

The Haven – FY2021 Performance/Quality Improvement Plan

Table 1 – General/Admin

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target
SATISFACTION (Staff/Stakeholders)	Improve/expand the visibility and community presence of The Haven	# of appearances or presentations provided by staff to community	All Haven related activities	ED	Quarterly	Board Reports	3x/quarter
	Improve staff perception of team resiliency and responsiveness	Questions 16, 19, 20, 21.	All staff	QM	2x/year	Employee Engagement Survey	Scores at or above benchmarking for healthcare
	Improve staff perception of communication and trust with Management team.	Questions 25, 27, 28, 30.	All staff	QM	2x/year	Employee Engagement Survey	Scores at or above benchmarking for healthcare
BUSINESS FUNCTION	Meet budgeted census	Bed days & client counts	All days and all active clients	Finance	Monthly	EHR	≥915 days @ RES ≥124.5 clients @ OP
	Have Sufficient Financial Reserve	Days cash on hand	Liquidity measures	Finance	Monthly	General ledger	≥365 days
	Bill for Services	# of Billing Note / Client Tx Day	All billing	Finance	Monthly	EHR	≥915 notes @ RES ≥1817 units @ OP
	Cost < Income per Unit of Service	Cost/U of S	All costs and all income	Finance	Monthly	EHR/GL	≤\$170.33
STAFF TRAINING	Staff are oriented and trained on topics/competencies needed to perform their duties and care for our clients appropriately	% of staff with no deficiencies in required onboarding and annual trainings	All staff	HR	Quarterly	Relias, Paycor, Onboarding Forms, competency checklists, etc.	95%

Table 2 – Residential Treatment Program (RES)

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target
EFFECTIVENESS	Decrease in clients choosing to leave treatment prior to planned discharge	% of discharges that were unplanned	All discharges	QM	Monthly	EHR Discharge Summaries	Yearly average <25% (FY2020 avg was 33%)
	Improvement in assessed protective factors supporting recovery	% of clients who had a positive change at D/C	All planned discharges	QM	Monthly	BAM-R scores at admit and discharge	100% (FY2020 was 93%)
SATISFACTION (Client)	Improve client report of family involvement in treatment	Response of "YES" on survey question #5	All program participants	QM	Monthly	Client Experience Questionnaire	90 th percentile (score of 1.1 or lower) FY2020 avg was 1.39 (60 th tile)
	Improve client report of protection of privacy	Response of "NO" on survey question #10	All program participants	QM	Monthly	Client Experience Questionnaire	90 th percentile (score of 1.9 or higher) FY2020 avg was 1.79 (70 th tile)
EFFICIENCY	Increase success in meeting expected staff to client ratios in House Manager department	% of shifts in which sum of clocked hours is within +/- 60min of scheduled hrs.	All shifts	Program Manager	Monthly	Paycor and Census report	80% (no baseline established)
	Increase in staff productivity/documentation	% of expected # of hours team encountered per week	All CM and TX non-group encounters	Program Mgr.	Monthly	EHR Reports	CM - 20hrs/40hr week TX – 15 hrs/40hr week
ACCESS	Reduction in client/referral source wait time from telephone screen to completed intake appt	% of clients completing an intake within 7 calendar days of screening	All calls/ Referrals (except for currently incarcerated)	Dir of Clinical Services	Monthly	EHR Reports	75% (New measure. No baseline established)

Table 3 – Intensive Outpatient Program (IOP)

