

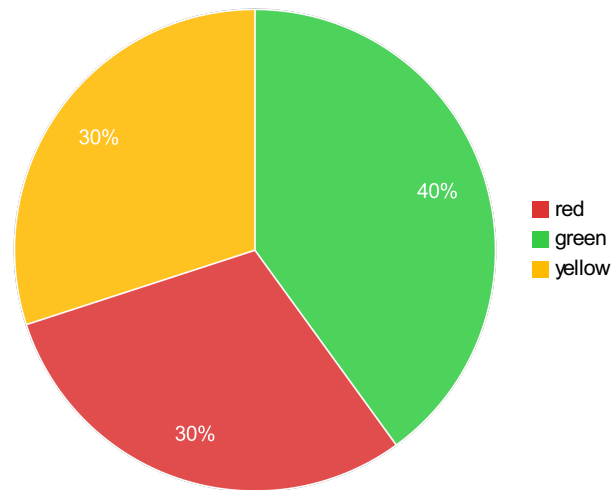
# **Chiropractic Examiners, Board of**

Annual Performance Progress Report

Reporting Year 2018

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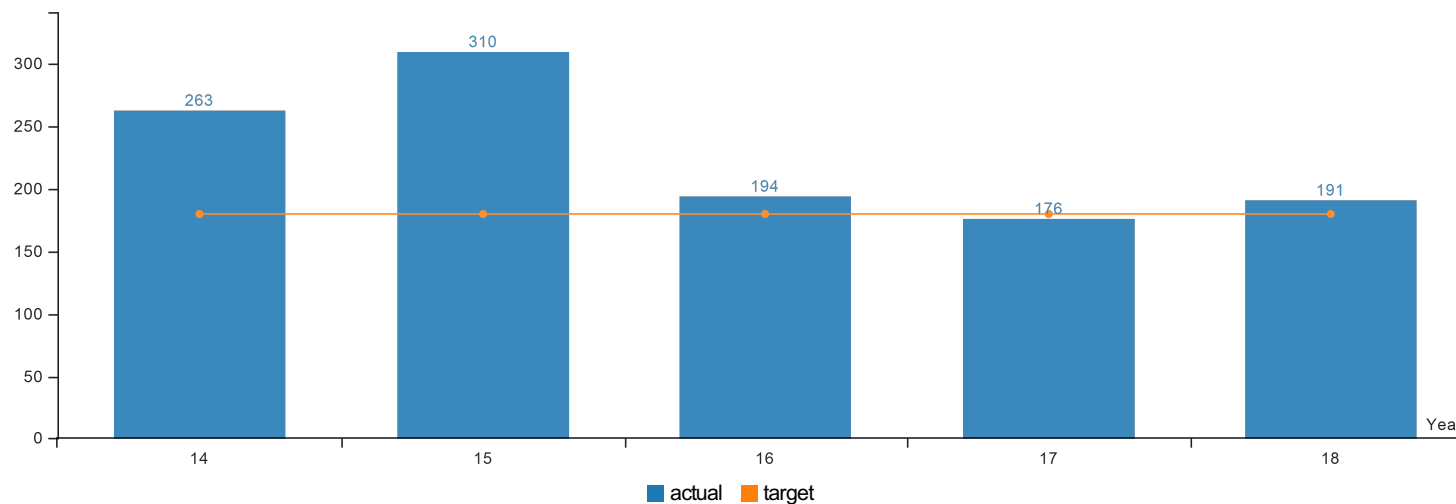
KPM #	Approved Key Performance Measures (KPMs)
1	Average number of days to resolve a complaint. -
2	Percent of sexual misconduct/boundary complaints resolved in 180 days -
3	The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
4	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
5	The Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
6	Customer Service - Percent of customers rating their satisfaction w with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.
7	Board Best Practices - Percent of total best practices met by the Board.
8	Days between complaint receipt and investigation preparation for Board. - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
9	Days between investigation preparation and presentation to the Board. - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 30 days of completion.
10	Days between Board review/initial action and case closure. - Percent of cases closed within 90 days of Board review/initial action.



Performance Summary	Green	Yellow	Red
Summary Stats:	= Target to -5% 40%	= Target -5% to -15% 30%	= Target > -15% 30%

KPM #1	Average number of days to resolve a complaint. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = negative result



Report Year	2014	2015	2016	2017	2018
<b>Average number of days to resolve a complaint.</b>					
Actual	263	310	194	176	191
Target	180	180	180	180	180

### How Are We Doing

Our average for this KPM in 2017 was 176 days, the first time we had met this target since 2012. 62 cases were closed during this reporting period with 22 cases over the 180 days target. Of these 22 cases, 15 DCs were involved (.7% of the total 1956 DCs as of 9/1/17) in 18 cases, CAs were involved in 2 cases, and CA Applicants were involved in 2 cases. The 22 cases were open for a total of 7,045 days, averaging 320 days/case. .7% of the total DCs were responsible for 35% of the closed cases. In contrast, the remaining 65% of cases were open for a total of 3,763 days, averaging 94 days/case - an average well below our target of 180 days and well below 2016's measurements.

