

PLURAL HEALTHCARE

PERFORMANCE MEASUREMENT & MANAGEMENT PLAN 2023

SCOPE

This plan guides the monitoring, evaluation, and improvement of the following: the effectiveness of services, the efficiency of services, access to services, and stakeholder satisfaction.

PLAN

The Performance Measurement & Management Plan (PMMP) focuses on performance improvement. It reinforces to leadership, management, and staff that performance improvement is valued in the culture of Plural Healthcare. The plan focuses on accountability for high quality service delivery and business functions related to our Intensive Outpatient Program and other services.

This plan includes:

- Procedures
- Definitions
- Roles and Responsibilities
- Culture of Continuous Improvement
- Data Validity, Reliability, Completeness, and Accuracy
- Data Tools and Collection
- PMMP Annual Review and Plan Creation
- 2023 Performance Goals, Indicators, and Measurement
- 2023 Plan for Communicating Results

PROCEDURES

The PMMP framework as outlined in this document:

- Communicates Plural Healthcare's high priority goals for service delivery and business functions.
- Identifies performance measures and indicators to evaluate these high priority goals.
- Outlines a process for data collection for use in achieving these goals.
- Offers targets for expected performance and outlines how Plural Healthcare will compare these expected results with actual results achieved.
- Sets the expectation that we will collect the following: data about clients; input from clients, family/support, staff, and stakeholders on what they would like to know about Plural Healthcare and its programs; experiences and satisfaction with services from clients and stakeholders; and other relevant information.
- Sets an expectation that future actions will be documented, implemented, and monitored to support performance improvement when targets or expected results are not achieved.
- Outlines how and when performance results will be communicated to persons served, family/support, staff, contractors, volunteers, and a variety of stakeholders.

Measurement of program goals in domains identified in the CARF Manual, systematic data collection, monitoring, and evaluation of results will ensure Plural Healthcare is accountable for results. Domains of performance improvement include:

- Program service delivery (effectiveness and efficiency).
- Business functions.
- Access to program services by clients.
- Customer satisfaction of clients.
- Satisfaction of stakeholders.

Performance measurement, management, and improvement will be accomplished through leadership engagement and accountability. Leadership's areas of focus include:

- Oversight for effective communication about the PMMP annual results to persons served and other stakeholders.
- Demonstration of the value of services to clients, family/support, staff, contractors, volunteers, and other stakeholders.
- The use of results gathered through the implementation of the PMMP includes evidence-based support for leadership's decision-making.
- Improvement of the efficiency, effectiveness, satisfaction with, access to, and the quality of services delivery and business functions.
- Review, uphold, or change the Mission as deemed appropriate and as evidence may support.
- Allocation of technology and other resources to support implementation of the PMMP.

DEFINITIONS

The following definitions are based on CARF Accreditation Standards:

- **Effectiveness:** Results achieved and outcomes observed for the persons served.
- **Stakeholder/Customer Satisfaction:** Feedback obtained from persons served and other stakeholders about their experience and satisfaction with the program and services.
- **Efficiency:** Resources used to achieve results for persons served.
- **Service access:** The program's ability and capacity to provide services to persons looking for or in need of services.
- **Goals:** Statements of what we hope to achieve and are written in the PMMP and Annual Review documents.
- **Indicators:** Statements in the written PMMP and Annual Review documents and are linked to a specific goal. Indicators are established in a manner that allows for the program to calculate results in percentages. Indicators typically reflect the rate of change over time.
- **Measures:** Statements found in the written PMMP and Annual Review documents. Instead of quantifying results using percentages, a measure is quantified in units or numbers.

ROLES AND RESPONSIBILITIES

The PMMP focuses on key high priority service and business activities. Improving performance and quality of services is a job function of all staff and contractors of Plural Healthcare.

Chief Executive Officer: The CEO sets the organization's strategic direction and vision and ensures organizational commitment to performance improvement and the PMMP. The CEO also provides oversight for, and/or facilitates establishing high priority PMMP performance goals, particularly those related to business functions; the availability of resources and technology to support data collection and the analysis of results; reporting of results to all stakeholders; and ongoing compliance with CARF accreditation standards.

