2016 WORK PLAN - BPHCC

5. **Assess and enhance the Department's service outcomes.**

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
5 a.	Service Delivery	Over the last 7 years, the facility received 2 Immediate Jeopardy citations (2008, 2012) and in other years had average to slightly better than average surveys (compared to National average). In 2015, the facility exceeded regulatory expectations by receiving fewer and less severe violations compared to National average.	Continue with regulatory results that are better than industry averages (total number and scope/severity).	▪ Expand internal quality assurance efforts to anticipate and correct weaknesses ahead of regulatory review and to comply with new federal QA standards. ▪ Enhance staff communication, standardize cross shift and report. ▪ Increase role/responsibility of unit nurses in regard to the full scope of unit outcomes. ▪ Continue and expand informal training regarding nurse leadership. ▪ Constructive feedback and development as part of staff evaluation process.	Regulatory outcomes that are consistently better than the industry standard.	Bill Brotzman/Dee Heller/Jean Katzer December 2016
5 b.	Reduce the percentage of county revenue needed to support BPHCC's annual budget.	Lost time results in increased overtime expense to cover vacated shifts, and also results in increased expenses paid toward worker's compensation.	▪ Reduce the number of lost time injuries within the work place ▪ Achieve an injury rate that is below the national average	▪ Improve the quality and quantity of staff training ▪ Improve communication regarding work safety expectations ▪ Improve injury reporting/handling procedure ▪ Create a culture in which safety is paramount	▪ Reduce number of injuries with lost time ▪ Reduce worker's comp expenses	Bill Brotzman/Dee Heller/Laura Ferguson December 2016

6. **Improve alternatives to inpatient care for children and adults.**

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
6 a.	Reduce delays in transitioning hard to serve mentally ill or behaviorally challenging individuals out of high cost specialized facilities	Some very complex individuals end up at State facilities or specialized out of county institutions for extended periods at high cost to Dane County.	Have enough care options to serve this population in the most appropriate care setting in a cost-effective and timely manner	▪ Assess recent profiles, care needs of individuals who have been a challenge to place. ▪ Assess BPHCC's capability to serve these individuals. ▪ Assess community care options. ▪ Establish a monthly meeting with supervisors from ACS to review current and potential clients.	▪ Inpatient psychiatric days within ACS will be at or below the number of days for the past five years' average ▪ Reduce the number of EDs from BPHCC that do not return	Bill Brotzman/Dee Heller/Jean Katzer/Fran Genter/Mary Grabot December 2016

2016 WORK PLAN - BPHCC

8. Diversify and maximize revenue streams.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
8 a.	Maximize Census to increase revenue	In 2015, the average census was 111. Currently census is 112.	Achieve an average census of 115 for 2016.	• Admit residents we are able to care for, not just the most challenging hard-to-place residents. • Evaluate creating a specialty unit to fill beds based upon diagnosis, supply, and demand.	Census for 2016 will average 115.	Bill Brotzman/Dee Heller/Jean Katzer December 2016

9. Improve County and Department Human Resource systems to better meet our mission.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
9 a.	Service Delivery Modes	With attendance problems, extended absences, and employee handbook restrictions, we have periods of discontinuity of care and high overtime costs.	• Reduce unplanned staff absences. • Enhance core staff presence consistently throughout the year.	• Work closely with individual employees and the employee organization to increase staff awareness and buy-in regarding improved attendance. • Conduct employee satisfaction surveys. • Change the ineffective attendance policy to one that holds staff more accountable. • Work with DOA & Employee Relations on tactics to address absenteeism.	• Reduce staff absences. • Increased core staff presence on units. • Reduce overtime expenses. • Regulatory outcomes that consistently exceed industry standard.	Bill Brotzman/Dee Heller/Laura Ferguson December 2016

10. Attract, retain, develop and effectively utilize a diverse workforce.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
10 a.	Expand opportunities for staff to obtain training in their field	Staff training is not adequate in quality or quantity with regard to the high acuity level of this patient population.	• Improve the quality of staff training. • Increase the quantity and variety of staff training.	• Bring in outside professional training services to educate staff quarterly. • Publish the monthly newsletter. • Work with staff to keep up-to-date with Relias computer training. • Maximize staff attendance at quarterly all-staff meetings. • Revise the current mandatory training requirements and policy and convey to staff. • Implement mandatory behavioral management training for all caregivers who are core staff on secure units.	• Achieve compliance with State training requirements. • Achieve annual survey results with number of F tag violations at or below industry average.	Bill Brotzman/Dee Heller/Laura Ferguson