CIVIL AIR PATROL INSPECTOR GENERAL

IG AUDIENCE

FORWARD THIS NEWSLETTER TO ALL UNITS IN YOUR WING!

A note from Col Ken Parris, CAP/IG: The IG Audience has evolved from a newsletter to being the Education Journal for the IG Program. Each quarterly issue has introduced a quality tool (or two) that will be implemented into program operations. The use of these tools by Wing IGs (first) and then Wing/Unit Commanders (with mentorship and assistance from IG) will be a contributing element towards moving CAP in the direction of continuous improvement and the establishment of a quality culture.

Subordinate Unit inspection (SUI) Changes by Col Steve Miller, CAP/IGI

The SUI process has gone through a major rewrite. The resulting inspection now focuses more on <u>mission</u> readiness vs. <u>inspection</u> readiness.

The entire SUI process is designed to be transparent to all. The new SUI worksheets list each question of the inspection, what the unit should provide prior to the inspection, and what the inspectors will be looking for during the inspection. The worksheets also list how each discrepancy is written.

The CAP Knowledgebase lists "how to clear" each discrepancy. Use of the Knowledgebase allows a unit to know exactly what is needed to close a discrepancy.

Many questions in the inspection may be accomplished in a telephone interview with individual unit personnel. This allows much of the inspection to be done remotely. Other items need an eyes-on hands-on inspection. The requirement for a minimum of two inspectors remains.

By the end of the summer, discrepancies will be tracked electronically in the Discrepancy Tracking System (DTS). Watch for an announcement on the rollout soon.

A summary of the changes:

- There are now only 12 tabs to be inspected. Four tabs were removed because they are managed at the wing level.
- The total number of questions in the SUI Checklist has been reduced by **66 percent**.
- SUI worksheets were created to assist inspectors in conducting the SUIs.
- To ensure units are graded on a consistent basis, a grade resolution calculator was created.
- To ensure standardization of the SUI report, a new SUI report template was created.
- To ensure the SUI inspection teams don't miss anything on the new report, a SUI Quality Assurance Checklist has been created.
    - Team chiefs, inspectors, and the Wing IG/IGA have specific responsibilities in the SUI process.
    - Those responsibilities are laid out in the SUI Quality Assurance Checklist.

- Units have 6 months to close their discrepancies.
- SUIs are required once every 24 months. The 36-month option with an annual unit self-inspection between SUIs has been removed.

Everything needed for completing SUIs, for both the inspectors and the units (individual worksheets, grade resolution calculator, blank SUI Report, and the SUI Quality Assurance Checklist), is found on the National HQ website under Inspector General / SUI Information. Additionally, on that same website, there are video presentations explaining the SUI process and worksheets.

New Courses for Inspectors and Investigators by Lt Col Don Barbalace, CAP/IGTA

Changes in the 123-series regulations are bringing two new courses. The IG Basic Course (IGBC) will soon disappear, replaced by the Inspection Augmentee (IA) and Investigating Officer (IO) courses, which are presently in development – but don't panic! All previous training is grandfathered.

If you complete the IGBC before we remove it from LMS, you are good-to-go in both inspection and investigation areas. Those who take the present IGBC must have SUI participation as an observer before being deemed "qualified" as inspectors. That training is described in the Team Member Handbook (TMH) and is accomplished by the Wing IG or SUI Team Chief during an SUI.

The new "Inspection Augmentee" (IA) Course will prepare SUI team members to serve as SUI inspectors. The course is partly on-line and partly hands-on. You begin by selecting the IA Course on eServices/LMS and complete the first two lessons. Then you must participate in an actual SUI under supervision. The Wing IG will then certify that you have had the hands-on training and you will get IA credit on your eServices training record. With the new IA training procedure, the TMH is out of date and will soon be revised because the observer portion of the training prescribed in the TMH is part of the IA course.

The new "Investigating Officer" (IO) Course will prepare members to serve as Investigating Officers under supervision on investigations arising in the complaint resolution process. This course is entirely on-line through eServices/LMS. Course credit will appear on your eServices training record.

The two courses are equivalent to the IGBC. If you take both courses, you will receive credit for taking the IGBC, which is the academic requirement for the Level II IG Technician rating.

IG Refresher training is also on LMS. Each issue of *IG Audience* has a corresponding course ("Part") in the series of four refresher courses on LMS. You must take all four parts to obtain your annual refresher training credit. The four parts must be taken in numeric order. Other ways of getting the refresher credit include taking an IG course, teaching an IG course, or writing/designing a course.

IG College 2014 at Kirtland AFB, New Mexico by Col Larry Stys, CAP/IGT

Fifty students, from the National Commander, to a subordinate unit Commander, to assistant wing IGs made it through the intense week-long event. It included an interview process for complaints and inspections. Weather was a factor with record temperatures and very low humidity. The high altitude also had an effect on the many "flat-landers" attending.

