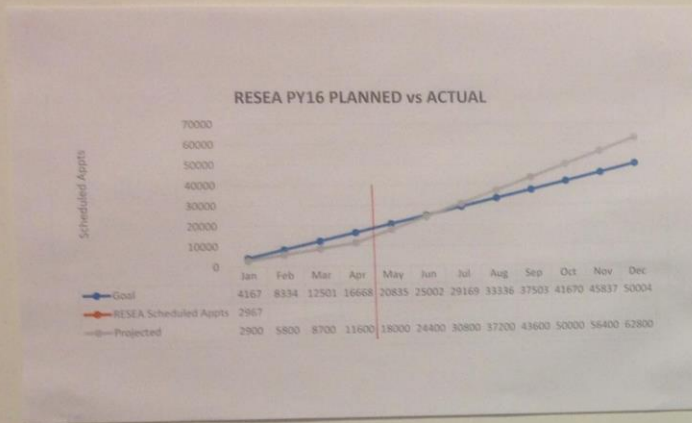


Daily Management Board

How are we performing? (Measure/Identify Gaps)	What is causing the gap? (Root Cause Analysis)	What can we do to reduce the gap? (Countermeasures)	What is the Implementation Plan? What Who When	Coordination/ Communication
<p>Operational Measures</p>				

Reemployment Services



Note: The projected number of scheduled appointments increases in May due to transition period from REA Study/RESEA to RESEA only in all offices. Last REA initial appointments scheduled on 4/25/16 for week of May 2nd. Final follow-up appointments for REA will end in June. Going forward the claimants scheduled will all be for RESEA initial appointments.

Gap (Why?)

- o IT competing priorities w/ WIT
- o Need for reports to manage program
- o No standard work
- o 40% of claimants called in – No Show

COUNTER MEASURES

- Develop central/local office performance reports
- ID methods to increase show rate to 70%
- No standard work (On hold until after March 2016 Lean event)
 - o Revise existing manual/desk aids to reflect RESEA

ACTION PLAN

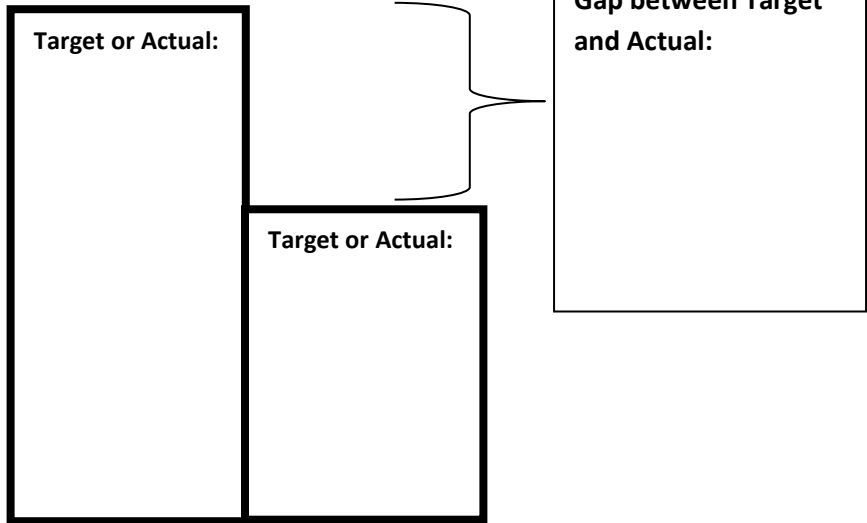
Task	Responsibility	Due Date	Status	Comments
Develop 1 st draft of RESEA handbook (standard work)	Kathryn	12/15/15	●	Draft RESEA handbook completed – On HCSL quest after March 2016 case event per Nona M.
Meet with System Perf. to develop central/local office data reports	Nona	3/1/2016	●	Meeting scheduled for 1/2/16

Four-Step Problem Solving Tool

Title and Purpose (of process): _____

Problem Statement: _____

1. Measure/Identify Gap



3. Develop Countermeasures

2. Conduct Gap Analysis/Root Cause Analysis (Fishbone or 5 Whys)

4. Create Implementation Plan and Sustain Plan

What	Who	When
Schedule weekly PDCA meetings	Leader	
Send this sheet to Director at implementation	Leader	
Send this sheet to Director at 30-60 days with graph of measures	Leader	
Send copy of this sheet to OLTQI at implementation	Director	

Organization/Division/Unit/Workgroup: _____

Sponsor: _____

Leader(s): _____

Date initiated: _____

Interviewees:

Who is directly affected? Name (department)	X	Who else should know? Might also be affected? Name (department)	X

Notes:

Daily Management Board Criteria Standard Work	Date: _____ Division: ESD
	Unit/Office/Workgroup Name: _____
Huddle Leader:	Physical address of DMB: _____
Manager:	Day & Time of Huddle at the DMB: _____
Intent: Visual Controls should do at least three things: <ul style="list-style-type: none"> • Reflect the actual vs. expected performance, pace or progression of work • Capture cause analysis on delays, interruptions, and frustrations that arise doing the work • Reflect the impact of actions taken to improve performance 	

At a minimum, to be considered a Daily Management Board, it meets the following criteria.

Diagnostic Questions - Is there evidence that, for at least one measure:		
Basic	Measures column is complete: (For articles giving example measures, see "Articles" links at Inside ESD OLTQI home page) <ul style="list-style-type: none"> • The right things are measured (for the right reason) • A trend chart is used that shows the gap between the actual (current) versus target (expected) performance over time • The charts are current and dated - as paced by rhythm of your Huddle 	Yes/No
	Gap Analysis column is complete: <ul style="list-style-type: none"> • Gap analysis (root cause analysis) has been done that accurately describes the gap in performance 	Yes/No
	Countermeasures column is complete: <ul style="list-style-type: none"> • The countermeasures are clear, specific, and actionable 	Yes/No
	Plan column is complete: <ul style="list-style-type: none"> • Assignments are given for implementing the countermeasures, with specific what, who, and when (as specific of a date as possible) • Countermeasures/improvements that have been implemented are reflected in the Improvement Inventory eForm. 	Yes/No
	Managers with workgroup are conducting Huddles at the DMB (<i>using</i> the visual controls/charts) at least once a week for 15 minutes to manage the work. Note: Managers should be first to lead these huddles to demonstrate to others how it is done.	Yes/No

Certified by: Name and Phone Number _____

Photos included