



## **2017 ANNUAL PERFORMANCE REVIEW**

### **INTRODUCTION**

Parkdale Center LLC and the Partial Hospitalization Program (PHP) is dedicated to a process of continuous improvement of our program and services based on the collection of information and data that are reliable, valid, and specific, and linked to the indicators contained in this report.

The Parkdale Center LLC performance analysis is conducted on an annual basis in order to:

- Identify areas needing performance improvement;
- Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services;
- Facilitate organizational decision-making with regard to progress toward fulfilling the mission and achieving goals; and
- Create a summary report that can be shared with patients, staff and other stakeholders in appropriate and meaningful ways.

This report is intended to satisfy the CARF requirement for an annual performance analysis as found in 1.N.1 and will be used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to patients and staff as well as placed on the organizations website.

Completion of this report included the review of a number of different performance indicators and, a formal review of the organization's mission statement by leadership. This summary also includes a written description of the organization's outcomes. Parkdale Center has adopted pillars of excellence as the foundation for its vision and values to transform the addiction treatment arena and to support our mission, which is *To Provide A Remarkable Recovery Experiences*. The five pillars --- Quality, Service, People, Growth and Finance --- are a visible testament to our commitment in making Parkdale Center the best partial hospitalization program in the Midwest by achieving excellence in these areas.

**Quality** - Demonstrates how Parkdale Center improves clinical excellence to set industry standards and exceed customer expectations.

**Service** - Demonstrates Parkdale Center's commitment to providing an excellent experience and excellent service to its customers.



**People** - Demonstrates Parkdale Center's commitment to create a driven culture that attracts, retains and promotes the best and brightest people, who are committed to Parkdale Center's mission and vision.

**Growth** - This pillar demonstrates Parkdale Center's commitment to achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development.

**Finance** - This pillar demonstrates Parkdale Center's commitment to achieve financial results to ensure Parkdale Center's ability to provide quality health care services, new technology and investment in the organization.

## **BACKGROUND**

Parkdale Center functions operate on a fiscal year which begins January 1 and ends December 31st. Under normal circumstances, the organization will compile end of year data, summarize it in an annual management summary following the fiscal year hard close and use the summary for strategic planning purposes for the following year if needed.

Parkdale Center services are provided within the confines of the center, an 18 bed- bed and breakfast located in 100 acres of wooded trails and a scenic lake, providing adequate space for provision of services. Space is accessible to the families and clients as part of the PHP programming.

The Mission of Parkdale Center LLC is “*To Provide A Remarkable Recovery Experiences*” and the vision is to offer our highest thinking, our kindest touch and strong commitment to providing excellent rehabilitation outcomes. Recognizing the worth and dignity of every human being, we fulfill our mission through the expression of core values rooted in our history, defining our present, and directing our future. Our values recognize patients, families, co-worker's colleagues and the community we serve without regard to ethnic or cultural differences, spiritual belief or lifestyle choices. We pledge ourselves to the following values and beliefs and commit ourselves continually to seek out ways to embody them in our attitudes, services and care.

***Integrity***-*We respect human dignity and consistently promotes fairness and honesty.*

***Excellence*** – *We strive for clinical, operational, and service excellence by fostering professional development, accountability, teamwork, and commitment to high quality.*



**Partnership** -We work in cooperation with other care providers, guided by open communication, trusts and shared decision-making.

**Stewardship**-We advocate prudence in the use of our financial and human resources for the advantage of the communities we serve.

## SOURCES OF OUTCOMES

Parkdale Center collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

- Financial information including monthly reviews of the organization's financial performance by the organization's leadership;
- Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions;
- Annual risk management assessments to identify potential risks and opportunities for the organization;
- Analysis of personnel (human resource) trends related to recruitment, retention and turnover;
- Technology assessments to ensure that the organization benefits from information technology and possesses the "hardware necessary to support the accomplishment of the organization's mission;
- Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
- Outcomes management patient satisfaction questionnaires completed by patients;
- Informal feedback from patients and staff;
- Formal patient complaints and grievances;
- Incident reports;
- Feedback/results from national accreditation surveys; and
- Feedback/results from regulatory/licensing visits and inspections.



