KENTUCKY CERTIFIED PUBLIC MANAGER PROGRAM

APPLIED PROJECT FOR
ANALYTICAL/CONCEPTUAL, TECHNICAL SKILLS

PROJECT MANAGEMENT
April 17-18, 2001

MTV DAYS

CPM PROGRAM
Project #2

Submitted by
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Department for Disability Determinations

(Removed for Privacy)

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A. PROJECT IDENTIFICAITON

Before explaining the project, I would like to briefly explain the process established at our office. I work for the Kentucky Department for Disability Determinations Serivces (DDS) as a disability examiner. There are about 100 disability examiners and over 100 support staff members in our office. Disability examiners are required to obtain claimants' current medical records to assess the severity of their physical and/or mental impairments, based on the rules and regulations established by the Social Security Administration (SSA). If those records are insufficient, a consultative examination (CE) is scheduled with a CE vendor.

CE vendors are medical authorities with SSA-approved credentials (such as M.D. or Ph.D.) and who agree to conduct a CE and submit a report to our office to be used for our purpose. Individuals in our scheduling unit make the appointments at the earliest possible date and at a location closest to the claimant's home. When available, we send copies of pertinent medical evidence to the CE vendor to assist in their assessment of the claimant. After sufficient medical records are received for a claim, the disability examiner makes a decision on the claimant's medical eligibility for SSA disability benefits. There are medical consultants on staff at our DDS office to assist in making the decision.

There are three public relations officers (PROs) in our office who are in regular contact with the CE vendors. Except for the scheduling staff, the rest of us have virtually no contact with them. Since any interaction between DDS staff and CE vendors is long distance, I felt it would be mutually beneficial to discuss CE issues face-to-face here at ~~our office. I organized two meetings, which came to be known as Meet the Vendors~~

Days, or MTV Days. We decided to focus on the mental aspects of disability, and to invite four or five CE vendors to come to our office.

Project Description: The first meeting was meant to be a warm-up for the second meeting. It was a lunch-hour presentation by one CE vendor, (Removed) Ph.D., who described her experiences in conducting CEs for the DDS. All DDS staff members were invited. The second meeting took place one week later, and Dr. (Removed) attended, along with three other CE vendors for a panel discussion: (Removed) Ph.D., (Removed) M.D., and (Removed), Ph.D. The vendors first met with our psychological consulting staff, and lunch was provided. This was followed by the panel discussion to which all DDS staff members were invited. The visit was concluded with an office tour and meeting with the DDS Commissioner.

Definition: MTV Days does meet the definition of a project. First, it had a beginning and an ending. Planning began in early June 2001 and the meetings were held on 08/20/01 and 08/27/01, followed by a questionnaire, and an in-house summary meeting on 9/04/01. Second, sequenced activities were planned and accomplished in order to meet our goal. Third, the undertaking ended with a specific accomplishment, which was to provide the opportunity for CE vendors and DDS staff to meet.

A. WORKSHOP THEORY AND MODEL APPLICATION

Foundation Pieces: The foundation of a project consists of the information needed, the relationships involved, and a vision or shared identity. For this project, the information needed was who to invite, when to schedule the meetings, and how to keep all stakeholders informed. The relationships involved were the CE vendors and DDS staff

For this project, the DDS staff members involved in planning the project consisted of a public relations officer, (Removed) ; two in-house consultants, (Removed); Ph.D. and (Removed), Ph.D.; and me. The recipients of the project were potentially all DDS staff, since everyone was invited to the meetings, however it was felt that the staff members who would most benefit from the meetings would be the disability examiners and the in-house consultants. The vision or shared values, was to obtain a CE report that would most accurately reflect the claimant's impairments and ability to function.

Life Cycle: The life cycle of a project consists of four phases: Initiation, Planning, Execution, and Close-out.

