommended in the workflow diagram.

Box Status	<b>Breakthrough Project:</b>		<b>Adult Intake Process</b>	
	<b>BOX 1. PLAN: Define</b>			
	1	<b>Problem Statement:</b>	Our current Intake process takes over 30 days to complete and assign to a Supervision Officer, resulting in violations of probation occurring, increased client recidivism, and decreased client success	
	2	<b>Scope:</b>	All adult supervision divisions	
	3	Trigger:	Client placed on probation by the court	
	3	Done:	1st Client contact with his/her probation officer	
3	<b>Goal Statement:</b>	To decrease the time of getting our in-custody and out-of-custody clients assigned to their Supervision Officer from an average of over 30 days to 8 working days by March		
<b>BOX 2. PLAN: Measure &amp; Analyze</b>				
4	<b>Process Walk Tool</b>			
5	Process:	Adult Intake	Owner:	SPO Smith
5	Start Point:	Client Sentenced in Court	Observer:	SPO Smith
5	End Point:	Client's first meeting with assigned officer	Observation Date:	Friday, March 10, 2023
6	Step #	Process Step (Verb + Noun)	Process Time (Minutes)	Issues/Lessons Learned
			Category of Waste Defects (Missing/Incorrect)    X Handoff (Waiting/Handoff)    X Transportation    X Motion    X Extra Processing    X Inventory    X Non-Value-Added    X Error    X Other    X	
	1	Court sends minutes to probation	5	Takes a significant amount of time for probation to be made aware client was sentenced
	2	Intake Officer schedules appointment with client	5	Client information is often out of date and home visits need to be done to make contact
	3	Client meets with Intake Officer	60	Client often has not even begun completing the tasks ordered by the Court that are due within the first 30 days
	4	Intake officer submits paperwork to Supervisor	30	Failing to complete the paperwork correctly often results in the file being sent back and assignments begin further delayed
	5	Supervisor assigns the file	10	Supervisors are reviewing the file for errors that are of little to no importance to the client
	6	Supervising Officer schedules the appointment with the client	5	Supervising Officer's attempts to contact the client occur after 30 days have occurred and client is often already in violation

SPO Smith reviewed Box 1 and 2 with her manager to ensure that he agreed with the problem and scope of her problem. In reviewing, her manger was able to ask questions to ensure understanding of the problem and to offer any coaching opportunities to SPO Smith.

SPO Smith had completed Box 1 of her A3, so she moved on to Box 2. She reviewed the workflow Diagram again.





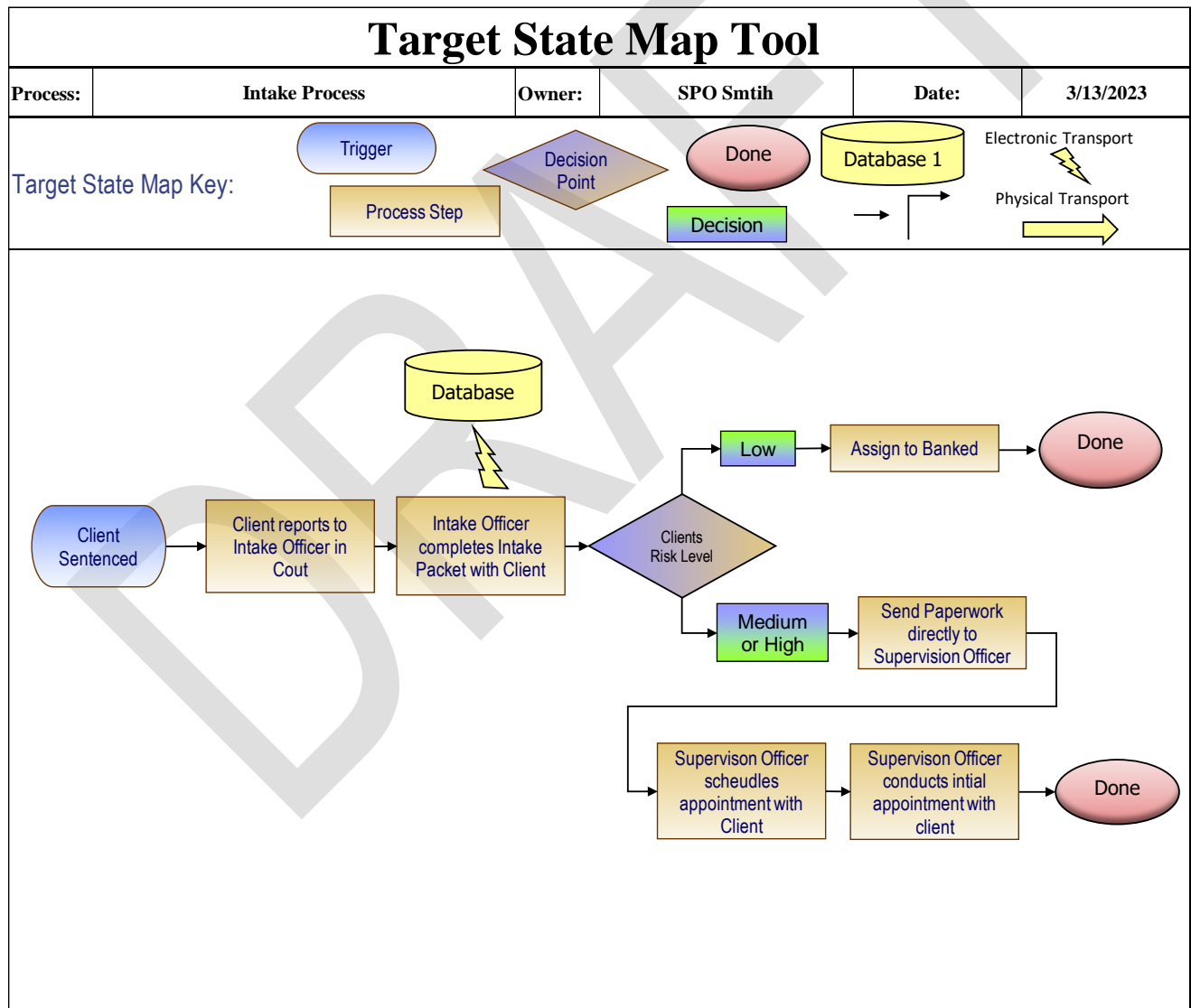
The first step she knew she needed to take was to start analyzing the problem. Based on her guide, her first step was to complete a Pareto Chart.

SPO Smith pulled all the Intake Unit’s violations from the past few months and identified the major causes of the violations. She then counted the number of each and entered all the info into the Pareto Chart tool:



SPO Smith realized that if her Intake Officers could meet with the clients immediately after sentencing, transportation would no longer be an issue. She also found that this same solution would eliminate the problems of Homelessness, indigency, and not being aware of requirements. SPO Smith presented this idea to her staff, and they agreed that being able to meet with clients immediately would solve a lot of the identified issues. She looked at her workflow diagram and she had already completed a process walk, the next step she needed to complete a Target State Map. This would allow her to identify all of the logistics needed to implement this new process.

SPO Smith met with her staff and mapped out the Target State Map.



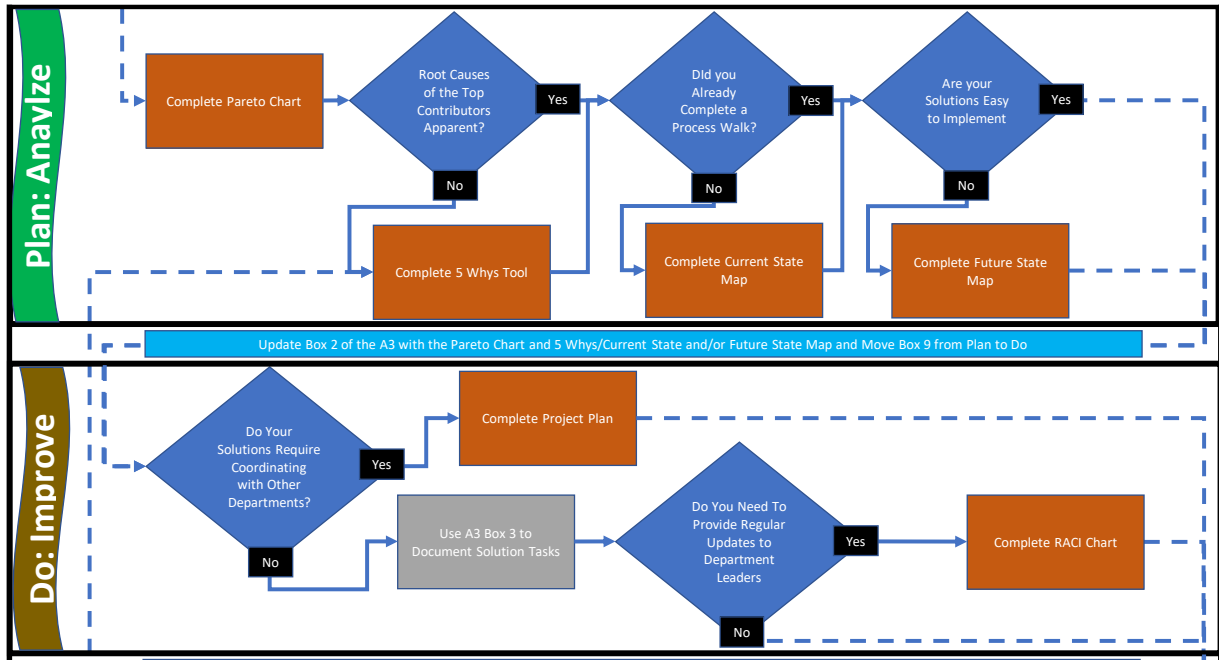
After mapping out the process and discussing it as a group, SPO Smith identified three areas for improvement:

- 1.) Contact clients immediately after sentencing, preferably at the Court, to complete their intake.
- 2.) Allow Intake staff to directly assign files to Supervision Officer.
- 3.) Set deadlines for Supervision Officers to meet with clients for their initial interview.

As she had completed Box 2 of her A3, she now looked at her workflow diagram and knew she needed to update Box 2 of her A3.

