2012 Strategic Plan Goals and Objectives for Quality Management

Goal #1: to simplify and prioritize the data collection/aggregation and analysis process to produce actionable information
MOS: TN Department of Mental Health licensure and Joint Commission accreditation is maintained, as are third party payor credentialing statuses.
MOS: Identified top priorities show measurable improvement. See below.

Strategy #1: Reduce unnecessary measurement/analysis and presentation of same
Tactic #1: Define "silos" of required data to meet and/or assist with a) regulatory standards, b) risk management monitoring needs, and c) evaluation of opportunities
Tactic #2: Evaluate all currently collected data against "silos" and discard what is no longer required/relevant, including those indicators for which 100% compliance has long been achieved.

Strategy #2: Prioritize and target key processes for improvement.
Tactic #1: Present proposal for key processes for 2012 to ET and Clinical Management.
**** Screening for admission appropriateness of those people with co-occurring psychiatric disorders (MOS: Less than 5% of admissions require psychiatric transfer within 72 hours)***
**** Presence of appropriate and timely treatment planning of co-occurring psychiatric disorders (MOS: 90% of those with co-occurring psychiatric disorders have appropriate treatment planning in place by day seven of residential treatment or 7th session of IOP treatment).***
**** Appropriate follow up of suicide risk as indicated (MOS: 90% of those requiring SRA follow up while in treatment are completed on time; MOS: 90% of those requiring post-discharge follow up call are completed on time.)***
**** Prevention of against medical advice discharges secondary to co-occurring psychiatric disorder symptomatology (MOS: 5% decrease in AMA rate of those patients with identified psychiatric disorders in 2012 as compared to 2011.)***
**** Appropriate training of primary counseling staff in management of common co-occurring psychiatric disorders in our population, particularly in use of 12 Step philosophy with this population (MOS: 90% of primary counselors attend one or more trainings in this area in 2012).***
**** Outcome of increased satisfaction with counseling services (MOS: 90% or above patient satisfaction rating with primary counselor/case manager team)***
**** Outcome of understanding how 12 step recovery is key to recovering in all life areas (MOS: 90% or above can explain how first three steps apply to them and their lives).***
Tactic #2: Present proposal for key processes for 2012 to Program Staff at each department's staff meeting for buy-in.
Tactic #3: Present proposal to Board Program Committee.

Tactic #4: Present proposal to all staff at first Quarterly All Staff meeting.

Strategy #3: Provide tightly focused results of above on a monthly basis with quarterly trending, analysis, and recommendations for process improvement.

Tactic #1: Present department/program specific information, as well as individual counselor/case manager team information, in graphic form on a monthly basis to Clinical Managers.

Tactic #2: Program Directors to present this information to their teams in individual dept/program meetings with graphic information posted in an internal (e.g. not open to public area) where staff can see/access.

Tactic #3: On quarterly basis, present aggregate data with formal analyses and recommendations for improvement to Board Program Committee, ET, and Clinical Managers.

Tactic #4: Program Directors to complete Narrative Analyses with formal Plans of Correction for results outside the goal range.

Tactic #5: QM Teams to be initiated and facilitated should results be outside of goal range for more than one program.

Goal #2: Facilitate triennial Joint Commission accreditation review, as well as TN Department of Mental Health licensure review

MOS: Maintenance of accreditation and licensure

Strategy #1: Involve all levels of staff throughout the organization in process.

Tactic#1: Give copies of relevant standards to appropriate department managers, asking them to evaluate their areas and report back on areas of non-compliance with a plan of corrections.

Tactic #2: Schedule patient tracer activities for all four patient care divisions, including all related organizational areas, reviewing results with those program staff and managers.

Tactic #3: Schedule organization wide function tracers for relevant areas (EOC, IC, etc.), reviewing results with those program staff and managers.

Tactic #4: Involve other key staff (AED, CCO, ACD, Safety Director, DON) in "walkthrough" interviews with staff to assist in preparation.

Tactic #5: Create a "Frequently Asked Questions" document for Intranet.

Goal #3: Expand formal outcomes measurement system in residential programs

MOS: Production of usable data for outside analysis of Youth Outcomes Pilot Project study.