## COMPLETED STRATEGIC OBJECTIVES REFLECTING 2017 TIME FRAME

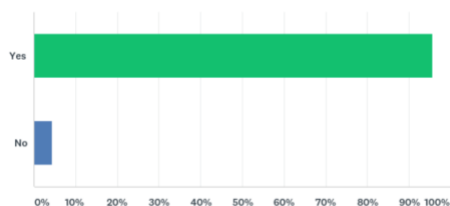
### Strategic Priority Area 1: *Clinical Excellence and Quality of Care Improvements*

**Goal:** *Be recognized as a high-quality day treatment program and a provider of clinical services that is comprised of the best human and technological resources available.*

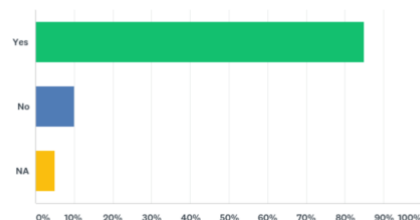
- 1.1 Expand our capacity to track clinical processes and results, compare those elements against national, state and internal benchmarks, and respond with quality improvements and initiatives.
  - A. (Quality) Parkdale will achieve top 10% of consumer and family evaluation of care; participation in treatment planning and agreement with plan of care. In 2017, patient satisfaction survey had a low response rate compared to 2016. About 10% of the patients completed the online survey, while 40% of the persons served completed the paper survey at time of discharge. Areas to focus on for 2018 would be provider communication and listening genuinely and assuring all the persons served get an admission book during facility orientation. The positive outcome is that 100 % of persons served would definitely Recommend Parkdale Center LLC of Chesterton, IN to friends and family if needed professional addiction treatment in a Partial Hospitalization Program. **Question 10: I would recommend Parkdale Center to my friends and family (80% Strongly Agree, 20% Agree).**
  - B. (Service) Parkdale shall have zero “sentinel” and zero “never” events. In 2017, Parkdale Center had zero sentinel events and zero “never” events. These events are defined as falls with severe injuries; suicides events; delay in treatment; criminal events (assault, rape and homicide); medication errors; fire related events. Parkdale will continue to monitor this in 2018.
  - C. (Service/Quality) Parkdale relapse rates will be below national average of 40% as stated by the National Institute of Drug Abuse and the National Institute of Health. Here at Parkdale Center, we measure our relapse rate at 30 days post discharge from the program and use a bench mark of 60% as defined by those that are still sober and active in a 12-step program within their community. In 2017, Parkdale Center had 168 persons served and admitted in to the partial hospitalization program and 91 of those competed the entire program and 26% of those completed the survey monkey questionnaire. During that time period, and information collected from those that contributed in the survey, 95% maintained sobriety at 30 days and 85% maintained sobriety at 6 months. We believe this is directly contributed to AA and NA active participation as well as active work in community support groups.



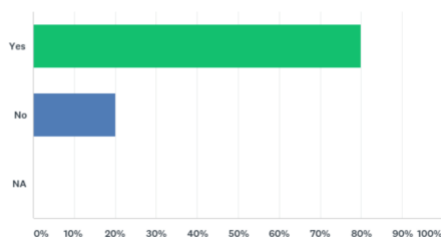
Q1 Did you maintain sobriety 30 days post discharge ?



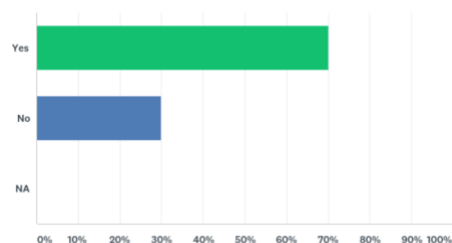
Q3 Did you maintain sobriety 6 months post discharge ?



Q5 Do you still attend AA or NA meetings in your community?



Q6 Are you currently working with a support group?



**1.2** Develop select clinical services and make targeted investments in human capital, infrastructure and technology in support of enhancing their quality and health outcomes, with an emphasis on telecommunications, efficient parallel process with updated electronic medical records and the electronic health information management system.

- A. (Growth) Parkdale will improve phones and intermodal telecommunications. This was achieved with an integrated intermodal system allowing for multiple line roll overs, secured HIPAA compliant messaging and dedicated lines for each service area within the Parkdale Center.
- B. (Growth) Parkdale Center will have fully implemented electronic medical record with real time reporting. In January 2017, Parkdale Center implemented an Addiction Medicine Software from STRATUS EMR. This software was developed in conjunction with addiction medicine clinics, allowing Parkdale Center to document and monitor addiction medicine treatment and be compliant with the HITECH Act, even though Parkdale Center does not participate in the Meaningful Use criteria not CMS.