Breakthrough Project:		Adult Intake Process													
Box Status	<b>BOX 1. PLAN: Define</b>														
	1	<b>Problem Statement:</b>	Our current intake process takes over 30 days to complete and assign to a Supervision Officer, resulting in violations of probation occurring, increased client recidivism, and decreased client success												
	2	<b>Scope:</b>	All adult supervision divisions												
		<b>Trigger:</b>	Client placed on probation by the court												
		<b>Done:</b>	1st Client contact with his/her probation officer												
	3	<b>Goal Statement:</b>	To decrease the time of getting our in-custody and out-of-custody clients assigned to their Supervision Officer from an average of over 30 days to 8 working days by March												
	<b>BOX 2. PLAN: Measure &amp; Analyze</b>														
4	<table border="1"> <thead> <tr> <th colspan="4">Process Walk Tool</th> </tr> <tr> <th>Process</th> <th>Start/End Dates</th> <th>Who</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Adult Intake Process</td> <td>11/2013</td> <td>11/2013</td> <td>11/2013</td> </tr> </tbody> </table>			Process Walk Tool				Process	Start/End Dates	Who	Date	Adult Intake Process	11/2013	11/2013	11/2013
Process Walk Tool															
Process	Start/End Dates	Who	Date												
Adult Intake Process	11/2013	11/2013	11/2013												
5	<table border="1"> <thead> <tr> <th colspan="4">Target State Map Tool</th> </tr> <tr> <th>Target State</th> <th>Current State</th> <th>Gap</th> <th>Impact</th> </tr> </thead> <tbody> <tr> <td>Client assigned to SO within 8 working days</td> <td>Client assigned to SO within 30+ working days</td> <td>22+ working days</td> <td>Increased client recidivism, decreased client success</td> </tr> </tbody> </table>			Target State Map Tool				Target State	Current State	Gap	Impact	Client assigned to SO within 8 working days	Client assigned to SO within 30+ working days	22+ working days	Increased client recidivism, decreased client success
Target State Map Tool															
Target State	Current State	Gap	Impact												
Client assigned to SO within 8 working days	Client assigned to SO within 30+ working days	22+ working days	Increased client recidivism, decreased client success												
6	<table border="1"> <thead> <tr> <th colspan="4">5 Whys Tool</th> </tr> <tr> <th>Problem</th> <th>Why?</th> <th>Why?</th> <th>Why?</th> </tr> </thead> <tbody> <tr> <td>Client assigned to SO within 30+ working days</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> </tr> </tbody> </table>			5 Whys Tool				Problem	Why?	Why?	Why?	Client assigned to SO within 30+ working days	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing
5 Whys Tool															
Problem	Why?	Why?	Why?												
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7	<table border="1"> <thead> <tr> <th colspan="4">5 Whys Tool</th> </tr> <tr> <th>Problem</th> <th>Why?</th> <th>Why?</th> <th>Why?</th> </tr> </thead> <tbody> <tr> <td>Client assigned to SO within 30+ working days</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> <td>SOs are not assigned to cases until 30+ days after sentencing</td> </tr> </tbody> </table>			5 Whys Tool				Problem	Why?	Why?	Why?	Client assigned to SO within 30+ working days	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing
5 Whys Tool															
Problem	Why?	Why?	Why?												
Client assigned to SO within 30+ working days	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing	SOs are not assigned to cases until 30+ days after sentencing												

While SPO Smith was confident she and her team could implement these improvements, she knew an implementation plan would be necessary to ensure the steps needed for implementation were identified and implemented in a timely fashion. She reviewed the workflow diagram again.

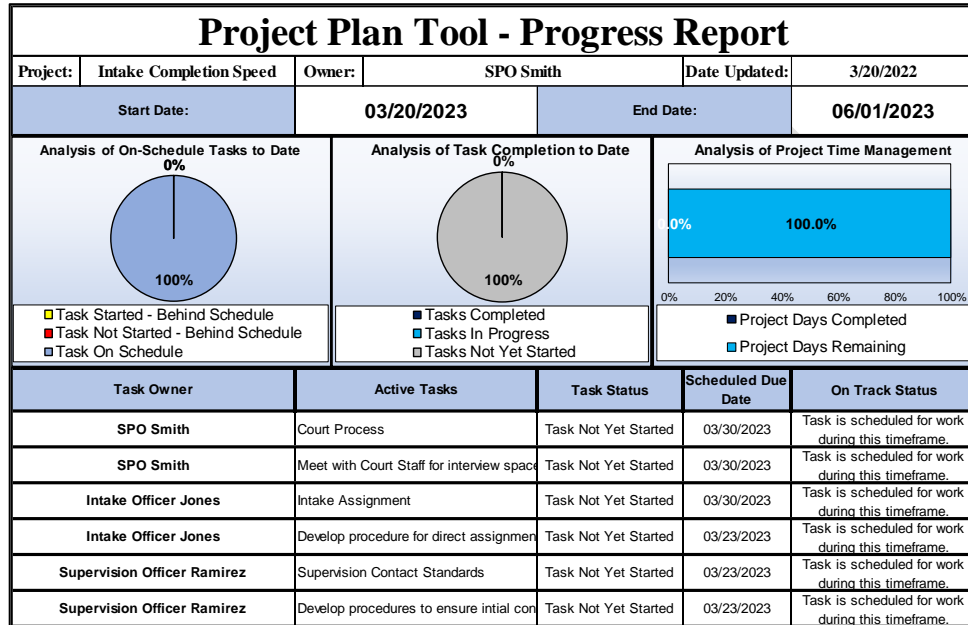


She knew that her proposed solutions would need a lot of coordination with other Departments, both in her agency and with other agencies, so a project plan would be needed.

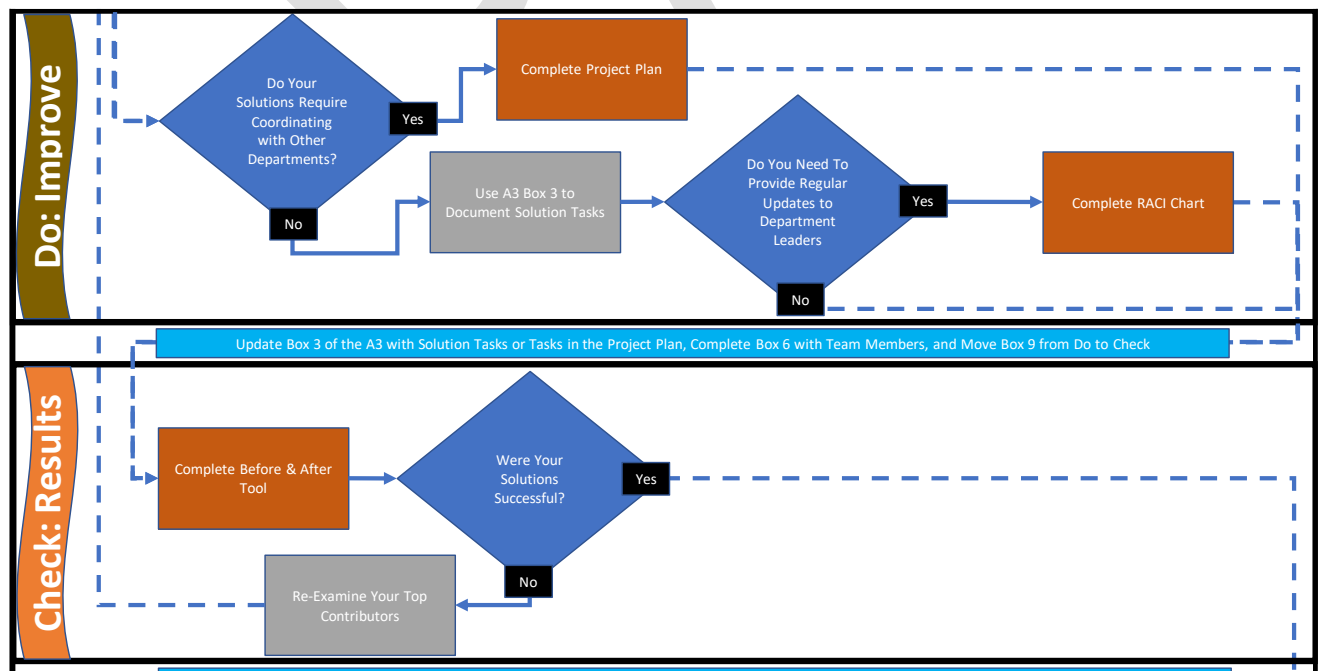
SPO Smith reviewed all the Lean Continuous Improvement tools she worked on so far and developed her Project Plan, as seen in Figure 8:

Project Plan Tool - Project Information							
Project:	Intake Completion Speed		Owner:	SPO Smith		Date Updated:	3/20/2022
Project Name			Projected Start Date	Projected End Date	Project Manager		
Intake Completion Speed			03/20/2023	06/01/2023	SPO Smith		
Team Members (List Names Below)							
SPO Smith							
Director Dave							
Intake Officer Jones							
Supervision Officer Ramirez							
Project Info Tasks Legend							
Task Completed On Time			Task Completed Late				
Project Tasks							
Project Category & Task(s)	Estimated Start Date	Estimated Completion Date	Task Owner	Actual Start Date	Actual Completion Date	Comments	
Court Process	03/20/2023	03/30/2023	SPO Smith				
Meet with Court Staff for interview space	03/20/2023	03/30/2023	SPO Smith				
Intake Assignment	03/20/2023	03/30/2023	Intake Officer Jones				
Develop procedure for direct assignment	03/20/2023	03/23/2023	Intake Officer Jones				
Supervision Contact Standards	03/20/2023	03/23/2023	Supervision Officer Ramirez				
Develop procedures to ensure initial contact occurs within 8 days	03/20/2023	03/23/2023	Supervision Officer Ramirez				

After completing the project plan, she was able to use the progress report tool to provide updates to Director Dave.

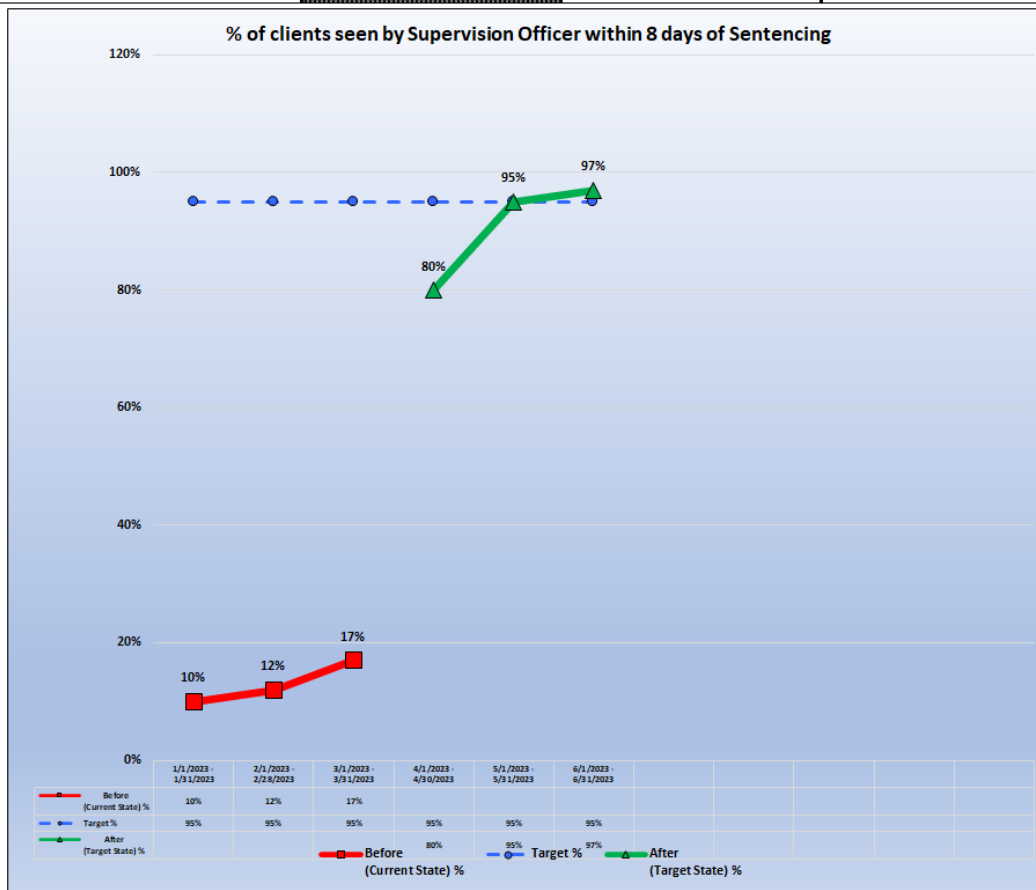


Once the assignments on the Project Plan were completed successfully, it was now up to SPO Smith to determine if the improvements were working. She looked again at her workflow diagram.





