May 11, 2006

8:30-9:00  The purpose of the workshop was to provide staff directly involved in CW PaRT activities the opportunity to receive refresher or first-time formal problem solving/data analysis training and apply those techniques to CW PaRT measures. While everyone is responsible for his or her own learning, it was the hope of workshop facilitators that engaging participants in an open and participatory format would advance their understanding of the CW PaRT process while furthering their skills in working as part of a team.

9:00-9:10  OQM, PaRTs, and Sterling Overview

(See PowerPoint presentation: OQM, PaRTs, and Sterling Overview)

This segment of the workshop presented a review of the following:

- Missions of DCF and the Office of Quality Management (OQM)
- Sterling Core Values which match and support the values of DCF and serve as a framework from which to conduct business activity
- Population served by and unique components of the DCF Strategic Plan
- PaRT team membership
- Purpose of the PaRT process
- Continuous problem-solving methodology utilized in the PaRT process (The Deming Cycle):
  - Plan: Design or revise business process components to improve results
  - Do: Implement the plan and measure its performance
  - Check: Assess the measurements and report results
  - Act: Decide on changes needed to improve the process
- Progress to date related to DCF Performance Dashboard
- Effective performance management characteristics

9:10-9:30  Teams & Roles

(See PowerPoint presentation: Teams & Roles)

A review of the following items were presented:
PaRT quarterly process which includes the posting of Pages 1 and 2 on Dashboard
PaRT membership:
  ➢ Executive Sponsor: Don Winstead
  ➢ Team Leader: David Fairbanks
  ➢ Program Support
DCF Success Indicators Monthly Report and PaRT Analysis Review
Expected Results – the overall goal of the PaRT process is to improve statewide performance

9:30-10:00  TQM Overview

(Read Unit 1 in Team Leader Manual, pages 1-1 through 1-19)

Quality is defined as meeting the needs of customers and other stakeholders through the provision of products, services, and the consequences of operation (page 1-2 in Manual).

Total Quality Management (TQM) is defined as the systematic achievement of customer and stakeholder satisfaction through the coordinated actions of all employees and departments in an organization (pages 1-2 and 1-3).

The TQM system is built on four fundamental principles that should become a part of our daily routines (page 1-4):

1. Manage with facts (pages 1-5 and 1-6 in Manual)
2. P-D-C-A (Plan-Do-Check-Act) (page 1-7)
3. Respect people (pages 1-8 through 1-10)
4. Focus on customers (children and families) (pages 1-11 through 1-14)

The four preceding principles lay the foundation for the three major components of the TQM system (see TQM Triangle on page 1-16):

1. Policy management (page 1-17)
2. Performance improvement (page 1-17). It is this component that is featured in this workshop.
3. Process management (page 1-18)

10:15-11:15  QIC Story Overview

(Sunland QIC Story)
(Read Unit 3 in Team Leader Manual, pages 3-1 through 3-3)

The Quality Improvement and Control Story is a logical approach to solving problems that provides analytical consistency throughout an organization and a standard way of communicating individual/team progress and recommendations (pages 3-2 and 3-3 in Manual). There are seven steps in the QIC Story process that follow the P-D-C-A (Plan-Do-Check-Act)
cycle (see diagram on Page 3-3). Each of the seven steps has subsequent checkpoints to facilitate movement through the entire process (checkpoints are reviewed with each step throughout the workshop presentation).

The Sunland QIC Story was used to illustrate the Quality Improvement and Control process and the seven steps involved in this process.

The Project Planning Worksheet provides an outline of the completed quality improvement process implemented by Sunland Center. The worksheet begins with the theme statement (developed in Step 1: Reason for Improvement) and problem statement (developed in Step 2: Current Situation). The problem statement is the driver for the QIC process. Team members, meeting dates and times, activity timeline, and comments about how each step was done are also included.

Thereafter, each of the following steps in which the Sunland Team engaged in the 7-step QIC process is depicted in the handout:

**Reason for Improvement (Step 1)**
The line chart displays the number of Sunland Workers’ Compensation (W/C) claims during FY 97-98 with an average of 18 claims per month. The need for improvement was identified through an explanation of the impact on the customer/stakeholder and a theme statement for further examination was developed.