Initiation. I established the need for face-to-face communication between CE vendors and DDS staff. It began when I discussed my requirement to do a GSC project at work with (Removed) , a friend who is a CE Vendor, and telling her of my interest in learning more about the CE process from their side. She told me that when she happens to see other CE vendors at professional meetings, they often talk among each other about their interest in meeting us face-to-face, and about wanting feedback regarding the information provided in their reports. I then spoke with (Removed) , one of our PROs, who told me that another CE Vendor had expressed the same interest to him. This PRO also informed me that such meetings do take place in DDS offices in other states, but it has never been done here at the Kentucky DDS. The idea was casually discussed with other DDS staff members, and all responses were positive. The stakeholders who had a vested interest in this project consisted of disability examiners, who are responsible for determining whether a claimant meets the SSA definition for medical disability; the CE vendors, who provide medical information to us about the claimant; and the in-house consultants, who advise the disability examiners about the severity of the claimant's condition. The goal was to set up two meetings which all staff, especially examiners, could attend without too much interference with their work; as well as a luncheon meeting for in-house medical consultants to meet with the vendors. This was followed by a questionnaire for feedback on the usefulness of the meetings. An in-house planning committee was established and a communication plan was made for contacting CE vendors and informing DDS staff.

Planning. A timeline was established and assignments were made for the planning committee members. The only direct cost involved was providing lunches for the CE vendors, and this was paid for by our department. An indirect cost was time away from case processing by the attendees. The first meeting on 8/20 was conducted during the lunch hour, so no processing time was lost. The second meeting on 8/27 was scheduled for two hours; the first hour was counted against the lunch period, and attendees were given the second hour as training time, so no personal time had to be used. The meetings were not considered required training, and so there was the option of not attending if anyone decided their workload was too demanding.

There were some risks to consider during the planning phase. We were concerned that comments could become negative during the question and answer periods, possibly resulting in a "gripe" session. The moderator was asked to be watchful for this during the meetings, and to steer the conversation when necessary. Another concern was selecting CE vendors who would provide a balanced viewpoint of the various aspects of mental impairments. We decided that the appropriate number of vendors for the 8/27 panel discussion would be four. Based on location, specialty, and our level of familiarity, we extended our invitations by phone call, followed up with confirmation letters. As time passed, we were unable to confirm with all of the vendors we had selected to invite, and so extended other invitations, with the decision that we would welcome more than four if we eventually received more positive responses than planned. Another risk was not knowing what level of interest and attendance to expect. Attendance at the two meetings could be low because of a recent increase in workload, as well as several ongoing required training sessions. We considered polling DDS staff to determine the level of interest, however, we did not think we would get reliable results. Through casual conversation with various staff members, we decided there was a sufficient level of interest to proceed. The meetings were to be held in our conference room, which can be divided in half. If attendance was low, we could close off the back of the conference room to better accommodate the size of the group.

Execution. This phase involved monitoring and controlling the project as it was implemented. The first meeting on 8/20 was scheduled from 12:00 to 1:00 so that people could attend during their lunch hour. By 12:00 there were only a few attendees, and I realized that people usually stop working at 12:00 and would still be on their way to the conference room. We decided to wait a few extra minutes, and more attendees did arrive. We passed a sign-in sheet, and there were 43 attendees. The plan was for our speaker to make a 45-minute presentation, followed by a 15-minute question and answer period. I asked our speaker in advance if she wanted a signal to keep track of the time, and she decided she did not need that, based on her past experiences in teaching and public speaking. However, she did not finish the presentation until about 12:55. Because there was not enough time for questions and answers, I asked attendees to introduce themselves, since the CE vendors are very familiar with our names, but have never seen most of us. I hoped that the lack of time for a question/answer period would fuel more interest in attending the meeting the following week, which was slated to be more interactive than this one.

The following week, the four CE vendors who had accepted our invitations arrived at 11:00. I had gone out to pick up their lunches, and the moderator was responsible to take them to the small conference room upon arrival, for lunch with our in-house psychological consulting staff. This time together proved to be most appreciated, since many of them had never met each other, and it provided an opportunity to discuss issues that had previously been unclear. At 12:00, the vendors came to the large conference room for the panel discussion. There were 64 attendees at this session. After introductions, the moderator explained that we would begin with the questions previously solicited from our staff, to be followed with a question and answer period. Although it was explained that discussion would take place after all the questions had been covered, one attendee sitting in the front row continuously provided unsolicited input throughout the meeting. My role at this point was solely as an attendee, and although I expected our moderator to graciously eliminate the interruptions, this did not happen. Also, the panelists seemed to provide some negative aspects about our claimants whom we schedule with them for psychological evaluations, and again, I had expected the moderator to steer the conversation more positively. As it turned out, one of the panelists did volunteer that the negatives about our claimants were in the minority, and then described all the positive insights into the people and the process of disability evaluations.

