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| Name of Agency: Iowa Veterans Home |
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| **Agency Mission: Care – Our Only Reason for Being** |
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| **Core Function** | **Outcome Measure(s)** | **Outcome Target** | **Link to Strategic Plan Goal(s)** |
| **CF: Health Care & Support Services** |  |  |  |
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| **Desired Outcome(s): Provide quality, interdisciplinary long term care to veterans and their spouses so their optimal level of health and well being is maintained.**  | **Percent of customers rating their experience as “delightful.”****Percent of customers that meet standards of care for their diagnosis.** | **75%** **75%**  | **Health Management Enterprise Plan: All Iowan’s have access to quality healthcare services including access to mental health and substance abuse treatment services.** **Agency: IVH is recognized as an “Industry Leader” in long-term health care.**  |
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| **Services, Products, Activities** | **Performance Measures** | **Performance Target(s)** | **Strategies/Recommended Actions** |
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| 1. Nursing Services | Prevalence of incontinence without a toileting plan | 25% | Audit the MDS for correct coding and establish a protocol for appropriate toileting plans.  |
|  | Residents with Pain | 15% | Audit the MDS for correct coding and establish mechanism to ensure residents receive appropriate pain control. |
|  | Incidence of decline in late loss Activities of Daily Living (ADLs) | 10% | Audit the MDS for correct coding and establish mechanisms to ensure residents receive appropriate therapies. |
|  | Prevalence of urinary tract infections | 5% | Audit the MDS for correct coding and establish mechanism to ensure residents receive appropriate interventions. |
|  | Prevalence of Falls | 12% | Audit the MDS for correct coding and establish protocols that address fall risk. |
| 2. Social Work Services | Prevalence of behavioral symptoms affecting others. | 10% | Audit the MDS for correct coding and provide behavioral inservices to staff..   |
| **Services, Products, Activities** | **Performance Measures** | **Performance Target(s)** | **Strategies/Recommended Actions** |
| 3. Medical Services | Prevalence of residents receiving 9 or more meds | 65% | Pharmacy & Therapeutics Committee completes routine Drug Regimen Reviews.Audit resident records to ensure each medication ordered has a supporting diagnosis documented. |
| 2. Food & Nutrition Services | Percent of trays prepared according to diet order.  | 95% | Establish quarterly self-audits to ensure accuracy rates. |
| 4. Rehabilitation Services | Prevalence of daily physical restraints | 4.5% | Audit the MDS for correct coding and offer education to those with history of incorrect coding. Develop and implement restraint audit form. Develop alternatives to current restraints. |
| 5. Recreation Services | Prevalence of Little or No Activity | 10% | Audit the MDS for correct coding and provide education to those who have used incorrect coding. Expand independent and structured activity opportunities.  |
| 6. Volunteer Services | Number of volunteers  | 186 (10% increase)  | Director, Volunteer Services will make 5 community contacts per month to recruit volunteers. |
| 7. Resident Advocate | Percentage of complaints responded to within specified timeframe. | 95% | Review and revise the resident complaint process. |

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| **Core Function** | **Outcome Measure(s)** | **Outcome Target** | **Link to Strategic Plan Goal(s)** |
| **CF:** Resource Management |  |  |  |
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| **Desired Outcome(s):** provide the necessary resources & support to IVH staff so they can deliver the highest quality care to Iowa’s veterans.Staff will demonstrate skills, abilities and knowledge to perform at a satisfactory level. | **Number of employees that indicate job satisfaction.****Number of employees that display necessary skills, abilities and knowledge.** | **80%** **95%** | **Leadership Agenda: Grow, retain, recruit and attract a diverse and skilled workforce.****IVH: Employer of Choice** |
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| **Services, Products, Activities** | **Performance Measures** | **Performance Target(s)** | **Strategies/Recommended Actions** |
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| 1. Admissions | Percent of admission applications that result in a scheduled admission date within 30 days | 75% | Review and revise the application process. |
|  | Percent increase in average daily census | 1% | Marketing Process Action Team |
| 2. Business Office | % of funding lost due to untimely or inaccurate reports being filed | 0% | Back-up cross training is provided to the business staff. |
| 3. Facilities Management | Percent of work orders completed in a specified timeframe.  | 75% | Establish a protocol for responding to work orders.  |
| 4. Information Technology | Percent of users that rate IT resources as satisfactory | 80% | Establish mechanism to audit satisfaction with IT resources.  |
| 5. Human Resources | Percent of employees that meet required competencies. | 80% | Establish mechanism to address competencies. |
| 6. Quality Management | Percent of employees educated in Total Quality Management philosophy  | 90% | Establish Total Quality Management training modules.Incorporate into New Employee Orientation. |
|  | Number of research initiatives  | 3 | Examine the barriers that prevent increased involvement in research initiatives.Initiate 2 research projects relating to health care in Pharmacy Services and Nursing Services. |