

01-03-01 Performance Improvement Plan

Original Date	Review Dates	Revision Dates
March 17, 2000		March 4, 2001

I. PURPOSE

To establish a framework for the Rehabilitation Division's performance improvement efforts such that appropriate information is obtained, efforts are organized, goal-directed and in alignment with Gwinnett Hospital System's overall efforts.

II. DEPARTMENTS/ASSOCIATES AFFECTED

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> DIVISION | <input type="checkbox"/> REHAB SERVICES | <input type="checkbox"/> GRC INPATIENT | <input type="checkbox"/> GRC OUTPATIENT |
|--|---|--|---|
-
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> ALL STAFF | <input type="checkbox"/> PHYSICAL THERAPY | <input type="checkbox"/> CHAPLAIN |
| <input type="checkbox"/> SPEECH LANGUAGE PATHOLOGY | <input type="checkbox"/> THERAPEUTIC RECREATION | <input type="checkbox"/> REHAB AIDES |
| <input type="checkbox"/> NURSING RN/LPN | <input type="checkbox"/> NURSE TECH | <input type="checkbox"/> SUPPORT STAFF |
| <input type="checkbox"/> NEUROPSYCHOLOGIST | <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> PHYSICIAN |
| <input type="checkbox"/> ATHLETIC TRAINER | <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> MARKETING |
| | | <input type="checkbox"/> FITNESS |

III. POLICY

The Gwinnett Hospital System's Rehabilitation Division:

- ◆ Establishes/reviews/revises division performance goals
- ◆ Defines aspects of care/key processes to be monitored and how they will be measured
- ◆ Identifies, collects, analyzes and trends data from improvement initiatives
- ◆ Ensures that goals and improvement initiatives are in alignment with the Gwinnett Hospital System's mission, vision, values and strategies
- ◆ Communicates the performance improvement plans, efforts, results and opportunities with all rehabilitation division associates
- ◆ Communicates with the organization through the interactive planning board structure

The Rehabilitation Division's Interactive Planning Boards (the IPB's for Glancy Rehabilitation Center and Rehabilitation Services) are responsible for implementing this policy.

IV. PROCEDURE/GUIDELINE

1. All Performance Improvement plans, decisions, and efforts are developed in alignment with the mission, vision, values and strategies of the Gwinnett Hospital System, Rehabilitation Division and division departments.
 - A. GHS Mission, Vision, and Values Policy #300-100
 - B. Rehab Division Mission, Vision, Values and Philosophy Statements - Policy #01-01-01
2. Records of performance improvement discussions and activities are included in the Interactive Planning Board (IPB) minutes. Minutes are available to all Rehabilitation Division associates. All Rehabilitation Division associates are encouraged to give feedback to the IPB members. Information from the

Rehabilitation Division IPB's is reported to the Post Acute Service Line IPB and the Leadership and Executive Levels when appropriate. Information from Executive, Leadership and Post Acute Service Line IPB's will flow through the Rehabilitation Division IPB's. See Organizational Structure Policy #01-02-01

3. A variety of decision-making and prioritization techniques are used to develop the following:
 - A. Performance Goals - See Rehabilitation Division Performance Improvement Plan
 - B. Aspects of Care/Key Processes that are important to monitor for continued satisfactory performance.
4. The IPB's track, aggregate and trend quality indicators from the following categories:
 - A. Outcome information
 - B. Follow up information
 - C. Patient satisfaction
 - D. Associate satisfaction
 - E. Financial information
 - F. Clinical and operational processes
5. The IPB's will evaluate and prioritize opportunities for improvement using the following process:
 - A. Investigate the situation (**FOCUS-PDCA**)
 - B. Make/implement improvement plans (**FOCUS-PDCA**)
 - C. Measure changes (**FOCUS-PDCA**)
 - D. Make adjustments in the improvement efforts until results are satisfactory (**FOCUS-PDCA**)
 - E. The IPB's can charter teams to accomplish A-D above. The IPB's establish a charter to give the teams direction:
 - a. scope
 - b. purpose
 - c. desired outcomes
 - d. project timeframes
 - e. teams are accountable to the IPB's.
6. Inter-departmental and inter-service line improvement opportunities are brought to the Post Acute Service Line level or beyond as appropriate for direction and planning.
7. Internal opportunities or small improvement projects may be resolved within the program or department without an IPB charter. The results are presented to the appropriate IPB.