

Improving the CME Accreditation and Implementation Process Through “Lean” Methodology


Karen Craig

Lehigh Valley Health Network, Karen_C.Craig@lvhn.org

Jane M. Grube

Lehigh Valley Health Network, Jane_M.Grube@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/education>

 Part of the [Business Administration, Management, and Operations Commons](#), [Medical Education Commons](#), and the [Organizational Behavior and Theory Commons](#)

Published In/Presented At

Alliance for Continuing Medical Education's 36th Conference, San Francisco, CA, January 25-29, 2011.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Improving the CME Accreditation and Implementation Process Through “Lean” Methodology

Karen Craig, Director of Continuing Education and eLearning
Lehigh Valley Health Network

Jane Grube, Associate Director of Continuing Education
Allentown, Pennsylvania

CURRENT STATE

Background:

- 3 hospital network of health care delivery
- 6000 + clinicians, 4000+ non-clinical staff
- 696 CE events per year

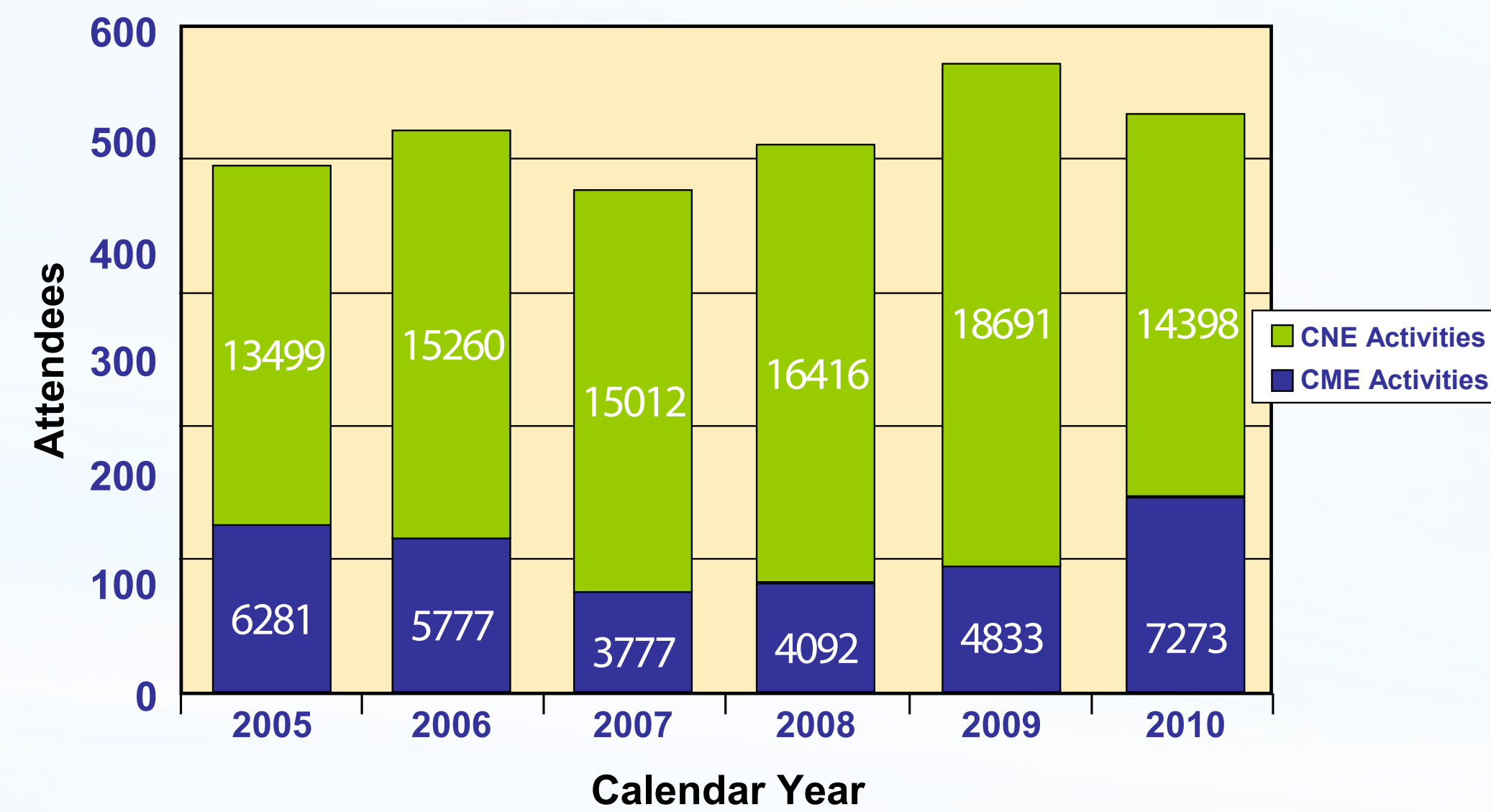
Problem:

