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## Better Systems, Better Outcomes:

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

Kevin O'Connell

DATA DRIVEN RECOVERY PROJECT

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## 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.

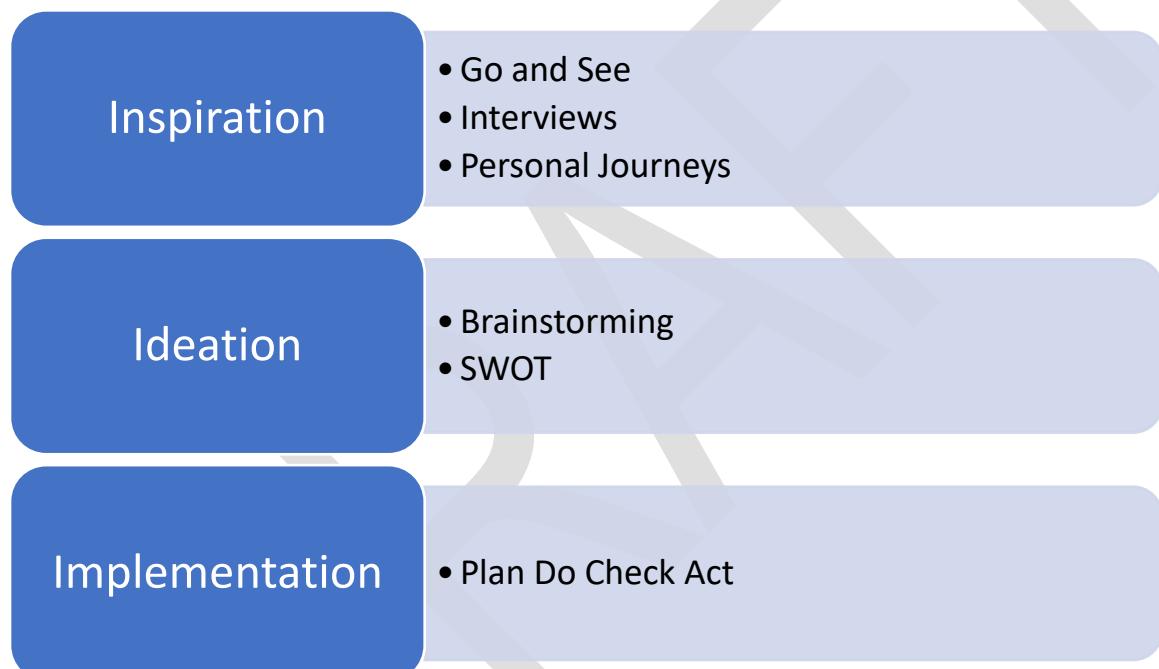
The document is organized to give the reader a thought process to go through in understanding a problem, but then how to apply a system of tools to look at it from the perspective of clients, as well as of systems. Section 1 walks through an approach to looking for inspiration in how to approach opportunities 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](#).



#### 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.

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## 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.

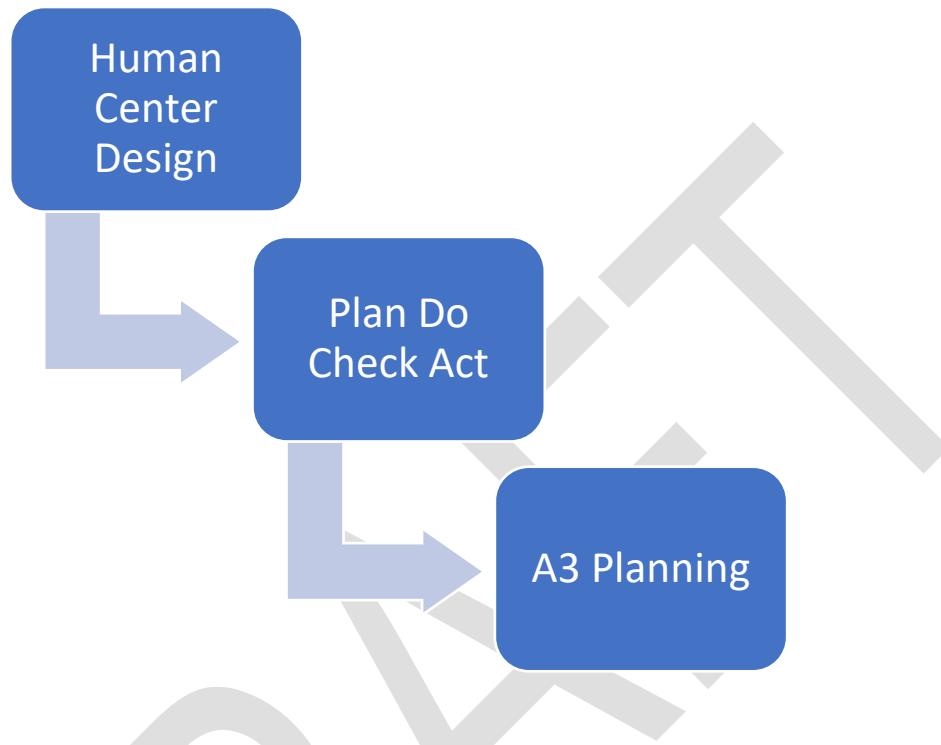
As to what is most feasible and viable, build out a prototype or a concept you can get feedback on. It could be as simple notes or PowerPoint presentation focuses on documenting how clients experience things. Taking this a step further, using collaboration and brainstorming for process improvement can 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.

### 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.

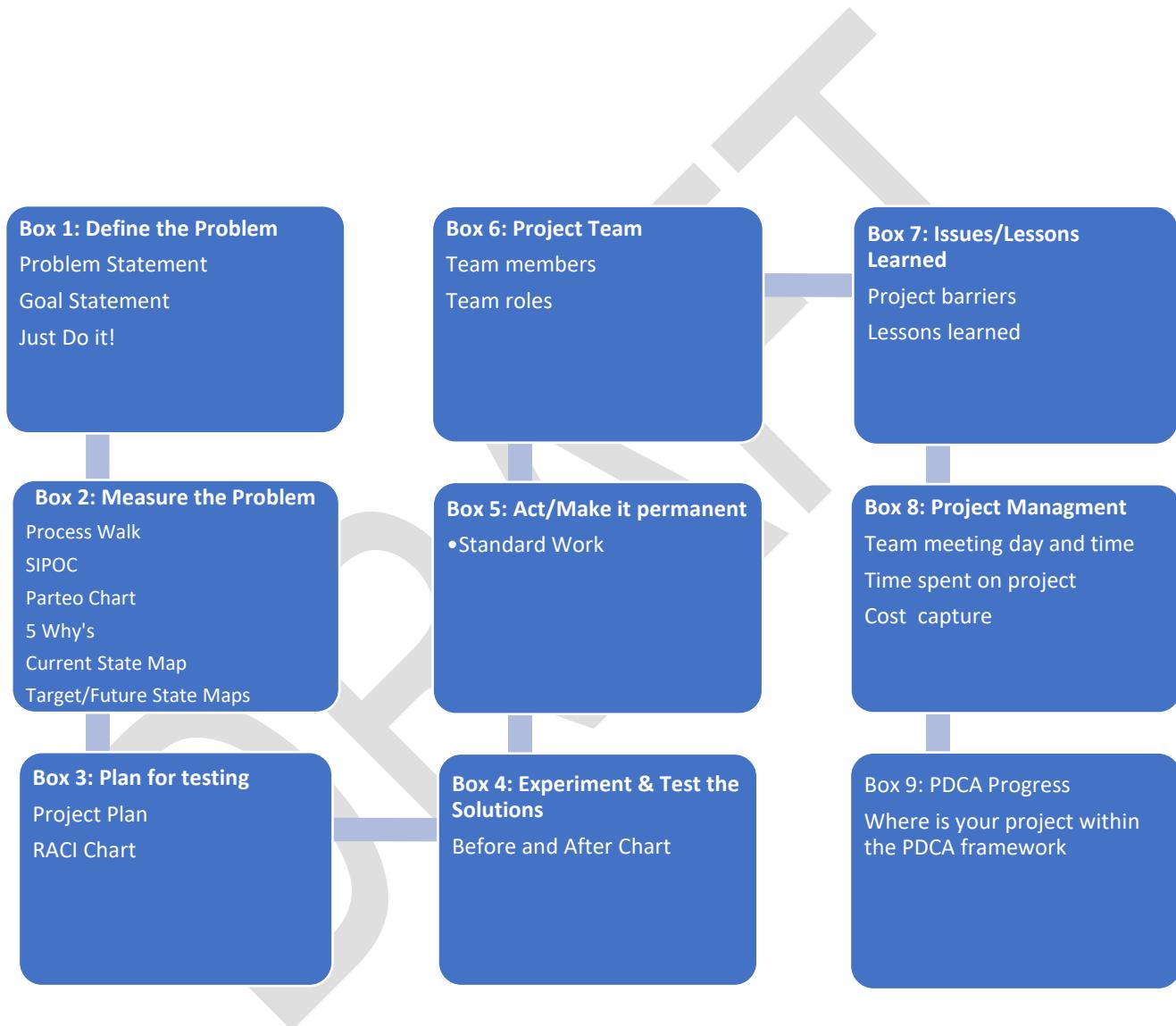
<b>Rapid Prototyping</b>	Rapid Prototyping is an approach to software and program development that emphasizes quick, iterative development cycles and minimal feature sets.	Use this method when the goal is to quickly show stakeholders new ways of approaching a shared problem to get input on certain key pieces	Develop an alternative to email and phone calls for planning re-entry for people released from jail through a single app.
<b>Stakeholder Mapping</b>	Stakeholder mapping is the visual process of laying out all the stakeholders of a product, project, or idea on one map.	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	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.

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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 1. PLAN: Define	Problem Statement:		BOX 3. Improvement Actions								
	1		Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name		
									1		
									2		
									3		
	4										
	2	Scope:	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name		
									5		
									6		
									7		
	3	Trigger:	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name		
									8		
9											
10											
4	Done:	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name			
								11			
								12			
								13			
BOX 2. PLAN: Measure & Analyze		BOX 4. CHECK: Results				BOX 7. Issues/Lessons Learned					
5		Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	Name			
								14			
								15			
								16			
								17			
								18			
								19			
								20			
BOX 5. ACT: Control and Sustain		BOX 8. Project Management				BOX 9. Progress					
		Day and Time for Regular Update Meeting Estimate of Total Time Spent on Project Total Work Days from Open To Closeout Target Cost Capture				P      D      C      A _____					

PLAN: BOXES 1 & 2

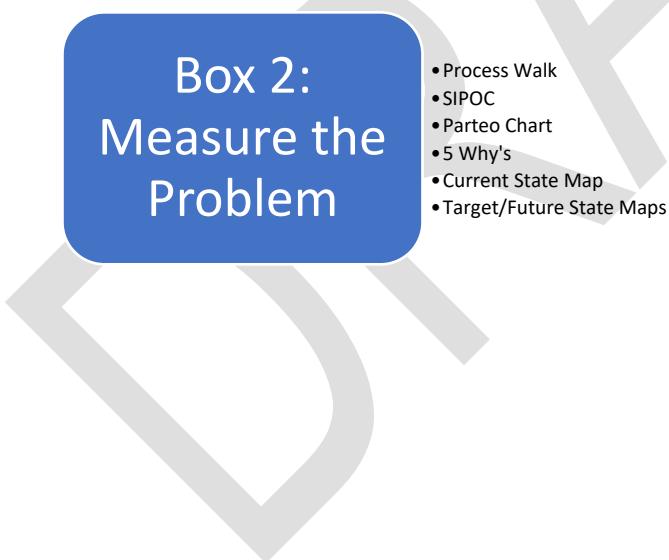
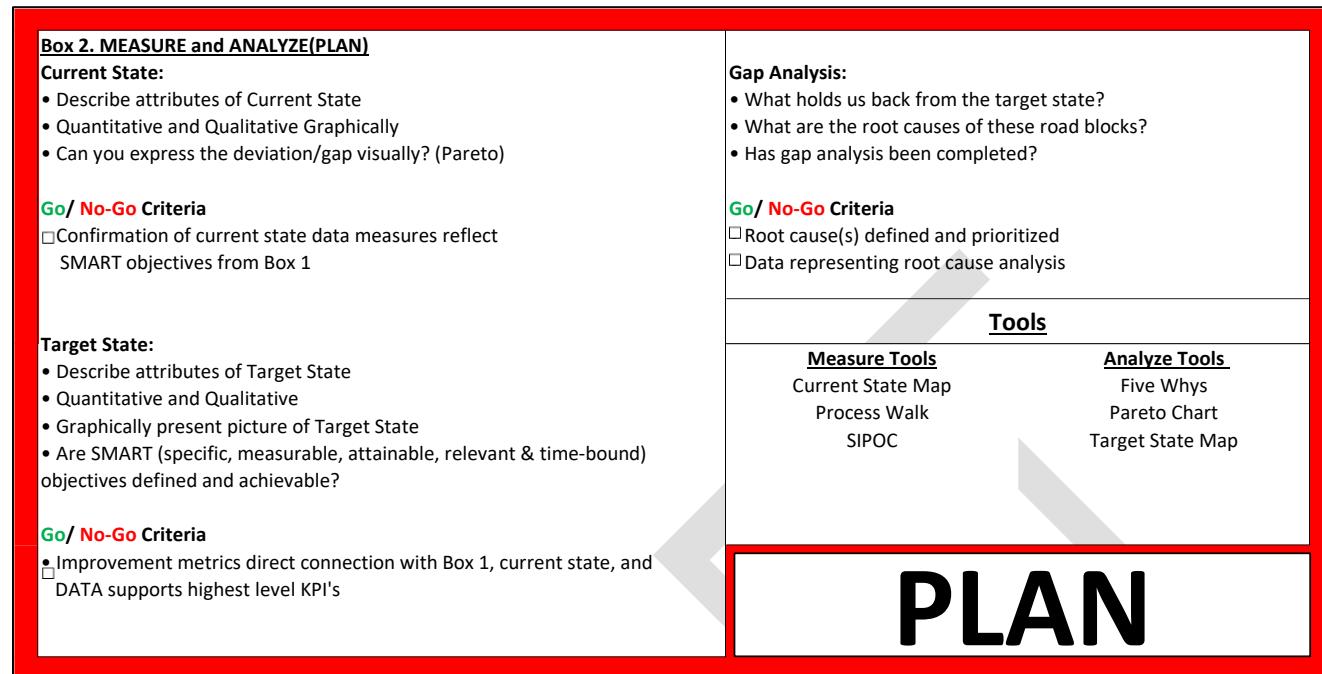
There are many ways to use Lean methods to improve your agency's processes and programs. Before choosing a method, it can be helpful to have a sense of the initial scope of your project so you can more readily identify the method that is best suited for your needs. It is important to match your goals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

BOX 1. PLAN: Define	
Problem Statement:	<b>Box 1. DEFINE (PLAN)</b> <ul style="list-style-type: none"> <li>• How is this problem relevant to the department?</li> <li>• Is there a deviation from the expectation?</li> <li>• What benefits are you hoping to attain?</li> </ul> <b>Go / No-Go Criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the problem or reason for action clear and shared so that it can serve as a roadblock buster?</li> <li><input checked="" type="checkbox"/> Does the goal statement contain SMART objectives?</li> <li><input type="checkbox"/> Is the A3 aligned to KPI's and/or strategic goals?</li> <li><input type="checkbox"/> Is the Goal Statement (format specific "From X to Y by When"):</li> </ul>
Scope:	
Trigger:	
Done:	
Goal Statement:	<b>Tools</b> Problem Statement Goal Statement
<b>PLAN</b>	

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



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)

**Tools**

Before/After Charts

# CHECK

Box 4:  
Experiment &  
Test the  
Solutions

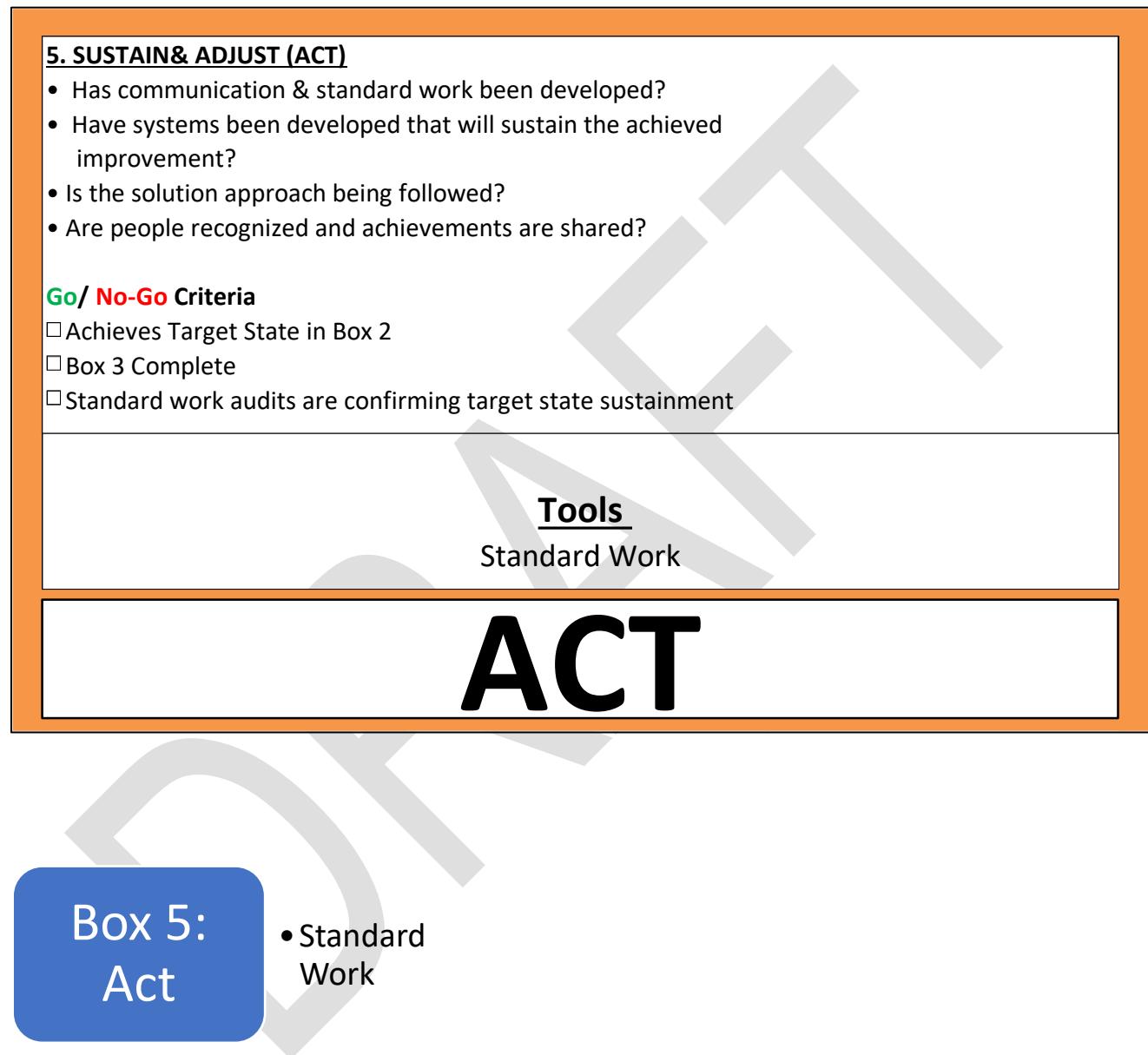
- Before  
and After  
Chart

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.



