

ST. MARY'S HOME FOR CHILDREN PQI QUARTERLY REPORT

Second Quarter: April-June 2017

Introduction: The PQI Quarterly Report encompasses a review of PQI Committee processes, policies and procedures, and PQI initiatives. The Report is shared with staff, the Board of Directors and stakeholders via posting on the agency website. Note this Report is only a review, and that more detailed information can be obtained by contacting a member of the particular committee or by reviewing committee meeting minutes.

Executive Note: Our committees continue to help our agency improve in a variety of different ways. We are so proud of our Wellness Committee for its outstanding work resulting in our Exemplary Worksite Health Award from Blue Cross Blue Shield and the Chamber of Commerce. Our LGBTQ+ Committee set up the first St. Mary's exhibitors table at Pride in June, and the group that worked on our Retention Plan is beginning to see positive results (residential turnover rate reduced from 36% to 22%). In addition, we are improving our data collection systems which can only serve to highlight the great work that we do.

PQI Note: Please take a look at our new section "Residential Programs Discharge Data". We'll continue to improve data collection and subsequent reporting in this area, and your ideas are welcome. See the Executive Director or Director of Operations. A thank you again to all the Committee Chairs and Co-Chairs who are cycling out of their roles, who gave their energy and ideas, and facilitated so many accomplishments! Welcome to all the new Chairs and Co-Chairs – we look forward to seeing where you take things!

Contents	Page
<u>Residential Programs Discharge Data</u>	<u>2</u>
<u>Critical Incident Review</u>	<u>3</u>
<u>Safety</u>	<u>3</u>
<u>Survey</u>	<u>4</u>
<u>Staff Relations</u>	<u>4-5</u>
<u>Wellness</u>	<u>5</u>
<u>LGBTQ+</u>	<u>5-6</u>
<u>Risk Prevention</u>	<u>6</u>
<u>Kids Council</u>	<u>7</u>
<u>PQI</u>	<u>7</u>
<u>Residential Improvement</u>	<u>7-8</u>
<u>Residential & School Admissions</u>	<u>8</u>
<u>Outpatient Intake</u>	<u>8</u>
<u>PBIS</u>	<u>8-9</u>
<u>Residential Audits</u>	<u>9-10</u>
<u>Outpatient Audits</u>	<u>10</u>
<u>Shepherd Client Satisfaction Surveys</u>	<u>10-11</u>
<u>Shepherd FISA/NOP Client Satisfaction Surveys</u>	<u>11</u>
<u>Residential Client Satisfaction Surveys</u>	<u>12</u>
<u>ARTS Parents Satisfaction Surveys</u>	<u>12</u>

Residential Programs Discharge Data Overview.....

Highlights of Achievement:

- **15 discharges**, compared to 29 in the first quarter

Residential (1) (compared to 10 in the first quarter)

- To lower level of care; kinship foster care; planned; entered BBI Aftercare

Shelter (6) (compared to 4)

- 17% to lower level of care; reunification; planned
- 17% to more appropriate level of care; treatment foster care; planned
- 33% to higher level of care;
 - 1 of those to psychiatric hospital; not planned
 - 1 of those to in-state congregate care; planned
- 33% to AWOL

ARTS (8) (compared to 15)

- 100% to lower level of care; 100% planned
 - 4 of those reunification;
 - 1 of those DCYF foster care;
 - 1 of those treatment foster care;
 - 2 of those in-state congregate care

Agency-wide:

- **67% were discharged to a less restrictive setting** (compared to 72% in the first quarter)
 - The percentage of discharges to a more restrictive setting is down from 24% to 13%, however 13% also discharged to AWOL
 - Discharge to more appropriate levels of care stayed consistent (1 each quarter)
- **Reunification stayed consistent**, at 33% (compared to 34% in the first quarter)
- **Foster care** (kinship, DCYF or treatment) was **up to 28%** (from 10%).
- Discharge to congregate care stayed consistent (17% in Q1 and 20% in Q2): *note that is a less restrictive level of care when discharged from the ARTS program, and lateral for residents (while more restrictive or more appropriate depending on individual in Shelter).*
- Clients **accomplished goals in 60%** of discharges, plus an additional 20% discharged due to needing a lower level of care. These are both consistent with the first quarter.
- Higher level of care were needed in 14% of discharges, up slightly from the first quarter (10%).
- **80%** of discharges were **planned** (up slightly from 76% in the first quarter).
- There was only 1 eligible discharge for the **BBI Aftercare Program** (4 eligible in the first quarter), and the client did accept and receive services.

