

DBHDD Hospital System Quality Management Work Plan

7-16-2012 version

Goal: 1 To Create a Hospital System Quality Management Plan that will serve to organize the quality management activities and functions of the Hospital System in a fashion that is consistent with and supportive of the new DBHDD Quality Management Plan.

Objective 1.1 To revise the Hospital System's Quality Management Plan

Strategy	Tasks	Responsible Person	Target Completion Date	Status
1.1 With the development of major new policies and training initiatives, accompanied by hospital organizational structural changes there has arisen a need to reorganize the Hospital System's Quality Management plan to better align it with these new developments.	1.1 Prepare questions to be addressed by new plan & send questions to Dr. Li.	Dir. of Hospital System QM	7-21-12	Completed
	1.2 Discuss questions and plan at QC meeting	Dir. of Hospital Operations and Director of Hospital System QM	8-26-12	Completed
	1.3 Draft plan and distribute to Council members	Dir. of Hospital System QM	9-13-12	Completed
	1.4 Revise plan draft per recommendations and submit plan to Dr.	Dir. of Hospital Operations	9-18-12	Completed

	Li for approval.	and Director of Hospital System QM		
	1.5 Distribute plan to stakeholders.	Dir. of Hospital System QM	9-23-12	Completed

Goal: 2 Hospital System staff will be knowledgeable about PI processes and tools and able to use them effectively to make improvements

Objective 2.1 Create and implement a PI training program that addresses the training needs of a variety of stakeholders.

Strategy	Tasks	Responsible Person	Target Completion Date	Status
2.1 Create and implement a training plan for Hospital State-wide committees.	2.1a Discuss the strategy in Quality Management team meeting	Director of Hospital System QM	6-19-12	Completed
	2.1b Develop a general lesson plan	Quality Managers and Director of Hospital System QM	7-30-12	Completed
	2.1c Make QM assignments to statewide committees	Director of Hospital System QM	7-16-12	Completed
	2.1d Collect and distribute training materials	Designated Quality Manager	8-15-12	Completed
	2.1e Provide initial	Quality Managers and	9-15-12	Completed

	orientation training to all statewide QM committees	Director of Hospital System QM		
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Objective 2.2 Create a training program to teach hospital staff to perform thorough and credible root cause analyses.

Strategy	Tasks	Responsible Person	Target Completion Date	Status
2.2 Create and implement a training program on root cause analysis.	2.2a Create lesson plan	Dir. of Hospital Operations and Director of Hospital System QM	7-15-12	Completed
	2.2b Invite participants	Dir. of Hospital System QM	6-20-12	Completed
	2.2c Obtain location for training	Dir. of Hospital System QM	6-23-12	Completed
	2.2d Obtain samples (deidentified) RCAs from each hospital for break-out group evaluations	Dir. of Hospital Operations and Director of Hospital System QM	7-20-12	Completed
	2.2e Gather materials	Dir. of Hospital System QM	7-15-12	Completed
	2.2f Provide first workshop	Dir. of Hospital Operations, and Director of Hospital System QM	8-1-12	Completed

Objective 2.3 Create a training program to teach hospital staff to perform data analysis.

Strategy	Tasks	Responsible Person	Target Completion Date	Status
2.3 Create and implement a training program on data analysis.	2.3a Identify trainer and/or other training resources	Dir. of Hospital Operations, and Director of Hospital System QM	8-15-12	Completed
	2.3b Develop requirements and training objectives	Director of Hospital System QM	9-1-12	Partially Completed. Additional training is ongoing as specific measures are developed.
	2.3c Determine target audience	Director of Hospital System QM	9-1-12	Partially Completed. Depends on the measures being monitored.
	2.3d Develop training schedule	Director of Hospital System QM	9-1-12	Ongoing, as new measures are developed.

Objective 2.3 Improve the processes necessary to implement the new Risk Management and Incident Management policies.

Strategy	Tasks	Responsible Person	Target Completion Date	Status
2.4 Create a flow chart that will guide the consistent implementation of	2.4a Identify current gaps or areas that lack clarity in the process design.	Chair of RIM (Risk & Incident Mgt) committee and Director of Hospital System QM	8-1-12	Completed

the IM and RM policies by all the hospitals in the System	2.4b Obtain suggestions from process experts and people currently responsible for “front line” implementation.	Chair of RIM (Risk & Incident Mgt) committee and Director of Hospital System QM	8-7-12	Completed
	2.4c Flow chart the relevant processes	RIM (Risk & Incident Mgt) committee and Director of Hospital System QM	8-15-12	Completed
	2.4d Obtain feedback from stakeholders on the flow chart and revise as needed to assure that all significant areas are adequately addressed.	RIM (Risk & Incident Mgt) committee and Director of Hospital System QM	8-31-12	Completed
	2.4e Distribute flow chart to key stakeholders	RIM (Risk & Incident Mgt) committee	9-7-12	Completed
	2.4f Follow up with stake holders to identify any additional issues.	RIM (Risk & Incident Mgt) committee	12-1-12	Completed

Goal: 3 The Hospital System will effectively and efficiently measure and improve performance

Objective 3.1 The following table identifies high priority focus areas for performance improvement. They are currently in the process of being reviewed by the Hospital System Quality Council in order to establish more specific target values and time frames for their accomplishment. When they are developed by that group, they will be used to objectively evaluate the System’s progress in performance improvement activities and to identify areas in which further support needs to be provided in order to achieve the desired results across all hospitals and performance areas.

Measure	Goals	Explanation of Calculation	Responsibility	Status
Continuing Care Plan Created Overall	Increase (target determined at least annually by QC)	From HBIPS data submitted to NRI - MH Only Percent of clients discharged with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations.	Facility Clinical Directors	The hospital System has averaged 96% on this measure for calendar year 2012. The target threshold of 95% has been met or exceeded on 4 out of the 12 months, with 3 of those in the first 6 months and 1 in the last six months. Measure is reviewed on a monthly basis in Hospital System QC. Hospitals report on improvement activities.

IRP - Quality	Increase (target determined at least annually by QC)	From Plato - Questions 2-20 - Quality Questions	Facility Clinical Directors	<p>The Hospital System has achieved consistent improvement from January (52%) through December (87%). The target percentage of 95% should be achieved within the next few months. Measure is reviewed on a monthly basis in Hospital System QC. Hospitals report on improvement activities.</p>
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Empowerment Domain	Increase (target determined at least annually by QC)	Rates from NRI Inpatient Consumer Survey	Facility Clinical Directors	<p>The last two months of for which data is currently available (Oct. & Nov. 2012, show a slight improvement in this area compared to previous 10 months. While the scores fall within the average of similar facilities nationally, the goal of 95 % has not yet been achieved. Measure is reviewed on a monthly basis in Hospital System QC. Hospitals report on improvement activities.</p>
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<p>Outcome of Care Domain</p>	<p>Increase (target determined at least annually by QC)</p>	<p>Rates from NRI Inpatient Consumer Survey</p>	<p>Facility Clinical Directors</p>	<p>The last two months of for which data is currently available (Oct. & Nov. 2012, show a slight improvement in this area compared to previous 10 months. While the scores fall within the average of similar facilities nationally, the goal of 95 % has not yet been achieved. Measure is reviewed on a monthly basis in Hospital System QC. Hospitals report on improvement activities.</p>
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