

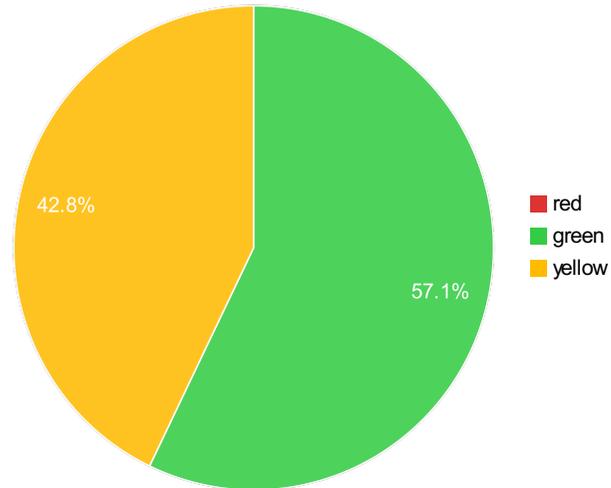
Chiropractic Examiners, Board of

Annual Performance Progress Report

Reporting Year 2016

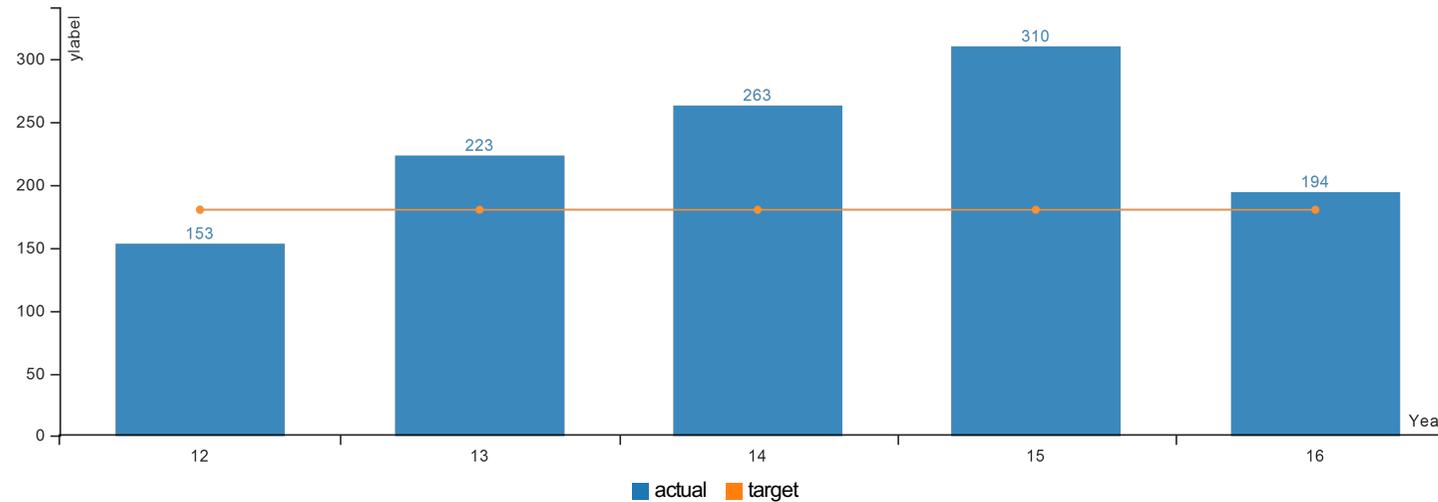
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KPM #	Approved Key Performance Measures (KPMs)
1	Average number of days to resolve a complaint. -
2	Percent of sexual misconduct/boundary complaints resolved in 180 days -
3	The Percentage of new complaints that are assessed, investigated, and presented to the board for an initial decision within a target number of days. -
4	Percentage of chiropractic physicians meeting the annual continuing education requirements. -
5	The Percentage of licenses issued within a target number of days once all application components (that are the responsibility of the applicant) have been received. -
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.
7	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -6% to -15%	= Target > -15%
Summary Stats:	57.14%	42.86%	0%

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



Report Year	2012	2013	2014	2015	2016
Average number of days to resolve a complaint.					
Actual	153	223	263	310	194
Target	180	180	180	180	180

