



Performance Improvement Plan

FY 08

PHOENIX CENTER BEHAVIORAL HEALTH SERVICES

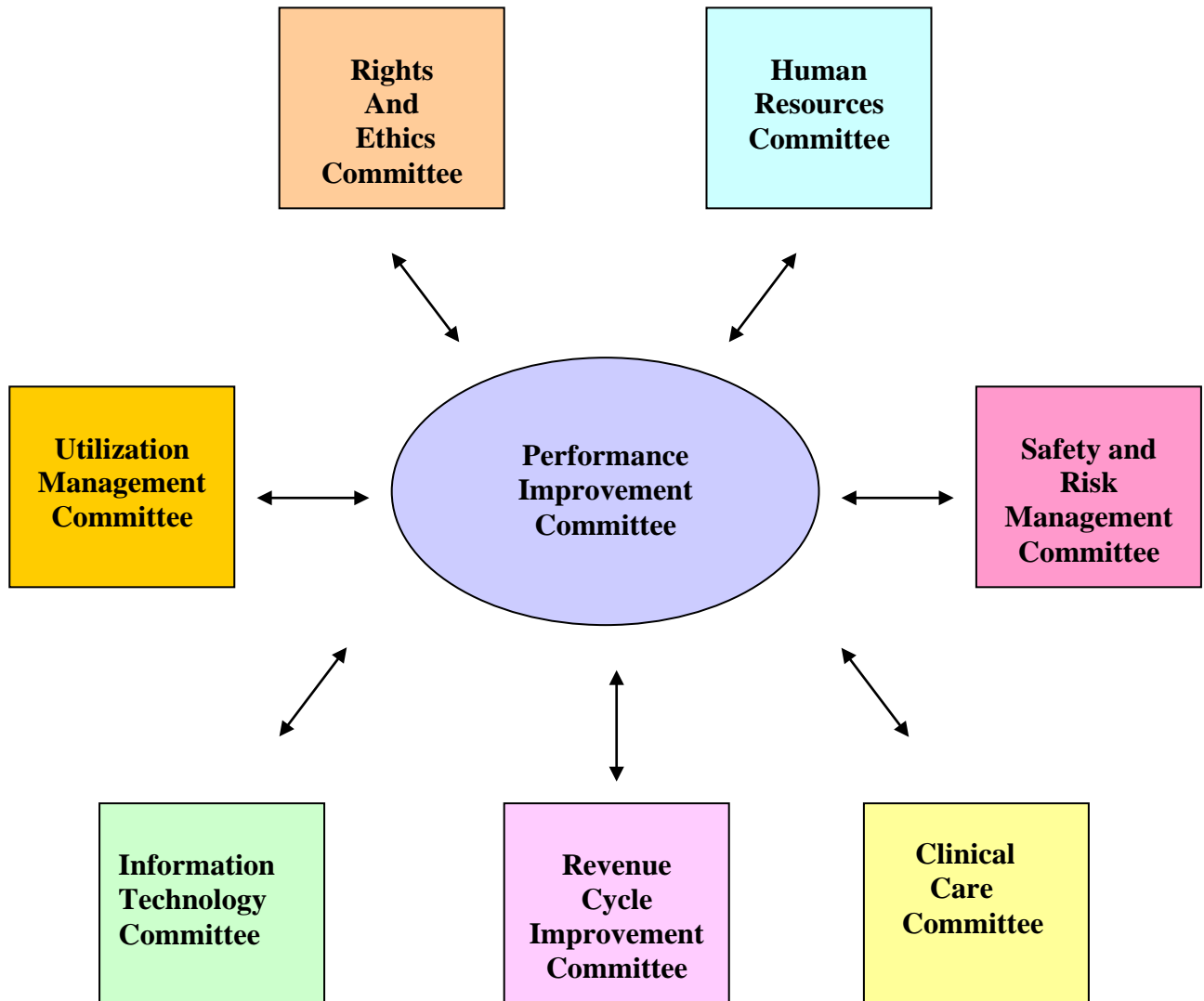
Performance Improvement Plan

FY 08

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Phoenix Center Behavioral Health Services Performance Improvement Plan FY 08



The purpose of the Performance Improvement Plan is to improve our services and all things associated with those services; including, but not limited to, any risk to clients/staff/Center, treatment, safety/environment, medical concerns, client complaints, accreditations and ethics violations.