<b>Before &amp; After Chart Tool</b>					
Process:	Intake Process	Owner:	SPO Smith	Date:	7/1/2023
Chart Title:		% of clients seen by Supervision Officer within 8 days of Sentencing			
Time Period (Year/Month/Week/Day)	Before (Current State) %	Target %	After (Target State) %		
1/1/2023 - 1/31/2023	10%	95%			
2/1/2023 - 2/28/2023	12%	95%			
3/1/2023 - 3/31/2023	17%	95%			
4/1/2023 - 4/30/2023			95%	80%	
5/1/2023 - 5/31/2023			95%	95%	
6/1/2023 - 6/31/2023			95%	97%	



SPO Smith presented the before and after data that showed a significant decline in the percentage of clients not being seen within 8 days of sentencing. This decline is having a direct and positive impact on the violation rate metric. SPO Smith presented the next chart with her manager shown in Figure 11:



<b>Before &amp; After Chart Tool</b>				
Process:	Intake Process	Owner:	SPO Smith	Date: 7/1/2023
Chart Title:		% of Intake Clients in Violation		
Time Period (Year/Month/Week/Day)	Before (Current State) %	Target %	After (Target State) %	
1/1/2023 - 1/31/2023	12%	3%		
2/1/2023 - 2/28/2023	13%	3%		
3/1/2023 - 3/31/2023	10%	3%		
4/1/2023 - 4/30/2023		3%	8%	
5/1/2023 - 5/31/2023		3%	6%	
6/1/2023 - 6/31/2023		3%	5%	



SPO Smith stated that they are seeing a steady decrease and violations and believes the new process will generate positive results and meet target expectations within a few more months.



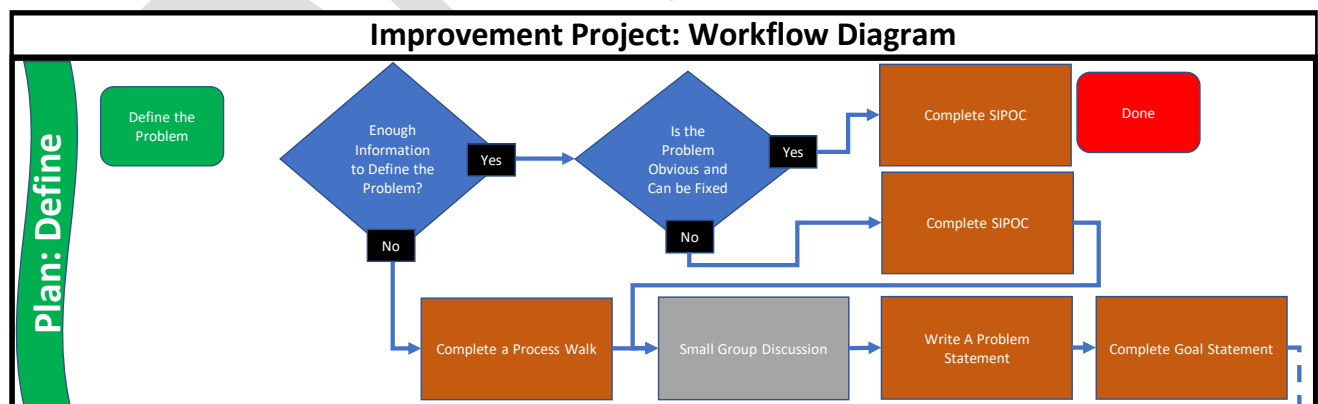


**CASE STUDY 2: CONTRACTS, GRANTS, AND MEMORANDUMS OF AGREEMENT (MOA)**

Contracts & Grants Analyst (CGA) Jones has been serving as the analyst for the Contracts Unit for about 6 months. During his regular monthly review with his Manager, Angela, she expressed concerns about how long contracts, grants, MOUs, and MOAs are taking to get approved and processed and wanted CGA Jones to look into it. CGA Jones willingly replied, “Let me look into the process to see if there are any issues that may impact the approval times and I will provide you with my finding in two weeks.”

Angela replied, “that’s a great idea, here is a guide I have used before when taking over a new assignment to better understand problems and how to solve them, it’s called Lean continuous improvement. It helped me a lot and hopefully, it will help you. He handed her the guide and said, “Give this guide a try and provide me with your feedback in two weeks.” CGA Jones enthusiastically took the guide and immediately went back to his office and started reading it.

After reading the introduction and reviewing the workflow diagram, CGA Jones decided to start by answering the question “DO I have enough information to define the problem?” In this case, SPO answers, “I know a bit about the process, so I don’t need to do a full Process Walk. The problem is not obvious though, so I still need to look at the process as a whole”, which leads him to create a SIPOC. CGA Jones opens the chapter in the guide that discusses how to create a SIPOC.



CGA Jones completed the SIPOC and it provided some good insights:

<b>Process:</b> Contracts, Grants, MOU's, & MOA's		<b>Owner:</b> CGA Jones	<b>Date Updated:</b> 3/1/2023
Suppliers	Inputs	Process	Outputs
<ul style="list-style-type: none"> <li>Federal Government</li> <li>State Government</li> <li>Local Government</li> <li>Vendors</li> <li></li> <li></li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Federal and State Regulations</li> <li>County Policy</li> <li>Dept. Policy</li> <li>Purchasing Guidelines</li> <li>Program Requirements</li> <li>Bid Proposal</li> <li>Risk Management</li> <li>Terms and Conditions</li> </ul>		<ul style="list-style-type: none"> <li>Services Rendered</li> <li>Commodity Received</li> <li></li> <li></li> <li></li> <li></li> <li></li> <li></li> </ul>
			Customers
			<ul style="list-style-type: none"> <li>Staff</li> <li>Department Divisions</li> <li>Collateral Partner Agencies</li> <li></li> <li></li> <li></li> <li></li> <li></li> </ul>

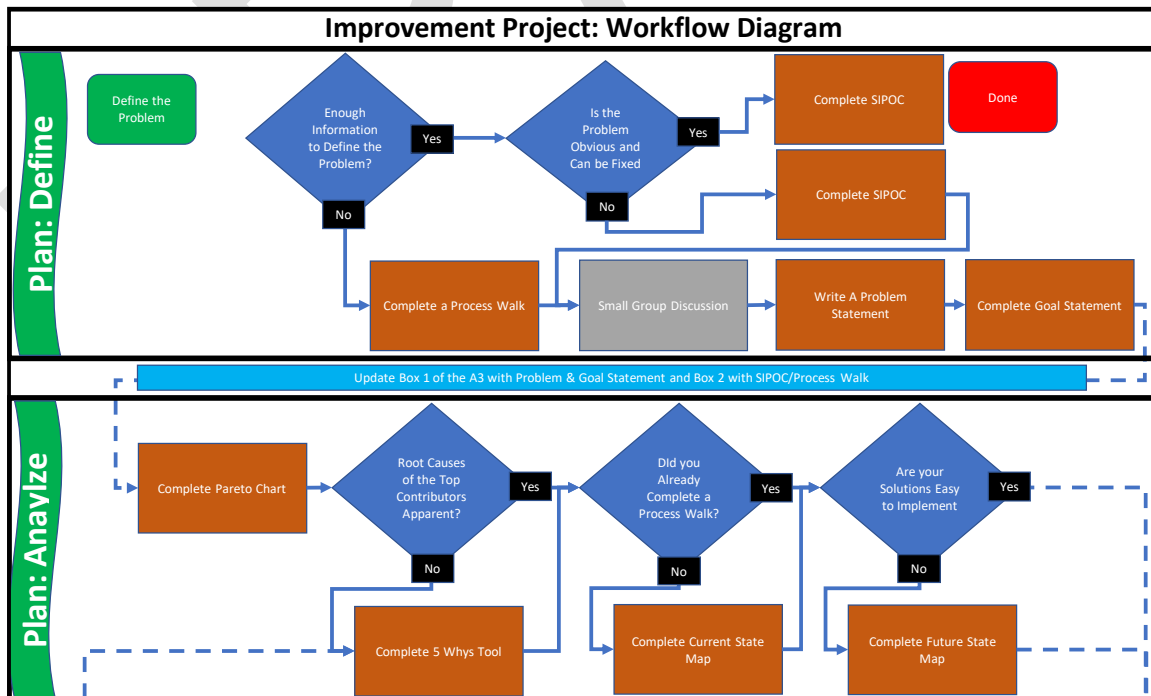
After reviewing it with his counterparts in the unit, it was clear that there were lots of delays due to the numerous reviews of the process involved, each of which added a delay to approval. With this information, CGA Smith was able to create his problem statement:

Process:		Contracts-MOU-MOA-Grants	CGA Jones	Date:	3/1/2023
<b>Problem Statement</b>					
Question	Answer				
What is the problem?	Our current contracts/Memorandum of Understanding and Agreements take an average of 135 days from request to approval and an average of 65 days from approval to services rendered or commodities received.				
Who is experiencing the problem?	Operational staff and collateral partner agencies				
Where is the problem occurring?	Departments and respective divisions				
When does the problem occur?	When a request for services and goods is submitted by COUNTY Departments/divisions/units				
What KPI does the problem effect?	Contracts/MOU/MOA total cycle process time				
Can the problem be measured?	Yes				
<b>Write Your Problem Statement</b>					
Numerous delays and review steps cause the Contracts, Grants, MOU, and MOA total process cycle time to take 200 working days.					
Problem Statement Evaluation Questions					Yes or No
Is your problem statement specific? (Identifies the who, what, where, and when of the problem)					Y
Does the problem statement align to a KPI?					Y
Does the problem statement identify the current KPI results and the KPI Goal?					Y

With his SIPOC and Problem Statement in hand, CGA Smith next moved on to creating his Goal Statement:

Process:	Contracts, Grants, MOU's, & MOA's	Owner:	CGA Jones	Date:	3/1/2023
Question		Answer			
Who is involved?		Operational staff, Dept. contracting/purchasing, county executive office, county purchasing, vendors			
What do we want to accomplish?		Reduce the time it takes to receive required services or commodities received			
Where will it be done?		County Offices			
Why are we doing this?		Not having timely services or commodities impacts the quality of services we provide to our customers and community			
What are our constraints?		project commitment by project stakeholders			
How will we know when the goal is accomplished?		When our contract/MOU/MOA total process cycle time is reduced.			
Considering our constraints and timelines, what can reasonably be accomplished?		We believe if given the proper resources and leadership commitment to reduce barriers the total process cycle time can be reduced by 50%			
How does this goal relate to department strategy?		This goal aligns with one of our department Key Performance Indicators (Total contract/MOU/MOA cycle time.			
When does it need to be accomplished by?		Jun-23			
Write your Goal Statement					
To reduce our contacting, Memorandum of Understanding, Memorandum of Agreement, and Grants total cycle time from 200 to 100 (50%)working days by June 30th, 2023.					
Specific?	Measurable?	Attainable?	Relevant?	Timely?	
Yes	Yes	Yes	Yes	Yes	

