

**ST. MARY'S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**First Quarter: January-March 2019**

**Executive Note:** With the implementation of Best Notes, our electronic record system, we have greater reporting capabilities. This new format for the PQI quarterly report will provide additional data for your review. As we continue to refine our processes and data-gathering capabilities, we will have greater ability to use data to inform our practice.

Our committees and teams are accomplishing a great deal and I'd like to highlight a few. Through the outstanding efforts of our LGBTQ+ Committee, St. Mary's has attained Blue Cross Blue Shield Safe Zone certification, a major accomplishment as we are one of only a handful of companies in the State who have been awarded this designation! We are proud of our commitment to providing a safe, affirming environment for all members of the LGBTQ+ community.

Our restraint reduction initiative based on the Six Core Strategies for Reducing Restraint and Seclusion began on January 1st and we are seeing positive results. The rate of restraint has decrease significantly in the first quarter. Lastly, we are close to completing our work on our strategic plan and anticipate a final version in May. This will set the agency's course for the next 3-5 years. Thank you to all staff who have participated in this process!

**PQI Note:** We're pleased to introduce a new format for the PQI Quarterly. This format is a bit more narrowly focused and data-driven, while still highlighting achievements of many PQI Committees. We encourage everyone to learn more about - and to get involved - in one or more of the many systems we have in place to help affect positive change and quality care for our clients and selves. This includes various PQI Committees, staff/team/agency meetings, annual surveys, exit interviews, strategic plan progress presentations and more! Please see myself or Carlene McCann for more information or to talk about how you can become involved.

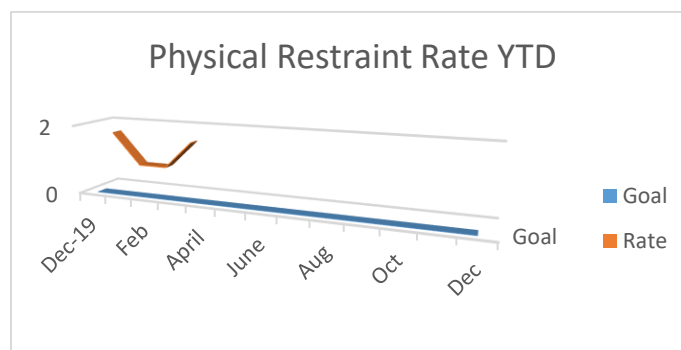
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## Initiatives and Action Plan Spotlight

This new section highlights the recent achievements of one or two PQI Initiatives or Action Plans. We recognize and appreciate that work continues on all Initiatives and Action Plans, and will use this section to spotlight one or two that achieved a significant goal or made significant changes during the quarter.

### *Six Core Strategies Restraint Reduction Initiative*

- Held 90% of planned administrative meeting with staff agency-wide, and with youth in residential and school programs; identified all community champions and trained 100% of supervisory staff;
- Analyzed data from the ‘Trauma Informed Care in Youth Serving Settings’ assessments, resulting in a plan to assess and change employee systems that get in the way of trauma-informed care (modeling what was done in residential houses relative to client systems/rules);
- Finalized P&P including: Family Finding, Calming/Soothing Plan, Staff Debriefing (including documentation tool); Implemented new TCI Curriculum; OT completed an assessment of residential houses.
- Completed the transition of Incident and Physical Intervention data collection into Best Notes; finalized alignment of all data reporting to the Six Core Strategies; introduced more robust monthly data for assessment by critical incident committee;
- The rate of restraint has decreased since implementation of formal plan on 1/1/19.



### *Strategic Planning Process*

- Analyzed results of all stakeholder surveys and focus groups; conducted and assessed stage of development reviews; analyzed program assessments and MacMillan Matrix; establishing 3-5 year goals; Board Strategic Plan Retreat held 3/16/19; expect to complete the final document and first year work plan in the upcoming quarter.