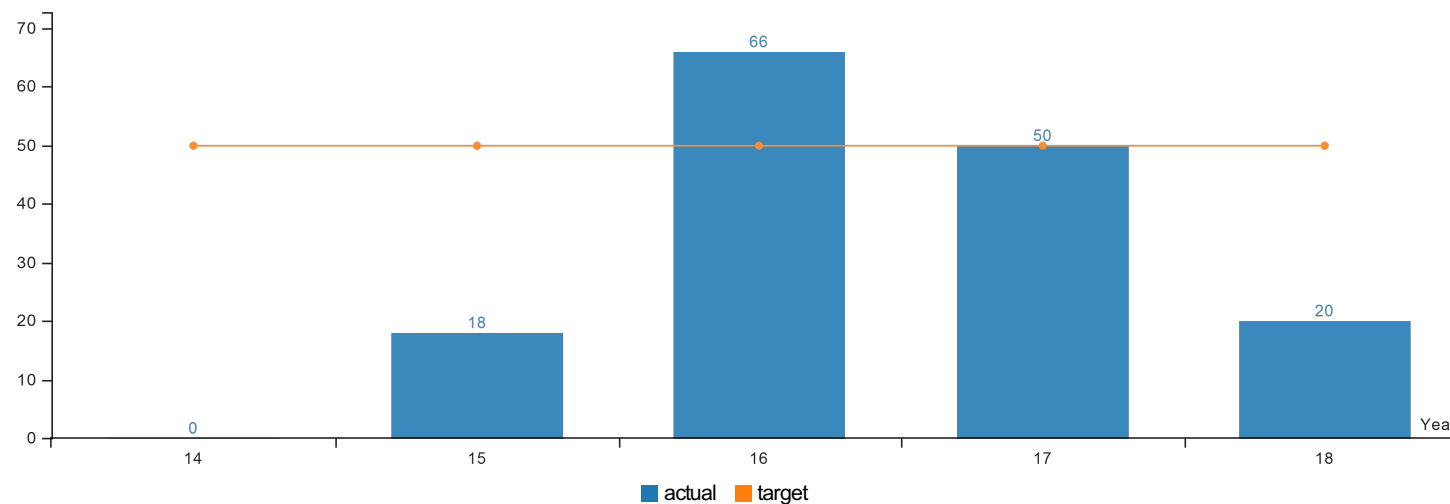
Our average for 2018 is 191 days. 72 cases were closed during this reporting period with 36 total cases over the 180 days target. Of these 36 cases, 30 DCs were involved (1.5% of the total 1968 DCs as of 9/1/18) in 33 cases, and CAs were involved in 3 cases. The 36 cases were open for a total of 10,789 days, averaging 300 days/case. 1.5% of the total DCs were responsible for 45.8% of the closed cases. In contrast, the remaining 54.2% of cases were open for a total of 2,969 days, averaging 82.5 days/case - an average well below our target of 180 days.

### Factors Affecting Results

We had an increase in cases that included cases with opposing counsel and those that went to hearing. Because our investigation staff and assigned Assistant Attorney General are integrally involved in hearing preparation and presentation, that effort causes other cases to be put on hold, and left open, until cases at hearing are completed or resolved. We also had a couple of cases that included mental health and dementia-related issues for elder licensees that were open far longer than is typical of complaint investigations.

KPM #2	Percent of sexual misconduct/boundary complaints resolved in 180 days -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Percent of sexual misconduct/boundary complaints resolved in 180 days</b>					
Actual	No Data	18%	66%	50%	20%
Target	50%	50%	50%	50%	50%

