Oklahoma State Department of Health
Creating a State of Health

Health Facility Plan Review Process Improvement Team
Executive Summary
September 11, 2015

The Health Facility Plan Review Process Improvement Team held their seventh meeting on August 10, 2015. Present were Jodi Simmons, Jon Mercer, David Wright, Evan Norton, Darlene Simmons, Connie McFarland, Dwayne Robinett, Neal Birchum, Brian Guenther, Roger Knak, Terri Cook, Val Schott, Kyle Nondorf, Danny Coats, David Foss, Henry Hartsell, Lee Martin, Libby Scott, Elizabeth Tyrell, Neal Birchum, LaWanna Halstead, Craig Jones, John Larson, Todd Schuster, Russell Ramzel, Don Maisch, Ginger Thompson, Lisa Hill, and Crystal Rushing.

Evan Norton presented the updated process map, which clarified some of the process steps, added rejection rates for functional programs and Stage 1 plans, and added baseline processing data. The team agreed to notate when the baseline data were collected, add a data table, and develop a separate map for long-term care facility projects. OSDH will post the maps on the OSDH Health Facilities Plan Review Internet site and printed copies will be available when final.

The team reviewed the sources of waste and failure identified at the August 10 meeting. The team divided into four groups to prioritize the sources of waste. After discussion of the results of the four groups' priorities, the team agreed to focus on the waste in the Stage 1 plan approval process.   The functional program process came in a close second, but recent improvements in processing times and the development of the functional program templates prompted most of the members to focus on Stage 1. After further group and team discussions, the most important causes of waste in the Stage 1 process were identified as:
- Inconsistent interpretation of codes/lack of understanding of requirements;
- Lack of trained competent OSDH staff;
- The backlog of projects; and
- The high rejection rate of Stage 1 plans.

David Foss presented the results of his pilot of the functional program template. Overall, his experience was positive: the guidance was concise and Mr. Foss was able to send the forms to his facility's clinical staff for input and completion. Mr. Foss made these suggestions for improvement:
- Emphasize items that are more often problems for facilities;
- Reduce the duplicate entry of general requirements on the multiple forms;
- Provide more guidance on the meaning and effect of the "NA" response on the outpatient and imaging templates; and
- Identify whether the functional program was reviewed with the Stage 1 drawings.

The team agreed to incorporate Mr. Foss's suggestions and to clarify the pilot process for joint review of functional programs and Stage 1 plan submittals. Lee Martin will serve as the OSDH champion for the pilot project. The pilot is limited to four projects being submitted by: David

Foss; Dwayne Robinette and Ryan Bader; Kyle Nondorf; and Val Schott. These four will email Lee Martin with the name and description of their projects, so that the projects can be singled out for handling as pilots. Mr. Martin will coordinate with OSDH staff to work through the joint review of functional programs and Stage 1 plans, and clarify the steps and communications needed to implement the new process. The team intends to finalize the template and joint review process at the next meeting to enable other facilities to use the templates and process in the next 30 days or so.

The team discussed the frequently asked questions document, and focused on this question: What constitutes surgery? The OSDH proposal was to defer to a facility's medical staff and governing body on the types of procedures to be considered surgery, but the team agreed that the more important problem is determining the appropriate environment, such as the operating room, procedure room, or examination room. The team raised other important issues including pain injections and the use anesthesia. OSDH staff agreed to develop an answer to the question: What constitutes surgery and where can it be performed?

A customer service survey was reviewed and suggestions were made for improvements, including adding "NA" to licensure items, eliminating duplicate questions, and clarifying how the survey will be distributed. Ginger Thompson invited the team to send any additional comments to OSDH staff, i.e., Henry Hartsell.

The team discussed the problem of having multiple codes, as well as the adoption of the 2012 NFPA code by the Centers for Medicare and Medicaid Services, perhaps in 2016, with as-yet undetermined modifications by CMS. The team discussed the possibility of OSDH providing shared written documentation from CMS, or adopting Facility Guidelines Institute interpretations. OSDH staff said there is a process for adopting interpretations and rulings before an administrative law judge. OSDH agreed to explore the adoption process for the next meeting.

In addition to the actions and clarifications noted above, the team agreed on needed data:
- The total number of hours needed to clear the backlog on stage 1;
- The number and types of projects that constitute the backlog;
- The Stage 1 failure points in priority order, by number of occurrences;
- The baseline number of rejections in Stage 1;
- Hours of available OSDH work output (FTEs by categories of work);
- Current average review time for Stage 1 plans; and
- Some measure of inconsistency, perhaps through the customer satisfaction survey.

The next meeting is proposed for October 16, 2015.