**GENESEE HEALTH SYSTEM**

**PROGRAM IMPROVEMENT PLAN**

**FY 2019**

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| **QUALITY MANGEMENT DEPARTMENT – JOHN HOLIDAY** | |
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| **Need:**  Improve Identifying and coordinating/linking of consumer medical conditions.  **Priority Goal(s):**  Increase awareness of consumer medical diagnosis and healthcare needs utilizing CareConnect 360.  **Method(s):**  1.GHS QM Director to work with GHS Medication Clinic Manager to implement use of CareConnect 360 for psychiatrist and nurse practitioner to review top 3 chronic conditions, most recent 3 emergency department admissions, most recent 3 inpatient admissions (medical and psychiatric), and top three procedure codes.  2. Explore with GHS Director of Adult MI Services of piloting use of CareConnect 360 in ACT and Intensive Case Management. |  |
| **Need:**  Effective planning towards Home and Community Based Services (HCBS) transition.  **Priority Goal(s):**  Ensure providers are working towards meeting new HCBS regulations.  **Method(s):**  1. Coordinate between Region 10 PIHP, Director of Adult DD services, and providers of State required surveys, CAPs, and Heighten Scrutiny review process.  2. If a position is developed to focus on HCBS transition, work with the identified staff to educate on what has been accomplished and what process are currently being worked on.  3. Participate in newly formed Region 10 quarterly HCBS meeting. |  |
| **Need:**  Maintain compliance with MDHHS, Medicaid, and Region 10 standards of care.  **Priority Goal(s):**  1. Ongoing monitoring and correction of issues.  2. Explore adding QM audits into CHIP auditing module, which would give the ability to report and better monitor audit results by provider over time.  **Method(s):** 1.Monitor network performance via annual provider record reviews. Require corrective action where standards are not adequately met. Apply provider sanctions as appropriate.  2. Work with GHS IT to add QM audit tools into CHIP. |  |
| **UTILIZATION MANAGEMENT DEPARTMENT – JOHN HOLIDAY** | |
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| **Need:**  Hospitals delay or fail to report discharge information to GHS Utilization Management.  **Priority Goal(s):**  Ensure timely and accurate hospital discharge reporting to GHS UM to monitor MMBPIS indicators.  **Method(s):**  1. Pilot hospital directly entering into CHIP concurrent reviews and CSR-Discharge forms.  2. Work with GHS IT and PCE in CHIP reprogramming to allow hospitals to directly completed concurrent reviews and discharges. |  |
| **Need:**  Ensure consumers receive appropriate, medically necessary services.  **Priority Goal(s):**  Authorize medically necessary services, identified through person center planning, to treat, ameliorate, diminish, arrest, or delay progression of symptoms, and to attain or maintain an adequate level of functioning.  **Method(s):**  Monitor over and underutilization of services, via utilization management review of authorization requests falling outside of level of care and benefit plan parameters.  Monitor monthly home-based services, reviewing cases that are underutilizing services.  Monitoring and reviewing 100% of ACT, home-based, specialized residential, CLS, and respite initial and ongoing requests to ensure consumers meet medical necessity.  Complete quarterly under-utilization reviews of case management. |  |
| **Need:**  GHS has been selected as one of three pilot sites for 298, with goal of improving physical and behavioral health services in Michigan, with Medicaid Health Plans contracting directly with the CMHSP.  **Priority Goal(s):**  Evaluate and redesign utilization management process to align and interface with the Medicaid Health Plan, including consistent processes between the three pilot sites.  **Method(s):**   1. GHS UM Director to participate in 298 UM workgroups. 2. GHS UM Director to work with GHS IT and PCE on any needed changes with CHIP 3. GHS-UM Director to work with UM Manager, Access, and IT on resuming utilization responsibilities for substance use services 4. GHS-UM will continue to participate in the Region 10 UM Committee until GHS is transitioned away from Region 10 PIHP and continue to report on various reports and outliers:  * Crisis Services   + Psychiatric Inpatient   + Crisis Residential   + Crisis Stabilization * ACT * Home-Based * Supports Coordination/Case Management * Autism Services |  |
