

ST. MARY'S HOME FOR CHILDREN PQI QUARTERLY REPORT

First Quarter: January-March 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 identify areas for improvement, develop initiatives, create action plans and celebrate success. Our PQI processes continue to move our agency forward, creating opportunities to improve our practices by engaging our employees in the committee process. The more input we have from staff in all agency departments, the better our change efforts will be. We strongly encourage all staff members to become involved. Your ideas, thoughts and opinions are valued!

PQI Note: Please check out the PQI Happenings bulletin board in the hallway as you enter the dining rooms! Discharge data is being published internally for the first time each quarter, and we are looking to have that ready for external reporting in the upcoming quarters.

Contents	Page
Critical Incident Review _____	<u>2</u>
Safety _____	<u>2</u>
Survey _____	<u>3</u>
Staff Relations _____	<u>3</u>
Wellness _____	<u>4</u>
LGBTQ+ _____	<u>5</u>
Risk Prevention _____	<u>5</u>
Kids Council _____	<u>6</u>
PQI _____	<u>7</u>
Residential Improvement _____	<u>7</u>
Residential & School Admissions _____	<u>8</u>
Outpatient Intake _____	<u>9</u>
Campus School Report _____	<u>9</u>
Residential Audits _____	<u>10</u>
Outpatient Audits _____	<u>10</u>
Shepherd Client Satisfaction Surveys _____	<u>11</u>
Shepherd FISA/NOP Client Satisfaction Surveys _____	<u>12</u>
Residential Client Satisfaction Surveys _____	<u>13</u>
ARTS Parents Satisfaction Surveys _____	<u>13</u>

Critical Incident Review

Highlights of Achievement:

- The committee is working on an action plan to improve the occurrence of debriefing after physical restraints. Tracking indicates those efforts are already making a significant difference: Data shows debriefs have gone from 18% in 2016 to 88% in 2017 as of right now.
- Teamings for individual clients are being held earlier in treatment, and include family members, staff members from all departments and consultants as needed. This has proven very beneficial for clients and families anecdotally, and is a result of the collaborative efforts of clinical, milieu, school, nursing, psychiatry and outpatient when involved.
- Planning for agency-wide summer activities/events/structure is beginning now as one of multiple efforts to keep children and families actively engaged. We'll have the monthly rates of restraint this year to compare with last year's for our assessment.
- Data indicates a spike in physical interventions in February with residential clients:

	2017	January	February	March
RTX Restraint Rate	2	4.6	2.5	
DTX Restraint Rate	0.3	0	0	

Goals:

- Make decisions regarding the Incident Form data so that it can be introduced and used prior to electronic implementation in Best Notes.

Goals on Hold / Delayed / Discontinued:

- We don't have the resources to track the time between an incident occurring and when the related IF was turned in, therefore it is removed as a goal in 2017.

Safety Committee

Highlights of Achievement:

- Two committee members went to FEMA trainings in Maryland, and became CERT Certified Team Program Managers;
- One Call cell phone app instructions were sent to all employees who are on the testing roster;
- Lysol wipes were distributed to departments/programs as a part of encouraging all to help clean shared spaces such as computer lab keyboards/mouse; conference room tables/chairs; shared landline telephones. Anti-bacterial dispensers were checked and filled as well;
- New members joined, bring us into compliance with the PQI Initiative for representation;
- The swipe badge security system exterior gym and dining room doors were completely replaced;
- All units received new or tweaked medication cabinets, which allows medication to be locked separately from all other unit items that need to be locked (e.g. money; razors, etc.).

Goals

- Obtain re-commitment from On Call test roster members, as only 1 of 3 expected One Call tests were done during the quarter;

Health & Safety

- Water was tested throughout the agency. All tests came out fine for the water but due to the fact that there previously were issues in the white house, bottled water will continue to be provided.
- A wellness fair is being scheduled for the spring.
- See also Safety and Wellness Committee reports.

Human Resources Practices

- The noted Affirmative Action Plan was completed with the help of Nixon Peabody and is now in effect for the agency. We will be streamlining our application process so that we will be able to gather the information needed as a result of the plan.
- We have brought back tuition reimbursement as well as contributions to staff retirement providing funds are available and with the approval of the board.
- The merit increase system of rewarding staff for superior performance has begun with positive results. We hope that at some time we will be able to offer a cafeteria plan of benefits to staff.

