

**ST. MARY’S HOME FOR CHILDREN
PQI QUARTERLY REPORT**

Third Quarter: July-September 2017

Introduction: The PQI Quarterly Report provides an overview of our PQI Committee accomplishments. The Committees are an important element of the many PQI processes in place. This Report is shared with staff, the Board of Directors and stakeholders via the agency website. It is only a review. More detailed information can be obtained by contacting a member of a committee, or by reviewing meeting minutes.

Executive Note: You will note that the Wellness and LGBTQQ+ Committees reported their members were involved in training staff during Orientation Day Two. We recognized the training needs of our new employees, consequently added a second day to orientation which is comprised of not only Wellness and LGBTQQ+ training, but also Trauma-Informed Care, Building Bridges and Commercial Sexual Exploitation of Children trainings.

Many of our Committees are working on a number of initiatives to better serve our clients and support our staff. We always encourage staff participation on our Committees. Your involvement helps us to improve and grow as an agency!

PQI Note: I hope everyone enjoyed the Strategic Plan Progress Report Presentation which was held during the quarter. Like these Committees, our strategic planning processes are important elements of performance quality improvement activities.

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Residential Programs Discharge Data Overview.....

Residential (8)

50% (4) to lower level of care (1 reunified, 2 to foster care, 1 to Semi-ILP);
100% of those youth and families entered the BBI Aftercare Program
38% (3) to higher level of care (2 to psychiatric hospital; 1 to training school);
12% (1) to AWOL

Shelter (8)

75% (6) to lower levels of care (1 reunified, 5 to foster care);
13% (1) to higher level of care (1 to hospital)
13% (1) to AWOL;

ARTS (11)

81% (9) to lower level of care (6 to RTX; 1 to Semi-ILP; 1 reunified; 1 to foster care);
18% (2) to higher level of care (2 to psychiatric hospital)

Agency-wide observations:

27 discharges

67% of our clients accomplished goals and/or required a lower level of care at discharge.
70% of discharges were planned.

Data Source: Clinical Notice of Change Forms

Goals:

- Continue to track and report data, expanding where it is reported and where it is used to help drive decisions over time;
- Collect and report School data.

Goals on Hold / Delayed / Discontinued: N/A

Critical Incident Review

Highlights of Achievement:

- A commitment to acknowledge positive interventions was made and implemented at the beginning of each monthly data meeting.
- Data showed a high number of morning escorts on one unit, consequently a supervisor observed for further assessment. As a result, changes were made in re: medication key and structure that strengthened the morning team.
- An action plan was put in place for a child with early morning dysregulation including having a staff member arrive at 5am vs. 7am to assist and support the client.
- Physical restraint and escort data was used as a part of medication change assessments on several units.
- Several youth had changes to their Individual Crisis Management Plans (ICMP) after discussion of data throughout the quarter.

Positive Behavior Interventions and Supports (PBIS)xxxxxxxxxxxxxxxx

Highlights of Achievement:

- SWIS data collection program has been set up.
- A PBIS Passport was created for each student based off of the matrix that was developed by the team. Students earn stamps for every page of the Passport after being taught lessons and proving competency. After each student completes the Passport they will receive a \$5 gift card.
- The Committee developed a universal check-in / check-out point sheet, and it is being implemented in all classrooms.
- We implemented a behavior documentation sheet and are tracking data for all students in each of the four classrooms in Campus School. This is used to track target behaviors of students to provide further information for the development of Behavior Intervention Plans and Functional Behavior Assessments.
- Committee members met with an outside consultant during the quarter in order to set up SWIS data collection account.
- We started a new PBIS incentive for students, where each school staff member awards a student each day with a “Superior Behavior” ticket. Three tickets will be drawn during our first Awards Ceremony of the school year.

Goals:

- To continue the development of data tracking tools;
- To start using the SWIS program to track data;
- To continue with individual incentives like the school store and snack shack;
- To continue to meet with outside consultant to further develop and solidify Campus School PBIS.
- To train all staff in data collection.

Goals on Hold / Delayed / Discontinued: None

Residential Audits (ARTS, Shelter, Residential)xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Highlights of Achievement:

- 30 residential (Hills, Horton, Hope, Mauran) and 15 ARTS (Harding) records were included at the audit on July 12, 2017;
- The structure of data reporting was improved during the quarter. Now we can easily see the percentage of compliance with each document (e.g. 88% of Initial Assessments were present and on time; 91% of month one progress notes were present, etc.), the percentage of complete records, and see that data by individual clinician as well as program and agency overall. That data is available with the Clinical Director or Director of Operations/PQI Coordinator.

Goals:

- Based on review of data, as a department work to improve the presence and timeliness of Initial Clinical Assessments and Initial Treatment Plans.