How Are We Doing

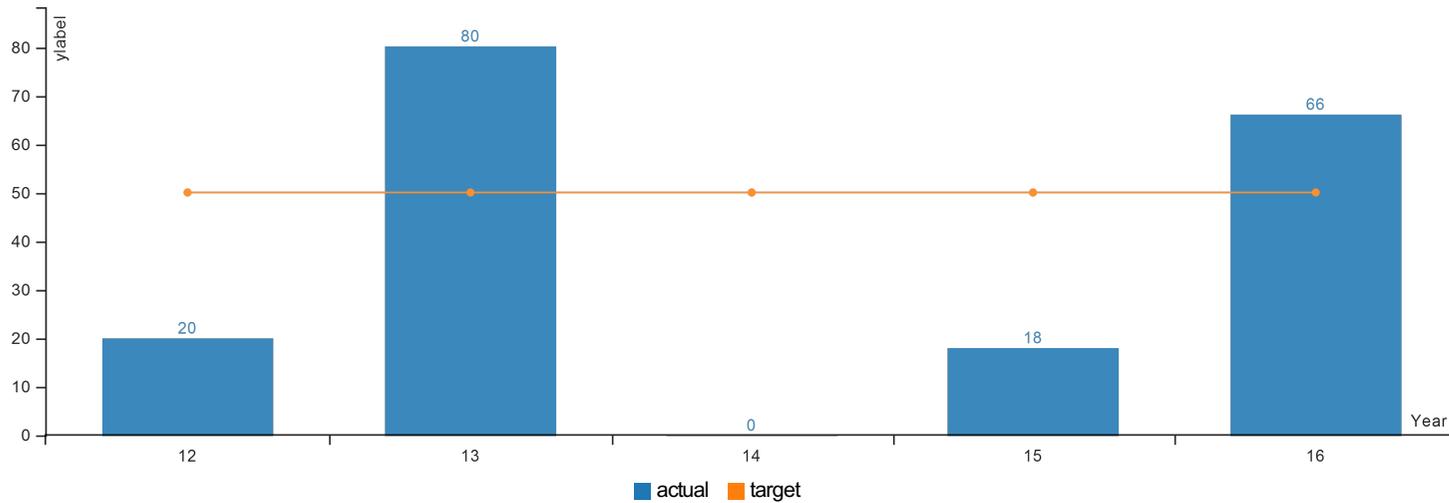
Our average for this KPM in 2015 was 310 days, with .45% of the then DC population accounting for 28% of the closed cases (9 DCs:27 cases). The total number of closed cases was 94. Those 27 cases were open for a total of 19,432 days, averaging 719 days/case. In contrast, the remaining 71% of cases were open for a total of 9,740 days, averaging 145 days/case - an average well below our target of 180 days.

Our average for 2016 is 194 days, a great improvement over last years' average. 63 cases were closed during this reporting year with 25 cases over the 180 day target. Of these 25 cases, 19 DCs were involved (1% of the total 1917 DCs as of 8/31/16) in 20 cases and 5 cases involved non-licensees. The 25 cases were open for a total of 8,419 days, averaging 336 days/case. 1% of the total DCs were responsible for 40% of the closed cases. In contrast, the remaining 60% of cases were open for a total of 3,818 days, averaging 100 days/case - an average well below our target of 180 days and well below last years' measurements.

Factors Affecting Results

Several longstanding investigations and cases - some that had been open since 2010 - were resolved and closed during the 2015 reporting year and some carried over and were resolved within this reporting year. Increasing complexity of cases - sexual boundary issues, legal complexity, involvement of opposing counsel, and cases on appeal - effect this measure's outcome greatly.

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



Report Year	2012	2013	2014	2015	2016
Percent of sexual misconduct/boundary complaints resolved in 180 days					
Actual	20%	80%	0%	18%	66%
Target	50%	50%	50%	50%	50%

