2016 WORK PLAN - BPHCC

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

#	Initiative Area	Current Status (Where are we now?)		(How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)	Progress December 2016
5 a		Over the last 7 years, the facility received 2 Immediate Jeopardy (IJ) citations (2008, 2012) and ir 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.	regulatory results that nare better than industry averages (total number and scope/severity).	• • • • • • • • • • • • • • • • • • • •	Regulatory outcomes that are consistently better than the industry standard.	Bill Brotzman/Dee Heller/Jean Katzer December 2016	 Badger Prairie achieved regulatory outcomes that were better than the industry standard with regard to the Clinical Care portion of our annual survey. The facility received fewer and less scope/severity violations compared to the National Average. However, the facility also received a substantial environmental IJ violation due to water temperatures.
5 b	county revenue needed to	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 	safety expectations.	 Reduce number of injuries with lost time. Reduce worker's comp expenses. 	Bill Brotzman/Dee Heller/Laura Ferguson December 2016	 Badger Prairie was very successful in this area with just 9 incidents resulting in lost time. Worker's comp. expenses for 2016 totaled \$326,580 of which, \$112,000 was attributed to injuries that occurred in 2016. (The past five year average was \$363,000).

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

#	Initiative Area	Current Status	Chosen Target	Tactics to Close the Gap	Measures of Success	Lead Staff	Progress
		(Where are we now?)	(Where do we want to	(How do we get there?)	(How will we know	Responsible	December 2016
			be?)		we're there?)	(Who? By When?)	
6 a	. Reduce delays in	Some very complex	Have enough care	 Assess recent profiles, care needs of 	 Inpatient psychiatric 	Bill Brotzman/Dee	2016 ACS-Mental Health Days were 3,284
	transitioning hard to	individuals end up at	options to serve this	individuals who have been a	days within ACS will	Heller/Jean	(prev. 3 year average 3,501). 2016 ACS-
	serve mentally ill or	State facilities or	population in the most	challenge to place.	be at or below the	Katzer/Fran	Aging Days were 513 (prev. 3 year average
	behaviorally	specialized out of county	appropriate care setting	 Assess BPHCC's capability to serve 	number of days for the	Genter/Mary Grabot	842).
	challenging	institutions for extended	in a cost-effective and	these individuals.	past five years'		 Badger Prairie was hugely successful in
	individuals out of high	periods at high cost to	timely manner	 Assess community care options. 	average.	December 2016	this area as we admitted 5 patients from
	cost specialized	Dane County.		Establish a monthly meeting with	Reduce the number of		Mendota/Winnebago, and of the patients
	facilities			supervisors from ACS to review	EDs from BPHCC that		who were sent to these facilities all
				current and potential clients.	do not return.		returned to BPHCC.

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8. Diversify and maximize revenue streams.

	# I	nitiative Area	Current Status	Chosen Target	Tactics to Close the Gap	Measures of Success	Lead Staff	Progress
			(Where are we now?)	(Where do we want to be?)	(How do we get there?)	(How will we know	Responsible	December 2016
						we're there?)	(Who? By	
							When?)	
8	a. N	Maximize Census to	In 2015, the average census	Achieve an average census	Admit residents we are able to care for, not just the	Census for 2016 will	Bill Brotzman/Dee	Badger Prairie's 2016
	i	ncrease revenue	was 111. Currently census is	of 115 for 2016.	most challenging hard-to-place residents.	average 115.	Heller/Jean Katzer	average daily
			112.		 Evaluate creating a specialty unit to fill beds based 			population (ADP) was
					upon diagnosis, supply, and demand.		December 2016	114.52.

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

#		Current Status (Where are we now?)	Chosen Target (Where do we want	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're	Lead Staff Responsible	Progress December 2016
	Alea	(Where are we now :)	to be?)	(Now do we get there:)	 	(Who? By When?)	
9 a	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. 	Increased core staff presence on units.Reduce overtime	Bill Brotzman/Dee Heller/Laura Ferguson December 2016	 Days missed were 15,125 (14,049 prev. year). The facility continues to struggle with absenteeism. Over time was \$547,000, \$80,000 over budget. This was comprised of LWOP, Sick days, Vac. and Hol. days unplanned. See 5a. for regulatory outcomes.

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

#							Progress
		•	(Where do we want to be?)	, σ	(How will we know we're there?)	Responsible (Who? By	December 2016
		now!)	to ber)		,	When?)	
10 a	.Expand	Staff training is not	Improve the quality	 Bring in outside professional training services to educate staff 	 Achieve compliance 	Bill	Badger Prairie achieved
	opportunities for	adequate in quality	of staff training.	quarterly.	with State training	Brotzman/Dee	compliance with State
	staff to obtain	or quantity with	Increase the	Publish the monthly newsletter.	requirements.	Heller/Laura	training requirements, and
		regard to the high		 Work with staff to keep up-to-date with Relias computer training. 	Achieve annual survey		had annual survey findings
	field	acuity level of this	variety of staff	 Maximize staff attendance at quarterly all-staff meetings. 	results with number of F		that resulted in citations
		patient population.	training.	 Revise the current mandatory training requirements and policy and 	tag violations at or		below the industry average
				convey to staff.	below industry average.		with regard to the clinical
				 Implement mandatory behavioral management training for all 			component of the
				caregivers who are core staff on secure units.			inspection.