## Strategic Priority Area 2: *Confidence in Care*

**Goal:** *Be perceived as an addiction program for highly accountable professional attuned to its community, possess a strong public and self-image, and be the provider of choice and the day treatment center that highly accountable professionals first think of when they need addiction care services.*

### **Key Strategies and Measures:**

**2.1** Establish and implement a strategic communications plan that builds stakeholder relationships, unifies branding, increases market awareness, develops a compelling case for using specialty care services, and increases the positive image and support for Parkdale Center.

- A. (Service) Parkdale Center will have positive consumer perception and will be sustained at the 95% tile. **Parkdale Center has developed and implemented a simple outcomes management system that measures (a) accessibility of services, (b) efficiency of services, (c) effectiveness of services and (d) patient satisfaction. In regards to accessibility, the opinion survey is reviewed quarterly and this survey is given to the persons served at time of discharge. We recognize the importance of collecting data for the purposes of improving access. Parkdale Center measures consumer perception via two modalities. First, every patient will receive a paper survey at time of discharge and then consumers (persons served) will receive an email survey 30-days after discharge. In 2018, the area of communication and genuinely listening with persons served is of priority for the treatment team. The action will be to hire a Family Nurse Practitioner to allow more time with each provider (MD and FNP and BHNP). More time spent with the clients will assure listening and communication at the treatment area improves.**

The **2017 patient satisfaction survey** was completed. It was a 10-question, 4-point likert scale defined as:

4=Strongly Agree, 3= Agree, 2=Disagree, 1=Strongly Disagree

- Q1 *My admission process was clearly explained to me (75% Agree, 25% Disagree)*
- Q2 *During my admission I was given a patient handbook (50% Strongly Agree, 50% Agree)*
- Q3 *The admission staff was kind and courteous (75% Strongly Agree, 25% Agree)*
- Q4 *I felt safe and secured in my program (75% Strongly Agree, 25% Agree)*
- Q5 *The doctors genuinely listened to my concern (50% Strongly Agree, 25% Agree, 25% Strongly Disagree)*
- Q6 *The therapist genuinely listened to my concern (100% Strongly Agree)*
- Q7 *The administration team genuinely listened to my concern (50% Strongly Agree, 50% Agree)*
- Q8 *I was an active participant of the PHP/IOP treatment program (75% Strongly Agree, 25% Agree)*
- Q9 *I felt that the treatment program met my needs (50% Strongly Agree, 25% Agree, 25% Strongly Disagree)*
- Q10 *I would recommend Parkdale Center to my family and friends (100% Strongly Agree)*



- B. (Growth) Parkdale will become the facility of choice by maintaining or increasing our market share in addiction services. In 2016, Parkdale Center initiated a partnership with the American Association of Nurse Anesthetists (AANA) and in 2017, Parkdale Center is the official PHP center the AANA admits to for CRNAs and SRNAs with addiction. Parkdale is a center for high stake professionals and the majority of the PHP participants are nurses. The average age was 35.1 years old with 82% being male and 18% female. 86% were married and 90% reported having children. The average time from the first contact with Parkdale to admission into the building was 5.1 days. However, when the State Peer Advisors were involved, the average time of admission from the first phone call was 34 hours regardless of where in the Country they were located. The table below highlights specific demographic breakdown with highlighted areas of special interest noted.

DEMOGRAPHIC	2017
CRNA'S	92%
SRNA	8%
<b>*Dual Diagnosis</b>	<b>89%</b>
D.O.C- Opiates	71%
D.O.C- ETOH	17%
<b>*D.O.C-Propofol</b>	<b>10%</b>
D.O.C-Other	0%
D.O.C-Polysubstances	71%
Voluntary Admission into TX	7%
HX of Previous Treatment	32%
HX of AANA Recommended TX Center	0%
Positive for Diversion	82%
Substance Use Began While in School	17%
<b>* Use began 1-5 Years Out of School</b>	<b>77%</b>
5-10 Years Out	20%
10 + Years Out	3%
<b>Treatment Entry Point</b>	
Self-Referral	10%
State Agency Referral	25%
Patient Referral	14%
Employer Referral	10%
AANA / Website / SPA Referral	39%
Average Length of Treatment	PHP 6.5 Weeks
Average Length of Stay	IOP 10.1 Weeks
Enrolled in State Monitoring AFTER TX	93%
Discovery to Reentry	11.2 Months

- C. (Growth) Parkdale Center will increase PHP admissions by 20%. In 2016 staffing was not adequate to support the need for increased intakes. In 2017, Parkdale Center reached adequate staffing levels (clinical and medical) to increase to 2-5 admissions per week. With 2-5 admissions per week Parkdale Center was still without a waiting list and patient intake assessments were still being met at 100%. In 2017, there was a 53.86% increase in admission whom completed the PHP program. 2016 = 49 persons served; 2017 = 91 persons served.



