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 8 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).	▪ 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 2017
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.	▪ Healthier workforce ▪ Injury-free workforce	▪ 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 2017

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.	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.	▪ 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 2017

#	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 b.	Maximize census to increase revenue	In 2015, the average census was 111; in 2016 the average daily census was 114.52.	Maintain an average census of 115 for 2017	▪ 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 2017 will average 115.	Bill Brotzman/Dee Heller/Jean Katzer December 2017

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.	Staff Attendance	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 (EO) to increase staff awareness and buy-in regarding improved attendance; ▪ Monthly QAPI scheduling committee meetings with EO, problem-solving scheduling barriers; ▪ 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 2017

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?)
10a	Complete and/or update position descriptions for all positions/classifications at BPHCC to streamline the recruitment and hiring process.	There are many positions that currently have no position descriptions on file, or ones that are decades old.	BPHCC will have accurate and up-to-date position descriptions on file for all employees.	▪ BPHCC Supervisory staff will compile data to accurately reflect individual position's tasks and the time they take and the data will be entered and formatted into an approved position description format. ▪ The documents will then be printed and presented to employees for review and signature. Once complete, the final documents will be placed in the BPHCC personnel file, with the original being sent to Employee Relations	All current employees will have a current/valid position description.	BPHCC Supervisory Staff December 31, 2017

2017 WORK PLAN - 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?)
10 b.	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