Poka-Yoke

MISTAKE PROOFING

Poka-Yoke

- Ensures proper conditions exist before actually executing a process step, preventing defects from occurring in the first place.

Poka-Yoke

Reactions

- "What an idiot!"
- "Most people know enough to remove the hose before they drive off - why should we change things for one fool?"
- "Maybe this is a good way to screen drivers, as he/she is clearly not smart enough to be on the road"
- "There's just nothing that can be done to help some people"

or

- "What can we do to prevent that mistake from ever happening again?"

Solution

Equip gas pumps with hose couplings that break-away and quickly shut-off the flow of gasoline.

Three Rules for Defect Reduction (Mistake Proofing)

Your Supplier	You	Your Customer
Don't accept defects	Don't make a defect	Don't pass on a defect

If a problem arises at any stage of production, Toyota's automatic error detection system, called "Jidoka", flags the defect and enables line employees to take the necessary steps to resolve it on the spot – even if that means bringing production to a halt.

By calling attention to the equipment when an error first occurs, the Toyota system makes it easier to identify the source of the problem and prevents **defects** from progressing to subsequent stages of production.

Poka-Yoke Definition

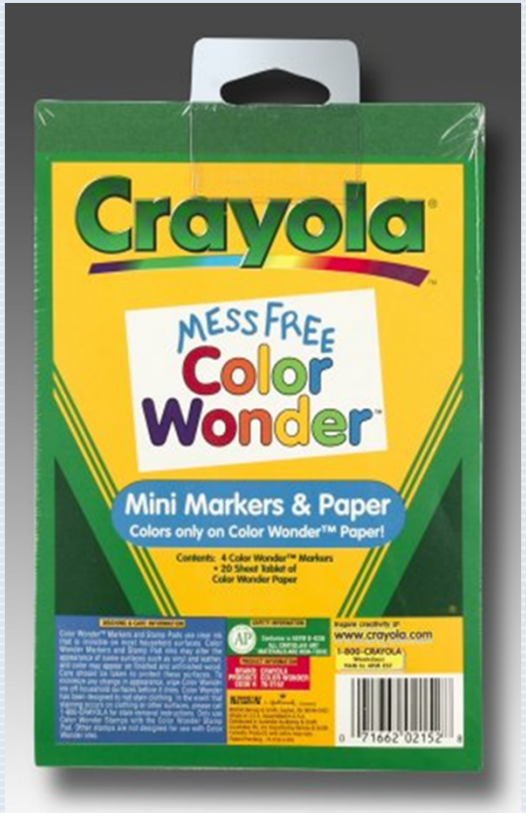
- **Poka-yoke** is a Japanese term that means "mistake-proofing“

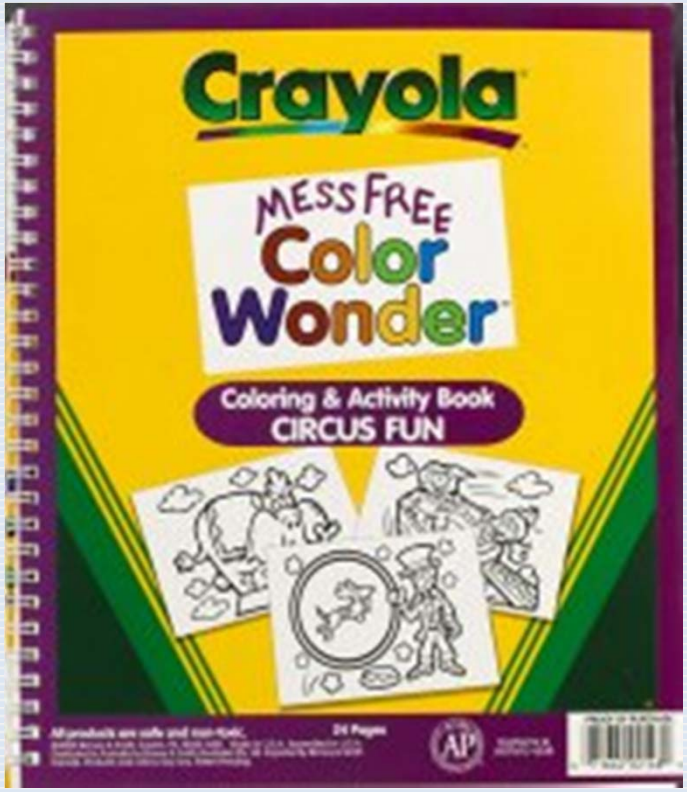
- To correct mistakes before they happen