**2.3** Develop an “optimal” patient experience plan with integrated satisfaction benchmarks, routinely assess and act upon consumer perception findings related to Parkdale’s performance in key clinical and non-clinical areas of patient care, and recognize, nurture and utilize our nursing and direct care staff as one of our key assets in creating this experience and shaping this perception.

- A.** (Quality) Parkdale Center’s “Likelihood to Recommend” and overall rating of care will be above state and national averages. **In 2017, patient satisfaction survey had a low response rate compared to 2016. About 10% of the patients completed the online survey, while 40% of the persons served completed the paper survey at time of discharge. Areas to focus on for 2018 would be provider communication and listening genuinely and assuring all the persons served get an admission book during facility orientation. The positive outcome is that 100 % of persons served would definitely Recommend Parkdale Center LLC of Chesterton, IN to friends and family if needed professional addiction treatment in a Partial Hospitalization Program. Question 10: I would recommend Parkdale Center to my friends and family (80% Strongly Agree, 20% Agree).**
- B.** (Quality) Parkdale Center’s measures related to hours of operations, overall comfort and other patient environment concerns will be above state and national averages. **At time of discharge, persons served receive a patient satisfaction survey and the environment questions are as follow: Hours of Operation, Overall Comfort, Adequate Parking and Signage/Directions. The survey is a 5-point likert survey and the category of facility environment averaged 4.3. Midway through 2017 it was determined that the lowest ranking category was Adequate Parking (2.3). This was an issue for many persons as the parking spots were small and limited. Parking was an area of focus. To resolve this issue, Parkdale Center leadership purchased the property in front of the center and this property included a 40-car space parking lot. The 2017 adequate parking question rose to 4.1.**

### **Strategic Priority Area 3: *Organizational and Partnership Development***

**Goal:** *Create a positive work environment and effective care-giving through the recruitment, retention, support and development of staff and organizational leaders, and the establishment of partnerships, collaborations and models of physician- integration.*

#### **Key Strategies and Measures:**

**3.1** Foster stronger relations between and among employed and private medical staff at Parkdale Center aligned around improving the quality of patient care, patient satisfaction, coordination of patient care, medical information exchange,





physician recruitment and financial performance.

- A. (People) Parkdale Center will ensure that M.D. specific and on-going professional performance evaluations are completed and reviewed by the respective medical staff, and the chief medical officer that any identified issues are addressed in accordance with the standards of care for the State of Indiana and CARF.

Physician and other professional annual performance evaluations have been 100% compliant in 2017. The evaluation process for Physician's and other professional at Parkdale Center consist of a 30-day, 60-day and 90-day evaluation and then annually.

- B. (People) Parkdale Center will be an established means and system for Parkdale Center and Medical Staff to work together on proactively identifying and resolving Patient Satisfaction issues as measured by employee satisfaction surveys. Parkdale Center disperse an electronic and anonymous employee opinion survey annually. This survey is used to shape departmental and business strategy. Areas to focus in 2018 are employee compensation and job satisfaction. Only 40% of the employees strongly agreed that their pay was fair and 60% of the employees felt satisfied with the job they are performing. Even though no one disagreed or strongly disagreed, the goal is to have 80% of the employees very satisfied in pay and job the job they are performing. See below for the entire survey results.

The annual employee engagement survey was completed in 2017. It was a 10-question, 4-point likert scale defined as:

4=Strongly Agree, 3= Agree, 2=Disagree, 1=Strongly Disagree

- Q1 I am satisfied with my interpersonal relationship with administration (80% Strongly Agreed, 20% Agreed)  
 Q2 I am satisfied with the amount of communication from administration (60% Strongly Agreed, 40% Agreed)  
 Q3 I am satisfied with the relationship I have with my co-workers (80% Strongly Agreed, 20% Agreed)  
 Q4 I feel that my daily work contributes to goals of the organization (40% Strongly Agree, 60% Agree)  
 Q5 I feel I am doing the job I was hired to do (60% Strongly Agree, 40% Agreed)  
 Q6 I am satisfied with my job (60% Strongly Agree, 40% Agreed)  
 Q7 I am satisfied with my compensation and pay (40% Strongly Agreed, 60% Agreed)  
 Q8 I am satisfied with the overall culture of the organization (60% Strongly Agreed, 40% Agreed)  
 Q9 I feel that the organization operates according to its mission and vision (80% Strongly Agreed, 20% Agreed)  
 Q10 I would recommend Parkdale Center to my family and friends (80% Strongly Agreed, 20% Agreed)



