



Oklahoma State Department of Health
Creating a State of Health

Health Facility Plan Review Process Improvement Team Executive Summary

March 25, 2016

The Health Facility Plan Review Process Improvement Team held their tenth meeting on March 25, 2016. Present were Ryan Bader, David Foss, Danny Coates, Lee Martin, Craig Jones, Karen Rieger, Hank Hartsell, Brian Guenther, Susan Walker, Don Maisch, Kiersten Hamill, Terri Cook, Darlene Simmons, Alexandria Hart-Smith, Naresh Bhandari, David Wright, Todd Schuster, Jon Mercer, Brian Connor, Lawanna Halstead, Patrick Gaines, Ginger Thompson, Lisa Hoy and Crystal Rushing.

The team reviewed the November 13, 2015 executive summary and recapped the project to date.

- The group reviewed the new aim statement and discussed if any changes need to be made. The majority agreed to keep the original aim statement and scratch the new aim statement.

Data Updates:

- Henry Hartsell gave an update on compliance with the 45 day review time frame.
- The group celebrated: From 7/1/2015 to 3/18/2016, only 2 of 49 (4%) of functional programs submitted were disapproved.

Team members reviewed additional consideration of solutions developed on November 13, 2015:

- A prioritization tool was distributed to committee members that show how the plan review backlog will be prioritized.
- Kiersten Hamill and Kari Holder have joined PHS staff as legal research assistants to assist in the developing of educational materials and program templates.
- Medical Facilities has added 2 architects and 1 clinical surveyor.

Considered lessons learned and future directions:

- Collaboration - Internal and Customers
- Importance of continuing communication - being heard and sharing information
- Process is coming full circle
- Communication could be better from OSDH on changes and why (enforcement)
- Important to vet changes by people affected - internal & external
- Difficult to get clinical folks to understand statute
- Organizations that have consistent people involved in projects have advantage
- Has to be a merging of clinical & architectural
- Importance of skilled manpower
- Disconnect from "top" and what's happening here - a lack of understanding - lack of appreciation



- Learning to understand the challenges of differing clients

New Barriers and Critical Questions:

- What can we do to increase accuracy and information on the functional program?
- What is the data of average days for approval of the project (added to next steps)?
- How can we integrate template information to make it easier to review?
- What is the process to change 667? How do you apply for CMS waivers?

Next steps include:

- Add data chart for FP and stage 1 submitted together verses separately to compare approval times.
- Add data chart to show workload that is coming in.
- Report on personnel issues.

ORIGINAL AIM Statement: An opportunity exists to ensure the Oklahoma State Department of Health implements clear, reasonable and timely management practices for construction and plan reviews for hospitals and other health facilities in compliance with applicable state and federal laws and rules and up-to-date guidelines. This effort should decrease the time required to complete approvals of plans and construction projects, moving from the current “sample” means days, to a 15% reduction by December 31, 2015. This is important to work on immediately because timely plan reviews and inspections give health facilities important information needed to achieve and maintain compliance with construction and review standards. Timely reviews and inspections have the potential to affect patient health and safety, to ensure compliance with building and safety codes, to improve the efficiency and cost-effectiveness of state government services, and to reduce compliance costs for health facilities. The baseline is measured as the mean number of days at the four major stages of the plan review process.
Data Set reports.