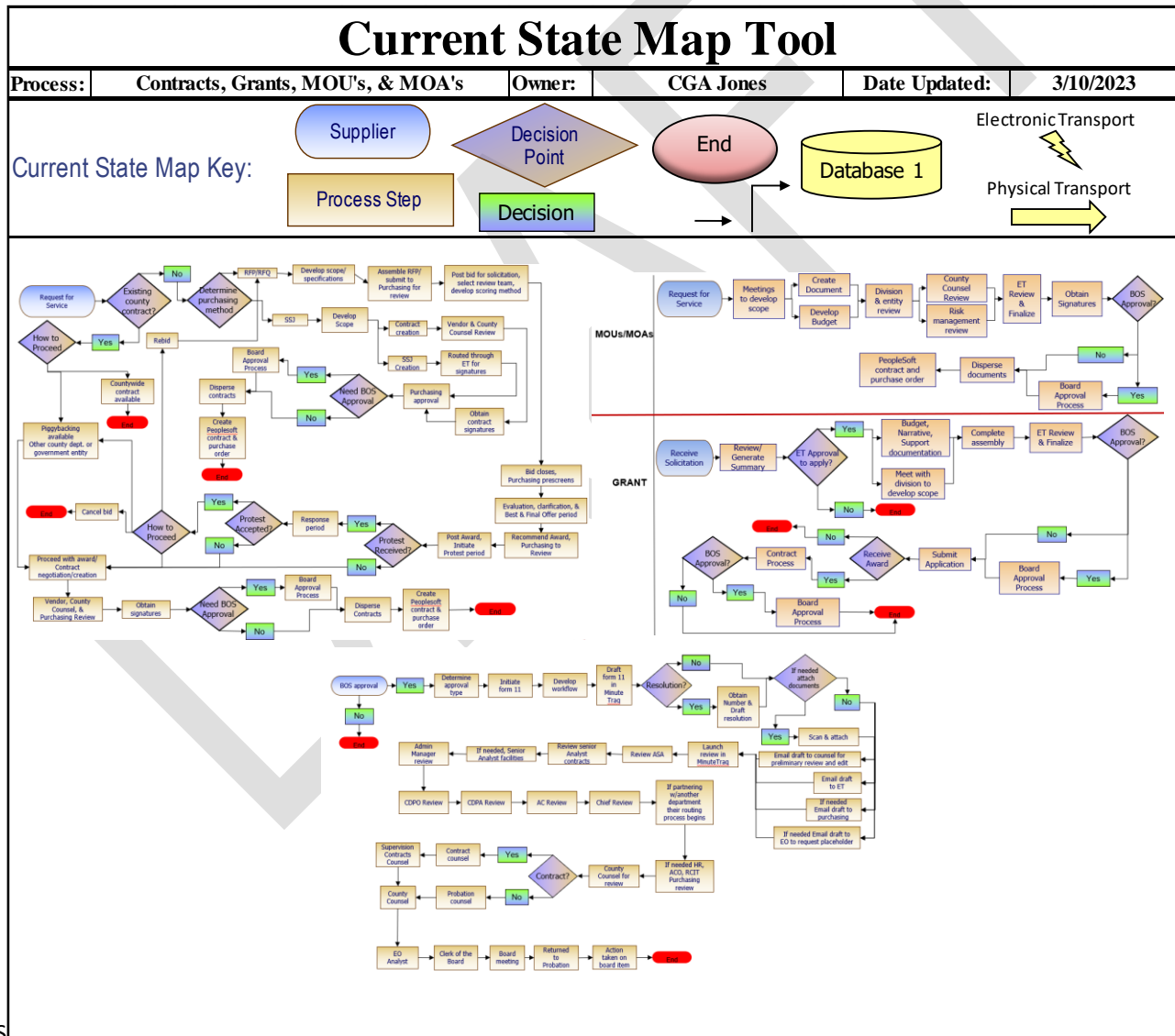
Now that CGA Jones knew what the problem was and what success looked like, he was ready to start analyzing the problem in more detail. He looked at the workflow diagram again.





The Pareto Chart confirmed what he suspected, more than 50% of the late items were due to delays in processing them, due to waiting for approvals for waiting to be processed. Based on the workflow diagram, CGA Jones determined that the root causes of these delays were apparent, so the 5 Whys Tool did not need to be used. However, It was clear that he needed to identify all these delays so they can all be addressed. He did so by completing a current state process map with the other members of his team.

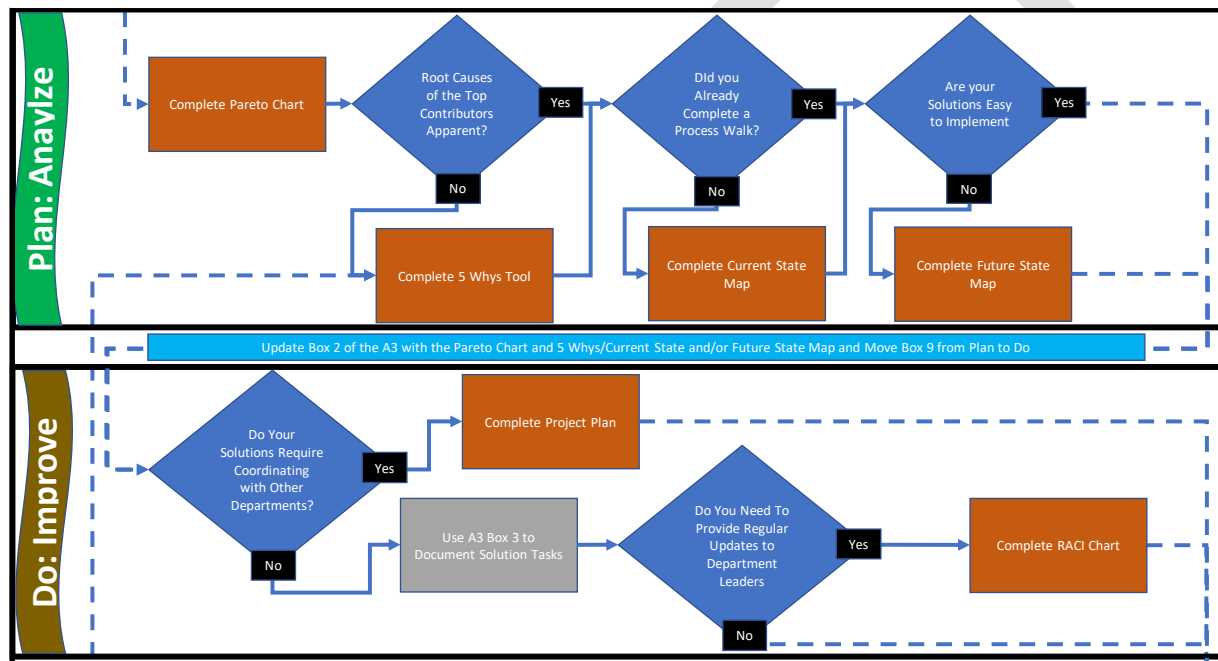
When the map was complete, it was clear to CGA Jones that the process was overly complex and required approvals at numerous points, each of which delayed the implementation of the contract.





While the customers valued the work being as accurate as possible, if the result of these checks was an unacceptable delay in implementation, something needed to change. CGA Jones meet with his team and went over each point of delay. In doing so, he was able to identify several that could either be eliminated or done simultaneously with other approval processes. Based upon his calculations, these changes could result in an over 50% improvement! He reviewed his proposal with his Director Angela and she gave him the green light to move forward. CGA Jones referred to the workflow diagram for his next steps:

At the end of the year, CGA Jones presented Director Angela the results of his improvements through a Before and After Chart:



He updated his A3 with the additional tools completed and then moved on to his action items.

Breakthrough Project:		Contracting, MOU/MOA, and Grants	
Box Status	<b>BOX 1. PLAN: Define</b>		
	1	<b>Problem Statement:</b>	Our total process cycle time for processing a contract/MOU/MOA and Grants is 200 working days.
	2	<b>Scope:</b>	All department service requests with purchase/service value of >\$50K
	3	<b>Goal Statement:</b>	To reduce our contracting, Memorandum of Understanding, Memorandum of Agreement, and Grants total cycle time from 200 to 100 (50%) working days by June 30th, 2023.
<b>BOX 2. PLAN: Measure &amp; Analyze</b>			
4			
5			
6			
7			
8			

CGA Jones knew that his solutions could all be completed in-house, so no need for a project plan, but there were plenty of internal leaders that needed to be kept up to date on the project improvement items. For this, he needed to create a RACI Chart.

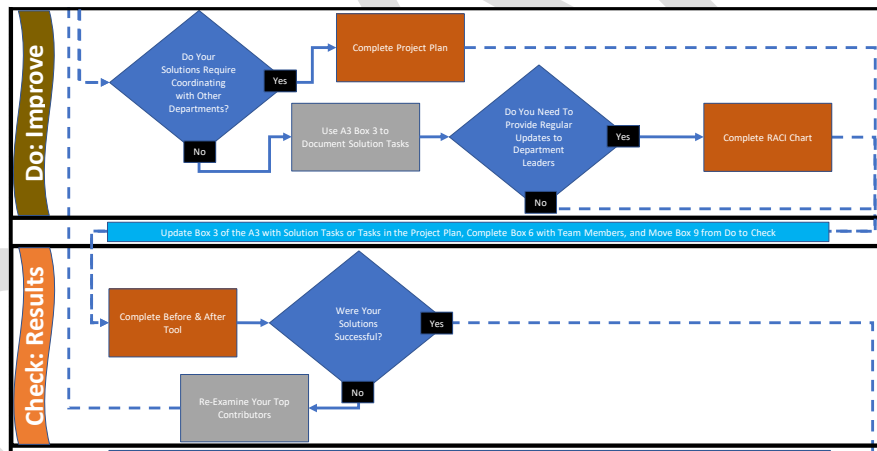
CGA Jones identified all of the Department Leadership that needed to be kept in the loop of the project details and put them into the RACI Chart.

