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| **Performance Improvement** **Plan FY 2017-2018** | **Target** | **Outcome** | **Analysis** | **Action Plan** |
| **Business Functions** |   |   |   |   |
| Financial Reports | Total Actuals will stay within -/+ 10% of budget projections. | Actual variances were within 5% of projections. |  | The President, CEO, Consultant, 3K auditing firm and Fiscal Supervisor will adjust budget projections as needed to keep actual financials within acceptable limits.  |
| Human Resources | Employee satisfaction rates will show an average of 75% for a score of (2 or more) for the over-all satisfaction surveys (1-3 scale) | 80% of 52 staff (scored 2 or more) for the over-all satisfaction surveys (1-3 scale) | Surveys are collected by all employees and calculated. Trends are identified by PI committee and action plans put in place. | -Survey questions concerning “feeling heard” and “appreciated” were represented in higher numbers on the survey. |
| Human Resources | Remain below an annual turnover rate of fulltime outpatient employment to 20% for FY 2017. | Human Resources Manager reported an outpatient turnover rate of 25% in FY 17.  | H.R. collects personnel data; develops annual reports and reports are shared and analyzed by Admin annually. | -If target is not met, H.R. will analyze exit interviews for trends and report to Admin. |
| Health and Safety | Life Safety drills tested at each location 100%. | Disaster Plan Training annually and site fire drills conducted quarterly 100%. | Life Safety Manuals contain completed reports of tests and drills and copies are given to the Admin. Assistant. | -If target is not met and cited by licensure, a review and retraining of office managers by each site director will take place to ensure proper knowledge and practice of life safety drills and tests. |
| Health and Safety | Quarterly table top trainings and briefings at scheduled staff meetings for all staff 100%. | Quarterly table top training start date: July, 2016. | Staff meeting agenda and minutes will indicate training title and attendance.  Site Directors will send evidence to Health and Safety Chair for collection. | -If target is not met, Safety Chair will review during Admin and Site Director meeting the importance of health and safety continuing education and training. |
| Technology System | Maintain an updated website for 24/7 service information/employee links. | Website was partially updated and agency changes occurred. | IT Dept. personnel will routinely check access to website and report any concerns for analysis. | -CEO will contact webpage designer/publisher for upgrading and revisions. |
| Documentation Compliance | No more than 5 failed activities that result in noncompliance will be reported quarterly. Protocol for Clinical Timeframes and Compliance followed. | Compliance Officer reports failed activity reports monthly and data collected quarterly for review. Last quarter review for reports 5 failed activities. | Chart review officer completes compliance reports and sends to CEO and clinical director | -If placed on the noncompliant list, supervision, written reprimand, and possible termination can and may result.-continue with annual documentation training for all staff  |
| **Out Patient Service Functions** |   |   |   |   |
| Client Outcome Scores | Quarterly reports show an overall average score of 3 or more (on the scale of 1 to 5) on selected survey questions for all services. | Quarterly reports showed an average score of 4.3 on selected questions for each quarter throughout FY 2017.  | Quarterly reports are gathered and shared at quarterly PI meetings to analyze trends and areas of improvement. An annual overall report is prepared at the end of each Fiscal Year. | -Scores indicating concerns (1-2.9) are sent back to the site directors for individual supervision and a review of the clients’ charts for further ways to satisfy and assist the client. |
| Access and Availability | First available appointment after intake within 30 calendar days and fourteen calendar days for hospital discharges. Emergency Assessments are completed within two hours of arrival or notification  | Access reports appointments were scheduled on an average of 29 calendar days for each quarter. | P I Coordinator runs a quarterly report to assess when appointments are made with medical staff and therapist. Reports are presented quarterly to PI. | -Continue to recruit and hire additional staff.-Assess caseloads for full capacity of therapist and case managers-Monitor services for appropriate shifts and adjustments.-Continue to recruit and hire additional necessary clinical staff and support staff (as needed)-Continue to monitor productivity and efficiency of provider personnel. Through bonus plan keep established productivity requirements met-If benchmarks are not met, corrective action plans and disciplinary actions will result.  |
| Utilization Review | 100% UR audits are completed monthly and submitted to the Washington County Behavioral Health Board and reported quarterly to the PI committee | An average of 100% of UR audits were completed for the fiscal year FY 17.  | Performance Improvement Coordinator reports quarterly to the PI committee for analysis and plan is updated. | -CEO and Consultant will review UR report elements for compliance with CARF standards and Washington County Behavioral Health Board requests. |
| Chart Reviews | 5% chart reviews submitted monthly, and reported quarterly. | An average of 25% of Peer Reviews were completed for the fiscal year 2017. | Internal Auditor reports quarterly to the PI committee for analysis and the plan is updated. | -CEO and Clinical Director will review the Chart Review element and report on improvements needed to meet CARF standards.  |
| Client Symptom Reduction | Reduction in symptoms as reported by clients on the Life & Purpose Behavioral Health Survey will show an average increase of +4 between 2nd and 3rd assessments. |  |  |  |
| Client Satisfaction | L & P Services Satisfaction Surveys will show an average score of 2 or less on selected questions. | Average Satisfaction scores were 1.7 on selected questions. | The IT dept. will run reports annually for all clients that have been assessed at least three times for comparison.The report is sent to PI for evaluation and discussion. | -If target is not met, trends will be assessed for supervision opportunities.-Individual questions will be monitored for lower scoring and the need for continued trainings. |
| Clinical Training for Direct Service Providers | 100% of CARF required direct service training was conducted quarterly and documented during regularly scheduled staff meetings, special trainings, and supervision meetings. | Continue providing all CARF required trainings and add training as identified through client, community or agency collected data. | Staff meeting minutes, training agendas, sign in sheets, and supervision notes are collected to document evidence material covered. | -If target is not met, brainstorming efforts of organizing the training curriculum, dissemination, etc. will begin in Program Supervisors’ meeting. |