- C. (Service) Parkdale Center will establish and evolve a model of care delivery and supporting policies and procedures that improves the coordination of patient care in a manner consistent with current future strategies in addiction medicine. **At Parkdale Center, treatment and management protocols are based on evidence based medicine. The addictionologist and therapist as well as the advanced practice providers use the ASAM placement criteria for justification of the level of care. This is incorporated with the ASAM six pillars for evaluation and treatment plan formation.**

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT		
ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:		
1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

The Parkdale Center primary outpatient withdrawal management protocols are the most current and up to date use of evidence based medicine. Primary protocol source is what is referred to as the "Stanford Protocol" developed by Dr. Maldonado from Stanford.

Maldonado, J.R. (2017). Novel algorithms for the prophylaxis and management of alcohol withdrawal syndromes beyond benzodiazepines. *Critical Care Clinics*, 33(3):559-599. doi 10.1016/j.ccc2017.03.012

- 3.2 Create a work environment that supports and nurtures the recruitment/retention of compassionate and competent staff who are enthusiastic about working, and recommending care at Parkdale Center to other highly accountable professionals, and whom collectively promote a culture of safety and quality; develop and implement an internal communications plan to better inform employees, medical staff, volunteers and patients about the organizational data, outcomes, issues and concerns.

- A. (People) Parkdale Center's Employees overall job satisfaction will rank in the 90% as measured by Strongly Agree and Agree for all measures of the employee satisfaction survey. **In 2017, employees overall job satisfaction ranked at 100% for all categories. On**



average, 58% of the employees scored as Strongly Agreed and 42% of the employees scored Agreed. There were no disagrees or strongly disagrees recorded in the employee surveys.

- B. (People) Parkdale Center's vacancy rate for all staff will on average will be no greater than 5%. In 2017, Parkdale Center had a 9.5%-vacancy rate (2 out of 21). There were two open position waiting to be filled as of 12/31/17. During the same time period, Parkdale Center increased staffing by 61.53% (13 to 21). The area of focus is to improve staff engagement and communication through weekly huddles.

<u>Headcount on 1/1/17:</u>	13
Headcount <b>added</b> during 2017:	8
<u>Headcount <b>left</b> during 2017:</u>	(2)
Headcount on 12/31/17:	19

- C. (Growth) Parkdale Center will increase staffing by 30%. Parkdale Center increased staffing by 61.53% (13 to 21).

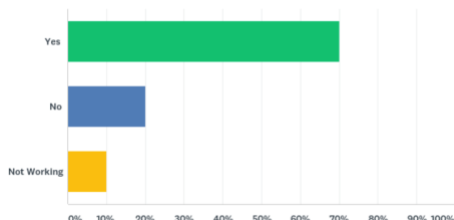
<u>Headcount on 1/1/17:</u>	13
Headcount <b>added</b> during 2017:	8
<u>Headcount <b>left</b> during 2017:</u>	(2)
Headcount on 12/31/17:	19

### 3.3 Create relationships with other medical employers and professional organizations to assure the clients of Parkdale Center are well received back into the work force and society without stigma and bias.

- A. (Service) Parkdale Center will have 75% of clients return back to work in the field of specialty. This is one of the highest priority strategic objectives Parkdale Center has developed. This is ranked high, especially for nurses because the U.S. is projected to experience a shortage of registered nurses (RNs) as the need for health care grows. Compounding the problem is the fact that nursing schools across the country are struggling to expand capacity to meet the rising demand for care given the national move toward healthcare reform. In 2017, 70% of the Parkdale Center clients who completed the survey followed through with the 2017 sobriety survey are currently working in their field of choice, while 10% are not working after treatment. The action for improvement is to initiate earlier conversations about work plans, required licenses and the need for social acceptance.



Q7 Are you currently working in your field of choice?



- B. (Growth) Parkdale Center will develop interpersonal relationships throughout the state to assure integration of the clients back into the community. In 2017, Parkdale Center participated in the following state and national conference to raise awareness:
- ADA 2017 State Dentist Well-Being Program Director Conference
  - Grace Community College Invite
  - 2017 Indiana State Attorney Generals Conference
  - 2017 Indiana State Board of Nursing Presentation
  - 2017 National Association of Drug Diversion Investigators Meeting Presentation
  - 2017 Indiana State Nurses Association Presentation
  - Indiana University Health Partnership Presentation
  - 2017 Ohio State American Nurses Association Conference

#### Strategic Priority Area 4: Patient Environment and Infrastructure Enhancement

**Goal:** Update facilities and non-clinical technology and equipment to ensure our staff has a physical workplace that supports safe care delivery and patients and their families experience comfort and convenience.

