APPENDIX 7

2015

PERFORMANCE IMPROVEMENT WORK PLAN TOOL KIT

WHAT'S THE POINT OF A PIWP?

Improvement efforts are most effective when we pick the right things to focus on, we stay focused over time, and everyone knows what the most important improvement projects are. The Performance Improvement Work Plan (PIWP) is the institution's mechanism for identifying improvement priorities, setting performance objectives, and determining appropriate initiatives or actions. Current policy requires that all institutions update their PIWPs every 12-15 months.

Through the PIWP process, institutions:

- Step back and consider how well the health care system overall is functioning.
- Assess performance over the past six to twelve months across all major program areas.
- Evaluate ongoing projects and determine which should continue, be modified, or discontinued.
- Share best practices with the rest of the organization.

When it's done well, the PIWP rallies institution staff around a core set of goals. It becomes the centralized roadmap for improvement projects in the coming year and an effective communication tool.

IT'S TIME TO UPDATE MY PIWP. WHAT DO I NEED TO DO?

The 2015 PIWP Tool Kit walks institutions step by step through the process of updating the plan, and offers tools and resources. The local Quality Management Committee (QMC), supported by the institution's Quality Management Support Unit (QMSU), is the core group reviewing performance data, nominating improvement priorities, selecting the final PIWP priorities, and determining which improvement strategies and objectives will apply. **The process described in the 2015 PIWP Tool Kit generally takes about 4-6 weeks to complete. Your 2015 PIWP is due to the Quality Management Section and Regional Health Care Administrator by January 31, 2015 (though your Regional Administrator may want you to turn yours in sooner). Please submit to the Quality Management Section via email at QMstaff@cdcr.ca.gov.**

Performance Improvement Work Plan 2015 Update

RECOMMENDED TIMELINE FOR COMPLETION

PERFORMANCE IMPROVEMENT WORK PLAN DEVELOPMENT

PRIMARY CARE MODEL

- CONSISTENT CARE TEAMS
- POPULATION AND CARE MANAGEMENT
- SCHEDULING AND ACCESS
- MEDICATION MANAGEMENT
- HEALTH INFORMATION MANAGEMENT
- RESOURCE MANAGEMENT
- CONTINUOUS EVALUATION & IMPROVEMENT

INSTITUTION PIWP

1

Convene and Orient the Team

Orient your team to the 2015 PIWP update process.

By December 1, 2014, convene your leadership team (your Regional Team may also participate) to discuss the 2015 PIWP process. All QMC members should be included.

Project Purpose: Mandatory 2015 PIWP Update
Deliverable: Finalized 2015 PIWP
Due Date: January 31, 2015
Resources: This tool kit and other materials available to help you update your PIWP

The CEO is the QMC Chair and is responsible for ensuring that institution health care executives across all disciplines are present at this session. During this meeting, you should review the steps in the PIWP process and a proposed schedule for completing the steps.

The *Sample Meeting Framework* at right provides you with one model for working through the PIWP steps as a group. As preparation for the next step:

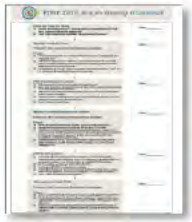
- Provide participants with a link to the PIWP Tool Kit.
- Assign participants to review relevant performance data for a specific program area. At a minimum, make sure that all measures from the Statewide Performance Improvement Plan are covered. (Health Care Services Dashboard measures.) The *Data Assignments Worksheet* at right separates all Dashboard measures and some other common performance information into different program areas that can be assigned to staff.

Have questions about the PIWP process?

Your QMSU staff will receive training on how to coordinate the PIWP process. Contact your QMSU to get the PIWP process organized at your institution.

Available Tools

QM Portal
CCHCS resource for quality improvement tools. Here is where you will the 2015 PIWP Tool Kit and associated tools.
Click here or on the picture at left to access this tool.



Sample Meeting Framework
Suggested model for meetings and pre/post meeting activity that might occur to complete the PIWP steps.
Click here or on the picture at left to access this tool

Data Assignments Worksheet
List of major program areas and relevant data points that need to be reviewed, with space to assign specific staff.
Click here or on the picture at left to access this tool

Map to Data Sources
Tells you how to get to reports and other common sources of performance data.
Click here or on the picture at left to access this tool

Timeline: Complete by the end of week 1

2

Identify Improvement Opportunities

Assess your institution's performance.

During this step, the leadership team reviews performance data from all major program areas to identify potential areas for improvement. In addition, the leadership considers the current state of the primary care model and identifies any weaknesses that may need to be addressed in the PIWP.

In mid November, your institution will receive a document entitled **"Priority Improvement Opportunities Scorecard"** from your Regional Team, a customized report that lists Dashboard measures on which your institution's performance has been 1) below statewide objectives **and** 2) low enough to place the institution among the bottom third of institutions statewide.