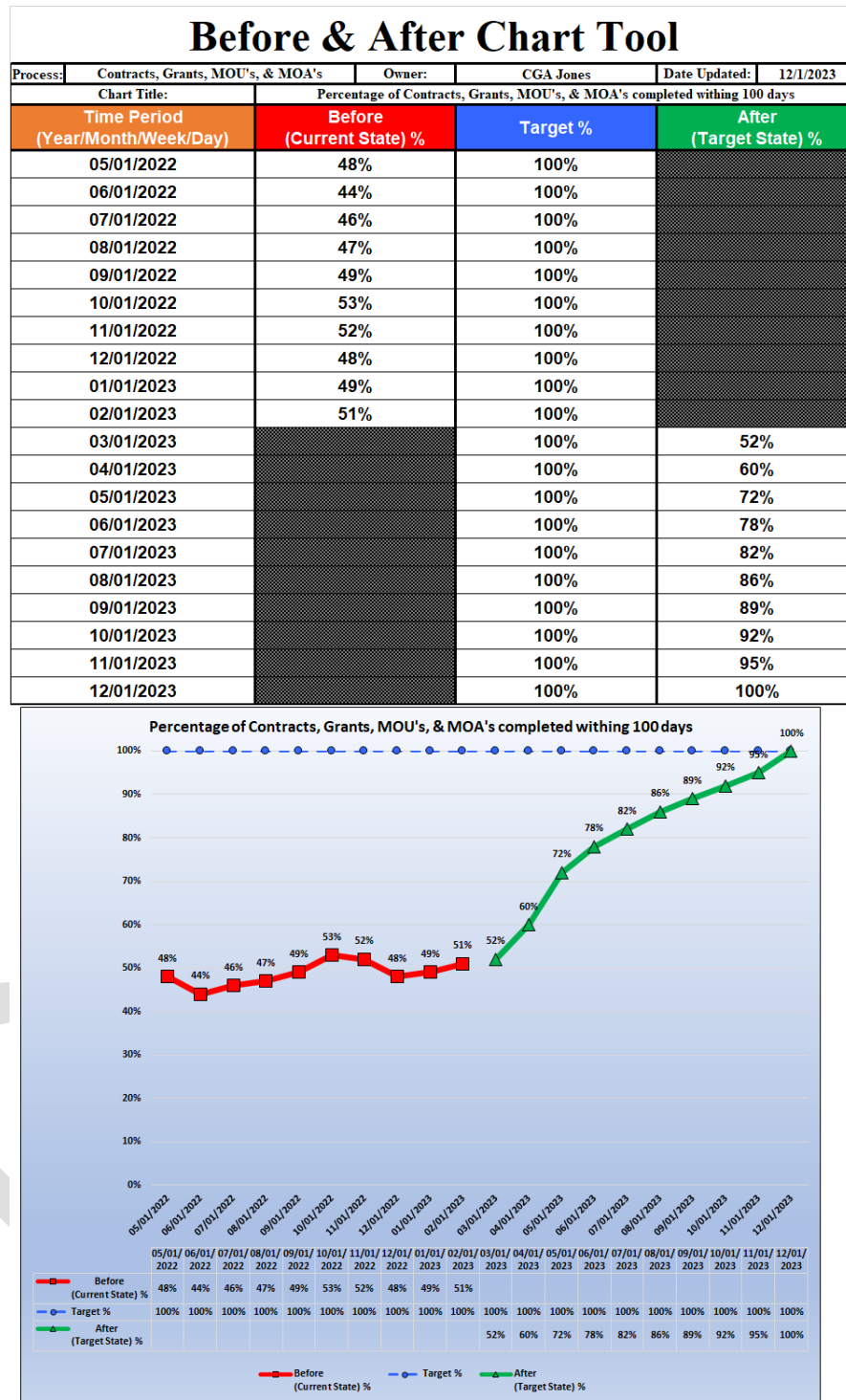
RACI Chart Tool					
Process:	Contracts-MOU-MOA-Grants	Owner:	Manager Davis	Date Updated:	12/16/2022
<b>R = Responsible</b> – The person who performs the action/task.					
<b>A = Accountable</b> – The person who is held accountable that the action/task is completed.					
<b>C = Consulted</b> – The person(s) who is consulted before performing the action/task.					
<b>I = Informed</b> – The person(s) who is informed after performing the action/task.					
Step	Action/Task	Responsible	Accountable	Consulted	Informed
1	Streamline the approval process then we will reduce the total process cycle time	CGA Jones	Director Angela	Director White	
2	Reduce the number of approvers then we will reduce the total process time	CGA Jones	Director Angela	Director Smith	
3	Develop standards on how to properly initiate a contract request then we will reduce the amount of errors from the initial requestor.	CGA Jones	Director Angela		Manager Fields
4	Reduce the amount of time a contract request is waiting in a staff's queue inbox then we will reduce the total process time.	CGA Jones	Director Angela		Manager Clubb

After completing the Action Items, including the RACI Chart, CGA Jones again updated the A3

Breakthrough Project: Contracting, MOU/MOA, and Grants		A3 Type: Strategic Development Bureau: Strategy A3	Report Date: 12/19/2022	BOX 6. TEAM	
<b>BOX 1. PLAN: Define</b>		<b>BOX 3. Improvement Actions</b>			
<b>Problem Statement:</b>	Our total process cycle time for processing a contract/MOU/MOA and Grants is 200 working days.	1	For streamline the approval process then we will reduce the total process cycle time	Owner: JANE DOE	Completion Date: 12/31/2022
<b>Scope:</b>	All department service requests with purchase/service value of \$50K	2	We will reduce the number of approvals then we will reduce the total process time	Owner: JANE DOE	Completion Date: 12/31/2022
<b>Goal Statement:</b>	To reduce our contracting, Memorandum of Understanding, Memorandum of Agreement, and Grants total cycle time from 200 to 100 (50%) working days by June 30th, 2023.	3	We will reduce the amount of errors from the initial responder	Owner: JANE DOE	Completion Date: 12/31/2022
<b>BOX 2. PLAN: Measure &amp; Analyze</b>		<b>BOX 4. CHECK: Results</b>		<b>BOX 7. Risks/Lessons Learned</b>	
				Update Box 3 of the A3 with Solution Tasks or Tasks in the Project Plan, Complete Box 6 with Team Members, and Move Box 9 from Do to Check	
		<b>BOX 5. ACT: Control and Sustain</b>		<b>\$36,000.00</b> BOX 9. Progress	

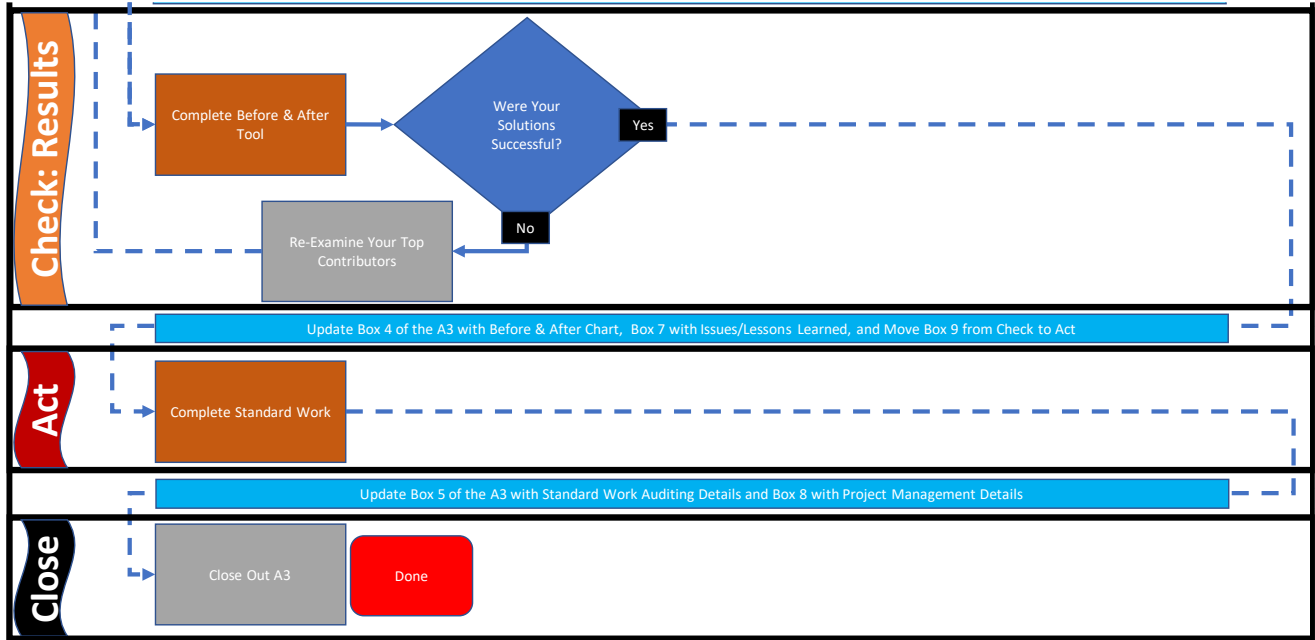
After implementing the new procedures and seeing the process play out over time, CGA Jones was now ready to measure the progress of the project. After consulting the workflow diagram, he completed the Before & After Chart Tool.





CGA Jones stated, “As of this month we have finally met our goal! I am still perfecting our standard work for the process to ensure we maintain our success, but it looks like our

improvements have worked. I am currently looking into other issues I have found with the process to see further improvements in both the time and accuracy KPIs.” He reviewed the last parts of the workflow diagram and updated the A3 with the remaining items:



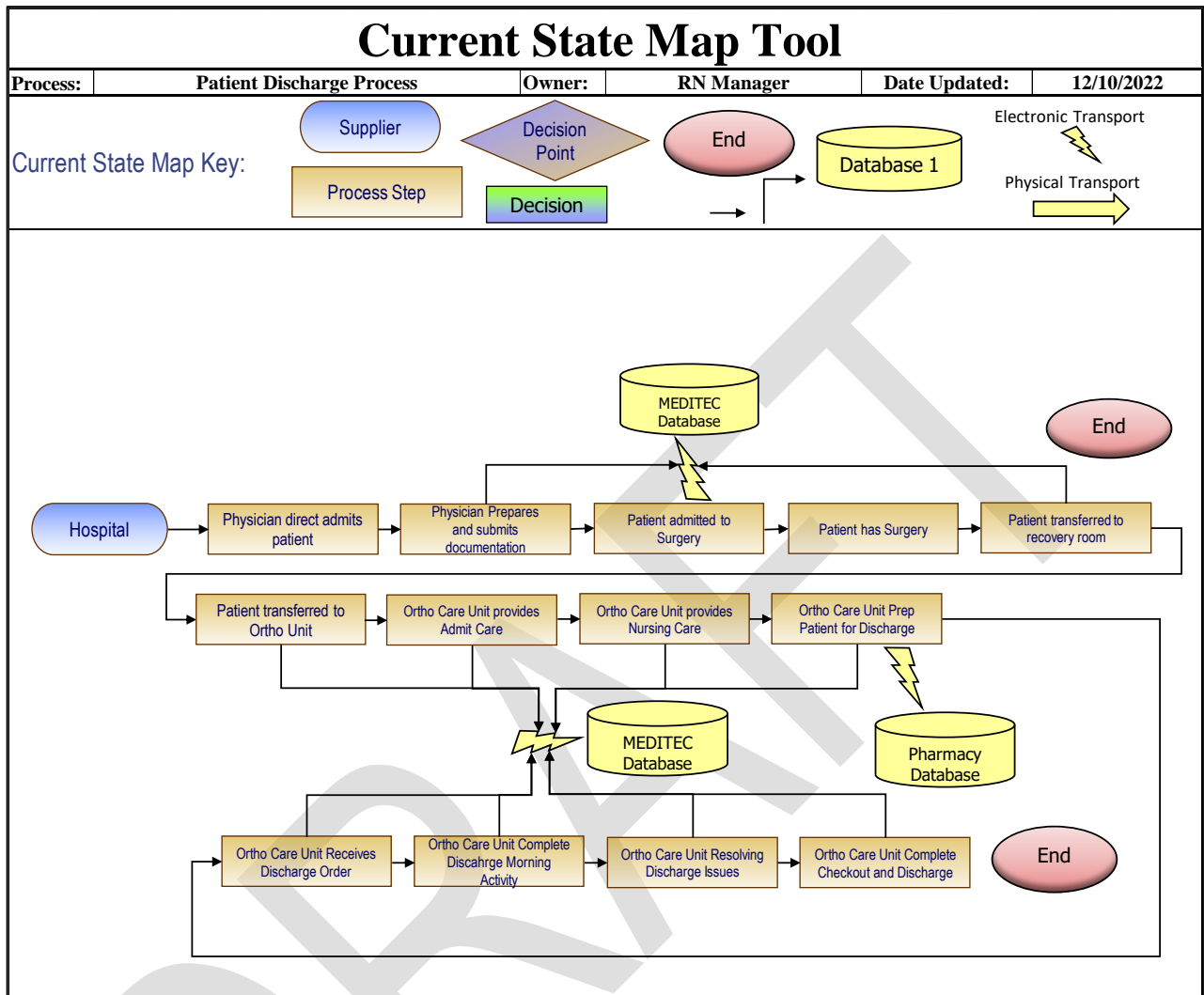
Breakthrough Project:		Contracting, MOU/MOA, and Grants		A3 Type:	Strategic Development Bureau: Strategy A3			Report Date:	12/19/2022		BOX 6. TEAM				
Box Status	<b>BOX 1. PLAN: Define</b>			<b>BOX 3. Improvement Actions</b>								Name	Role		
	Problem Statement: Our total process cycle time for processing a contract/MOU/MOA and Grants is 200 working days.			1	If we streamline the approval process then we will reduce the total process cycle time.	Establish timeframes to approve or disapprove requests.	CFO	1/14/2023	1/14/23	Status	CFO			Owner	
	Scope: All department service requests with purchase/service value of >\$50K			2	If we reduce the number of approvers then we will reduce the total process time.	Evaluate and make recommendations to reduce the amount of redundant approvals.	Dir	1/15/2023	1/23/23		Dir of Fiscal Services			Project Lead	
	Trigger: Initial request			3	If we develop standards on how to properly initiate a contract request then we will reduce the amount of errors from the initial request.	Develop standard work for contracting initiating requirements and train staff.	Donna	2/1/2023	2/20/23		Donna			SME	
	Done: service rendered/commodities received			4	If we reduce the amount of time a contract request is waiting in a staff's queue inbox then we will reduce the total process time.	Establish timeframes of how long a request should be in queue.	Joe	2/15/2023	2/28/22		Joe			SME	
	Goal Statement: To reduce our contracting, Memorandum of Understanding, Memorandum of Agreement, and Grants total cycle time from 200 to 100 (50%)working days by June 30th, 2023.			5											
				6											
				7											
				8											
				9											
				10											
				11											
			12												
<b>BOX 2. PLAN: Measure &amp; Analyze</b>			<b>BOX 4. CHECK: Results</b>								<b>BOX 7. Issues/Lessons Learned</b>				
											There was no consistent standard on how to perform the work Change is easier when there's an established goal/objective The tools in the A3 process allowed us to identify root causes that were simple to implement				
											<b>BOX 8. Project Management</b>				
											Day and Time for Regular Update Meeting Every Thursday from 9-10 Estimate of Total Time Spent on Project 26 Total Work Days Spent From To Closeout 46 Target Cost Capture <b>\$36,000.00</b>				
			<b>BOX 5. ACT: Control and Sustain</b>								<b>BOX 9. Progress</b>				
			1. All staff have been trained to the new standards and has been documented in the Learning Management System. 2. Standard work has been created and 30/60/90 follow-ups will be made to determine long term sustainability. After the 90 days and the process has been sustained then the A3 will be closed out.								P      D      C      A •				

CASE STUDY 3: PSYCHIATRIC HOSPITALIZATION DISCHARGE

Box Status	Breakthrough Project:	Patient Discharge Process	A3 Type:	Division: Operational A3	Report Date:	12/3/2022	BOX 6. TEAM																									
1	<b>BOX 1. PLAN: Define</b>		<b>BOX 3. Improvement Actions</b>					<table border="1"> <thead> <tr> <th>Name</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Darlene</td> <td>SME</td> </tr> <tr> <td>Donna</td> <td>SME</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> <tr> <td>Davis</td> <td>Lead</td> </tr> </tbody> </table>	Name	Role	Darlene	SME	Donna	SME	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead	Davis	Lead
	Name	Role																														
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<b>Problem Statement:</b>		96% of all patient discharges on the Orthopedic (Ortho) Unit happen after 11:00 am, resulting in delays in patient transfers from PACU (Post Anesthesia Care Unit), emergency department and other floors.		#	Action	Root Cause Addressed	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status																						
<b>Scope:</b>		The patient transferred to the unit until hospital discharge		1	Create standard work to give Mill of Magnesia on Postoperative day (POD) 1 twice a day	Patient has no bowel movement	RN Darlene	12/20/2022	1/12/23																							
<b>Trigger:</b>		Transferred from PACU		2	Place the vaccine order from POD 1 to POD 0, give the vaccine to patient team POD 1	Vaccine given late	RN Darlene	1/2/2023	1/14/23																							
<b>Done:</b>		Discharged from Ortho		3	Create a green card to communicate the patient's discharge (DC) progression, doctor to reinforce est. DC & communicate DC to patient and family	Patient is waiting on transportation	RN Brian	1/14/2023	1/20/23																							
<b>Goal Statement:</b>		By January 2023 patients in the Orthopedics Unit will be discharged on or before 10:30 am		4	Create standard work for both day and night shifts	Inconsistent activities being performed by nursing staff	RN Donna	1/15/2023	2/3/23																							
				5	Develop consistent communication on the importance of timely patient discharges and how they relate to patient care goals	Create communication huddle before and after each shift change	RN Donna	1/24/2023	2/14/23																							
				6	Poor handoff of patient DC status from charge to charge	Create standard work for the charge to charge handoff process, needs to include visual mgmt	RN Brian	1/25/2023	2/15/23																							
				7	Conduct a 4 week pilot where DC nurse will work on the Ortho floor, who is familiar with Ortho protocol	Bidside nurse was unaware that DC nurse will not be arriving	RN Steve	1/26/2023	2/16/23																							
				8	Use A3 Problem Solving Tool	PNDS machine does not have all the required drugs for patients near the machine	RN Peter	1/27/2023	2/17/23																							
				9	DC nurse process inconsistent	Focus has now changed to same as CAT countermeasures	RN Steve	1/28/2023	2/18/23																							
				10	Provide change management training to all physicians	Physicians reluctant to change practices	Chief Medical Officer	1/29/2023	2/19/23																							
				11	40 % of physician orders are written after 11 am	Communicate directly with physicians and present AT HMC (Medical Exec. Committee)	RN Steve	1/30/2023	2/20/23																							
				12	Conduct A3 solving tool	SNF or RENAS do not send for patients until they are ready	RN DASHA	2/1/2023	2/20/23																							
<b>BOX 2. PLAN: Measure &amp; Analyze</b>		<b>BOX 4. CHECK: Results</b>		<b>BOX 7. Issues/Lessons Learned</b>																												
				Must show the staff what's on it for them and how they benefit in the incremental improvements Leadership on the staff floor by physicians and Admin is key Engage Human Resources in the beginning to assist in the change management Incremental changes are best supported by staff than a major change. Start small, win small.																												
				<b>BOX 8. Project Management</b> Day and Time for Regular Update Meeting: Wednesday at 0900 Estimate of Total Time Spent on Project: 8 weeks Total Work Days from Open to Closed: 240 hours Target Cost Capture: \$450,000.00																												
				<b>BOX 9. Progress</b>																												
				<table border="1"> <thead> <tr> <th>P</th> <th>D</th> <th>C</th> <th>A</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					P	D	C	A																				
P	D	C	A																													

Process:		Patient Discharge Process	Owner:	RN Manager Davis	Date:	11/2/2023
Question	Answer					
What is the problem?	The Orthopedic Unit discharges 96% of its patients after the 10:30 target timeframe to discharge patients					
Who is experiencing the problem?	Patients, hospital units have patients from the PACU					
Where is the problem occurring?	Observation and Orthopedic Units.					
When does the problem occur?	When a patient have been transferred to a bed on the Ortho Unit until the patient has been discharged					
What KPI does the problem effect?	Patient discharges before 10:30					
Can the problem be measured?	Yes					
Write Your Problem Statement						
96% of all patient discharges on the Orthopedic (Ortho) Unit happen after 11:00 am, resulting in delays in patient transfers from PACU (Post Anesthesia Care Unit), emergency department and other floors.						
Problem Statement Evaluation Questions						Yes or No
Is your problem statement specific? (Identifies the who, what, where, and when of the problem)						Y
Does the problem statement align to a KPI?						Y
Does the problem statement identify the current KPI results and the KPI Goal?						Y

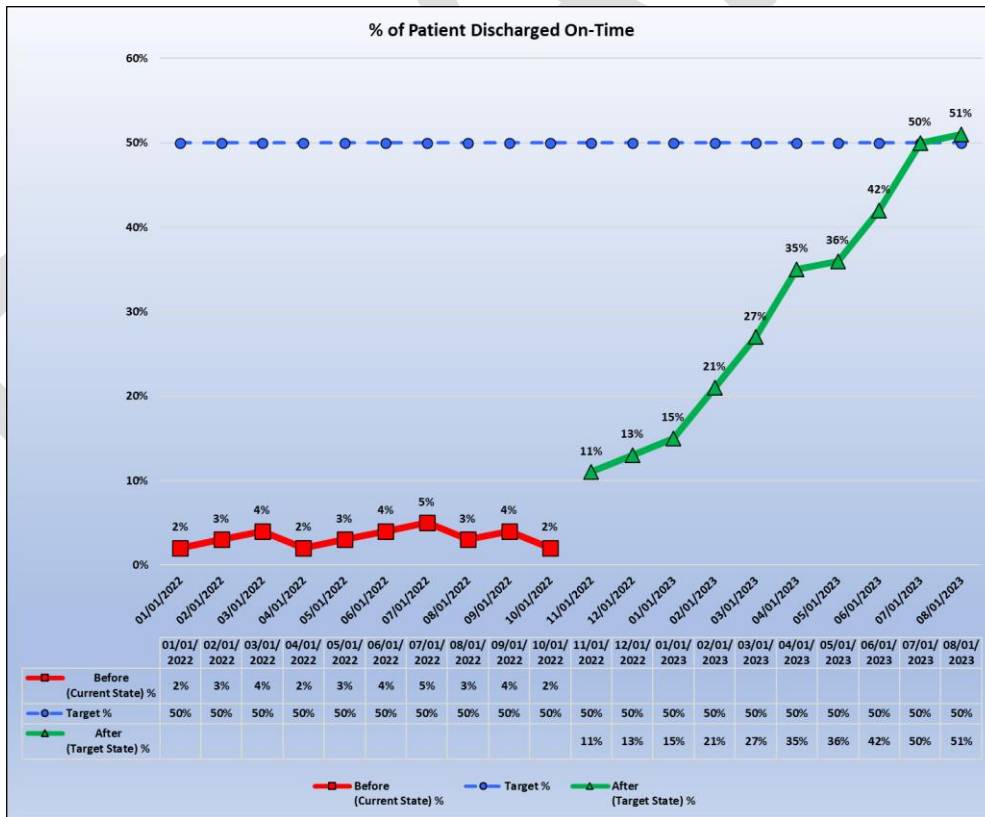




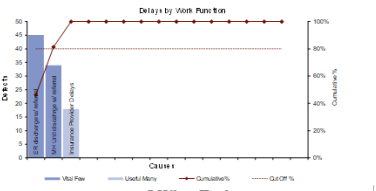
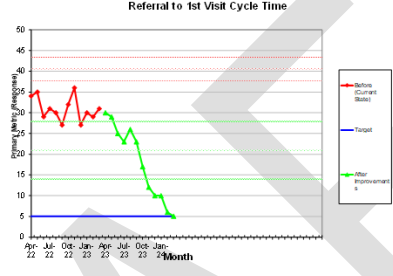