| **Need:**  GHS currently has a waitlist for applied behavioral analysis through Medicaid Autism Benefit.  **Priority Goal(s):**  1. GHS has expanded contracted autism provider network,  with three home-based providers and currently has an  RFP, with goal of eliminating the waitlist as the providers  expand capacity.  **Method(s):**  1. Work with new autism providers to learn GHS Utilization  Management Process.  2. Educate GHS UM staff on Region 10 Autism review  form and process.  3. Assist in development and implementation of new Unit  Supervisor of Autism Benefit that will assume all  MDHHS-WSA entry, act as liaison to Region 10,  coordinate autism audits, conduct regular autism  provider meetings, and manage the autism waitlist. |  |
| **PROVIDER RELATIONS DEPARTMENT – BECKY HARRINGTON** | |
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| **Need:**  Reduce overall risk and increase OIG audit compliance.  **Priority Goal(s):**  Improve knowledge base of key compliance areas, enhance and restructure verifications processes and develop processes/policies.  **Method(s):**  1. Select online vendor for verification of 5 databases, SS Admin death master file, CMS NPPES, OIG files for individuals and providers, GSA’s SAMs list and the MDHHS list of sanctioned providers.  2. Attend 12/6 conference on OIG audit compliance and review R10 policies for updates.  3. Work with IT to create any needed reports.  4. Develop process for new staff and providers and procedures for GHS. |  |
| **Need:**  New procedure for organizational credentialing and monitoring of network providers.  **Priority Goal(s):**  Ensure organizational credentialing and monitoring processes parallel GHS procedure.  **Method(s)**:  1. Review current method of credentialing and monitoring network against existing procedure.  2. Change organizational procedure to mirror current processes.  3. Work towards combining next credentialing application into contract renewal processes. |  |
| **Need:**  New process to evaluate environment of care/physical plant corrections in residential facilities.  **Priority Goal(s):**  Improve environment of care/physical plant corrections.  **Method(s):**  1.Through focused audits of homes, key areas will be identified and added to seasonal maintenance logs.  2. Completion dates with signatures will be added to forms to improve follow through of corrections.  3. Network will be notified of changes for this calendar year. |  |
| **Need:**  Build and improve communication between case management supervision and residential program coordinators.  **Priority Goal(s):**  Meetings will be scheduled between case management supervision and residential program coordinators.  **Method(s):**  1.Central State will continue to be the pilot in structuring and scheduling team meetings.  2. More frequent large provider PC meetings will be scheduled for January-April 2019. |  |
| **RISK MANAGEMENT DEPARTMENT – TRACEY MALIN** | |
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| **Need:**  Potential Areas of Agency Clinical Risk  **Priority Goal(s):**  Continue to monitor, develop and implement systems for addressing various types of concerns or events.  **Method(s):**  Continue to identify needs and develop protocols/standards and standardized follow-up processes to address. Utilize information from various sources to determine trends to address various types of events:   * Sentinel event * Critical incident * Adverse event * Near miss |  |
| **Need:**  Potential Areas of Agency Risk  **Priority Goal(s):**  Expand Risk office to include involvement in other areas of agency risk through implementation of the Risk Management plan.  **Method(s):**  Continue to work with VP of Business Ops to reduce burdens/eliminate barriers (impeding the Risk Office and other areas).   * Refine/remove barriers to establishment of Risk Directives * Continue to address staff failure to report events (refocus staff to follow the CIR policy and as needed other progressive methods) * Continue to lead the RN Practice Council/RN Stakeholder group * Create electronic version of Infection Control Manual, update with current information, and place on agency intranet for ease of access. * Continue to assist with contract language (development and /or interpretation) * Continue to assist with insurance considerations and professional liability insurance * Continue to assist with credentialing and privileging inquiries, concerns, and planning (at the agency and PIHP level) * Continue to assist with record retention and disposal determinations * Continue to assist with medical forms revisions * Investigate options for future risk communications (for example: via infographics) * Pursue increased role development in other areas of risk (financial, actuarial, legal, corporate etc.). |  |