Mistake Proofing is everywhere from our home, to our car, to our work

Poka-Yoke Opportunity

Solution


Crayola
MESS FREE
Color
Wonder
Mini Markers & Paper
Colors only on Color Wonder™ Paper!
Contents: 4 Color Wonder™ Markers
+ 20 Sheet Tablet of
Color Wonder Paper
www.crayola.com
1-800-CRAYOLA


Crayola
MESS FREE
Color
Wonder
Coloring & Activity Book
CIRCUS FUN

Poka-Yoke Opportunity

Solution

This Stove burner turns off automatically when a pot or pan is removed

Poka-Yoke Opportunity

Solution

Opportunity & Solution

Opportunity & Solution

How does Poka-Yoke apply to Government work?

Government Forms

- Almost every government process involves a form
- During scoping, almost every Kaizen team is frustrated that users of their services can't complete a simple form (What an idiot!)
- During a Kaizen event almost every team identifies waste in in the area of the process that involves forms
- **More than 95%** of State of Ohio Kaizen Event teams to date have implemented improvements that reduce mistakes, delays and frustration around forms

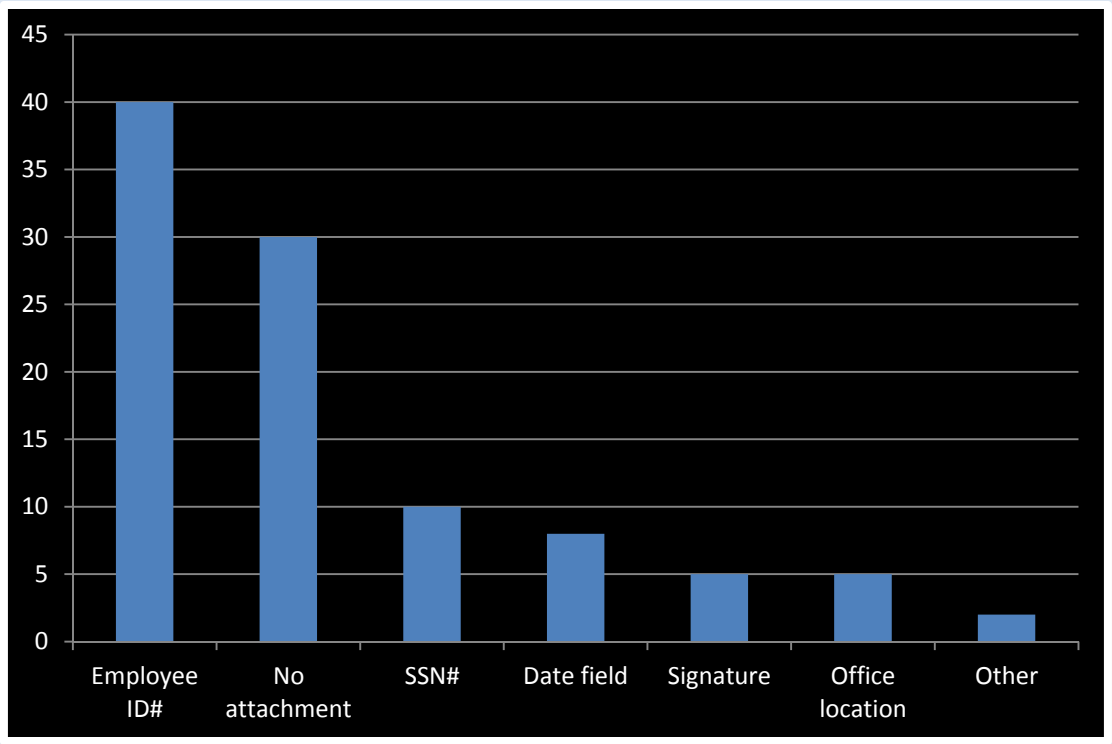
Love/Hate Relationship with Forms

Government Loves	Citizen's Hate
• The more information the better	• The longer the form the more frustrating
• The bigger the words the more impressive	• The bigger the words the more likely to confuse
• Completely familiar with all the jargon and issues	• Unfamiliar

