

Introduction

In this workbook, you will find a performance plan that your agency can adopt. Each agency must identify its own high risk and high volume areas. In the back of this workbook you will find samples of outcomes. Agencies may use the samples or develop their own outcomes.

Performance Improvement Plan

Mission of Quality Statement

This agency is an organization dedicated to providing home health and community based services which enhance quality of life for clients and their families.

This agency is dedicated to meeting the needs of the community and its individuals in a timely, well coordinated fashion.

In keeping with the mission of this agency, our goal and main objective is to be a provider of quality services. It is the mission of this agency to provide patient care in the most professional manner, utilizing ANA and _____ standards of excellence.

Objectives

For an organization's performance improvement plan to become an integral component of the agency, it will require a change in the agency's philosophy and most likely a change in management style.

Leaders in the agency should utilize change theory and group process theory when developing a performance improvement plan.

An organizational performance improvement plan will emphasize agency systems and processes, utilize data, focus on outcomes and identify trends.

Our performance improvement plan is ongoing and includes a cross section of the agency's activities to constantly improve internal and external processes. The performance improvement plan shall be planned, reviewed and revised at least annually. The plan will always be revised as analysis dictates.

The goal and objectives of the plan are to:

- ensure compliance with federal, state and local regulations as well as accreditation standards;
- improve processes which are not only related to patient care but to improve all agency functions and services as they impact customer satisfaction and service;
- interact with other agency offices (if applicable) and other home care agencies for the purpose of benchmarking;
- ensure that quality care is given in all areas of services;

- cultivate and maintain a corporate culture which is fully supportive of the organization's performance improvement activities;
- promote agency-wide systematic processes for the performance improvement activities based on the agency's theoretical framework;
- improve and promote processes that are not only related to patient care but to needs expectations and expectations of staff and community as well;
- select and develop data collection methodologies and data management systems with adaption flexibility to make changes, internally and externally, as necessary;
- utilize statistical methodologies to enhance the validity of collected data;
- promote multi-disciplinary collaboration (multi-agency collaboration) to improve quality outcomes in all service areas; and
- evaluate and revise corporate organizational and all other structures to promote maximum effectiveness and efficiency of communication, problem identification and resolution, and agency and program evaluation.

Confidentiality

As the entire agency implements the agency's performance improvement plan, all personnel will maintain confidentiality. All information will be presented in a manner so as to maintain such confidentiality. Information specific to HIV will be maintained to comply with any and all HIV confidentiality rulings as applicable. This includes local, state and federal requirements.

Committee Responsibilities

The agency's leadership is committed to a theoretical framework for planning, directing, coordinating and improving patient outcomes and services.

The governing authority appoints a performance improvement committee. The function of the committee is to:

- review all activities on a quarterly basis;
- review all changes in policies and procedures;
- review all regulatory reports; and
- review all incident/accident reports, complaints and grievances.

The committee shall meet, minimally, four times a year (once per quarter) to identify,

screen, evaluate and improve key agency functions. These key agency functions, based in JCAHO standards, shall include but not be limited to:

- types of services;
- types of clients served;
- personnel;
- governance issues;
- clinical activities;
- support services and processes;
- rights, responsibilities and ethics;
- assessment;
- care, treatment and service;
- education;
- continuum of care;
- leadership;
- management of information;
- management of human resources;
- management of environment;
- surveillance, prevention and control of infection;
- improving organizational performance.

The committee shall consist of the following membership totaling ____ people:

- one person representative from each service provided.
- physician
- agency administrator or designee
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A quorum is necessary for all voting issues. A quorum is defined as 2/3 of the committee membership.