- Backlog of project requests
- Delayed CE approval process
- Customers dissatisfied

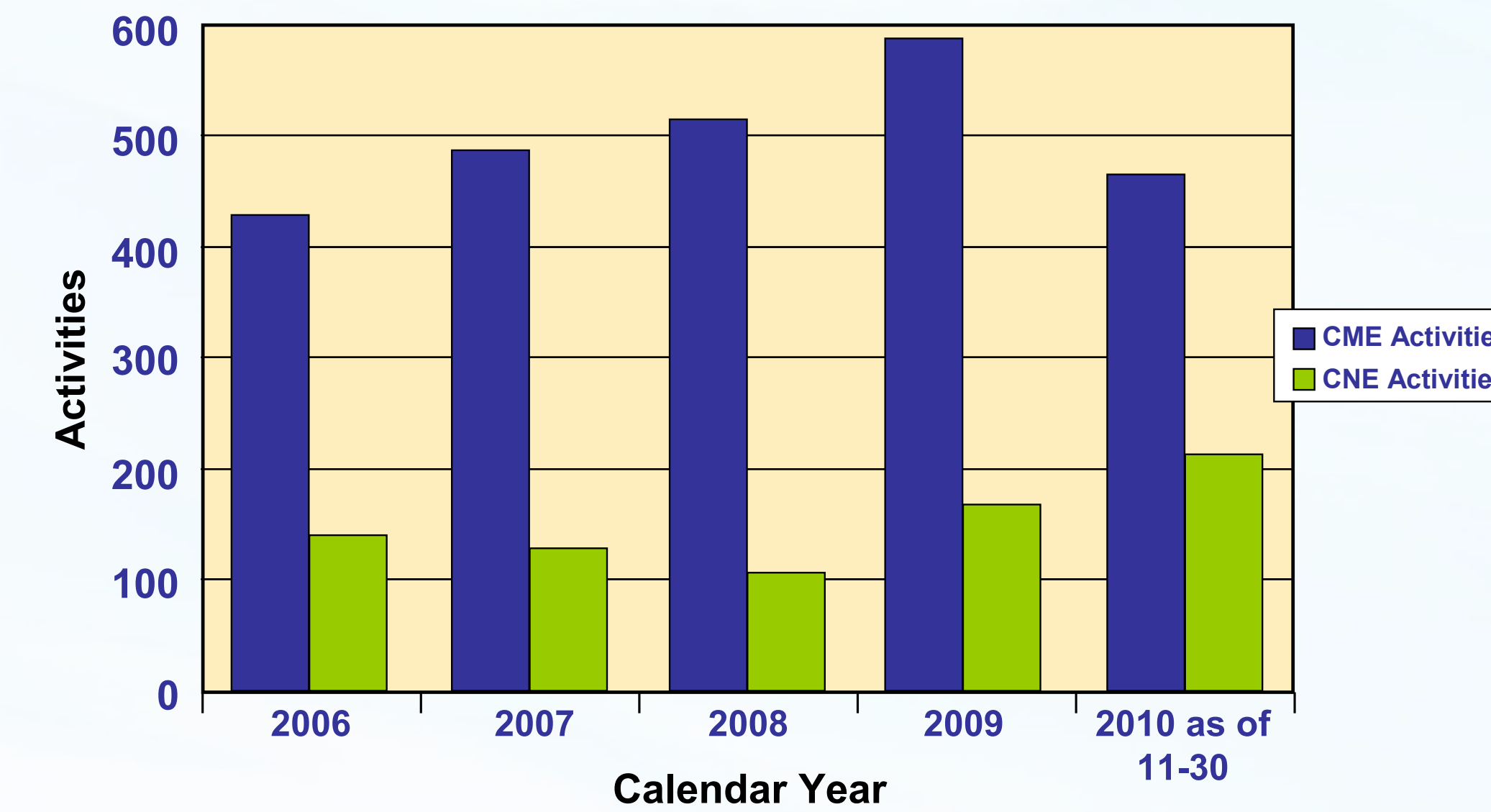
Goal/Target State:

