



**Division of Mental Health and Addiction**  
*Richmond State Hospital*

**SFY 2020 STRATEGIC PLAN**

<b>GOAL ONE: Organizational Restructure</b>			<b>Liaison:</b>	
<i>In an effort to improve cost, processes, and to drive innovations RSH required a reorganizing (restructure) to assure we deliver excellent patient care as the center of all we do.</i>			Katrina Norris, Superintendent	
<i>Objectives</i>	<i>Responsible Staff</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Measures of Performance</i>
1. Service Line Managers to assume administrative role for their pods	SLM's	7/1/2019  7/1/2019  7/1/2019 Start then ongoing		Weekly Executive Team Reports  Bi-weekly supervision meetings with Superintendent  Nursing Council (monthly) attendance for collaborative approached pod management
2. Organizational reporting that is sequential and logical in the context of job duties	Superintendent & Exec Team Members	7/1/2019  7/15/2019  8/1/2019 -10/31/2019		New Organizational Chart developed & shared with Staff  HR to reassign reporting through People Soft  Weekly Departmental Meetings arranged for first 60 days

<p>3. Establish a culture that will support a High Reliability Organization</p> <ul style="list-style-type: none"> <li>-Vision for Safety</li> <li>-Organizational Inclusion</li> <li><i>(Estb. Organizational behaviors that lead to trust in leadership and respect and inclusion throughout the organization regardless of rank or discipline)</i></li> <li>-Create one set of behavior expectations that apply to every individual in the organization and encompass the mission, vision, and values of the organization</li> </ul>	<p>Exec Team Members &amp; Departmental Leaders</p>	<p>6/30/2020</p>	<p>Ongoing</p>	<p>Employee Surveys every 90 days</p> <p>CQL Training with pre/post evaluations to produce effectiveness</p> <p>ELM for all RSH staff</p> <p>Annual Competency developed</p>
---	---	------------------	----------------	--

<b>GOAL TWO: Staffing Excellence</b>			<b>Liaison:</b>	
<i>Every team member to be engaged (supervised well &amp; coached) to complete their job duties efficiently and effectively and provide the highest quality of care to our patients. In addition, be supportive to those pursuing professional growth and develop and/or successfully launching their early career paths. Thus becoming a "great place to work" reputation.</i>			Terry Slayback, HR Director	
<i>Objectives</i>	<i>Responsible Staff</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Measures of Performance</i>
1. Develop an automated thorough employee onboarding campaign	HR & Staff Development	8/31/2019		Email System in place for the first 90 days Supervisor meet/greet and check ins with reporting to HR
2. Recruitment and Retention	HR	12/2019		Decrease time to hire to 40 days
	HR	09/2019		Increase % of employees achieving lower health care premiums by 6%
	Staff Development	10/2019		Develop career growth opportunity program for team members
	Staff Development	Ongoing		Attend and offer career fairs, open interviews, and similar events in regards to recruitment initiatives at least once per quarter
Exec Team Members	Ongoing	Foster creativity and innovation in team members and recognize these individuals as means of empowerment that will lead to higher retention rates.		
3. Recruitment for "hard to fill" clinical positions -Perm. Medical Director -Clinical Support Specialist (3) -DON	HR, Clinical & Medical Directors	Ongoing		Positions filled

4. Implement Patient Safety/Quality Improvement training initiative focused on de-escalation and patient centered techniques	Staff Development & QM	Ongoing		Reduction of S&R by 5% each quarter
	Staff Development & QM	Ongoing		CPI Debriefing Process Utilized and Documented Reported to Exec team quarterly
	Staff Development	10/2019		Develop BHRA training curriculum similar to that of RT structure
	QM	12/2019		Systematically Review all departmental policies and procedures to compare to hospital and TJC standards and submit report to Superintendent
5. Succession Planning	HR & Staff Development	10/2019		Generate Retirement Report for each department
	Staff Development/QM	1/2020		Conduct Training event for all department leaders (CQL)
	Departmental Leaders	4/2020		Written Succession Plans for all departments
6. Develop a hospital wide training plan utilizing pertinent data, best practices, standards, laws, etc.	Staff Development with Exec Team Members	12/31/2019 (and annually thereafter)		Annual review of training plan by Superintendent with Exec Team

<b>GOAL THREE: Community Engagement</b>			<b>Liaison</b>	
<i>Develop strategic relationships with external constituencies and improve effectiveness of current RSH Community Services activities</i>			Community Service Director/Assistant Superintendent	
<i>Objectives</i>	<i>Responsible Staff</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Measures of Performance</i>
1. Fill 75% of unoccupied, leasable space	Assistant Superintendent	1/2020		Occupancy Report to Exec Team quarterly
2. Create presentations for use by RSH to communicate to the public.	Community Service Director & Staff Development Program Director	Ongoing with revisions as needed		Exec Team approval of external public message
3. Represent RSH at community forums, events, meetings, schools, in the region	Community and Psychiatric Services Directors	Ongoing		Results reported to Governing Body quarterly
4. Identify volunteer opportunities and patient needs with tx staff that are appropriate for the patient population.	Community Service Director Rehab Director Social Service Director	12/31/2019		Clearly defined process for approving volunteer-led activities benefiting our patients.
5. Create museum committee to work on preserving our history and increasing tours (visibility in the community)	Superintendent (lead) Community Service Director RSH employees that have been assigned to the committee	7/1/2019 and ongoing through SFY 20		Refacing/rebranding of museum with evaluations taken after tours

<b>GOAL FOUR: Evidenced Based Practices</b>			<b>Liaison</b>	
<i>Evidenced Based Practices researched, developed, and implemented in all clinical areas of practice in order to promote best practice and improved patient outcomes including but not limited to decreased average length of stay.</i>			Dr. Josh Nolan, Clinical Director	
<i>Objectives</i>	<i>Responsible Staff</i>	<i>Target Date</i>	<i>Completion Date</i>	<i>Measures of Performance</i>
1. Increase individual therapies in each pod for patients by 20%	Psychology & QM	Start 8/2019 and monitor through SFY end.		Psychology report to MSEC monthly and data presented in graph formatting for review
2. Hire (3) CSS for Psychology department	HR & Exec Team	12/31/2019		Positions filled
3. Review clinical programming and complete evaluation of effectiveness	Clinical Director	12/31/2019  3rd Quarter 2020		Review of data and metrics in correlation with ALOS  Monthly rounds to the units  Quarterly attendance at treatment teams  Complete report and deliver to Governing Body
4. Increase "team" approach within the clinical disciplines represented by PSR to improve implementation of EBP models	Clinical Director (lead) PSR members	9/2020		Clinical Admin team to meet quarterly  Increase group offerings by 10% during SFY  Documented monthly meetings with each departmental supervisor