A3 8-step problem solving worksheet

Responsible person:	People Involved:	Date:
QA Staff, Supervisor, Manager, Director	County Eligibility Workers, Supervisors, Director	2/23/2021

Problem:

"Barriers within a County Office that prevent a QA process in having KPI's, Root Cause Analysis, and Continuous Improvement"

---

1 Clarify the problem (Plan)

Current situation: Within a County office there are barriers that prevent a QA process in having KPI's, Root Cause Analysis, and Continuous Improvement"

Desired situation: Arrive at a QA process that reflects QA Maturity Level 4 & 5.

2 Break down the problem (Plan)

> "Barriers within a County Office that prevent a QA process with KPI's, Root Cause Analysis, and Continuous Improvement"

- What – time to create QA Performance Measures, outdated QA review forms, create a process to analyze QA Root Causes, creating countermeasures which will adjust/impact Business Process.
- Where – Occurs within the QA process at County offices.
- When – Depending on the County, it could happen - daily, weekly, or monthly.
- Who – County Eligibility workers, Lead workers, Supervisors, QA team, Executive Leadership Team.

> "Barriers within a County Office that prevent a QA process with KPI's, Root Cause Analysis, and Continuous Improvement"

```
          |
  ┌───────┼───────┬───────┐
What?   Where?  When?   Who?
```

3 Set the target (Plan)

- Identity and remove those barriers preventing a QA process with KPI's, Root Cause Analysis, and Continuous Improvement efforts.

4 Root cause analysis (Plan)
- Reference Fish Bone Tool

- **Develop countermeasures** (Plan)
  - No QA tracking tool that supports gathering data for Performance Measurement.
  - No current process to analyze QA Root Causes, Create Countermeasures, and develop Action Plans. **–>** Create a documented QA Process to analyze Root Causes, Create Countermeasures, and develop Action Plans.
  - QA forms that do not have enough detail based off State MA Audits and capture information needed for KPI's. **→ Create new MA review form for your County.**
  - Leadership and QA Team have not created capacity to use QA data for Continuous Improvement.
  - Do not have central repository to share Performance Measurement Data.
  - Manual Process that requires a lot of movement/motion.

Causes identified in Module 2
- No staff buy-in on tool/change.
- Increase Workload.
- Having to pull QA staff for other duties.
- One person wearing too many hats
- No Time!!
- Not on the same page with priorities across teams/supervisors One person wearing too many hats
- The number of cases that need to be reviewed. There can be a lot with all programs

5 Run experiments (Action Plans) to validate countermeasures (Do)

Owner	Support People	Dates

6 Monitor results from experiments (Action Plans -Check)

8 Standardize successful countermeasures (Act)