##### Key Strategies and Measures:

- 4.1** Develop a five (5) year “Master Facilities Plan” and a two-year “Infrastructure Improvement Plan” that addresses the funding and prioritization of upgrades and uses to the existing physical plant and properties, and separately prioritizes improvement projects including, but not limited to: fire alarm system(s); HVAC systems or system components; parking lots; roadways and sidewalks; client room modernization; and, communication systems.
- A. Infrastructure Improvement Plan developed by 2017 and implemented during the 2017-2018 fiscal year and allowing for 2018-2019 capital budget planning. In 2017, many elements and projects from the infrastructure plan were implemented based on prioritization of safety, efficiency and effectiveness.



#### Completed Infrastructure Improvements in 2017

- 1) Parking lot and driveway resurface and seal (Safety and Effectiveness)
- 2) Replace network infrastructure, all hardware (access points, firewall, secure switches, service, modems, anti-viral software) (Efficiency and Effectiveness)
- 3) Create a secure IT network room housing all of our sensitive electronic equipment, video monitoring, and secure internet connection hardware (Safety, Efficiency, Effectiveness)
- 4) Replace analog phone system with modern secure VOIP service and phones. Ties in with HIPAA secure voicemail network (Safety, Efficiency, Effectiveness)
- 5) Remodel laundry area and piping system to bring up to current fire codes (Safety)
- 6) Remove disposal from kitchen to minimize issues with sewer system (Effectiveness)
- 7) Upgrade plumbing in kitchen to current health codes (Safety)
- 8) Install video recording system to monitor common areas of residence building, drive access, entrances to building (either interior, exterior, or combo) (Safety, Efficiency)
- 9) Replace current emergency exit signs and lights in residence areas (Safety)
- 10) Remodel offices to provide better environment for staff, create 2 new private offices and small private conference room. (Efficiency and Effectiveness)
- 11) Install door and eliminate reach through window of former auxiliary kitchen, creating a secure and private area for medication storage and injections (Safety, Efficiency)
- 12) Repurpose planting shed into a facility shop, storage of tools and materials to maintain buildings and grounds (Safety)
- 13) Remove dead trees from areas of property surrounding buildings and immediate lakefront (Safety)
- 14) Electricians evaluate and repair current power panels for buildings (Safety)
- 15) Install lighting to increase safety of stairway to basement (Safety)
- 16) Install handrail for basement stairway (Safety)
- 17) Coat steps to basement with a non-slip material (Safety)
- 18) Install additional keypad deadbolts to small office and counselor's office (Safety)
- 19) Add additional insulation to main building attic to make living spaces more comfortable and conserve energy (Safety, Efficiency)
- 20) Build and install media cabinet for Genesis building (Efficiency and Effectiveness)
- 21) Strip, sand, and seal wood flooring in lunchrooms (Effectiveness)
- 22) Update and repair natural gas regulator for building service (Safety, Efficiency)

- B. Compliance with all regulatory standards/requirements will be met (CARF, Department of Public Health, OSHA). The following departments have inspected Parkdale Center:  
 1. Indiana Department of Public Health; 2. Chesterton Fire Inspector and is in compliance with all local and state agencies.

#### **Strategic Priority Area 5: Strengthen Financial Health**

**Goal:** *Assure the Parkdale's financial health so that it may pursue its health care mission on a long-term basis, provide high quality service, and be able to adapt to the changes in the health care environment.*



### Key Strategies and Measures:

5.2 Enhance profitable revenue through improved documentation, case management, coding, resource utilization, and through reduced accounts receivables and favorable managed care contracts.

- A. (Finance) Parkdale Center, Parkdale's net revenue per equivalent discharge will be equal to or above the 80% collection and reimbursement rate. **Parkdale has worked to improve its collection and reimbursement rate from 2016 to 2017, and expects to do the same from 2017 to 2018. The 80% collection and reimbursement was a stretch goal for 2017 and the 80% collection was not achieved. Area of focus is consistent with achieving pre-authorizations prior to person served admissions as well as collecting co-pays at time of admission.**

5.3 Achieve cost reductions, containment, and avoidance through improved materials management, operational efficiencies, and service contracting, risk management, and reducing liability.

