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		11-216 days		2-51 days				
 84% reduction in wait time 76%-82% reduction in total process time 								

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.

	SC	OPE
	•	Starting point: List of potential
		cases is reported to birth defects
ſ		program.
ta		Ending point: Nurse reviews
		confirmed cases and flags as
SS.		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

	Before Kaizen 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



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