2014 WORK PLAN PROGRESS - BPHCC

6. Improve the service model for caring for residents of BPHCC.

	# Ir	nitiative	(Where are we now?)	Chosen Target	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)		Progress December 2014
6	D M C	Delivery Modes – ontinuity of are	With attendance problems, extended absences, and some employee contract restrictions, we have periods of discontinuity of care (high contracting and OT)	 Reduce unplanned staff absences Enhance core staff presence on units 24/7/365 	 Review the external staffing study comparing our practices/experience with industry benchmarks and develop recommendations specific to BPHCC/Dane County Develop and implement initiatives (with participation of County HR and the local unions) to increase staff awareness and buy-ir regarding improved attendance 	 Reduce staff absences Increase in core staff presence on households Reduce expenses in OT and contracting budget lines Regulatory outcomes that consistently exceed the industry standard 	Steve Handrich/Dee Heller/ Cynthia Albrecht	 The number of staff absences increased in 2014. Presence of core staff on households fluctuated greatly based upon number of missed days from FMLA, other absences, and missed time from work injury; however, the net effect was similar to the previous year (not an increase, not a decrease). Overtime also increased from \$357,643 to \$446,152. In addition, staffing agency costs increased from \$28,306 to \$29,763. Regulatory outcomes met the industry standard
6	D	Delivery Modes	Over the last 6 years, the facility received 2 Immediate Jeopardy citations (2008, 2012) and in other years had (based on the number of deficiencies cited) average to slightly better than average surveys.	Regulatory results that exceed 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 consistently exceed the industry standard	Steve Handrich/Dee Heller/Cynthia Albrecht	The 2014 State Survey featured seven violations, the most severe having a "F" rating. Thus the outcome did not exceed, but was equivalent to the industry standard.

2014 WORK PLAN PROGRESS - BPHCC

7. Improve alternatives to in-patient care for adults, including those who pose a risk to themselves or others and those with dementia.

	#		(Where are we now?)		(How do we get there?)	(How will we know we're there?)		Progress December 2014
7		transitioning hard to serve mentally ill or behaviorally challenging	individuals end up at State facilities or specialized out of county institutions for extended periods at high	population in the most appropriate care setting in	 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 Develop plans, potentially involving 2015 budget initiatives 	costs in the ACS Division remain within	Fran Genter/Steve Handrich/Mary Grabot/Cynthia Albrecht	 Total inpatient days in MMHI and WMHI averaged 4,247 for past six years. In 2014 there were 4,363 days. Expenses exceeded the budget by \$720,000. (*there are other factors at play such as poor insurance revenues)