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Goal 1 Promote a person-centered way of life for individuals

Objective 1 Senior leaders will foster and lead a person-centered philosophy for SVTC

Strategies

1	Distribute revised vision, mission, values by 9/30/2010 (Done)	Leadership Team
2	Determine assessment tool to use to evaluate the extent to which the experiences of individuals reflect self-determination and choice by 10/31/2010 (Done)	Quality & Risk Management
3	Review all SOPs/Departmental policies for PCP and best practices by 6/30/2011	Director, PCS
4	Distribute PCP status message within the facility by 4/30/2011	Director, RCS

Objective 2 Cultivate a workforce that is knowledgeable about and committed to implementing person-centered practices

Strategies

1	Re-assess PCP training needs and requirements for all staff by 6/30/2011	TAC
2	Review and revise all curricula for Orientation and Pre-Service courses to ensure appropriate use of person-centered language and concepts by 3/30/2011 (Done)	Director, ST&D
3	Determine PCV training package to be provided to veteran staff by 5/1/2011	Director, ST&D

	Action Step	Step Leader	Due	Status
1	Approve revisions	TAC	5 /15/2011	Active
2	Complete review and revisions	Director, ST&D	6 /15/2011	Active

	Performance Indicators	*Process Leader*	*Data Entry*
1	Number of staff receiving training in person-centered practices	Dept. Heads	Staff Training & Development
2	Number of community staff receiving training in person-centered practices	Director, Staff Training & Development (ST&D)	Staff Training & Development
3	Number of staff that completed training in PCV	Dept. Heads	Staff Training & Development
4	Number of Personal Support Team members that completed extended PCP (202) training	Director, PCS	Staff Training & Development

Objective 3 Monitor the Individual Support Plan Process to ensure PCP practices and procedures while maintaining compliance with ICF/MR regulations

Strategies

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1 Develop a compliance guideline for implementation of PCP as indicated by DBHDS guidelines and ICF/MR regulations by 6/30/2011 — Director, PCS

	Action Step	Step Leader	Due	Status
1	Observe current practices utilized for implementing the PCP process to ensure correlation to guidelines from DBHDS and ICF/MR regulations	Director, SC	9 /30/2010	Done
2	Record observations of the PCP process implemented within each Individual Environment	Director, SC	10/31/2010	Done
3	Create a management review process to depict compliance level	Director, SC	4 /30/2011	Active
4	Compile departmental guidelines into a manual and distribute	Director, SC	6 /30/2011	Active

2 Implement the PCP process as developed by the statewide team by 7/31/2011 — Director, PCS

	Action Step	Step Leader	Due	Status
1	Explore use of the remaining statewide PCP tools (i.e., Learning Log and ISP Checklist)	Director, SC	11/1 /2010	Done
2	Modify selected tools to meet the needs of SVTC	Director, SC	6 /30/2011	Active
3	Train PST members on the implementation/evaluation process of the PCP tools	DSC	6 /30/2011	Active
4	Conduct a survey of the results of the tool use on PCP practice/processes	DPCS/UR	6 /30/2011	Active
5	Review ISP Progress Report to determine noted progress of individuals due to increased training opportunities	DPCS/UR	7 /31/2011	Active

3 Facilitate ongoing training on the creation of an Individualized Support Plan Process and Procedures by 7/31/2011 — Director, SC

	Action Step	Step Leader	Due	Status
1	Introduce the “Shared Plan” form as developed by the statewide PCP team as a source of succinctly looking at the PST members’ contribution to the Individual Support Plan	DSC/DPCS	11/1 /2010	Done
2	Implement the questions from the learning Log to increase communication from PST members	Director, SC	6 /30/2011	Active
3	Review the Individual Support Plan for inclusion/collaboration of the items listed on the ‘Shared Plan” form by all PST members	Director, SC	1 /31/2011	Done

4 Review ISP monthly for compliance with PCP guidelines and ICF/MR regulations by 6/30/2011 — Director, SC

	Action Step	Step Leader	Due	Status
1	Continue use of a tracking sheet pending review of ISP to ensure on time completion	Director, SC	10/31/2010	Done
2	Assist Support Coordinators with creating a plan that is compliant with all stated guidelines and regulations	DSC/DPCS	12/31/2010	Done
3	Continue Bi-monthly meetings with PST members’ respective directors for assistance with implementing an accurate and timely process	DPCS/UR	4 /1 /2011	Done
4	Conduct six-month CRS review for compliance and readiness for external review	DSC/DPCS	6 /30/2011	Active