- Define a clear, streamlined process
- Incorporate Standard Work
- Decrease CE request turn-around time
- Improve event registration efficiency

Total Attendance for CNE and CME Activities



CME and CNE Accredited Activities



OBJECTIVES

- Describe the Lean concepts employed for process and performance improvement
- Determine countermeasures to eliminate waste and improve the CME planning process
- Identify “outside” processes and departments that affect the CME department and approval process
- Develop Standard Work to streamline the CME approval and implementation process

INCORPORATION OF LEAN TOOLS AND METHODOLOGY

Rapid Improvement Event (Brainstorming):

- Invited various participants (CE, Marketing, Research, Quality Improvement, Clinicians, Nursing Education)
- Identified current state, problems, reason for action, target state
- Utilized Lean tools to identify and remove waste

Process Map – Visualize steps in the process and identify non-value added effort

A3 - Template used to identify current state, problems, reason for action, target state

Communication Circle - Visually identify communication channels and team hand-offs

Root Cause Analysis - Exploration of underlying problems using ‘The 5 WHYS’

Experiments - Pilot appropriate counter-measures, track data around outcome improvements

Standard Work - A simple written description of the highest quality and most efficient way to execute a particular process or task

Plan, Do, Check, Act (P.D.C.A) - A four-step model for carrying out change used as a continuous improvement model

GAP ANALYSIS *What is the Root Cause(s) of the problem?*

- Project requests and expedited escalations don’t follow Standard Work around intake & scoping process
- No Standard Work around CE approval process
- Planning teams lack knowledge of CE criteria
- Expectation of CE team turn-around time unrealistic
- Delays introduced by submission of incomplete/incorrect applications, disclosures & presentations
- Processes extraneous to CE accreditation drain limited CE team resources

METHODS/COUNTERMEASURES EMPLOYED:

Standardized Request Intake and Scoping Processes

- Created process map and eliminated waste
- Documented all Standard Work
- Channeled all requests through the CE intranet page
- Immediately logged all new requests
- Scoped all new requests using lean A3 template

Tightened Connections Within the CE Approval Process Stream

- Clarified approval requirements
- Cross-trained CE team members
- Shared Lean tools with planning teams
- Built stronger collaborations across teams