Use DATA for Mistake-Proofing Forms

- What percentage of times is the form completed with no errors?
- How many errors are made?
- How much time is spent reviewing the form and correcting errors
- Create checklist to breakdown errors by type or by question
- Create a Pareto Chart
- Look for Root Causes
- Test / Implement solutions
- Review how many, how often, what kind and how long

Pareto Chart

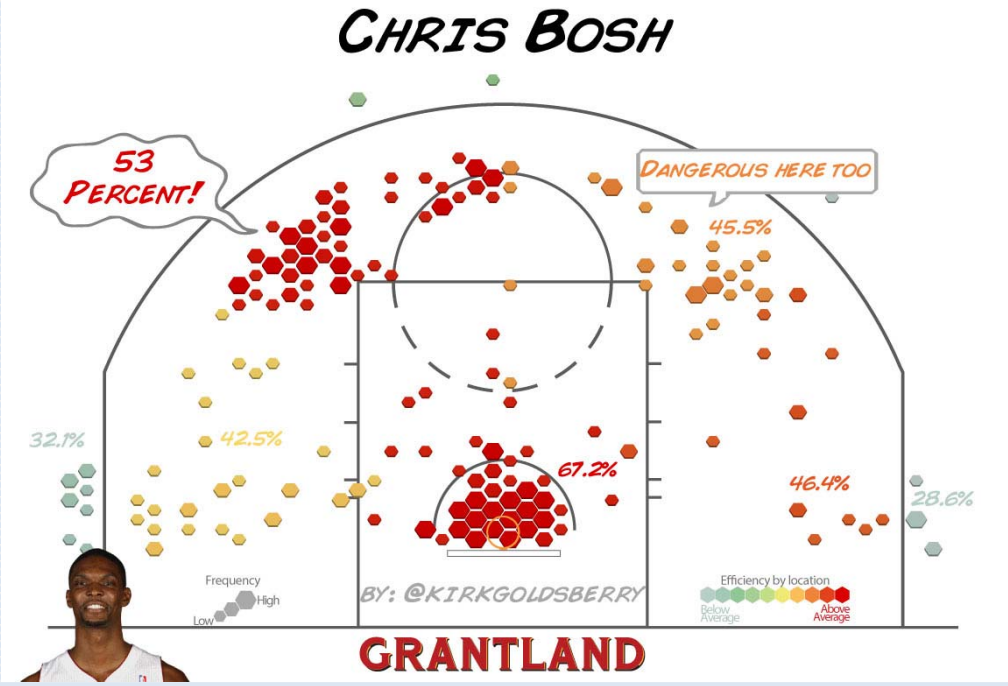


A **Pareto chart** is a bar graph with the bars sorted in order of decreasing frequency. It is used to identify the largest opportunity for improvement.