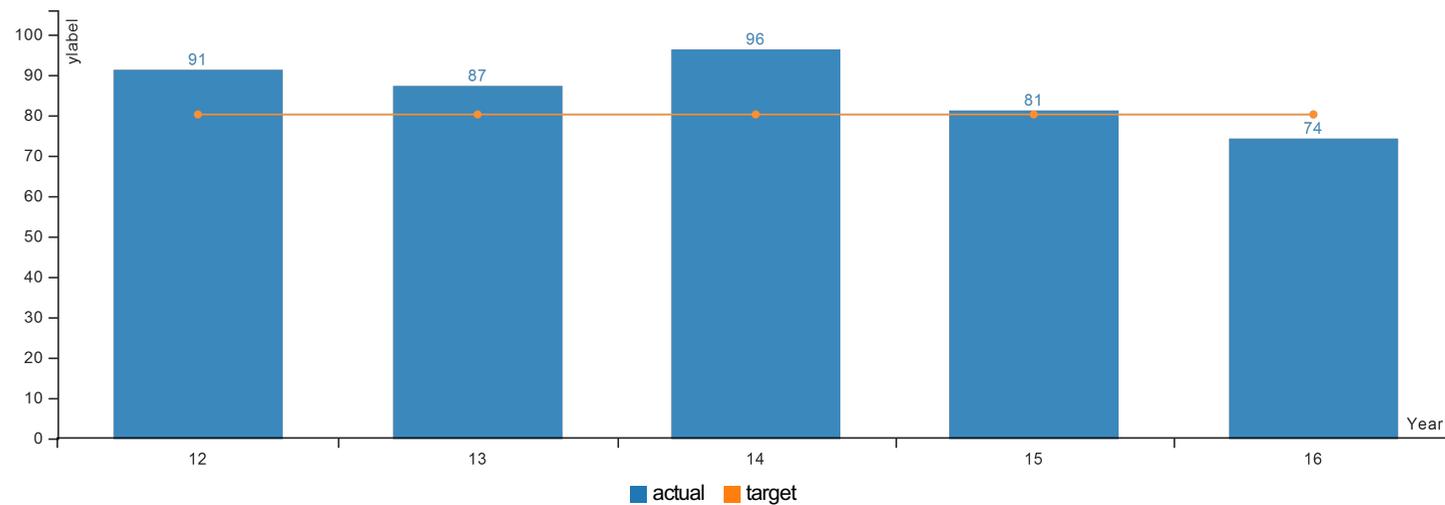
How Are We Doing

We met and exceeded our target this reporting period, the first time we've met this KPM in three years. There were 3 sexual boundary cases closed with 2 closed under 180 days, a wonderful improvement over 2015 (18%) and 2014 (0%).

Factors Affecting Results

This category can be very challenging as the investigations are often long and complicated involving sensitive topics with sensitive witnesses, multiple licensing and law enforcement agencies, as well as opposing counsel, 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. That number can vary drastically.

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



Report Year	2012	2013	2014	2015	2016
Percentage of complaints/investigations presented to the Board within 120 days					
Actual	91%	87%	96%	81%	74%
Target	80%	80%	80%	80%	80%