Leadership Team: The Leadership Team performs tasks and functions to ensure the successful development, implementation, and annual review of the PMMP. Tasks include plan development and annual review; implementation of plan; the collection of complete, valid and reliable data; data analysis; and reporting of results. Decisions about information resulting from plan implementation will be made using leadership's decision-making.

Staff and Contractors: Staff and contractors will take part in the PMMP through applicable documented training and competencies, sharing their expertise, and ensuring that their documentation, which supports data collection, is accurate and complete. They will review collected data on a quarterly, monthly, or weekly basis (as appropriate to their role) to support ongoing improvements to Plural Healthcare's program efficiency and effectiveness.

CULTURE OF CONTINUOUS IMPROVEMENT

Plural Healthcare has a culture of proactive, continuous improvement. This means:

- We pursue excellence in all areas of the organization on an ongoing basis (not just as part of the formally scheduled reviews such as the PMMP review).
- We seek to obtain a near "real-time" understanding of what is happening in all areas.
- We strive to identify (and resolve) issues as soon as they come up. And we actively seek to prevent issues from arising in the first place.
- We are constantly on the lookout for ways to more effectively serve our clients and stakeholders.

DATA VALIDITY, RELIABILITY, COMPLETENESS AND ACCURACY

Data will be recorded properly and information will be true, correct, and free from errors. This will be achieved through staff/contractor training on data recording and providing staff feedback when data entry problems are identified. Concurrent reviews of records of the persons served will be done to ensure correct entry into the database. When necessary and possible, data may be checked against other information available in the record of the person served.

Valid/Validity:

Valid indicators and measures, tools, surveys, and data collected will measure what they are intended to measure. The Leadership Team will annually verify the validity of indicators and data collected for performance measurement purposes by asking the questions, “Are we measuring what we claim to be measuring?” When problems with validity are noted, the Leadership Team acts to ensure resolution.

Reliable/Reliability:

Data will be collected consistently in a manner that is reproducible over time and/or different data collectors. Reliability will be addressed through documented staff and contractor training and competencies. Data reliability will be tested at least annually by:

- Comparison of results against internal analyses.
- Comparison of results against external results when available.
- Monitoring when unexpected or unexplained shifts are noted in performance results.
- Monitoring and evaluating data collection staff, collection methods, and data collection sources on a routine basis.

Completeness:

There should be no missing information in the data set. For example:

- Each applicable data field will contain recorded information.
- All groups and populations served by the program will be included in the data set.
- All program groups will be included under the PMMP and covered in the data set.
- Information for all persons served during the reporting period will be available for the data set.

DATA TOOLS AND COLLECTION

Data will be collected using various approaches and applications. Tools, applications, and processes that support data collection will be identified, recorded in the plan, and reviewed annually for applicability to the PMMP.

The individual/team with oversight of each item is responsible for collecting data; ensuring the data is free of errors; presenting the data in a useful manner (e.g. performing necessary calculations, summarizing data with graphs and tables, etc.), and submitting the appropriate data to the leadership team in a timely manner.

Primary Data Collection Tools and Reports

Plural Healthcare has a number of primary tools used for data collection. These include:

- **JaneApp EMR:** Clinical notes, contact information, and billing information for each client is stored in the Electronic Medical Records software. The CEO has oversight.
 - **Chart Review Report:** The status of client chart information is compiled into a report. This is reviewed monthly to ensure all client charts are completed and signed by the therapist.

- **Clinical Workflow Spreadsheet:** This custom-built spreadsheet tracks the number of clients in each IOP group; client attendance; dates for weekly reviews, plans, and assessments for each client; and other useful data. It's designed to provide an overview of each client in the program as well as the overall program performance. The Clinical Director has oversight of data entry and data review. The Director of Technology has oversight of the performance and functionality of the spreadsheet. The spreadsheet generates the following reports:
 - **Clinical Score Report:** This report graphs all PHQ9/GAD7 scores (along with accompanying Schwartz Outcome Scale entries) and is reviewed monthly by the clinical team.
 - **Client Utilization Report:** This is reviewed on a monthly basis to help keep overall costs of services to clients and payers reasonable, while ensuring clients are served as efficiently as possible. Monitoring service utilization also satisfies regulatory compliance.
 - **Client Attendance Report:** Client attendance is reviewed on a weekly basis. Clients with low attendance may need additional support by the treatment team or to be discharged to another level of care.
- **Client Intake Spreadsheet:** This spreadsheet tracks all potential intakes for our services. The sheet notes the date they called us, phone number, referral source, insurance, notes, and other information necessary to ensure each contact is tracked and appropriately followed-up on. The Clinical Director has oversight.
- **Marketing Tracking Spreadsheet:** This spreadsheet tracks all contacts to Plural Healthcare inquiring about services. It identifies the date of contact, referral source (referral, paid ad, organic search, etc.), whether they became a client, and more. This allows us to assess the performance of various marketing efforts. The Chief Marketing Officer has oversight.
- **Meeting Minutes:** These will document meetings for the clinical team, leadership team, owners, and other staff. The minutes will note items discussed, decisions made, and action items.

