

Our plan to address the new medical CAP is outlined below. This plan was developed in an effort to maintain a sense of urgency while not overloading our leaders and team members in such a way as to detract from patient care and safety.

We will focus efforts on CAP items 1, 2, 3, 5, 9, 13, and 17 by way of independent work groups and we will progress through them as we are able based on limited available human resources. Initial efforts will be centered around items 1, 2, 3, 5, and 11 as they are critical to all other project plans. Attached you will find an initial project plan for all 5 of these CAP items which includes tentative due dates, as well as assigned responsibilities. Please note that it is our intention to convert these basic project plans to smartsheet and they will be living documents. All of these items and their associated data and progress will be reported monthly to the CQI Committee. Projects 9, 13, and 17 will be worked on once we have made considerable progress on the 5 previously mentioned CAP items.

CAP item 14, Withdrawal Management, will be addressed as a separate project.

All other CAP items will be rolled into the Process Improvement Workgroup's efforts to improve our intake process. The Process Improvement Workgroup is an integral part of our Quality Program and is comprised of front-line team members from every clinical area of MDC. The general workflow for this team in relation to the intake process will likely follow something similar to the below outline:

1. Process map current-state intake process
2. Identify best practices and workflow needs
  - a. NCHC
  - b. ACA
  - c. Policies
  - d. Medical needs – (CAP item #8 – clinical space, CAP item #10 - Patient monitoring and safety - intake area, CAP item #12 partially – high risk/complex patients)
  - e. PSU needs – (CAP item #12 partially – high risk/complex patients)
  - f. Optimal IT workflows – (CAP item #6 – orders and tasks, CAP item #7 – documentation templates)
3. Process map ideal-state to include best practices
4. Perform gap analysis on ideal state
5. Create sub-groups to address process gaps between current and ideal state
  - a. Identify root causes
  - b. Plan and identify action items
  - c. PDSA cycles
  - d. Creation of audit tools to verify process compliance – (CAP item #15 CQI data driven, CAP item #5 – Operational supervision)
  - e. IT workflow improvements – (CAP item #6 – orders and tasks, CAP item #7 – documentation templates)
  - f. IT data pull/reporting requests
  - g. Update policies and procedures and educate – CAP item #4 – policy and procedures

Please note that the team has already made significant progress towards CAP #8, clinical space. A clinical space has already been identified for the intake process that allows for a medical and behavioral health co-intake screening. A process has also already been identified for patients who need emergent medical

attention as identified in the intake flows. The space and process will go live as we have the necessary staff to do so.

A project plan will be developed as the CQI Process Improvement Workgroup gets operationalized. The first group meeting is scheduled for 9/23, and the team will meet every 3 weeks thereafter. Updates to the project plan will be made frequently, but at three-week intervals at minimum.