### Before & After Chart Tool

Process:	Patient Discharge Process	Owner:	RN Manager	Date Updated:	8/15/2023
Chart Title:		% of Patient Discharged On-Time			
Time Period (Year/Month/Week/Day)	Before (Current State) %	Target %	After (Target State) %		
01/01/2022	2%	50%			
02/01/2022	3%	50%			
03/01/2022	4%	50%			
04/01/2022	2%	50%			
05/01/2022	3%	50%			
06/01/2022	4%	50%			
07/01/2022	5%	50%			
08/01/2022	3%	50%			
09/01/2022	4%	50%			
10/01/2022	2%	50%			
11/01/2022		50%	11%		
12/01/2022		50%	13%		
01/01/2023		50%	15%		
02/01/2023		50%	21%		
03/01/2023		50%	27%		
04/01/2023		50%	35%		
05/01/2023		50%	36%		
06/01/2023		50%	42%		
07/01/2023		50%	50%		
08/01/2023		50%	51%		

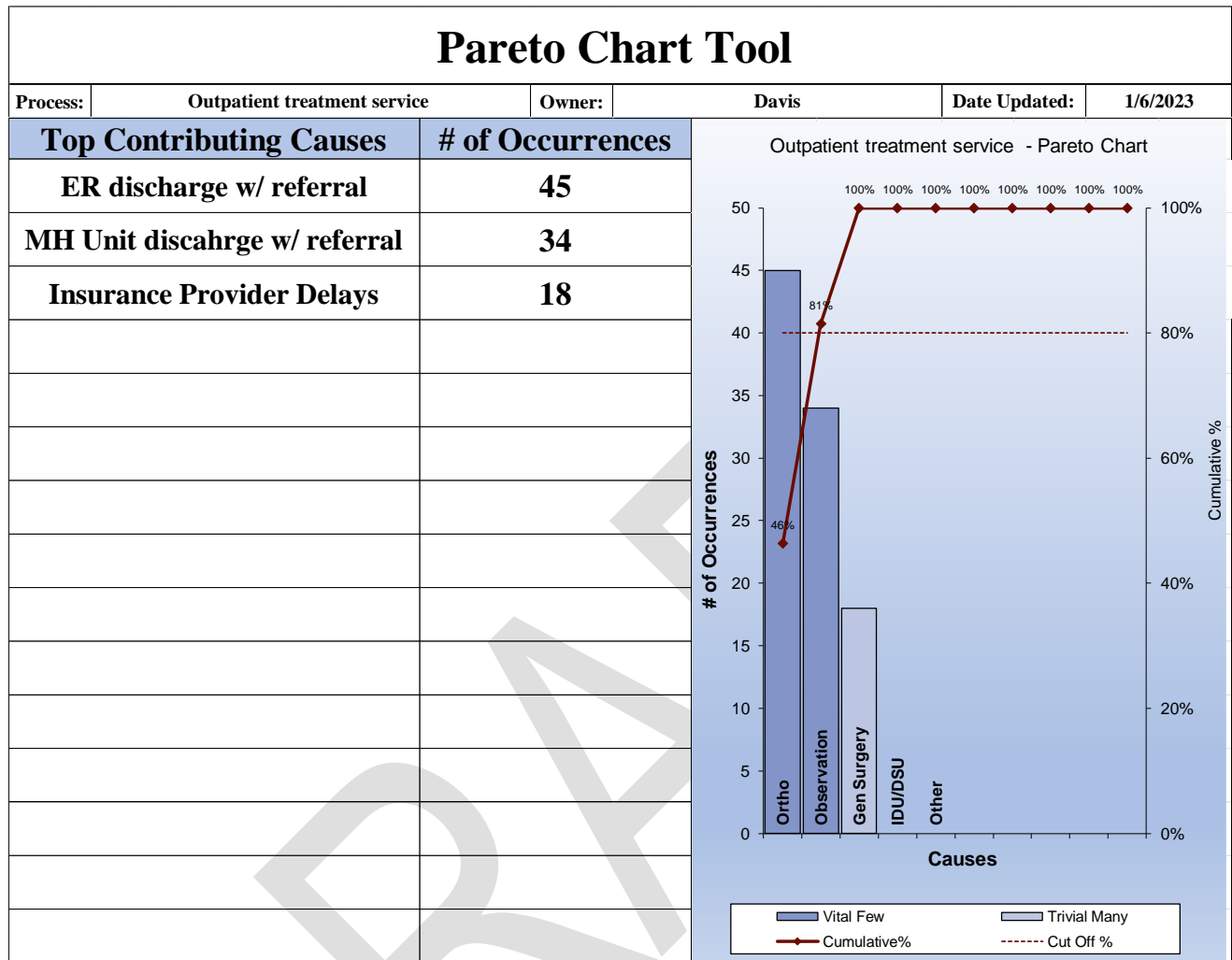


CASE STUDY 4: EMERGENCY DEPARTMENT DISCHARGE TO MH OUTPATIENT SERVICES

Box 1. PLAN: Define	Breakthrough Project:	Mental Health Outpatient	A3 Type:	Division: Operational A3	Report Date:	12/22/2022	BOX 6. TEAM																																							
	Problem Statement:	People are entering the ER with Serious Mental Illnesses(SMI) and many of them are not discharged to a community MH option in a timely manner and without a warm handoff	BOX 3. Improvement Actions							Name	Role																																			
	Scope:	ER patient admittance to discharge to community MH	#	Action	Sub Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status																																					
	Target:	ER patient admittance	1	Perform a job analysis to document the process and work activities of a outpatient referral care navigator		Suzy	1/22/2023	2/15/23		Suzy	Manager																																			
	Date:	Patient care provided at community MH	2	Create a job description for the care navigator position		Suzy	2/22/2023	3/1/23		Elaine	SME																																			
	Goal Statement:	To reduce the total time a patient waits to receive 1st treatment from 30 to 5 working days	3	Create referral tracking data link		John	3/2/2023	3/26/23		John	MH Manager																																			
			4	Create "pick-up" request form from respite facility		Dave	4/1/2023	4/8/23		Elaine	SME																																			
			5	Monitor key performance indicator for improvement of process time		Suzy	5/1/2023	5/7/23		Suzy	Manager																																			
			6																																											
			7																																											
			8																																											
	BOX 2. PLAN: Measure & Analyze	Delays by Month Function		BOX 4. CHECK: Results					BOX 7. Issues/Lessons Learned																																					
								Engage HR early in the improvement process Perform job analysis was critical in developing the job description																																						
	<table border="1"> <thead> <tr> <th>Process</th> <th>MH Outpatient Referral</th> <th>Owner</th> <th>RN Davis</th> <th>Date</th> <th>1/7/2023</th> </tr> </thead> <tbody> <tr> <td>Top Contributing Cause</td> <td>Why #1 that "There is no process in place to track or follow-up on patient referrals to a staff member?"</td> <td colspan="4">That occurs because</td> </tr> <tr> <td></td> <td>Why #2 that "There is no process in place to track or follow-up on patient referrals?"</td> <td colspan="4">There is no functional job role that delegates this task to a staff member</td> </tr> <tr> <td></td> <td>Why #3 that "There is no functional job role that delegates the task to staff member?"</td> <td colspan="4">A job function or role is to coordinate and manage a patients referral does not exist</td> </tr> <tr> <td></td> <td>Why #4 that "A job function or role is to coordinate and manage a patients referral does not exist."</td> <td colspan="4">Why #5 that "..."</td> </tr> </tbody> </table>		Process	MH Outpatient Referral	Owner	RN Davis	Date	1/7/2023	Top Contributing Cause	Why #1 that "There is no process in place to track or follow-up on patient referrals to a staff member?"	That occurs because					Why #2 that "There is no process in place to track or follow-up on patient referrals?"	There is no functional job role that delegates this task to a staff member					Why #3 that "There is no functional job role that delegates the task to staff member?"	A job function or role is to coordinate and manage a patients referral does not exist					Why #4 that "A job function or role is to coordinate and manage a patients referral does not exist."	Why #5 that "..."				BOX 5. ACT: Control and Sustain					BOX 8. Project Management								
Process	MH Outpatient Referral	Owner	RN Davis	Date	1/7/2023																																									
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	<p>■ 1 root cause is that there is no process in place to assist the referral navigation process for a patient.</p>		<p>1. All staff have been trained to the new standards and has been documented in the Learning Management System.</p> <p>2. Standard work has been created and 30/60/90 follow-ups will be made to determine long term sustainability. After the 90 days and the process has been sustained then the A3 will be dosed out.</p>					<table border="1"> <thead> <tr> <th colspan="4">Box 8. Project Management</th> </tr> <tr> <th colspan="4">Baseline Time for Total Project Milestone</th> </tr> <tr> <td colspan="4">Monday at 10:00</td> </tr> <tr> <th colspan="4">Estimate of Total Time Spent on Project</th> </tr> <tr> <td colspan="4">56</td> </tr> <tr> <th colspan="4">Total Work Days from Open To Closed</th> </tr> <tr> <td colspan="4">24</td> </tr> <tr> <th colspan="4">Target Cost Capture</th> </tr> <tr> <td colspan="4"></td> </tr> </thead></table>			Box 8. Project Management				Baseline Time for Total Project Milestone				Monday at 10:00				Estimate of Total Time Spent on Project				56				Total Work Days from Open To Closed				24				Target Cost Capture							
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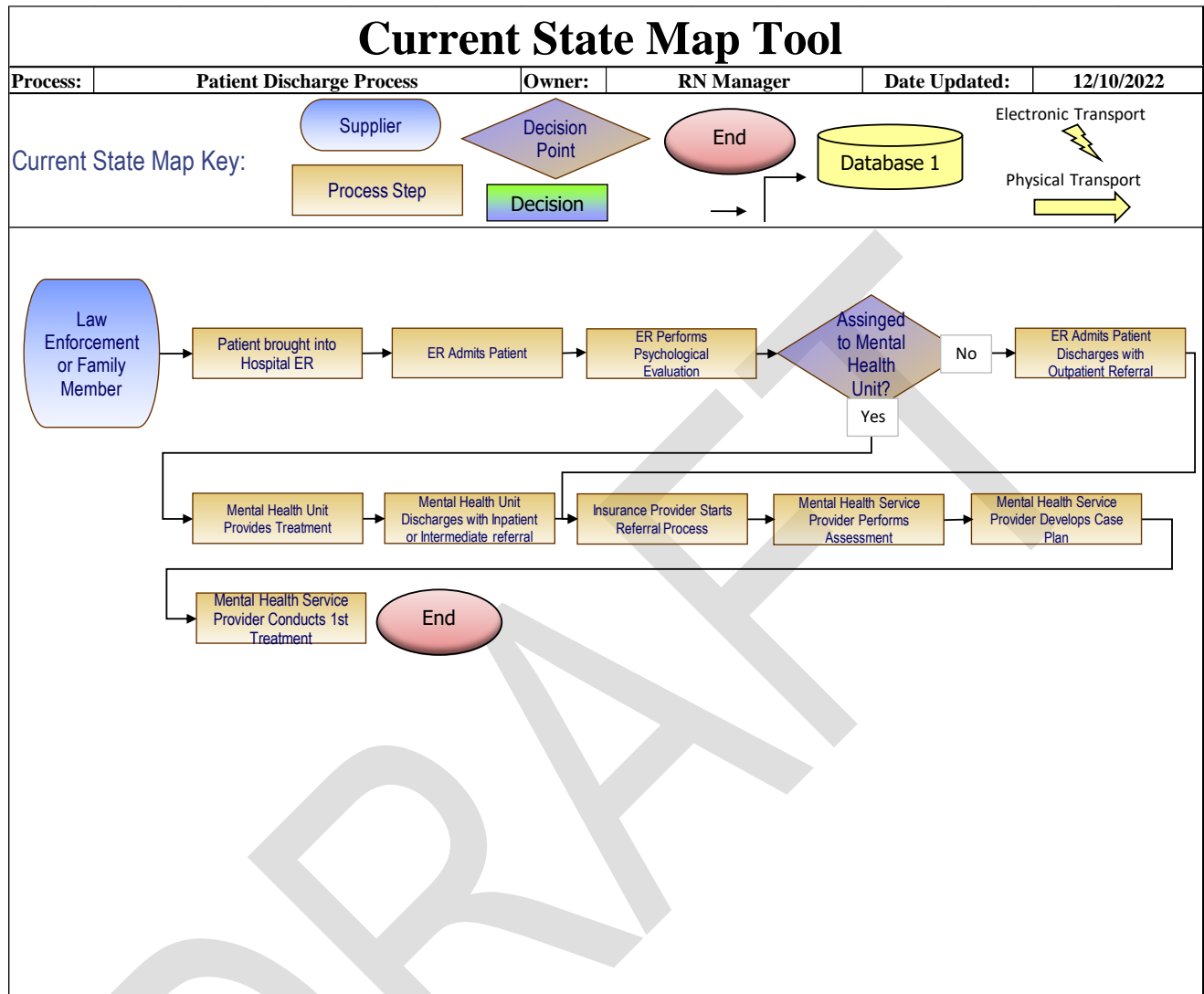
Problem Statement		
Process:	Mental Health Outpatient Process	
Owner:	Davis	
Date:	1/6/2023	
Question	Answer	
What is the problem?	Mental Health patients are waiting an average of 30 working days to be seen by their outpatient service provider	
Who is experiencing the problem?	The patient	
Where is the problem occurring?	Hospital, Insurance Provider, Outpatient Provider	
When does the problem occur?	When a patient is provided a referral to a outpatient provider upon patient discharge from the hospital	
What KPI does the problem effect?	# of days to first outpatient treatment service	
Can the problem be measured?	Yes	
Write Your Problem Statement		
People are entering the ER with Serious Mental Illnesses(SMI) and many of them are not discharged to a community MH option in a timely manner and without a warm handoff		
Problem Statement Evaluation Questions		Yes or No
Is your problem statement specific? (Identifies the who, what, where, and when of the problem)		Y
Does the problem statement align to a KPI?		Y
Does the problem statement identify the current KPI results and the KPI Goal?		Y