Domain	Objective	Indicator	Sample	Obtained By	Time of Measure	Data Source	Target
EFFECTIVENESS	Increase # of clients with improvement in SDOH challenges by the time of discharge	% of clients with at least one resolved Z-code at discharge	All discharging clients	QM	Monthly	EHR reports	>50% (New measure. No baseline established.)
	Improvement in assessed protective factors supporting recovery	% of clients who had a positive change at D/C	All planned discharges	QM	Monthly	BAM-R scores at admit and discharge	90% (FY2020 was 81%)
SATISFACTION (Client)	Improve client report of family involvement in treatment	Response of "YES" on survey question #5	All program participants	QM	Monthly	Client Experience Questionnaire	90 th percentile (score of 1.1 or less) FY2020 avg was 1.27 (70 th ile)
	Improve client report of protection of privacy by	Response of "NO" on survey question #10	All program participants	QM	Monthly	Client Experience Questionnaire	90 th percentile (score of 1.9 or higher) FY2020 avg was 1.78 (70 th ile)
EFFICIENCY	Decrease in clients choosing to leave treatment prior to planned discharge	% of discharges that were unplanned	All discharges	QM	Monthly	EHR reports	Yearly average <40% (FY2020 avg was 51%)
	Increase in staff productivity/documentation	% of expected # of hours team encountered per week	All non-group encounters	Program Mgr.	Monthly	EHR reports	CM – 20hrs/40hr week TX – 10hrs/40hr week
ACCESS	Reduction in client/referral source wait time from telephone screen to completed intake appt	% of clients completing an intake within 7 calendar days of screening	All calls/ Referrals (except for currently incarcerated)	Dir of Clinical Services	Monthly	EHR Reports	75% (New measure. No baseline established)

Table 4 – Outpatient Treatment Program (OP)

Domain	Objective	Indicator	Sample	Obtained	Time of	Data Source	Target
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EFFECTIVENESS	Decrease in clients choosing to leave treatment prior to planned discharge	% of discharges that were unplanned	All discharges	QM	Monthly	EHR reports	Yearly average <60% (FY2020 avg was 75%)
	Improvement in assessed protective factors supporting recovery	% of clients who had a positive change at D/C	All planned discharges	QM	Monthly	BAM-R scores at admit and discharge	90% (FY2020 was 80%)
SATISFACTION (Client)	Improve client report of family involvement in treatment	Resp onse of "YES" on survey question #5	All program participants	QM	Quarterly	Client Experience Questionnaire	90 th percentile (score of 1.1 or less)
	Improve client report of protection of privacy	Response of "NO" on survey question #10	All program participants	QM	Quarterly	Client Experience Questionnaire	90 th percentile (score of 1.9 or higher)
EFFICIENCY	Clinical staff have well attended scheduled appointments to maximize their time.	% of individual appts attended by clients	All Scheduled appointments	Program Mgr.	Monthly	EHR reports	>50%
	Increase in staff productivity/documentation	% of expected # of hours team encountered per week	All non-group encounters	Program Mgr.	Monthly	EHR reports	CM – 20hrs/40hr wk TX – 16hrs/40hr wk
ACCESS	Reduce barriers to program engagement after admission/transition to OP programming	% of new clients that have at least 4 service contacts within the first 30 days of admission.	All OP admissions	Program Mgr.	Monthly	EHR reports	≥80%

Cost per unit of service

Length of stay

Occupancy rates

Numbers served – admits/discharges

Efficiency - Process

Improvement in functioning

Billable hrs per week
Discharges due to non-compliance
Participation/Attendance
Patient/Staff ratio
Productivity
Staff turnover
of unauthorized days or auth denials

Effectiveness – Outcomes

Symptom reduction (PCL-5, BAM, PHQ-9, etc)
Reduction in drug use as measured by drug screens
Treatment response (completed tx vs. unplanned discharge)
Z codes resolved during treatment (SDOH)
Reduction in relapse rates
Improved health or functioning

Access (taken from the Accessibility Plan)

Improvement in access (same day service)
Convenience of location

Satisfaction – Experience with The Haven

Likeliness to recommend
Respect
Privacy maintained
Responsiveness to requests
Types of services offered
Responsiveness to identified needs
Professional development opportunities

Prompt response
Technology
Timeliness
Transportation
Reduction in barriers

Business Functions (can be an efficiency measure as well)

Volume
Financial reserves
Revenue over expenses
Turnover
Billable units per week
Other key topics from Risk, Culture, Accessibility Plans

Staff Training