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.

## Box 6: Team

- Team Members
- Role(s)

<b><u>BOX 7. Issues/Lessons Learned</u></b>	<b>Date Entered</b>	<b><u>Box 7: Issues/Lessons Learned</u></b>
		<input type="checkbox"/> List immediate obstacles that are blocking progress on this project
		<input type="checkbox"/> List lessons learned that may assist others

**Box 7:  
Issues/Lessons  
Learned**

- Issues
- Lessons Learned

<b>BOX 8. Project Management</b>
Day and Time for Regular Update Meeting
Estimate of Total Time Spent on Project
0 Hours
Total Work Days from Open To Closeout
Target Cost Capture

**Box 8: Project Management**

- List the Day and time for regular update meeting
- List an estimate of total time spent on project
- List the total work days from open to closeout
- List to Cost Capture

Box 6/7/8/9

**Box 8: Project  
Management**

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

<b>BOX 9. Progress</b>			
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

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## 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:

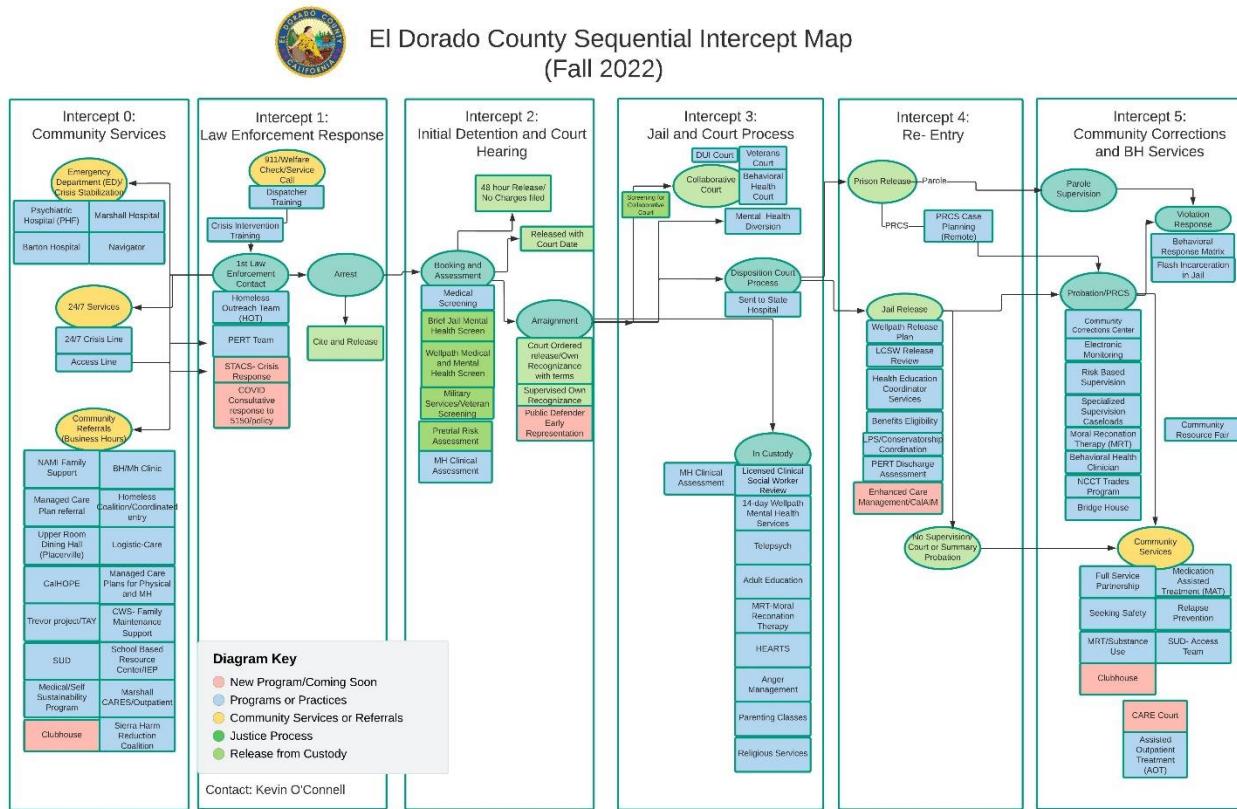
1. **System Views:** These tools give communities a broader system of care perspective to then look at the individual processes and programs as part of a larger whole. These currently include a general system of care approaches for justice systems, behavioral health, and

### SYSTEM VIEWS

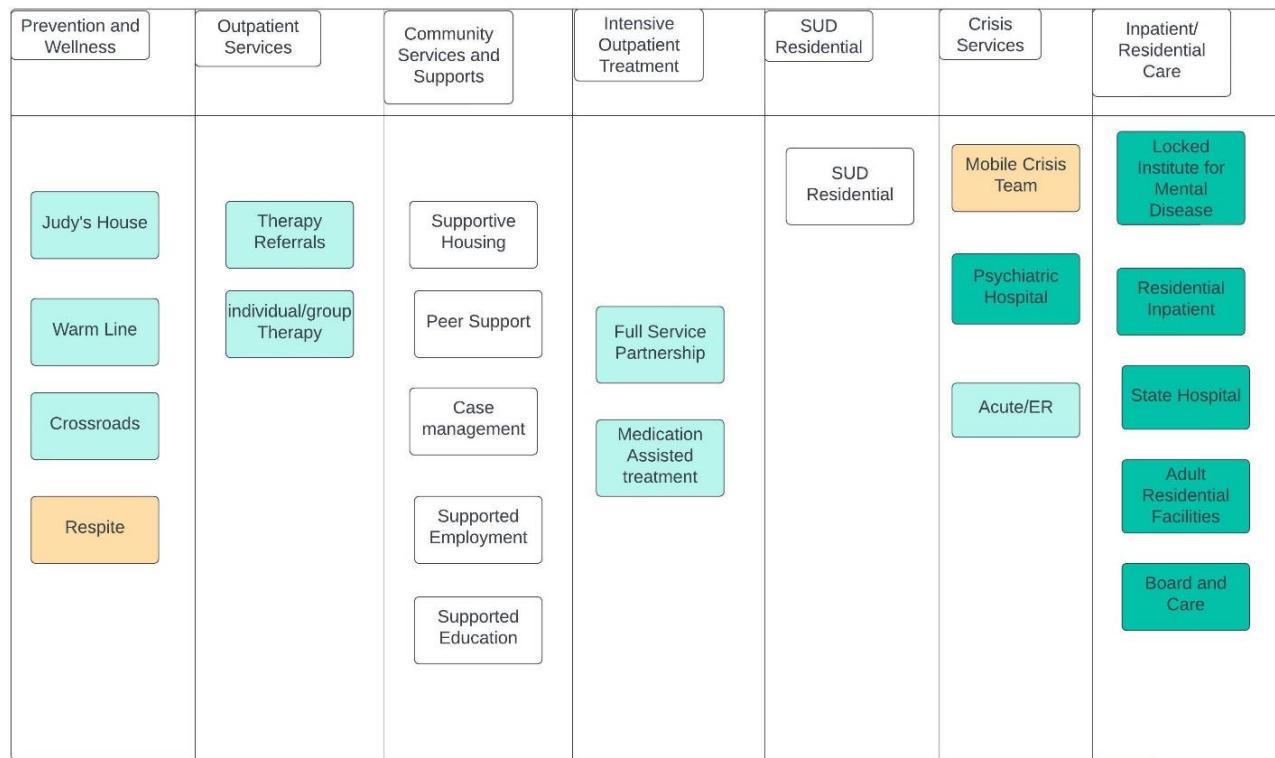
#### SEQUENTIAL INTERCEPT MAPPING

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**



BEHAVIORAL HEALTH CONTINUUM



Lassen County Behavioral Health Core Continuum

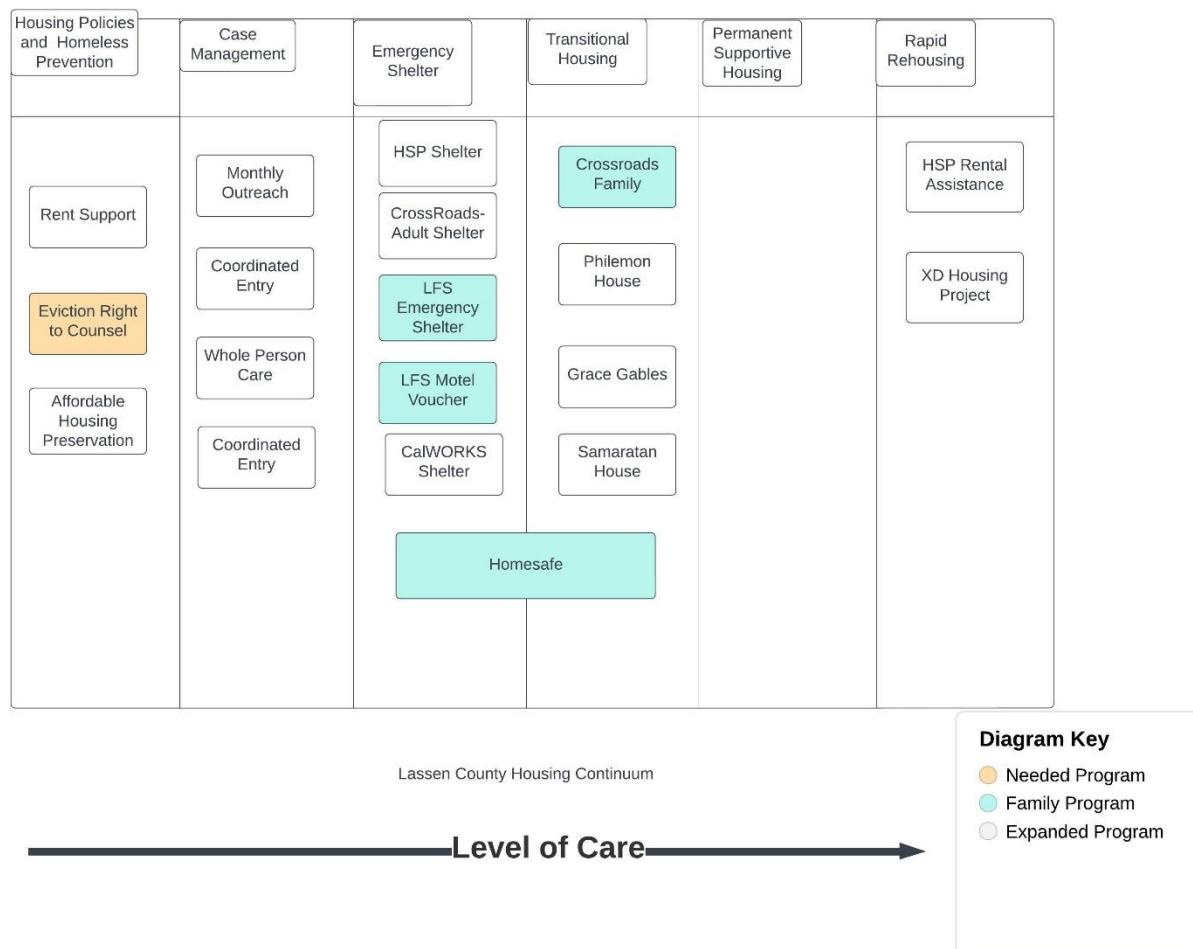
Level of Care

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



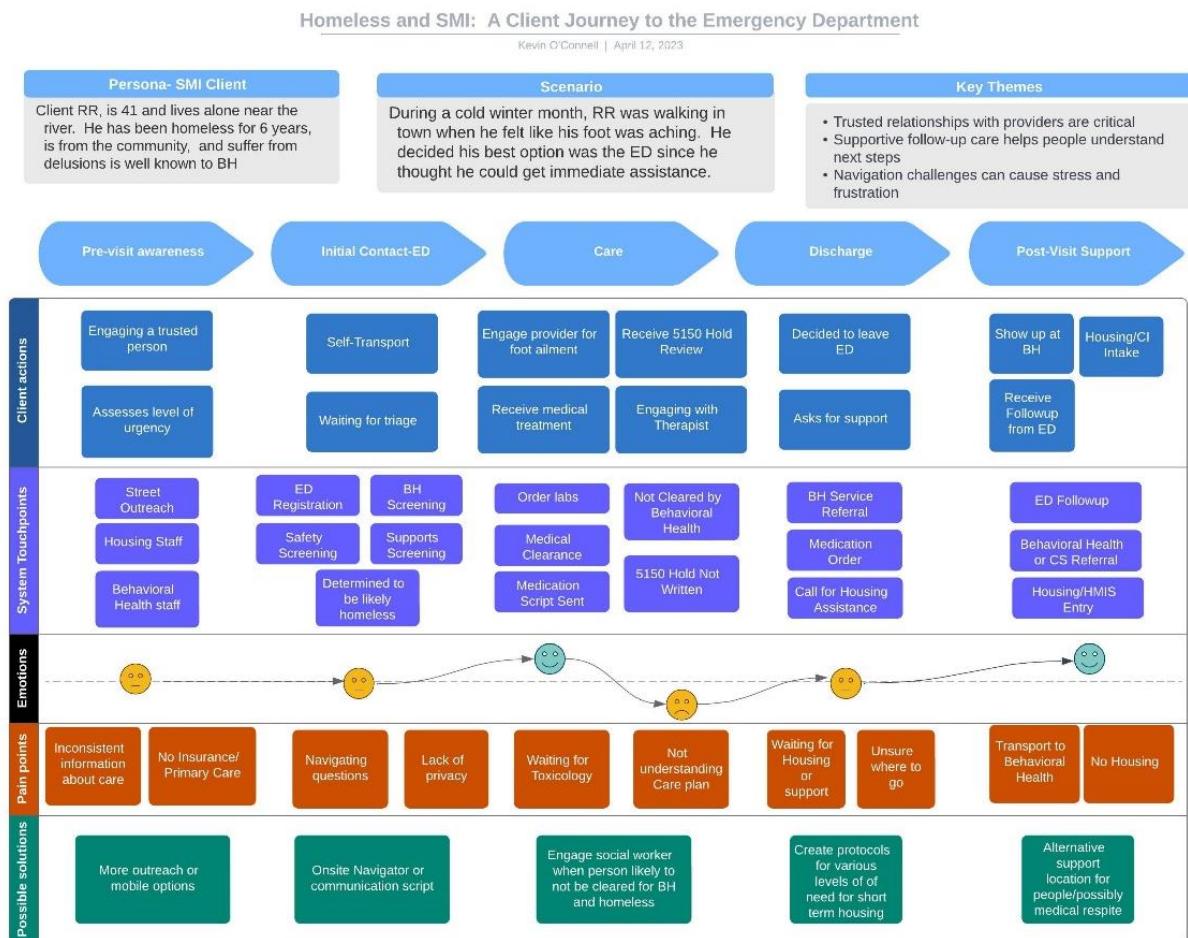
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## HUMAN-CENTERED DESIGN AND BRAINSTORMING TOOLS

### 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.



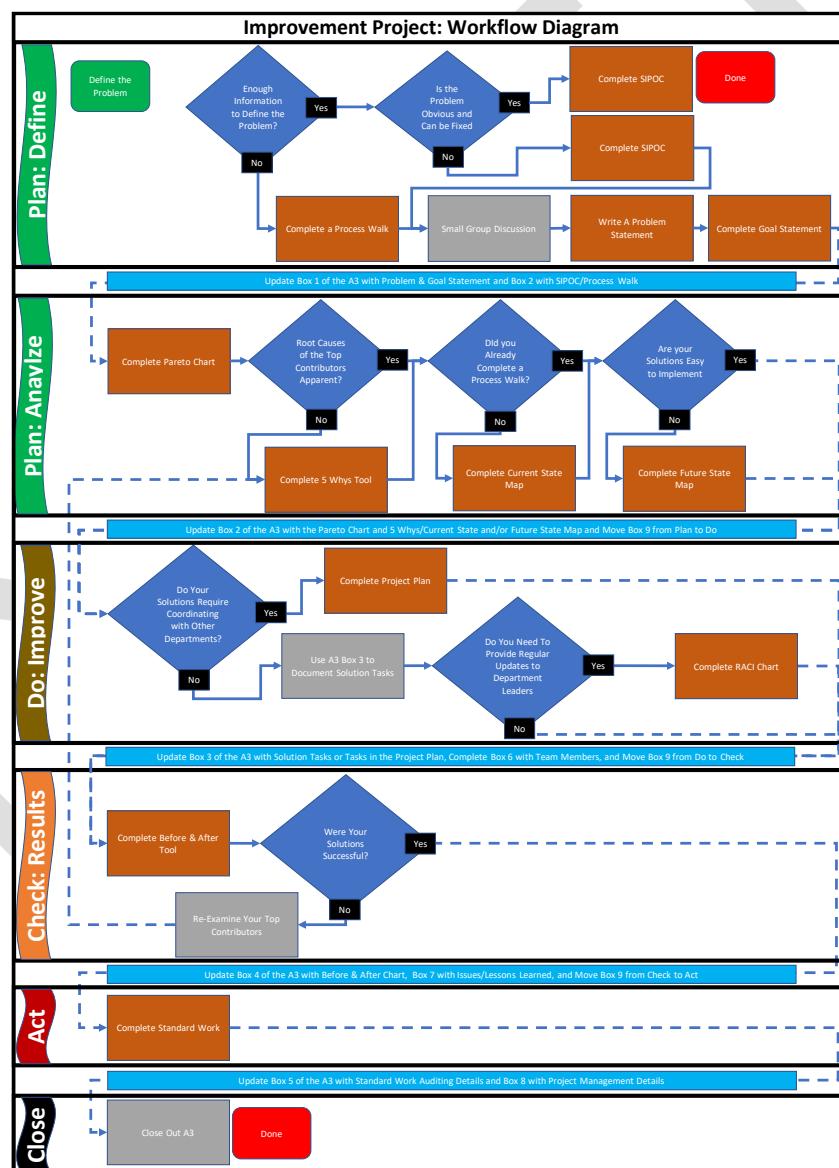
<https://lucid.app/documents/view/f6ca4a8d-fe79-41ec-8066-ee5773be6e19>

## 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?		
<b>Write Your Problem Statement</b>		
<b>Problem Statement Evaluation Questions</b>		<b>Yes or No</b>
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.