#### How Are We Doing

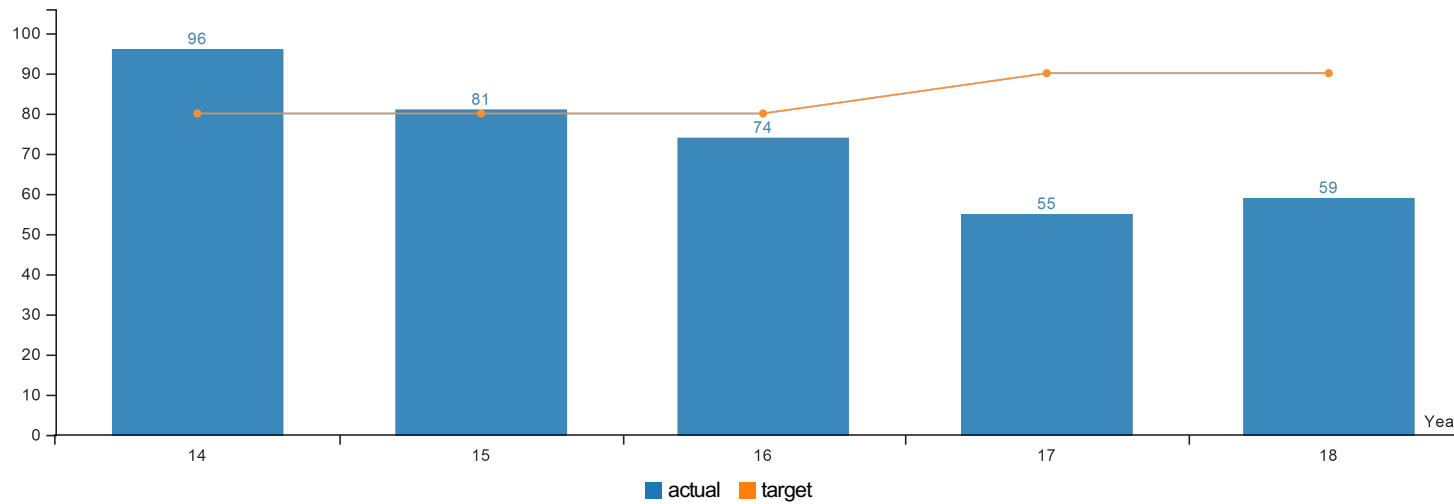
We did not meet our target this reporting period. There were a total of 5 sexual boundary cases closed with 1 case closed under 180 days, which resulted in a license revocation.

#### Factors Affecting Results

This category can be very challenging as the investigations are often long and complicated, involving sensitive topics with often traumatized witnesses, multiple licensing and law enforcement agencies, as well as cross jurisdictional (state and country) issues, opposing counsel involvement, and a long appeals process. A major factor that affects these results is the small number of cases that qualify as sexual boundary cases that are investigated and closed every year.

KPM #3	The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within 120 days. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Percentage of complaints/investigations presented to the Board within 120 days</b>					
Actual	96%	81%	74%	55%	59%
Target	80%	80%	80%	90%	90%

#### How Are We Doing

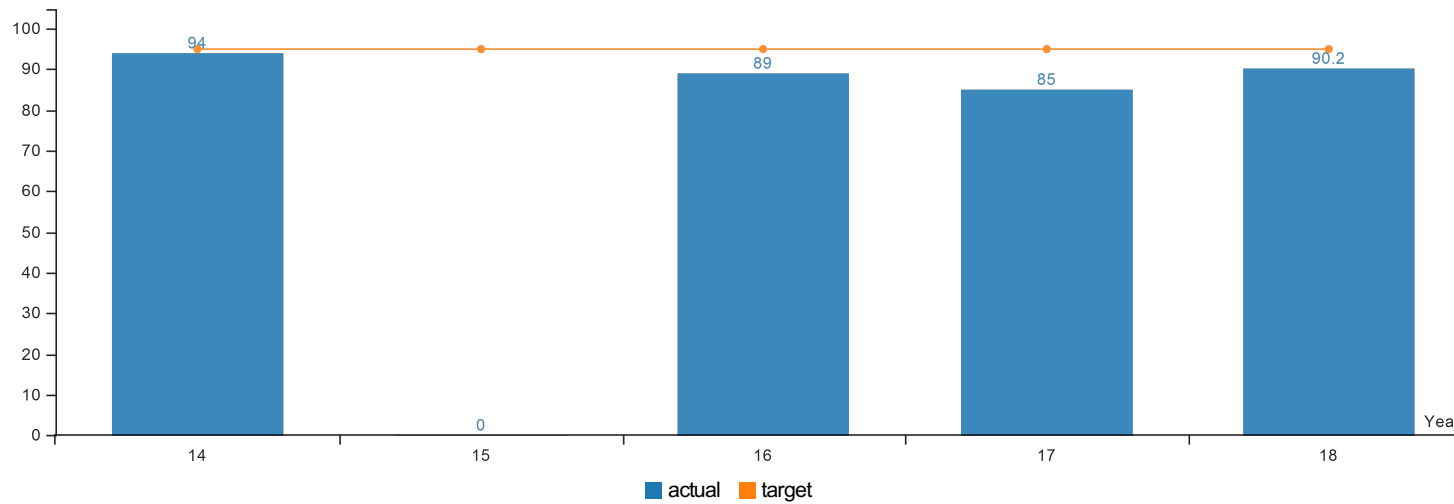
The target for this KPM was changed from 80% to 90% during the 2017 Legislative Session. We did not meet this new KPM this reporting period, with 22 new cases, 9 of which reported to the board at more than 120 days.