Phoenix Center Mission Statement

To provide comprehensive behavioral health and developmental disability services that improves our consumer's psychological health, social functioning and quality of life.

Performance Improvement

A systematic approach for enhancing employee and organizational performance that achieves results through a process that describes desired performance, identifies causes, selects, designs, and implements interventions to fix the causes and measures changes in performance.

The Goal of Performance Improvement

To solve performance issues and/or realize opportunities for improvement in performance at the organizational, system, process and employee levels in order to achieve desired organizational results of high quality, sustainable behavioral health services that increase positive outcomes for clients.

Phoenix Center Behavioral Health Services Performance Improvement Plan FY 08

I. Purpose

The function of the Performance Improvement Plan is to enhance the quality of services provided and performance of the agency through the use of principles of performance and quality improvement. The purpose of the Performance Improvement Plan at Phoenix Center is to ensure that the Governing Body, clinical staff, and service staff demonstrate a consistent effort to deliver safe, effective, optimal client care and services in an environment respectful of the needs of the persons served.

The primary role of Phoenix Center's Performance Improvement Plan is to establish and manage a system that continuously measures, assesses, and improves the performance of our organization for optimal efficiency and effectiveness. This approach assists us in effectively meeting the stipulated goals of our mission statement to provide comprehensive services that improve our consumer's functioning and quality of life.

The Phoenix Center Community Service Board (CSB) collaborates with staff and clients in the development of the Performance Improvement Plan. The board's role in the Performance Improvement Plan is to provide policy direction, oversight and feedback to the Executive Director. The Management Team establishes a planned, systematic, coordinated and continuous approach to effectively assess and improve the performance of those functions and processes that most directly relate to positive individual outcomes and agency efficiency.

The Phoenix Center Plan is based on established standards for quality of client care and operations found in our Mission and Vision Statements, Policy and Procedure Manual, Operations Manuals for each Program and in the manuals and policies of our various governing bodies such as CARF, ORS and DHR.

The Plan promotes quality of client care and operations through the ongoing and systematic assessment of our organizational structure, its policies, processes and procedures and the resolution of identified problems. This performance improvement process identifies service and service-delivery problems, recommends necessary changes, and monitors the changes to ensure satisfactory problem resolution. This process is accomplished using outcome measurements, quality assessments, and feedback from all internal and external customers.

Key elements of the philosophy of Performance Improvement at Phoenix Center include:

- Ensuring that new programs and services are planned, designed, assessed, and as indicated, changed, on an ongoing basis for maximum benefit to the consumer and most efficient utilization
- Ensuring that existing programs are meeting or exceeding expectations, that they are effective, and that they make needed changes to improve performance.
- Ensuring that changes to the system of care mandated by external payors are implemented in a method to provide maximum benefit to the client, minimum distress to the client, and most efficient utilization of resources.
- Including all organizational leaders in the development of the Performance Improvement Plan
- Setting aside adequate time for all staff to participate in the Performance Improvement Process

- Offering training and education to staff regarding the tools and techniques of Performance Improvement
- The Executive Director's direct and continuing participation on the Performance Improvement Committee

II. Input into the Performance Improvement Program

Phoenix Center seeks feedback from persons served in a number of ways. State law mandates that at least 50% of the CSB Board members be consumers, family members, or advocates. Phoenix Center consistently meets this mandate. We also have certified Peer Specialists that participate in the statewide Consumer Network organization. They provide feedback and input to the CSB through liaison between the Peer Specialists and Outpatient Services Program Director. The Peer Specialist also work with clients and advocate for their needs as well. Additionally, our staff is active participants and supporters of the local NAMI chapter. Clients give input into the program through suggestion boxes, the Community Needs Assessment Survey, Client Satisfaction Surveys, Accessibility Surveys, the Client Complaint Process and Post Discharge Follow Ups. They may also pass comments and concerns to any staff person, Program Directors, the Executive Director or any committee member.

Staff gives input into the program through Training Surveys, Employee Satisfaction Surveys, the Staff Grievance Process, the Problem Identification Report (in policy 8.3), staff meetings and through any Program Director, the Executive Director or committee member.