### Goal Statement Tool

Process:			Owner:			Date:	
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?							
<b>Write your Goal Statement</b>							
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

Process:	(Process Name Here)	Owner:	(Name Here)						Date:	(Date Here)				
Start Point:							Observer:							
End Point:							Observation Date:							
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

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.

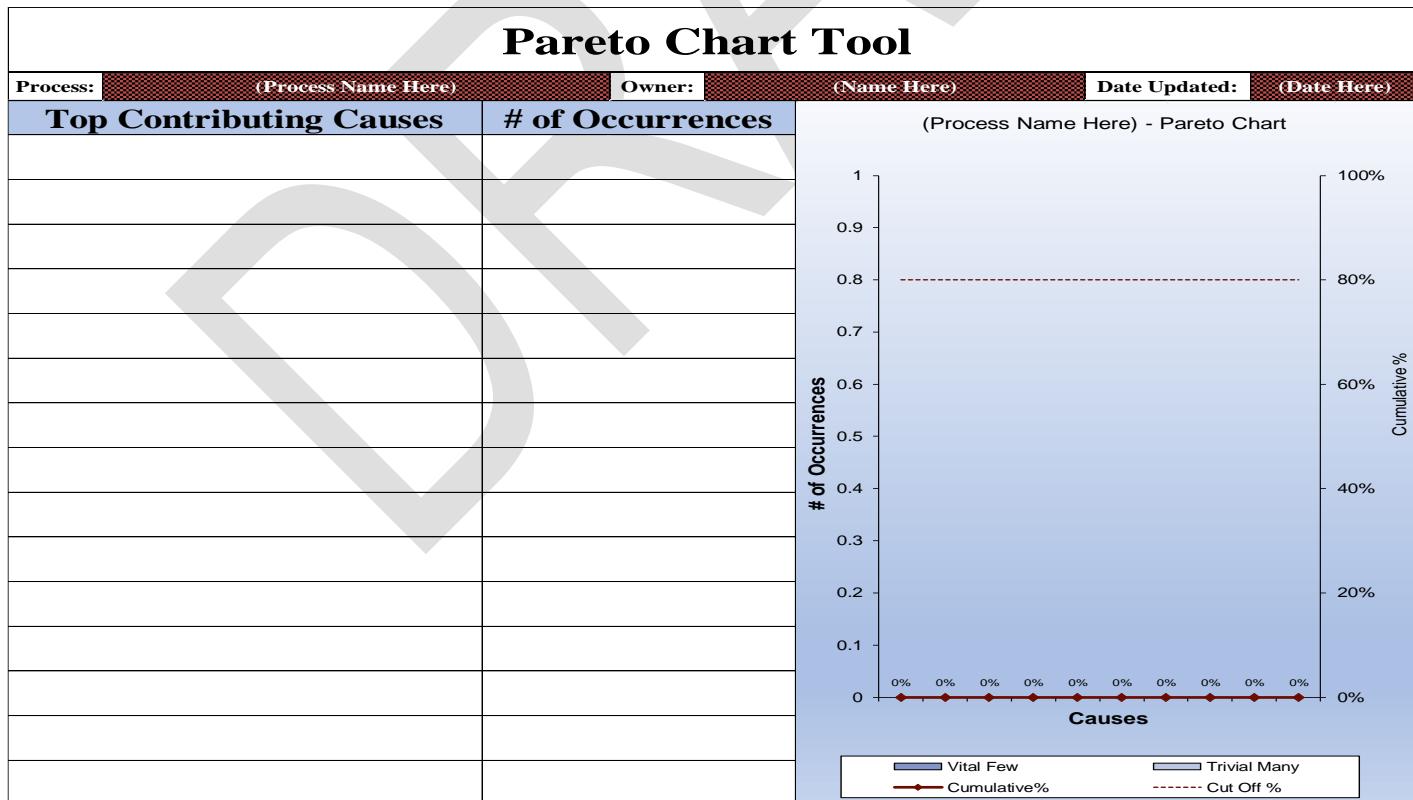
## 2C: PARETO “VITAL FEW” CHART

A Pareto chart is used to identify the 'vital few' causes amongst a set of occurrences. The term 'vital few' derives from the 80/20 rule, which states that 80% of outcomes result from 20% of causes. Under the 80/20 rule, the assumption is that maximum results will be obtained if 20% of causes are addressed. It is a bar chart in which the horizontal axis represents categories. The categories are often defects, errors, or causes of a problem. By arranging the bars from largest to smallest, a Pareto Chart can help determine which categories yield the biggest gains if addressed, as opposed to items that are only minor contributors to the problem. The first bars are always the tallest, indicating the most common sources of defects. The cumulative percentage line indicates which defects to prioritize to get the most overall improvement.

**Purpose:** By arranging the bars from largest to smallest, a Pareto Chart can help determine which categories yield the biggest gains if addressed as opposed to items that are only minor contributors to the problem. The first bars are always the tallest, indicating the most common sources of defects. The cumulative percentage line indicates which defects to prioritize to get the most overall improvement.

## Why is it Useful:

This tool allows you to identify all of the potential contributing causes involved in a problem and prioritize the most important ones.



## 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 be most effective and sustainable

## 5 Whys Tool

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 ""?	

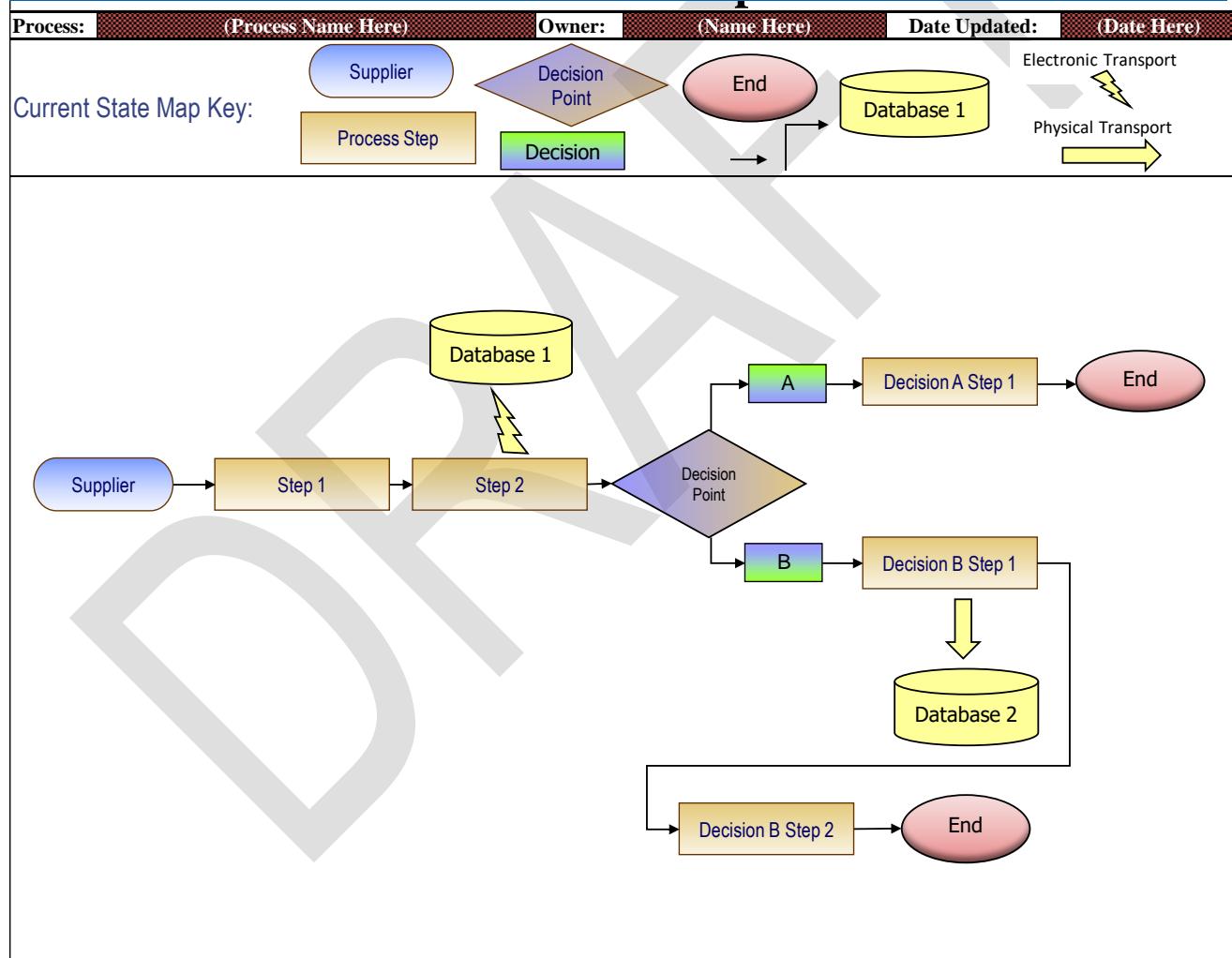
## 2E: CURRENT STATE MAP

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.



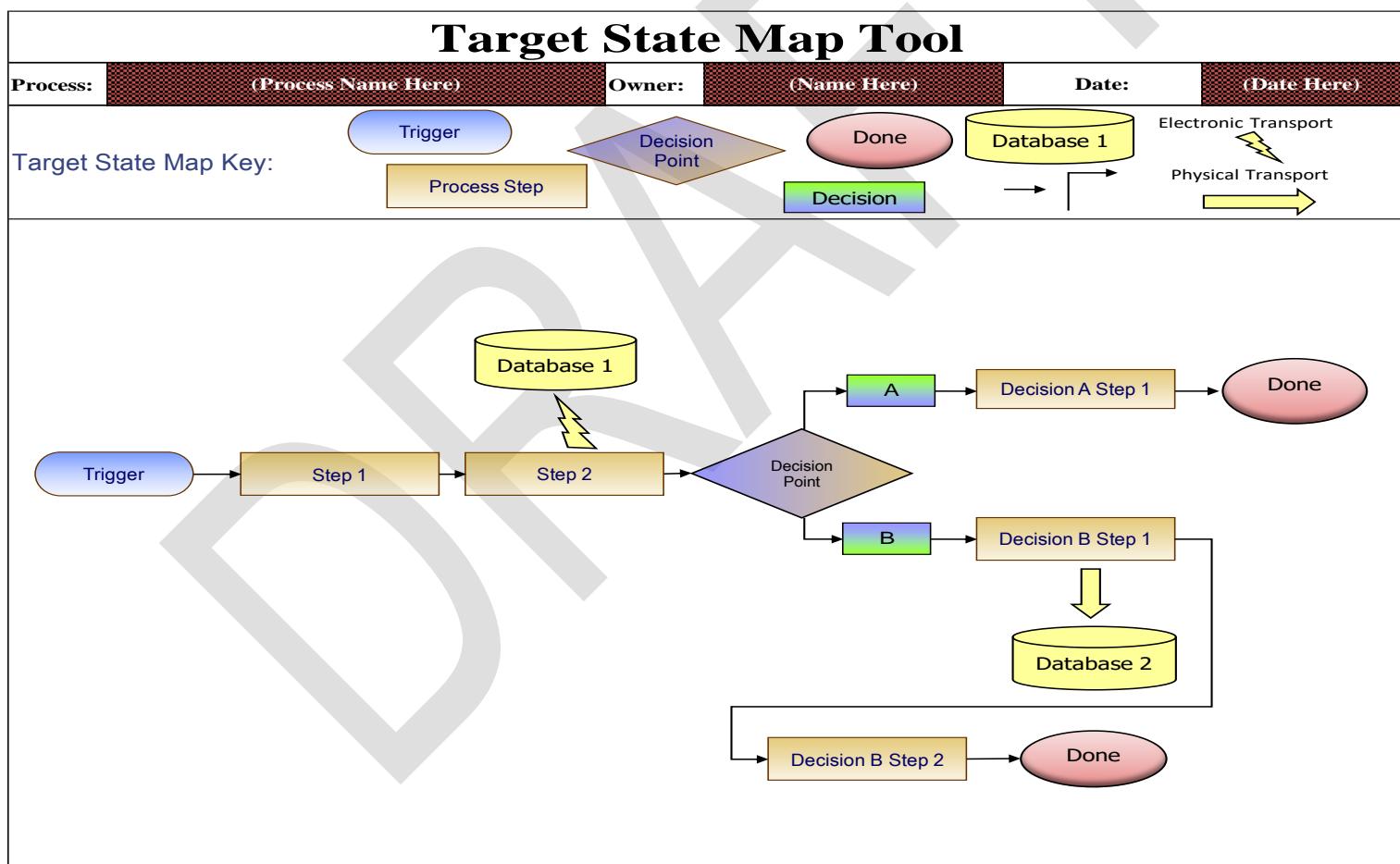
## 2F: TARGET STATE MAP

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.



### 3A: PROJECT PLAN TOOL

Project Plan Tool allows a project manager to successfully manage an improvement project through the identification of project improvement categories and tasks, estimated start and completion dates, task owners, actual start and completion dates, and any comments regarding the categories and/or tasks.

**Purpose:** Used to organize, monitor, and manage project work (for larger tasks in which the solution is already known).

**Why is it Useful:**

Ensures that project improvement tasks are assigned to the right person with an achievable deadline. Allows the project manager to hold task owners accountable for meeting deadlines.

Project Plan Tool - Project Information							
Project:	(Insert Project Name Here)		Owner:	(Insert Name Here)		Date Updated:	(Date Here)
Project Name		Projected Start Date		Projected End Date		Project Manager	
Team Members (List Names Below)							
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	

### 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

RACI Chart Tool					
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					

#### 4A. BEFORE AND AFTER CHART

A Before and After Chart is a tool that helps analyze a process before and after an improvement is implemented.

**Purpose:** Before and After Charts allow one to monitor a process for out-of-control data points, but the chart will also help users to identify how effective the improvement was over time.

## Why is it Useful:

Helps to identifying the root causes of variation and when trying to ensure long-term process stability. Some users may find it helpful to complete a Current State Map or a Swim Lane prior to incorporating a Before and After Chart in their analysis of a process.

# Before & After Chart Tool

### 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.

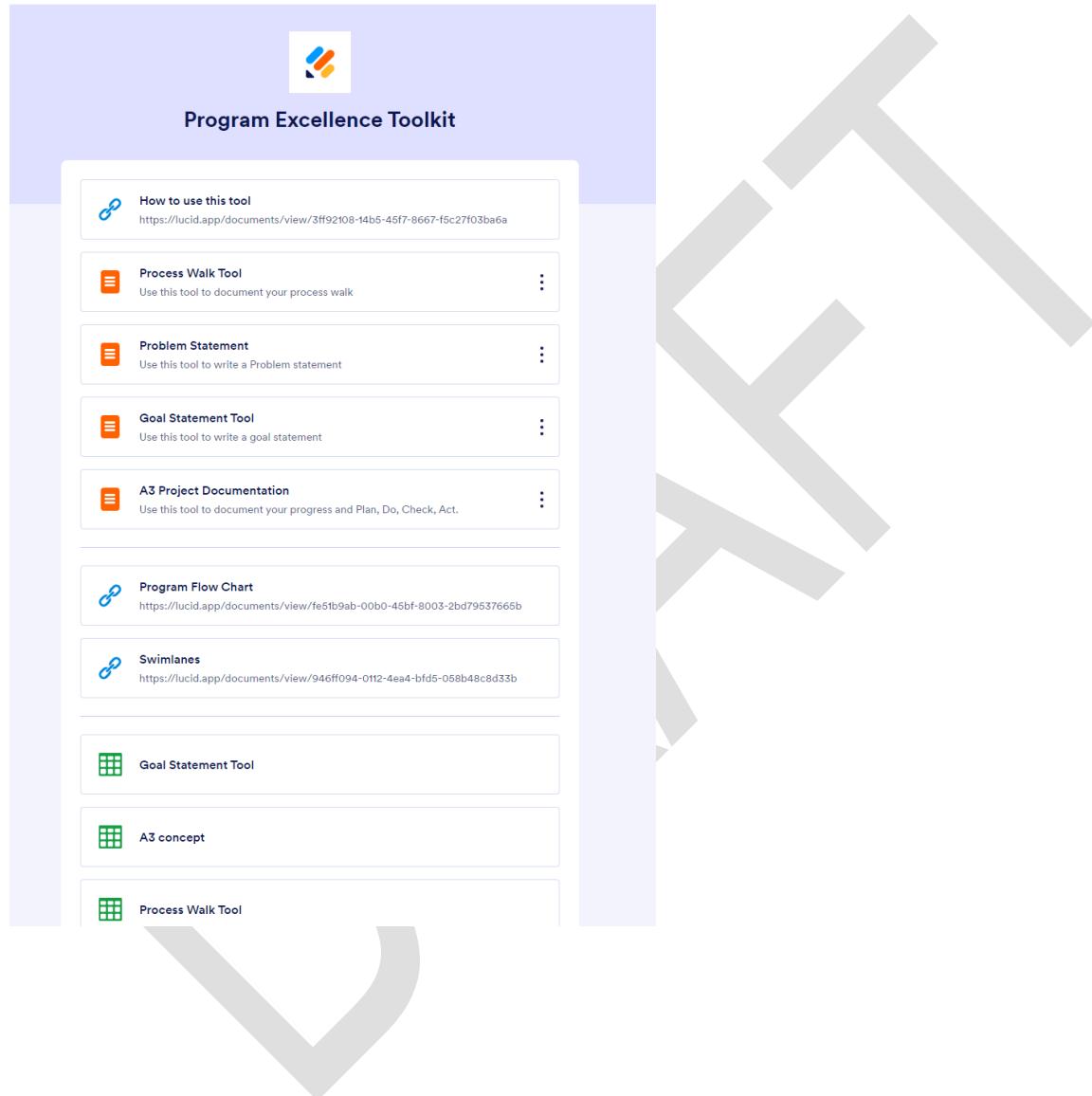
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>DEPARTMENT</b> Title</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Purpose:</td> <td></td> </tr> <tr> <td>Related Policy/ Legislation:</td> <td></td> </tr> <tr> <td>Process Owner/ Position:</td> <td></td> </tr> </table>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Step 1:</td> <td> <ul style="list-style-type: none"> <li>•</li> </ul> </td> </tr> </table>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Step 2:</td> <td> <ul style="list-style-type: none"> <li>•</li> </ul> </td> </tr> </table>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Step 3:</td> <td> <ul style="list-style-type: none"> <li>•</li> </ul> </td> </tr> </table>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Time:</td> <td></td> </tr> </table> <p>Date last reviewed: Date(s) Revised: Date Created:</p> </div>	Purpose:		Related Policy/ Legislation:		Process Owner/ Position:		Step 1:	<ul style="list-style-type: none"> <li>•</li> </ul>	Step 2:	<ul style="list-style-type: none"> <li>•</li> </ul>	Step 3:	<ul style="list-style-type: none"> <li>•</li> </ul>	Total Time:		<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>DEPARTMENT</b> Title</p> <p style="text-align: center; font-weight: bold;">For Auditing Purposes Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #008000; color: white; text-align: center;"> <b>PASS</b>  <b>AUDIT FREQUENCY:</b>            _ of _ per (year, month, week)         </td> <td style="width: 50%; background-color: #ff0000; color: white; text-align: center;"> <b>FAIL</b>  <b>AUDIT FREQUENCY:</b>            _ of _ per (year, month, week)         </td> </tr> <tr> <td>AUDITOR:</td> <td>DIVISION/ UNIT/ AREA:</td> </tr> <tr> <td>DATE:</td> <td>CASELOAD # or CID:</td> </tr> <tr> <th>STEP</th> <th>CRITICAL PROCESS</th> <th>STEP OK?</th> <th>ISSUE</th> <th>AREA(S) FOR IMPROVEMENT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> </div>	<b>PASS</b> <b>AUDIT FREQUENCY:</b> _ of _ per (year, month, week)	<b>FAIL</b> <b>AUDIT FREQUENCY:</b> _ of _ per (year, month, week)	AUDITOR:	DIVISION/ UNIT/ AREA:	DATE:	CASELOAD # or CID:	STEP	CRITICAL PROCESS	STEP OK?	ISSUE	AREA(S) FOR IMPROVEMENT																									
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STEP	CRITICAL PROCESS	STEP OK?	ISSUE	AREA(S) FOR IMPROVEMENT																																															