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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

Objective 4 Create a Person-Centered Clinical Record System with the support of DBHDS

Strategies

1	Deploy a database application to automate ISP process and workflow by 6/30/2011	Director, Software Development Services (SDS)
2	Continue to participate in statewide HIM meetings and decisions regarding design of CRS by 7/31/2011	Director, HIM
3	Retrain staff in proper documentation procedures and practices to capture PCP-related items by 6/30/2011	Director, HIM

Action Step	Step Leader	Due	Status
1 Identify documentation needs for PCP-related items	Director, HIM	6 /30/2011	Active
2 Develop curriculum using PCP documentation requirements	Director, HIM	6 /30/2011	Active

Performance Indicators	*Process Leader*	*Data Entry*
1 Percent of CRS documentation sampled that reflect full use of person-centered terminology	Dept. Heads	Health Information Management
2 Number of repeat CRS (MRT) deficiencies	Dept. Heads	Health Information Management
3 Percent of ISP's filed in CRS by deadline	Dept. Heads	Health Information Management
4 Percent of staffing reports submitted on time	Dept. Heads	Quality & Risk Management

Objective 5 SVTC will support opportunities for individuals to be exposed to and participate in self-determined activities

Strategies

1	Implement retirement supports for individuals by 6/30/2011	Director, PCS
2	Finalize the mealtime assessment including PCP factors by 10/31/2010 (Done)	Nutritional Management Team

Objective 6 Enhance opportunities for individuals to build relationships and valued roles in the community

Strategies

1	Contact community organizations, raise awareness and explore individual membership options focusing on retirement, socialization, and volunteerism on an ongoing basis by 7/31/2011	PCS Outreach Coordinator
2	Design and document a process for governing individuals' finances by 6/30/2011	Director, PCS

3 Identify methods for increasing family involvement by 5/31/2011 — Director, Social Services

	Action Step	Step Leader	Due	Status
1	Develop strategies for increasing family/AR involvement at SVTC	Director, Social Services	5 /31/2011	Active
2	Develop a survey to be sent to families/AR's to gather information that will be used as a basis in educational activities related to (1) annual PST meetings, (2) community resources and (3) CSB information	Director, Social Services	5 /31/2011	Active
3	Implement strategies designed to educate families and AR's about community services and how the needs of the individual could be met in the community	Director, Social Services	5 /31/2011	Active

4 Identify methods for increasing CSB involvement by 6/30/2011 — Director, Social Services

	Action Step	Step Leader	Due	Status
1	Develop strategies for increasing CSB involvement at SVTC	Director, Social Services	6 /30/2011	Active

Performance Indicators		*Process Leader*	*Data Entry*
2	Percent of individuals employed in the community	Director, PCS	Person-Centered Supports
4	Number of registered individuals who visited voting polls	Director, RCS	Residential Services
5	Number of individuals that shopped in the community	Director, RCS	Residential Services, Person-Centered Supports
7	Number of individuals that engaged in volunteer work	Director, PCS	Person-Centered Supports
8	Number of community outings involving 3 or fewer individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
9	Number of individuals that visited alternative living environments	Director, Social Services	Social Services
10	Number of trips taken involving more than 3 individuals	Dept. Heads	Dept. Heads, Res.Sv./PCS
11	Number of family visits to SVTC to see family member	Director, Social Services	Social Services
12	Number of individuals that made visits to family members	Director, Social Services	Social Services

Objective 7 SVTC will implement new admission and discharge protocols and report accurate results to Region CSBs

Strategies

1 Educate all PST members on the DBHDS revised Admission and Discharge Protocols by 6/30/2011 — Director, Social Services

2 SVTC will revise Client Demographic Data report to meet Region IV needs by 11/1/2010 (Done) — Director, Social Services

3 Implement the quality improvement process developed by DBHDS that creates a process for comprehensive assessment of the barriers to discharge and community support needs for each person in the facility by 4/30/2011 — Director, Social Services

4 Implement the quality improvement process developed by DBHDS for discharge planning that assures active engagement between the facility and the community in identifying and pursuing more integrated settings for individuals to include active discharge planning for all admissions and current residents by 4/30/2011 — Director, Social Services