Contracting practices and compliance

- We continue to welcome any staff who have pets which can be used in therapy. To date we have about five pets approved in this capacity.

Client rights and confidentiality issues

- There is nothing new to report on this section this quarter.

Financial risks

- All DCYF proposals were approved at the rates we requested. We began billing with these rates effective February 1. These rates are effective for 18 months.
- We also began billing for our STAAR DCYF program with our invoice for March, 2017.
- For most of the fiscal year to date, our census has been lower than budgeted in most units. The ARTS unit, however, continues to perform above budget.

Conflicts of Interest

- There is nothing new to report on this section this quarter.

Kids Council xxx**Highlights of Achievement:**

- Kids Council has been meeting weekly. They are working on a quarterly newspaper, Inspiration Destination and are reviewing policies pertinent to hygiene and shopping.
- Policies R-004 Birthdays, and R-023 Pets, were reviewed and edited by the Kids Council (new effective dates 3/1/2017).
- The group met with Jess Clark who oversees the STAAR program. The group was asked to provide input.

Goals:

- Expand Kids Council to include the shelter and ARTS.
- The newsletter is due out in the next few weeks; youth to facilitate a DIY class.

Goals on Hold / Delayed / Discontinued None

PQI xxx

Highlights of Achievement:

- **Business Continuity Plan:** This plan has progressed nicely and we will be soliciting input and feedback from our Board and the CERT team. A business continuity plan is the creation of a strategy that recognizes threats and risks that face the agency with a focus on ensuring that clients' personnel and assets are protected and able to function in the event of a disaster.
- **Retention Plan:** After multiple meetings, the Agency Retention plan was finalized. It was shared with all members of our staff in the monthly newsletter.
- **Staff Mentoring Program:** The finishing touches are being put on the document and nomination form. The document outlines the qualities and skill sets of potential mentors to provide a guideline for nominations. The first mentor has been identified.
- **PQI Initiative Committee Participation:** We have worked on ensuring that we have committee participation from all departments on all open committees. We have experienced more success in ensuring that all departments are represented.

Goals:

- Complete Business Continuity Plan
- Complete Staff Mentoring document and job description by the end of April

Goals on Hold / Delayed / Discontinued: None

Residential Improvement xxx

Highlights of Achievement:

- The latest copy of the Mentor Program Draft was submitted at the end of the quarter.
- In order to obtain better knowledge of trauma and its effects, Healing Neen was shown on March 21, however residential attendance was lower than anticipated.

Goals:

- To remain the same, continuing to look for ways to eliminate /reduce the use of physical intervention.
- Reached out to an organization called Resilient Kids to explore skills to reduce anxiety therefore a creating a calmer environment makes for less physical intervention

Goals on hold/delayed/discontinued:

- Job description of Mentor should be done by end of the month.

Barriers to overcome:

- To increase participation in this committee.

Outpatient Intake

Highlights of Achievement:

- The length of time between a client being referred and assigned remains short, approximately 2-3 weeks.
- EOS continues to see a steady stream of referrals. The program is currently, and remains, full.
- CFTT is currently full with 6 families being served and 4 families on our waiting list.
- The STAAR Program is currently full, serving 12 clients. There are 5 clients on the wait list for this program, one of which came from the DCYF Central referral Unit. Once the open STAAR Team positions are filled, DCYF specific cases will be assigned.
- Outpatient Support Program (OSP) is currently serving 6 clients and has openings.
- Groups: Families Impacted by Sexual Abuse (FISA; formerly NOP) curriculum group has 4 clients; Teen survivors of sexual abuse has 7 clients; and the Hope for healing women’s trauma survivors group has 8 clients.
- Program Director is waiting to hear back from the Central Referral Unit at DCYF to meet with them and speak to our newly contracted service, Supporting Adoptive and Foster Families Everywhere (SAFFE).

Existing Goals:

- Maintain reasonable timeframe between cases referred and assigned.
- Continue to expand our EOS Team to keep up with referrals.
- Hire STAAR Clinicians and Case managers to serve 12 clients via the new DCYF contract.
- Hire SAFFE Clinicians and Case managers to serve 12 clients via the new DCYF contract.

Goals on Hold / Delayed / Discontinued:

- The agency is working with the MIS department in purchasing a new EMR/Database which will consist of a more efficient data collection system.