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## PUTTING IT ALL TOGETHER

### The PDCA approach

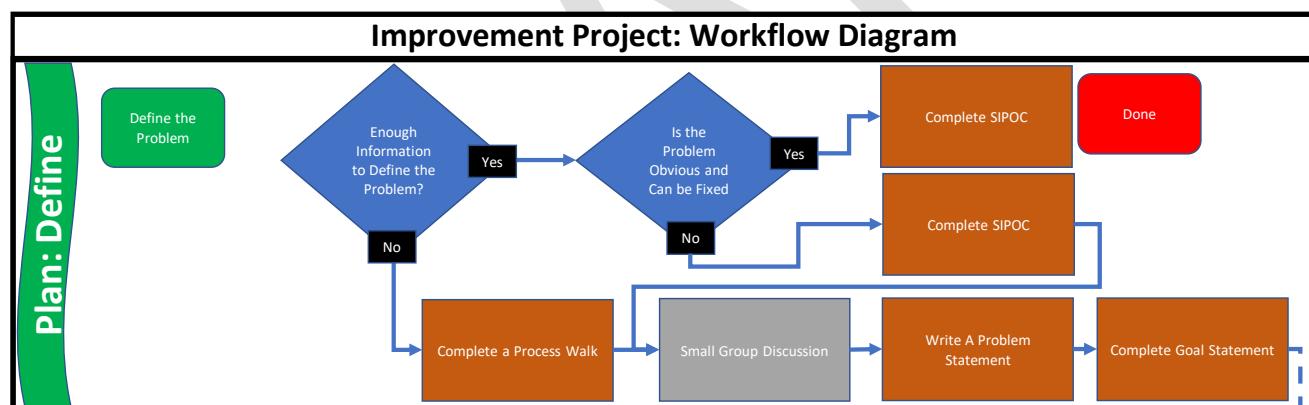
Using the app and managing change <https://www.jotform.com/app/223007467149153> through a PDCA approach and getting to strategy



## 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?						
			Defects	Overprocessing	Waiting	Not Utilizing Talent	Transportation	Inventory	Motion	Extra Processing	Low	Medium	High			
1	Court sends minutes to probation	5			X						X		X			
2	Intake Officer schedules appointment with client	5	X	X				X	X			X	X			
3	Client meets with Intake Officer	60	X	X						X			X			
4	Intake officer submits paperwork to Supervisor	30	X	X		X	X	X	X		X					
5	Supervisor assigns the file	10	X	X	X	X	X	X	X		X	X				
6	Supervising Officer schedules the appointment with the client	5	X	X				X			X	X				

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:

<b>Problem Statement</b>					
Process:	Adult Intake Process		Owner:	SPO Smith	Date:
<b>Question</b>		<b>Answer</b>			
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			
<b>Write Your 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.					
<b>Problem Statement Evaluation Questions</b>					
<b>Yes or No</b>					
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.

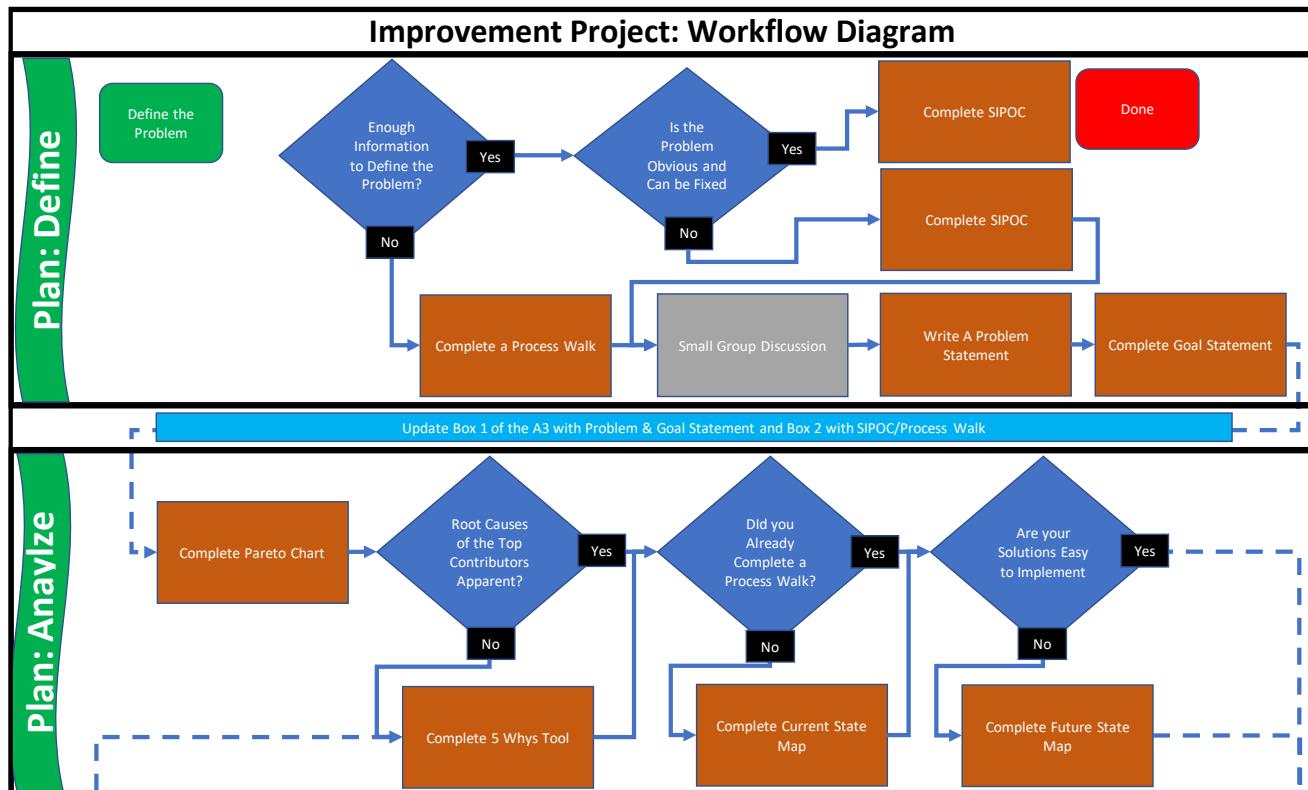
SPO Smith completed her Goal Statement and came up with the following:

<b>Goal Statement Tool</b>					
Process:	Adult Intake		Owner:	SPO Smith	Date:
<b>Question</b>		<b>Answer</b>			
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 initial 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 initial appointment is reduced and the Intake Units violation rate is reduced			
Considering our constraints and timelines, what can we do?		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			
<b>Write your Goal Statement</b>					
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.

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 manager 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.

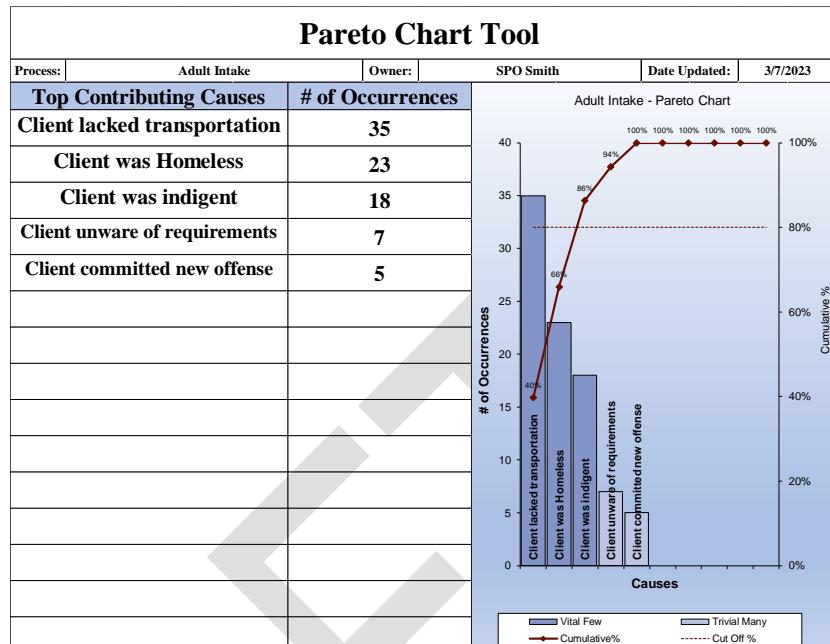


The first step she knew she needed to take was to start analyzing the problem. Based on her guide, her first step was to complete a Pareto Chart.

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:

Based on the information gathered, SPO Smith was now sure that the main reasons clients incurred violations were for not reporting, either because they lacked transportation, were homeless, or didn't know they needed to report. The other significant factor was the client's inability to pay for programs, which the Supervision Officer could have assisted them with if they reported timely. By solving violations could be achieved apparent, so she needed to

SPO Smith took the largest contributing factor, lack of transportation, and plugged it into her 5 Whys Tool. After doing so she arrived at the following:

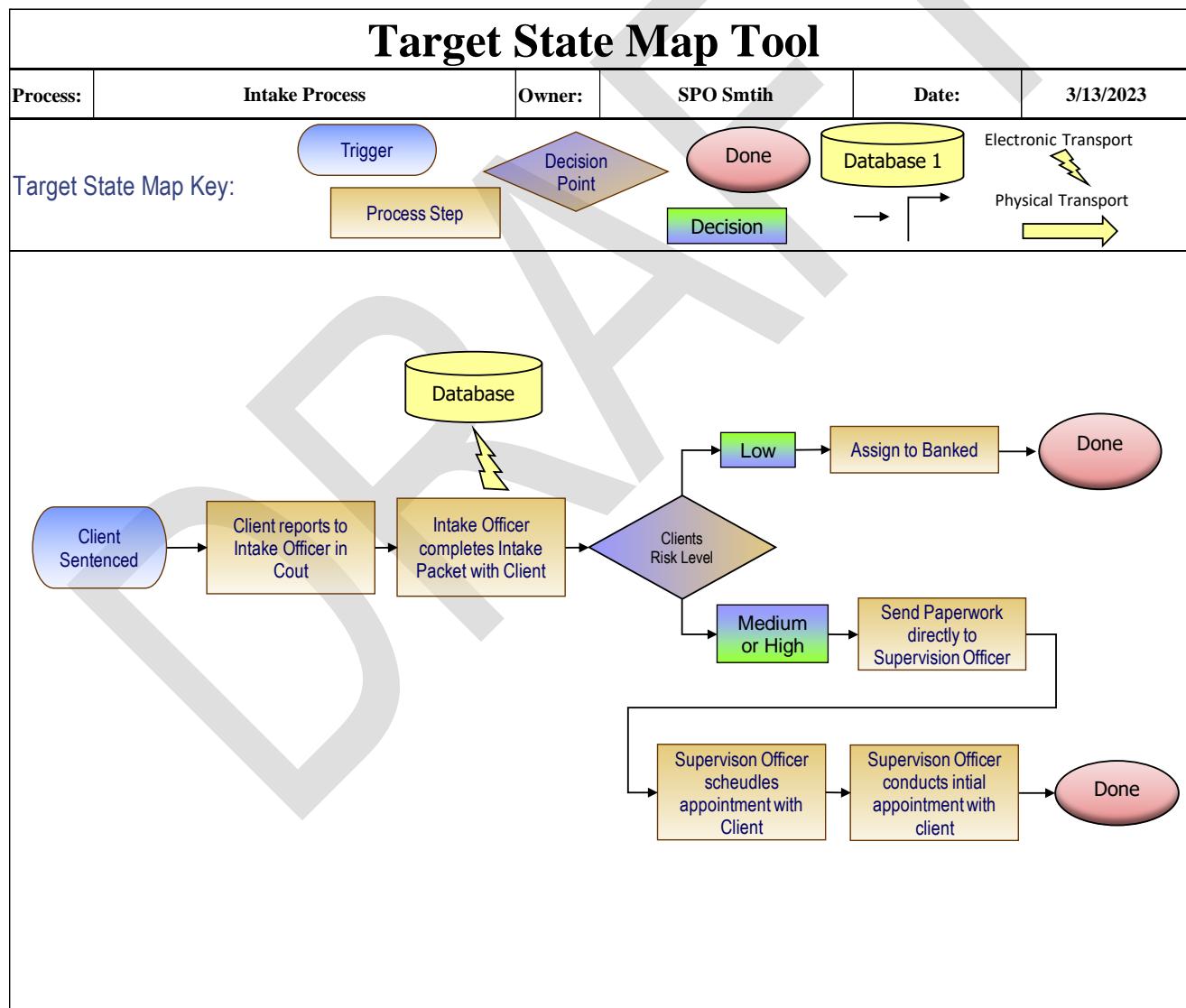


they reported timely. By solving these issues, it was clear to SPO Smith that a large reduction in violations could be achieved. However, the root causes of these top contributors were not apparent, so she needed to complete the 5 Whys Tool.

5 Whys Tool					
Process:	Adult Intake	Owner:	SPO Smith	Date:	11/6/2022
Top Contributing Cause	Why?		That occurs because		
<u>Transportation is causing a delay to report</u>	Why is it that "Transportation is causing a delay to report"?		Clients have issues with obtaining transportation to the probation office		
	Why is it that "Clients have issues with obtaining transportation to the probation office"?		Client lack the resources to report to probation offices promptly		
	Why is it that "Client lack the resources to report to probation offices promptly"?		The Intake officer cannot provide them the resources until the initial appointment		
	Why is it that "The Intake officer cannot provide them the resources until the initial appointment"?		The Intake Officer is taking to long to meet with the client after sentencing		
	Why is it that "The Intake Officer is taking to long to meet with the client after sentencing"?		The Intake Officer does not have a presence in the Courthouse where clients are sentenced		

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.

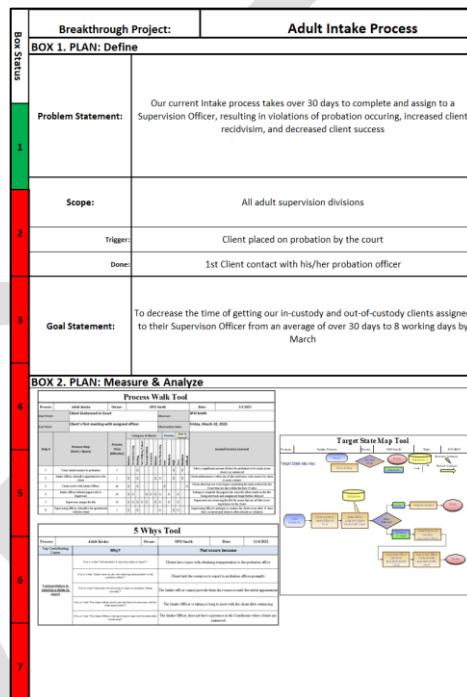
SPO Smith met with her staff and mapped out the Target State Map.



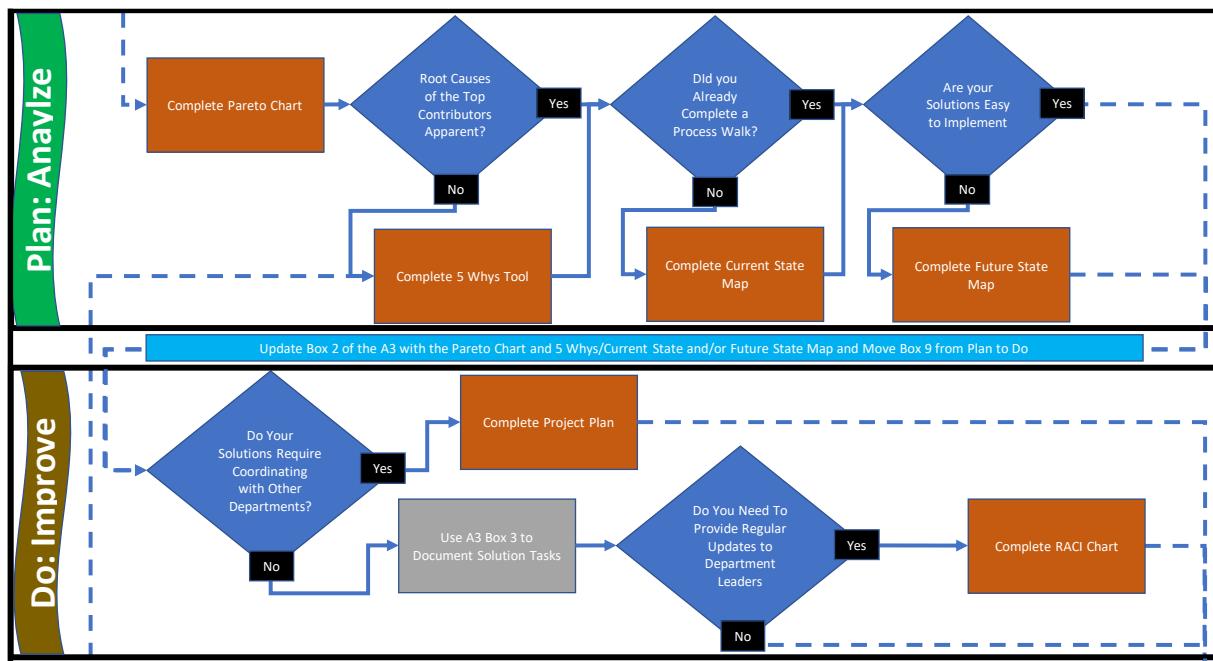
After mapping out the process and discussing it as a group, SPO Smith identified three areas for improvement:

- 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.



