

**ST. MARY’S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**First Quarter: January-March 2018**

**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:** Our PQI Committees and processes continue to lead to positive changes at the agency. Our youth are finding their voice due to their involvement in the interview process. Our CERT/Safety committee has taken additional safety measures in the main building at the recommendation of a North Providence Police representative. LGBTQQ+ resources are prominently displayed in all houses, the school, main building and the white house. We held our first Affirmative Action Plan training for all supervisory staff. The Social Emotional Learning initiative is in full swing at the school. These are just a few of the accomplishments that you will learn about as you read this document.

**PQI Note:** This has been a very successful quarter, with notably improved year-end reporting and multiple concrete achievements throughout the agency. Anyone who missed the Strategic Plan progress report presentation in March can contact the PQI Coordinator/Director of Operations to obtain the 2017 Annual PQI Report packet. We re-assessed and made minor revisions to our overall PQI Plan, and continue to use data to drive decisions far beyond the committee process. Please consider joining a committee to help shape the exciting changes taking place!

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- Share information regarding SEL and PBIS with residential supervisors for continuity between the school and residential program (regularly scheduled meetings with the school administrators and the clinician and supervisor for the three houses that have students in the campus school).

**Goals on Hold / Delayed / Discontinued:** None

## **Residential Audits (ARTS, Shelter, Residential)** xxxxxxxxxxxxxxxxxxxxxxx

### **Highlights of Achievement:**

- The revised 7 Day Initial Treatment Plan was implemented on 1/3/2018.
- A system for billing for Assessment and Stabilization Center clients was implemented in early January, 2018.
- In continued efforts to improve timeliness of documentation and in preparation for Active Contact Management by DCYF over our contracted residential programs, an action plan was implemented during the quarter.
  - A tracking form for all key clinical documents (treatment plans, assessments, required standardized testing, progress and supervision notes, PPS and ICMP’s etc.) was created and implemented March 1, 2018 in the record keeping department. Each document is tracked upon receipt, and the Executive Director and Residential Clinical Director have access to the one binder in which all forms are kept to monitor and assess continued improvement efforts.

**Goals:** Continue efforts to improve timeliness of documents in record.

**Goals on Hold / Delayed / Discontinued:**

## **Outpatient Audits (EOS, VOCA, STAAR, Office Based)** xxxxxxx

### **Highlights of Achievement:**

- An “Assessment Addendum” for use at one-year into services, and as a systemic solution to transfer of service cases, was implemented on 1/12/2018.
- Standardized tools were assessed, and the “Rating Scale of Impairment” tool was selected for a pilot in the upcoming quarter.
- In lieu of the quarterly audit, permission was granted to focus the quarter on the transition of clients into the new electronic record storage system. Employees, interns and supervisors of independent consultants were met with beginning on January 17 (and multiple dates throughout the quarter), with upwards of 60 clients being entered.
- Additional meetings took place through the quarter, all focused at the transition. Topics assessed and resolved included caseload lists; number of open clients in each program; clients served in 2018 who will not be entered into new system; merging paper and electronic demographic data so that at year-end all clients served can be appropriately reported; created a document for paper record storage and a standard note for the electronic storage system to ensure any request for information (at any point in time) will be responded to with client information; and to generally preserve the integrity and safe storage of all client records.

**Goals:**

- Continue developing consistent procedures and practices for successful implementation of the new system;
- Continue to work toward having all records up-to-date with all key clinical documents at all times.

**Goals on Hold / Delayed / Discontinued:** N/A