Screeners and Assessments

Plural Healthcare uses a number of standardized assessments to evaluate client outcomes and overall program performance. Collected information includes:

- **PHQ9 and GAD7 Screeners:** These screeners are given to clients on a weekly basis. Clinical staff and contractors enter data. The Clinical Director has oversight.
- **Schwartz Outcome Scale:** This assessment will be given to clients on intake and discharge. Clinical staff and contractors enter data. The Clinical Director has oversight.

Internal Business Systems and Programs

Data is collected through numerous internal programs and business systems, including:

- **Program Financial Information:** Business office staff enter data and/or confirm data entry. The CEO has oversight.
- **Access to Services Information:** Clinical staff and contractors enter data. The Clinical Director and Chief Marketing Officer have oversight.

- **Resource Allocation:** Business office and accounts payable staff enter data into the organization's financial systems. The CEO has oversight.
- **Risk Management Plan:** Critical incidents are documented by staff. Client complaints and grievances are documented by persons served, family/support, or staff. The CEO and Clinical Director have oversight of data collection for critical incidents, grievances, and complaints.
- **Human Resource:** Relevant data include hiring information and Staff/Contractor Satisfaction surveys. Data is collected by admin staff. The CEO has oversight.
- **Health & Safety:** Drills, inspections, and other health and safety events are documented by staff. The CEO has oversight.
- **Strategic Plan Results:** The CEO has oversight of this plan development, implementation, and documentation of results. Responsibilities are delegated by the CEO.
- **Service Delivery Data:** Clinical staff and contractors collect data on persons served and enter into the person's record or the appropriate data collection system. The Clinical Director has oversight.
- **Incident Reports:** The CEO has oversight of data collection for critical incidents. Critical incidents are documented by staff.
- **Marketing Reports:** The marketing department collects data related to the performance of various marketing efforts. The Chief Marketing Officer has oversight.

Customer, Stakeholder, and Staff Input

Customer satisfaction and input are collected from persons served, staff, contractors, and other stakeholders using a variety of mechanisms.

- **Client Satisfaction Survey:** Upon discharge, all clients fill out an anonymous satisfaction survey. The survey has them provide ratings and written comments about their experience with the program. Clinical staff and contractors enter data. The Clinical Director has oversight.
- **Stakeholder Calls/Visits:** The Leadership Team members will have regular phone calls or visits with various stakeholders (e.g. referral partners, other agencies). Input from these meetings will be shared in team meetings and documented in the meeting minutes. The Leadership Team has oversight.
- **Stakeholder Satisfaction Survey:** Key stakeholders (referral partners, community partners, etc.) will submit an anonymous satisfaction survey on an annual basis.
- **Staff Satisfaction Survey:** Plural Healthcare staff will submit a satisfaction survey on an annual basis.
- **Staff Feedback:** Plural Healthcare staff will submit feedback as part of their annual performance review.

External Audit Reports

These reports are routinely received from various payers including Medicaid Health Plans, third-party insurance carriers, regulatory, certification, and accrediting bodies. Data and opportunities for PMMP goals may be found in these reports.

Other Data Sources

Other written plan results may be a resource for performance measurement and management opportunities. These include the accessibility plan; the cultural competency, diversity, and inclusion plan; the strategic plan; the risk management plan; and the technology and system plan.