#### Factors Affecting Results

4 of the 9 cases over 120 days involve the same business entity and a cadre of opposing counsel, which led to longer than usual time to resolve and a more complicated process with cases reliant on the resolution of others in their outcomes.

KPM #4	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Percentage of chiropractic physicians meeting the annual continuing education requirements.</b>					
Actual	94%	No Data	89%	85%	90.20%
Target	95%	95%	95%	95%	95%

**How Are We Doing**

For the 2018 reporting period, 11 audits were taken with a total compliance rate of 90.2%, an increase over the last two reporting periods.

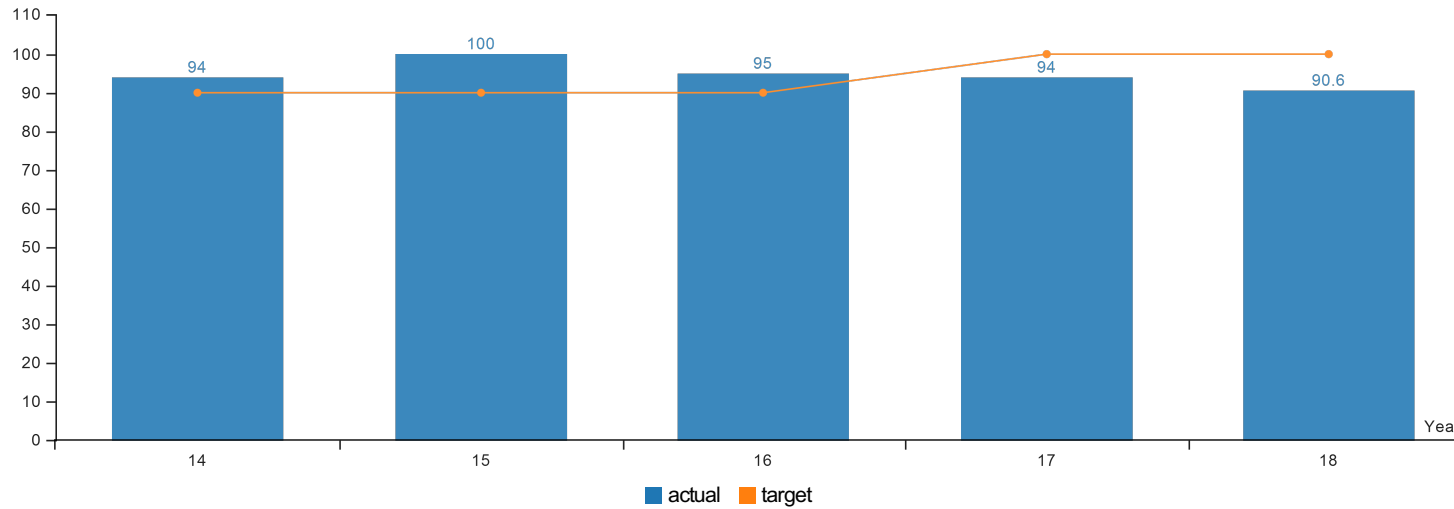
The compliance rates for each audit are as follows: 9/17 audit: 92.3%; 10/17 audit: 75%; 11/17 audit: 100%; 12/17 audit: 90.9%; 1/18 audit: 92.3%; 2/18 audit: 88.9%; 3/18: 88.9%; 4/18: 87.5%; 5/18 audit: 92.3%; 7/18 audit: 91.7%; 8/18 audit: 91.7%.

**Factors Affecting Results**

More consistency in performance of the audits has resulted in greater compliance.