<b>Goal Statement Tool</b>				
<b>Process:</b>	<b>Outpatient treatment service</b>	<b>Owner:</b>	<b>Davis</b>	<b>Date:</b> 1/6/2023
<b>Question</b>		<b>Answer</b>		
Who is involved?		Law Enforcement, family members, patients, ER staff, Mental Health Unit, mental health providers		
What do we want to accomplish?		Reduce the time it takes for a patient has his/her first outpatient treatment service		
Where will it be done?		Hospital and outpatient service provider facility		
Why are we doing this?		Patients are not provided timely services to treat their mental conditions		
What are our constraints?		Collaboration with inter -agencies		
How will we know when the goal is accomplished?		When we see a reduction of the total time a patient has to wait to receive initial out patient treatment		
Considering our constraints and timelines, what can reasonably be accomplished?		We believe we can reduce the total time by more than 50% within 4 months		
How does this goal relate to department strategy?		This goal aligns to decreasing the total hospital readmissions for mental health patients		
When does it need to be accomplished by?		April 30th, 2023		
<b>Write your Goal Statement</b>				
<p>To reduce the total time a patient waits to receive 1st treatment from 30 to 5 working days</p>				
<b>Specific?</b>	<b>Measurable?</b>	<b>Attainable?</b>	<b>Relevant?</b>	<b>Timely?</b>
Yes	Yes	Yes	Yes	Yes



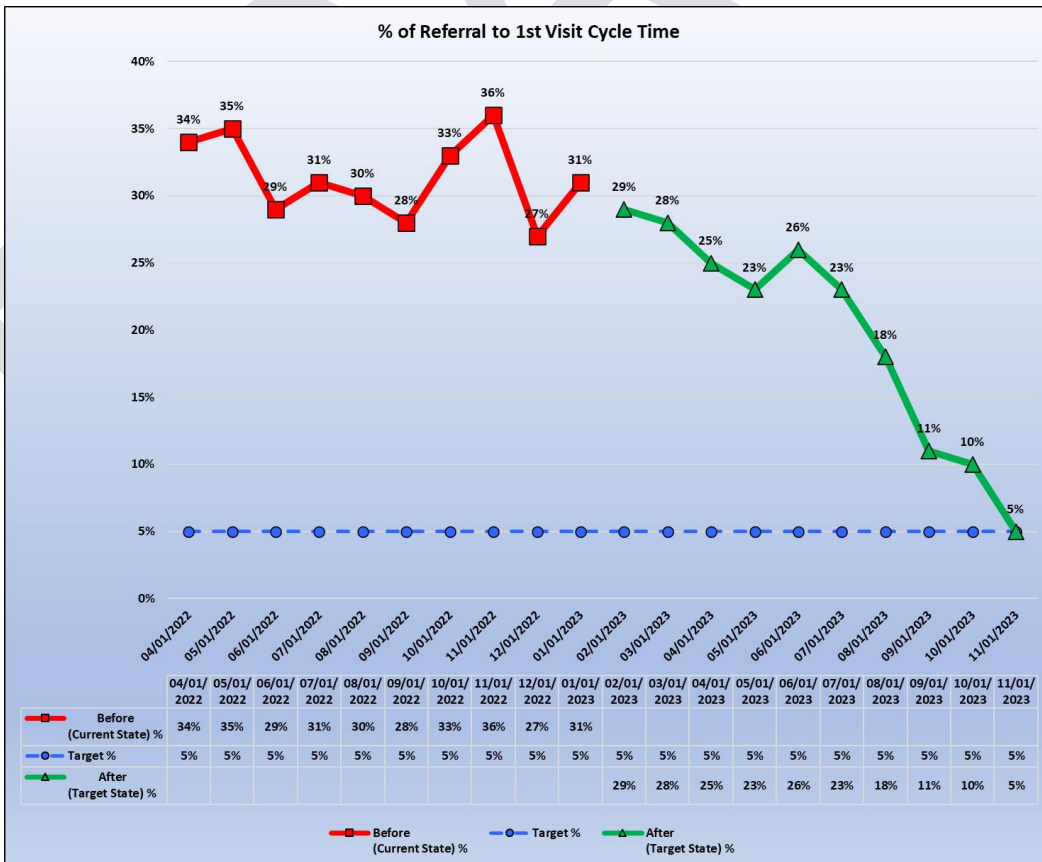
<b>5 Whys Tool</b>					
Process:	<b>MH Outpatient Referral</b>		Owner:	<b>RN Davis</b>	
		Date:	<b>1/7/2023</b>		
Top Contributing Cause	Why?		That occurs because		
<b><u>Delays with ER discharge w/ referral</u></b>	Why is it that "Delays with ER discharge w/ referral"?		There is no process in place to track or follow-up on patient referrals		
	Why is it that "There is no process in place to track or follow-up on patient referrals"?		There is no functional job role that delineates this task to a staff member		
	Why is it that "There is no functional job role that delineates this task to a staff member"?		A job function or role is to monitor and navigate a patients referral does not exist		
	Why is it that "A job function or role is to monitor and navigate a patients referral does not exist"?				
	Why is it that ""?				

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## Before & After Chart Tool

Process:	Outpatient treatment service	Owner:	RN Davis	Date Updated:	11/6/2023
Chart Title:		% of Referral to 1st Visit Cycle Time			
Time Period (Year/Month/Week/Day)	Before (Current State) %	Target %	After (Target State) %		
04/01/2022	34%	5%			
05/01/2022	35%	5%			
06/01/2022	29%	5%			
07/01/2022	31%	5%			
08/01/2022	30%	5%			
09/01/2022	28%	5%			
10/01/2022	33%	5%			
11/01/2022	36%	5%			
12/01/2022	27%	5%			
01/01/2023	31%	5%			
02/01/2023			5%	29%	
03/01/2023			5%	28%	
04/01/2023			5%	25%	
05/01/2023			5%	23%	
06/01/2023			5%	26%	
07/01/2023			5%	23%	
08/01/2023			5%	18%	
09/01/2023			5%	11%	
10/01/2023			5%	10%	
11/01/2023			5%	5%	



CASE STUDY 5: INCOMPETENCY TO STAND TRIAL

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CASE STUDY 6: LINKING TECHNOLOGY SYSTEMS

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CASE STUDY 7: PRETRIAL PRE-ARRAIGNMENT RELEASE

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CASE STUDY 8: MENTAL HEALTH DIVERSION PROCESS

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CASE STUDY 9: MEDICAID BENEFITS SIGNUP PROCESS

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CASE STUDY 10: IDENTIFYING HIGH UTILIZERS OF MULTIPLE SYSTEMS IN THE COMMUNITY

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CASE STUDY 11: CONNECTING PEOPLE TO CARE DURING RE-ENTRY

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