PMMP ANNUAL REVIEW AND PLAN CREATION

The Performance Measurement & Management Policy and Annual Plan will be reviewed by the Leadership Team at least annually. This review will document any changes that are needed for the next PMMP annual plan. The following will be reviewed:

Accuracy of the plan's description. This includes the description of program services; roles and responsibilities related to the plan; the reporting structure for PMMP activities, annual review, and results, and achievability of timeframes in the prior plan.

Efficacy of performance indicators.

Goals, indicators, and targets. New goals, indicators, and expected results will be added based on the review of stakeholder input, satisfaction, and other feedback; other organization and program plans; and any other internal and external information identified as a priority performance improvement opportunity.

The results for each performance indicator. If appropriate, corrective action plans will be developed when expected results are not achieved. Such plans will include strategies for change, resources needed, roles and responsibilities, expected results, strategy implementation, data collection methods, and time frames. These action plans will be overseen by the Leadership Team to ensure the plan has been effective.

2023 PERFORMANCE GOALS, INDICATORS, AND MEASUREMENT

The collection of data and subsequent analysis are used to evaluate and monitor Plural Healthcare's business functions, access to services, and service delivery. This data is used to support development of goals and indicators, and to help analyze results achieved. Performance indicators or measures are developed to address goals in those areas established by CARF including:

- The effectiveness of services (addressing the quality of care and service outcomes).
- The efficiency of services (resources used to achieve results for persons served).
- Service access.
- Business functions.
- Persons served satisfaction and experience with services.
- Stakeholder satisfaction and experience with services.
- Personnel satisfaction and experience working at Plural Healthcare

Goal #1: Business Function

Obtain a 3-year CARF accreditation for our mental health intensive outpatient program to ensure a set standard for organizational quality and to meet qualifications to begin obtaining insurance payer contracts.

Indicator/Measure: Feedback and results provided by CARF following our March 2023 survey.

Timing: Contract with Julia López, PhD, MPH, LCSW to provide guidance and feedback on compliance with CARF standards by the end of 2022. Submit all policies and procedures, reports, and training documents to CARF by March 14, 2023. Participate in the CARF survey on March 20, 2023. Respond to and implement comments provided by CARF following the survey (feedback will be provided 30 days following the survey).

Data sources:

- Spreadsheets for tracking CARF task list and section completion status.
- Reports from AccreditationNow (e.g. status of staff training, satisfaction surveys, and other documentation required by CARF standards).
- Written communication and feedback from CARF. Results from CARF survey.

Obtained by: Leadership Team

Target: A 3-year accreditation provided by CARF.

Extenuating/Influencing factors that may impact results: Despite significant experience in the mental health field, Plural Healthcare's CEO and lead therapist have never undergone a survey through CARF. (To help mitigate this risk, Plural Healthcare has hired Julia López to provide advice and review our plans/policies.) Due to budgetary constraints, Plural Healthcare has a limited staff to perform necessary tasks. Also, the building owners of Plural Healthcare's current location have required us to vacate the space by March 12, 2023. We are projected to move into our new location on March 10, 2022. But this creates an additional complexity for preparing for the CARF survey.

Goal #2: Efficiency of Services

Develop a customized IOP workflow system that will exist in our HIPAA compliant cloud environment. This workflow will provide a dashboard for clinical operations, data collection for client attendance and clinical scales, and allow monthly and quarterly reporting so leadership can review outcomes and determine areas for improvement.

Indicator/Measure: The IOP workflow system created within our HIPAA compliant Google Workspace account.

Timing: Initial version of the workflow spreadsheet/program will be created by Jan 15, 2023. Clinical staff will be trained in it by the CEO and will provide feedback to the Director of Technology for improvements by Jan 30, 2023. By Feb 15, 2023 the Director of Technology will import old client data into the workflow (dating back to Oct 1, 2022). Clinical staff will begin using the workflow beginning by Feb 15, 2023. The Director of Technology will review performance and functionality of the spreadsheet on at least a quarterly basis.

Data sources:

- Written and verbal feedback from clinical staff about the workflow system.
- Clinical data entered on an ongoing basis by clinical staff.

- Output and reports generated by the workflow system.
- Official changelog of improvements, fixes, and additions to the workflow system.

Obtained by: Director of Technology

Target: The workflow system will be used in clinical operations by Feb 15, 2023.