**Current Situation (Step 2)**
In order to investigate the theme indicator, the Sunland team stratified the W/C claims data by job classification and displayed the results in a Pareto chart which organizes data from most frequent occurrence to least frequent. Stratification revealed that 56% of W/C claims occurred within direct care staff. Although not specifically mentioned in the Sunland QIC Story, data was also stratified by department, percent of department claims, gender, work shift, body part injured, and the days of week on which injuries occurred.

**Current Situation (Step2) – Continued**
The Sunland team further stratified direct care staff W/C claims by type of injury and found that 41 (35%) were strained/pulled muscles. The team chose this as the significant problem on which to focus.

A target of 50% reduction in W/C claims was chosen. The impact of the target on the theme indicator was described and the following problem statement was developed:

**Problem Statement:** 41 direct care staff claims for FY 97/98 at Sunland involved strained/pulled muscles. With a targeted 50% reduction, there is a gap of 20 W/C claims that can be reduced.

**Analysis (Step 3)**
During Step 3, the Sunland team engaged in a cause and effect analysis in a first effort to identify possible reasons for the problem of excessive strained/pulled muscles among direct care staff.
resulting in claims. The team then developed a Cause & Effect diagram (also known as a Fishbone diagram) to illustrate potential root causes, marked as A, B, C, and D on the diagram:

- A – No P&N refresher training available
- B – No formal safety recognition program
- C – No operating procedure which requires supervisor’s investigation at time of injury
- D – No formal system for management investigations

Analysis (Step 3) – Continued
The Sunland team used the following various methods to verify the four chosen root causes:

- Potential Root Cause A – Chi-square analysis
- Potential Root Cause B – Review of: injury reports, Safety Committee practices, current operating procedures, and safety recognition programs of other facilities; and interviews with supervisors and other management staff
- Potential Root Causes C & D – Process map analysis (a flow chart of the claim reporting process) and discussions with supervisors

Countermeasures (Step 4)
After verifying root causes with data, the Sunland team brainstormed ideas for countermeasures for each of the four verified root causes, and a Countermeasures Matrix was completed. The team rated the effectiveness and feasibility of each countermeasure (see Countermeasure Matrix on page 5-13 in the Manual) and six countermeasures were subsequently chosen based on those ratings.

Countermeasures (Step 4) – Continued
The Sunland team identified barriers and aids for each countermeasure; each barrier should be offset by at least one aid.

Countermeasures (Step 4) – Continued
A Costs-Benefit Analysis was then conducted by the Sunland team to determine the financial feasibility of implementing the identified countermeasures. This analysis revealed that the value of the benefits ($110,343) far outweighed the cost ($1,200) of implementation.

Countermeasures (Step 4) – Continued
The Sunland team then developed a specific and realistic Action Plan detailing how each countermeasure would be implemented, the individual responsible, and a timeline of proposed completion dates (actual completion dates are filled in subsequently).

Results (Step 5)
After three months, the Sunland team examined the effect of the countermeasures on the root cause and demonstrated through the use of a line chart that W/C claims had been reduced from an average of 18 claims per month to an average of 5 claims per month.
Additionally, direct care staff W/C claims for strained/pulled muscles were reduced by 90% (from 10 claims to 1) with an overall improvement of 59% in all direct care staff claims (from 29 claims to 12).

**Standardization (Step 6)**
Since the implementation of countermeasures, the process was standardized through the revision of policy and procedure (Sunland Operating Procedure 60-4).

**Standardization (Step 6) - Continued**
An action plan was developed for standardization of countermeasures C1, C2, D1, and D2 which were then implemented (see flowchart on next page of handout that details the newly instituted W/C Claims Process which includes an added step of supervisors investigating injuries). The revised W/C Claims process was then standardized through revision of Standard Operation Procedure 60-11.

**Future Plans (Step 7)**
The final step in the 7-step Sunland QIC Story includes:

- Identifying lessons learned by team members during the process and team members’ collective growth.
- Determining if further action is necessary through future QIC Story applications. The Sunland team decided to address P2 (resident assault) as the second most frequent type of direct care staff injury.

**11:15 – 12:00 Step 1: Reason for Improvement**

* (See PowerPoint presentation: Reason for Improvement)*
* (Read Unit 3 in Team Leader Manual, pages 3-5 through 3-7)*
* (See Unit 9 in Team Leader Manual, page 9-5-QIC Story Checklist)*

- The checkpoints for Step 1 were reviewed (pages 3-5 and 3-6 in Manual). Workshop participants were also referred to the QIC Story Checklist (see page 9-5 in Manual) which delineates all 25 checkpoints according to each step in the 7-step QIC Story and the P-D-C-A processes.

