# Minnesota Department of Health (MDH)

## Birth Defects Data Collection Kaizen - Community and Family Health Kaizen Event: August 2013 Sponsor: Barb Dalbec Team: Kris Oehlke, Sook Ja Cho, Barbara Frohnert, Jan Sieger, Michele Hort, Missy Getschel, Rebecca Barclay, Barbara Kough, Linda Nelson

#### **PROBLEM/SITUATION**

- Changes to the new database have added complexity.
- It is difficult to identify where cases are in the case verification process, making data analysis inconsistent.
- There are too many delays in the process

### **PROJECT GOALS**

- Decrease time from initial report to nurse review by 50% over next 6 months.
- Decrease number of handoffs by 25% in the next 3 months.
- Increase consistency of data collected by 25% in the next 6 months.
- Decrease team reviews by 25% over the next 6 months.

## **CURRENT AND FUTURE STATE PROCESS METRICS**

	Current		Future				
	Number	Time	Number	Time			
Tasks	5-21	5-26 days	10-21	1-21 days			
Waits	1-7	6-190 days	1-2	1-30 days			
Handoffs	2-7		3-6				
Storage	2		1				
Decisions	3-4		4-6				
Total	Total			2-51 days			
<ul> <li>84% reduction in wait time</li> <li>76%-82% reduction in total process time</li> </ul>							

## **CURRENT STATE OBSERVATIONS**

- The process is simple but MEDSS makes it more complicated.
- There are huge variations in wait times; the longest wait time could be reduced significantly.
- Too many cases go to team review. It involves handoffs to many people. Sometimes minor errors get sent to team review.

	SCOPE
	Starting point: List of potential
	cases is reported to birth defects
)	program.
a	Ending point: Nurse reviews
	confirmed cases and flags as
S.	needed for additional review.

#### **FUTURE STATE RECOMMENDATIONS**

- Establish a more efficient process for resolving coding questions and using team review, including real-time referral for physician consultation.
- Revisit the way the MEDSS Birth Defects module is set up to try to simplify and improve it.
- Automate some handoffs in MEDSS.



#### **ACTION PLAN HIGHLIGHTS**

- Scheduled time for reviews and set daily goals.
- Consolidated codes and guidelines for abstraction.
- Updated MEDSS.
- Revised relevant Standard Operating Procedures (SOPs) and policies.
- Streamlined meetings and monitor timeliness bimonthly.

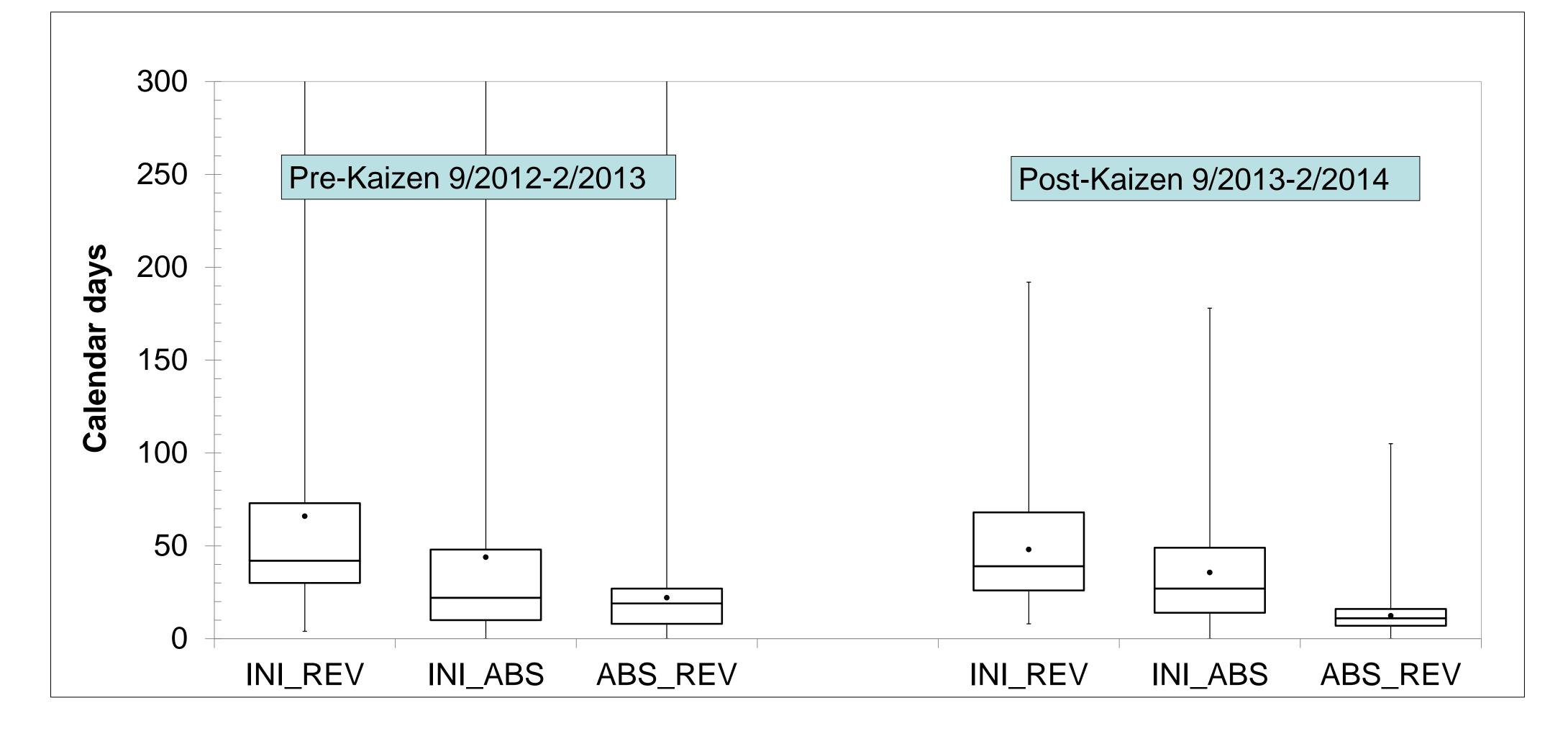
## **PERFORMANCE MEASURES**

	<b>Before Kaizen</b> 9/2012-2/2013		After Kaizen		
			9/2013-2/2014		
	# cases	Median (days)	# cases	Median (days)	Change (%)
Initial case report - Nurse review	668	42	820	39	-7.1
Initial case report - Abstraction complete		22		27	22.7
Abstraction complete - Nurse review		19		11	-42.1
# Cases with team review	40 (6%)		6 (0.7%)		-85.0

#### DISCUSSION

- Maximum days to completion was reduced by 53% from 406 days to 192.
- Median days to completion dropped from 42 to 39 days (-7.1%).
- 85% reduction in the number of cases sent to team review (from 40 to 6), which reduced the number of handoffs and waits.

## SURVEILLANCE TIMELINESS - PRE/POST KAIZEN BOX AND WHISKER PLOT



MDH Office of Performance Improvement (OPI): <u>Health.ophp@state.mn.us</u>