| **Need:**  Merging areas of Client Risk.  **Priority Goal(s):**  Continue to create/develop protocols and standards for areas of risk to clients.  **Method(s):**  Continue to identify needs and write directives/guidelines to effectively address concerns when detected and provide direction for continued follow up**.**   * Annual Needs assessment and follow up on findings * Annual agency Risk assessment and follow up on findings (clinical and systems related) |  |
| **Need:**  Ensure Follow up to agency and client risk.  **Priority Goal(s):**  Continue to develop standardized risk office follow-up processes based on presenting needs.  **Method(s):**  Continue to ensure follow-up standards and practices based on needs. |  |
| **Need:**  Ongoing monitoring of current Policies and Procedures Manuals.  **Priority Goal(s**):  Continued refinement and improvement to current policies/procedures and manuals. Creation of new policies, procedures, and guidelines where indicated.  **Method(s):**  Review, assess, and revise policies as needed. Develop new policy, procedure, or guidelines as need indicates. |  |
| **Need:**  Periodic risk events.  **Priority Goal(s):**  Up-to-date notification of events that could result in risk to agency and clients.  **Method(s):**  Ensure notification to staff and agency personnel when:   * Health risk events occur * Medication Shortages * Medication or Medical equipment recalls * Food Recalls * Known threats or exposures * Provide recommendations and/or facilitate solutions where able (e.g. Flu/pneumonia clinic) * Continue to provide “notifications” to the Executive Team regarding risk/potential risk where indicated |  |
| **Need:**  Reduction and prevention of suicides in Genesee County.  **Priority Goal(s):**  Develop suicide prevention strategies and programs for Genesee County.  **Method(s):**  Continue to research/update data on suicides in Genesee County by age, race, gender and other factors. Researchdifferent programs and prevention services that could be used and implemented to prevent and or reduce suicides in Genesee County. Track data to determine changes or effect of interventions. Provide education and awareness of services and programs, outreach etc., to the community. |  |
| **Need:**  Staff and client wellness.  **Priority Goal(s):**  Work to improve overall health and wellness for our staff and individuals services.  **Method(s):**  Work to offer wellness options though education, activities, and community events. When possible provide incentives to encourage participating in challenges, community events and agency activities. Work toward the development of agency and consumer groups. Offer competitions between programs, departments, and agency and client teams.  Continue to serve GHS through the following:   * myStrength collaboration * Commit to Fit facilitation * Crim Foundation * Greater Flint Health Coalition (Employee Wellness Committee * AHA ( BLS & CPR instructor) |  |
| **INDEPENDENT FACILITATION (IF) – TRACEY MALIN** | |
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| **Need:**  Use of Independent Facilitation.  **Priority Goal(s):**  Monitor for need.    **Method(s):** |  |
| **SUPPORT INTENSITY SCALE (SIS) – REBEKAH KLEINEDLER** | |
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| **Need:**  Use of Supports Intensity Scale.  **Priority Goal(s):**  Complete Assessments    **Method(s):**  1. Hire 1-2 Assessors, Contract  2. Link and pay for training  3. Establish revolving calendar  4. Establish process for the newly diagnosed from Intake  5. Evaluate coordination from assessment to IPOS |  |
| **ACCESS CENTER – HEATHER CRUZ** | |