5	In collaboration with DBHDS SVTC will develop and promote an educational process regarding community living arrangements for the individual, his/her family members and/or AR by 6/30/2011	Director, Social Services

Performance Indicators	*Process Leader*	*Data Entry*
1 Number of community informational sessions conducted	PCP Outreach Coordinator	PCS Outreach Coordinator
2 Percent of annual staffings in which a community Support Coordinator participated	Director, PCS	Person-Centered Supports
3 Percent of annual staffings in which a family member participated	Director, PCS	Person-Centered Supports
4 Number of visitations to SVTC by CSB representatives	Director, Social Services	Social Services
5 Census as of the first day of the month	Director, RCS	Health Information Management
6 Number of new admissions during the month	Director, Social Services	Health Information Management
7 Number of regular admissions	Director, Social Services	Social Services
8 Number of discharges during the month	Director, Social Services	Health Information Management
9 Number of individuals discharged to Waiver slots	Director, Social Services	Social Services
11 Number of individuals without authorized rep/Guardian	Director, Social Services	Social Services
12 Number of individuals for whom there is a known objection to discharge	Director, Social Services	Social Services

Objective 8 Establish processes for evaluating the quality of: ISPs, Support Coordinator reviews of progress, and outcomes for individuals.

Strategies

1	Formalize a process for evaluating quality of planned outcomes in ISPs and providing feedback to Personal Support Teams (PSTs) by 9/30/2010 (Done)	Utilization Review Committee
2	Establish a process for (1) evaluating the quality of documentation of outcomes and (2) providing feedback to PSTs by 3/31/2011 (Done)	Utilization Review Committee
3	Establish a process for evaluating outcomes achieved by 3/31/2011 (Done)	Utilization Review Committee
4	Review facility requirements for money management and self-administration of medication emanating from Medicaid surveys by 5/31/2011	Directors, RCS/PCS

	Action Step	Step Leader	Due	Status
1	Consider alternatives to current facility requirements and related support options	Directors, PCS/RCS	11/1 /2010	Done
2	Recommend revision, deletion or continuation of facility requirements to promote compliance and meaningful supports for individuals	Directors, PCS/RCS	4 /30/2011	Active
3	Recommend performance measures as appropriate	Directors, PCS/RCS	4 /30/2011	Active
4	Act on recommendations	Leadership Team	5 /31/2011	Active

Performance Indicators	*Process Leader*	*Data Entry*
1 Quality of planned outcomes	Utilization Review Committee	Utilization Review Committee
2 Quality of performance documentation	Utilization Review Committee	Utilization Review Committee
3 Quality of outcomes achieved	Utilization Review Committee	Utilization Review Committee

Objective 9 Address systemic issues affecting the delivery of active treatment supports

Strategies

1 Identify information desired for Quality Council review on a regular basis by 5/31/2011 (Done) — Leadership Team pr

	Action Step	Step Leader	Due	Status
1	Review types of information reviewed during past year	Leadership Team	3 /31/2011	Done
2	Brainstorm additional information that may be useful on a recurring basis	Leadership Team	4 /30/2011	Active

3 Revisit and evaluate effectiveness of Quality Council processes on a quarterly basis by 6/30/2011 — Leadership Team

Objective 10 Ensure all individuals receive essential services related to dental care

Strategies

1 Implement preventative measures to decrease incidence of gum disease by 6/30/2011 (Done) — DRCS/Dental Services

	Action Step	Step Leader	Due	Status
1	Identify individuals who would benefit from daily application of chlorhexidine	Dental Services	11/1 /2010	Done
2	Determine funding source to maintain supply of chlorhexidine	Dental Services	11/1 /2010	Done
3	Determine storage location and acquisition process	Dental Services	2 /1 /2011	Done
4	Train Direct Support staff on the use/application of chlorhexidine	Dental Services	6 /30/2011	Done

2 Provide updated training for Support Staff regarding Dental Supports by 6/30/2011 (Done) — Dental Services

	Action Step	Step Leader	Due	Status
1	Support Coordinators to receive follow-up overview of Dental Services	Dental Services	10/15/2010	Done
2	Direct Support Staff to receive training on Dental Care	Dental Services	6 /30/2011	Done