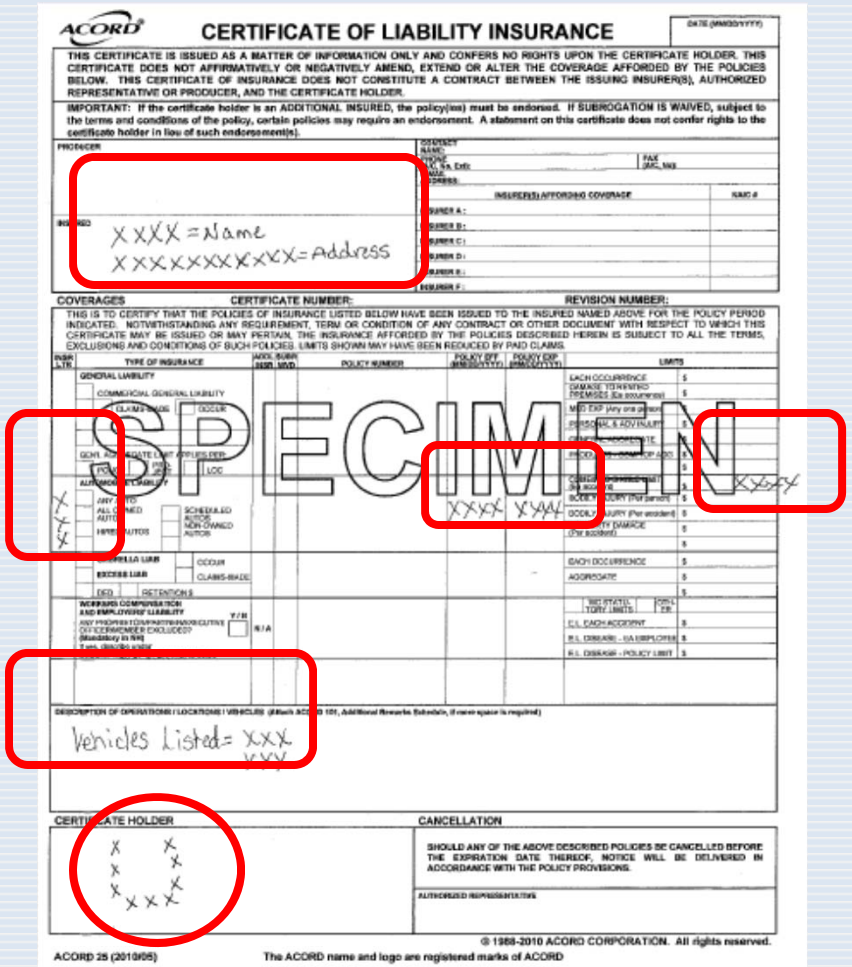
Concentration Diagram

- Concentration Diagrams are great ways to collect data for your forms

- Basketball example



Concentration Diagram



- Put data in a visual form for all to see
- Entire team sees exactly what is being tracked
- Visibility helps employees prioritize issues and develop ideas to eliminate root causes

Next Steps

- Review missed questions with employees and with customers
- Review statute, code, rules to see if you really, Really, REALLY need to ask the question
- Use software to test the age level and readability of forms

How readable are your forms?

- Have you ever tested the reading level of your forms, letters or website?

Quiz Time!

- Question: What grade level is the New York Times written?
  - Answer: 10th Grade
- Question: What grade level are John Grisham's and Stephen King's writing?
  - Answer: 7th Grade
- Question: What grade level are most State forms, letters and websites written?
  - Answer: College Level and Beyond

Reading Levels: Why you should care

According to the National Adult Literacy Survey:

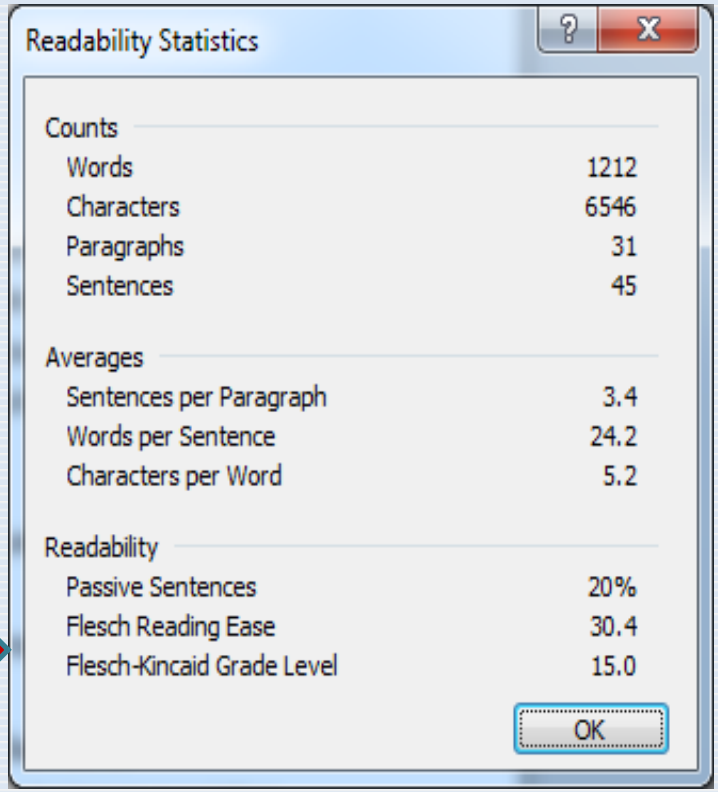
- The average adult in the U.S. reads at the 7th grade level
- **Nearly 50%** read below the 6th grade level
- **Over 80%** read below the 10th grade level

The largest selling magazines, newspapers and books are written at lower grade levels.