Annually, Phoenix Center also completes a Community Needs Assessment survey of stakeholders such as School Districts, Sheriffs and Police Chiefs, County Commissioners, Department of Family and Children Services, Emergency Rooms, shelters, our state hospital and other service providers. This survey requests specific information regarding services provided needs and collaboration opportunities from other agencies in the community. The governing bodies and regular activities of the Committees also provide input into the PI Program through the Board's Annual Evaluation, Community Forums, reviews, and investigation of incidents, accreditation, clinical documentation and financial audits, the complaint process and through any Program Director, the Executive Director or any committee member.

Feedback is also received from external review organizations such as American Psych Systems (APS), Office of Regulatory Services (ORS), Commission of Accreditation of Rehabilitation Facilities (CARF), the Region Office, and Support Coordination for DD consumers. This feedback is used for goal setting and decision making related to service delivery.

III. Responsibilities of the Performance Improvement Committee

The PI Executive Committee is structured as a part of the administrative services provided by Phoenix Center. By the authority of the Community Service Board (CSB), the Executive Director has delegated to the PI Executive Committee, the responsibility of directing performance improvement activities. The committee is structured to receive wide support from service coordinators and service providers. Administrative staff on all levels will be supportive of the PI Executive Committee in its efforts towards compliance and its complete service to the mission, goals and objectives of Phoenix Center. Careful monitoring by the PI Executive Committee and other PI Committees will ensure that services are conducted in the most effective and efficient manner, at the lowest reasonable cost and in the least restrictive environment.

The purpose of the PI Executive Committee is to develop, administer and fully integrate the Performance Improvement Plan into consumer care and operations. It is to be responsible for directing and providing oversight of Performance Improvement initiatives and making recommendations, as well as, ensuring closure of Corrective Action Plans and implementation of improvements to client care and operations.

In order to accomplish this task efficiently, the PI Executive Committee will:

1. Create committees to be responsible for addressing the standards for quality of care and operations in our mission and vision statements, policy and procedure manual, operations manuals for each program and in the manuals and policies of our various governing bodies such as CARF, ORS, and DHR

Communicate the PI plan to ensure ongoing awareness of PI principles and processes. New employees are introduced to PI during Phoenix Center Employee Orientation by distributing the PI Overview and the Membership of Committees. The Program Managers (or designee) are responsible for orienting new employees to the plan. Periodic updating and revision of the plan, overview and membership is communicated to staff by memo and/or in-service training sessions.

Operational lines of communication between the Executive Committee and the administrative body will be maintained in keeping with the organizational structure. The Executive Director serves in an administrative management capacity; the Program Directors serve under the Executive Director in a supervisory capacity of each service program, dealing with both clinical and management issues pertinent to the business agenda. Service staff will be directly responsible to the service managers for the delivery of both clinical and clerical performance.

It is the responsibility of the Executive Director to communicate with administrative channels of the Phoenix Center CSB and the Regional Office. The Executive Director may transfer this responsibility by official memorandum to a chosen designee.

Members of the Committees are to function as full representatives for their staff; being responsible for communicating fully to and from their staff members and functioning as liaisons with the Executive Committee.

The Chairperson will develop the Phoenix Center Performance Improvement Plan with input from the CSB Board, clients, staff and members of the Executive Committee. This plan will be reviewed and updated annually at the beginning of each fiscal year. It will be modified as needed and approved by the CSB Board, the Executive Director and the Medical Director. Changes or amendments to the plan will follow the same procedure. It is the responsibility of the individual Program Directors to identify areas of needed modification of the Plan that are germane to their respective programs.

IV. Performance Improvement Committee Membership

The Committee membership will include the following staff and/or representatives:

Executive Director	Director of Outpatient Services/Clinical Director
Medical Director	Director of DD Services
Chief Financial Officer	Director of Crisis and Access Services

Director of Information Technology
Human Resources Manager
Revenue Cycle Improvement Chair

Safety/Risk Management Chair
Utilization Management Chair

The Committee Chairperson may add members to the Committee as appropriate for the success of the business agenda and processes upon approval of the Executive Director. For instance, if significant issues arise regarding business systems, management information system or other issues, the appropriate department staff will be included in the appropriate committee to promote inclusion, efficient problem identification and resolution.

