

Standard/Requirement	NARRATIVE EXPLANATION OF HOW WE MEET THE STANDARD	Supportive Documentation
Performance Improvement		
<p>36. Describe the process used by your program to establish areas for improvement.</p> <p>Who is involved in making decisions about what areas to address?</p>	<p>Contact: Diana Potts, Katrina Stone</p> <p>The GHS Balanced Score Card identifies the four key results for the system, and we monitor indicators that influence these results. The key results are margin, associate satisfaction, customer satisfaction and internal processes. We also look to the PROMINA Rehabilitation Network to help us make decisions based on what is happening in the market, at the PROMINA level and with respect to future trends. With the new reorganization, the department Interactive Planning Board (IPB) determines a significant portion of the PERFORMANCE IMPROVEMENT efforts for the rehabilitation center. We use information such as pending changes in reimbursement (PPS, managed care), financial information from the system, client/staff satisfaction information, and clinical outcome information as quality indicators. Data trends and/or predictions indicate a need to focus on certain quality indicators. The IPB studies the information and determines if further investigation is necessary. A performance improvement team may be chartered if the further investigation warrants. Implementation of "quick fixes" or "accelerated replication" of another solution may solve the problems without need for a formal team.</p>	<p><u>Rehabilitation Division Policy</u></p> <p><u>01-03-01</u> Performance Improvement Plan</p> <p><u>01-02-05</u> Marketing Plan</p> <p>Staff Meeting Minutes</p> <p><u>PROMINA Satisfaction Surveys</u></p> <p><u>Satisfaction Benchmarking with other PROMINA facilities</u></p> <p><u>UDS/Follow Up studies</u></p> <p>Financials</p> <p><u>IPB minutes</u></p> <p><u>Balanced Score Card</u></p>