- A. (Finance) Parkdale Center's debt service coverage ratio will be no less than 1.0 in any given year. **A DSCR greater than 1.0 means there is sufficient cash flow to cover debt service and Parkdale Center for the past two years has produced a DSCR greater than 1.0. The debt service coverage ratio is used by Parkdale Center when analyzing business financial statements and planning for strategic capital purchases. Taking into account delayed officer's compensation, Parkdale's net debt service coverage ratio in 2017 was 1.75. Parkdale's goal is for this coverage to be at 2.0 in 2018, 2.25 in 2019, and 2.50 in 2020.**

5.4 Conduct periodic financial and service line analysis' of Parkdale Center's existing and potential books of business to determine which budgetary commitments and conditions need to change and which services should be sustained, grown, initiated, repositioned, or referred out.

- A. (Finance) Parkdale Center achieve at a minimum a 1% Operating Margin. **Operating margin is a measure of profitability. It indicates how much of each dollar of revenues is left over after both costs of goods sold and operating expenses are considered. In 2017, Parkdale Center's operating margin was over 1%. The operating margin is important because it measure efficiency with the center. The higher the operating margin, the more profitable a company's core business is, which allows Parkdale to grow operational. Several things can affect operating margin with in Parkdale and they are monitored closely. Items such as pricing strategy, prices for raw materials or labor**



costs, affect the operating margin but because these items directly relate to the day-to-day decisions managers make, operating margin is also a measure of our managerial flexibility and competency. Taking into account delayed owner's Compensation, Parkdale's net operating margin in 2017 was 3.36%. The goal is for this to be 5% in 2018 and 6.5% in 2019.

- B. (Finance) Parkdale Center's gain per equivalent discharge will be more than the reciprocal years. When factoring in delayed owner compensation, Parkdale's net gain per equivalent discharge in 2017 was at what management believed to be a good baseline. Management will continue to closely monitor this in 2018 and beyond. In Parkdale's early years, it is difficult to determine a good baseline to measure against because there are so many one-time expenses and a significant learning curve for staff and processes.

## HEALTH AND SAFETY REPORT

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organizations building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis.

For accreditation, CARF requires that there are written emergency procedures and unannounced drills. This will address procedures for:

1. Fires
2. Bomb threats
3. Natural Disasters
4. Utility failures
5. Medical Emergencies
6. Violent or other threatening situations.

The unannounced tests were performed followed by after-action reports on the response to the drills. Trainings were conducted that addressed individual roles and responsibilities, notification procedures, emergency response procedures, evacuation and accountability procedures, emergency shut downs, information about threats, hazards, and protective actions.

In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed. The Facility Director John Woods and the Parkdale staff as well as persons served meets on a monthly basis or as needed to review and address trends and concerns. These are seen in the staff meeting minutes.

## RISK MANAGEMENT

Parkdale Center is committed to long range planning to ensure service continuity and to a formal periodic risk management processes part of the strategic planning process. Areas assessed:



1. Identify any loss exposures, 2. Analyze and evaluate any loss exposures 3. Identify a strategy to rectify identified exposures, 4. Implementation of actions to reduce risks, 5. Monitoring of actions to reduce risks, 6. Report results of actions taken to reduce risks, 7. Implement any necessary changes as may be dictated by a changing service and/or business environment to ensure the inclusion of risk reduction in all quality performance improvement activities.

The Corporate Compliance Officer or designee is responsible for conducting an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment for FY-17 is conducted in accordance with CARF's national accreditation standards. The CEO reviews the Risk Management Assessment and incorporates results into the Risk Management Plan.

The findings or assessment considerations conclude that there were no significant changes in the demographics or cultural characteristics of persons served. The main finding of concern is the lack of personnel needed to effectively complete the mission of Parkdale Center as it continues to grow and evolve through 2020. It has been difficult to recruit and retain accredited therapist and continual efforts are in place to address this concern. Some of these efforts is to be aligned with Valparaiso University. This alignment assures Parkdale Center acquires undergraduate and graduate students in both healthcare leadership and psych-social work. This gives Parkdale Center first hand relations with new councilors and new leaders in healthcare.

Assessment of reasonable safety for staff and patients are adequate. In addition, a comprehensive security system is installed and there are monitors in several office areas, public / social areas of the clinic that can be viewed at all times.

Actions being implemented to ensure the viability of Parkdale Center, are preparing for the survey for CARF reaccreditation, reviewing patient services, administrative and clinical, for quality control and patient satisfaction.

At this time, there are no expected changes in senior leadership in the next year. Within the last year, a new therapist, nurse and advanced practice provider were appointed.

### **Written analysis of Incidents Reported in 2017**

13 incident reports were completed in 2017.