MOS: Production of outcomes data from Youth and Women's Center.

Strategy #1: to complete data collection phase of BHT Adolescent Outcomes Pilot Project (ends 12/31/12) for outside analyses in 2013

Tactic #1: Complete formal flow-charting of current process, conducting FMEA with development of process improvements to correct same.

Tactic #2: Create designated outcomes coordinator within program to assume responsibility for those functions that occur within the program itself.

Tactic #3: Automate the post-discharge follow up for ease of conducting calls and tracking follow up done by more than one staff member.

Tactic #4: Secure outside professional to analyze data from study.

Strategy #2: to establish an ongoing outcomes measurement system in Youth Center

Tactic #1: Conduct formal evaluation of the Adolescent Outcomes Pilot Project via Organizational Planning and Evaluation Committee in 1st Quarter 2013.

Tactic #2: Include an outside consultant with healthcare research background in above process, particularly in terms of creating reliable and valid instrument.

Tactic #3: Conduct literature review, as well as talking with other centers, about pros and cons of using standardized instruments versus creating and tailoring our own.

Tactic #3: Redesign ongoing system of outcome measurement for Youth Center, based on above information.

Strategy #3: to establish an outcomes measurement pilot project in the Women's Center

Tactic #1: AED and QM Director to speak to Women's Center staff about outcomes measurement, as well as to solicit their input, in 1st Quarter 2012.

Tactic #2: Create a team, including administration, QM, and Women's Center staff to evaluate methods, instruments, etc. with formal recommendation for project by end of 2nd Quarter 2012.

Tactic #3: Team to establish a process, coordinator, training, and implementation timeframe by 3rd Quarter, 2012.

Tactic #4: Process to begin during 4th Quarter 2012.

Goal #4: to provide staff development opportunities that will a) meet compliance requirements, b) improve skill sets in daily performance, and c) challenge and promote growth in employees.

MOS: 90% or more of employees attend all required trainings.
MOS: 90% or above patient satisfaction rating of primary counselor/case manager team.
MOS: 90% of patients can explain how the first three Steps apply to them and their lives.

Strategy #1: to utilize technology to provide greater access to educational opportunities for staff

Tactic #1: Update and expand Power Point presentations of required trainings by January 2012.

Tactic #2: Create a section for additional Power Point presentations on clinical topics that have been presented at Grand Rounds by end of 1st Quarter.

Tactic #3: Publicize both in the company newsletter during 1st quarter, offering incentives for those completing required trainings during 1st Quarter.

Tactic #4: Publicize websites that offer free and/or low cost continuing education training for nurses and counselors.

Tactic #5: Explore the possibility of purchasing and implementing Essential Learning, an web-hosted e-learning program.

* Arrange demo/presentation for ET and Managers during January 2012.
* Prepare cost-benefit analysis for same.
* If approved, work with HR to create implementation taskforce and plan during second quarter 2012.

Strategy #2: to tie educational offerings to performance evaluation findings, as well as trends in the field

Tactic #1: In conjunction with HR, examine trends in performance evaluation, employee survey results, and trends in the field to design/evaluate training curriculum

Tactic #2: Facilitate quarterly "Grand Rounds" that are three hour presentations, combining information, practical case studies, and interactive skills training.

* EBT Focus = DBT, CBT, Motivational Enhancement, Reality Therapy with focus on utilizing these to help patients internalize and apply 12 Step principles/program

Tactic #3: Contract with outside provider for Beginning, Intermediate, and Advanced Group Counseling Skills session to start in 2nd Quarter 2012.

Strategy #3: to provide educational opportunities outside the organizational setting and/or typical presentation

Tactic #1: Work with Marketing and Business Development staff members to create opportunities for selected staff members to attend and/or present at industry conferences.

Tactic #2: Work with Marketing and Business Development staff members to create opportunities for selected staff members to visit other treatment centers and network with their staff members.

Tactic #3: Coordinate open quarterly discussion forums over lunch in the back dining room about designated topics with suggested readings, assignments prior to attendance (although not required), drawing from line staff to facilitate.

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