

CENTRAL STATE HOSPITAL
PLAN

SUBJECT: **PERFORMANCE IMPROVEMENT PLAN**

ANNUAL REVIEW MONTH: September

RESPONSIBLE FOR REVIEW: ISPE Director

LAST REVIEW DATE January 2009

INTRODUCTION

The Performance Improvement (PI) Program at Central State Hospital (CSH) supports the hospital's mission by establishing a formal, organization-wide system that strives to improve client outcomes and services and other hospital operations on a continuous basis. Performance improvement at CSH is a method of organizational change in which leadership manages a program that measures and modifies, if necessary, a process, procedure or service in order to improve client outcomes, safety and satisfaction, and to increase output, efficiency and/or effectiveness. The PI Program relies on a thorough evaluation of clients' and other customers' needs and expectations and involves coordination within and between hospital departments, services, and offices.

PURPOSE

The purpose of the Performance Improvement Plan is to provide written guidelines for the CSH PI Program. This plan is for the use of all CSH staff to continually monitor and improve the processes they perform, with the goal to improve the quality of care, improve client/staff/visitors safety, and control costs.

AUTHORITY AND ACCOUNTABILITY

The CSH Leadership/PI Team maintains overall responsibility for the implementation of the CSH PI Plan. The Leadership/PI Team provides support and authority to both administrative and clinical professional leaders and appropriate committees/function teams in their endeavors to provide optimal client care and improve client safety and improve other hospital operations. The standards and expectations set by the CSH Leadership/PI Team are based on one or more of the following: input from clients and other customers, internal and external comparison, nationally recognized standards and best practices, and benchmarking.

SCOPE

The PI Plan encompasses all services, programs, and departments of CSH. The PI Program strives to assess and improve those managerial, clinical and support processes that most affect client outcomes and safety, with particular emphasis on those that are high-risk, problem prone, prompted by reliable data or suggestive undesirable trends, affect a large percentage of clients, and place clients at risk if:

- Not performed well;
- Performed when not indicated;
- Not performed when indicated; and/or
- Have been or are likely to be problematic

Leaders determine the importance of the processes selected for improvement in relation to the mission and available resources through strategic planning, as well as concerns of individuals served, their families, staff, payers, reform/legislation initiatives, regulatory and accreditation agencies and other customers.

OBJECTIVES

Hospital Leadership provides resources through the Information Services and Performance Evaluation Department (ISPE) to facilitate a successful performance improvement program. The PI culture at CSH encourages each and every employee to identify opportunities for improvement. The objectives of this plan are as follows:

1. To improve the quality of client care through assessment and evaluation of the functions, processes and outcomes, utilizing identified measures of performance.
2. To aggregate the results of measures of performance and to analyze the results using statistical tools and techniques to identify trends and patterns that do not meet standards, expectations, and/or desirable outcomes set by hospital leadership.
3. To communicate performance improvement activities, findings, actions and the effectiveness of improvement strategies by establishing specific reporting formats and timeframes to the Leadership/PI Team, clinical and support staff, the governing body, and others as required by policy and regulatory/accreditation standards.
4. To set expectations for performance improvement by defining the roles of leadership, clinical professional leaders, other hospital operations leadership, and employees.
5. To reduce malpractice and general liability claims by establishing operational linkages and sharing information as appropriate amongst the Risk Management

Office, the Medical Executive Committee, the Incident Analysis Team, the Client Safety Committee, the Environment of Care Function Team, Performance Improvement (ISPE), and other administrative offices as appropriate.

6. To increase organization-wide involvement in the PI Program by establishing multidisciplinary performance improvement teams where appropriate to assess and improve processes.
7. To define the integration of services by requiring each service, department and office to identify their mission and roles and responsibilities.
8. To evaluate the quality of services provided by outside contract services by requiring regular performance measurement reports from those services.
9. To develop performance indicators for critical and high-risk, problem prone processes, as well as indicators of performance for each service and department that are clear, realistic, measurable, and responsive.
10. To monitor compliance with the Joint Commission National Patient Safety Goals and safety issues identified through sentinel event data and incorporate safety information into the PI Program as necessary.
11. To reduce the risk of harm to clients by conducting at least one pro-active intensive review annually of a high risk process.
12. To select a performance improvement model or strategy that addresses all the necessary components of this plan to ensure a formal process for identifying opportunities for improvement, planning process improvement, and measuring the effectiveness of the process improvement.