How to check the reading levels

Microsoft Word has reader level features:

Go to the Spelling and Grammar Page of the Tools/Options Menu and checking “Show Readability Statistics.”



Understanding Readability Scores

- Looks at # syllables and # words per sentence.
- Flesch Reading Ease Test: the higher the score, the easier it is to understand. You want the score to be between **60 and 70**.
- Flesch-Kincaid Grade Level Test: rates text on a U.S. school grade level. For most documents, aim for a score of approximately **7.0 to 8.0.**

Bulleted Lists are GREAT!

Potential Improvement Ideas

- Remove unnecessary questions
- Explain questions that may seem unnecessary
- Eliminate unnecessary typing with pull down menus if online, or boxes to check if a paper form
- With pull down menu, ensure most common answers are first

- Highlight required fields

Potential Improvements

- Online forms can't be sent if information is left blank
- Create an FAQ or checklist to accompany the form that explains to customers exactly what is needed. (Make most frequently missed questions the first thing on the checklist)
- The most important questions are highlighted or in a prominent location

Poka-Yoke LeanOhio Form

This form is for people who work in Ohio state government:

If you qualify to be a member of the LeanOhio Network, and if you have read and agree to the terms of use and participation, please use the following online form to apply for membership. The LeanOhio Program Office will contact you regarding your status. All new members receive a username and password to log in to LeanOhioNetwork.org, where they can post comments at the site's Network Forums and in response to blog posts. In addition, you are listed in the online Network Directory, with information from the following form being used to describe your experience, credentials, and know-how.

To complete the form, simply follow the prompts, responding to the items that apply to you. If an item isn't relevant, just leave it blank and move on to the next item.

Thank you for your interest in becoming a part of the LeanOhio Network. We will respond promptly to your application for membership.

START HERE: **BASIC INFO**

Your first name: required Michael Last name: required

Please fill in the required field.

Your email address: required Phone number (with area code): 614-466-6023 Extension: 03

Please fill in the required field.

Agency where you work: DAS Office or section: Lean Ohio Your title: Systems Improvement Consultant

Street address: 30 East Broad Street Floor or suite number: 40 City: Columbus State: Ohio Zip code: 43215

Examples from Kaizen Events

Department of Commerce

UNCLAIMED FUNDS FORM

(50 claims)

Empty

Claimant) INComplete Fields on Claim Form

Name
ID
Business Authority
Signature
Joint Signature
Proof of Reported Address
" " Business Relationship
SS#
Death Certificate
Date of Birth
Probate Court Docs (current)

Incomplete Claimant Info (0)

UNCLAIMED FUNDS

AUG 23 2013

T-1

Department of Commerce
Division of Unclaimed Funds
John R. Kasich, Governor
Andre T. Porter, Director

Failure to complete this Claim Form including the submission of required Personal ID and other documentation will result in your claim being returned to you. It may take up to 120 days before your claim is reviewed.

Claim No. 7543375

Claimant Information

Claimant Name: ANTHONY RECINELLA	Claimant Address: 225 HILDA CIRCLE	Claimant City/State/Zip: BLOOMINGDALE OH, 43910
Home Phone Number: 7402640304	Alternative Contact Number:	SSN/Tax Number:
Are you the original owner of the funds? Yes ☐ No ☒	If no, what is your relationship to the owner? SPOUSE	Reason for claiming funds in place of owner: OWNER IS DECEASED
Did you use a Paid Professional Finder? Yes ☐ No ☒	If so, Finders Name is? N/A	Claimant's Date of Birth: 4-3-42

Property/Holder Information

Property ID - 9784823

(A) Original Owner's Name: RECINELLA, PATRICIA	(B) Original Owner's Address of Record: 225 HILDA CIRCLE BLOOMINGDALE OH 43910
(C) Holder Reporting Funds: UNIVERSITY OF PITTSBURGH MEDIC	(D) Last Transaction Date:
(E) Date Funds Received: 2012	(F) Type of Funds Reported: MISC OUTSTANDING CHECKS
(G) Certificate, Policy or Check Number:	(H) Amount Reported: 70.00

Additional Owner(s):

Certification and Notary

All claim forms must be signed. To claim funds $100 and over, this form must be notarized.

