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Bend the Curve CIP-News - February, 2007

Bend the Curve Continuous Improvement Practitioners

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A Lean Operating System

February 2007

Volume 2, Issue 2



I've recently been reading a book Arthur gave me, A Hitchhiker's Guide to Lean: Lessons from the Road, by James

Flinchbaugh and Andy Carlino. In it they have a chapter called *Pulling it all Together*. In this chapter they describe Lean as the Operating System (OS) for an organization. The concept of an Operating System is familiar to most of us, but it's a relatively new idea that first came into common usage with the proliferation of personal computers.

Every PC has an operating system — for most people we know it as some version of Microsoft's Windows, with XP or the just-released Vista. The operating system on a PC serves the function of making everything you do on the computer easy (ok, easier). It coordinates, schedules, executes instructions, delivers messages, links files, and so on.

In essence, it is the intelligence **designed** into the computer to communicate between your brain and the instructions programmed in the computer — the computer's brain if you will. If you have been around long enough, you know the OS for our computers gets better with every new version. Every release is an improvement over the previous one (i.e. you can do more, faster, and easier than

before). Now, I know some people might disagree, but the facts do support this observation.

What came as an insight to me in reading Hitchhiker is that the concept of an operating system is a good way to describe Lean.

By implementing Lean thinking, we are designing and building into our organization (State Government) a capacity to coordinate actions, execute daily work routines, enhance communications, and deliver things faster and easier.

Think of Lean as the ingrained *organizational intelligence* that connects all our work together, designed to facilitate communication between **our** organization, (DHHS) and our clients and customers. For example, when you click on an icon such as Excel on your computer you expect something to happen quickly and reliably every time (i.e. a spread sheet opens) with no surprises. When a citizen requests a service from the State, they expect a similar response (i.e. something will happen quickly and reliably each time).

Lean as an operating system is more than the sum of its tools and methods. It is a new way of thinking and reacting in what we do and how we do it. Lean provides the foundation to transform our work, to make it more efficient and more effective, and to improve over time in service to our staff and citizens.

— Walter E. Lowell

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Special points of interest:

- Next Clinicals
 - ›February 16
 - ›March 16
- New CI-P listing
- MDOL contributes new page !

Clinical Supervision Summary

The purpose of the January Clinical was to

- Inform the CI-PS about changes in resources, impact, and future direction.
- Impress CI-PS of the need for
 - follow-up on implementation.
 - reporting & demonstrating results to systems.
- Develop plan for moving forward with CI-P and BTC development, including the clinical supervision sessions and weeklong DOP.
- Explore development of alternative internal and external resources/processes. ([Agenda](#))

The primary theme of the day was **Starting the Next 4 Years of Bend the Curve**. Arthur presented an overview, his vision, and the challenges for BTC: He stressed that the challenge will be to think and do the BTC / CI-P work differently — in new ways — and to become self-sufficient.

The major accomplishment of the day was to take a first look at the direction of BTC for the near future and to identify & prioritize some of the resulting objectives and tasks. (The draft will be sent to all the CI-PS.) This re-examination and planning were prompted by and incorporated —

1) the impact of Arthur's DOL-BTC analysis and presentation to the DOL Commissioner re: DOL-BTC savings results (1:1 ratio of money spent for BTC to the money saved by BTC — not the 6:1 ratio proposed), and

2) Arthur's resulting re-direction of Susan and Jon's consultation time until at least July 1st: They are not going to be made available on any regular basis for Clinicals. In addition, Susan has announced that, starting June 18th or so, she will be taking a 6-month "sabbatical."

Next Month's Clinical Supervision: March 16th

Please make every effort to attend. These are critical sessions for your professional development, certification, and the success of your CIP work.

Schedule of BTC-Lean Events

Date	Time	Topic	Location	Contact
Feb 13	8-Noon	IR Access Imp. Plan Follow-up	BLS	Terry Lita
Feb 16	8-4:30	Clinical Sup	BLS	Arthur
Mar 5	2 - 4	DHHS CIP	Greenlaw	Walter
Mar 13	8-Noon	IR Access Imp. Plan Follow-up	BLS	Terry Lita
Mar 16	8-4:30	Clinical Sup	BLS	Arthur
Apr 2	2 - 4	DHHS CIP	Greenlaw	Walter
Apr 10	8-Noon	IR Access Imp. Plan Review	BLS	Terry Lita
Apr 20	8-4:30	Clinical Sup	CCD*	Arthur
May 7	2 - 4	DHHS CIP	Greenlaw	Walter
May 18	8-4:30	Clinical Sup	CCD	Arthur
June 4	2 - 4	DHHS CIP	Greenlaw	Walter
June 15	8-4:30	Clinical Sup	CCD	Arthur
July 2	2 - 4	DHHS CIP	Greenlaw	Walter
July 20	8-4:30	Clinical Sup	CCD	Arthur
Aug 6	2 - 4	DHHS CIP	Greenlaw	Walter
Aug 17	8-4:30	Clinical Sup	CCD	Arthur

See: **Events-Interventions Calendar** under **Bend the Curve** in **All DHHS** in Outlook's **Public**

Lean TIPS



- "The Three Evils of Meetings:
 - Meet but don't discuss.
 - Discuss but don't decide.
 - Decide but don't do."