George N. Hunt Campus School

Highlights of Achievement:

- Music One program with Terrell Osborne for high school students was very successful (approximately six sessions);
- Referrals are being made to the Office of Rehabilitative Service for 11th and 12th grade students who are eligible;
- Highly successful Black History month in January concluding with student presentations and a special lunch in the gym;
- Students in elementary and middle school classrooms are participating in UNICEF Kid Power Program. Learning about and supporting kids around the world. Cultural Fair planned for April 27, 2017 as a follow-up.
- Monthly Awards Assemblies continues and added recognition for the elementary classroom was put in place...“The 100% Club” put in place for students who earn 100% on their daily point sheets. Students have responded very positively.

- The PBIS Initiative continues to be successful. Point sheets and data referral forms to support PBIS are in place.
- A grant was awarded to purchase eleven Chrome Books and a recharging cart, as well as two Epson Projectors for more interactive student involvement and more current access to curriculum.

Goals:

- DCYF new contractual requirement to hold an IEP review within 20 days of residential entry is in place. Working to increase responsiveness to scheduling.
- Educational transition planning for residential students leaving SMHFC is improving.
- Clarifying LEA (local education agency) responsibility regarding residential students prior to entry continues to be a challenge. A meeting was held with DCYF staff. Both DCYF and SMHFC continue to pursue this to ensure proper educational programming and financial responsibility for residential students.
- Increase technology in the school program is moving forward.

Goals on hold/delayed/discontinued:

Barriers to overcome:

- Identifying the responsible LEA for residential students continues to be a challenge both fiscally and programmatically. The DCYF contractual requirement to hold an IEP meeting within 20 days may help to resolve this issue.

Residential (ARTS, Shelter, Residential) Audits xxxxxxxxxxxxxxxxxxxxxxxxxxx

- Detailed results of the January 25, 2017 Audit are available in the complete Report (dated 2/6/2017);
- Nine masters' level and/or licensed Clinicians participated in the Medicaid quality audit in addition to the Record Keeper Coordinator and four interns.
- 31 residential records were reviewed; 20 of those were open cases, and 11 were closed.
- 17 ARTS (Harding) records were audited. 13 of those were closed and 4 open.
- Based on this audit data, there does not appear to be an issue with quality of work issues, only with timeliness and presence of work.

Outpatient (EOS, VOCA, STAR, Office Based) Auditsxxxxxxxxxxxx

Highlights of Achievement:

- This summary represents the second time conducting a quarterly outpatient Case Record review. The Case Record Review Form was adjusted based on findings in the 1st quarterly audit.
- 43 records were reviewed representing a sample of closed and open records.
- The Program Director and Program Coordinators assessed audit forms to explore areas in which amelioration was suggested, and general comments for continuing improvement.
- For Office Based charts: Peer reviewers noted strengths as thorough and efficient clinical documentation; compassion and patience with client's inconsistent attendance; good engagement with a treatment resistant client; excellent job at including siblings and family members in sessions and communicating with caretakers outside of sessions;

excellent and extensive collaboration with the provider Team, including OSP; great preparation for termination; evidence of aftercare planning; and good trauma specific psychoeducation.

- For EOS charts: Peer reviewers noted strengths as: thorough documentation completed in a timely manner, family involvement, case coordination, consistent monitoring for safety, team provided support during disrupted placement to keep client as stable as possible, family work evident, knowledge of providers regarding sexual abuse, strong advocacy skills, Equine Therapy, and creating structure and routines.
- For CFTT/VOCA charts: Peer reviewers noted strengths as thorough documentation highlighting clients successes, as well as potential challenges; Supportive to parent and helping to identify community resources and applying for Victim Compensation; Consistently attends appointments; Gentle approach with client while instilling safety skills; Very patient with clients mother, giving her time and space to grieve. Assisting mother with identifying concrete needs.
- For STAAR charts: Peer reviewers noted strengths as: consistent, clinically relevant progress notes; narrative was easy to follow progress of the client; client engaged with STAAR program; staff collaborated with outside services and supports; supervisor recommended aftercare suggestions/needs; at risk youth engagement is huge!; new case with ongoing assessment; and assessment of high risk client.