KPM #5	The Percentage of licenses issued within 5 days once all application components (that are the responsibility of the applicant) have been received. -
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Time to process chiropractor applications</b>					
Actual	94%	100%	95%	94%	90.60%
Target	90%	90%	90%	100%	100%

**How Are We Doing**

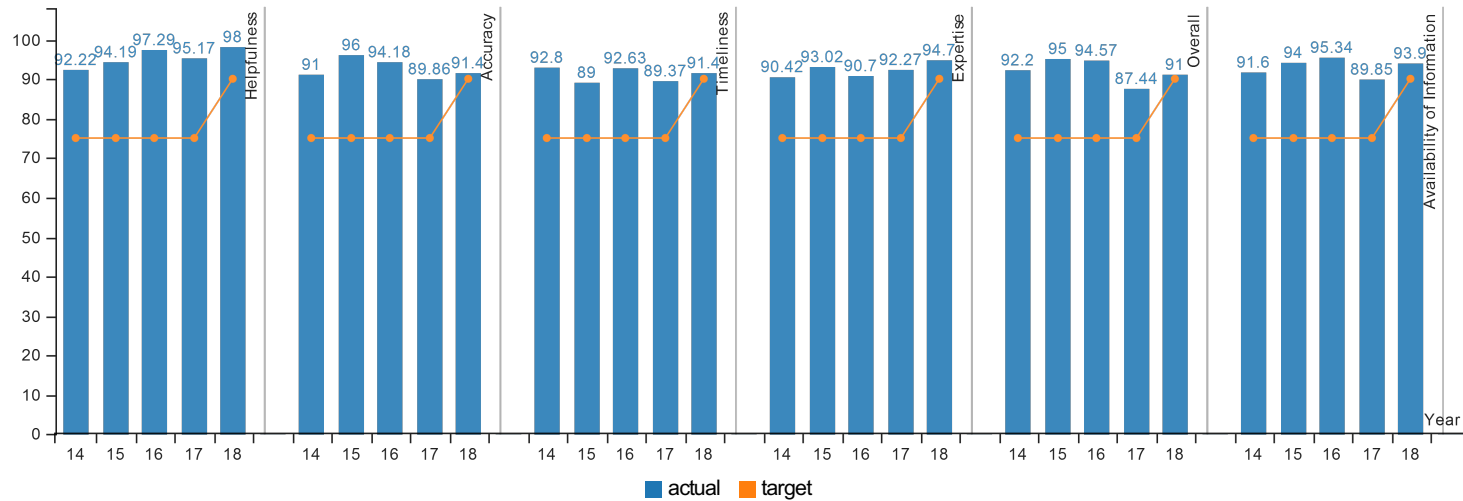
The new target is issuance of 100% of chiropractic physician licenses within 5 business days of the completed application (that are the responsibility of the applicant). The previous target was 90%.

We have not yet met this target. 85 licenses were processed in this reporting period. 100% were completed within 33 days, 96.5% completion within 11 days, 93% completion within 6 days, 90.6% completion within 5 days, 80% completion within 4 days, 74.1% completion within 3 days, 61.1% completion within 1 day, 40% of the licenses issued the same day.

**Factors Affecting Results**

Because we have such a small staff (5.1 FTE, 6 positions), staff members' days out of the office due to FMLA/OMLA issues, sickness, or vacation days greatly affect this measure and the processing of license applications. We continue to cross train staff members for these purposes.

KPM #6	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise, and availability of information.
	Data Collection Period: Sep 01 - Aug 31



Report Year	2014	2015	2016	2017	2018
<b>Helpfulness</b>					
Actual	92.22%	94.19%	97.29%	95.17%	98%
Target	75%	75%	75%	75%	90%
<b>Accuracy</b>					
Actual	91%	96%	94.18%	89.86%	91.40%
Target	75%	75%	75%	75%	90%
<b>Timeliness</b>					
Actual	92.80%	89%	92.63%	89.37%	91.40%
Target	75%	75%	75%	75%	90%
<b>Expertise</b>					
Actual	90.42%	93.02%	90.70%	92.27%	94.70%
Target	75%	75%	75%	75%	90%
<b>Overall</b>					
Actual	92.20%	95%	94.57%	87.44%	91%
Target	75%	75%	75%	75%	90%
<b>Availability of Information</b>					
Actual	91.60%	94%	95.34%	89.85%	93.90%
Target	75%	75%	75%	75%	90%

**How Are We Doing**



The target for each of these categories changed from 75% to 90% in the 2017 Legislative Session. Even with this increase, we have exceeded that target in each category for the 2018 reporting period.

