Process Improvement

Dr. Oliver manages teams to improve processes so they truly achieve better results at lower cost. Dr. Oliver has demonstrated over the years that focusing on "the report" gets you only part-way to improvement. Pasting "change management" onto the end of an assessment is often too little too late. Dr. Oliver has demonstrated that hands-on data collection, focus groups and self-documenting methods during the process assessment are crucial to later implementation. Dr. Oliver has also demonstrated that hard data is important to process improvement. Dr. Oliver has developed a unique application of Monte Carlo simulation and graphic modelling. This allows his teams to document process costs then simulate the benefit of solution options. In addition, Dr. Oliver has helped client after client develop meaningful balanced scorecards to monitor the impact of process improvement. Dr. Oliver has demonstrated these approaches in healthcare and government services as well as with Fortune 500 companies.

Texas Child Protective Services – Texas is a big state. The Department of Family and Protective Services called on Dr. Oliver to improve the processes of Child Protective Services. The data collection process included using the "brown paper" method to document current process in all 13 regions and for each of the major categories of process statewide. Each region selected one of more offices to participate in the documentation. Each office participated in a 3 or 5-day documentation exercise, depending on the size of the office. The office brought together 8-12 individuals representing workers and supervisors. Dr. Oliver's team trained the local focus group in process documentation, then documented: inputs, process and outputs. Each process and decision was assessed for bottlenecks, duplication, errors, wait times.

Following the documentation, each office took time to identify process issues, root causes and potential solutions. Drawing on the dozens of offices, Dr. Oliver's team developed an overall assessment. This identified issues with training, management, quality control, the decision process, systems, organization and a silo mentality. It identified best practices internal to the agency as well as comparing Texas process to the practices in other states. The outcome was a set of process improvements as part of "CPS Transformation" a major program approved specifically by the Texas legislature. Main components of the process improvement include:

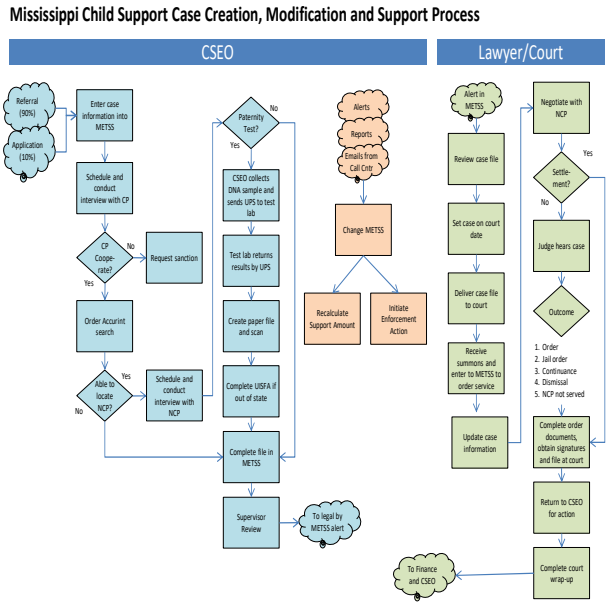
- Designing and implementing an improved decision making system. Under the old process 21-year-olds were making decisions about removing children or placing them in foster homes with little formal process. Under the new process, case workers have a formal set of decision rules—which helps them with the judgement required by each case
- Training fundamentally shifted from classroom to in the field. CPS found that many young case workers were not ready after training. No wonder, they spend the first 13 weeks with the

agency in a classroom. Now, new case workers partner with field trainers and mentors to learn the case process where it actually happens.

- Process development and distribution is fundamentally redesigned. In the past, new process was written without much field involvement, then "cascaded" through layers of management. As a result, front-line workers were often unaware of policy or did not know how to apply it. A whole new policy process collapsed out years of duplicate and conflicting policy. The new policy process also greatly reduces the need for formal policy documents. The new process provides better direct communication between policy experts and the field.
- Field IT proved to detract rather than improve the case process. As part of transformation, CPS revised the approach to laptops, printers, WIFI access, phones and other technology supporting the case worker
- Silos had developed between offices and between the investigation, foster care and adoptions parts of CPS. In addition, there had developed a mutual distrust and lack of communication between field offices and Austin. New communication accompanied a major thrust in improving management skills.

A year after the assessment report, CPS is still working on its Transformation. Of all the metrics, the Commissioner uses to assess the change, one he is happiest about is a dramatic reduction in case workers leaving within a year of hiring. More experienced workers will deliver better services to Texas' most at-risk children.

Mississippi Department of Human Services – Mississippi's Child Protective Services serves the needs of families claiming child support, through 100 offices statewide. Through a series of processes, case workers and attorneys established claims, supported court hearings, collected monthly support payments and chased "dead beat dads" not making timely payments. Owing in part to old systems, the state had been penalized for missing minimum federal performance requirements. Dr. Oliver was asked to help improve processes. Using the "brown paper" process documentation method, Dr. Oliver's team spread out across the state, documenting process in 12 offices representing each of the regions. These offices ranged in size from 1 person to 25. As part of improving process, the Agency also needed to respond to a state audit report that the Agency lacked any information about the costs of processes.