V. Duties for Committees

Standing committees will be in the areas of Safety/ Risk Management, Clinical Care, Human Resources, Rights and Ethics, Information Technology, Utilization Management, and Revenue Cycle Improvement.

To efficiently address areas identified for improvement and approve follow-up actions the Committees will:

A. Identify issues within their areas of responsibilities that are; or potentially will, affect the quality of client care and operations at Phoenix Center and develop specific goals. Goals are defined as specific concerns identified through analysis of outcomes.

B. Measure by developing mechanisms for the collection and analysis of information which will indicate success or lack of regarding the desired outcome.

C. Analyze the problem identified to determine causes, trends and indicators, reporting results to the Executive PI committee on a regular basis.

D. Improve the quality of client care and operations as a result of the identified causes and trends by developing Corrective Action Plans (CAP). Corrective Action Plans are specific, measurable, achievable and time limited documents that describe actions/solutions implemented and initial results

E. Monitor the ongoing results, lessons learned plans to maintain improvement, and identify the individuals responsible to ensure problem resolution. CAPs will continue to be monitored for an appropriate period of time to ensure the issues identified are resolved.

In addition Committees will:

F. Incorporate accreditation standards (CARF, ORS, DHR, etc.), the MHDDAD Provider Manual standards, DHR policies and other regulatory edicts as they relate to their Committee ensuring that all Phoenix Center programs, services and policies meet applicable standards.

G. Review Phoenix Center Policies and Procedures applicable to their Committee on an annual basis according to the established schedule and participate in the review, revision, addition or deletion of all policies and forms as described in Policy 1.1 (attachment 2).

H. Report on the analysis of any program audits, including any changes recommended regarding policies, procedures and/or services.

I. Provide consultation to the Executive Committee pertaining to their expertise.

J. Inform the Executive Committee, Phoenix Center Staff and the CSB Board of committee activities through monthly minutes, monthly summarizations. Annual summarizations will include an analysis of activities, goals, outcomes, improvements, as well as, recommendations for improvements and goals for the next year.

K. The Committees will be as follows:

1. Safety/Risk Management Committee focuses on:

Promoting a safe, healthy and physically accessible environment for staff, clients and visitors by: conducting regular safety and health awareness communications; developing educational material and sponsoring appropriate training; by initiating and conducting projects related to promoting safety, health, and physical accessibility, infection control and disaster preparedness; coordination of health and safety drills, and fire safety and health inspections, and by conducting risk assessments.

Monitoring medical risks and risk exposure to the Center, our clients or staff; including those pertaining to medical and pharmacotherapy concerns and delivery of services.

Determines accessibility of services in administrative and programmatic areas. Assesses liability issues in administrative and programmatic areas as well as, areas beyond Center control or influence. Also monitor liability insurance and claims issues.

Developing educational material and health awareness communications, sponsoring appropriate training and by initiating and conducting projects related to encouraging a safe and healthy environment for staff and clients.

Monitoring risks and risk exposure to the Center, our clients or staff; including those from the delivery of services, administrative and programmatic areas, as well as, areas beyond Center control or influence

Reviewing all incident reports and tracking the completion of Final and Follow-up Reports within 30 days or by the extension date granted by the Division Investigations Section or the Risk Management Committee for internal reporting. The committee also makes certain that there is a Closing Report that notes the completion of monitoring and the implementation of needed improvements to Quality of Care, Services or Operations.

Trending data related to incident reports, health and safety inspections, vehicle inspections and emergency procedure drills by written reports quarterly to PI Committee.

2. Clinical Care Committee focuses on:

Providing oversight for clinical functions and medical records. Ensuring clients are provided Quality of Care according to the standards of Phoenix Center and other regulatory bodies. Ensures staff are trained in Evidenced Based Best Practices. In this effort, the Committee will

identify and address quality and appropriateness of treatment concerns, coordinate clinical staff development and training, monitor results of all Medical Records and Clinical Documentation Audits and ensure services are provided to the client in the most effective and efficient manner, at the lowest reasonable cost and in the least restrictive environment. Monthly trending and analysis of all audit results will be presented to PI Committee.

Ensuring compliance with the Medical Records Guidelines as outlined in the Policies and Procedures as required by HIPAA and other governing bodies. In this effort the Committee will promote confidentiality principles and compliance with Medical Records Guidelines by conducting and analyzing the results of Medical Records Audits, developing educational material, awareness communications, sponsoring appropriate training and by initiating and conducting projects related to confidentiality.