3 Evaluate the integration of Dental Supports into the PST process by 6/30/2011 (Done) — Director, PCS

	Action Step	Step Leader	Due	Status
1	Review Annual Dental Assessment results regarding timeliness and usefulness during ISP development	DPCS	12/10/2010	Done
2	Review sample Support Coordinator Review of Progress to determine if dental outcomes were met	DPCS	6 /30/2011	Done

4 Review daily dental care procedures and update as appropriate by 6/30/2011 — DRCS/Dental Services

	Action Step	Step Leader	Due	Status
1	Re-assess each individual's dental hygiene needs and update their individual oral hygiene protocol	Dental Services	6 /30/2011	Active
2	Implement updated oral hygiene protocols as prescribed	Director, RCS	6 /30/2011	Active

Performance Indicators — *Process Leader* — *Data Entry*

1	Percent of dental outcomes met	Director, PCS	Dental Services

Objective 11 Support changes for DOJ/OIG recommendations including improvement of Psychiatry/Psychology coordination

Strategies

1	Implement the quality improvement project developed by DBHDS to assure psychiatric diagnosis clinically fit the corresponding assessments and is consistent with the current DM-ID (combine Psychology information into Psychiatry report) by 5/31/2011	Director, Medical/Ancillary Supports
2	Implement the quality improvement project developed by DBHDS to assure medications prescribed are effective and prescribed at minimum effective dose and there is a process for periodic peer and/or psychopharmalogical review by 5/31/2011	Director, Medical/Ancillary Supports
3	Implement protocols developed with DBHDS assistance that address documentation of target behaviors to identify which behaviors are best treated behaviorally, vs. in combination with psychotropic medications by 5/31/2011	Director, Medical/Ancillary Supports
4	Implement protocols developed with DBHDS assistance that assure there is diagnostic consistency between the disciplines by 5/31/2011	Director, Medical/Ancillary Supports
5	Implement and evaluate a restraint prevention program by 5/31/2011	Director, Psychology

	Action Step	Step Leader	Due	Status
1	Review and—once acceptable—approve program	Leadership Team	3 /15/2011	Active
2	Publish and implement program	Director, Psychology	5 /1 /2011	Active
3	Begin process for evaluating program	Director, Psychology	5 /31/2011	Active
4	Educate staff on revised policies and documentation requirements	Director, Psychology	5 /31/2011	Active
5	Make BSPs available in shared folders	Directors, Psychology & Software Development Services	10/31/2010	Done

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Goal 2 Develop the Workforce

Objective 1 Improve employee morale

Strategies

1 Support the Applause Committee by monitoring participation in sponsored events and reporting results to the Leadership Team throughout the year by 8/31/2011 — Applause Committee

	Action Step	Step Leader	Due	Status
1	Establish a process for monitoring attendance at KUDOS events	Applause Committee	9 /30/2010	Done
2	Establish a process for monitoring the number of recipients at semi annual recognition ceremonies to include exceptional attendance, customer service, care	Applause Committee	8 /31/2011	Active
3	Establish a process for measuring response to KUDOS closet participation and report quarterly	Applause Committee	3 /31/2011	Done
4	Conduct a survey	Applause Committee	3 /31/2011	Done

2 Critique issues related to morale by 12/31/2010 (Done) — Leadership Team

	Performance Indicators	*Process Leader*	*Data Entry*
1	Number of items redeemed from Kudos closet	Applause Committee	Applause Committee
3	Number of scheduled, non-voluntary overtime hours worked by DSAs	Director, RCS	Residential Services
4	Number of voluntary overtime hours for DSA's during the month	Director, RCS	Residential Services
5	Number of mandatory overtime hours for DSA's for the month	Director, RCS	Residential Services
6	Number of scheduled, non-voluntary overtime hours worked by LPNs	Director, Nursing Services	Nursing Services
7	Number of voluntary overtime hours for LPN, PPN and CNa's during the month	Director, Nursing Services	Nursing Services
8	Number of mandatory overtime hours for LPN, PPN and CNa's for the month	Director, Nursing Services	Nursing Services
9	Number of scheduled, non-voluntary overtime hours worked by RNs	Director, Nursing Services	Nursing Services
10	Number of voluntary overtime hours for RN's during the month	Director, Nursing Services	Nursing Services
11	Number of mandatory overtime hours for RN's for the month	Director, Nursing Services	Nursing Services

Objective 2 Improve employee accountability at both the employee and supervisory level