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.

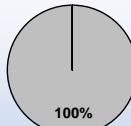


She knew that her proposed solutions would need a lot of coordination with other Departments, both in her agency and with other agencies, so a project plan would be needed.

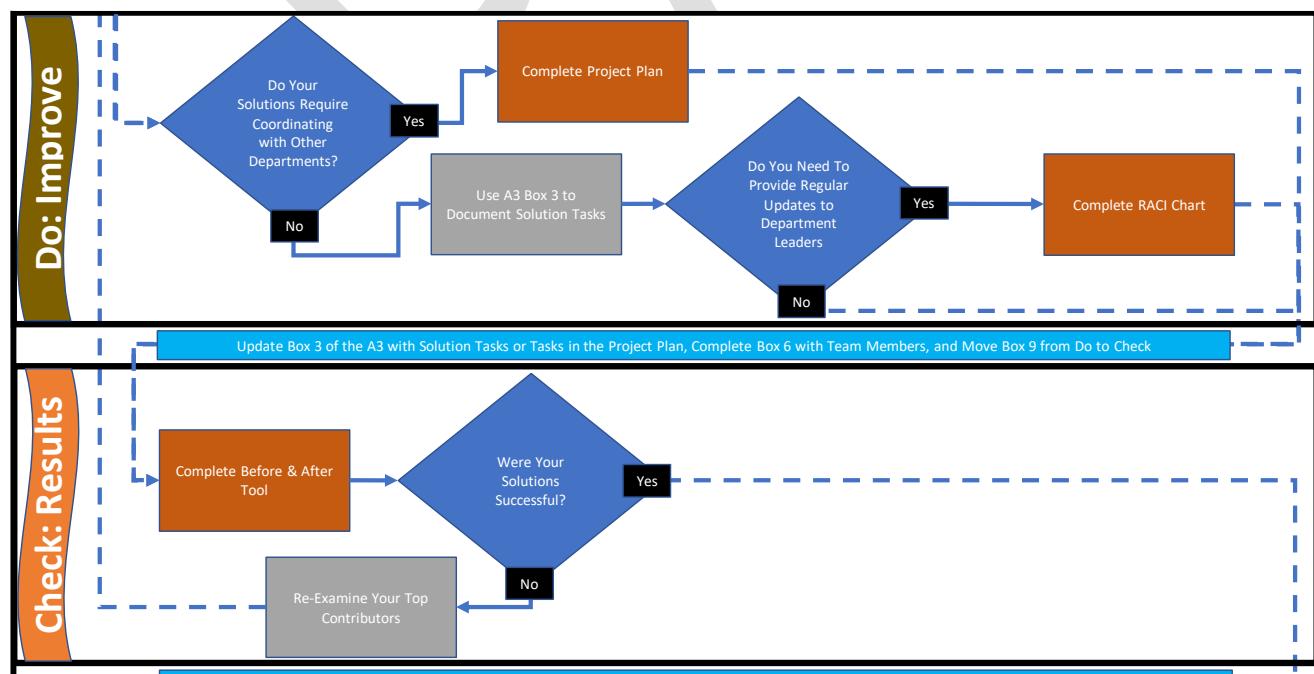
SPO Smith reviewed all the Lean Continuous Improvement tools she worked on so far and developed her Project Plan, as seen in Figure 8:

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
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.

Project Plan Tool - Progress Report					
Project:	Intake Completion Speed	Owner:	SPO Smith	Date Updated:	3/20/2022
Start Date:	03/20/2023		End Date:	06/01/2023	
Analysis of On-Schedule Tasks to Date 0%		Analysis of Task Completion to Date 0%		Analysis of Project Time Management	
 <span style="color: yellow;">■</span> Task Started - Behind Schedule <span style="color: red;">■</span> Task Not Started - Behind Schedule <span style="color: blue;">■</span> Task On Schedule		 <span style="color: black;">■</span> Tasks Completed <span style="color: cyan;">■</span> Tasks In Progress <span style="color: gray;">■</span> Tasks Not Yet Started		 <span style="color: black;">■</span> Project Days Completed <span style="color: cyan;">■</span> Project Days Remaining	
Task Owner	Active Tasks	Task Status	Scheduled Due Date	On Track Status	
SPO Smith	Court Process	Task Not Yet Started	03/30/2023	Task is scheduled for work during this timeframe.	
SPO Smith	Meet with Court Staff for interview space	Task Not Yet Started	03/30/2023	Task is scheduled for work during this timeframe.	
Intake Officer Jones	Intake Assignment	Task Not Yet Started	03/30/2023	Task is scheduled for work during this timeframe.	
Intake Officer Jones	Develop procedure for direct assignment	Task Not Yet Started	03/23/2023	Task is scheduled for work during this timeframe.	
Supervision Officer Ramirez	Supervision Contact Standards	Task Not Yet Started	03/23/2023	Task is scheduled for work during this timeframe.	
Supervision Officer Ramirez	Develop procedures to ensure initial con	Task Not Yet Started	03/23/2023	Task is scheduled for work during this timeframe.	

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.

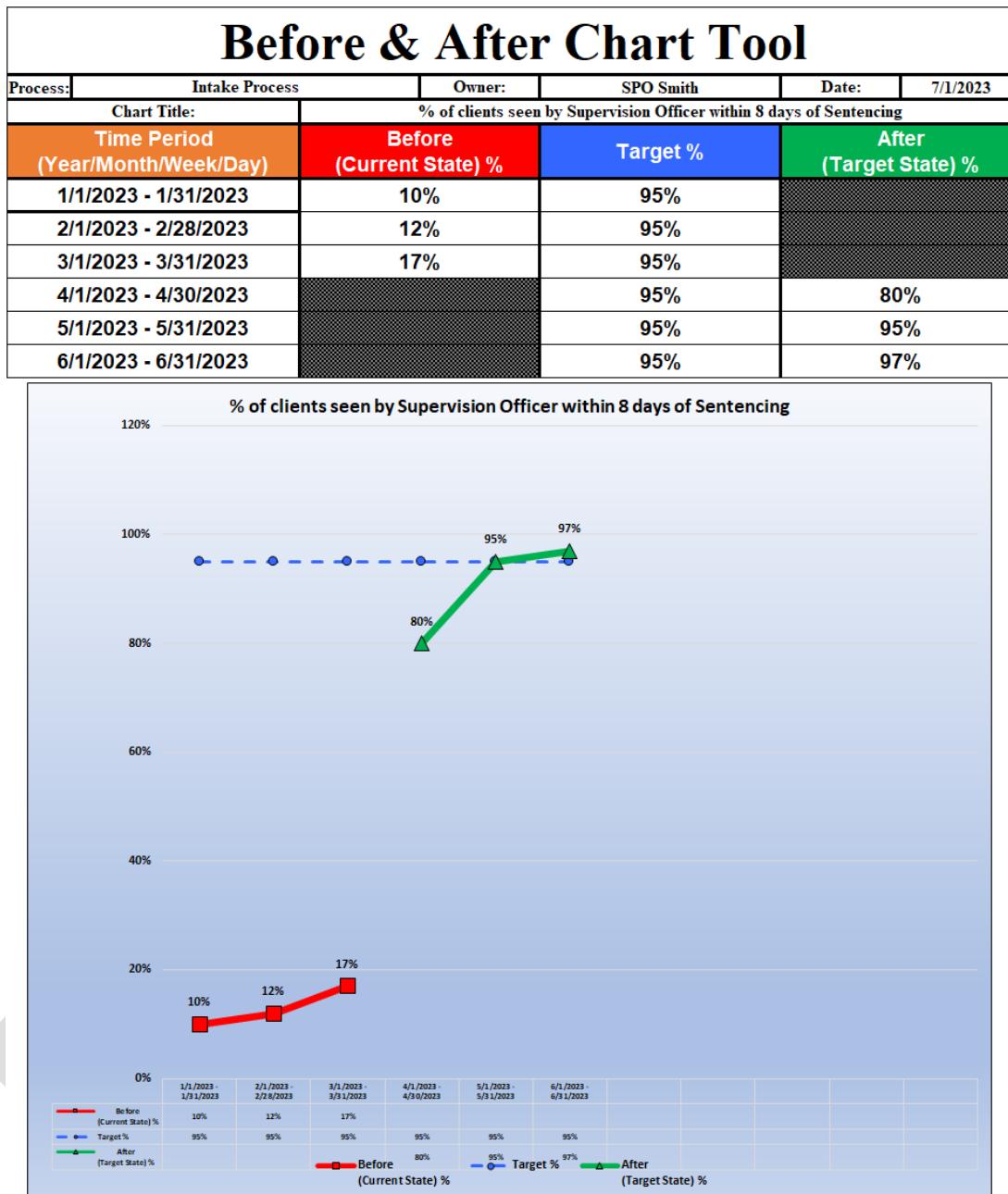


She needed to update her Box 3 from the A3, so she completed that first.

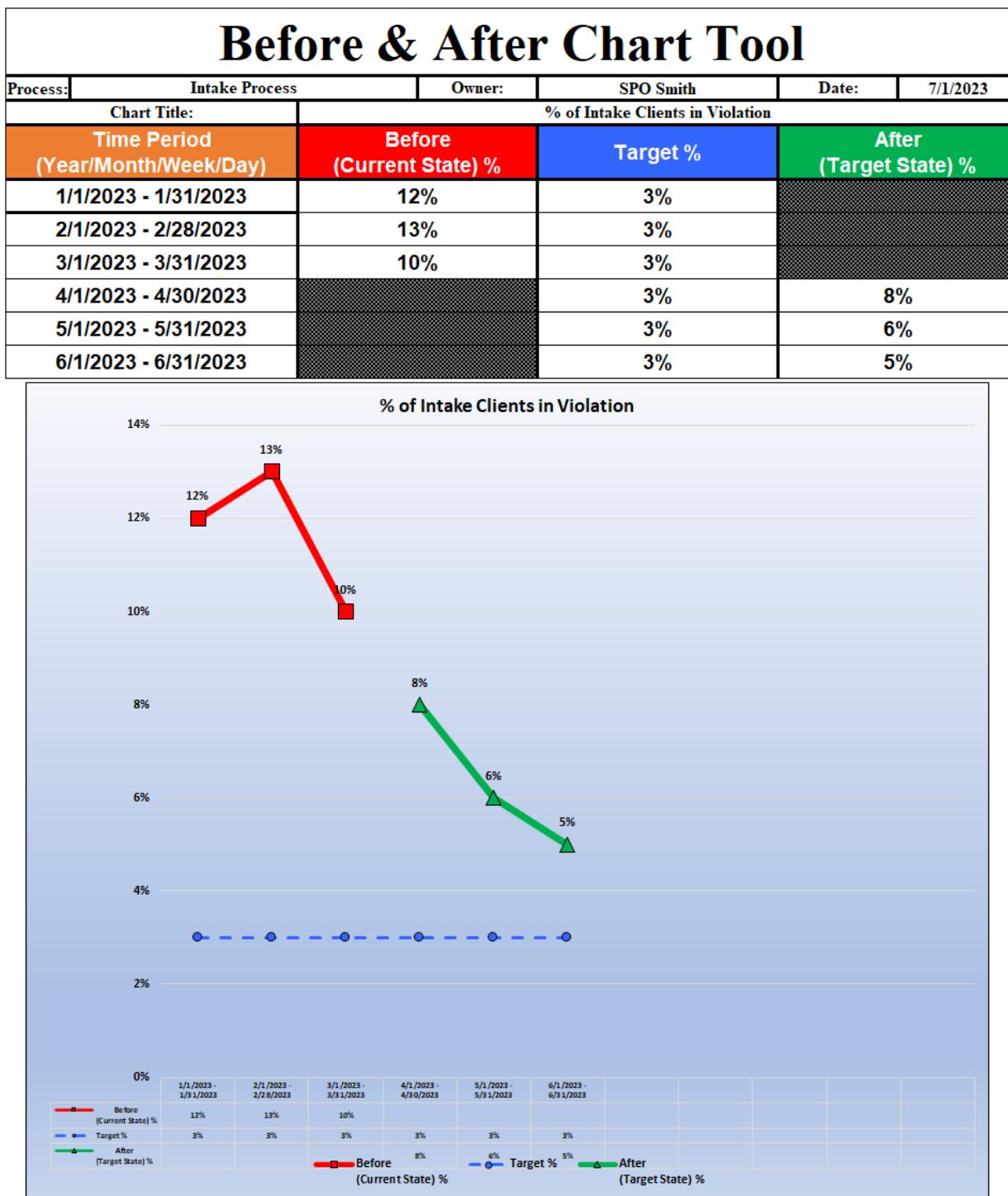
Box Status	Breakthrough Project: BOX 1. PLAN: Define	Adult Intake Process	A3 Type:	Division: Operational A3			Report Date:	11/2/2022		BOX 6. TEAM				
				BOX 3. Improvement Actions				Name	Role					
1	Problem Statement:	Our current Intake process takes over 30 days to complete and assign to a Supervision Officer, resulting in violations of probation occurring, increased client recidivism, and decreased client success		#	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status				
				1	Adjust Supervision Guidelines		Supervision Officer Ramirez	3/23/2023	3/23/23	Red	Davis Project Sponsor			
				2	Complete the Court Interview Process		SPO Smith	3/30/2023	3/30/23	Yellow	Smith Project Owner			
				3	Complete changes to the intake Assignment		Intake Officer Jones	3/30/2023	3/30/23	Yellow	Jones Subject Matter Expert			
				4										
2	Scope:	All adult supervision divisions		5										
				6										
	Trigger:	Client placed on probation by the court		7										
				8										
3	Goal Statement:	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		9										
				10										
				11										
				12										
BOX 2. PLAN: Measure & Analyze				BOX 4. CHECK: Results			BOX 7. Issues/Lessons Learned							
4	Process Wall Tool			Target State Map Tool			BOX 8. Project Management							
5							Project Name: [REDACTED] Project ID: [REDACTED]							
6	5 Why's Tool			Target State Map Tool			Project Status: [REDACTED]							
7							Project Start Date: [REDACTED]							
8							Project End Date: [REDACTED]							
BOX 5. ACT: Control and Sustain				BOX 9. Progress			Target Cost Capture							
							\$123,000.00							
				P	D	C	A							
						•								

After a few weeks, the new process was in place, she now needed to check the results of the new process. For this, she needed to use the Before and After Chart Tool.

SPO Smith meet with her manager and presented him with the results of her improvement project, as seen in the Before & After Chart Tool:



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:

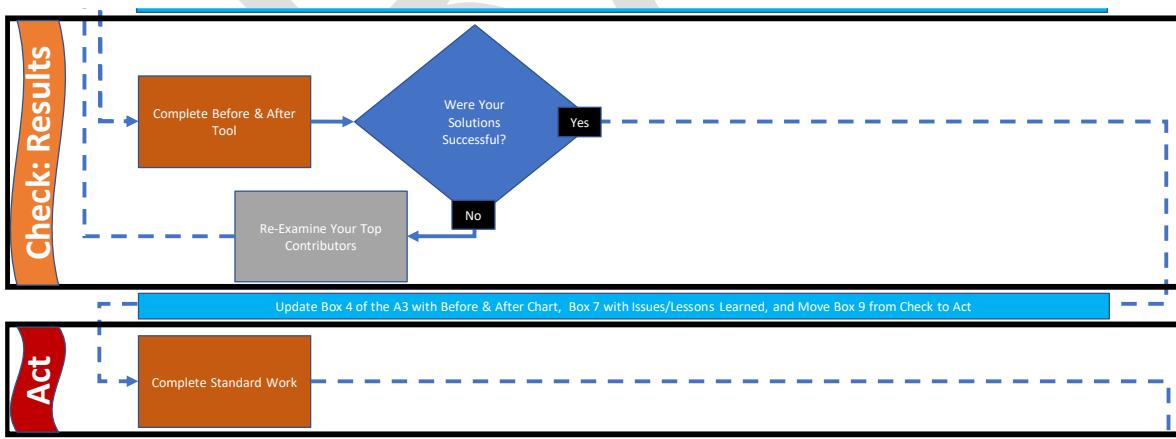


SPO Smith stated that they are seeing a steady decrease and violations and believes the new process will generate positive results and meet target expectations within a few more months.

After meeting with her manager, SPO Smith reviewed her workflow guide and updated the A3 with the results in Box 4.

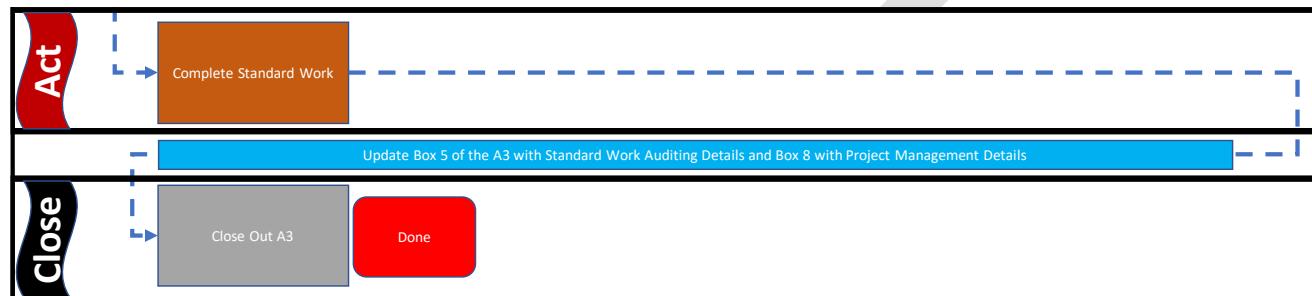
Breakthrough Project:		Adult Intake Process		A3 Type:	Division: Operational A3			Report Date:	11/2/2022	BOX 6. TEAM		
1	BOX 1. PLAN: Define	Problem Statement:	Our current intake process takes over 30 days to complete and assign to a Supervision Officer, resulting in violations of probation occurring, increased client recidivism, and decreased client success	BOX 3. Improvement Actions	1	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status	
2		Scope:	All adult supervision divisions		1	Adjust Supervision Guidelines		Supervision Officer Ramirez	3/23/2023	3/23/23	Red	
3		Trigger:	Client placed on probation by the court		2	Complete the Court Interview Process		SPO Smith	3/30/2023	3/30/23	Yellow	
4		Date:	1st Client contact with his/her probation officer		3	Complete changes to the Intake Assignment		Intake Officer Jones	3/30/2023	3/30/23	Yellow	
5		Goal Statement:	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		4							
6					5							
7					6							
8					7							
9					8							
10					9							
11					10							
12					11							
13					12							
BOX 2. PLAN: Measure & Analyze		BOX 4. CHECK: Results			BOX 7. Issues/Lessons Learned							
4	Process Walk Tool	5 Whys Tool	Target State Map Tool	Before & After Chart Tool	Before & After Chart Tool	BOX 7. Issues/Lessons Learned						
5						BOX 7. Issues/Lessons Learned						
6						BOX 7. Issues/Lessons Learned						
7						BOX 7. Issues/Lessons Learned						
8						BOX 7. Issues/Lessons Learned						
9						BOX 7. Issues/Lessons Learned						
10						BOX 7. Issues/Lessons Learned						
11						BOX 7. Issues/Lessons Learned						
12						BOX 7. Issues/Lessons Learned						
13						BOX 7. Issues/Lessons Learned						
BOX 5. ACT: Control and Sustain		BOX 6. TEAM			BOX 8. Project Management							
					BOX 8. Project Management							
					Day and Time for Regular Update Meeting							
					Estimate of Total Time Spent on Project							
					35							
					Total Work Days from Open To Closure							
					60							
					Target Cost Capture							
					\$123,000.00							
					BOX 9. Progress							
					P D C A							
					•							

According to the workflow diagram, the last step she needed to complete before she was able to close out the project was to ensure that her improvement project was sustainable.