Source: Clinical Notice of Change Forms 7/5/2017

Goals:

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

Goals on Hold / Delayed / Discontinued: N/A

- We implemented a referral behavior sheet, and are tracking data for two 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 5 times during the quarter, and all teachers attended a SWIS data training.
- We held a Cultural Diversity/School Open House for parents in April, where PBIS information was available for all in attendance. We also held a group incentive activity: Pie Day was a success with 15 staff, teachers, and administrators participating. 32 students from the ARTS program and the Campus School participated.
- End of the Year Attendance Awards were given to Students by the Committee in June, including : 26 one month awards; 22 two month awards; 12 three month awards; 10 four month awards; 4 five month awards; 2 six month awards; 5 seven month awards; 3 eight month awards; 3 nine month awards; and 2 ten month awards. The school was very pleased to present awards to so many students that were devoted to coming to school every day with 2 students having perfect attendance for the 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.

Goals on hold/delayed/discontinued:

- Data tracking through the SWIS program.

Barriers to overcome:

Residential Audits (ARTS, Shelter, Residential) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Highlights of Achievement:

- 32 residential records (Hills Shelter, Mauran, Horton and Hope) were reviewed representing a sample of closed and open records (20 open, 12 closed).
- 21 ARTS (Harding) records were audited (8 open, 13 closed).
- Based on audit data, there does not appear to be an issue with quality of work issues, only with timeliness and presence of work. Detailed results of the April 12, 2017 Audit are available in the complete Report (dated 5/1/2017);
- Following review of the audit report, a meeting was held to establish action plans for improvement, and to establish a reporting system that will show the percentage of records that are 100% complete relative to key clinical documents. Those data collection tools were created for use in the July audit.
- An agency-wide Intake Paperwork PQI initiative was completed during the quarter (the need for change had been identified as a result of data obtained during quarterly audits). This initiative included revision of all documents to reflect trauma-informed and gender neutral language; standardization for use in all programs / departments; tracking of all documents; and training for their use.

symptoms, parenting skills to help their child with symptoms, and accessing clinical appointments.

Goals:

- Increase the number of returned surveys.
- Cross reference Satisfaction surveys with results from Pre/Post Symptom survey to further explore symptom reduction.

Goals on Hold / Delayed / Discontinued: None

Barriers to overcome or reasons for change: None

Shepherd NOP / Families Impacted by Sexual Abuse (FISA)xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Highlights of Achievement:

- NOP was replaced with our newly revised Families Impacted by Sexual Abuse Curriculum (FISA), and staff were trained in its use as the quarter began. Consequently, this quarter includes a dual report (NOP and FISA data).
 - 2 NOP Satisfaction surveys were examined this quarter;
 - 100% of participants rated their understanding of all 8 topics presented as better than average or excellent.
 - 100% of participants indicated that they were satisfied with treatment, that materials were presented clearly, that they would re-contact us in the future if needed and would recommend our service to others. Also, there was a 100% satisfaction rate with the way participants were treated by Shepherd staff.
 - 3 NOP Pre/Post test scores were reported at discharge.
 - The average Pretest score was 24 and Post test score was 29, indicating an increase in knowledge.
- Our first FISA Group concluded in June 2017 with 4 members.
- 3 FISA Curriculum Satisfaction Surveys were examined this quarter.
 - Each of the 8 topics presented were rated as “helpful information” by all 3 participants.
 - All 3 participants rated material pace as “good” and handouts as “helpful.” 2 of the participants rated the videos as “helpful.”
 - All 3 participants indicated that they were satisfied with the way they were treated by Shepherd staff; that they would re-contact us in the future if needed; and would recommend our service to others.

Goals:

- Increase the number of returned surveys.
- Analyze new data collected from new curriculum Pre/Post Survey and Outcome Questionnaires to improve services.

Goals on Hold / Delayed / Discontinued: None

