

J. Performance Measurement and Management

Unique Caring is committed to continually improve our organization and service delivery to the person served. With our concerted effort, we implement Performance Measurement and Management.

1.M.1 The leadership demonstrates accountability for performance measurement and management

a. Service Delivery

The Executive Director oversees the program. Executive Director is responsible for developing and, at least every year, reviewing a policies and procedures of the organization, program goals and mechanisms for implementing the process. The Executive director will be responsible in planning growth of the program such as extending delivery of services, decisions on investments. The program director will be responsible for an internal, ongoing quality performance evaluation process. The Quality Management Chairperson and Compliance Officer will make sure that the Risk Management (RM) plan is put into place and that at least every year, review credentials, assess forms and tools to gather data, perform and plan for emergency drills. The Finance Specialist will submit claims for service provided by the organization, assess financial status with reimbursements and expenses, and submit income for providers for payroll. The contracted clinicians such as the psychiatrist, nurse practitioners, psychologist, license and therapist will deliver, and document service provided.

b. Business Function Performance Indicator

We view the completion of this performance analysis as an opportunity to formally review our mission statement and to improve the quality of service delivery and the quality of the programs that we offer. Our organization provides leadership and staff with the opportunity to "take a step back "and objectively evaluate what we do and how we do it. It also provides a practical reminder to review and/or update our strategic plan each year. Finally, the preparation of this performance analysis provides the framework for leadership to evaluate its decision-making process and determine if changes need to be made in the organization's policies and/or procedures.

1.M.2 The organization identifies gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including consideration of:

a. Input from:

1 Persons Served, personnel and other stakeholders

Input from persons served, personnel & other stakeholders is obtained on an on-going basis via, but not limited to: written surveys, advisory groups, fact-to-face, treatment team and ISP plan meeting, suggestion boxes, conference groups, telephone collaborations, presentation to stakeholders, complaints, and communication logs. Most of the data collected from persons served is during their intake and orientation. Demographic data will begin at the initial visit and ongoing thereafter.

If there are changes regarding telephone, address, emergency contact, insurance and other pertinent information it is updated periodically. This information will also be finalized at the end of the service. If a person served had already left our program, this will be documented as well as the reason for not being in the program. If appropriate, they will be contacted to know reason for leaving the program. With this information, it would be our effort to improve the program and analyze the cause of leaving services.

There would likewise be a survey done for administrative or personnel staff as well as other stakeholders such as the referral source.

b. The Characteristics of the Persons Served

Unique Caring utilizes our electronic health records system known as Therap. Our EMR system gathers information such as age, gender, location, race, ethnicity, and language preferred. With this relevant information, we can analyze data about the population served and target ways to improve the program and meet the needs of persons served.

c. Expected results

The Performance indicator will be applied accordingly to persons served, personnel and other stakeholders. This will be gathered by the Human Resource and Compliance manager and program director from our clients and personnel. The performance survey and results will be brought to the executive director and will be discussed on our monthly meetings. The objective of reviewing this performance indicator is to improve service delivery and meet the needs of our person served and increase satisfaction of our personnel working in our program.

d. Extenuating and influencing factors that may impact results

Circumstances that are not expected would be discussed and tackled with data gathered from persons served, personnel as well as other stakeholders such as the regulatory boards and health insurance. This has actually happened with the COVID pandemic, and we have adapted well and had mainly done virtual visits. Our contractors have provided Therap to reach out our person served and help our person served and personnel from exposure to COVID during this pandemic.

e. Comparative data available

Our program will compare the data available from previous analysis of our performance and will gather data that will help us progress with our service delivery.

f. Communication of performance information

Performance evaluations in general are held quarterly, as well as, yearly with our board of directors. We also give surveys to personnel who are directly involved in the analysis of their performance.

g. Technology to support implementation of the performance measurement and management plan

We have utilized technology in implementing our performance measurement through our website where surveys are easily accessible. We have also used PDF filler where we can send surveys directly to person served as well as evaluation of personnel and if needed can also be electronically signed. Our PDF filler is also HIPAA compliant. Our electronic record can also send direct messaging to person served and personnel.

1.M.3. The organization implements a performance measurement and management plan that:

a. Addresses:

1. Collection of relevant data on the characteristics of the persons served.

Data are collected regarding the relevant information of the persons served. These includes race, ethnicity, language, religion, spirituality, gender, sexual orientation, education, employment, military history, demographics such as address, phone numbers, insurance, and next of kin or emergency information. Data regarding their mental health, medical history, pregnancy, history of trauma, guardianship, strengths, abilities, and preference are also gathered.