In addition to this custom scorecard, your leadership team may want to consider performance data from other sources, such as:

- Audits and associated Corrective Action Plans
- Prison Law Office letters and court expert reports
- Licensing and accreditation surveys
- Health care incident reports / adverse event data
- Statewide performance reports and special studies

When evaluating how well the Primary Care Model as a whole is functioning at the institution, consider using the *Foundational Elements of Primary Care* document at right, which provides a simple way for the institution to check current operations against Primary Care Model standards

Available Tools

Sample: Priority Improvement Opportunities Scorecard

Sample of what the scorecard might look like. To access your institution's scorecard, contact your Regional Team.

Click here or on the picture at left to access this tool.

Foundational Elements of Primary Care

Use this tool to assess your institution's progress towards implementing the CCHCS Primary Care Model.

Click here or on the picture at left to access this tool.

Not familiar with the CCHCS Primary Care Model?
Click here to get more information.

Timeline: Complete by the end of week 3.

3

Prioritize Improvement Opportunities

Prioritize your institution's improvement activities.

The statewide Quality Management Program Policy and Procedures describes the criteria generally used by health care organizations to select improvement priorities. Any priorities included within the PIWP should fall into at least one of the categories to the right:

The institution may also want to add the following considerations:

- ✓ **Will last more than a few months.** Can the improvement priority be resolved very quickly? If it could be handled rapidly at the subcommittee level, it may not need to be included as a formal PIWP project.
- ✓ **Requires collaboration across program areas.** Does the problem area involve a number of functions, services, programs, or units? The PIWP can provide a mechanism for collaboration across program areas or subcommittees, and projects requiring that, such as medication management, might be appropriate for the PIWP.
- ✓ **Requires Significant Resources.** Improvement projects with that demand a significant amount of effort, staff time, and associated costs to cover performance monitoring and/or problem-solving are candidates for inclusion in the PIWP.

At a minimum, it is expected that your 2015 PIWP will address the performance metrics in the Priority Improvement Opportunities Scorecard mentioned in Step 2.

Typically, prioritization is handled in a special QMC session, with all members present. At the conclusion of the meeting, you should have a list of the proposed priorities for your PIWP and should be ready to begin further investigation into potential performance objectives and improvement initiatives.

HIGH RISK	Poses a risk of increased morbidity and mortality to patients, risk of negative work environment impacts to staff, and/or risk of litigation or non-compliance with state or federal law to the organization as a whole. • Consider: Degree of risk to patient or staff safety if problem is unresolved.
HIGH VOLUME	Impacts a significant number/proportion of inmates or staff. • Consider: Potential for overall improvement in patient care or outcomes.
HIGH COST	Drives increasing health care expenditures; associated with unnecessary costs to taxpayers, inefficiencies, and waste • Consider: Potential impact on efficiency, effectiveness, and/or cost of health care delivery.
PROBLEM-PRONE	Is difficult to fix, or when improvements are made they are difficult to sustain; draws the attention of inmate advocacy groups, media, Legislature, and/or government oversight agencies; politically sensitive issues linked to correctional settings, state government, or the health care industry. • Consider: Extent to which the same quality problems resurface and/or contribute to adverse/sentinel events.

Your institution's QMSU staff will receive training on facilitation of the PIWP process. Contact your QMSU for assistance facilitating your prioritization meeting.

Timeline: Complete by the end of week 4.

4

Determine Strategies and Objectives

Determine performance objectives and strategies you will use to achieve objectives.

To complete the content development for the PIWP, you will need at least one specific performance objective and a general idea of your improvement approach for each priority area.

Improvement Strategies: To hone in on an effective improvement strategy, you'll need to investigate further the root causes for the quality problems you've identified.

We recommend the following steps:

- ✓ Identify processes involved. Determine all of the major health care processes that impact the quality problem.
- ✓ Form a team. Begin your problem analysis by convening a group of staff with subject matter expertise in all steps of the processes involved.
- ✓ Use available data to study the problem from different angles. At a minimum, institutions should consider:
  - Gaps in Primary Care Model implementation that may be contributing to quality problems. See *Foundation Elements of Primary Care* results from Step 2.
  - Input, throughput, and output impacts.
  - Disproportionate drivers.
  - Breakdowns in specific steps of the process.

For detailed guidance on how to conduct the three types of analysis described above, please see *Using Data to Better Understand Quality Problems* at right.

- ✓ Based on the findings from your problem analysis, come up with some potential improvement projects to address the identified sources of quality problems. Generally, improvement projects reduce unwanted variation in a process, redesign processes, or establish new processes.

Available Tools

Using Data to Better Understand Quality Problems

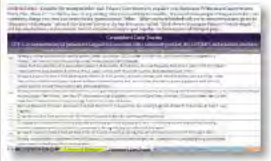
Review tips on different ways to approach problem analysis.

Click here or on the picture at left to access this tool.

PIWP Database

View projects and action steps used by other institutions. Projects are organized by Primary Care Model element and other frequently selected initiatives.

Click here or on the picture at left to access this tool.



Primary Care Strategies Tool

Organized by Primary Care Model components, lists many possible initiatives that institutions could use to improve performance, and references tools that might help.

Click here or on the picture at left to access this tool.

There are a number of resources to help with this at right, including the *PIWP Database*, *Primary Care Strategies Tool*, and *Best Practices Library*.