She created an instructional guide, otherwise known as standard work, to ensure that the new process steps were known, enable new staff to be trained, and most importantly, allow her to audit the process routinely to ensure staff were following the new standard.

Now that she had completed her standard work document, the last steps she needed to take before closing out the A3 were to update the remaining Boxes of her A3 and to close out the project.

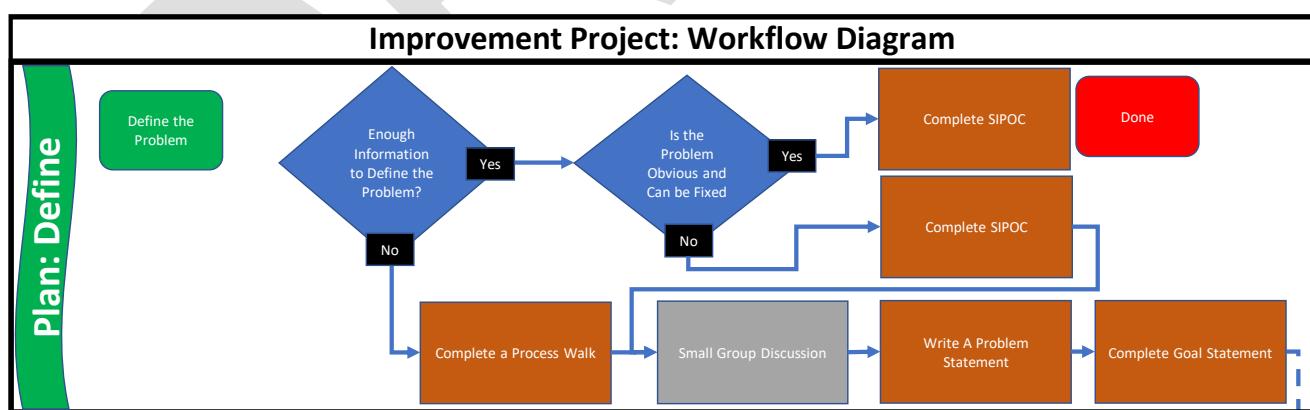


## CASE STUDY 2: CONTRACTS, GRANTS, AND MEMORANDUMS OF AGREEMENT (MOA)

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 contacts, 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:

Process:	Contracts, Grants, MOU's, & MOA's	Owner:	CGA Jones	Date Updated:	3/1/2023
Suppliers	Inputs	Process		Outputs	Customers
•Federal Government	•Federal and State Regulations	<pre> graph TD     A[Draft/Scope of services] --&gt; B[Proposal/Bid (RFP/RFB) Contracts and Commodities]     B --&gt; C[Negotiation Contracts and Commodities Only]     C --&gt; D[Executive Team Review]     D --&gt; E[Purchasing Review for Contracts]     E --&gt; F[County Counsel Review]     F --&gt; G[BOS/Governing Board Approval when applicable]     G --&gt; H[Implementation and Service Compliance]     H --&gt; I[Renewals/Rebids/Terminations]   </pre>	<ul style="list-style-type: none"> <li>•Services Rendered</li> <li>•Staff</li> <li>•Commodity Received</li> <li>•County</li> <li>•BOS/Governing Board Approval when applicable</li> <li>•Implementation and Service Compliance</li> <li>•Renewals/Rebids/Terminations</li> </ul>	<ul style="list-style-type: none"> <li>•Staff</li> <li>•Department Divisions</li> <li>•Collateral Partner Agencies</li> <li>•County</li> <li>•BOS/Governing Board Approval when applicable</li> <li>•Implementation and Service Compliance</li> <li>•Renewals/Rebids/Terminations</li> </ul>	
•State Government	•County Policy				
•Local Government	•Dept. Policy				
•Vendors	•Purchasing Guidelines				
•Program Requirements	•Program Requirements				
•Bid Proposal	•Bid Proposal				
•Risk Management	•Risk Management				
•Terms and Conditions	•Terms and Conditions				

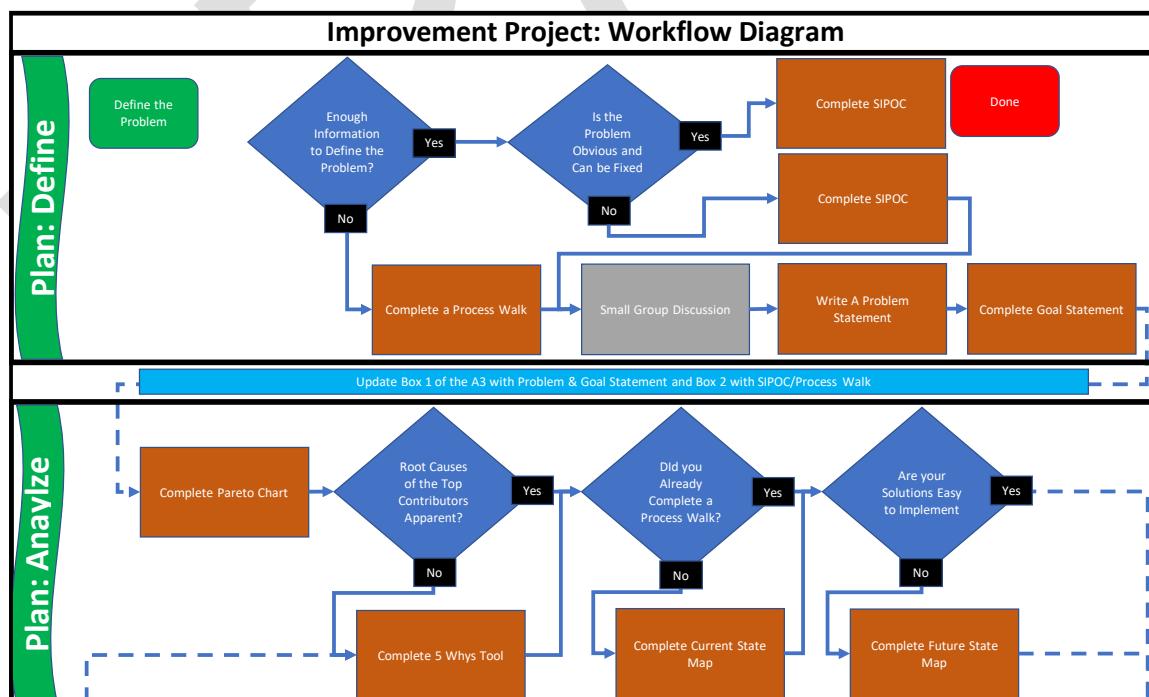
After reviewing it with his counterparts in the unit, it was clear that there were lots of delays due to the numerous reviews of the process involved, each of which added a delay to approval. With this information, CGA Smith was able to create his problem statement:

Problem Statement										
Process:	Contracts-MOU-MOA-Grants	Owner:	CGA Jones	Date:	3/1/2023					
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									
Write Your Problem Statement										
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										
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					

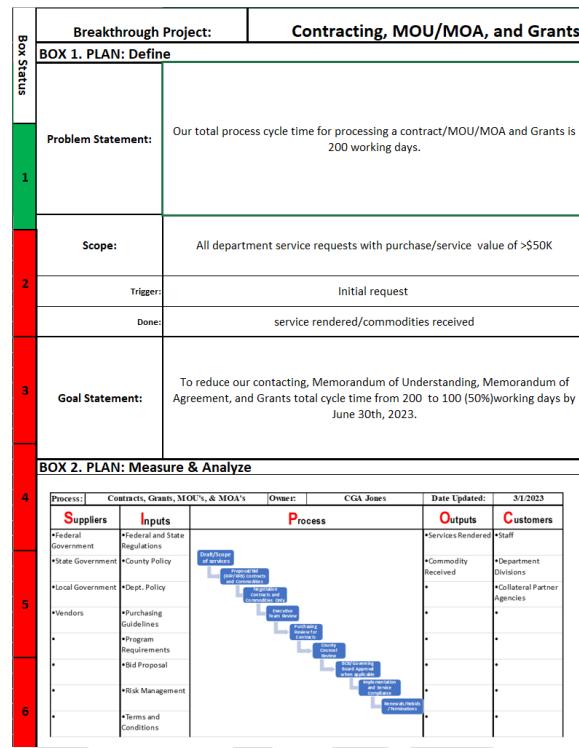
With his SIPOC and Problem Statement in hand, CGA Smith next moved on to creating his Goal Statement:

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						

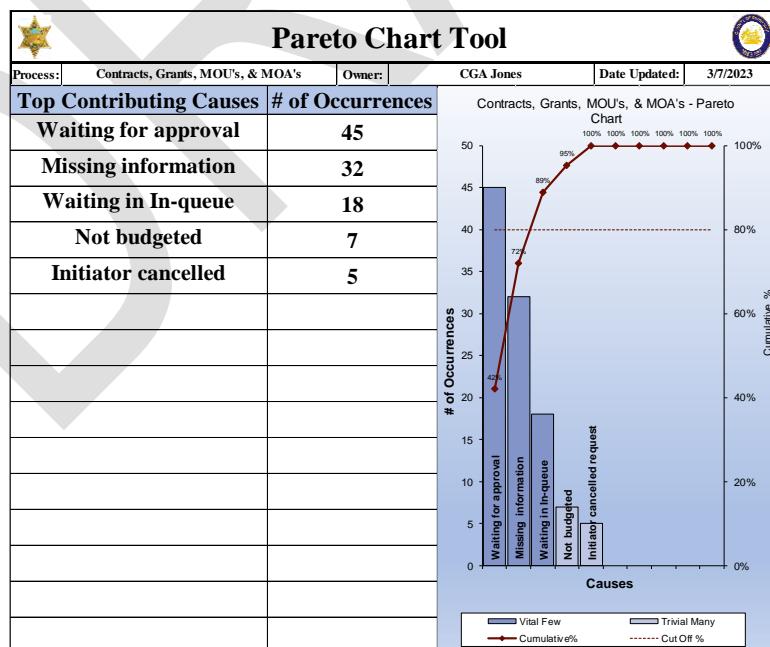
Now that CGA Jones knew what the problem was and what success looked like, he was ready to start analyzing the problem in more detail. He looked at the workflow diagram again.



He updated the A3 with the tools he had completed so far.

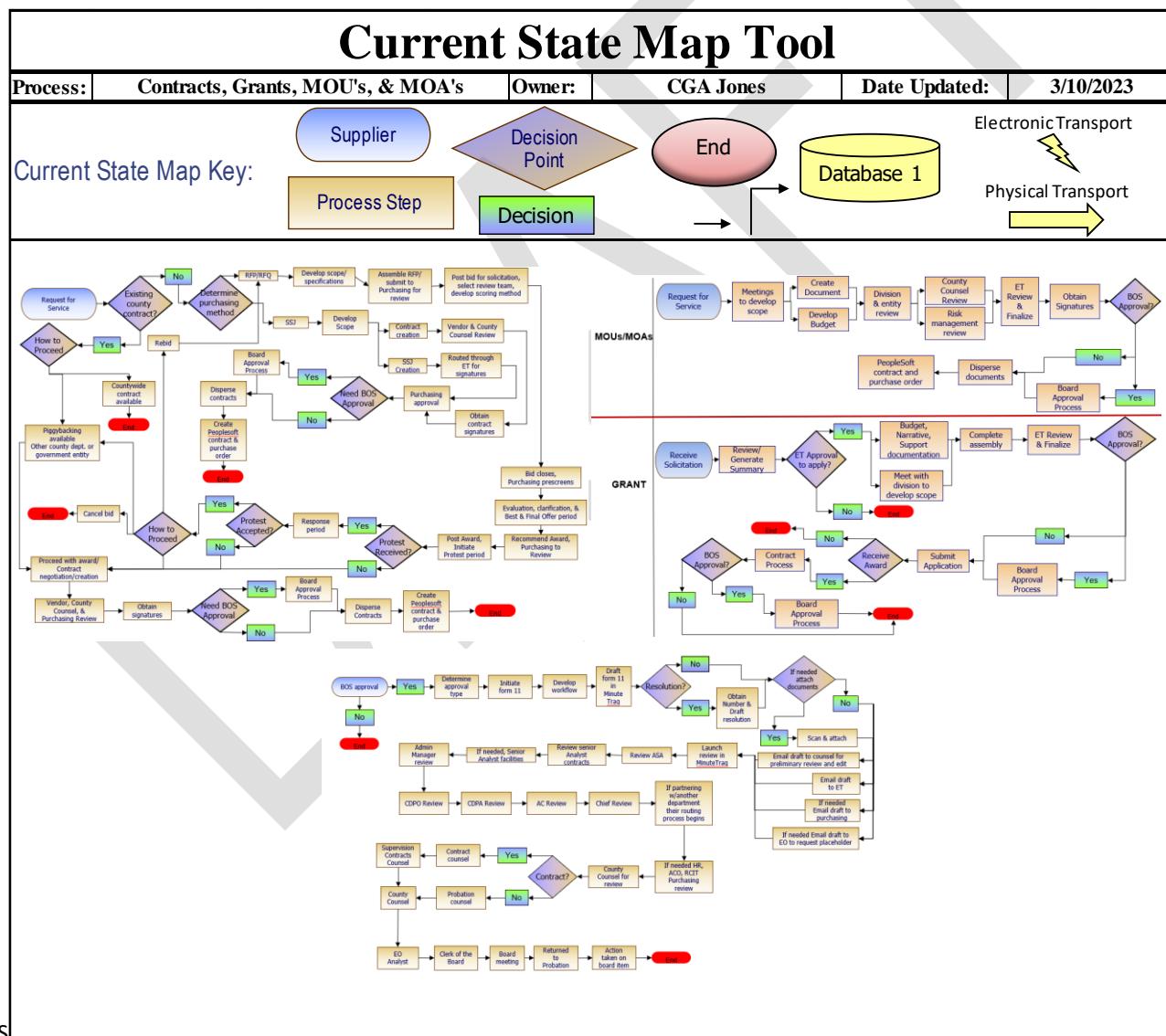


Having updated the A3, he was ready to move on to analyzing his problem. He started by completing a Pareto Chart of the late items:



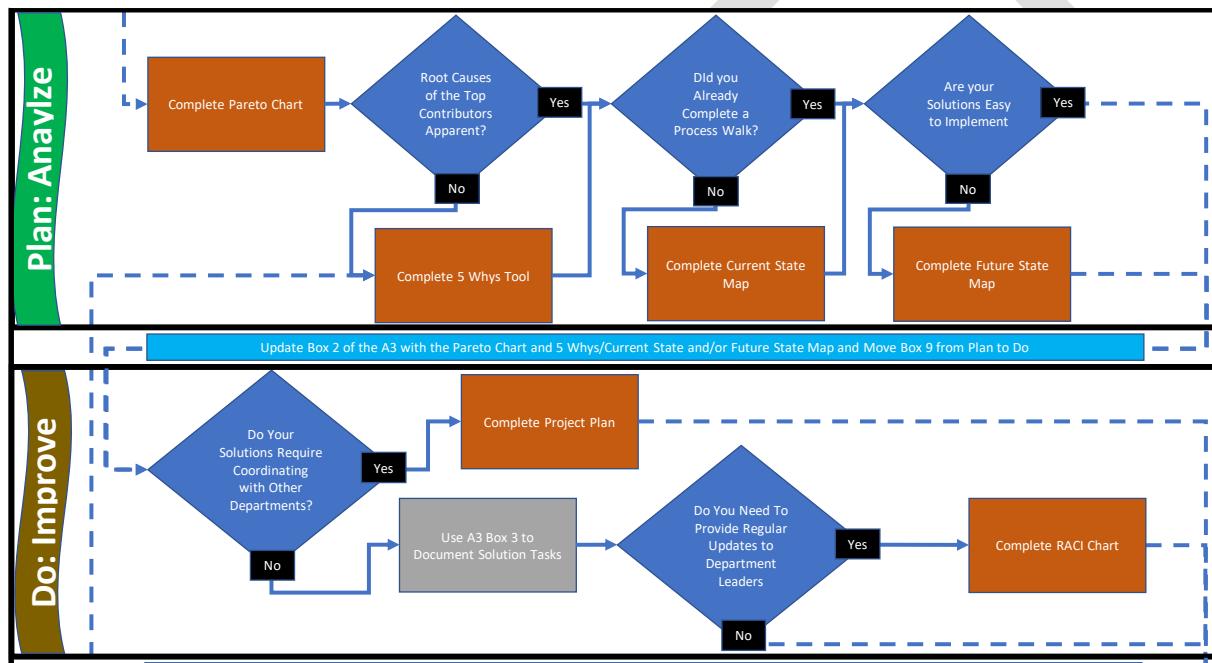
The Pareto Chart confirmed what he suspected, more than 50% of the late items were due to delays in processing them, due to waiting for approvals for waiting to be processed. Based on the workflow diagram, CGA Jones determined that the root causes of these delays were apparent, so the 5 Whys Tool did 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.