Close-out. This consisted of an in-house committee review meeting, thank-you letters to vendors, and a questionnaire sent to a sampling of attendees.

B. INFORMATION GATHERING

Triple Constraints: The triple constraints of a project are Quality, Time and Resources.

Quality. This involved setting the stage for information exchange. It was most important, because it could have a beneficial impact on the quality of our work, and also because it had never been done before. This included selecting the most appropriate speakers for the meetings, and communicating clearly to the target audience the importance of this opportunity to meet with the speakers. However, setting the stage for information exchange was most important.

Time. This factor needed to be carefully considered, because there was other training scheduled, which employees were required to attend. Our talks were scheduled in August, when no other training was scheduled. The vendors needed to be contacted before their CE appointments were made, so they could keep our dates open. We then needed to determine the appropriate length of time for the meetings we would be hosting. It was obvious that the first meeting would work best as a one-hour lunchtime presentation. We discussed holding the second meeting for one hour as well, but felt that two hours would be more appropriate since more interaction was anticipated. We thought that any more than two hours would require a break, and if any attendee wanted to meet with the vendors longer, they could remain in the conference room after the meeting and speak individually with them.

Resources. Obtaining appropriate resources was not difficult. We did not require many material items, and those needed, such as meeting rooms, name tags, and announcements were easily obtained in-house.

Determining and Documenting the Initiation Phase:

Opportunity. It was felt that providing an opportunity for CE vendors and DDS staff to meet face-to-face would be beneficial in producing better CE reports, as well as a better understanding of those reports.

Stakeholders. The stakeholders were the CE vendors, disability examiners, and in-house consultants for DDS. Because we all provide different aspects of service to disability claimants, the opportunity to meet and talk candidly would in the end better serve our claimants.

Goal. Regarding a "SMART" goal: we were specific in wanting to meet and talk in order to better understand our roles in serving our claimants; our project was measurable in that we planned three separate meetings within a close timeframe, followed by a questionnaire; it was agreed upon by administrative staff, the in-house planning committee, and the invited CE vendors; the goal was kept realistic by keeping the number of vendors and the time length for the meetings at a manageable level; the timeframe was established when no other training was going on, and time was allowed to do advanced planning; and the project was integrated in that planning duties were assigned, and training time was given to those who wished to attend the talks.

Roles and Responsibilities. I had overall responsibility for the project. I coordinated all aspects of communication and gathering of materials. Our Deputy Commissioner was responsible for approving the main idea, and the use of staff time and materials to host the project. He referred me to the Medical Services Branch Manager for guidance and approval on the specifics of the project. She appointed one of the Public Relations Officers in her branch to work on the planning committee and to serve as the moderator at the meetings. The Branch Manager for my unit provided guidance regarding in-house communications, and referred me to one of our Administrative Assistants for obtaining needed materials. The Internal Policy person assisted in arranging for two of our in-house consultants to serve on the planning committee. The Deputy Commissioner's secretary was responsible for reimbursing financial expenses and to help with in-house communications.

Communication Plan: See Attachment A

D. INFORMATION ANALYSIS See Attachment B

E. ACTION PLAN AND IMPLEMENTATION

Work Breakdown Structure: See Attachment C

Project Specification: See Attachment D

Gantt Chart: See Attachment E

Critical Path: See Attachment F

Risk Analysis: See Attachment G

F. PROJECT RESULTS AND EVALUATION

Project Close: The project close includes an audit, transfer of ownership, what lessons were learned, and how we celebrated and said thanks.

Audit. At the 8/20 meeting, the speaker spoke longer than planned, and we did not have time for questions and answers. Instead, the attendees introduced themselves, so that the speaker could be more familiar with them in future work. At the 8/27 meeting, the planned format again took up too much time, and allowed for only a brief question/answer session. The 8/27 luncheon meeting was more successful, as there was no planned format, which allowed for a frank discussion that was appreciated by all parties. Attendance at all meetings was at an acceptable level, however, many of those in attendance were new trainees. Questionnaires were sent to seven attendees (based on job title) and responses were received from six of them.

Transfer of Ownership. These meetings were the first of their kind held at our office. It is done in some DDS offices in other states, and the responsibility falls to the public relations officers. During the planning meetings, it was made clear that this was a one-time effort on my part to fulfill GSC requirements. Our PRO staff expressed an interest in arranging ongoing meetings such as these periodically in the future.