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| **Need:**  Maintain a high quality Access Center which is welcoming and highly efficient; screening all individuals requesting access to specialty mental health services and supports and substance use disorder services in the four counties of Region 10.  **Priority Goal(s):**  Focus on efficiency, quality, and good customer experience.    **Method(s):**   * Increase the percentage of access screens completed via phone/warm transfer option. * Reduce overall wait time for access screens. * Maintain gains in the reduction of call abandonment rate. * Continue to synchronize the processes at both sites recognizing and drawing upon strengths of both systems (GHS and St. Clair). * Monitor mental health eligibility rates and communicate with Region 10 and GHS. * Establish a viable process for collecting customer satisfaction surveys and regular review of client feedback. * Schedule intakes within 14 days of the request date over 95% of the time. |  |
| **CONTRACT DEPARTMENT – KARRY STEELE** | |
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| **Need:**  Review and update all contract boilerplates.    **Priority Goal(s):**  Work with lega to review all existing contract boilerplates.  **Method(s):**   * Work with contracted legal team to review all boilerplates. * Review boilerplates to R10 contract for compliance. * Update boilerplates and implement. |  |
| **Need:**  A uniform process that contracts are sent and returned in a timely manner.  **Priority Goal(s):**  Ensure all boilerplates are in legal compliance.  **Method(s):**  All contracts shall be sent to the provider and returned with supporting documentation in 30 days.   * GHS shall follow their procedure for contract tracking and return. * All providers falling outside that procedure shall have payments suspended until the contract is returned. |  |
| **Need:**  Contract Process and Timelines  **Priority Goal(s):**  Develop and distribute written check list/procedure with  timelines for taking a contract through the entire process.  **Method(s):**   * Complete the contracting process/procedure for all contracting scenarios * Complete policy * Finish developing flow chart of contract processes from beginning to end * Ensure there is a defined procedure when an entity does not return a signed contract (no payment to contractor, etc.) * Distribute to all GHS stakeholders |  |
| **Need:**  Review Contract Management Software  **Priority Goal(s):**  Determine if Cobblestone is the best fit for our organization by researching capabilities and other contract management software systems.  **Method(s):**   * Attend contract management software presentation at improving outcomes conference. * Write contract management software requirements to meet the need of our organization (include RFP process). * Research contract management software and speak with other CMH/PIHPs using these software systems. * Perform RFP for contract management software. |  |
| **Need:**  Monitoring contract maximums.  **Priority Goal(s):**  Develop process to track and monitor contract maximum and interface with Microsoft Dynamics GP.  Create an interface between the two software systems to streamline financial and contractual data and be able to identify current contract financial status at a designated point in time.  **Method(s):**   * Investigate potential interface or develop report to monitor when a contract maximum exists in a contract. * Create process to notify appropriate department/staff that a contract maximum is about to be reached and determine next steps. |  |
| **FACILITIES MANGEMENT DEPARTMENT – DENNIS OSMON** | |
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| **Need: Energy Conservation**  **Priority Goal(s):** Continue an energy conservation program throughout the agency’s buildings. Use current technology to reduce our energy costs.  **Method(s):** This year our goal is to begin retrofitting the 420 interior lighting to LED. We will begin the 420 hallways and go floor by floor. |  |
| **Need: CIC Walls**  **Priority Goal(s):** Repair walls due to damage from wheelchair use and other electronic motoring devices.  **Method(s):** Use rolled wall board to repair interior walls. This will be accomplished by our maintenance department throughout the building. |  |
| **Need: Roofing Upgrades**  **Priority Goal(s):**  Replace the two roofs starting with Coldwater Road and then progressing with 421 W. Fifth Avenue. These are the two oldest roofs in the agency.  **Method(s):**  Coldwater Road is large and costly, it will be split into three sections with the goal of completing one or two sections this fiscal year. |  |
