

2018 WORK PLAN - BPHCC

2. Maintain successful regionalized services.

#	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?)
2a	Admissions Management	It is becoming more challenging managing the admission process due to numerous managed care and eligibility changes in the referral population.	A more efficient and streamlined process is developed.	<ul style="list-style-type: none"> ▪ Collaborate between the interdisciplinary team to establish refined roles and best practices. ▪ Evaluate the current process and segregation of duties within nursing, social services, and the business office. 	<ul style="list-style-type: none"> ▪ Roles within the three departments are better defined. ▪ Admissions are not being delayed. ▪ Facility receives payment for services provided. 	Bill Brotzman/Rayanne Pedretti/Jean Katzer/Laura Ferguson

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

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5 a.	Service Delivery	Over the last 9 years, the facility received 3 Immediate Jeopardy (IJ) citations (2008, 2012, and 2016) and in other years had average to slightly better than average surveys (compared to National average).	Continue with regulatory results that are better than industry averages (total number and scope/severity).	<ul style="list-style-type: none"> ▪ 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. ▪ Give 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 2018
5 b.	Workplace safety	Lost time results in increased overtime expense to cover vacated shifts and results in increased expenses paid toward worker's compensation. This also contributes to workplace stress as shifts need to be covered. Reducing lost time will increase workplace satisfaction and improve quality of life for staff.	<ul style="list-style-type: none"> ▪ Healthier workforce ▪ Injury-free workforce 	<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ Reduce number of injuries with lost time. ▪ Reduce worker's comp expenses. 	Bill Brotzman/Dee Heller/Laura Ferguson December 2018

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8. Diversify and maximize revenue streams.

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8 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.	<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ Reduce the number of EDs from BPHCC that do not return, based upon previous 5 year average. ▪ Increase the number of admissions from Winnebago and Mendota based upon previous 5 year average. 	Bill Brotzman/Dee Heller/Jean Katzer/Mary Grabot December 2018
8 b.	Maximize census to increase revenue.	In 2015, the average census was 111; in 2016 the average daily census was 114; in 2017 the average daily census was 113.	Maintain an average census of 115 for 2018.	<ul style="list-style-type: none"> ▪ Admit residents we are able to care for, not just the most challenging hard-to-place residents; 	Census for 2018 will average 115.	Bill Brotzman/Dee Heller/Jean Katzer December 2018

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

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9 a.	Staff Attendance	With attendance problems, extended absences, and employee handbook restrictions, we have periods of discontinuity of care and high overtime costs.	<ul style="list-style-type: none"> ▪ Reduce unplanned staff absences. ▪ Enhance core staff presence consistently throughout the year. 	<ul style="list-style-type: none"> ▪ Work closely with individual employees and the employee organization (EO) to increase staff awareness and buy-in regarding improved attendance. ▪ Change the ineffective attendance policy to one that holds staff more accountable. ▪ Work with DOA & Employee Relations on strategies to address absenteeism. 	<ul style="list-style-type: none"> ▪ Reduce staff absences. ▪ Increase core staff presence on units. ▪ Reduce overtime expenses. ▪ Regulatory outcomes that consistently exceed industry standard. 	Bill Brotzman/Dee Heller/Laura Ferguson December 2018

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

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10a.	Ensure efficient facility operations during a year of unprecedented turnover of managers.	The facility has long-term nursing managers and supervisors, with an average tenure of 20 years. Three individuals are retiring in the first half of 2018.	Replace key positions while ensuring a seamless transition of care operations.	<ul style="list-style-type: none"> ▪ Work with Employee Relations to initiate effective recruitment. ▪ Work with Director of HS and DOA to ensure the progression of the recruitment process. ▪ Establish a well-qualified recruitment/hiring committee. ▪ Efficiently train and orient new hires to ensure an effective on-boarding process. 	<ul style="list-style-type: none"> ▪ Division of nursing duties will be distributed appropriately by end of 2018. ▪ Continuity of care operations will be established. ▪ Staff reporting paths will be in place. ▪ Overall quality of care will be maintained as measured by annual State Survey/Inspection. 	Bill Brotzman/Laura Ferguson/Kathy Fitzgerald December 2018