Lessons Learned. In our planning meetings, we scheduled most activities, including the meetings, to take place on Mondays. This was for our convenience in keeping track of our plans. However, it was learned that Monday is not a good day to ask people to spend their lunch hours in meetings. By scheduling on a Tuesday, Wednesday or Thursday we might have had better attendance. I also learned through the follow-up survey that our policy staff was displeased with the meetings because too much of the discussion seemed negative toward our claimants, or went against policy. I had anticipated that some of our DDS staff might discuss claimant issues in a negative way, and was surprised that a couple of our invited speakers were the negative ones.

Celebration/Thanksgiving. Our planning committee got together after all meetings were completed. Although positive, the review was brief, and I left with the impression that the other committee members were ready to move on to current job requirements. Thank-you letters were sent to all speakers.

Other Action Plans for Improvement. After the wrap-up meeting, I realized that although we had sent questionnaires to attendees we did not ask the speakers for any feedback. There was some casual discussion with three of the four speakers, which was positive, however, more information could have been obtained with a more formal follow-up.

Plans for Future Improvement. For this project, I asked others who already had established relationships with the speakers to take primary responsibility for communication with them. As project manager, I would interact more directly with the speakers to give them more information about what was requested of them. Also, I asked one of our PROs to moderate the meetings; since those are the people at our DDS office who have the established relationships with the individuals who came to speak, I thought it would make more sense to the audience. However, I have more experience in public speaking and perhaps would have better managed the time constraints and the quality of the discussion during the meetings. I made a point to not inform the audience that this was a GSC project, but a brief explanation before moderating the meetings probably would have been accepted by the meeting attendees.

G. PERSONAL AND AGENCY-RELATED BENEFITS

Benefits of the project for me personally: By conducting this project, I was able to interact with other groups within the department on a more in-depth level than my current job allows. This has helped me understand other aspects of the disability process, and helped shape my goals for future contributions I could make to the department.

What I learned about myself: I learned that I prefer to work in a team setting and behind the scenes. I am good at organizing a project and interacting with various staff members outside my particular unit.

How I learned and grew: I learned that I can be too dependent on others' suggestions and leadership. I also learned that people on a more professional level also struggle with burnout.

Benefits of the project to the department: Having the opportunity to meet consultants whom we have worked with for years but never met was beneficial to the department. It helped clarify some confusion about the process, and what we can do to be more helpful to the consultants, resulting in better reports from them about our claimants.

Changes within my work unit as a result of this project: We now better understand what background information about the claimant is helpful to send to the consultants. This provides insight on the claimant's condition which helps them better assess their current condition and level of functioning.

ATTACHMENT A: COMMUNICATION PLAN

	Why	When/How
External Stakeholders		
CE Vendors	Invite	6/12 phone calls
	Confirm	7/30 letters
	Meal Selection	8/26 phone & FAX
	Thank-you Letters	8/27 letters
Deli	Meals for Vendors	8/27 go to deli
Executive Sponsor		
Upper Management	Inform	6/01 meeting
	Approve	6/01 meeting
	Appoint Cmte. Members	6/12 meeting
	Reimburse Expenses	8/27 submit receipts
Staff		
Admin. Secretary	Admin. Support	8/13 & 8/20 meetings
Branch Mgrs.	Announce to Staff	8/06 memo
All Staff	Announce 2 Mtgs.	8/16 & 8/23 memos
	Obtain Questions	8/13 question box
Selected Staff	Follow-up Survey	8/27 e-mail
Planning Committee	Select Vendors	6/12 meeting
	Review staff questions	8/16 meeting
	Summarize	9/04 meeting

ATTACHMENT B: BUSINESS CASE

	Qualitative	Quantitative
Benefits		
External:		
CE Vendors	. On-site familiarity with staff & office operations . Improved processing by DDS staff	. Lunch provided
Internal:		
DDS Staff	. Opportunity to meet vendors . Better understanding of CE reports	. Credit for required training Time

Costs

As is	None
Project	5 lunches Copy 200 announcements for each meeting (400 copies) Correspondence with 4 Vendors (3 letters each = 12 letters) Print place cards for each vendor at 8/27 meeting (4 cards)
Ongoing	None