Strategies

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1 Streamline the process for disciplinary action by 6/30/2011 — Human Resources

	Action Step	Step Leader	Due	Status
1	Using a workgroup comprised of various supervisory levels and departments on campus, establish the most effective and efficient process for issuing disciplinary action (to include documents used and approval levels)	HR	3 /31/2011	Done
2	Establish data sources for periodic analysis of results. Include sources such as Commissioner's Quarterly Report for # of written notices issued and grievances, spreadsheet of formal disciplinary actions with key details	HR	3 /31/2011	Done
3	Establish and track factors that should be present for typical actions and mitigating factors that should be taken into consideration	HR	3 /31/2011	Done

3 Practice accountability for one or more specific issues of current importance by 10/31/2011 — Leadership Team

	Action Step	Step Leader	Due	Status
1	List a few candidates that might serve as teaching examples	LT	10/15/2010	Done
2	Establish reporting requirements and communicate same to parties involved	LT	3 /31/2011	Done
3	Practice accountability with selected issues on a regular basis	LT	9 /30/2011	Active
4	Review lessons learned	LT	10/31/2011	Active

Objective 101 Monitor recruitment and retention indicators

	Performance Indicators	*Process Leader*	*Data Entry*
3	Percent of Living Areas staffed at DOJ level	Leadership Team	Quality & Risk Management
4	Number of Direct care nursing position (CNa,PPN,LPN) vacancies on the first day of the month	Director, Nursing Services	Human Resources
5	Number of RN position vacancies on the first day of the month	Director, Nursing Services	Human Resources
6	Number of Physician position vacancies on the first day of the month	Director, Medical Services	Human Resources
7	Number of remaining clinical staff position vacancies on the first day of the month	Dept. Heads	Human Resources
8	Number of administrative staff position vacancies on the first day of the month	Directors, Administration/EOC	Human Resources
9	Number of Direct care nursing position (Can's,PPN,LPN) New Hires during the month	Employee Services Manager	Human Resources
10	Number of RN position New Hires during the month	Employee Services Manager	Human Resources
11	Number of Physician position New Hires during the month	Employee Services Manager	Human Resources
12	Number of clinical staff position New Hires during the month	Employee Services Manager	Human Resources
13	Number of administrative staff position New Hires during the month	Employee Services Manager	Human Resources
14	Number of Direct care nursing position (Can,PPN,LPN) Separations from Service during the month	Director, Nursing Services	Human Resources

15	Number of RN position Separations from Service during the month	Director, Nursing Services	Human Resources
16	Number of Physician position Separations from Service during the month	Director, Medical Services	Human Resources
17	Number of clinical staff position Separations from Service during the month	Dept. Heads	Human Resources
18	Number of administrative staff position Separations from Service during the month	Directors, Administration/EOC	Human Resources
19	Number of DSA position vacancies on the first day of the month	Directors, RCS	Human Resources
20	Number of DSA position New Hires during the month	Employee Services Manager	Human Resources
21	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
5	Number of injuries to Food Services staff	Director, Food Services	Quality & Risk Management

Goal 3 Promote Leadership & Organizational Performance

Objective 1 Address hardware, software, training and software re-development needs to meet standards set by DBHDS IT Collaboration effort

Strategies

1	Host LT discussion of software development activities by 9/30/2010 (Done)	Software Development Services
2	Upgrade principal database and application software by 5/31/2011	Software Development Services
3	Obtain training related to software upgrades for development staff by 5/31/2011	Software Development Services
4	Develop strategy for upgrading existing applications in light of DBHDS collaboration by 3/1/2011 (Done)	Software Development Services

Performance Indicators		*Process Leader*	*Data Entry*
1	Number of facility applications using MS Access interface	Software Development Services	Software Development Services

Objective 2 Implement major construction projects including cook-chill, geothermal energy and storm water project, update LT monthly or as needed

Strategies

1	Track and report as required any major renovations/construction that has direct impact on lives of individuals by 6/30/2011	Director, EOC

2 Secure funding and construct dental suite by 3/31/2011 — Director, Administration

Action Step	Step Leader	Due	Status
1 Complete construction	EOC	3 /31/2011	Active

Objective 3 Revisit FY2012 budget reduction requirements

Strategies

1 Review ARMICS report when received and develop action plan as appropriate by 6/30/2011 — Director, Administration

2 Establish MOU for services provided by HWDMC to the campus by 11/30/2010 (Done) — Administrative Services

3 Evaluate the number of positions as well as all non-personal expenditures to see where the facility will be as of July 1, 2011 and, if necessary, start the process of reducing positions by 4/30/2011 (Done) — Director, Administration