The undersigned claimant certifies that he/she is the proper claimant in the foregoing claim, that he/she read the foregoing claim and knows the contents thereof; that the same is true and correct to his/her knowledge that the information and documentation are unaltered and not fraudulent; and that the claim is valid, and unpaid. The claimant understands that presentation of a fraudulent claim may result in criminal proceedings. The claimant further declares that upon payment of this claim, he/she will indemnify and hold harmless, the State of Ohio, Division of Unclaimed Funds' officers and employees from any damages, claims or losses of any kind resulting from payment of the above claim. By signing this claim form, you are giving the Ohio Division of Unclaimed Funds permission to access confidential personal information in order to process your claim for payment.

Claimant Signature: Anthony Recinella Date: 8-20-13

Print Name Of Claimant: ANTHONY RECINELLA

Co-Claimant Signature: _____

Print Name of Co-Claimant: _____

Sworn to and subscribed before me the _____ Day of _____ Year _____

Notary Signature: _____

State of _____ County of _____

Notary Stamp and Seal

1 J+Sig

Office Use Only	Claim ID: 7543375
FORM OUF-6 COM5522 (Rev 12/2009)	Approval Date/Examiner Initial

77th South High Street
20th Floor
Columbus, OH 43215-6108 U.S.A.

[redacted]

An Equal Opportunity Employer and Service Provider

614-466-4433
Toll Free 877-644-6823
www.com.ohio.gov

ID -

No Death Cer Obit

Authority - 11

Cur Prob - 1

Department of Mental Health

HOME HEALTH SERVICE CERTIFICATION SUPPLEMENTAL APPLICATION

Name of Provider:

Behavioral and Physical Health Integration

OAC Requirements:

5122-29-33(E) A health home provider shall demonstrate integration of physical and behavioral health care by: (1) Having an ownership or membership interest in a primary care organization where primary care services are embedded, on-site or co-located; or (2) Entering into a written integrated care agreement which is a contract, memorandum of understanding, or other written agreement with a primary care provider that requires through on-site, co-location or collaboration the primary care provider to: (a) Provide acute and chronic primary care services; (b) Participate in care coordination and care management activities (e.g. integrated care plan development, contributing to the assessment, participating in health home team meetings, etc.) with the health home provider; and (c) Contribute to a shared medical record and/or a integrated care plan maintained by the health home provider.

5122-29-33 (F) A health home provider shall demonstrate integration of physical and behavioral health care by achieving one of the following: (1) Successful implementation of accrediting body integrated physical health/primary care standards during the next accreditation survey process following Ohio department of mental health certification as a health home provider in which the provider is eligible in accordance with its accrediting body policies and procedures to undergo a review of its integrated physical health/primary care services: (a) Integrated behavioral health/primary care core program accreditation by the commission on accreditation of rehabilitative facilities; or (b) Primary physical health care standards by the joint commission behavioral health care accreditation program; or (c) Integrated behavioral health and primary care supplement standards by the council on accreditation; or (2) Within eighteen months: (a) Level one patient-centered medical home recognition by the national committee for quality assurance; or (b) Equivalent accreditation, certification or recognition approved by the Ohio department of mental health.

5122-29-33(G)(9) (b) The health home provider shall establish relation
providers, as appropriate: (i) Specialty care providers including, but no
substance abuse treatment providers, pharmacists, cardiologists, pulm
term care providers including, but not limited to, nursing facilities and
including emergency departments; (iv) Community providers; (v) Alcoh
services or community mental health boards; and (vi) Third party paye
benefits.