Existing Goals:

- Existing goal are available in the complete Audit Report, available from the Director of Outpatient Services. Highlights include:
- Monitor patterns in file compliance, with a closer look at quality of work being performed.
- Assist IT/Administrative Team with implementing new Electronic Health Record (Best Notes).
- Explore offering all team members a compliance workshop to assist with increasing knowledge and understanding regarding the importance to complete timely and accurate clinical documentation (e.g., for overall client care, for reimbursement, etc.).

Goals on Hold / Delayed / Discontinued:

- Previous goal of “Program wide, our short-term goal is 75% file completion and long-term goal is 90% completion, while continuing provision of service with integrity in 100% of cases” has been revised to allow a closer look at quality of work.

Consumer Satisfaction Surveys

Shepherd Outpatient

Highlights of Achievement:

- 11 Outcome Questionnaires (7 OP and 4 OSP) were examined this quarter.
- All 11 outcome questionnaires returned by clients this quarter revealed 100% satisfaction with their therapist/case manager, 100% satisfaction with Shepherd staff in general and 100% with the treatment/case management services they received.
- All 11 indicated they would re-contact the agency if they were in need of counseling/services again.
- All 11 respondents indicated that they would recommend our services to others.

- 10 of the 11 participants reported “agree” and/or “strongly agree” to statements relating to experiencing improvement in symptoms, understanding symptoms, skills to cope with 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

Shepherd Families Impacted by Sexual Abuse (FISA) / NOP

Highlights of Achievement:

- 9 NOP Satisfaction surveys were examined this quarter. A significant increase since last quarter.
- We are in the process of transitioning from NOP to our newly revised Families Impacted by Sexual Abuse curriculum (FISA) which will impact our numbers and reporting factors temporarily. Staff are ending current NOP services via natural progression, and new clients assigned will start to receive FISA Curriculum as of 3/29/17, when Shepherd staff were trained in the new curriculum.
- New process with FISA Curriculum: each client referred is being screened to determine best fit, i.e. group or Individual sessions. Group is the main goal for all referrals as this is most beneficial, clinically.
- 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.
- Between 80-90% of participants rated their understanding of all 8 topics presented as better than average or excellent; with the exception of the “reporting laws, family court and DCYF” topic, in which 67% rated better than average or excellent understanding.
- Suggestions for change included “don’t glamorize the offender by showing victims’ faces on video” and “talking ore about how other family members are impacted.”

Goals:

- Continue to monitor referrals and potentially offer a psycho-education group to clients that are “screened out” of the clinical group.
- Maintain high number of returned surveys.
- Analyze new data collected from new curriculum Pre/Post Survey and Outcome Questionnaires to improve services.
- Eventually this report will change as NOP ends and our new FISA Curriculum is being used and data collected. “Tests” will no longer be administered.

Goals on Hold / Delayed / Discontinued: None

Residential Clients

Highlights of Achievement:

- 4 Youth completed surveys this quarter compared to 7 Youth Satisfaction Surveys last quarter.
- All children either agreed or strongly agreed in reporting they felt welcomed and safe upon admission, reported feeling better, their behavior is better, they are better able to handle problems, and they have better understanding of their problems.
- All the children (and one disagreed) reported their clothes were put away. All children with the exception of one child were told about rules for calling/visiting their families. All the children reported they were treated fairly by staff. All of the children that the doctor taught them about their problems.
- All the children reported their clinician was supportive and helpful, and that they received family therapy.
- 1 child (as compared to 4 children last quarter) reported the school did not help them keep up with their studies.
- The positive responses and feedback continue to improve or remain the same
- Youth identified their coping skills as stress balls, sour candy, music, music, writing, talking, coloring, henna, take space, bubbles, write feelings, talk to someone

Goals: None

Goals on Hold / Delayed / Discontinued: None

ARTS Parents

Highlights of Achievement:

- A total of 1 survey, compared to 4 in the previous quarter, were submitted for review. The one participant strongly agreed with all of the survey questions.
- Areas surveyed include but are not limited to treatment, programming and admissions process; courteous and professional staff; provision of a welcoming and safe environment; explanation of the program / answer questions; treatment with respect (self and child); addressing needs of family and child; and valuable assistance from direct staff, clinician and psychiatrists.
- The one parent reported they did have a good aftercare plan for their child.

Goals:

- To increase survey participation.

Goals on Hold / Delayed / Discontinued: None