Performance Indicators	*Process Leader*	*Data Entry*
3 Percent purchases from SWAM vendors	Director, Procurement	Procurement
4 Cost of workers' compensation claims	Leadership Team	Quality & Risk Management
5 Prompt Payment: Percent of invoices paid on time per agency	Financial Services	Financial Services

Objective 4 Monitor and report on energy usage to achieve $1.1 million in savings

Strategies

1 Establish and communicate relevant energy-saving practices and expectations by 6/30/2011 — Director, EOC

Action Step	Step Leader	Due	Status
1 Monitor conservation of fuels and energy efficiency throughout the year	EOC	6 /30/2011	Active
2 Discuss energy conservation/awareness as appropriate in Grapevine and Manager's forum during the year	EOC	6 /30/2011	Active

Objective 5 Evaluate and act on recommendations for a Staff Training model

Strategies

1 Staff Training Division will develop a new training delivery model based on recommendations/principles outlined by Leadership Team by 6/30/2011 — Director, ST&D

2 Leadership Team will bless new training delivery model by 7/31/2011 — Director, RCS

3 Staff Training Division will initiate new training delivery model by 7/31/2011 — Director, ST&D

4 Complete implementation of new training model by 7/31/2011 — Director, ST&D

Performance Indicators	*Process Leader*	*Data Entry*
1 Percent of mandated training up-to-date	Dept. Heads	Staff Training & Development

2	Percent of DSA's who have completed 15 College of Direct Support core modules	Director, ST&D	Staff Training & Development

Objective 6 Evaluate and resolve AOD model for Residential Services

Strategies

1	Present pros/cons of current organizational AOD structure to Leadership by 6/30/2011	Residential Services
2	Leadership Team or subgroup will evaluate other possible options by 6/30/2011	Leadership Team

Objective 7 Implement further HWDMC-SVTC integration, if any

Strategies

1	Review HWDMC budget reduction strategies for FY2012 with Leadership Team by 12/1/2010 (Done)	Leadership Team bk
2	Determine need by January 2, 2011 for consolidation of risk management, training, safety and IT inventory functions needed for budget reductions in FY2012 by 1/2/2011 (Done)	Leadership Team
3	Determine need for consolidation of functions for efficiency or enhanced service by 3/30/2011 (Done)	Leadership Team

Objective 8 Establish a process for reviewing, implementing and/or challenging externally-imposed requirements

Strategies

1 Establish means for recognizing new requirements by 5/1/2011 — Leadership Team

	Action Step	Step Leader	Due	Status
1	Managers' Forum discuss various ways that requirements may appear	LT	6 /30/2011	Active

2 Establish a process for collecting and reviewing new requirements by 5/1/2011 — Leadership Team

Objective 9 Migrate from current employee database to HRIS

Strategies

1	Campus Facility Directors agree to incorporate SVTC and HWDMC employee information into HRIS by 11/30/2010 (Done)	HR Director
2	Campus Facility Directors agree on (1) scope of information to be integrated into HRIS, (2) basic responsibilities for design and implementation and (3) mechanism for review and decision-making re immediate and future customer needs by 6/30/2011	HR Director
3	Relevant information in PMIS is downloaded for SVTC/HWDMC, and application is operational for HR Director by 6/30/2011	HR Director

4	Facility Directors agree to work plan with target dates for full replacement of needed information and functions available in current (HRO) system by 6/30/2011	HR Director
5	Facility Directors review evaluation of HRIS functioning and customer satisfaction by 6/30/2011	HR Director

Objective 10 Review requirements related to swiping and resolve whether and how exempt employees will swipe to indicatge presence at work

Strategies

1	Review requirements related to swiping and resolve whether and how exempt employees will swipe to indicate presence at work by 8/30/2011	HR Director

Objective 101 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
6 Cumulative number of external audits	Leadership Team	Administrative Services

Goal 4 Support Community Partners and Individuals

Objective 1 Launch a unit to support community individuals needing behavior stabilization by 6/30/2011