5122-29-33(C)(1)(f) Health home services includes the following components: Develop a communication plan to ensure that routine information exchange (clinical patient summaries, medication profiles, updates on patient progress toward meeting goals), collaboration, and communication occurs between the team members, providers, payers, and the consumer and the consumer's family, guardian, and/or significant others.

5122-29-33(G)(1)(a) The community mental health Provider must provide expanded, timely access to the services as defined in the health home service rule and provided by the health home provider.

5122-29-33(C)(1)(c) Conduct a comprehensive assessment of the individual's physical health, behavioral health (i.e., mental health disorders, substance abuse disorders, and developmental disabilities), long-term care and social service needs incorporating relevant information from screening tools, medical records, the consumer and his/her family, guardian and/or significant others, other providers, health home team members, and other sources as applicable; develop a team of health care professionals to deliver health home service based on the consumer's needs; establish and negotiate roles and responsibilities, including the accountable point of contact;

5122-29-33(C)(1)(d) Develop a single, person-centered, integrated care plan that addresses and coordinates all of a consumer's clinical and non-clinical needs, and includes prioritized goals and actions with anticipated time frames for completion and reflects the individual's preferences; implement and monitor the integrated care plan to determine adherence to treatment and medication regiment; identify, and to the extent possible, remove barriers to care, or any clinical and non-clinical issues that may impact the individual's health status or progress in achieving the goals and outcomes outlined in the integrated care plan;

5122-29-33(C)(2)(b) Assist consumer in obtaining health care, including primary, acute and specialty medical care, mental health, substance abuse services and developmental disabilities services, long-term care and ancillary services and supports;

5122-29-33(H) A health home provider shall have the capacity to provide all service components described in paragraph (C) of this rule.

Name of Provider:

☐ Yes ☐ No **Is there ownership or membership interest in the Primary Care Organization?**

If the answer is "yes" to the above question, please attach the program description/agency service plan and the project number of health home consumers served.

If the answer is "No" to the above question, please attach your agreements with those partnering primary care providers listed below, if applicable.

Name of Primary Care Provider
Location of Primary Care Provider
Projected Number of Health Home Consumers Served
Effective date for provision of Integrated Primary Care Services

☐ Yes ☐ No **Is there ownership or membership interest in the Primary Care Organization?**

If the answer is "yes" to the above question, please attach the program description/agency service plan and the project number of health home consumers served.

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sumers Served
d Primary Care Services

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Location of Primary Care Provider
Projected Number of Health Home Consumers Served
Effective date for provision of Integrated Primary Care Services

Before: 21 pages and a 3-page pre-application

Ohio | Department of Mental Health

Health Home Service Certification Supplemental Application

This supplemental application is required **only** for those Ohio community mental health services providers who are certified by the department of mental health/department of mental health and addiction services* who are eligible and seeking to become health homes for individuals with Serious and Persistent Mental Illness. Please label all attachments submitted with this application with the appropriate application section title and number/letter.

Please mail your application to:		Anticipated Date of Health Home Service:
Office of Licensure and Certification 30 E Broad Street, Suite 742 Columbus, Ohio 43215		ODMH/ODMHAS Certification Number

Name of Provider			
Name of Provider			NPI Number:
Physical Address	City	Zip	County
Contact Person			

After: 10 pages and no pre-application

Please provide			Home Service

Name of Provider if different:	Anticipated Date of Health Home Service:		NPI Number:
Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	( )		

Name of Provider if different:	Anticipated Date of Health Home Service:		NPI Number:
Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	( )		

Name of Provider if different:	Anticipated Date of Health Home Service:		NPI Number:
Service Location Address	City	Zip	County
Contact Person	Phone	Email	
	( )		

Ohio Department of Transportation

AIRCRAFT REGISTRATION PROCESS

Ohio Department of Transportation

Office of Aviation

2829 W. Dublin-Granville Road • Columbus, Ohio • 43235-2786

OHIO Aircraft Registration Application 2011

N-Identification No: 1001E

Aircraft Base: GEAUGA COUNTY

Make and Model: AERONCA

7AC

JOHN T VENALECK

1382 W JACKSON ST, PO BOX 110

PAINESVILLE, OH 44077

Max. N

Reg

Aircraft Registration Renewals Must be Postmarked b

Registration Fees: Gliders and Balloons - $15.00 per aircraft

All Other Aircraft - $15.00 per seat *(based on manufacturers maximum listed seating capacity)*