The committee will serve in an evaluative, educational and advisory capacity to the staff and administration in all matters pertaining to the use of medications and therapeutic processes. To aid in that purpose the Medical Management Sub-committee will be established. The sub committee will focus on medical services to our clients including those pertaining to pharmacotherapy concerns, delivery of services, administrative and programmatic areas. The committee will promote evidenced based best practices and manage all medically related policies, procedures and forms.

3.Utilization Management Committee focuses on:

Providing a forum for the coordination of the Utilization Management department, business department and other departments at Phoenix Center to make certain that there is the most appropriate effective and efficient use of clinical care resources

Reporting monthly on utilization of services to include census, demographics, program utilization of services, client engagement etc.

Developing, monitoring and revising processes for ordering and authorizing services that ensure payment. The committee will also make certain that services are neither under utilized nor over utilized according to medical necessity guidelines and reporting utilization patterns.

Ensure compliance with all External Review Organizations, and payor source utilization guidelines and authorization processes. Provide training in all areas as needed.

4.Rights and Ethics Committee focuses on:

Promote clients rights through advocacy and education of staff and stakeholders. Resolving client complaints that are presented according to policy and procedures. The Committee will encourage open communication between staff and consumers in order to resolve consumer issues in a therapeutic, informal supportive manner and promote client's rights according to policy and procedures. Provides staff education on consumer rights. Trend complaints and grievances and deaths monthly and report to PI Committee. The Committee will also present an annual report that analyzes trends of all complaints and deaths. All allegations of abuse, neglect and exploitation will be included in analysis.

Implementing the Corporate Compliance Plan according to policy and procedure and investigating violations that are reported to the committee. The Committee will promote an atmosphere of open communication that encourages staff participation in the Corporate Compliance Plan. When appropriate the Committee will develop material that increases awareness of the principles of Corporate Compliance.

Schedules annual community forums and ensures the completion of the Annual Needs Assessments and trends data and reports to PI after each forum. Monitors suggestion box feedback monthly and reports findings and follow-up actions to PI committee monthly. Trends results of client satisfaction surveys and reports data to PI quarterly.

5. Human Resources Committee:

This committee reviews issues related to employment and recommends policies related to employment, and develops the Employee Handbook. It also develops criteria for staff credentials, designs applications, and reviews applications for credentials. Also ensures that clinical and programmatic activities of physicians and other professional staff are consistent with their training, licensure, and credentials and meet all applicable standards. Also develops training program for the agency staff and monitors staff training needs and attendance. Trends hiring data to include staff turnover and EEO reports quarterly and reports to PI committee. Develops employee recognition programs. Ensures annual completion of Employee Satisfaction Surveys and trends data with report to PI Committee.

6. Information Management and Technology Committee:

Assesses IT needs throughout the agency; researches, analyzes and recommends solutions to problems related to IT; recommends or provides training to staff members, and develops and recommends policies related to IT issues. Responsible for developing processes and standard operating procedures for staff using the agency's electronic clinical information system. Once approved, the committee should assure that approved procedures are documented and communicated to the staff and to the PI committee for compliance monitoring. Should periodically gather input from users of the system to identify desirable changes to the system and possible new features to be reviewed and prioritized by PI.

7. Revenue Cycle Improvement Committee:

Develop ways to increase revenue and resources. Analyzes financial data and recommend actions to maintain financial stability. Reviews all aspects of revenue cycle, managed care processes and indicators used by the agency to gauge performance and to ensure proper payment for all services provided. Analyzes the billing and collection functions for effective and efficient practices. Analyze and trend monthly reports related to billing, collections, denials and revenues from all payor sources with recommendations for operational improvements.