2. For each program seeking accreditation, identification of measures for service delivery objectives, including at a minimum

a. Results achieved for the persons served (Effectiveness)

Effectiveness of the program will be measured during person served' follow ups if they are meeting their goals. These goals can range from community integration, reduction or elimination of relapse, reduction of positive and negative psychotic symptoms, reduction of legal case involvement, improvement of physical health, school functioning, reduction of hospitalization, increase level of functioning and self-esteem, decreased episodes of anger, increase involvement in daily activities, increase employment rate, improvement of housing situation, acquiring entitlements and benefits and improvement in relationship. The clinician or provider involved will monitor and help person served achieve these goals. The effectiveness of treatment will be mainly monitored by the treatment plans which are assessed within the first five visits and then every six months thereafter.

b. Experience of services received and other feedback from the person served.

Experience of services will be monitored through person served's surveys, inventory tools, and treatment plans.

c. Experience of services received and other feedback from other stakeholders.

Our program gathers feedback from other stakeholders by surveys given to them such as our referral sources.

d. Resources used to achieve results for the persons served (Efficiency)

Unique Caring strives to keep the program stable by employing and retaining eligible administrative staff and providers. The executive director has kept and had grown the population served since 2003. The Administrative and billing manager has been with the program since 2004 and has been familiar with the program's system. We have our director of operations who has been with Unique Caring for 18 years, as well as, our Compliance and Human Resource manager who have been both employed for by the agency for the past 10 years. We also have our office manager who has been with us for more than 3 years. Most of our providers have been working with us also for over 5 years. Our practice has been stable, diverse with providers of varied specialty and expertise in providing services to our person served.

Our program also strives to treat every one of our personnel with respect and dignity. We give competitive and prompt compensation to our personnel. We also have direct service hours for our clinicians.

3. Service Access

Unique Caring strives to be accessible as much as possible to our clients. We try to see person served as soon as possible for emergency care of our person served. We usually see them during the same day to address any urgent care. We direct the person served in need with their provider or who is available at that time. If the urgent matter can be addressed on the phone, then we try to resolve the problem right then. If it needs further care, we try to schedule them as much as possible on the same day or the next. If there is further need of care, then we direct person served to the emergency room or mobile crisis. For new person served or incoming person served, we try to screen them if they are eligible for our services. If they need further services or higher level of care, we refer new clients to other services that can help them further. For person served who are eligible for our services, the intake specialist will try to schedule them in 2 -4 days for intake. We have also highly utilized telepsychiatry where we are able to reach out for person served who have difficulty with transportation or may live remotely.

3. The collection of data about persons served at :

Data about persons served is collected at the intake process or beginning of the services. It's reviewed at least annually or at points in time following the services and is updated if there are new information. Relevant information will also be gathered at the end of services.

4. Identification of priority measures determined by the organization for business function objectives.

If upon intake of new person served, we assess that they may need further services, then the responsible provider or clinician will refer them right then. This may range

from scheduling them to the psychiatrist or nurse practitioner for medication management or referring them to services such as Psychiatric Rehabilitation Program or substance abuse programs.

Data will also be collected by the organization that includes financial information, resource allocation, accessibility information, surveys, risk management, human resource, technology, health and safety reports, and strategic planning. Unique Caring continually collect data from internal and external sources such as surveys, new regulations. The data is analyzed and implemented accordingly as necessary. The objective of this data collection is to meet the needs of persons served as well as our personnel and other stakeholders to better improve our service delivery. Our organization utilizes performance indicators such as person served's surveys and symptom questionnaire, personnel's performance evaluation. This data gives us information regarding the program's effectiveness and efficiency. This will serve as a feedback on how to work on meeting the needs of our person served, personnel and other stakeholders.

5. The extent to which the data collected measures what they are intended to measure (Validity)

Unique Caring chooses indicators and data elements that measure what it intends to measure. Our providers take pride and interest with the improvement of the persons served. We utilize tools that are valid and reliable. These tools measure the progress of persons served.

6. The process for obtaining data:

a. In a consistent manner (reliability)

Reliability is an estimation of the consistency or repeatability of a measurement. Unique Caring ensures the data that is collected is consistent. New and existing personnel will be trained during orientation with the same policies and procedures of the organizations as well as other training programs. This will be done by the Human Resource Compliance manager, QP's, Case Managers, and Social Workers who ensures that there is a consistent checklist to go through to ensure reliability. When obtaining surveys, we randomly select sample population representative of the total grouped served.

b. That will be complete.

