

# SVTC Strategic Plan - Goals & Objectives

Detailed Version

## Goal 1 Ensure services are provided to meet active treatment requirements, obtain compliance with CMS surveys and promote person-centered practices during facility closure timeframes

### Objective 1 Ensure services are provided to meet active treatment requirements and obtain compliance with CMS surveys during facility closure timeframes

Strategies

- 1 Establish a process for monitoring active treatment, person-centeredness and compliance with Medicaid standards by 6/30/2012 Quality & Risk Management

### Objective 2 Enhance opportunities for individuals to build relationships and valued roles in the community

Strategies

- 1 Explore opportunities for individuals to participate in person-centered activities/experiences that will support community living by 6/30/2012 PCP Outreach Coordinator

Performance Indicators

Process Leader

Data Entry

1 Number of registered individuals who visited voting polls	Director, RCS	Social Services
2 Number of individuals that engaged in volunteer work	Director, PCS	Person-Centered Supports
3 Number of individuals that shopped in the community	Director, RCS	Residential Services, Person-Centered Supports
4 Number of community trips involving 3 or fewer individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
5 Number of trips taken involving more than 3 individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
6 Number of individuals that visited alternative living environments	Director, Social Services	Social Services
7 Number of family visits to SVTC to see family member	Director, Social Services	Social Services
8 Number of individuals that made visits to family members	Director, Social Services	Social Services

### Objective 3 Ensure efficient PCP practices and procedures while maintaining compliance with ICF/MR regulations

Strategies

- 1 Monitor ISP development process to ensure community living/options outcomes are incorporated for all SVTC individuals by 6/30/2012 Director, Support Coordination

Performance Indicators

Process Leader

Data Entry

1 Percent of annual staffings in which the individual's presence was documented	Director, PCS	Person-Centered Supports
2 Percent of annual staffings in which a Direct Support Associate was present	Director, PCS	Person-Centered Supports
3 Number of repeat CRS (MRT) deficiencies	Dept. Heads	Health Information Management
4 Percent of ISP's filed in CRS by deadline	Dept. Heads	Health Information Management
5 Percent of staffing reports submitted on time	Dept. Heads	Quality & Risk Management

### Objective 4 Cultivate a workforce that is knowledgeable about and understands the importance of implementing person-centered practices

Strategies

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1 Implement PCP training curriculum by 5/31/2012 Director, T&SD

<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1 Develop curriculum of courses that includes target audience for each course	Director, T&SD	4 /10/2012	Active
2 Generate schedule for courses	Director, T&SD	4 /24/2012	Active
3 Identify adjunct instructors to help Training provide classroom instruction	Director, T&SD	5 /1 /2012	Active
4 Develop facilitation skills training and Train-the-Trainer training for adjunct instructors	Director, T&SD	5 /11/2012	Active
5 Provide facilitation skills training and Train-the-Trainer training for adjunct instructors	Director, T&SD	5 /31/2012	Active

### Performance Indicators

### Process Leader

### Data Entry

1 Number of staff that completed training in PCV

Dept. Heads

Staff Training & Development

## **Objective 5 Establish procedures to address barriers to person-centered living at SVTC**

### Strategies

1 Review SVTC processes requiring improvement and resolve issues on an ongoing basis by 6/30/2012 Director, PCS

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## Goal 2 Maintain an effective workforce and support employees during facility closure

### Objective 1 Retain critical positions and expertise

Strategies

- |   |   |                           |
|---|---|---------------------------|
| 1 | Develop and submit a retention bonus plan by 4/15/2012        | Director, Human Resources |
| 2 | Clarify WTA program by 6/30/2012                              | Director, Human Resources |
| 3 | Develop modified training program for wage staff by 6/30/2012 | Director, Human Resources |

Performance Indicators

Process Leader

Data Entry

- |   |   |             |                              |
|---|---|-------------|------------------------------|
| 1 | Percent of mandated training up-to-date | Dept. Heads | Staff Training & Development |
|---|---|-------------|------------------------------|

### Objective 2 Support displaced employees

Strategies

- |   |  |                           |
|---|--|---------------------------|
| 1 | Provide career assistance via the Rapid Response Team and other resources by 6/30/2014 | Director, Human Resources |
|---|--|---------------------------|

