NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: PERFORMANCE IMPROVEMENT PLAN

NUMBER: NN-PI-01

ORIGINAL DATE: 11/30/88

REVIEW/REVISE DATE: 03/24/91, 05/08/91, 03/31/95, 11/19/98, 01/03/02, 07/10/03, 09/07/06, 11/19/09

APPROVAL: Rosalyne Reynolds, *{s}*, Agency Director

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I. PURPOSE

The purpose of this policy is to establish the procedures by which Northern Nevada Adult Mental Health Services (NNAMHS) will perform its regular performance improvement activities. The purpose of these activities is to identify and prioritize opportunities to provide improved care to the citizens of Nevada.

II. POLICY

It is the policy of NNAMHS to maintain systemic and organization-wide performance improvement activities. All departments within NNAMHS support our mission to provide mental health services to Nevadans, either directly or indirectly, all departments are expected to participate in performance improvement.

III. DEFINITIONS

1. Performance improvement is done on several different levels that can be viewed as stair steps.
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a. Individual level: Data generated regarding the performance by an individual employee. For example, peer review, competency assessment.

b. Departmental level: Aggregated data about the performance of the department. For example, aggregated peer review data in which individual performance is no longer identifiable, average time to accomplish complex tasks for which multiple individuals are responsible, etc.

c. Organizational level: Data based on interdepartmental issues. For example, average length of stay on inpatient unit. Many staff people and departments influence the length of time a consumer stays in the hospital. Multiple departments are responsible for these issues.

IV. REFERENCES

1. Joint Commission Automated Manual for Accreditation of Hospitals, Performance Improvement Chapter.

V. PROCEDURES

1. Organizational Level Performance Improvement

a. The Local Governing Board of the Commission on Mental Health and Developmental Services of the State of Nevada has charged the Director of NNAMHS with the responsibility for developing and maintaining an organization-wide performance improvement program.

b. The Core Leadership Committee oversees the performance improvement function at NNAMHS. As part of this function, Core Leadership established the PI priorities for the organization.

c. The Performance Improvement function is based on collecting and analyzing data. The information derived is then used to plan

improvement activities which are then measured by the collection and analysis of additional data.

d. Core Leadership establishes Performance Improvement teams to address specific interdepartmental issues deemed a priority by the committee. These teams operate on a time-limited basis to make recommendations for improvement to specific processes. These recommendations are submitted to Core Leadership for approval and implementation.

e. When new processes or programs are implemented a performance measure will be submitted to Core. This measure will be added to the regular reporting schedule.

f. Core Leadership establishes the Leadership Performance Measures and tracks that information on a monthly basis. Core Leadership establishes the acceptable parameters for these measures using benchmarking data where possible.

g. Core Leadership receives Peer Review Report for review.

h. Reports are to be submitted to the Performance Improvement Coordinator no later than one week prior to the Core Leadership Meeting, preferably via email.

i. Should the data for any of the measures fall outside the acceptable parameters, Core Leadership may choose to continue monitoring the data, change the measurement system, direct specific change in operation or appoint a PIT to develop a corrective action plan.

2. Department Level Performance Improvement

a. Each department will develop no less than two performance measures designed to allow the department to monitor performance of a fundamental function of the department. The proposal for performance measures will include the rationale for choosing this measure, the data to be collected, procedures for that collection, and acceptable

parameters for the data. (See sample measurement selection sheet attached.)

b. These measures and will be submitted to Core Leadership for approval. The department head is responsible for submitting the proposed measure to the Performance Improvement coordinator one week prior to the Core Leadership meeting. The department head is responsible to attend or send a designee to the meeting for discussion of the measures.

c. Each Department will report the results of the data collection to Performance Improvement Department semiannually on a rotating basis. (See attached schedule.) These reports are to be submitted to the Performance Improvement Coordinator no later that the 5th of the month they are due. The Performance Improvement Coordinator will review the report and make recommendations to the Committee regarding its acceptability. The Core Leadership Committee will either accept the report or return it to the department for additional revision.

d. Request for changes to measures may be submitted at the time of reporting proposals for changing performance measures will be accepted by the committee.

e. Departments should select measures that monitor the high frequency, high risk, and high cost activities. A focus on National Patient Safety Goals is recommended for departments, if appropriate.

f. When performance data does not fall within established expected criteria, a performance improvement plan will be submitted to Core Leadership for approval. A report on the results of the plan will be required no later than the next regular report, or sooner if the committee finds the issues to be urgent. A written report is to be submitted to the Performance Improvement Department no later than the second Thursday of the month the report is due.

VI. ATTACHMENTS

1. Proposal for Performance Measure
2. Reporting Schedule

Proposal for Performance Measure

Department _____ **Date**_____

Measure 1
Title:

Rationale for prioritizing this item:

Department's fundamental goal being measured:

Measurement strategy (data to be collected):

Brief description of procedures for collecting and analyzing data:

Acceptable parameters: (data outside these parameters will trigger the development of a performance improvement plan.)

Measure 2
Title:

Rationale for prioritizing this item:

Department's fundamental goal being measured:

Measurement strategy (data to be collected):

Brief description of procedures for collecting and analyzing data:

Acceptable parameters: (data outside these parameters will trigger the development of a performance improvement plan.)

Reporting Schedule

Month	**Department reporting**
January July	Inpatient Allied Therapies Health Information Services Senior Outreach Personnel PACT
February August	Medication Clinic Service Coordination Program Evaluation Mental Health Court Linden Street Clinic
March September	Inpatient Social Services Psychology PI Dept. (PI/UR/Education) Psychosocial Rehabilitation
April October	Food Service/Nutrition Lab PAS Business Office/Patient Accounts Family Support Services
May November	Medical Staff Maintenance/Heat Plant Residential Services Co-Occurring Disorders
June December	Pharmacy Inpatient Nursing Housekeeping Administrative Support Consumer Services Assistants/Drop-in Center