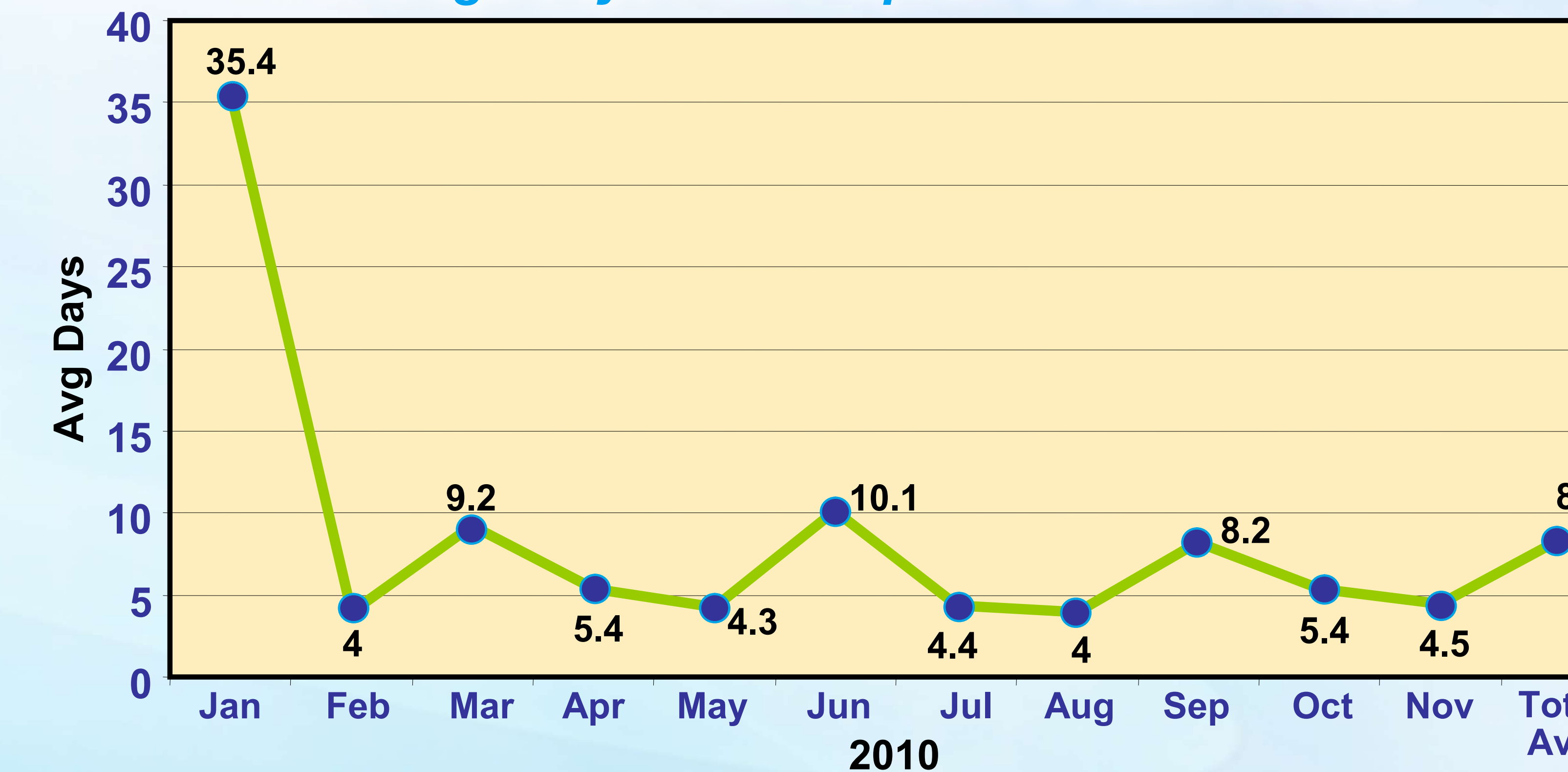
Streamlined Interactions with Other Departments

- Documented a Communication Circle
- Created cleaner hand-offs
- Established single points of contact to manage communications across departments
- Documented a Roles and Responsibility Matrix
- Ensured better coordination of project timelines

Executed PDCA on an On-Going Basis

- Prompt on-going continuous process improvements
- Treat Standard Work as a living document

Average Days from Request to Team Review



OUTCOMES

- Time from receipt of CE event request to approval of CE credit decreased from 35.4 average days to 8.4 average days.
- Communication problems decreased
- Incomplete applications decreased
- Incorrect documentation decreased
- Increased knowledge and competence of Continuing Education Staff