### Objective 3 Maintain a reasonable level of morale in the workplace

Strategies

- |   |  |                           |
|---|--|---------------------------|
| 1 | Revisit philosophy for disciplinary actions by 6/30/2012 | Leadership Team           |
| 2 | Ramp up the Applause Committee by 6/30/2012              | Director, Human Resources |

### Objective 101 Monitor recruitment and retention indicators

Performance Indicators

Process Leader

Data Entry

- |    |  |                               |                 |
|----|--|-------------------------------|-----------------|
| 1  | Number of Direct care nursing position (CNa,PPN,LPN) vacancies on the first day of the month | Director, Nursing Services    | Human Resources |
| 2  | Number of RN position vacancies on the first day of the month                                | Director, Nursing Services    | Human Resources |
| 3  | Number of Physician position vacancies on the first day of the month                         | Director, Medical Services    | Human Resources |
| 4  | Number of remaining clinical staff position vacancies on the first day of the month          | Dept. Heads                   | Human Resources |
| 5  | Number of administrative staff position vacancies on the first day of the month              | Directors, Administration/EOC | Human Resources |
| 6  | Number of Direct care nursing position (Can's,PPN,LPN) New Hires during the month            | Employee Services Manager     | Human Resources |
| 7  | Number of RN position New Hires during the month   | Employee Services Manager     | Human Resources |
| 8  | Number of Physician position New Hires during the month                                      | Employee Services Manager     | Human Resources |
| 9  | Number of clinical staff position New Hires during the month                                 | Employee Services Manager     | Human Resources |
| 10 | Number of administrative staff position New Hires during the month                           | Employee Services Manager     | Human Resources |

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11	Number of Direct care nursing position (Can,PPN,LPN) Separations from Service during the month	Director, Nursing Services	Human Resources
12	Number of RN position Separations from Service during the month	Director, Nursing Services	Human Resources
13	Number of Physician position Separations from Service during the month	Director, Medical Services	Human Resources
14	Number of clinical staff position Separations from Service during the month	Dept. Heads	Human Resources
15	Number of administrative staff position Separations from Service during the month	Directors, Administration/EOC	Human Resources
16	Number of DSA position vacancies on the first day of the month	Directors, RCS	Human Resources
17	Number of DSA position New Hires during the month	Employee Services Manager	Human Resources
18	Number of DSA position Separations from Service during the month	Directors, RCS	Human Resources

### Objective 102 Monitor workplace safety indicators

#### Performance Indicators

#### Process Leader

#### Data Entry

1	Number of PPDs out of compliance	Infection Control Nurse	Employee Health Services
2	Number of injuries to DSA's during the month	Directors, RCS	Quality & Risk Management
3	Number of injuries to LPN, PPN and CNA's during the month	Director, Nursing Services	Quality & Risk Management
4	Number of injuries to RN's during the month	Director, Nursing Services	Quality & Risk Management

### Objective 103 Monitor overtime usage of direct contact staff

#### Performance Indicators

#### Process Leader

#### Data Entry

1	Number of voluntary overtime hours for DSA's during the month	Director, RCS	Residential Services
2	Number of mandatory overtime hours for DSA's for the month	Director, RCS	Residential Services
3	Number of voluntary overtime hours for LPN, PPN and CNA's during the month	Director, Nursing Services	Nursing Services
4	Number of mandatory overtime hours for LPN, PPN and CNA's for the month	Director, Nursing Services	Nursing Services
5	Number of voluntary overtime hours for RN's during the month	Director, Nursing Services	Nursing Services
6	Number of mandatory overtime hours for RN's for the month	Director, Nursing Services	Nursing Services

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## Goal 3 Manage the downsizing/closure process

### Objective 1 Develop and manage a downsizing plan

Strategies

- |  |                 |
|--|-----------------|
| 1 Develop a planning tool for projecting census milestones and related outcomes by 3/31/2012                     | DRS, DPCS, DON  |
| 2 Develop a process for tracking ratios, determining staff reductions and consolidating duties by 4/30/2012      |                 |
| 3 Establish a surplus team to oversee termination of physical resources by 6/1/2012                              |                 |
| 4 Establish a records team to oversee termination/storage/transmittal of various paper and electronic records by |                 |
| 5 Conduct weekly reviews of downsizing processes and identify need for added attention by 3/13/2012              | Leadership Team |
| 6 Develop a workforce transition and downsizing plan for support services functions by 12/31/2012                |                 |
| 7 Establish and monitor plans for initial and emerging issues related to downsizing by 6/30/2012                 | Leadership Team |