ATTACHMENT C: WORK BREAKDOWN STRUCTURE

Project Manager (Mary)	Obtain approvals Lead planning committee Provide meals for vendors Conduct follow-up survey
Deputy Commissioner (Removed)	Provide approval for project
Medical Services Branch Manager (Removed)	Provide approval of project Assign planning committee members
Planning Committee (Removed)	Select and invite vendors Host meetings Summarize project
Branch Managers (7 DDS Br. Managers)	Distribute meeting announcements to staff
Administrative Assistant (Removed)	Meeting room set-up

ATTACHMENT D: PROJECT SPECIFICATION

Week of 6/11	Complete invitations for 8/20 (Removed) and for 8/27 (Removed)
Week of 7/30	Send confirmation letters to vendors (Removed) Compose DDS announcements and follow-up questionnaire (Removed)
8/06-8/13	(Removed) on vacation
8/06	Post/Distribute DDS announcements using e-mail & handouts ((Removed)
8/13	Questions for vendors due (box at Guard's Desk or e-mail to Removed)
8/16	Distribute reminder about 8/20 presentation (Mary) Review questions for vendors (Removed) Submit questions to Peggy for review (Removed)
8/17	Receive okay from Peggy, and mail/fax questions to vendors (Removed)
8/20	8 AM - Distribute reminder about today's presentation (Mary) Noon to 1 PM - Anne Shurling "Appalachian Nerves" 1 PM to 2 PM - Anne & Mary go out to lunch
8/20	Confirm lunch attendees for 8/27 (Removed) Possible attendees: Commissioner, Dep. Commissioner, & Psych Consultants
8/23	Distribute reminder about 8/27 presentation (Removed) Order 4 lunches for vendors on 8/27 (Removed)
8/27	8 AM - Distribute reminder about today's presentation (Removed) 10 AM - Check on lunch order & confirm location (Removed) 11 AM to Noon - lunch for vendors & invited staff Noon to 2:00 PM - DDS/Vendor panel discussion
8/28	Distribute questionnaire to DDS Staff (Removed) Send thank-you letters to vendors (Removed)
8/31	Questionnaires due (e-mail Mary)
9/04	Review questionnaire responses and summarize ((Removed)

ATTACHMENT E: GANTT CHART

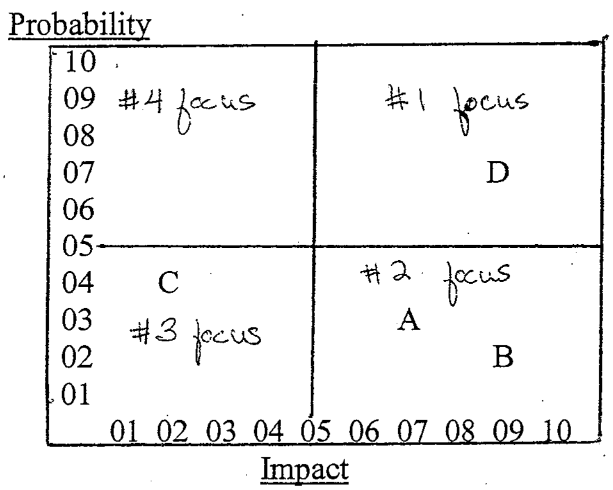
6/01 to 6/12	Obtain permission and form planning committee
6/13 to 7/27	Invite and confirm speakers
8/06 to 8/13	Announce to staff and collect staff's questions for vendors
8/13 to 8/17	Finalize plans for first meeting
8/20	Host first meeting
8/20 to 8/25	Announce to staff, and finalize plans for second meeting
8/27	Host second meeting
8/27 to 8/31	Collect survey responses
9/04	Last committee meeting to summarize results

ATTACHMENT F: CRITICAL PATH

1. Obtain in-house permission to conduct project
2. Planning committee formation
3. Invite vendors & confirm vendor for first meeting
4. Invite staff to both meetings
5. Hold meeting with one vendor
6. Finalize attendance of vendors for second meeting
7. Remind staff of second meeting
8. Hold second meeting with four vendors
9. Conduct survey with selected attendees
10. Send thank-you letters to vendors
11. Wrap-up meeting with planning committee

ATTACHMENT G: RISK ANALYSIS

Risk	Probability	Impact
A. Supervisors/Staff won't cooperate	3	7
B. Speaker(s) don't show up	2	9
C. Low Attendance	4	2
D. Meetings become grip sessions	7	9



Order of Importance: D, B, A, C