2013 WORK PLAN PROGRESS - BPHCC

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

#	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?)	Progress December 2013
6.a	Service Delivery Modes – Continuity of care	With attendance issues, extended absences and some employee contract restrictions, we have periods of discontinuity of care (high contracting, LTE, and OT)	• Reduce unplanned staff absences • Enhance core staff presence on units 24/7/365	• Contract for an external staffing study to compare our practices/experience with industry benchmarks • Develop strategic change options when contract changes are possible designed to improve continuity of care and reduce turnover • Develop proposals to create better attendance incentives (in a county-wide context). Assess chronic attendance individuals for fitness for duty • Develop and implement initiatives (with participation of County HR) to increase staff awareness and buy-in regarding improved attendance	• Reduce staff absences • Increase core staff presence on households • Reduce expenses in OT, contracting, and LTE budget lines • Regulatory outcomes that consistently exceed the industry standard	Steve Handrich/Dee Heller/ Cynthia Albrecht	• Short notice staff absences were reduced by approximately 18%. An external study was begun in 2013, but will be completed in early 2014. • Individual attendance monitoring has gotten more management time to assure consistency, but the absence of restructured incentives really limits the impact on overall attendance. • Results of external staffing study will be a basis for further analysis of options. • Contract proposals were made to DOA but have not been dealt with as part of the bargaining between the county and labor unions. • OT, contract time and LTE decreased in 2013 (compared to 2012) by approximately 34%. • Survey results were average (see 6 b.)
6.b	Service Delivery Modes	One service deficiency late in 2012 diminished the value of moderately good/improving annual surveys. In a highly regulated environment, any serious, repeat deficiency in a 3-year period could affect the facility's good standing with third party payers.	• 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 • Enhance staff communication; standardize cross shift and report • Increase role/responsibility of unit nurses in regard to the full scope of unit outcomes • Provide training regarding nurse leadership • Provide constructive feedback and development as part of staff evaluation process	• Regulatory outcomes that consistently exceed the industry standard	Steve Handrich/Dee Heller/Cynthia Albrecht	• We had an average survey based on the number of deficiencies (7 Federal tags and 1 State correction order) approximating the State average. Scope and severity were relatively low. • QA is changing in part to be compliant with new Federal regulations. The goal is to make the process participatory data driven with a goal of anticipating areas in need of improvement, not reacting to regulatory deficiencies (Quality Assurance Process Improvement=QAPI). • A QAPI workgroup has been established but hasn't completed work on shift report. • This is an ongoing process of development. • Training in leadership was provided to all licensed nurses. • Evaluations are now timely and include constructive feedback. This is a process that can and needs to continue to improve.