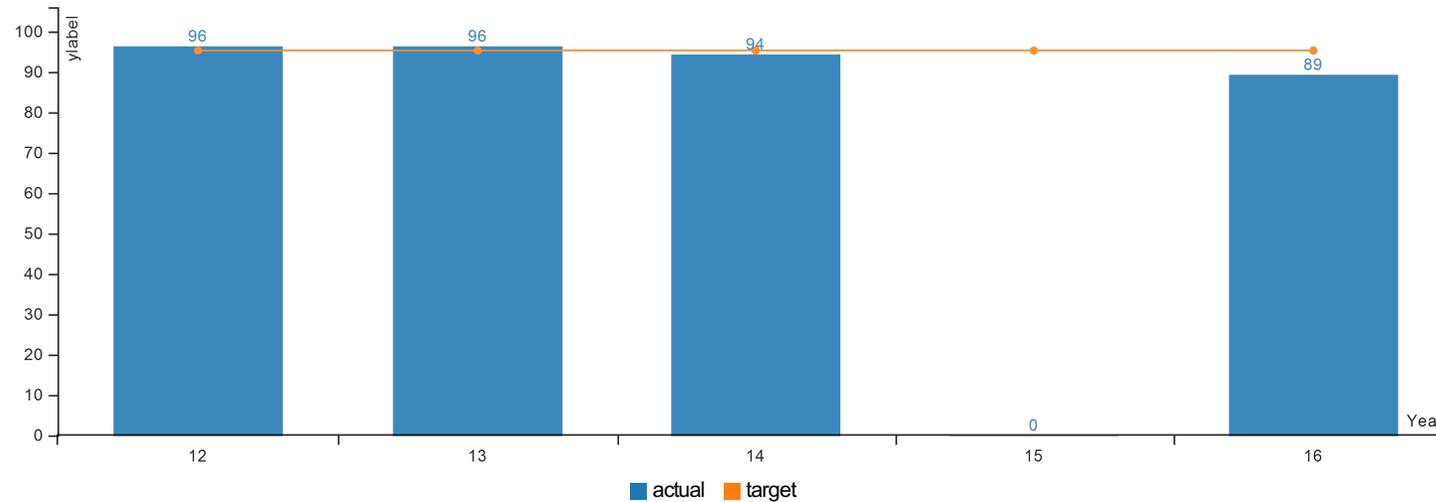
How Are We Doing

We are close but did not meet our target for this reporting period, unlike the last seven reporting periods. There were 38 new cases, with 10 cases reporting to the board at more than 120 days. All cases reported to the board in less than 185 days.

Factors Affecting Results

The only factor that is different about these cases than cases within prior reporting periods is that 7 of the 10 cases over target involve complex recordkeeping/chart note violations. These types of cases involve voluminous amounts of medical records to request from licensees, to review when finally obtained, and to present to the board in a concise manner. Our Healthcare Investigator, who is a retired DC, is indispensable during the investigation and review of these records.

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



Report Year	2012	2013	2014	2015	2016
Percentage of chiropractic physicians meeting the annual continuing education requirements.					
Actual	96%	96%	94%	0%	89%
Target	95%	95%	95%	95%	95%

How Are We Doing

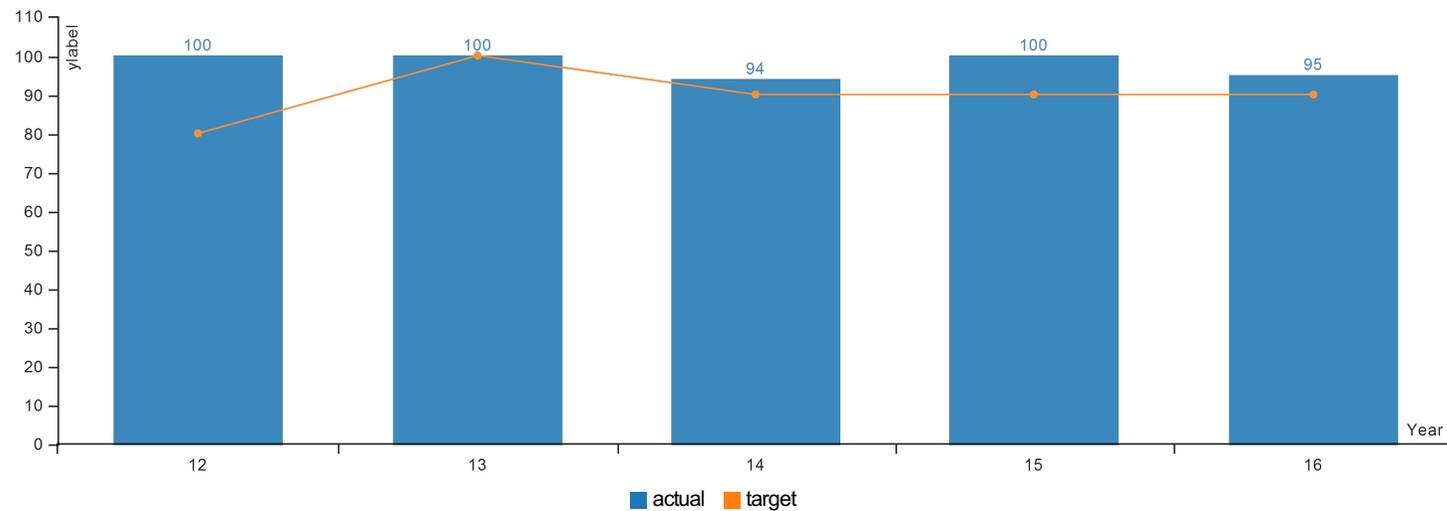
For the 2016 reporting period, 2 audits were taken. The first audit was taken in October 2015 wherein 26 DCs were audited and 20 complied with their CE requirement within 30 days of audit, a 77% compliance rate. The second audit was taken in April 2016 wherein 22 DCs were audited and 21 complied, a 95% compliance rate. The total, overall compliance rate of the two audits combined was 89% (41/46).