Critiques from the students pointed out numerous areas for self-reflection on the IG staff and on the process of the college. As these powerful suggestions are implemented, expect to see important and substantive changes to the college going forward. This was the first class since the college began that came to the event having both the basic and senior courses under their belt. Prior to 2014, we had to consider training an IG assuming they had come with little or no prior training or experience. We missed that key shift in student demographics.

But the outcome of this was the over-all grade results. They were the highest such grades since we began recording an outcome in 2006. In beginning to do our own 8-Step process to improve the college, we needed to determine the performance gap. Indeed, we found we need to raise the content of the course to reflect the heightened training and awareness future students will bring to the college.

The performance gap was in the staff and the material and even the venue provided. Decisions will be made in the coming weeks and months that will address those gaps. One gap, an inverse of a problem, was the aforementioned high grades. Thirty-two students received an A on the ACE grading criteria and the remaining eighteen students received a B! This was the best news we had and is the strongest indicator we need to shift emphasis from a "how-to" approach on complaint handling and inspections, to management of complaints handing and inspection programs.

Plan-Do-Check-Act (PDCA) Follow-up: A Focus on the CHECK Activity by Maj Les Manser, AZWG/IG

It takes a deliberate effort to want to improve on a process each time it is accomplished – and that means effectively accomplishing the CHECK part of the PLAN-DO-CHECK-ACT (PDCA) cycle. No CHECK = no resulting ACT = no improvement.

There are times when accomplishing the CHECK activity will be a deliberate effort – and that is when CI/SUI/SAV Discrepancies are issued. CAP inspection history indicates that discrepancy analysis has been weak; and as a result, the associated problem doesn't get resolved; and in time, the same discrepancies re-appear.

There once was a commercial that aired for a weed killer product that showed a guy standing on a sidewalk in front of his house, hammer in hand, poised over a dandelion that had grown through a crack in the cement. He yanked out all that he could grab of the weed with one hand, hit the remaining stem with the hammer from the other hand – and then watched to see what happened. The dandelion grew back instantly (through the magic

of television) – and he repeated the same actions – over and over and over again. Obviously, the selling point of the commercial was for consumers to stop wasting time with such a ludicrous approach to the problem and buy their liquid spray to permanently kill/eliminate the weeds.

Did you think he performed an effective analysis of the problem? Hardly. Did he even understand what the problem was? Doubtful. Did he ever get to the "root" of the problem? Certainly not. This analogy is similar to the approach used for many discrepancies – with an inadequate analysis that yields a response for only "containment" action that barely scratches the surface of the discrepant condition. An adequate analysis <u>does</u> take some dedicated time to accomplish; but when done correctly, makes it easy to identify the appropriate corrective and preventive action (countermeasures) – which should be the goal for permanently eliminating <u>all</u> discrepancies.

The CHECK activity is an analysis of what happened as an outcome of the process – the positive (what went right), the negative (what went wrong) and the variation that occurred (expected/not expected). The <u>quality</u> of the CHECK activity is only as good as the facts/data available for comparison of the current process ("before") and when the process is accomplished again with the implemented adjustments/changes ("after"). For unusual/complex processes, this typically requires some planning to incorporate data collection at pre-defined points in the process.

FIRST - there are some important things to remember when performing the discrepancy analysis:

- Form a team including those who own the process and/or have vested ownership of the problem to be solved.
    - o No Team? No Process!! One person attempting to accomplish this in a void does not a team make.
    - o The #1 Killer for this process is to form a team that doesn't have ownership of the problem.
- Clearly state the problem. If it can't be stated simply, then it can't be understood by the team. Problem Statement = "Event".
- Start gathering data related to the event as soon as possible – it has a "shelf life" and over time, the investigative trail can go "cold".
- Verify the data – ensure that they are accurate and do not conflict with other data. Whenever possible, get confirmation from another source.
- Use tools such as Process Mapping and Timelines to help organize the data.
- Act on fact – not predetermined assumptions.
- Follow the data – don't try to lead it – and certainly don't make it up!
- Don't try to force the analysis into supporting a preconceived corrective action (a.k.a "Cherry Picking").
- Don't get personal – it's an analysis of a process, not a witch hunt. What needs to be discovered is WHY something happened, not WHO did it.
- Use the facts/data to identify the causes that led to the discrepancy – don't jump to solutions – they come later (ACT).