Our organization strives to update records, collect data as complete as possible to better serve our clients especially in decision making. We strive to ensure that notes are updated by responsible provider within 48 hours of person served encounter. The billing and data manager routinely cross checks notes upon person served's visit.

c. That will be accurate

Unique Caring keeps accurate and up to date. It is the responsibility of all employees and providers who work with data to take reasonable steps to ensure it is kept as accurate and up to date as possible: Data will be entered on the person's served in Theprap and not create any unnecessary additional data sets. With use of electronic records, it has made it easier to enter data and update records of person served. This also includes contact numbers and profiles of person served. Information should be entered within 48 hours of person served's encounter to ensure accuracy. System checks such as format change or updates will be communicated as needed. Our organization also puts effort in making spot checks of the records of the person served to ensure data is documented properly. We regularly audit our visits that it matches the billing codes submitted.

7. Extenuating and influencing factors that may impact results.

During the COVID pandemic our clients were remotely seen through zoom and Microsoft team. Sometimes it's difficult to get survey from people especially persons served. At times, the person served may not be diligent in returning the survey forms and we work harder to gather this data.

8. Time frames

There are time frames for the analysis of data, that we regularly gather feedback randomly and we analyze the data at least on an annual basis. The data is communicated during our meetings for which we can have inputs on how to improve our services.

9. How:

Data is collected from persons served, personnel, and other stakeholders. These data is analyzed, and performance improvement plans are developed to meet the needs. We implement necessary actions in order to improve services and this is communicated to the program, personnel, persons served, and other stakeholders as needed.

Performance measurement and management will at least be reviewed annually and is updated as needed.

1. M.4. To measure its results achieved for persons served (effectiveness) each program /service seeking accreditation documents:

Unique Caring develops an individualized person centered plan for each person served where there are goals and objectives that are targeted which would be gathered from the person served. This is gathered by mainly by the person served QP and their therapist. The treatment plan is collected and gathered and reviewed at

least every six months thereafter. There is also a targeted date to attain improvement and measurable goals and achievement which can be based from the performance history of the program with our person served and established as well by the state regulations.

1.M.5 To measure experience of services received and other feedback from the persons served each program/ service seeking accreditation documents:

Our program gathers feedback from person served regarding the service they received. The administration randomly collect data from the person served and this will be regularly collected. The data is analyzed, and action implemented to target performance according to the ideals and mission of our organization.

1.M.6. To measure experience of services and other feedback from other stakeholders, each program/ service seeking accreditation documents:

Our objective is to improve our services to our clients. With this goal, we also gather information from other stakeholders such as family members, and significant others. This is collected on a regular basis, beginning with the initial visits. We target improvement of our service based on the data gathered.

1.M.7. To measure the resources used to achieve results for the persons served (efficiency):

Our program aims to utilize our resources as much as we can in order to help person served in the treatment of their mental health diagnosis. The Director of Operations analyzes data that is gathered by our administration regarding our intakes and admissions. We also analyze regarding the occupancy and number of now shows of our person served. We analyze service utilization, retention rates, number, and types of services to achieve improvement as well as length of stay. We also analyze our workforce and review personnel turnover.

1.M.8. To measure service access, each program/ service seeking accreditation

Our program's objective is to make our services accessible to persons served. The program director and with input from the administrator gathers data regarding the need of our clients and how our clients can easily access our services. This help to improve accessibility of our services to persons served.

1.M.9. To measure its business function, the organization documents

Unique Caring measures our business program functions on a regular basis at least annually. The program director with the assistance of the administrators team: such, as the office and executive directors collects data and analyze this information to target program improvement of our organization. These data includes financial performance, emergency procedures, risk management, formal complaints and

critical incidents, business continuity and disaster recovery and human resource indicators.

1.M.10. Personnel are provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

Providers and staff are oriented by the Executive Executive, Program director, QP's office manager, and other administrative team members. This is also overseen by the Executive Director accordingly. Personnel receive technology training on the use of our electronic record (Theprap) where our program forms can be accessed. The orientation and training of personnel is documented upon entry to the program as well as at least annually.

See:

1. Performance Measurement and Management Annual Review
2. Individual Treatment Plan
3. Efficiency Measurement
4. Service Accessibility Measurement
5. Business Function Measurement