No data was available for our 2015 reporting period for this KPM due to office staffing issues occurring at that time. For 2014, there was a reported 94% overall compliance rate.

Factors Affecting Results

Internal staffing issues can greatly affect data collection and reporting of this KPM. As can be seen, we improved our staffing issue over last year and improved our educational push regarding CE requirements at the beginning of 2016.

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



Report Year	2012	2013	2014	2015	2016
Time to process chiropractor applications					
Actual	100%	100%	94%	100%	95%
Target	80%	100%	90%	90%	90%

How Are We Doing

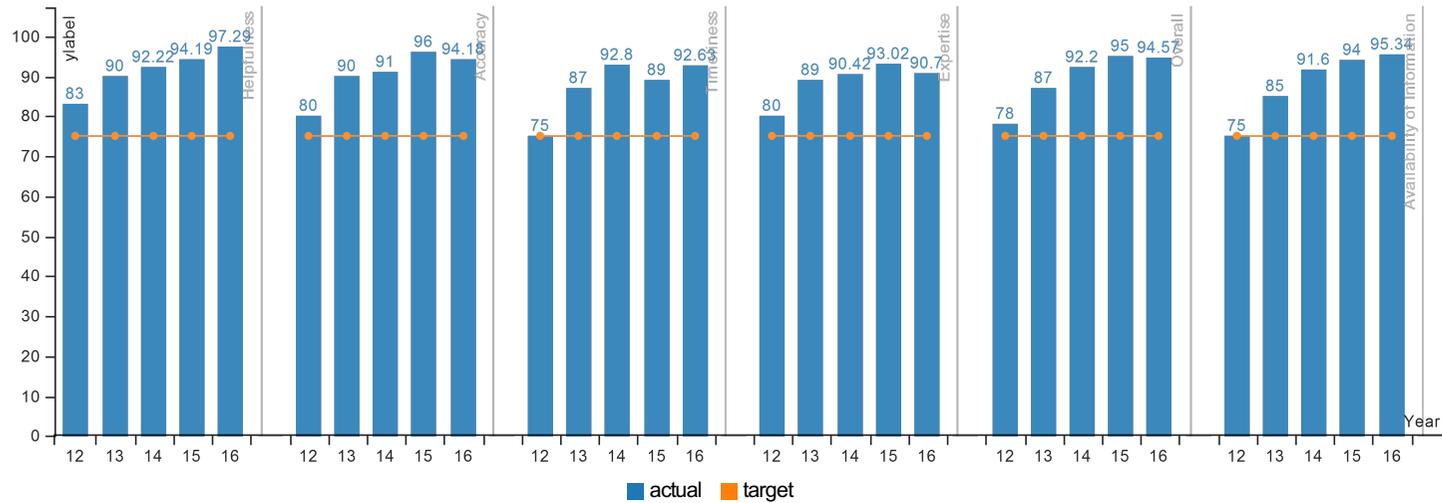
The target is issuance of 90% of chiropractic physician licenses within 5 business days of the completed application (that are the responsibility of the applicant).

We have met this target measure. 39 licenses were processed in this reporting period, with 100% completion within 10 days, 95% completion within 5 days, 92% completion within 3 days, and 90% completion within 5 days.

Factors Affecting Results

Open positions and staff vacation or sick days greatly affect this measure and the processing of license applications. We continue cross training 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	2012	2013	2014	2015	2016
Helpfulness					
Actual	83%	90%	92.22%	94.19%	97.29%
Target	75%	75%	75%	75%	75%
Accuracy					
Actual	80%	90%	91%	96%	94.18%
Target	75%	75%	75%	75%	75%
Timeliness					
Actual	75%	87%	92.80%	89%	92.63%
Target	75%	75%	75%	75%	75%
Expertise					
Actual	80%	89%	90.42%	93.02%	90.70%
Target	75%	75%	75%	75%	75%
Overall					
Actual	78%	87%	92.20%	95%	94.57%
Target	75%	75%	75%	75%	75%
Availability of Information					
Actual	75%	85%	91.60%	94%	95.34%
Target	75%	75%	75%	75%	75%