#### **Trends**

1. Six (6) of the incidents were related to persons served and relapsing with alcohol or other unauthorized substance.
2. Three (3) incidents occurred secondary to a medical issue such as blacken out/passing out and EMS contacted per 911 and one with hot water splash.
3. Two (2) cases where persons served were co-mingling.





4. One (1) incident of theft.
5. One (1) incident of sexual harassment.
6. Incidents tended to occur in areas where patients congregate such as lobby/waiting areas, parking lot and kitchen.

### **Actions for Improvement**

1. There are several places locally where persons served can purchase alcohol. Persons served need to be more aware of triggers and depend on group support to resist purchasing of alcohol.
2. All patients are given the policy on co-mingling and staff need to be more cognizant of signs of physical attachment between persons served.
3. Sexual advances and harassment is not tolerated at any point either with persons served or employees. Harassment is involving the making of unwanted sexual advances or obscene remarks.
4. Assure there are unannounced drills involving medical conditions of person served.

### **Results**

1. Coaching of employees and person served.
2. Fewer incidents occurring in these areas.
3. Fewer incidents of injury due to slips/trips/falls.
4. To be further evaluated as training is ongoing through my learning pointe.

### **Continuing Education and Training**

1. Staff are included in staffing meetings and educated on incident report requirements. 2. All incidents are reviewed and actions for improvement are discussed in weekly staff meetings only when issues arise and as needed. 3. Staff will receive training in de-escalation techniques both at formal meetings and continued annually.

### **Prevention of Recurrence**

1. Through continued training and education noted above 2. Officer manager or designee review's incidents with staff and discusses actions for improvement. 3. Provide annual management report to staff for education and awareness 4. Provide patient policies for patients on proper behavior and person served responsibilities.

### **Internal Reporting Requirements**



1. All incidents are reported internally to the Program Director or designee. After Program Director review, incident report is sent to COO or CEO for review. If immediate changes, the office manager and leadership team work together to implement actions for improvement.
2. Compliance Officer reviews data from incident reports to meet CARF requirements and assures reports are entered in the incident report book kept in main office.

### **External Reporting Requirements**

1. Besides contacting EMS for the medical emergencies and reporting the alleged sexual harassment to the Chesterton PD, as described in the report filed on March 14, 2017 and per policy PC 11.028, there were no further external reporting requirements for the incidents that were reported in 2017.

### **HUMAN RESOURCES**

As required by CARF, all mandatory trainings have been fulfilled through new staff orientation, annual staff trainings, training conducted by outside professional organizations and professional conferences. This is maintained and accounted by the office manager and management will continue to incorporate desired trainings of staff when possible as identified through staff expressed needs. My Learning Pointe is the on-line education system Parkdale uses for new orientation and annual competencies. This system utilizes video and exams to measure knowledge as well as offers CEU and certificates. 100% of the Parkdale Center employees have completed their training in the areas of infection, diversity, cultural competency, safety, suicide assessment-recognition and leadership.

In order to retain staff and reduce turnover, compensation was reviewed. Parkdale Center leadership provides end of year bonuses at the holiday party and monthly, gift cards are awarded to the employee of the month. In 2017, Parkdale Center awarded over 18K in employee annual bonuses and achievement gifts. The clinical staff is compensated well as compared to the local market. Parkdale Center does not have difficulty recruiting competent certified staff. Parkdale Center now provides an extensive benefit package including health insurance, paid vacation and sick time. The vision for 2018-2020 is to offer a retirement investment benefit package. In addition, Parkdale Center leadership pays for professional staff to attend trainings that are needed to maintain licenses and certifications. In 2017, Parkdale Center had a 9.5%-vacancy rate (2 out of 21). There were two open position waiting to be filled as of 12/31/17. During the same time period, Parkdale Center increased staffing by 61.53% (13 to 21). The area of focus is to improve staff engagement and communication through weekly huddles.

### **USE OF THIS MANAGEMENT SUMMARY (PERFORMANCE ANALYSIS)**



We view the completion of this performance analysis as an opportunity to formally review our mission statement and to improve the quality of services within our program. This analysis represents a high overview of the Parkdale Center organization and provides leadership and staff with the opportunity to 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 annual preparation of this performance analysis provides conversation as many elements are added to the annual report completed by leadership. These diligent exercises allow leadership to evaluate its decision-making process and determine if change is occurring for the sake of change or is change needed to be made in the organization's policies and/or procedures.

We at the Parkdale Center value transparency and truly believe this occurs when reports are generated in simple everyday language. This document communicates performance information to which is timely and understandable.