| **Need: 940 S. Grand Traverse Roof (ice and water continue to flood the entryway).**  **Priority Goal(s):**  Develop a preventative maintenance option for 940 S. Grand Traverse roof.  **Method(s):**  Postponed last fiscal year, reassessing to develop a new plan. |  |
| **Need: Update heating and cooling system throughout the hallways at 420 W. Fifth Avenue.**  **Priority Goal(s):**  Develop a plan to replace the heating and A/C for the center section of the 420 building as it is the oldest mechanical system in the agency.  **Method(s):**  Meet and plan with the Facilities Board to assess the building’s demand and costs to replace this system. |  |
| **Need: Replace flooring in the 420 building.**  **Priority Goal(s):**  Develop a replacement plan for the carpets/flooring at the 420 W. Fifth Avenue building.  **Method(s):**  Research and create a plan to replace flooring. Present the plan to management for approval. |  |
| **FINANCIAL SERVICES – Accounting** | |
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| **Need:**  Automation  **Priority Goal(s):**  Develop multiple process automation projects in accounting to eliminate waste including and not limited to:  a. Financial Status Report  b. Inventory Management  c. ADP Carrier Management  d. Expense Management  **Method(s):**  1. Research and implement new processes. |  |
| **Need:**  Leadership Development  **Priority Goal(s):**  Develop great leaders who continue to motivate, teach and architect continuous improvement.  **Method(s):**  1. Develop high performance teams & leadership by executing Patrick Lencioni – Overcoming 5 Dysfunctions of a Team Field Guide. |  |
| **Need:**  Cross-training, Training & Promotion  **Priority Goal(s):**  Systematically train and cross-train in accounting production jobs.  **Method(s):**  1. Standardize 80 plus accounting department jobs and cross-train>90% of the jobs.  2. Continue to provide opportunities for advancement within the accounting office.  3. Innovate process to increasingly take on more complex accounting tasks in-house. |  |
| **Need:**  3P Production Preparation Process  **Priority Goal(s):**  1. Through advanced process and work simulation techniques design and enhance accounting production system that self-directs at high quality.  **Method(s):**  1. Research and implement new processes that relies less on outsourced accounting services and redirects cost-savings to innovation and consumers. |  |
| **ADMINISTRATIVE SERVICES – BRIAN SWIECICKI/SHEILA MASON/LAUREN TOMPKINS** | |
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| **Need:**  Strategic Development  **Priority Goal(s):**  Position GHS to respond to the changing CMH service funding model that the State is considering (298 Model).  **Method(s):**  Work with and co-chair the State’s 298 financial sub work group. Additionally, the CEO will be a member of the leadership group and the clinical VP a co-chair of the public policy group. |  |
| **Need:**  Organization Vision  **Priority Goal(s):**  Formally and concisely articulate the agency's direction.  **Method(s):**  Review the consultant’s recommendations for leadership design and organizational chart. |  |
| **Need:**  Fiduciary Responsibility  **Priority Goal(s):**  Continue to review and revise the annual budget to adapt to the changing funding levels from the General Fund and Medicaid payments/buckets.  Develop a financial model for the Health Center.  **Method(s):**  Provide a monthly and quarterly Financial Status Review to the GCHC Board of Directors.  Work on revenue cycle management. |  |
| **OUTCOMES AND PERFORMANCE IMPROVEMENT PROJECTS – BRIAN SWIECICKI** | |
| **Need:**  Make needed changes to the Specialized Residential system as identified in the Quality of Life study and the new Home and Community Base Waiver Rules.  **Priority Goal:**  Develop a RFP for Residential Services  **Method(s):**  Develop stakeholder meetings to gather information on the design of a residential system.  Develop a creative team to identify key markers, outcome measures, performance indicators, contract language, etc. in a residential facility. |  |
| **Need:**  United Crisis Service Model  **Priority Goal:**  Develop a Centralized Crisis Services Model and Center.  **Method(s):**  Develop stakeholder meetings to gather information on the design of a Centralized Crisis Services Model.  Develop a creative team to identify key markers, outcome measures, performance indicators, contract language, etc. in a Centralized Crisis Services Model. |  |