TO AVOID PROCESSING DELAYS, MAKE CHECK PAYABLE TO: TREASURER STATE OF OHIO

Aircraft Registration Category:

☐ Renewal ☐ New ☐ Sold ☐ Not Airworthy:

Date Aircraft Last Flown Month ____ Year ____

Date of Last Annual Month ____ Year ____

Estimated Return to Service Date Month ____ Year ____

☐ Destroyed/Scrapped ☐ Aircraft Not Based in Ohio (indicate state) _____

Ohio Aircraft Registration Application

Instructions

www.dot.state.oh.us/aviation

1.) Determine ***Aircraft Registration Category*** and check corresponding box on Aircraft Registration Application - select only one (use guidance and information below).
2.) Determine registration fee if applicable (see fee guide).
3.) Verify Aircraft & Owner Information or make changes.
4.) Sign and date Registration Application.
5.) Mail completed application and payment (if required).
6.) ***DMA Form - complete and enclose with Aircraft Registration Application***

Mail to: Ohio Office of Aviation
Aircraft Registration
2829 W. Dublin-Granville Rd
Columbus, OH 43235-2786

For questions about aircraft registration please use the Registration E-Mailbox: **odot.aircraft.registration@dot.state.oh.us** or call: 614-387-2354

Aircraft Registration Categories

Fee Payment and DMA Form are required for all New and Renewal Registrations of airworthy aircraft.

Renewal - See Additional Information about Registration Renewal below and Follow instructions 2 thru 6 above.

New Registration - See Additional Information about New Registration below and Follow instructions 2 thru 6 above, submit information as it appears on your FAA Registration.

N, an Aircraft Registration Application must be submitted but
DMA Form Required.

new owner) Please provide new owner information & return (no fee required, no

disassembled for restoration and will not be flown in the current registration
fee required, no DMA Form required).

as been destroyed or scrapped - must use FAA criteria and process)
quired, no DMA Form required).

Aircraft Not Based in Ohio - (Aircraft owner is Ohio resident but aircraft is based in a state **other than Ohio**) Follow instructions 3 thru 5 above (no fee required, no DMA Form required).

Additional Registration Information

DMA Form Required:
All Aircraft Registration Applications requiring fee payment must include, as part of the registration, a completed DMA form (Declaration Regarding Material Assistance/NonAssistance to a Terrorist Organization)(ORC 2909.32 - 2909.34). Please visit the Ohio Homeland Security web site (www.homelandsecurity.ohio.gov) for the TEL (Terrorist Exclusion List) referenced in the DMA form.

Renewal:
Application for aircraft registration shall be filed annually with the Office of Aviation during the month of January, and shall be renewed according to the standard renewal procedure of Section 4745.01 to 4745.03 of the Revised Code.
Aircraft Registration **Renewals must be postmarked by January 31.** Aircraft Registration Renewals postmarked after the January deadline will be referred to the Ohio Attorney General.

New Registration:
Upon purchasing an aircraft, the buyer shall make application for registration within 30 days after purchase.
(ORC 4561.18) There is no reduction in fee for aircraft acquired later in the year.

$500 Fine:
There is a fine of up to **$500** per aircraft per year for failure to annually register any aircraft that is based in Ohio.

Before: Paper-based mailed in process with fee paid by check

Log In

Ohio.gov

ODOT

WELCOME TO THE ODOT AVIATION REGISTRATION MANAGEMENT SYSTEM (AVRMS)

User Name

Password

After: Online registration system and payment. Annual savings of $33,000 in paper, envelopes, printing and postage

Manage MyODOT Account
Print a Blank Application
Need Help?

The Ohio Department of Transportation, 1980 West Broad Street, Columbus Ohio 43223
John R. Kasich, Governor | Jerry Wray, ODOT Director | Privacy Statement | Advanced Search | Feedback | Ohio.gov

Kaizen Event Savings from Poka-Yoke (Forms)

- More than $3.2 million projected annual savings to date