

Plural Healthcare Continuous Quality Improvement Initiatives for Fiscal Year 2023						
Initiative	Need	Objective	Action Plan	Target Date	Responsible	Status
Initiative 1	Review and update Plural Healthcare Continuous Quality Improvement Plan	The CQI Plan will identify the outcomes of services and assesses the quality and appropriateness of clinical services	1. Draft of CQI plan 2. Review plan with staff and make available for stakeholders	1. 10/1 2. 12/31	Chief Executive Officer Chief Executive Officer	Completed
Initiative 2	Functional assessment, demographic review, service utilization, and quality of records of clients served to identify needs for program planning	Program services will be appropriate to the functional status and demographics of clients served	1. GAD-7, PHQ-9, Schwartz Outcome Scale-10, Attendance Report, Service Utilization Report, Satisfaction Survey Report, Transition and Discharge Survey to be completed on all clients of Plural Healthcare 2. Client scores to be reviewed weekly during clinical meetings 3. Client full reports reviewed quarterly by leadership 4. Client demographic report developed and reviewed by clinical staff quarterly 5. Plans will be developed and implemented to address deficiencies identified in QI reviews a. Quarterly review of a sample of active client's charts each quarter b. Quarterly review of discharged client's charts each quarter 6. Identify ongoing and new training needs of clinical staff	1. Monthly -- Collected at specific times in the client admission process 2. Weekly 3. Quarterly 4. Quarterly 5. Ongoing a. Quarterly b. Quarterly 6. Ongoing	Clinical Director Clinical Director Chief Executive Officer Chief Executive Officer Clinical Director Clinical Director Clinical Director Clinical Director	Completed
Initiative 3	Assessment of secondary consumers	Recommendations for quality improvement based upon referral sources' and community partners' satisfaction with services	1. Maintain a spreadsheet of current referral sources 2. Identify and send surveys to applicable referral sources 3. Survey results to be compiled into a report 4. Review survey results in first quarterly leadership meeting 5. Findings added to strategic plan	1. Ongoing 2. 10/1 3. 11/30 4. 12/31 5. 12/31	Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer	Completed
Initiative 4	Assessment of support systems' satisfaction with services	Recommendations for quality improvement based upon families' and involved individual's satisfaction with services.	1. Identify family or significant others of current clients and clients who have been involved in IOP services from previous quarter 2. Obtain feedback from family members and/or significant others who attend the monthly family education sessions 3. Survey results to be compiled into a report 4. Review survey results in quarterly leadership meeting 5. Findings added to strategic plan	1. Ongoing 2. 10/1 3. 11/30 4. 12/31 5. 12/31	Clinical Director Clinical Director Chief Executive Officer Chief Executive Officer Chief Executive Officer	Completed
Initiative 5	Assessment of employee satisfaction	Recommendations for quality improvement based on employee satisfaction	1. Opportunities for additional input from employees will be continually explored through suggestion box, supervision and team meetings, as well as staff exit interviews 2. Leadership to review survey from employees and develop additional strategies as necessary 3. All employees will have an opportunity to complete annual survey 4. Survey to be compiled into employee satisfaction report 5. Review survey results in quarterly leadership meeting 6. Findings added to strategic plan	1. Ongoing 2. Surveys to be reviewed at least monthly 3. 10/1 4. 11/30 5. 12/31 6. 12/31	Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer	Completed

<b>Initiative 6</b>	Outcomes to determine success of services provided	Outcomes will be measured to determine success of services	1. Identify outcomes for FY 2023 2. Track and evaluate outcomes quarterly 3. Amend programming to improve outcomes	1. 12/31 2. Quarterly 3. Quarterly, as needed	Chief Executive Officer Chief Executive Officer Clinical Director	Completed
<b>Initiative 7</b>	Assessment of accessibility issues that could include architectural, attitudinal, communication, transportation, financial, and employment	Accessibility for Plural Healthcare will be identified	1. Develop accessibility plan for FY 2023 2. Evaluate accessibility plan throughout the year	1. 12/1 2. Quarterly	Chief Executive Officer Chief Executive Officer	Completed
<b>Initiative 8</b>	Assessment of diversity needs related to Plural Healthcare's environment, attitude towards different cultures and need	Cultural diversity issues for Plural Healthcare will be identified	1. Develop a cultural diversity plan for FY 2023 2. Evaluate cultural diversity plan throughout the year 3. Complete annual report of client and staff demographics 4. Utilize annual report data to develop culturally relevant trainings and resources that affect identified	1. 12/1 2. Quarterly 3. Annually 4. Annually	Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer	Completed
<b>Initiative 10</b>	Assessment of technology needs related to documentation of services, billing/reporting, outcomes, etc.	Technology needs for Plural Healthcare will be identified	1. Develop technology plan for FY 2023 2. Evaluate technology plan throughout the year 3. Implement new clinical workflow in cloud platform	1. 12/1 2. Quarterly 3. Quarter 1	Chief Executive Officer Chief Executive Officer Chief Executive Officer	Completed
<b>Initiative 11</b>	Assessment of risks both internal and external that include clinical, physical, financial, etc	Risks for Plural Healthcare will be identified	1. Develop risk management plan for FY 2023 2. Evaluate risk management plan throughout the year	1. 12/1 2. Quarterly	Chief Executive Officer Chief Executive Officer	Completed
<b>Initiative 12</b>	Continuation of Strategic Planning for Fiscal Year 2023	Ongoing quality improvement	1. Develop strategic plan during strategic plan retreat	1. 12/31	Chief Executive Officer	Completed