- Three types of charts were reviewed that may be used on Pages 1 and 2 (quarterly performance reports). Each chart should be able to be used as a stand-alone reference and display performance data in a manner that is clear and understandable to the reader. One must also look at what is driving or influencing the current situation.

**Line Chart**
A line chart shows a trend over a period of time. It should include a “good arrow” indicating the direction of targeted performance. The line chart should also include a source box describing from where the data was obtained, when it was collected, and by whom.
Bar Chart
A bar chart presents a side-by-side comparison of like data at a point in time.

Pie Chart
A pie chart can be used to illustrate parts or percentages of a whole at a point in time.

These three charts are also described in Unit 4 of the Manual.

- Step 1 Exercise:

Workshop participants were engaged in a group activity by zone (Panhandle, Northeast, Central, SunCoast, Southern) and asked to develop a list of external CBC customers. External customers are those end users whose needs should be met by the product or service (page 1-13 in Manual).

Prior to beginning each exercise in this workshop, each group was asked to assign roles to participants:

- Scribe – to record ideas
- Time keeper – to ensure the group stays within the time limit allotted for each activity
- Group leader – to keep participants focused on the assigned activity and to guide discussion as needed
- Reporter – to report activity results to all workshop participants (this cannot be the same person as the group leader).

There was similarity between the lists of customers generated by each group. The following lists of customers were reported by two of the groups:

1. Children: birth, foster, adoptive
   Caregivers: biological, foster, relative/non-relative, pre-adoptive/adoptive
   Providers: day care, mental health, substance abuse, CBC, domestic violence
   Community partners: Task Force members, Community Alliance members, Child Protection Team, Children’s Medical Services, Child Welfare Legal Services, Guardian ad Litem, judges.

2. Children and families
   Foster parents, adoptive parents and families
   Victims of and at-risk of abuse and neglect, substance abuse, mental health challenges
   Court system
   Agency for Persons with Disabilities
   Other state agencies
   Taxpayers
   Children’s Medical Services
The following three performance measures were utilized for the remainder of the exercises in the workshop and were assigned to the zones indicated:

FS301: % of children reunified who were reunified within 12 months of the latest removal (SunCoast and Southern zones)

FS303: % of adoptions finalized within 24 months of the latest removal (Central zone)

FS306: % of children with more than two placements within 12 months of removal (Panhandle and Northeast zones)

1:00-2:45 Step 2: Current Situation

(See PowerPoint presentation: Current Situation)
(Read Unit 3 in Team Leader Manual, pages 3-8 through 3-10)

The purpose and checkpoints of Step 2 were reviewed (pages 3-8 and 3-9 in Manual). After developing a theme (Step 1-Reason for Improvement), the data must be stratified in various ways in order to select a specific problem on which to focus improvement efforts.

*The Sunland QIC Story* was utilized as an example of how data was stratified. As described earlier, data was stratified by job classification and then by type of injury; the problem of excessive strained/pulled muscles among direct care staff was chosen (Checkpoint 5). A target of 50% reduction in W/C claims was chosen (Checkpoint 6) and the impact of the target on the theme indicator was described (Checkpoint 7). A problem statement was then developed by the Sunland team that addressed the gap between the current and target values (Checkpoint 8).

QC Tools Demonstration

(See QC Tools Instructions and QCTools Excel Add-in Program)
(See Pareto Charts and Histograms)

QC Tools is an Excel software add-in program developed under contract with the Department in the 1990s and can be used to create Pareto charts and histograms from HomeSafenet (HSn) reports and other source data. Please refer to the *QC Tools Instructions* for instructions on installing the *QCTools Excel Add-in Program* on your computer and its use.

For demonstration purposes, the presenter used the HSn report, “CAOHC statewide 4-30-06” (clients active in out-of-home care), as the source spreadsheet from which to create a Pareto chart and histogram.
Pareto Chart

A Pareto chart is a type of bar chart used to indicate what major factors affect the subject being analyzed. It displays data from the most frequent occurrence to the least frequent with a line traveling across the chart that displays the cumulative percentage of each bar.