	<u>Action Step</u>	<u>Step Leader</u>	<u>Due</u>	<u>Status</u>
1	Vehicles			Active
2	Records - individuals and administrative			Active
3	Energy performance - \$10 million			Active
4	Bank Accounts/Mw fund			Active
5	Land and buildings - delegate to Central Office			Active
6	Buildings 3 & 4 evaluation sites			Active
7	Computers and furniture (FACCS)			Active
8	RCSC			Active
9	Contracts			Active
10	VOIP, WiFi & server moves - IT plans			Active
11	Animals			Active
12	Building usage - consolidations and closures, Central Office, Building 78			Active
13	Set date for stopping permanent admissions			Active
14	Special Fund/General Fund issues			Active
15	Leases and MOU's with other State agencies			Active

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### Objective 2 Lead in a transparent manner when planning and communicating decisions and events to the workforce

#### Strategies

- |   |                 |
|---|-----------------|
| 1 Finalize "The Bridge" as a mechanism for communicating with employees re closure planning by 7/1/2012 | Leadership Team |
|---|-----------------|

### Objective 101 Monitor budget performance

#### Performance Indicators

#### Process Leader

#### Data Entry

- |   |                       |                    |
|---|-----------------------|--------------------|
| 1 Percent purchases from SWAM vendors                         | Director, Procurement | Procurement        |
| 2 Prompt Payment: Percent of invoices paid on time per agency | Financial Services    | Financial Services |

### Objective 102 Monitor Environment of Care performance

#### Performance Indicators

#### Process Leader

#### Data Entry

- |   |                                   |                               |
|---|-----------------------------------|-------------------------------|
| 1 Percent meal content accuracy   | Food Services                     | Food Services                 |
| 2 Percent snack content accuracy  | Food Services                     | Food Services                 |
| 3 Percent of customer satisfaction with quality of Housekeeping and Laundry | Housekeeping/Laundry Services     | Housekeeping/Laundry Services |
| 4 Percent of preventive maintenance work orders completed within 14 days    | Director, Physical Plant Services | Physical Plant Services       |
| 5 Percent of corrective maintenance work orders completed within 7 days     | Director, Physical Plant Services | Physical Plant Services       |

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## Goal 4 Successfully discharge all individuals in accordance with the DOJ Settlement Agreement

### Objective 1 Educate families to reduce opposition to community placement

Strategies

- |   |  |               |
|---|--|---------------|
| 1 | Organize and conduct a Provider Fair to provide ARs/Legal Guardians with information regarding residential providers, waiver/financial options and resources within the community by 6/30/2012 | Director, CSS |
| 2 | Provide quarterly communication to ARs/Legal Guardians to assist with preparation for community placement by 6/30/2014   | Director, CSS |
| 3 | Facilitate tours for ARs, in consultation with CSB Support Coordinators, to community providers for individuals actively engaged in discharge planning by 6/30/2014                            | Director, CSS |

Performance Indicators

Process Leader

Data Entry

- |   |   |                 |                 |
|---|---|-----------------|-----------------|
| 1 | Cumulative number of targeted discharges to the community | Social Services | Social Services |
|---|---|-----------------|-----------------|

### Objective 2 Manage the discharge process

Strategies

- |   |   |                               |
|---|---|-------------------------------|
| 1 | Restructure the Discharge Team by 4/30/2012 | Community Integration Manager |
| 2 | Ensure DOJ requirements are met by 7/1/2012 | Community Integration Manager |

