



Oklahoma State Department of Health
Creating a State of Health

Health Facility Plan Review Process Improvement Team Executive Summary October 16, 2015

The Health Facility Plan Review Process Improvement Team held their eighth meeting on October 16, 2015. Present were Patricia Rogers, Lee Martin, Neal Birchum, LaWanna Halstead, Jon Mercer, Terri Cook, Tracy Bishop, Jodi Simmons, Craig Jones, Connie McFarland, Kelly Hardin, David Wright, Todd Schuster, John Larson, Roger Knak, Russell Ramzel, Val Schott, Henry Hartsell, Ginger Thompson, Lisa Hill, and Crystal Rushing.

Highlights of the meeting included reaching consensus agreement to:

- Develop a prioritization protocol for reviews of Stage 1 plans by the Oklahoma State Department of Health (OSDH);
- Move forward with the combined reviews of functional programs and Stage 1 plans;
- Simplify the periodic data report to focus on processing speed, rejection rates, and aging of submittals for functional programs and Stage 1 and 2 plans; and
- Post the optional functional program templates on the OSDH web site by November 1, with instructions and encouragement to file functional programs and Stage 1 plans together.

To start the meeting, Ginger Thompson recapped the project to date, noting that the group now is focusing on the "loops" or waste in the review process, testing the functional program templates, and testing the practice of the OSDH issuing comments instead of disapprovals.

The group reviewed data updates including the staffing pattern for the plan review unit, hours of production and workload demands, and the budget for State Fiscal Year 2016. The backlog of Stage 1 plan reviews stands at 7 projects, and an estimated 220 hours of architect staff time is needed to resolve it. There is no backlog of functional program reviews. OSDH projections indicate current staffing, plus one authorized architect vacancy and one pending functional-reviewer position, would be sufficient to accomplish the expected workload when the backlog is cleared. The budget for SFY2016 indicates that available funding is sufficient to support the projected level of staffing without additional appropriations or fees.

The group revisited the waste and failure points identified on September 11 and agreed to focus on these three:

- The backlog of projects;
- The high disapproval rate for Stage 1 plans; and
- Inconsistent interpretation of codes (or rules)/lack of understanding.

Each of the subgroups selected one of the areas of waste, performed root-cause analysis, generated solutions, and scored the solutions based on agreed-upon criteria.

The subgroup addressing the projects backlog recommended developing a prioritization protocol for reviewing plan submittals. The subgroup identified this solution as low in cost and



manpower requirements, and low in time required to implement. They noted the potential benefit of identifying additional efficiencies and time-savings in the review process.

The subgroup working on the high rate of disapprovals recommended combining the OSDH reviews of functional programs and Stage 1 plans into one phase. They scored this solution as low-cost, high-impact, and moderate in time required to implement.

The subgroup working on inconsistent interpretations recommended that OSDH should reject plans that are submitted inappropriately. They scored this solution as high in impact, and low in both time and manpower to implement. After a brief discussion with the larger group about potential adverse effects on relationships between facilities and the OSDH, the group agreed to give this solution more consideration before moving to implementation.

Following this discussion, OSDH agreed to draft a prioritization protocol for plan reviews and to combine functional program and Stage 1 plan reviews.

The group reviewed data on processing times for functional programs and plan submittals. For the calendar year through September 2015, processing times had decreased for most steps in the review process except for the initial review of functional programs, which increased by one day on average since the August 2015 report. Disapprovals of functional programs remained high – only 30 of 104, or 29%, of functional programs were approved upon the first submittal. Similarly, 14 of 87, or 16%, of Stage 1 plans were approved upon the first submittal. The group agreed to simplify the periodic report to focus on trends in approval times for functional programs and Stage 1 and 2 plans, approval rates for those same categories, and measures of the aging of pending programs and plans. The group also requested breakdowns of the approvals by dollar amounts of the proposals –\$1 Million was suggested as the breakpoint.

The group reviewed the most common reasons for disapproval of Stage 1 plan submittals, which include:

- Outpatient service requirements were not met;
- Spaces were identified in the functional program but not drawn and identified on plans;
- The functional program was inconsistent with the plan, or an item on the plan was not referenced or identified in the functional program; and
- Imaging suite requirements were not met.

The updated swim lane process maps were reviewed briefly. A separate map was created for nursing facility projects.

After discussion of the optional functional program templates, the group agreed to move forward with posting of the templates by November 1. This will be a work in progress with modifications made as needed to update the templates periodically.

The next meeting is set for November 13, 2015.