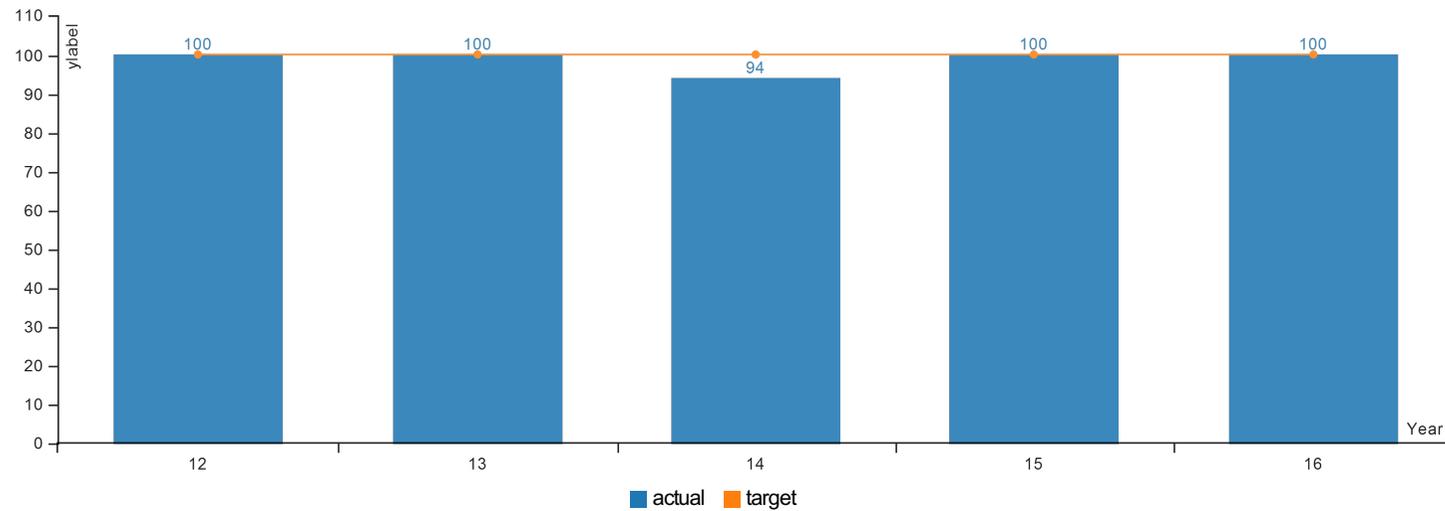
How Are We Doing

The 75% target is a combination of "Excellent" and "Good" responses as opposed to "Fair" and "Poor." Beginning in reporting year 2014, we expanded response possibilities from "Excellent," "Good," "Fair," and "Poor" to "Excellent," "Above Average," "Average," and "Below Average." The reported outcomes, exceeding the 75% target in all questions, are based on a combination of "Excellent," "Above Average," and "Average" responses rather than the previous combination of "Excellent" and "Good." Even if we only reported combinations of "Excellent" and "Above Average," we still meet or exceed our 75% target in four of the six survey questions within this KPM. The two survey questions that didn't meet our target with these two reporting criteria are within the Timeliness and Accuracy questions.

Factors Affecting Results

The predominant comment received in 2015 was that we weren't posting our approved board meeting minutes on our website in a timely manner and we have greatly improved this issue and are up to date. For 2016, we've been shortstaffed for much of this reporting year and it has affected our response times, as can be seen by the comments received within the current survey. As of October 5, 2016, we have made a hire to remedy our staffing issue and anticipate our slight deficiencies to improve for next reporting year.

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



Report Year	2012	2013	2014	2015	2016
Board Best Practices - Percent of total best practices met by the Board.					
Actual	100%	100%	94%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

Five of seven board members responded with a 100% assessment score. One responding board member placed "?" in the Yes column in response to questions #9 (The board periodically reviews key financial information and audit findings) and #11 (The agency adheres to accounting rules and other relevant financial controls). For sake of this reporting, I am accepting those marks as affirmative responses and have reached out to the board member to clarify their questions. One of our newest board members didn't respond due to the members' newness in the reporting year.

Factors Affecting Results