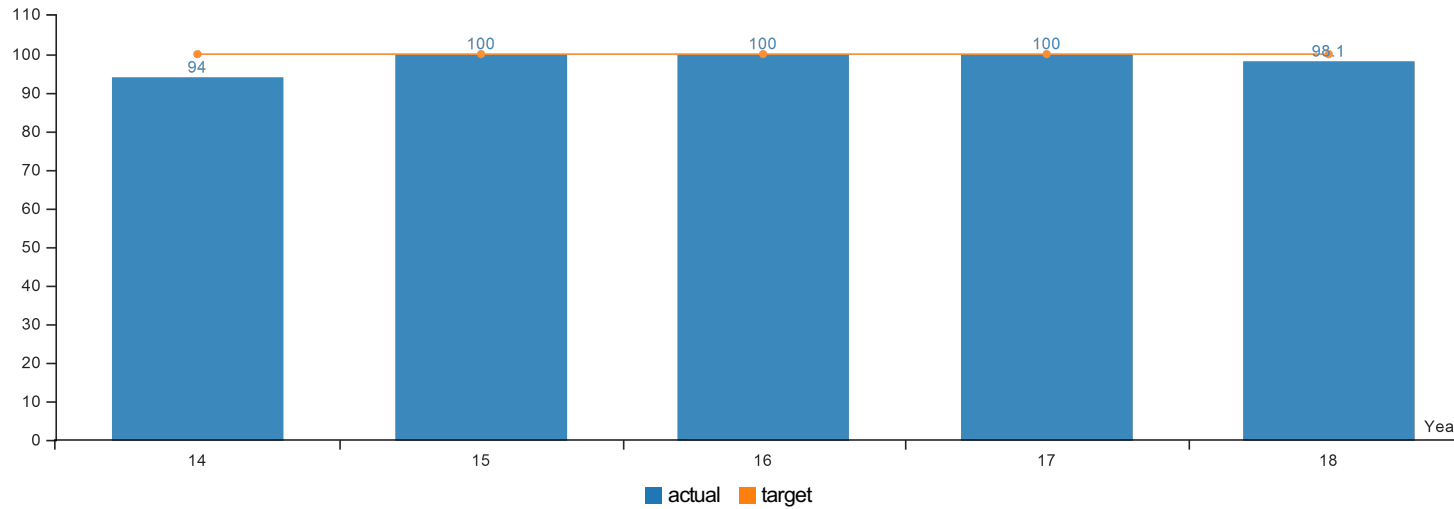
245 people responded to our online survey and answered all non-comment questions. We also received 70 comments to Question 11, which asks what changes, if any, can we make. As such, the reported outcomes for this reporting period reflects the combination of "Excellent" and "Good" responses.

**Factors Affecting Results**

A predominant comment received for Question 11 centered around the CA application and renewal process as our online renewal process was just implemented earlier this summer and will include birth-month renewal as of January 2019. Other comments included a desire for better response times for communications and a desire for a better website experience. The communications aspect we continue to deal with such a small staff and for our website redesign, we are within the DAS cohort that will be working on redesign in the early part of 2019.

KPM #7	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Board Best Practices - Percent of total best practices met by the Board.</b>					
Actual	94%	100%	100%	100%	98.10%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

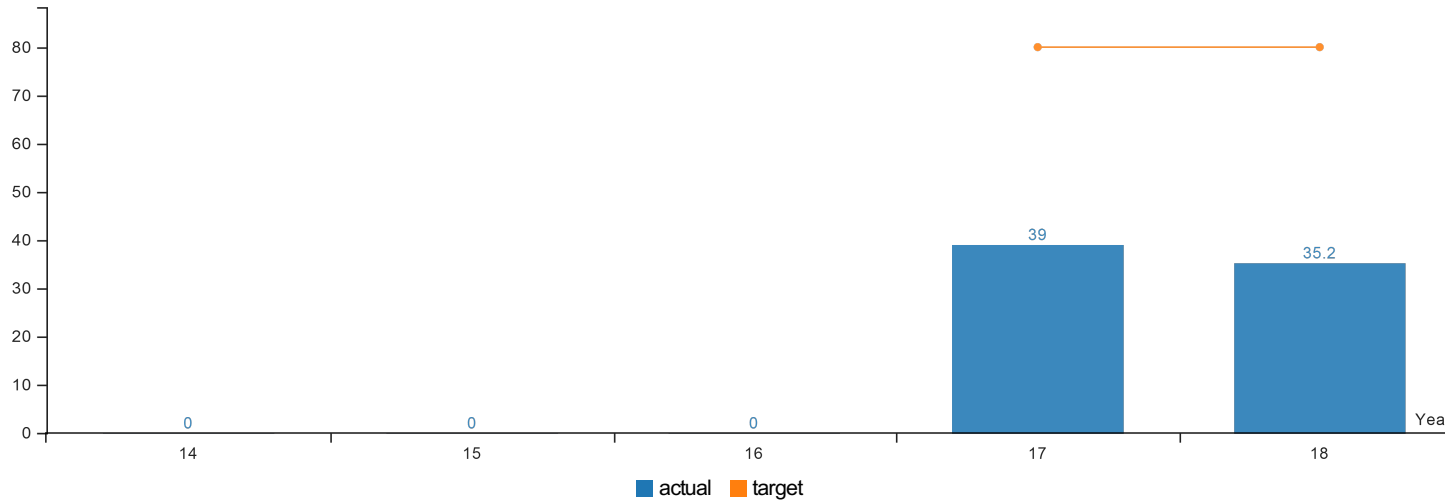
All 7 board members responded, with an aggregate 98.1% assessment score, reflecting one board member's assessment of an 87%. The concerns raised by that board member included "no" answers on question 14: The board members identify and attend appropriate training sessions, and on question 15: the board reviews its management practices to ensure best practices are utilized. This is the first time since 2014 that we did not meet this target.