The measure used for this example was FS303: % adoptions finalized within 24 months of the latest removal. For this measure, the data was stratified by children’s documented goal. From the “CAOHC statewide 4-30-06” source spreadsheet, the “Goal” column was highlighted for children in out-of-home care between 12 and 24 months. Then “Pareto” was chosen from the QC Tools menu in Excel. What resulted was a Pareto chart that displayed the number of children in out-of-home care between 12-24 months by goal (see Pareto Charts – Statewide). Almost 49% had a goal of reunification with parent, 22% had a goal of adoption, and 16% did not have a goal documented in HomeSafenet. A specific district example was also presented (District 4) revealing that 43.6% of the children in out-of-home care as of 4-30-06 did not have a goal documented in HomeSafenet (see Pareto Charts – District 4 as of 4-30-06).

Pareto charts can be used to identify targets for improvement in a current situation. The largest bar in the chart may be where you decide to focus your improvement efforts. However, in the two Pareto chart examples used here, if there are numerous children without a documented goal, then you may decide to direct immediate efforts in “cleaning” the data (making sure all children have a goal documented in HSn) prior to selecting a problem on which to focus your improvement activities. In this instance, you may then highlight the “Units within district” column for children with no documented goal on the “CAOHC statewide 4-30-06” spreadsheet and create another Pareto chart to further stratify this data. This may reveal unit-specific issues or systemic problems if the issues exist across all units.

Histogram

A histogram is a visual display of data presented in a frequency distribution with a series of touching rectangles or bars of equal width that are proportionate in height to the frequency in a particular class.

The measure used for this example was FS306: % of children with more than 2 placements with 12 months of removal. For this measure, it is necessary to look at the distribution of children according to their number of placements. The “# of placements” column for children in care one to 12 months was highlighted on the Excel spreadsheet and “Histogram” was selected from the QC Tools menu in Excel (be sure to check the Create Statistics Sheet under Options). What resulted was a histogram with number of clients on the “Y” axis and number of placements on the “X” axis (see Histograms).

Note: The larger the standard deviation (std dev), the wider the variation between data points.
Exercise: Create a Histogram

(See Create a Histogram Instruction Sheet and Histogram Graph Paper)

Participants followed instructions on the Create a Histogram Instruction Sheet to manually create a histogram on the blank graph paper using data relevant to the number of hours children wait to be placed.

Note:
- Label “Y” axis - # of children
- Label “X” axis - Hour of placement
- In step 9, the total number of hours is calculated by multiplying each row separately (number of children by the hour of placement), then summing the total number of hours.
- Total number of hours = 43
- Total number of children = 10
- Average time a child waits to be placed = 4.3 hours
- Write “n=10” and “mean=4.3” in the top corner of the graph.

Depending on the size of the bars, further stratification of data may be warranted. One should also consider outliers when examining data, which may also warrant further examination.

3:00-4:25 Step 2: Current Situation – Continued

(See remainder of PowerPoint presentation)
(Read Unit 5 in Team Leader Manual, pages 5-25 through 5-27)

A problem statement is a sentence(s) that describes in specific terms what is wrong or an undesirable situation. It states the gap between actual performance and targeted performance, and focuses on the stakeholder’s “pain” (see page 8-7 in Manual).

The Sunland QIC Story was used for an example of a problem statement:

“41 direct care staff claims for FY 97/98 at Sunland involved strained/pulled muscles. With a targeted 50% reduction, there is a gap of 20 W/C claims that can be reduced.”

A problem statement should include the four Ws, a gap, and the pain to the customer (see page 5-26 in Manual). These elements were identified in the Sunland problem statement as follows:

Four Ws: Who: Direct care staff
What: Strained/pulled muscle claims
When: FY 97/98
Where: Sunland
Gap: 20 W/C claims

Pain to customer/stakeholder: This is missing from the Sunland problem statement. However, in this example, Sunland is the customer and the “pain” is the dollars paid out in W/C claims.