### Objective 101 Monitor community-support indicators

Performance Indicators

Process Leader

Data Entry

- |    |  |                           |                               |
|----|--|---------------------------|-------------------------------|
| 1  | Percent of annual staffings in which a community Support Coordinator participated          | Director, PCS             | Person-Centered Supports      |
| 2  | Percent of annual staffings in which a family member participated                          | Director, PCS             | Person-Centered Supports      |
| 3  | Number of visitations to SVTC by CSB representatives                                       | Director, Social Services | Social Services               |
| 4  | Census as of the first day of the month  | Director, RCS             | Health Information Management |
| 5  | Number of new admissions during the month  | Director, Social Services | Health Information Management |
| 6  | Number of regular admissions   | Director, Social Services | Social Services               |
| 7  | Number of discharges during the month  | Director, Social Services | Health Information Management |
| 8  | Number of individuals discharged to Waiver slots   | Director, Social Services | Social Services               |
| 9  | Number of individuals for whom there is a known objection to discharge                     | Director, Social Services | Social Services               |
| 10 | Percent emergency/respite admissions requested that were responded to within 4-hour window | Director, RCS             | Social Services               |
| 11 | Quantity of community services provided  | RCSC Coordinator          | PCS Outreach Coordinator      |

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### Goal 5 Monitor Quality Assurance Indicators

#### Objective 101 Monitor selected quality assurance indicators

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Number of abuse allegations	Dept. Heads	Office of the Director
2 Number of substantiated abuse allegations	Dept. Heads	Office of the Director
3 Number of protective restraint devices in use	Psychology	Psychology
4 Number of protective restraint devices with reduced usage	Psychology	Psychology
5 Number of peer-to-peer incidents	Dept. Heads	Investigator
6 Number of incidents of unknown origin	Dept. Heads	Risk Management
7 Number of mechanical restraint applications	Psychology Supervisor	Psychology
8 Number of physical restraint applications	Psychology Supervisor	Psychology

#### Objective 102 Monitor Medicaid Plan of Correction

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Average rating from Active Treatment observations re meeting Medicaid standards	Dept. Heads	Quality & Risk Management
2 Percent of program delivery staff currently certified as competent	Dept. Heads, Res. Sv./PCS	Quality & Risk Management
3 Reports of suspected abuse/neglect that are not communicated to the Facility Director/designee in a timely manner	Facility Director	Risk Management
4 Number of supports for individuals not delivered as required by ISP	Dept. Heads	Support Coordinators
5 Reports of suspected abuse/neglect that are not communicated to the Authorized Representative in a timely manner	Facility Director	Risk Management
6 Number of mealtime irregularities	Dept. Heads	Program Directors and Support Chiefs

#### Objective 103 Monitor selected Inspector General monthly indicators

<u>Performance Indicators</u>	<u>Process Leader</u>	<u>Data Entry</u>
1 Numbers of new complaints during the month	Facility Director	Office of the Director
2 Number of complaints originated by consumer during the month	Facility Director	Office of the Director
3 Number of complaints originated by staff during the month	Facility Director	Office of the Director
4 Number of complaints originated by family during the month	Facility Director	Office of the Director
5 Number of complaints originated by the advocate during the month	Facility Director	Office of the Director
6 Number of explained deaths during the month	Director, Medical Services	Medical Services
7 Number of unexplained deaths during the month	Director, Medical Services	Medical Services
8 Number of deaths with formal Peer Reviews conducted during the month	Director, Medical Services	Medical Services
9 Number of deaths reported as a Sentinel Event to JCAHO during the month	n/a	Medical Services

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10 104	Director, Medical Services	Medical Services
11 Number of deaths reported to the medical examiner during the month	Director, Medical Services	Medical Services
12 Number of police investigations conducted as a result of a death during the month	Facility Director	Office of the Director

### Objective 104 Monitor systems that promote individuals' health

#### Performance Indicators

#### Process Leader

#### Data Entry

1 Number of medication errors per individual	Nursing Services	Nursing Executive Committee
2 Number of fractures	Dept. Heads	Risk Management
3 Number of falls	Dept. Heads	Risk Management
4 Number of individuals on 9 or more medications	Director, Medical Services	Pharmacy Committee
5 Number of individuals with fecal impaction	Nursing Executive Committee	Nursing Executive Committee
6 Number of urinary tract infections	Infection Control Nurse	Infection Control Committee
7 Number of individuals diagnosed with severe dehydration	Nursing Executive Committee	Nursing Executive Committee
8 Number of individuals with psychiatric diagnosis that receive polypharmacy	Director, Medical Services	Pharmacy Committee
9 Number of individuals diagnosed with new pressure ulcers per Stage (1-4)	Dept. Heads	Wound Care Committee
10 Number of special hospitalizations during the month	Nursing Executive Committee	Health Information Management
11 Rate of individual incidents per 1000 patient days	Dept. Heads	Risk Management