- We know that implementation plan task time frames should be kept as brief as possible (30-90 days) for rapid improvement. One of the reasons for this is that as the time interval between the plan development and the change implementation expands, more and more other changes will occur. This means that you will be increasingly subject to the whim of these other changes, less in control of the change process, and will not move forward in a planned way.

Maine Department of Labor — *BTC*

Organization Profile

MDOL performs some of the oldest processes in Maine State government, with its existence tracked back to 1887. Down from 650 staff in 2004, it currently has 565 employees in 4 bureaus: Employment Services, Unemployment Compensation, Rehabilitation Services, and Labor Standards. MDOL has 26 Career Centers and 3 Unemployment Call Centers throughout Maine, with 5 office sites in the greater Augusta area.

Situation

Like many State agencies, MDOL faced flat or reduced funding streams at a time of steady increases in operational costs. It wanted to improve the quality and efficiency of the services it provides but do so with less money. However, over 75% of operating costs are personnel. MDOL knew that in order to decrease expenditures it had to reduce staff but preferred to do so without layoffs. With over 50% of its employees eligible for retirement within the next 5 years, it decided to do this by taking advantage of attrition due to retirements. Yet, in order to do the same or greater amount of work with fewer employees and with the same or better quality, MDOL recognized that its processes had to be defined and the non-value-added aspects reduced/eliminated. For example:

- The reception and intake procedures at all 26 career centers varied significantly, creating confusion for customers when visiting more than one center.
- The 3 call centers didn't have a standard process to identify clients even when they had already called a center, requiring all information to be repeated & inputted each time a client called.
- Employers requesting help recruiting new employees did not have an efficient method of entering the information themselves. The information had to be printed out and then input into the MDOL database by MDOL employees, resulting in excessive rework.
- The Bureau of Rehabilitation Services had a waiting list that was over a year long.
- The Bureau of Unemployment Compensation had lost over 1/3 of the employees due to loss of funding and still had the same amount of work to be done, resulting in a large backlog of work.

Solution

In June 2004, the State of Maine implemented a system-wide initiative in MDOL to fundamentally change the culture and work of one agency within State government. This initiative, called "Bend the Curve," com-

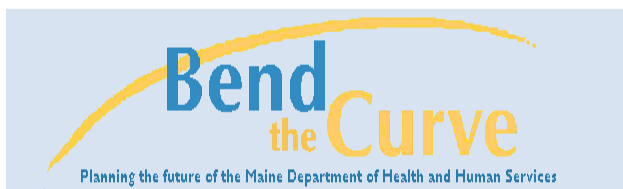
bined time-tested "lean" principles from the manufacturing sector with the emerging public sector strategy of "public value." The goals of *Bend the Curve* (BTC) are to provide the same or better customer service; shift the work of the department to match customer expectations and needs; achieve efficiencies by fundamentally changing how work gets done; improve intra-departmental collaboration and service integration; and decrease expenditures by at least \$9M, as well as significantly reduce staffing levels over 3 years while minimizing layoffs. The "Bend the Curve" name reflects the effort to alter the direction of projected expenditures, to "bend these down" and meet projected revenues, and to eliminate looming multi-million dollar shortfalls.

Results

Since MDOL started its lean journey: 1) 30+ MDOL and DHHS employees have been trained as Continuous Improvement Practitioners, able to lead Value Stream Mapping (VSM) and rapid improvement (Kaizen) events. 2) There have been 30 VSMs and approximately 12 Kaizens conducted by *BTC*, involving about 50% of the workforce at MDOL. The VSMs revealed a very large amount of non-value-added activities in processes throughout MDOL. 3) MDOL has realized savings of at least \$1,100,000.00 and identified potential savings of over \$3,600,000.00. A few examples of the savings/improvements found throughout MDOL:

- The simple elimination of stapling and then removing the staples from all the documents in an appeals request for the Unemployment Compensation Commission. This alone had a time & dollar savings of over \$45,000.00.
- The 26 career centers now have a uniform, standard procedure for greeting customers in all centers.
- The call centers are implementing a system that will allow identification of a client based on an ID number, no matter what center they are directed to.
- Employers are now able to enter the information for recruiting new employees on a new web-based form, and the information does not have to re-entered into the system.
- The waiting list for the Bureau of Rehabilitation Services has been decreased by about a half year due to efficiencies gained.
- The Bureau of Unemployment Compensation reduced non-value added work enough to be able to do all of the original amount of work, and more, with 1/3 fewer employees.