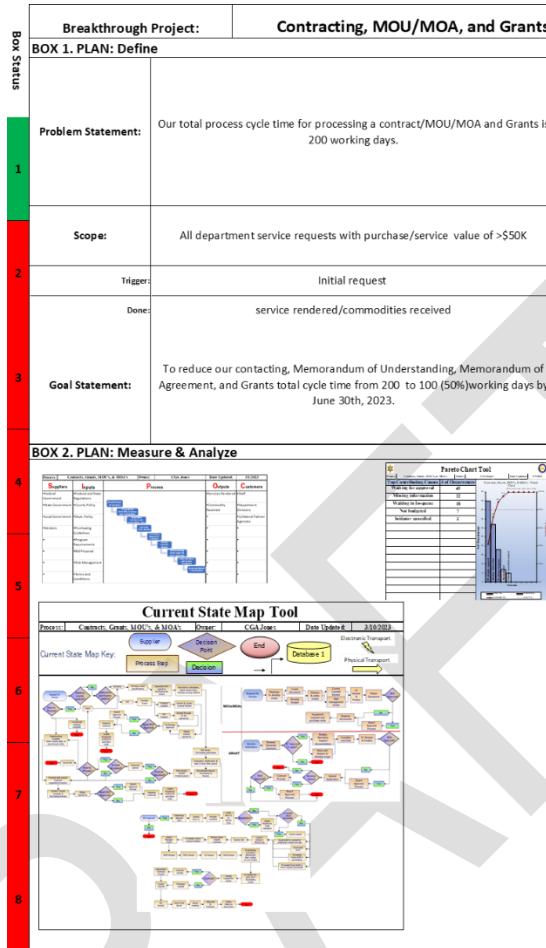


While the customers valued the work being as accurate as possible, if the result of these checks was an unacceptable delay in implementation, something needed to change. CGA Jones met with his team and went over each point of delay. In doing so, he was able to identify several that could either be eliminated 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.



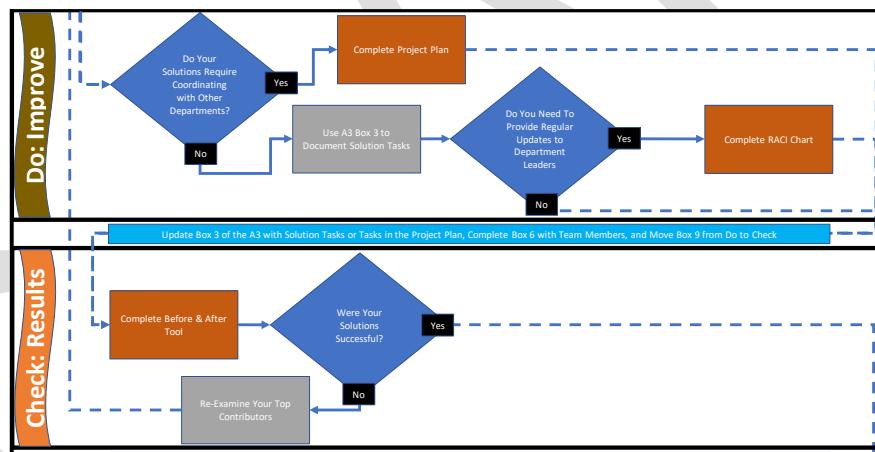
CGA Jones knew that his solutions could all be completed in-house, so no need for a project plan, but there were plenty of internal leaders that needed to be kept up to date on the project improvement items. For this, he needed to create a RACI Chart.

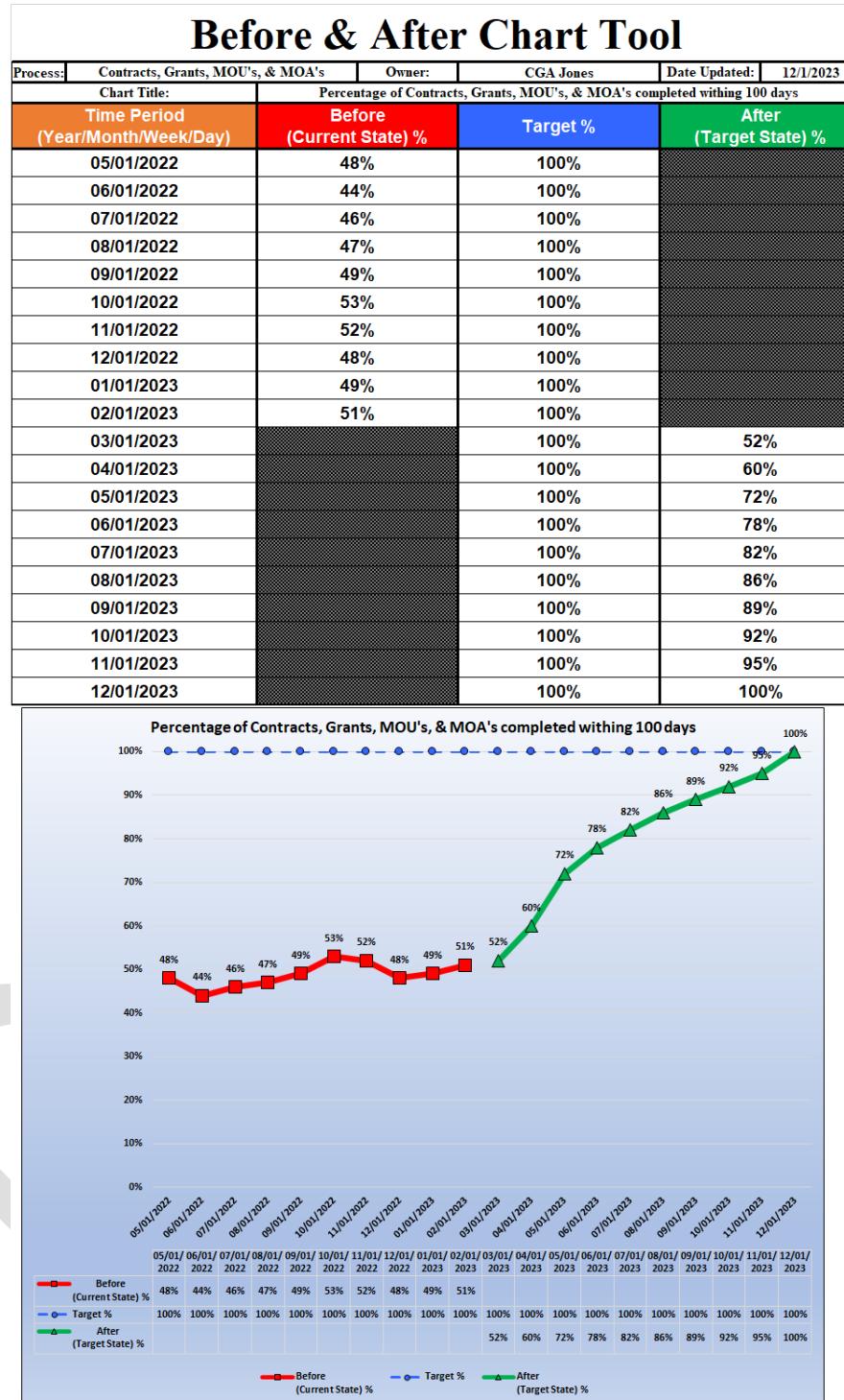
CGA Jones identified all of the Department Leadership that needed to be kept in the loop of the project details and put them into the RACI Chart.

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

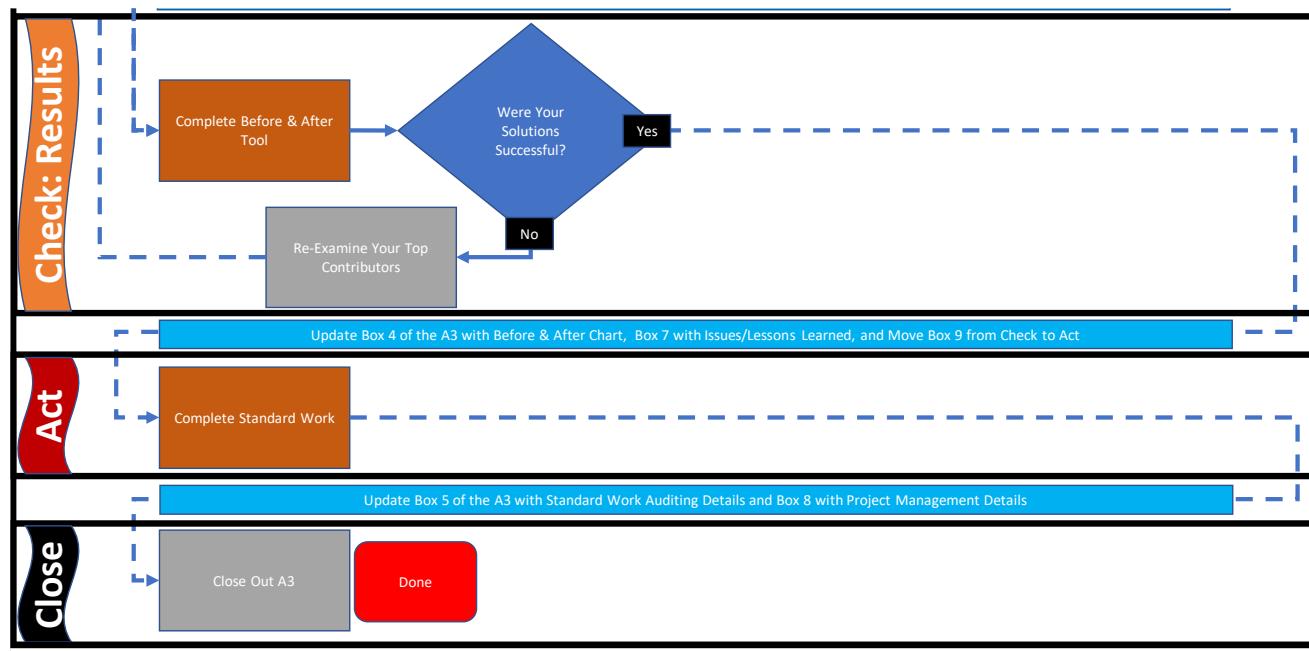
After implementing the new procedures and seeing the process play out over time, CGA Jones was now ready to measure the progress of the project. After consulting the workflow diagram, he completed the Before & After Chart Tool.





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:

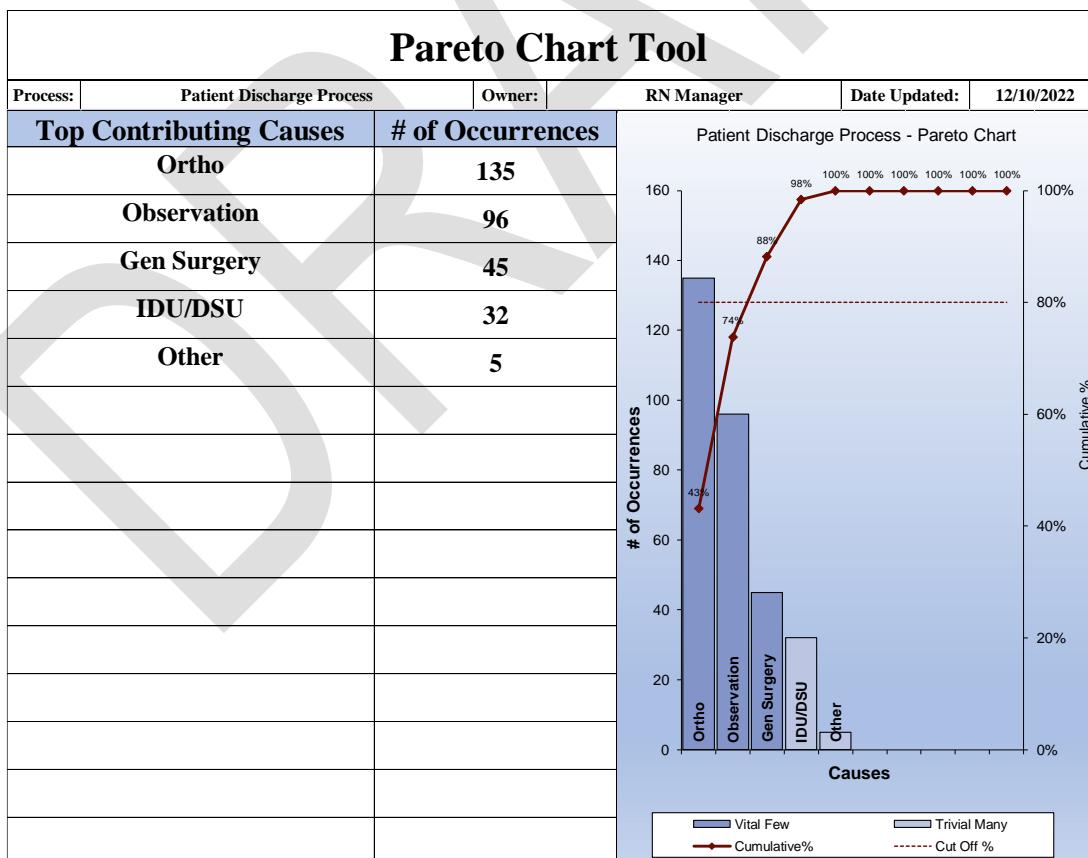


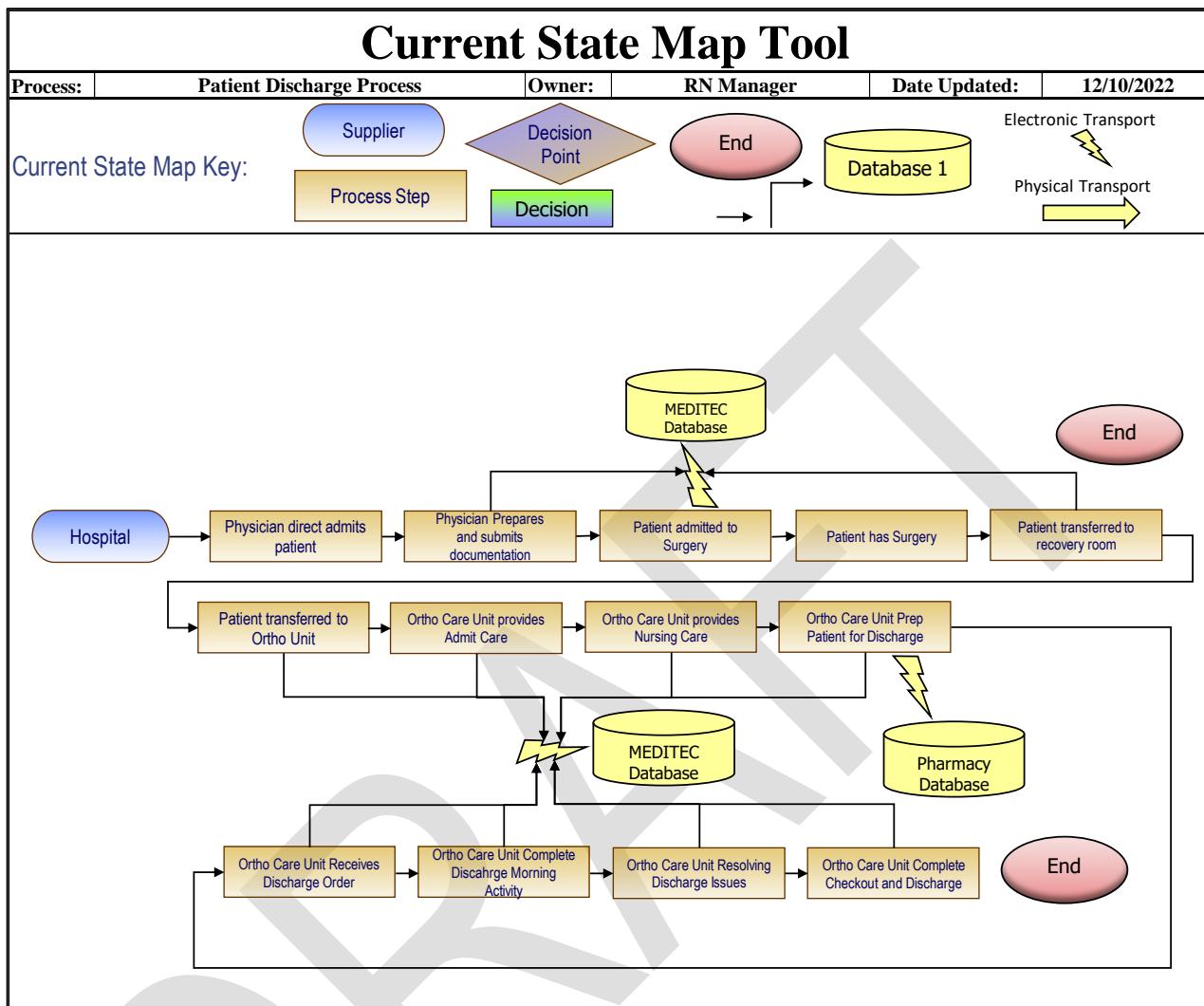
steps x9	Breakthrough Project:	Contracting, MOU/MOA, and Grants	A3 Type:	Strategic Development Bureau: Strategy A3			Report Date:	12/19/2022	BOX 6. TEAM	
<b>BOX 1. PLAN: Define</b>										
1	Problem Statement:	Our total process cycle time for processing a contract/MOU/MOA and Grants is 200 working days.	BOX 3. Improvement Actions	#	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date	Status
				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	Red
	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	Red
2	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 requestor.	Develop standard work for contracting/initiating requirements and train staff.	Donna	2/1/2023	2/10/23	Red
	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	Red
3	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>										
4	<b>BOX 4. CHECK: Results</b>			<b>BOX 7. Issues/Lessons Learned</b>			There was no consistent standard on how to perform the work.			
5				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.			
6	<b>Current State Map Tool</b>									
7										
8	<b>BOX 5. ACT: Control and Sustain</b>			<b>BOX 8. Project Management</b>			Day and Time for Regular Update Meeting Every Thursday from 9-10			
				Estimate of Total Work Days on Project 26			Total Work Days from Open To Closeout 46			
				Target Cost Capture <b>\$36,000.00</b>						
				<b>BOX 9. Progress</b>						
				P D C A						