VI. Goals for FY 08

Area	#	Goal	Committee
A. Input from Clients & Stakeholders	1.	10% increase in community partners being satisfied/very satisfied with Phoenix Center services on the Community Needs Assessment by 6/30/08.	Rights & Ethics
	2.	95% of clients will have improved satisfaction with services as evidenced by results of CSQ8 by 6/30/08	Rights & Ethics
	3.	10% increase in the number of family contacts for DD clients by 6/30/08	Rights& Ethics
	4.	10% Increase in the rate of overall staff satisfaction as reported on the Employee Satisfaction Survey by 6/30/2008	Human Resources
	5.	90% of clients will report improved outcomes as reported on the Severity Survey by 6/30/08	Clinical Care
B. Effectiveness of Services	1.	95% of the clinical staff will have received training and guidelines in providing at least one Evidenced Based Practice service by 06/30/2008	Clinical Care
	2.	90% overall compliance will be obtained on all audits of the medical record to include: Billing, CSI services, Clinical Documentation, Secondary chart, Medical Records, DD , Closed Charts, CSP and Service Ticket audits by 6/30/08	Clinical Care
	3.	2% of DD clients will be employed and paid minimum wage by 6/30/08	Clinical Care
	4.	10% increase in DD clients' participation in integrated community activities by 6/30/08	Clinical Care
	5.	75% of clients will remain engaged in treatment for 90 days	Clinical Care
	6.	Less than 10% of clients discharged from a state hospital will be readmitted to the state hospital within 30 days of discharge by 6/30/08	UM
	7.	Will achieve APS score of 90% or higher	UM
	8.	20% reduction in clients not seen in 30, 60, 90 days	UM
	9.	85% of direct service staff will be trained/updated on MANDT techniques by 6/30/08	Human Resources
	10.	10% reduction in the number of medication errors reported for the agency by 6/30/2008	Safety & RM
C. Efficiency of Services	1..	The electronic client data base will be programmed to show at least 4 pop-up reminders of eligibility checks, authorizations needed, reviews due, etc, by 6/30/08.	IT
	2.	100 % of the staff will be trained on the Center computer system MICP by 2/1/08	IT
	3.	100% of MICPs will be transmitted electronically from Phoenix Center to APS by 6/31/08	IT
	4.	95% of incident reports will be completed within timelines by 6/30/2008	Safety & RM
	5.	10% reduction in the number of residential clients with unscheduled/unplanned medical hospitalizations by 6/30/08	Safety & RM
	6.	5% Increase in retention rate of employees by 6/30/08	Human Resources
	7.	80% capacity will be utilized in the Crisis Stabilization Program per month.	UM
	8.	50% reduction in number of requests for authorizations placed on review by 6/30/08	UM
	9.	25% reduction in number of unauthorized services provided for all payor sources by 6/30/08	UM
	10.	50% reduction in denied claims by all payor sources by 6/30/08	RCIT
	11.	85% of services billed to all payor sources will be collected by 6/30/08	RCIT
	12.	10% reduction in number of claims adjusted off by 6/30/08	RCIT

C. Efficiency of Services	13. 5% increase in Medicaid billing for fiscal year by 6/30/08	RCIT
	14. 80% of direct service staff will meet their productivity goal monthly by 6/30/08	Clinical Care
	15. 50% reduction in length of time a client remains on the Active Clients with inactive Primary Case Coordinator Report by 6/30/08	Clinical Care
D. Access to Services	1. 25% increase the number of client enrolled in C&A services by 6/30/2008	Clinical Care
	2. 25% increase in number of clients enrolled in services in Peach and Crawford Counties by 6/30/08.	Clinical Care
	3. 10% increase in the number of DD clients that receive Family/Support/respite services by 6/30/08	Clinical Care
	4. 50% of C&A clients enrolled will receive CSI services by 6/30/08	UM

VII. Evaluation

Performance Improvement goals and projects are selected by committees through a process of identifying opportunities for improvement, collecting data, analyzing the data, and making recommendations to leadership. The Performance Improvement Committee also selects improvement projects which require multi-committee participation and coordination. All projects are approved by Leadership to ensure that they are in keeping with the mission, vision and values of the organization.

An annual report is provided which reviews the progress on goals and makes recommendations based on the performance of the agency.

The Performance Improvement Plan is reviewed annually. The Evaluation identifies ways the assessment and improvement process can be improved to assure that Phoenix Center Community Service Board provides the best possible consumer care. The evaluation also addresses the effectiveness of these activities by reviewing the improvements that have been made in the provision of client care as well as those processes and/or outcomes that were difficult or unsuccessful. Any portion of the plan may be modified at any time to maintain compliance with external standards and to improve the effectiveness of the performance improvement process.

Approved by:

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