— *Arthur S. Davis*



Lean Intervention Highlights

➤ Death Certificate Filing & Closure Process Improvement

Sponsor: Don Lemieux

The complex Maine CDC Death Certificate Filing & Closure process needed to be significantly streamlined, as well as responsive to policy changes and high customer demands with decreasing resources.

After the Value Stream Mapping session, the process reduced customer lead time from 90 days to 5 days and reduced the number of processing steps from 23 to 11. Customers of this process have given many praises to Vital Stats for the improved timeliness in acquiring death certificates from the State of Maine.

Status: 😊 Presenting Work Completed. No current BTC follow-up re: continuous improvement.

➤ Information Resources (IR) Access Process Improvement

Sponsors: Jim Lopatosky & Don F. Williams
Managers: Karen Curtis & Holly Pomelow

Because of feedback that employees aren't consistently or timely provided access to the information system and computer programs necessary to conduct their work, an IR Access VSM Team (IT, HR, & program staff) met 12/5-7/2006 re: the provision of system and application access and access rights — particularly for new/transferring employees. It developed a new process that shifts the 1) identification and approval of technology needs to prior to new employees reporting for work and 2) provision of appropriate and timely access to information resources- including hardware, software, network, and specialized applications (depending on training requirements)- to the same day they report for work.

Its 1/16/07 implementation plan identified related processes and problems that must also be addressed. Follow-up meetings: 3/13, and 4/10.

Status: 😊 3/13 mtg. Plan Review scheduled.

➤ In-State Travel Voucher Payment Process Improvement

Sponsors: Kirsten Figueroa and Liz Hanley
Manager: Chip Woodman

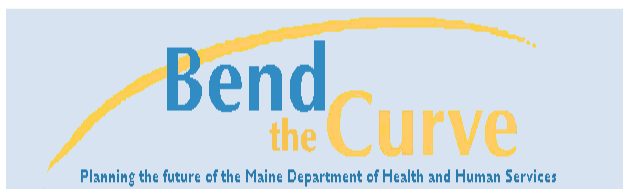
Many State employees are required to travel within Maine as part of their work. They then submit a request for and receive travel reimbursement. (Annual volume = approximately 17,000 requests.) Because of the many complaints of long-delays, a representative Travel Voucher Team was brought together to map and improve the reimbursement process on 11/8&13/2006. The team itself then decided to spend additional time 'finishing up' its Implementation Plan.

This plan will bring the 18-day average to process each voucher down to 10 days. Some tasks include 'Traveler' Training, Standardizing Regional and Central Office Travel and Supervisory Approval processes, Eliminating Unneeded Reviews by Finance staff, and Updating/Error-Proofing the Travel Voucher form.

Status: 😊 1/30/07 mtg. of CIPs Becky Greene & Clough Toppan with Sponsors & Manager. Imp. Plan tasks & responsibilities discussed: Kirsten Figueroa, Deputy Commissioner for Finance, has assigned her staff to work with Finance staff to develop questions, answers, and updates on travel reimbursement changes. In addition, details will be worked out to provide new employees with travel reimbursement information during their orientation. Access to information on the DHHS website will be pursued. Dep. Comm. Figueroa will also communicate the importance of travel reimbursement for priority processing. Mechanisms to reduce calculation errors are being considered. Should funds not be available in some accounts, our Financial staff will review reports and potential funding sources.

"You should use no more than 4 or 5 measures for evaluating improvement or your people will not know what is really important in a change that has been made."

- Kenneth E. Kirby, Associate Professor, Department of Industrial Engineering, University of Tennessee



Lean Intervention Highlights

➤ HETL — Microbiology Lab Process Improvement

Sponsor: Jack Krueger
Manager: Ken Pote

The Microbiology Lab completed their Value Stream Mapping work in early January. Its Implementation Plan identified many opportunities for improvement that are currently being worked upon. Improvement opportunities include a Lead time change from @ 3,000 to 13 minutes.

Status: 😊

➤ Pervasive Developmental Disorders (PDD) System Design & Improvement

Sponsors: Sabra Burdick & David Stockford
Managers: Community - Nancy Intrieri-Cronin
State of Maine - TBA

On October 27, 2006, a broadly representative community, family member, and State team began meeting to create a plan that, when implemented, will coordinate and improve the multiple systems of care to meet the needs of individuals with PDD.