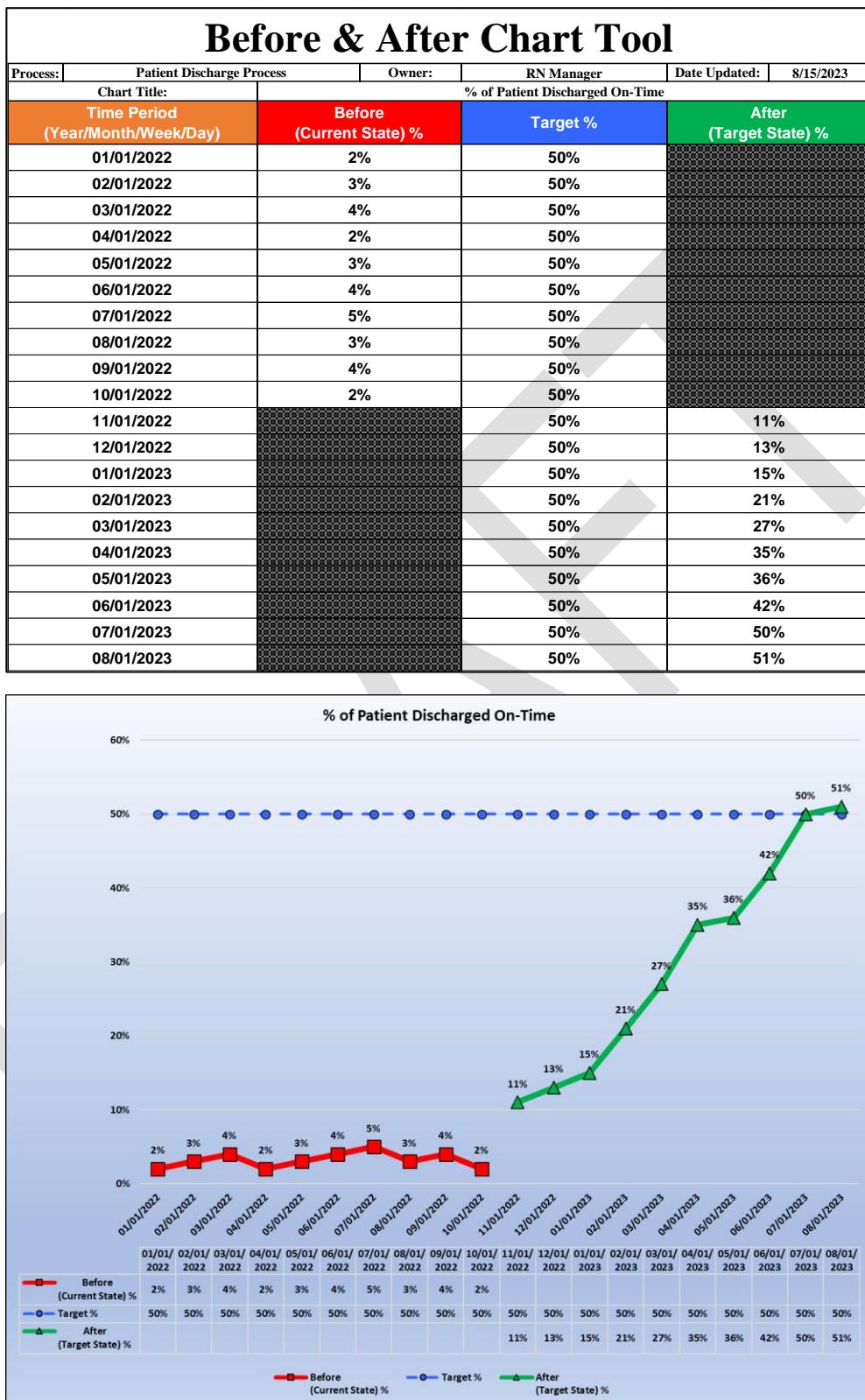
## CASE STUDY 3: PSYCHIATRIC HOSPITALIZATION DISCHARGE

Problem Statement										
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										
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?										

Goal Statement Tool					
Process:	Patient Discharge Process		Owner:	RN Manager	Date:
	Question	Answer			
	Who is involved?	Surgeons, Primary Care Physicians, RN, Therapist, Discharge Nurse			
	What do we want to accomplish?	Discharge next day patients before 10:30 am			
	Where will it be done?	Orthopedics Unit			
	Why are we doing this?	PACU is having a backlog of patients that need to be transferred designated treatment units			
	What are our constraints?	Physician and staff but-in			
	How will we know when the goal is accomplished?	When patients are discharged before 10:30			
	Considering our constraints and timelines, what can reasonably be accomplished?	This improvement effort can be completed in 8 weeks			
	How does this goal relate to department strategy?	Improve patient satisfaction score improve patient quality of care			
	When does it need to be accomplished by?	Within 8 weeks			
<b>Write your Goal Statement</b> By January 2023 patients in the Orthopedics Unit will be discharged on or before 10:30 am					
Specific?	Measurable?	Attainable?	Relevant?	Timely?	
Yes	Yes	Yes	Yes	Yes	





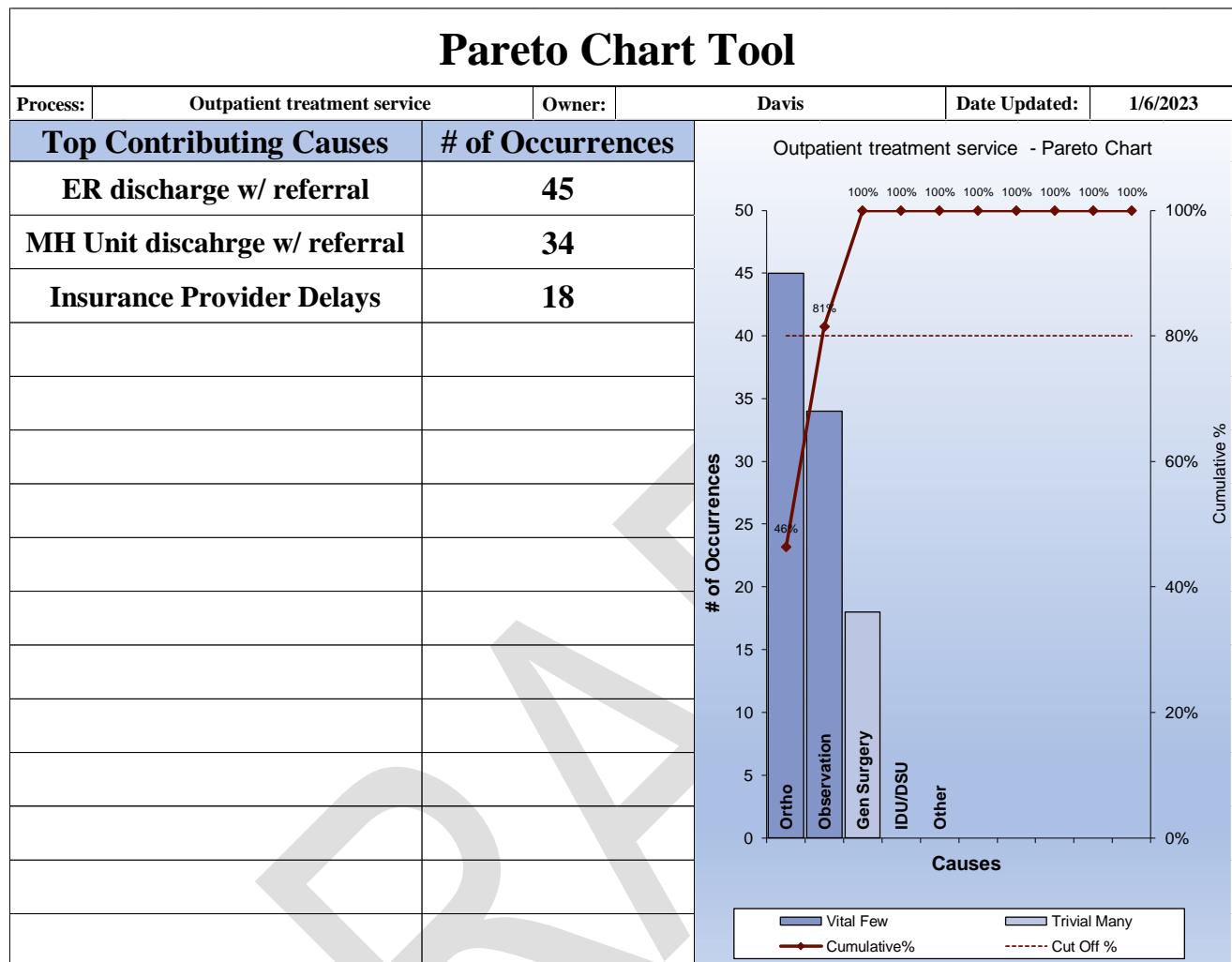


## CASE STUDY 4: EMERGENCY DEPARTMENT DISCHARGE TO MH OUTPATIENT SERVICES

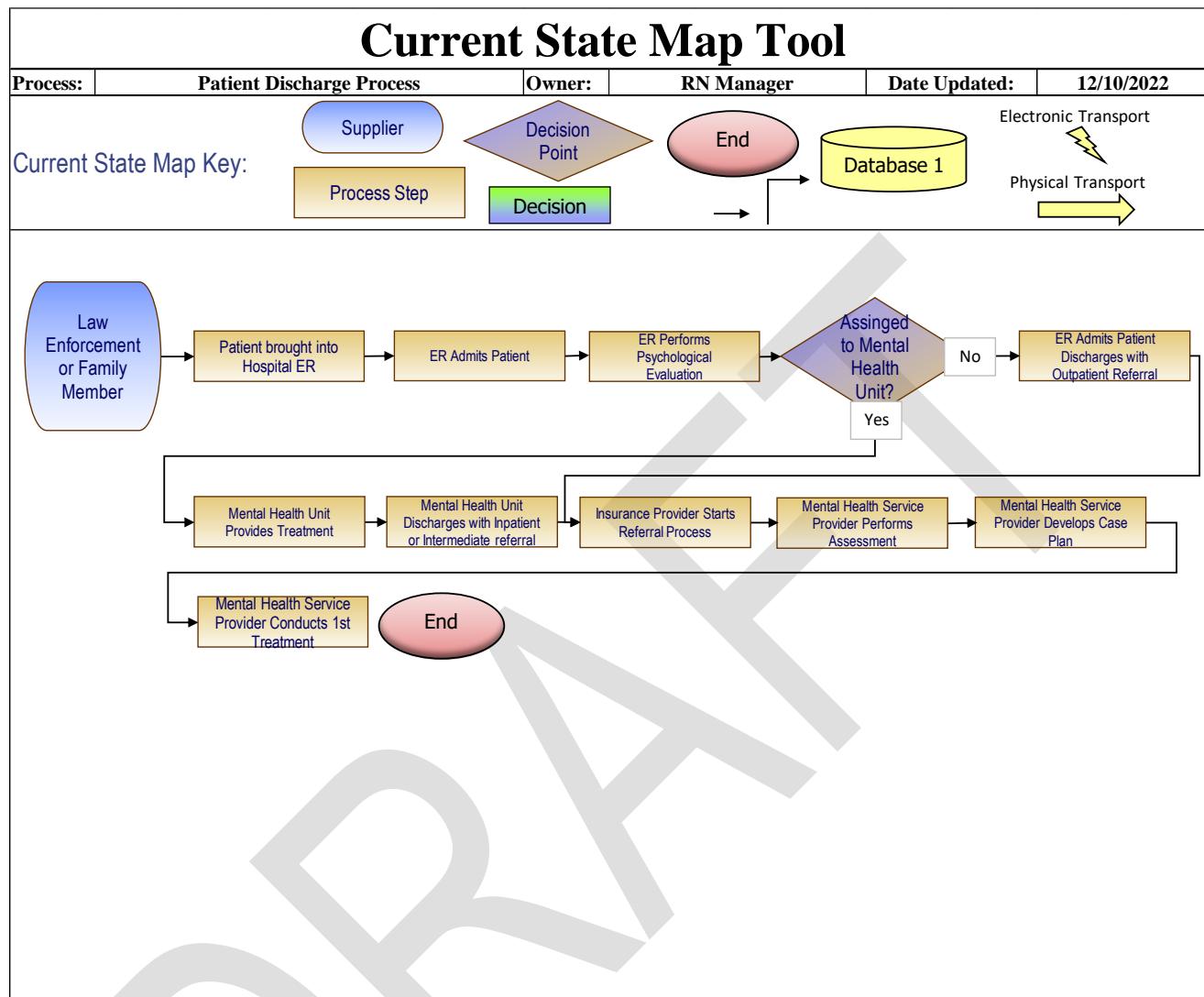
Box Step	Breakthrough Project: BOX 1. PLAN: Define	Mental Health Outpatient	A3 Type: BOX 3. Improvement Actions	Division: Operational A3			Report Date: 12/22/2022	BOX 6. TEAM	
				#	Action	Sub Action / Analysis	Owner	Initial Planned Completion Date	Expected / Actual Completion Date
1	Problem Statement:	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	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	
2	Scope:	ER patient admittance to discharge to community MH	2. Create a job description for the care navigator position	Suzy	2/22/2023	3/1/23	Dave	SMIE	
3	Trigger:	ER patient admittance	3. Create referral tracking data link	John	3/2/2023	3/6/23	John	HR Manager	
	Denote:	Patient care provided at community MH	4. Create "pick up" request form from respite facility	Dave	4/1/2023	4/8/23	Dave	SMIE	
	Goal Statement:	To reduce the total time a patient waits to receive 1st treatment from 30 to 5 working days	5. Monitor key performance indicator for improvement of process time	Suzy	5/1/2023	5/7/23	Suzy	Manager	
4	BOX 2. PLAN: Measure & Analyze	Delays by Work Function	BOX 4. CHECK Results	Referral to 1st Visit Cycle Time	BOX 7. Issues/Lessons Learned				
5	5 Why's Tool	Why 1: There is no process in place to track or follow-up on patient referrals	Before Improvement	Referral to 1st Visit Cycle Time	Engage HR early in the improvement process				
6		Why 2: There is no process in place to track or follow-up on patient referrals	After Improvement	Referral to 1st Visit Cycle Time	Perform job analysis was critical in developing the job description				
7		Why 3: There is no Referral job role that delegates this task to a staff member							
8		Why 4: There is no Referral job role to monitor and navigate a patient's referral does not exist							
		Why 5: There is no Referral job role to monitor and navigate a patient's referral does not exist							
		# 1 root cause is that there is no process in place to assist the referral navigation process for a patient.							
					BOX 8. Project Management				
					Data and Time for Regular Update Meeting				
					Mondays at 10:00				
					Estimate of Total Time Spent on Project				
					56				
					Total Work Days:				
					24				
					Target Cost Capture				
					BOX 9. Progress				
					P				
					D				
					C				
					A				

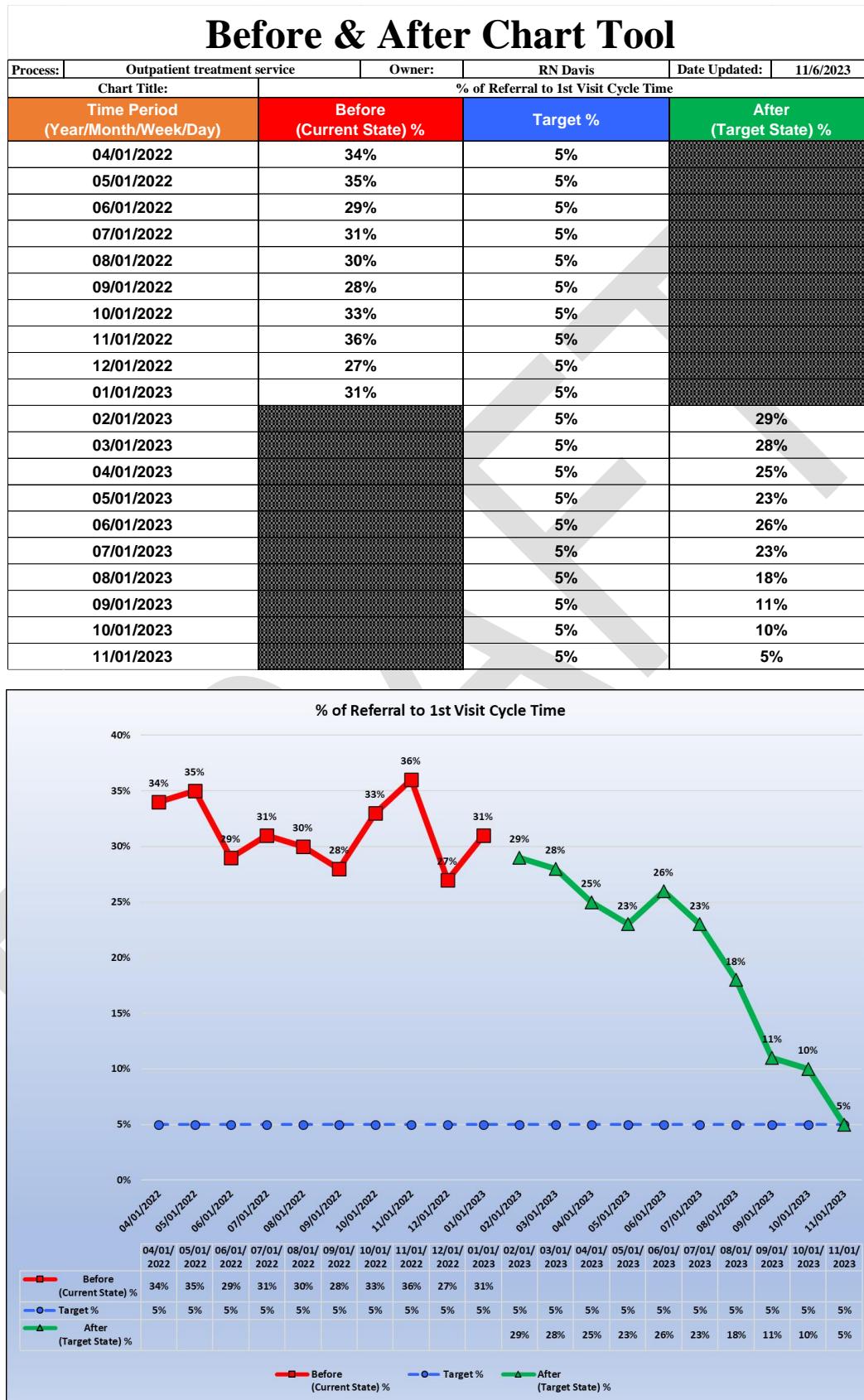
Problem Statement	
Process:	Mental Health Outpatient Process
Owner:	Davis
Date:	1/6/2023
<b>Question</b>	
What is the problem?	Mental Health patients are waiting an average of 30 working days to be seen by their outpatient service provider
Who is experiencing the problem?	The patient
Where is the problem 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
<b>Write Your Problem Statement</b>	
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	
<b>Problem Statement Evaluation Questions</b>	
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>					
Process:	Outpatient treatment service		Owner:	Davis	Date:
		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 outpatient 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>					
To reduce the total time a patient waits to receive 1st treatment from 30 to 5 working days					
Specific?	Measurable?	Attainable?	Relevant?	Timely?	
Yes	Yes	Yes	Yes	Yes	



<b>5 Whys Tool</b>					
Process:	MH Outpatient Referral	Owner:	RN Davis	Date:	1/7/2023
Top Contributing Cause	Why?	That occurs because			
<u>Delays with ER discharge w/ referral</u>	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 ""?				





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

DRAFT

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

DRAFT