- Don't limit your fact-finding to just the unit. Problems that come from higher echelons can and must be addressed.
- Don't forget to review applicable regulations, supplements and/or operating instructions that make up CAP's management system for causes. A missing, incomplete, or improper system of doing business is found to be a major cause about 85% of the time!
- Remember the 80/20 Rule – 80% of the problems can be attributed to 20% of the causes. Be attentive to causes that show up frequently.
- Keep asking "WHY?" to construct a Cause Chain that creates a bridge between the event (discrepancy) and the solution (actions/adjustments).

Even the most serious or complex problems can be handled by using the WHY – WHY method (addressed in previous IG Audience articles) coupled with Cause Chain diagrams. Creating a Cause Chain diagram properly is a skill in itself (and will be a follow-on training topic) – but when accomplished properly – it graphically displays the causes in the order that led to the event (discrepancy).

There are three types of causes:

- Direct Cause: The first cause in the chain; the action that directly resulted in the event/discrepancy.

- Contributing Cause(s): The causes that follow the direct cause; the actions (or non-actions) that contributed to an event, but which by itself would not have caused the event. For a simple problem, there may not be any contributing causes. For a complex problem, there could be dozens.

- Root Cause: The last cause in the chain; however, it is not the only cause to focus on.
  - o The root cause is not always the most significant cause in the chain and sometimes it can't be corrected easily or well.
  - o You must identify the root cause even though you may not have the team resources to solve it. Just because the problem may go beyond the unit's ownership does not mean that it is beyond a higher echelon's ownership.
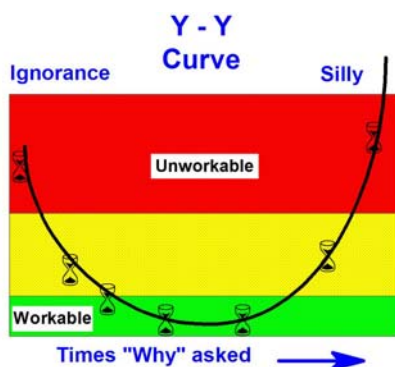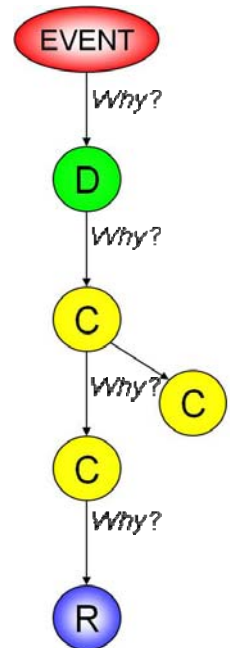
The normal progression of any analysis is to move from a point of not knowing enough about why the event occurred to a point where the problem becomes well understood and workable.

Beyond that point, the problem picks up a "silliness factor" and quickly becomes unworkable. This is clearly illustrated using the "Y-Y Curve".

Knowing where to stop takes practice, experience and some help in defining the limits of the cause chain.

Be careful when the analysis leads to a cause involving human error. Yes, it does happen – but it is improperly identified as the root cause of a discrepancy way too often. Naturally, every CAP member wants to do a good job, but the assignment of blame solely on human error occurs less than 5% of the time; for the other 95%, the

causes are usually process gaps/breakdowns. In pursuing the human aspect of the process, the follow-on question to ask is "WHY did the human error occur?

Here's how to validate the human-related cause: if the person who created the error were replaced in the process with someone else, would they make the same error? Don't stop the analysis fact-finding efforts until the following five questions have been asked - was the CAP member provided with:

- Proper instructions?

- Proper tools/equipment?

- Proper training?

- Clear expectations/goals?

- A complex or unusual process?

A "No" answer for any of the first four questions or a "Yes" for the fifth question become causes for the human error that can then be minimized, eliminated, or mistake-proofed in the process.

Running, like solving problems, is a natural process that everyone "just learns as they go." Becoming a good runner, however, takes training and practice that does not come naturally. Doing a good job of analyzing problems (the CHECK) also takes training and practice. If a good job was done in identifying the causes, then the team/unit is well on its way to identifying the right countermeasures for effective problem solving!

Air Force Smart Operations for the 21st Century (AFSO21) meets the Civil Air Patrol by Col Larry Stys, CAP/IGT

The Inspector General Program has undergone extensive overhauling in the last year that fundamentally alters how we perform our service to the CAP. This transformation was driven by many reasons. Discussing those reasons is largely irrelevant – they are here. The first transformation came when we made a clear decision to change our focus away from investigations to complaint's resolution.

When we did that, we profoundly reduced the number of investigations, declaring an investigation to be the option of last resort. How has that worked for us? Clearly, complaints have not retreated, but those complaints that can be resolved only through the rigor of a 10-Step investigation process have become only a small segment of the larger picture.