If the type of problem analysis you want to do is very complex and will require more time than you have available in this step of the PIWP process, you may wish to use placeholder language in the PIWP to describe your plan for completing the problem analysis and developing interventions at a later date.

- The *PIWP Example* (click link on Page 9, see the second example initiative listed) contains placeholder language you can use in the PIWP until you have the specific details of the initiative clarified.

Performance Objectives: You will need to identify at least one performance objective for each priority improvement area.

- Performance objectives might address:
  - Optimizing patient outcomes, and access, quality and safety of services
  - Enhancing efficiencies and reducing waste
  - Complying with regulatory/legal requirements
  - Establishing a completion date and a measurable benchmark goal to meet by that date.

CCHCS has several Statewide Performance Objectives that you may consider adopting. See the *Statewide PIP 2013 2015 & Sample Performance Objectives* inked to the right.

Sample Performance Objectives
Describes all of the performance objectives currently monitored through the statewide PIP, many of which are likely relevant to your PIWP.
Click here or on the picture at left to access this tool.

Timeline: Completed in weeks 5-6.

5

Create your PIWP

Create your 2015 PIWP.

The next step is to complete the Work Plan. *The blank PIWP template and other tools are available by clicking any of the links on the right.*

Your 2015 PIWP must list the institution's improvement priorities for the coming year. Per current policy, the following information must be provided for each improvement priority:

- Performance objectives
- General strategies for achieving performance objectives (high-level description)
- The QM committee assigned "ownership" responsibility for ongoing monitoring, intervention as needed, and reporting

Final Review by Institution QMC

Make sure your local QMC has had a chance to review and provide any additional feedback to the 2015 PIWP before you submit it to your Regional Health Care Administrator and the Quality Management Section.

Submit the final PIWP Update to the QM Section by January 31, 2015. Please send the document to QMStaff@cdcr.ca.gov

Regional Team Review

Your Regional Team will review your PIWP and provide feedback to your institution. Once the Regional Team has approved your PIWP, it will be posted on the QM Portal.

Posting on the QM Portal

Institution staff will be able to find the most recent version of your institution's PIWP at your Institution Homepage on the QM Portal or at the Performance Improvement Work Plan link. Your PIWP will be the document that Headquarters QMC uses to monitor your progress during the year.

Available Tools

PIWP Template & Example

(You may use this as a template for your Work Plan, or develop your own template: presents a summary of initiatives, specific actions steps, responsible staff and target dates.)

Click here or on the picture at left to access this tool.

Click here for an EXAMPLE.

Timeline: Submit your draft 2015 PIWP to the QM Section by January 31, 2015.

6

Work the Plan

Work the plan.

Once your institution has "planned the work" by establishing improvement priorities, the institution needs to move forward with "working the plan" – integrating improvement activities into the existing quality management framework and day to day operations. Per our new *Quality Management Policy* (click link on the right), this includes at least the following five activities:

- **Update your PIWP as priorities change.** The PIWP is a "living document" that should evolve as your improvement activities evolve. The most recent PIWP should always reflect your current improvement priorities.
- **Submit quarterly status updates on your progress toward PIWP objectives to Headquarters Quality Management Section and your Regional Team.** Updates should include accurate and detailed status of improvement initiatives and performance trends to date. Please see *Status Update Template* and *Status Update Sample* at right.
- **Communicating priorities and performance objectives to all staff.** Share status update information with staff of all reporting levels, integrating them into regular staff meetings, improvement committee meetings and other appropriate forums. All institution health care staff should be able to describe the priority areas in the PIWP and understand how their work might contribute to attaining improvement goals.
- **Use your quality management committee structure to manage PIWP initiatives.** Each priority should be assigned to a standing improvement committee; the assigned committee should be collecting, analyzing, and reporting data assigned performance objectives, monitoring improvement

Available Tools

Quality Management Policy

Released statewide as IMSP Volume 3, Chapter 3, the QM Policy provides an overview of the statewide QM Program and the roles and responsibilities of staff in implementing the program.

Click here or on the picture at left to access this tool.

Status Update Template

Provides a performance report template for presentation to the Headquarters Quality Management section and Regional Team in Excel format; institutions can enter data into the template to customize reports to their PIWP.

Click here or on the picture at left to access this tool.

projects, and taking action when there is a lack of progress toward objectives.

- **Link staff with training and tools to support problem analysis and development and implementation of solutions.** New training programs are coming in 2015 to help institution staff apply nationally recognized improvement techniques, such as FOCUS PDSA and Lean. Make sure appropriate staff, including QMSU members, are attending training and applying what they have learned to PIWP projects.

The QM Section has developed an *Implementation Checklist* (click link on the right) of the minimum tasks institutions should cover to introduce, monitor, and implement the PIWP, per existing policy requirements.

Each institution is required to update their PIWP quarterly and upload the most current version to the Intranet (see *Instructions for Updating Your PIWP* found in the link on the right).

Implementation Checklist
Lists the minimum tasks each institution should cover when implementing the PIWP to meet current policy requirements.
Click here or on the picture at left to access this tool.

How to Update your PIWP
Instructions to upload your PIWP to your institution PIWP library.
Click here or on the picture at the left to access this tool.