RESPONSIBILITIES

While performance improvement is the responsibility of every employee at CSH, Hospital Leadership is responsible for designing the PI Program, fostering its implementation and monitoring its progress. Responsibilities by function areas are delineated below:

CSH Leadership/PI Team

1. Reviews and approves or amends procedures and systems for measuring, gathering, analyzing, and using information under the PI Program.
2. Sets standards, expectations, and desirable outcomes for performance indicators.
3. Reviews and responds to PI performance data and reviews the status of PI Teams.

4. Reviews the effectiveness of the PI Program and authorizes the necessary resources and/or changes in organizational structure, systems and staff to improve program performance.
5. Assures that all employees are educated in performance improvement principles and methods to allow them to support and encourage necessary organizational change.
6. Assures that all leadership positions support the performance improvement process.

Clinical Professional Leaders

1. Develop performance indicators relevant to the services provided, aggregate and analyze the results, take actions to improve performance when indicated, and monitor the effectiveness of actions taken.
2. Develop a peer review process to ensure that all clinical professionals meet the require licensure and/or certification requirements and that duties and responsibilities are performed in accordance with standards and expectations set by clinical leadership and are based on nationally recognized best practices.
3. Take a leadership role in improving processes for the clinical services being managed.
4. Ensure that findings, conclusions, recommendations, and actions taken to improve the performance of clinical services are implemented or communicated to the appropriate responsible staff.

Service Chiefs/Department Heads/Office Directors

1. Develop performance indicators relevant to the services provided, aggregate and analyze the results, take actions to improve performance when indicated, and monitor the effectiveness of actions taken.
2. Ensure that findings, conclusions, recommendations, and actions taken to improve service/department/office performance are implemented or communicated to the appropriate responsible staff.

Director of Information Services and Performance Evaluation (ISPE)

1. Provides resources for an ongoing, systematic process to track the evaluation of the quality and appropriateness of client care and other hospital operations.
2. Develops and utilizes standardized data gather, display, storage systems, and formats for reporting PI data that is timely, accurate, and accessible.

3. Establishes mechanisms for data collection, data organization, and data presentation to support the performance improvement program.
4. Assures the communication of results of the monitoring and evaluation process to the relevant individuals, departments or services, and to the organization-wide PI Program.
5. Provides staff support directly and through designees to the PI teams.
6. Advises committee/function teams regarding data, information, and support available to assist with the required monitoring and evaluation activities.
7. Provides assistance for performance improvement teams, which may include preparation of reports, tabulation of findings, presentation of analysis, and the gathering of data required to monitor the effectiveness of PI improvement strategies.
8. Provides reports for the annual review of the PI Program.
9. Maintains appropriate documentation of PI activities.
10. Acts as liaison with external agencies requesting information on performance improvement activities and/or other appropriate data.

Staff Development and Training Department

1. Develops PI training with input from the ISPE Dept and provides PI training for new employee orientation and any other PI mandated training.

All CSH Employees

1. Communicate ideas for improving hospital processes and operations to the appropriate supervisory staff or ISPE Department.
2. Participate in performance improvement teams and performance improvement activities as assigned.
3. Complete all required training related to the CSH PI Program.

REFERENCES:

1. Joint Commission Accreditation Manual for Hospital (located on each PC at START/Programs/Joint Commission Applications).
2. United States Center for Medicare and Medicaid Services, Conditions of Participation (see link on hospital website).
3. CSH FOCUS-PDCA Manual (located at J:FOCUS-PDCA).
4. The Covey Techniques: The Four Disciplines of Execution (located at J:Covey).

Approved:

This plan has been approved by the CEO and CMO on 06/09.

Appendix I:

Performance Improvement Report Structure

APPENDIX I

PERFORMANCE IMPROVEMENT REPORT STRUCTURE