Extenuating/Influencing factors that may impact results: The initial workflow system is being built with Google Sheets and extended using Google Apps Scripts. This offers the advantage of more rapid development (especially since Google Workspace is HIPAA compliant). However, this will constrain our ability to add certain functionality in the workflow system.

Goal #3: Service Access

Expand our Intensive Outpatient Program to 3 or more groups by the end of 2023 (which increases the number of people we are able to serve and ensures a sustainable revenue.) This will require developing an effective marketing system, expanding referrals (see Goal #6), and hiring necessary clinical staff (see Goal #7).

Indicator/Measure: The number of contacts inquiring about services (e.g. by phone or email) and the number of intakes.

Timing: Data will be collected on an ongoing basis. Marketing data will be analyzed, reviewed, and reported to the Leadership Team on at least a monthly basis.

Data sources:

- Contact and intake tracking sheet
- Vonage call logs
- Reports from Google Analytics and Google Ads
- Updates from Leadership Team about meetings with potential referral partners

Obtained by: Director of Marketing

Target: To average at least 8 IOP intakes per month by the end of 2023.

Extenuating/Influencing factors that may impact results:

- Plural Healthcare does not currently have contracts for several major insurance providers in the area. We plan to remedy this as noted in Goal #5. But in the meantime, not having these contracts limits the number of people who we are able to serve and the partners who are able to send us referrals.
- Because of our small budget/staff, Plural Healthcare is limited in its ability to pay for advertising or to hire outside contractors for additional marketing support. The current staff size also limits the amount of inbound calls we are able to handle at one time.

Goal #4: Effectiveness of Services

Develop and continuously improve the standard of care provided through our Intensive Outpatient Program.

Indicator/Measure: Satisfaction survey results and clinical score data.

Timing: Data will be collected and reviewed on an ongoing basis (as noted below).

Data sources:

- PHQ9 and GAD7 Screeners. These screeners are given to clients on a weekly basis. Data is reviewed by the clinical team on a monthly basis.

- Schwartz Outcome Scale (SOS). This assessment will be given to clients on intake and discharge. Data is reviewed by the clinical team on a monthly basis.
- A satisfaction survey is taken by each client on discharge. The satisfaction survey provides ratings on key areas of our services as well as space for written comments. Data is reviewed at least quarterly by the clinical team.
- Meeting minutes from clinical team meetings. Issues will be discussed and action plans will be created if necessary.

Obtained by: Clinical Director

Target: A minimum average rating of “Very Good” in all service areas in the satisfaction survey results. An average 30% improvement in clinical scores (PHQ9, GAD7).

Extenuating/Influencing factors that may impact results: As we expand the number of groups in our program, we will be hiring additional therapists to serve those groups (see Goal #7). It is possible that some of these staff may not be an ideal fit for our organization (which could impact the standard of care provided to our clients). To mitigate this risk, candidates will go through an extensive hiring process to ensure they are qualified for the role and are a fit for our company values. And we will initially bring in therapists on a supervised, contract basis to evaluate their fit/performance before hiring them full-time.

Goal #5: Satisfaction of Persons Served

Increase affordability of services by obtaining insurance payer contracts for the leading providers in the St. Louis area.

Indicator/Measure: Status of contracts with BCBS, Cigna, Humana, UBH, and UHC.

Timing: Obtain CARF accreditation by June 2023 (see Goal #1). Contract with outside consultant to accelerate application process by June 2023. Gather necessary data and submit applications for contracts with insurance payers by July 2023.

Data sources:

- Documentation of CARF accreditation status.
- Necessary documentation for insurance payer applications (to be determined by the hired consultant in June 2023).
- Written and verbal communication with insurance payers.

Obtained by: CEO

Target: To receive insurance contracts from payers by September 2023.

Extenuating/Influencing factors that may impact results: Obtaining additional payer contracts is dependant on CARF accreditation (see Goal #1). If a minimum of a 1 year CARF accreditation is not obtained, it will not be possible to achieve this goal. Additionally, Plural Healthcare will be moving office locations in March 2023. This may present some delays and need for recertification with our existing insurance payers.

Goal #6: Satisfaction of Stakeholders

Increase referrals by community partners to the program (both by increasing the number of referral partners and by growing relationships with existing partners).