Additional input from persons with PDD, other families, as well as medical, public safety, and housing professionals was also sought and obtained.

The October session identified the needs of persons diagnosed with PDD and their families. Following sessions have identified the current situation of PDD service systems in the state and identified gaps. The work of this team forms the basis for the next mandated, periodic report to the State Legislature.

Status: 😊 The team continues to meet & is identifying needed changes/improvements.

➤ Adoption Services Process Improvement

Sponsors: James Beougher
Manager: Virginia Marriner

The adapted design of this intervention included conducting a Current State mapping session in each of the eight District Offices throughout June and July, 2006. These 8 maps were brought together by a representative department-wide AS team on July 25th into a common statewide current state. The following day, the team went on to develop the new, standardized AS future process. By early August, the team produced its implementation plan. Process improvements include:

- Shorter time to permanency.
- Standardization of procedures/practice.
- Combining of steps in the new process.
- Elimination of some steps.
- Different ways of approaching challenges.

Status: 😊 Follow-up sessions by the Manager occurred in October, December, and February. Work continues on implementing recommendations.

➤ Brain Injury Services Process Design & Improvement

Sponsor:
Manager:

A work session was facilitated by Muriel and Nancy on transferring Brain Injury Services from the Office of Elder Services to the Office of Physical and Cognitive Disabilities. This was interesting work in that we had to adapt our VSM process to meet the sponsor's requirements.

Status: 😊 State Program Manager hired !

"Lean is about constant ticking, not occasional kicking."

- Alex Miller, Professor of Management, University of Tennessee



Office of Lean Management, DHHS
47 Independence Drive
Greenlaw Bldg. , Grnd. Floor, Room 6
Augusta, Maine 04333-0011

Phone: 207-287-4307

Fax: 207-287-2265

OLM/BTC Staff:

Walter E. Lowell, Ed.D. CPHQ,
Director

Phone: 207-287-4307

walter.lowell@maine.gov

Julita Klavins, M.S.W.

Phone: 207-287-4217

The primary purpose of the *Bend the Curve* Team is to provide support, consultation, assistance, and leadership in process and other improvement approaches and activities for State staff and work teams as they seek to continually improve their work culture, procedures, processes, and environments – in order to meet the mission of the department and the expectations of Maine citizens.

We're on the Web !

<http://inet.state.me.us/dhhs/bendthecurve>

CIP DOP 1-4 Not Yet Re-Scheduled

The week-long CI-P introductory training scheduled for 2/26 - 3/2/07 has been postponed. However, keep in mind that you are always a critical part of the CIP recruitment process because you're in a position to identify and encourage staff who have expressed interest and/or who you think would be effective CIPs. Nominations from the supervisors (whose support is required) are sent to Walter and/or Arthur. FYI, the CIP "job" description is on the DHHS *BTC* Web site. Remember, too, you can get a head start on also playing an important role at the DOP itself by volunteering to present and/or facilitate specific learning/practice segments.

BTC Continuous Improvement Practitioners: Intervention Facilitation Status

DHHS		DOL		DAFS	
Kate D. Carnes	L	Jorge A. Acero	O	Rae-Ann Brann	L
Nancy Desisto	L	Michael T. Brooker	CL	Wendy Christian	O
Jane French	L	Stephen C. Crate	IA	Alicia Kellogg	C
James Fussell	L	Arthur S. Davis	C	Michaela T. Loisel	L
Rebecca S. Greene	L	Merle A. Davis	L	Sam McKeeman	IA
Kimberly Johnson	C	Peter D. Diplock	O		
Lita Klavins	L	Anita C. Dunham	IA		
Don Lemieux	C	Karen D. Fraser	L		
Muriel Littlefield	L	Timothy J. Griffin	L		
Walter Lowell	L	Lyndon R. Hamm	CL	DOT	
Jack Nicholas*	O	Matthew K. Kruk	O	Michael Burns	O
Ann O'Brien	L	Billy J. Ladd	CL	Jeffrey Naum	O
Cheryl Ring	CL	James J. McManus	CL	Robert Slocum	O
Terry Sandusky	L	Bruce H. Prindall	L		
Jeffrey Shapiro	IA	John L. Rioux	L	DEP	
Clough Toppan	CL	Sheryl J. Smith	L	Carmel A. Rubin	IA
		Dave Welch	L		
* Community CI-P	IA - Inactive	C - "Champion of Lean"			
O - Observer	CL - Co-Lead	L - Lead			