Unfortunately, as is the case with many organizations, case workers performed several functions during the day—short of a time and motion study it seemed impossible to account for how much time they spend on a process. In addition to documenting process in classic "box and wire" format, Dr. Oliver's team collected estimates of the range of time for each process step and the frequency for each track at a decision point. This enabled Dr. Oliver's team to develop a Monte Carlo simulation of each process at each office. This not only provided an estimate of the cost of each

process at each office, it provided a comfort range, reflecting the variation in time for process steps and at decision points.

Pennsylvania Office of Income Maintenance – Leadership had been working with a big accounting firm for years to design, develop and implement a new "model office." Yet, nothing was happening. Dr. Oliver's team turned the situation around and got the organization working together toward successful implementation. The support started with a facilitated planning session at which sub-groups reported the issues and status of various aspects of model office. Then, Dr. Oliver's team supported 6 initiatives to jump-start the Agency toward the new approach. One of the teams reviewed communications with beneficiaries. They found massive documents with tiny print, which were written in a manner that no one other than a lawyer could understand. Another stream of activity looked at current processes. They found it took 100 steps to work a typically application, only a third of them were supported by the computer system. In another stream the Agency considered the call center. In a survey of caseworkers' activity, Dr. Oliver found that case workers averaged 25 minutes per hour on the phone—mostly answering simple questions from applicants. Many times the applicants were asking for a status report, on an application the case worker had not had time to complete because of the time consumed by the phone.[1] Dr. Oliver arranged that the teams would hold a "brown paper fair" in the lobby of one of the legislative buildings. Managers from around the state converged to discuss how to improve the processes, while reviewing over 1,000 square feet of process maps. While this was going on, the general public could watch the process—gaining an appreciation for how the agency was working to improve.

Missouri Department of Social Services – The South Carolina eligibility workers had been through this before. They were convinced that Dr. Oliver's project was just another in a series of management efforts to make them work harder—without respecting the challenges they actually face in the field. At the beginning of one brown paper session one member of the local office (who turned out to be a union shop foreman) stood up and tried to derail the whole process.

Dr. Oliver's team worked with the local office manager to calm the boisterous individual down; he agreed to participate in the process. Dr. Oliver then applied the "brown paper" process successfully—obtaining input on process, issues, root causes and opportunities for improvement. Dr. Oliver's team employed Monte Carlo simulation to develop models of each office's processes. Using a graphical modelling software tool, Dr. Oliver's team was able test different solution ideas and demonstrate the expected improvement from each.

In the end, the offices were so delighted with the solutions that they developed collaborating with Dr. Oliver and his team, that they asked to be allowed to present the project findings to Department leadership themselves. Of course, Dr. Oliver and Agency leadership approved. The enthusiasm with which the rank-in-file brought the recommendations demonstrated that implementation would not be a battle.

St. Vincent Hospital, Indianapolis – St. Vincent needed help. It competed with another strong tertiary hospital in the Indianapolis area, and margins were turning negative. Dr. Oliver was part of a team that considered the "business" and clinical sides of the Hospital; Dr. Oliver managed the team addressing the

[1] This was described in "Unlocking the Power of Networks: Keys to High-Performance Government" edited by Stephen Goldsmith, Donald F. Kettl, Kennedy School of Government, Brookings Institution Press, 2009. See page 106

clinical side. Dr. Oliver's teams found methods of improving: admissions, nursing management, Emergency Department, Operating Room and Cath Lab. Dr. Oliver's teams conducted a "brown paper fair" at which they lined the walls of the employee cafeteria with wall-sized process maps. Diners including aids and MDs added comments written on post-it notes the placed on the process maps. Dr. Oliver's team then read and analyzed thousands of substantive comments "from the field". In addition, Dr. Oliver and a physician headed a team of physicians who practiced at the hospital. This team worked to develop then build acceptance for a series of clinical pathways.[2]

BP Chemicals – Dr. Oliver was a founding member and COO of BridgeHRO. BridgeHRO offered Human Resources outsourcing services to major companies. Dr. Oliver's was the chief architect of the solution for BP Chemicals, a $6 billion chemicals company headquartered in London and Chicago. It was in the process of spinning out of BP. Dr. Oliver worked with third party data services, payroll and HR services providers and ERP software providers to develop an outsourced HR solution for BP Chemicals. This covered the employees of BP Chemicals including the US, UK, Europe and Asia. The system never went live, but was instrumental in creating the image of a company that could operate outside of the BP "mothership". This surely factored into the salability of the spin-off.

[2] Dr. Oliver's work provided a basis for some aspects of the subsequent work at Childrens Hospital in Atlanta, work that was feature positively in Dangerous Company: Management Consultants and the Businesses They Save and Ruin by O'Shea James Madigan Charles, 1999, Nicholas Brealey Publishing; 2nd revised edition