Strategies

1	Continue focus on development of crisis stabilization unit by 6/30/2011	Director, RCS

Performance Indicators	*Process Leader*	*Data Entry*
1 Number of bed-days provided to individuals in the 6 community beds	Director, RCS	Office of the Director
2 Percent emergency/respite admissions requested that were responded to within 4-hour window	Director, RCS	Social Services

Objective 2 Utilize all RCSC allotted funds on provision of services as determined by the Regional Oversite Committee by the end of fiscal year

Strategies

1	Utilize all RCSC allotted funds on provision of services as determined by the Regional Oversite Committee by 6/30/2011	Outreach Coordinator

Performance Indicators	*Process Leader*	*Data Entry*

1	Quantity and types of community services provided	RCSC Coordinator	PCS Outreach Coordinator
2	Number of requests for RCSC services not fulfilled	RCSC Coordinator	PCS Outreach Coordinator
3	Dollar value of RCSC services provided	RCSC Coordinator	PCS Outreach Coordinator

Objective 3 Demonstrate successful discharge by 6/30/11 of 20 individuals as specified by Central Office

Strategies

1 Discharge twenty individuals by 6/30/2011 — Director, Social Services

Performance Indicators	*Process Leader*	*Data Entry*
1 Number of discharges completed	Director, Social Services	Social Services

Goal 5 Monitor Quality Assurance Indicators

Objective 101 Monitor selected quality assurance indicators

Performance Indicators	*Process Leader*	*Data Entry*
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

Objective 102 Monitor Medicaid Plan of Correction

Performance Indicators	*Process Leader*	*Data Entry*
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 Number of injuries, etc. reviewed by QI Nurse where appropriate AR notification has not been documented	Director, Medical Services	QI Nurse
4 Reports of suspected abuse/neglect that are not communicated to the Facility Director/designee in a timely manner	Facility Director	Risk Management
5 Reports of suspected abuse/neglect that are not communicated to the Health Dept. in a timely manner	Facility Director	Office of the Director
6 Percent of ISPs that fully comply with money management requirements	Utilization Review Committee	Utilization Review Committee
7 Percent of ISPs that fully comply with self-administration of medication requirements	Utilization Review Committee	Utilization Review Committee
8 Number of supports for individuals not delivered as required by ISP	Dept. Heads	Support Coordinators
9 Reports of suspected abuse/neglect that are not communicated to the Authorized Representative in a timely manner	Facility Director	Risk Management

Objective 103 Monitor selected Inspector General monthly indicators

	Performance Indicators	Process Leader	Data Entry
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
10	Number of death summaries completed during the month	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 clinical services to individuals

	Performance Indicators	Process Leader	Data Entry
1	Percent of areas receiving a passing/acceptable grade on the area physical management monitoring form	Dept. Heads, Res. Sv./PCS	Physical Therapy/ Physical Management
2	Percent reliability of behavioral data	Dept. Heads	Psychology
3	Percent of emergency restraints (out of 100% sample) in full compliance with policy	Psychology Supervisor	Psychology
4	Number of mechanical restraint applications	Psychology Supervisor	Psychology
5	Number of physical restraint applications	Psychology Supervisor	Psychology

Objective 105 Monitor systems that promote individuals' health

	Performance Indicators	Process Leader	Data Entry
2	Number of medication errors per individual	Nursing Services	Nursing Executive Committee
3	Number of fractures	Dept. Heads	Risk Management
4	Number of falls	Dept. Heads	Risk Management
5	Number of individuals on 9 or more medications	Director, Medical Services	Pharmacy Committee
6	Number of individuals with fecal impaction	Nursing Executive Committee	Nursing Executive Committee
7	Number of urinary tract infections	Infection Control Nurse	Infection Control Committee
8	Number of individuals diagnosed with severe dehydration	Nursing Executive Committee	Nursing Executive Committee
9	Number of individuals with psychiatric diagnosis that receive polypharmacy	Director, Medical Services	Pharmacy Committee
10	Number of individuals diagnosed with new pressure ulcers per Stage (1-4)	Dept. Heads	Wound Care Committee
11	Number of individuals who weigh 10% over the upper limit of the desired body weight range	Nursing Executive Committee	Nursing Executive Committee

12	Number of special hospitalizations during the month	Nursing Executive Committee	Health Information Management
13	Rate of individual incidents per 1000 patient days	Dept. Heads	Risk Management