#### Factors Affecting Results

I am unsure as to why this board member responded in the negative as to training and as to best practices as the board identified and recently went through a training on elder abuse within this last year and often review our management practices.

KPM #8	Days between complaint receipt and investigation preparation for Board. - Percent of cases having investigative reports written within 120 days from when a complaint is received to when the investigation is prepared for Board review/action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Complaint receipt to investigation preparation to Board.</b>					
Actual	No Data	No Data	No Data	39%	35.20%
Target	TBD	TBD	TBD	80%	80%

#### How Are We Doing

In 2017, of the 47 complaints that were received, 29 of them (61%) included investigators' reports that were submitted in excess of 120 days from complaint receipt. The average days from receipt to investigators' report for the 29 cases was 184.7 days. For the other 18 cases (39%), the average days from receipt to investigators' report was 68.1 days (1,226 days/18 cases).

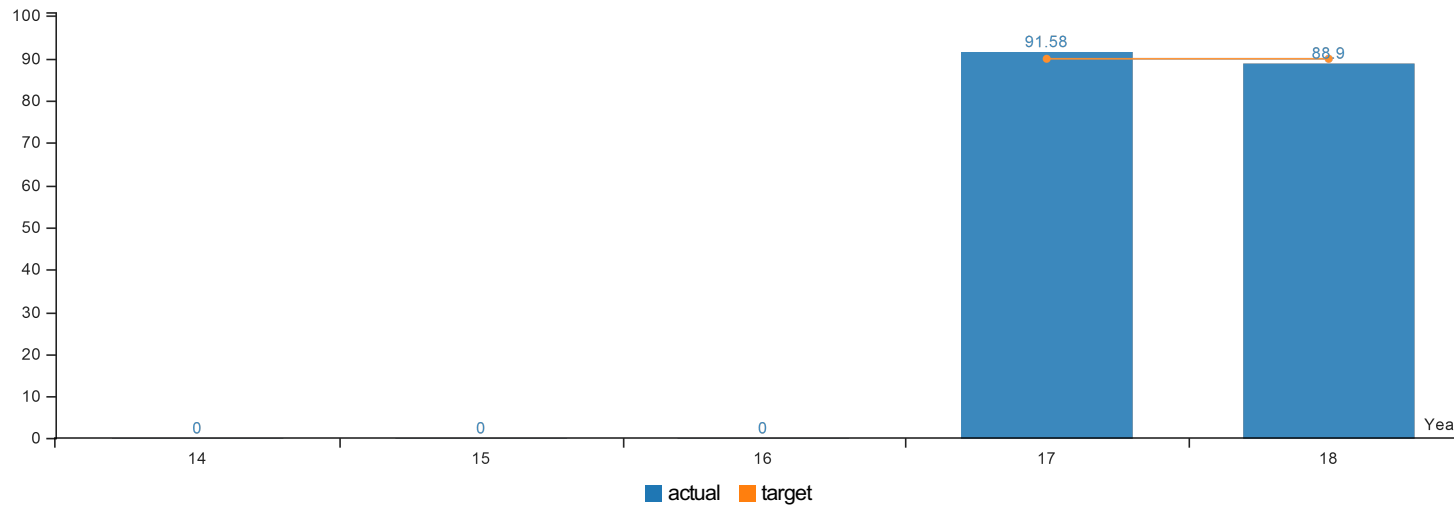
For the 2018 reporting period, of the 54 complaints that were received, 35 of them (64.8%) included investigators' reports that were submitted in excess of 120 days from complaint receipt. The average days from receipt to investigators' report for the 35 cases was 200 days/case. For the other 19 cases (35.2%), the average days from receipt to investigators' report was 65.5 days (1,244 days/19 cases).

#### Factors Affecting Results

Of the 54 cases that were over target, 5 involved the same complicated business structure/entity, 3 cases involved 1 DC regarding sexual misconduct, and 4 other cases involved 2 other DCs (3 DCs involved in 7 cases).