Indicator/Measure: Number of referrals. Number of primary referral partners (defined as organizations that send us 4 or more referrals per year). Satisfaction survey for stakeholders.

Timing: Starting February 2023, initiate monthly correspondence with agencies who already are referring to Plural Healthcare (to ensure services to them and referred clients are satisfactory). Any issues found will be immediately discussed and documented by leadership with a plan of action for improvement. Starting in April 2023, the leadership team will set up a meeting or phone call with at least 2 potential referral partners each month.

Data sources:

- Intake and contact tracking sheet. This tracks the number of incoming referrals and the organization that made them.
- Stakeholder satisfaction survey.
- Corporate outreach tracking spreadsheet. This tracks potential corporate/EAP partners in the St. Louis area, contact information of their HR/benefits staff, and when we last contacted them.

Obtained by: CEO, Director of Marketing

Target: 5 primary referral partners by the end of 2023. A minimum average rating of “Very Good” in all areas in the satisfaction survey results.

Extenuating/Influencing factors that may impact results: Due to budget, we are currently unable to hire additional admin staff. This means the CEO and Clinical Director have very limited time available for networking and face-to-face outreach in the community – especially in the first part of 2023 while we are preparing for the CARF accreditation survey. Also, because we are still working to obtain several insurance payer contracts (see Goal #5), we are limited in the number of referrals we are able to accept.

Goal #7: Satisfaction of Personnel

Support the expansion of our program (see Goal #3) by hiring qualified clinical and administrative staff. Maintain a culture that is aligned with our company values.

Indicator/Measure: Staff satisfaction survey results. Number of new staff hired.

Timing: Hire a full-time administrative staff by June 2023. Hire new full-time or part-time therapists as needed (depending on the number of IOP groups in our program). Review feedback from staff on an ongoing basis.

Data sources:

- Staff satisfaction survey results. Completed annually by staff.
- Annual performance reviews. Completed annually by Clinical Director and CEO.

Obtained by: CEO

Target: A minimum average rating of “Very Good” in all areas in the satisfaction survey results. To have hired at least one therapist for every IOP group. To have hired at least one full-time administrative staff.

Extenuating/Influencing factors that may impact results: Our ability to hire additional staff is limited by the current budget. This limits the number of people we can hire and the amount we are able to compensate them. Finding the right therapists to hire may also be a challenge. Plural Healthcare has high standards for the staff we hire (their qualifications, skillset, and fit with our company values). And there are a limited subset of therapists who have the skills and experience needed to run an IOP group.

2023 PLAN FOR COMMUNICATING RESULTS

Plural Healthcare will communicate accurate performance information to clients, staff, and other stakeholders using a format and language that is understood by each constituency. This includes

tailoring the content, format, and timing of release of information based on the needs of each specific group. The following is the outline of our plan to communicate PMMP results to our targeted audiences.

Audience	Communication Channels	Time Frame	Responsible Staff	Content
Leadership Team	N/A - Leadership Team is responsible for PMMP review/creation	N/A	N/A	N/A
Program Staff	Presentation at team meeting	Q4 2023	CEO	All results and new PMMP.
Company Owners	Presentation at annual meeting	Q4 2023	CEO	Highlights of all results.
Persons Served, Family & Support	<ul style="list-style-type: none"> - Posted on website - Verbal communication with clients and family/support 	<ul style="list-style-type: none"> - Website updated by Jan 31, 2024 - Conversations throughout 2023 	Clinical Director & Director of Technology	Highlights of results for Goals 1, 3, 4, & 5
Community Partners	<ul style="list-style-type: none"> - Emails to partners - Visits or phone calls by Leadership Team - Website 	<ul style="list-style-type: none"> - Emails sent and website updated by Jan 31, 2024 - Visits/calls throughout 2023 	<ul style="list-style-type: none"> - CEO for emails - Director of Technology for website 	Highlights of results for Goals 1, 3, 4, 5, & 6
Payer Sources	<ul style="list-style-type: none"> - Email - Website 	By Jan 31, 2024	<ul style="list-style-type: none"> - CEO for emails - Director of Technology for website 	Highlights of results for Goals 1, 3, 4, 5, & 6