Department of Education

Improving the CME Accreditation and Implementation Process Through "Lean" Methodology

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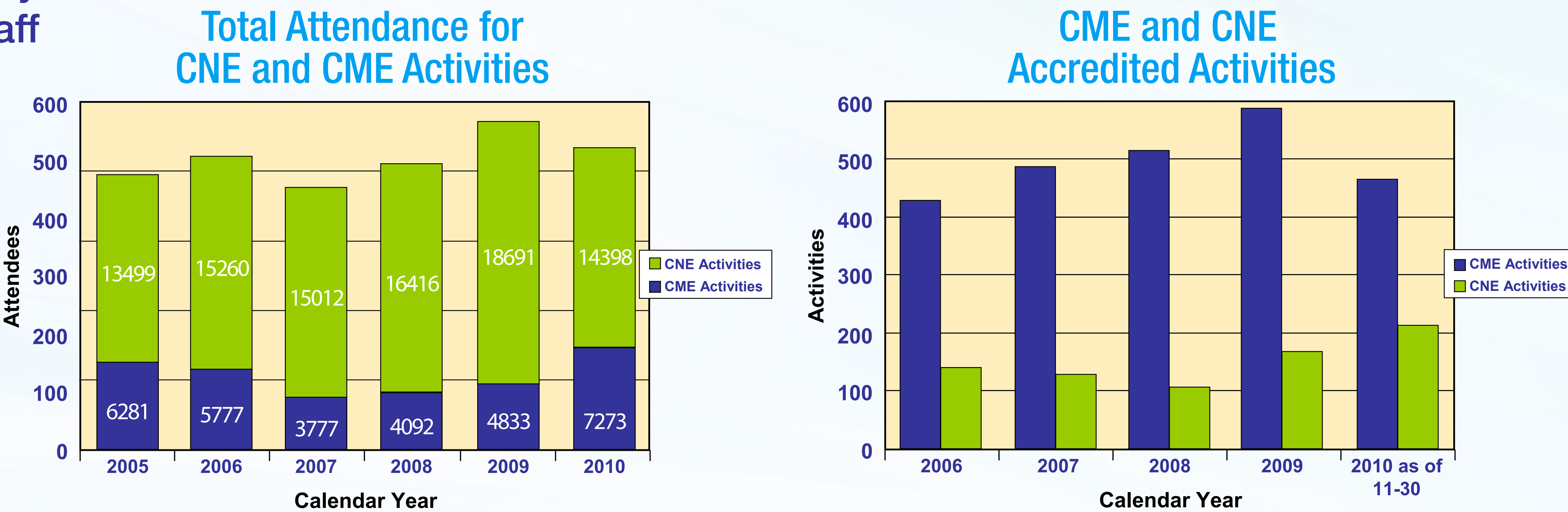
CURRENT STATE

Background:
- 3 hospital network of health care delivery
- 6000 + clinicians, 4000+ non-clinical staff
- 696 CE events per year

Problem:
- Backlog of project requests
- Delayed CE approval process
- Customers dissatisfied

Goal/Target State:
- Define a clear, streamlined process
- Incorporate Standard Work
- Decrease CE request turn-around time
- Improve event registration efficiency

Total Attendance for CNE and CME Activities

(Attendees by Calendar Year — CNE Activities / CME Activities)
- 2005: 13499 / 6281
- 2006: 15260 / 5777
- 2007: 15012 / 3777
- 2008: 16416 / 4092
- 2009: 18691 / 4833
- 2010: 14398 / 7273

CME and CNE Accredited Activities (by Calendar Year, CME Activities / CNE Activities)
- 2006, 2007, 2008, 2009, 2010 as of 11-30

OBJECTIVES
- Describe the Lean concepts employed for process and performance improvement
- Determine countermeasures to eliminate waste and improve the CME planning process
- Identify "outside" processes and departments that affect the CME department and approval process
- Develop Standard Work to streamline the CME approval and implementation process

INCORPORATION OF LEAN TOOLS AND METHODOLOGY

Rapid Improvement Event (Brainstorming):
- Invited various participants (CE, Marketing, Research, Quality Improvement, Clinicians, Nursing Education)
- Identified current state, problems, reason for action, target state
- Utilized Lean tools to identify and remove waste
  - **Process Map –** Visualize steps in the process and identify non-value added effort
  - **A3 -** Template used to identify current state, problems, reason for action, target state
  - **Communication Circle -** Visually identify communication channels and team hand-offs
  - **Root Cause Analysis -** Exploration of underlying problems using 'The 5 WHYs'
  - **Experiments -** Pilot appropriate counter-measures, track data around outcome improvements
  - **Standard Work -** A simple written description of the highest quality and most efficient way to execute a particular process or task
  - **Plan, Do, Check, Act (P.D.C.A) -** A four-step model for carrying out change used as a continuous improvement model

GAP ANALYSIS *What is the Root Cause(s) of the problem?*
- Project requests and expedited escalations don't follow Standard Work around intake & scoping process
- No Standard Work around CE approval process
- Planning teams lack knowledge of CE criteria
- Expectation of CE team turn-around time unrealistic
- Delays introduced by submission of incomplete/incorrect applications, disclosures & presentations
- Processes extraneous to CE accreditation drain limited CE team resources

METHODS/COUNTERMEASURES EMPLOYED:

Standardized Request Intake and Scoping Processes
- Created process map and eliminated waste
- Documented all Standard Work
- Channeled all requests through the CE intranet page
- Immediately logged all new requests
- Scoped all new requests using lean A3 template

Tightened Connections Within the CE Approval Process Stream
- Clarified approval requirements
- Cross-trained CE team members
- Shared Lean tools with planning teams
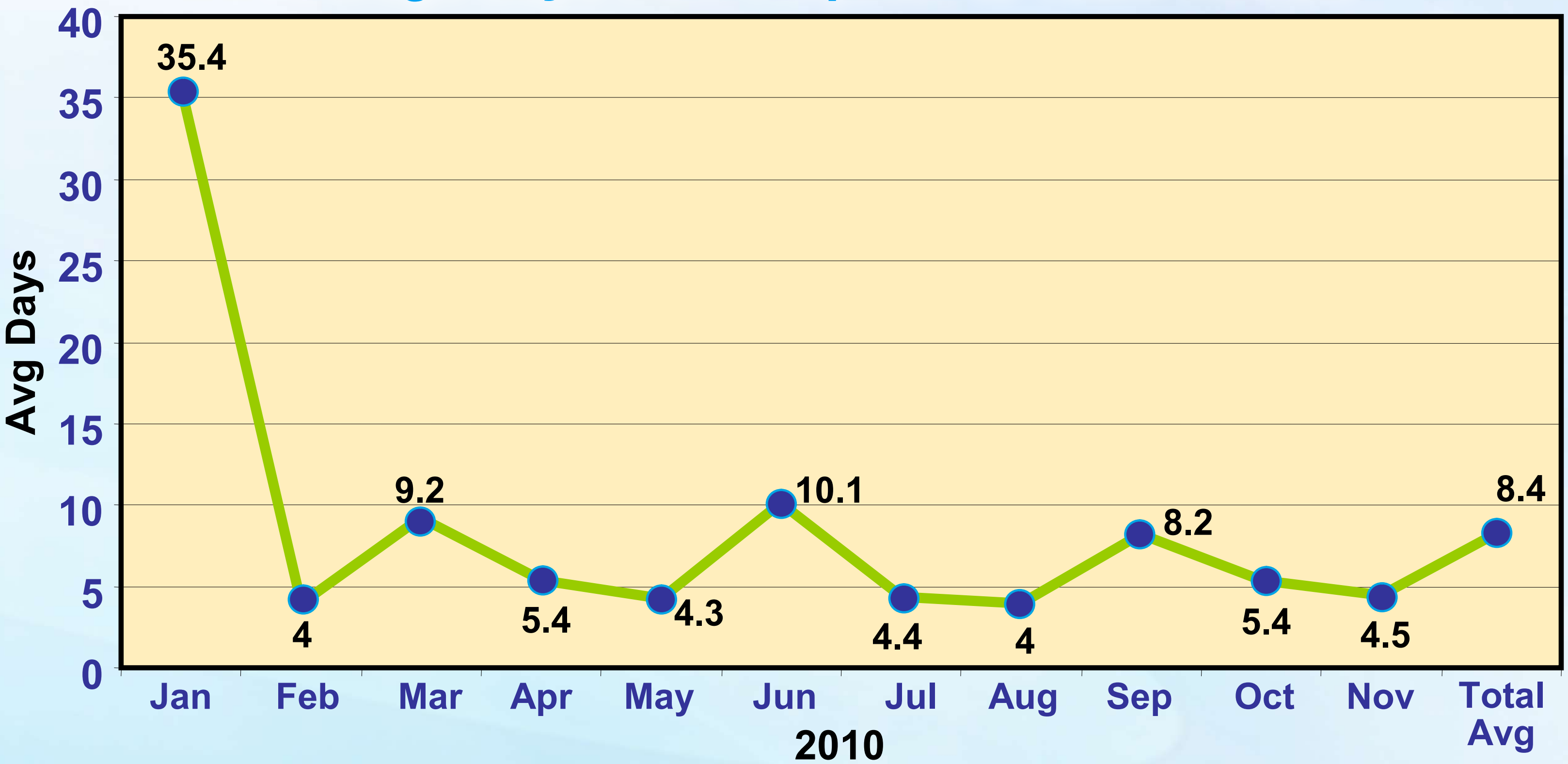- Built stronger collaborations across teams

Streamlined Interactions with Other Departments
- Documented a Communication Circle
- Created cleaner hand-offs
- Established single points of contact to manage communications across departments
- Documented a Roles and Responsibility Matrix
- Ensured better coordination of project timelines

Executed PDCA on an On-Going Basis
- Prompt on-going continuous process improvements
- Treat Standard Work as a living document

(PLAN – DO – CHECK – ACT cycle)

Average Days from Request to Team Review

(Avg Days by month, 2010)
- Jan: 35.4
- Feb: 4
- Mar: 9.2
- Apr: 5.4
- May: 4.3
- Jun: 10.1
- Jul: 4.4
- Aug: 4
- Sep: 8.2
- Oct: 5.4
- Nov: 4.5
- Total Avg: 8.4

OUTCOMES
- Time from receipt of CE event request to approval of CE credit decreased from 35.4 average days to 8.4 average days.
- Communication problems decreased
- Incomplete applications decreased
- Incorrect documentation decreased
- Increased knowledge and competence of Continuing Education Staff

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