KPM #9	Days between investigation preparation and presentation to the Board. - Percent of cases, with a prepared investigation that is ready for Board review/action, that are presented to the Board within 30 days of completion.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Days between investigation preparation and presentation to the Board.</b>					
Actual	No Data	No Data	No Data	91.58%	88.90%
Target	TBD	TBD	TBD	90%	90%

#### How Are We Doing

We exceeded this target in 2017 at 91.58%, with 47 cases where an investigation report was written and then presented to the Board, 43 of them were submitted within 30 days. Of the cases that were submitted in over 30 days, the average time it took for submission was 42 days.

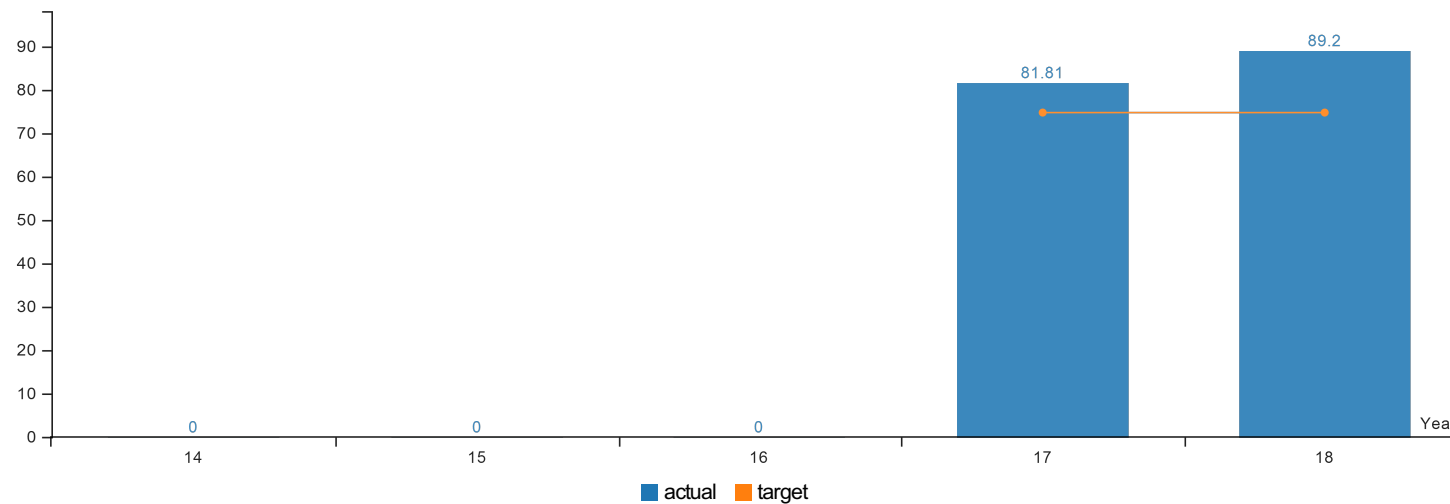
For 2018, of the 54 cases where an investigation report was written and then presented to the Board, 48 of them (88.9%) were submitted within 30 days. Of the 6 cases that were submitted in over 30 days, the average time it took for submission was 43 days.

#### Factors Affecting Results

We saw an increase in the number of complaints received and the number of investigation report written and reported to the Board. One unusual aspect is that 2 of the cases that were submitted over the 30 day target involved CA applicants who required further investigation and eventually withdrew their applications based on their criminal background histories.

KPM #10	Days between Board review/initial action and case closure. - Percent of cases closed within 90 days of Board review/initial action.
	Data Collection Period: Sep 01 - Aug 31

\* Upward Trend = positive result



Report Year	2014	2015	2016	2017	2018
<b>Days between Board review/initial action and case closure.</b>					
Actual	No Data	No Data	No Data	81.81%	89.20%
Target	TBD	TBD	TBD	75%	75%

#### How Are We Doing

We have exceeded this KPM (89.2%) and exceeded our percentage from 2017 (81.8%). Of the 37 cases that were closed during this reporting period, 33 of them (89.2%) were closed within 90 days after initial board review. 4 cases exceeded the 90 days target, 3 of which resulted in negotiated settlements and the fourth resulted in withdrawal of a CA application. Those 4 cases averaged 204 days/case between initial board review and case closure.

#### Factors Affecting Results

If licensees who are being proposed discipline obtain legal counsel, request a hearing, and engage the agency in settlement negotiations after the initial board review, there will be an anticipated longer time span between that first review and when the case closes. The efforts that go into negotiated outcomes rather than contested case hearings and possible appeals is well worth the time spent and possibly not meeting this KPM target for those purposes.