- Step 2: Exercise – (Writing a Problem Statement)

(See Step 2 Exercise - Problem Statement Exercise)

(See: CW PaRT Training: Performance Measures for Team Exercises
Placement Stability Line Charts
Timely Evaluation Line Charts
Timely Adoption Line Charts)

Participants again gathered in groups by zone and using the description on page 5-25 and 5-26 in the Manual and the Sunland QIC Story example, were asked to develop a problem statement using District-specific data displayed in line charts and the appropriate corresponding measure relevant to: placement stability (FS306), timely reunification (FS301), and timely adoption (FS303). Zone groups were assigned measures as follows:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 - Timely Reunification</td>
<td>SunCoast</td>
</tr>
<tr>
<td></td>
<td>Southern</td>
</tr>
<tr>
<td>303 - Timely Adoption</td>
<td>Central</td>
</tr>
<tr>
<td>306 - Placement Stability</td>
<td>Northeast</td>
</tr>
<tr>
<td></td>
<td>Panhandle</td>
</tr>
</tbody>
</table>

The following three problem statements are examples of what resulted from this group activity:

- Measure 301: In March 2006, 55% of children in District 9 were reunified within 12 months of latest removal resulting in a gap of 21% below the statewide target of 76.2% causing children to linger in out-of-home care.

  Four Ws:  • Who: Children
            • What: Reunified within 12 months of latest removal
            • When: March 2006
            • Where: District 9

  Gap: 21% (what is=55%, what should be=76.2%)
Pain to customer: Linger in out-of-home care

- Measure FS303: For the period of January-March 2006, only 3 of 42 (7%) of foster care children in District 14 achieved adoption within 24 months from removal, thus 93% languished in care. With a national standard of 32% of finalizations to be achieved within 24 months of removal, there is a gap of 11 children or 25% for this time period.

  Four Ws: Who: Foster care children  
  What: Achieved adoption with 24 months from removal  
  When: January-March 2006  
  Where: District 14

  Gap: 25% (what is=7%, what should be=32%)

Pain to customer: Languished in care

- Measure FS306: 22% of District 3 children in out-of-home care for less than 12 months from January-March 2006 experienced more than two placements, resulting in instability for children. With a target of less than 13.3%, there is a gap of 8.7% that must be reduced.

  Four Ws: Who: Children in out-of-home care  
  What: Experienced more than two placements  
  When: January-March 2006  
  Where: District 3

  Gap: 8.7% (what is=22%, what should be=13.3%)

Pain to customer: Instability for children
May 12, 2006

8:30-10:45 Step 3: Analysis

(See PowerPoint presentation: Analysis)
(Read Unit 3 in Team Leader Manual, pages 3-11 through 3-13)
(Read Cause and Effect Diagram, pages 4-5 through 4-8 in Manual)

- The main points from previous day’s workshop were reviewed:
  - Manage by data and facts
  - Step 1: Reason for improvement
    - Identify stakeholder
    - Develop indicator to measure performance and a theme statement consistent with the indicator
    - Develop schedule to complete the 7-step improvement process
  - Step 2: Current situation
    - Stratify data to further investigate theme and select problem
    - Select target for improvement
    - Determine impact of target
    - Develop problem statement

- The objectives and checkpoints for Step 3: Analysis were reviewed (pages 3-11 through 3-13 in Manual).

- Cause & Effect Diagram (Fishbone/Ishikawa Diagram)

  Why do we use a fishbone diagram? To establish potential causes of a problem. This tool is useful in sorting out relationships between factors. If done correctly, it also encourages group participation and brainstorming. The diagram should be orderly and easy to read. The problem statement is placed as the head of the fish and is used to guide participants through the problem-solving process.

  The procedure to create a Cause and Effect Diagram were reviewed (pages 4-5 through 4-8 in Manual); these steps guided participants through Step 3: Exercise A (Create a fishbone – Cause and Effect Diagram Exercise). The Cause and Effect diagram in the Sunland QIC Story was also used as an example.

  - The most common categories on a fishbone diagram are: People, Methods, Equipment/Materials, and Environment. However, you may select others to fit your specific situation.

  - Try to ask “why” five times (answers form the “bones” of the fish) to reach the most likely potential root cause.
- Draw a “cloud” around potential root causes
- Be sure to include a Source box on the fishbone diagram.

- Step 3 Exercise A/B: Create a fishbone diagram/select probable root causes from fishbone.
  
  *See Step 3 Exercise A/B - Cause and Effect Diagram Exercise*
  *See Cause and Effect [Fishbone] Diagram Example*

Each zone group used the problem statement they identified in Step 2: Current Situation to develop a fishbone diagram.