In August 2013, a decision was made to reduce the cost, complexity, personnel, and resources needed to manage a mandated wing compliance inspection program. Clarifying the problem and identifying the performance gaps, we discovered the myriad of problems to solve. Many of you now have seen, heard and even experienced a revised compliance inspection.

In April 2014, the subordinate unit inspection program underwent a similar streamlining. At the 2014 Inspector General College, the fifty students present had a chance to rehearse the process, even as the IG staff was refining it. That meant a furious level of activity. Yet, when said and done, most if not all participants realized they do not want to go back to the "old" way of doing inspections.

I have not yet talked about AFSO21. But, in fact, I did. It was the very process outlined in Smart Operations that was used to facilitate these changes. This process will continue to be used by CAP to become an organization dedicated (or rededicated) to a culture of continuous compliance. This means

that for future inspector general training programs, much will be written, talked about and practiced dealing with problem solving.

Let's take a quick walk through what this means in just the SUI Program:

AFSO uses an 8-Step process nicknamed "A-3" after the printer code for an 11 by 17 inch sheet of paper. A simpler process called Plan-Do-Check-Act (PDCA) encompasses the eight components of the 8-Step. Some of you have also heard of something called the "OODA Loop," which stands for Observe, Orientate, Decide and Act. We will be learning, teaching and using these components as we move forward towards a culture of continuous compliance.

When CAPR 123-3 was posted recently, you may have noticed that the changes to inspections have been codified now. The inspections regulation further defines a process and a tightened tier of required events and expectations. The biggest change occurs in subordinate units, where you will discover subordinate units with open discrepancies beyond 6 months effectively will be shut down for any participation in CAP activities until those discrepancies are closed. Strong wording!

Looking at this from the 8-Step, or even the PDCA perspective, we quickly see where we will be focusing our training. The example below is focused entirely on the SUI Inspection Program.

Process Step	What drives the Process in the SUI inspection Program
Validate and Clarify the Problem (Plan), (Observe)	Per CAPR 123-3, units should be 100% compliant. Compliance is measured through a discrepancy identification method that is consistent. Inspectors will be certified as "Inspection Augmentees." The tools and procedures used will be specified.
Identify the Performance Gap (Plan) (Observe)	A random sample of SUIs in CAP indicates only 40% compliance. Discrepancies are not being closed or even adequately tracked. The compliance checklists help identify the performance gaps. The CAP Knowledge Base clearly defines and assists in this process.
Set improvement targets (Plan), (Orient)	Units respond to all discrepancies within 30 days. CAPR 123-3 sets as a target that a unit's discrepancies will be closed within 6 months after their report is published.
Determine the Root Cause (Check), (Orient)	
Develop Counter-measures (Act), (Decide)	
See the counter-measures through (Act)	A unit avoids a shut-down by successfully closing all discrepancies within the allowed time periods. All SUI discrepancies will be closed within 6 months of the date the report is uploaded in eServices. Failure to do so will place the unit on suspension. Reference CAPR 123-3 Para 12k.
Confirm the Results (Check)	CAP Leadership - from the National Commander down through the chain-of–command – see those units that are successful and those that are not.

Standardize the Process (Act)	Units make substantial changes and CAP benefits.

Notice that nothing was written concerning root cause and seeing counter-measures through. That is the training we will find ourselves providing, first to wing IGs, and then on down to the subordinate unit level. The subordinate unit members need to plan and do certain things. Root cause methods are varied and require a level of training to be successful. We have all seen how a unit or even a wing, faced with a discrepancy declares they will write a policy to fix the problem. However, the problem was caused by a failure to comply with an existing directive. Adding a policy letter to a directive is pointless.

Thus a counter-measure properly identified will not create a policy, but will seed change in the culture, process or method that not only closes a specific discrepancy, but reduces the chance of a repeat discrepancy.

This is a lot to think about, but the CAP Inspector General and staff have already made their own massive adjustments to design counter-measures that will lead to a cleaner, simpler inspection process and is standardized and open to all the membership. It is now time to bring that same change to the units of CAP to create "A Culture of Compliance."

Upcoming IG Training

IG Learning Labs in conjunction with the annual National Conference in Las Vegas, NV Aug 15-16 2014

IG Senior Course in Hartford, CT (Airport Sheridan Hotel) Oct 16-17 2014

For more information; contact Missie, IG Support Coordinator at NHQ, mderocher-harris@capnhq.gov to enroll.

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Upcoming Compliance Inspections

WING	LAST CI DATE	LAST CI GRADE	NEXT CI DATE	MONTHS B'TWEEN CIs
MA	May-10	SUC	2-4 Aug 14	51
UT	Jul-10	SUC	23-25 Aug 14	49
ND	Aug-10	**MS**	13-15 Sep 14	49
IL	Nov-10	SUC	25-27 Oct 14	48

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