Each group was asked to brainstorm ideas on possible causes of the effect (problem statement). When using the brainstorming technique (described on pages 5-5 through 5-7 in Manual), it is important to remember to:

- Keep an open mind during the process
- Delay judgment and delay evaluation
- Focus on quantity of ideas, not quality
- Make sure everyone in the group understands your idea
- Do not discount any ideas during the brainstorming process

Readers may see the Cause and Effect (Fishbone) Diagram Example developed by one of the zone groups during this exercise. The potential root cause identified in this example is: lack of agency commitment.

After completing a Cause and Effect (Fishbone) Diagram, one should select potential root causes for further evaluation and verification with data. Using the Sunland QIC Story as an example, the Sunland team verified potential root causes through various means (Chi-square analysis, reviewing injury reports, reviewing current Sunland operating procedures and safety recognition programs of other facilities, and interviewing supervisors and other management staff). The impact of each root cause on the gap was also determined.

Due to time limitations, Step 3 Exercise C: Root Cause Verification Strategy Exercise was not conducted during this workshop.

**10:45-11:15 Step 4: Countermeasures**

*See PowerPoint presentation: Countermeasures*
*Read Unit 3 in Team Leader Manual, pages 3-14 through 3-16*
*Read Unit 5 in Team Leader Manual, pages 5-3 & 5-4 and 5-10 through 5-13*
*See Countermeasures Matrix*

- The objectives and checkpoints of Step 4: Countermeasures were reviewed (pages 3-14 and 3-15 in Manual).
- **Countermeasures Matrix**

When developing countermeasures to address verified root causes, it is helpful to utilize a Countermeasures Matrix (see *Countermeasures Matrix* and pages 5-10 through 5-13 in *Manual*).

Note: The *Countermeasure Matrix* includes a new “Budget” column that is not included in the version in the Manual. The “impact to the budget” rating is based on the cost factors that will impact the budget. The higher the rating, the lower the impact to the budget. The overall rating on the Matrix equates to the product of the ratings for effectiveness, feasibility, and impact on the budget.

- **Barriers and Aids Analysis**

A Barriers and Aids Analysis is a technique used to identify elements which impede (barriers) or facilitate (aids) change (page 5-3 & 5-4 in Manual).

- All barriers should be offset by appropriate aids.
- Hard barriers may include equipment issues; soft barriers may include training or procedural issues.
- A cost-benefit analysis can also be conducted to determine feasibility of implementing identified countermeasures (pages 5-15 & 5-16 in Manual and example in Sunland QIC Story).

- **Action Plan**

The action plan was reviewed. Also see pages 5-1 & 5-2 and 9-1 & 9-1a in Manual, and example in Sunland QIC Story.

**11:45-12:45  Step 4: Countermeasures – Continued**

- **Step 4 Exercise**

(See Step 4 Exercise - Countermeasures Exercise and Countermeasures Matrix)
(Read Unit 5 in Team Leader Manual, pages 5-10 through 5-13)
(See Countermeasures Matrix Example)

Zone groups gathered to complete the above exercise by following instructions on the Countermeasures Exercise, reviewing pages 5-10 through 5-13 in the Manual, and completing the Countermeasures Matrix. Countermeasures data provide backup information for Page 2s.

Readers may see the Countermeasures Matrix Example developed by one of the zone groups during the workshop. This example was produced by the same zone group that developed the Cause & Effect (Fishbone) Diagram Example referenced previously under Step 3 Exercise A/B. The group used the root cause identified in the Fishbone Diagram Example (lack of
agency commitment) and developed three subsequent countermeasures to address that root cause. Practical methods to accomplish each of the countermeasures were developed and each practical method was rated on its effectiveness, feasibility, and impact to the budget. The product of these three ratings (overall rating) was then utilized by the group to decide whether or not to put each specific countermeasure into action based on a threshold determined by the group.

**12:45-1:00 Step 5: Results**

*(Read Unit 3 in Team Leader Manual, pages 3-17 to 3-20)*

*(See Sunland QIC Story)*

Through a review of their results, the Sunland QIC Story team confirmed that the countermeasures implemented had an impact on the theme indicator (reduce the number of W/C claims) with a 59% overall reduction in direct care claims and achievement of the 50% targeted reduction.

If countermeasures are not effective, then it is necessary to return to the P-D-C-A (Plan-Do-Check-Act) process.