### **2019 Initiatives and Action Plans**

Buildings & Grounds Board Sub Committee  
Agency-wide data collection and reporting system  
Affirmative Action Plan  
Residential Staff Retention Plan

Electronic Record System  
State-Wide CSEC Taskforce  
BBI National Involvement  
Residential High Acuity Youth

## **PQI Committees: Highlights of Achievement**

### ***Critical Incident Committee***

- Held quarterly NP Policy and Fire administrative meeting; presented plaques to show our appreciation for their support and partnership;
- Implemented display of critical incident data in houses, school and Executive Director's office; implemented new IF and Restraint documentation in all residential and school programs;
- Assessed the Annual Compilation of Restraints report, and submitted it to DCYF.

#### **Areas of focus:**

- Continued implementation of the Restraint Reduction action plan; pilot new debriefing procedure; debrief youth and staff following 100% of all restraints.

### ***CERT / Safety Committee***

- Facilitated a "Slips, Trips, and Falls" training; facilitated placement of biohazard supply stations in all buildings on campus;
- Assessed the 2018 OSHA report, which is posted in the main copy room; communicated the NP police department emergency response building numbering system.

#### **Areas of focus:**

- Re-establish systems to ensure monthly "One-Call Now" system tests; hold agency-wide lockdown drill; assess and make recommendations for relevant safety issues (recent topics included Narcan and illegal substances on campus).

### ***Staff Relations***

- Hosted the agency Holiday Party; distributed employee appreciation gifts including heart shaped lollipops and lottery scratch tickets with candy; and 3 gift-cards to randomly drawn employees;
- Facilitated an employee shopping opportunity (chocolate dipped treats);
- Sent 7 plants/flowers and numerous cards to staff members through the quarter;

#### **Areas of focus:**

- Improve and maintain staff morale through staff recognition for all departments; Continue to promote Starfish Awards, staff appreciation and fun activities for staff to do after work hours.

### ***Wellness Committee***

#### **Areas of focus:**

- Continue efforts and practices related to employee health and wellness.

### ***LGBTQQ+ Committee***

- Awarded BCBS Safe Zone certification after previous achievements facilitating implementation of policies, procedures, training requirements and practice changes;
- Wrote a grant proposal to fund CSEC training project and 2019 PRIDE campus-wide events;
- Overhauled LGBTQQ+ bulletin board process.

#### **Areas of focus:**

- Maintain representation on state-wide SOGIE task force; plan for Pride celebrations on campus; access funding for LGBTQ+ projects/events; celebrate/publicize Safe Zone certification

### ***Risk Prevention***

- Implemented a formal tracking system to monitoring residential turnover rates along-side actions taken to stabilize the workforce (rates have increased in 2 houses and decreased in 3 this quarter);
- Facilitated revisions of the Employee Guidebook, which was distributed to staff;
- Implemented a procedure to maintain Visitor Confidentiality forms in a centralized location.

#### **Areas of focus:**

- Continue monitoring work of the Residential Staff Retention, AA Plan and Business Continuity Plans; monitor Pet Policy and Workers Comp claims/issues work to expand risk prevention and assessment practices.

### ***Residential Youth Council***

- Members participated in the Restraint Reduction initiative;
- New members participated in trainings – one to learn how to interview potential milieu staff; and one in TCI de-escalation and managing crisis;
- Planned a Talent Show and held auditions.

#### **Areas of focus:**

- Recruitment of new members; handle youth grievances as requested; assist with training new milieu staff; become ambassadors to new residents; learn how to facilitate their own treatment team meetings.

### ***PQI***

- Engaged in process of reviewing and editing the Employee Annual Evaluation process; facilitated leadership team review of Feed Forward in Annual Evaluation policy; finalized Prohibited Discipline policy revisions;

#### **Areas of focus:**

- Continue to assist PQI Committee Chairs / Co-Chairs and monitor committee structure; assist committees when needed; assist with continual improvement efforts agency-wide;

### ***Residential & School Improvement***

- Determined supervisor support in the way of individual meetings with house milieu/clinical leadership as a priority;
- Assisted Hope House milieu leadership;

#### **Areas of focus:**

- Continue similar model with other house leadership teams toward the goal of helping with agency cohesion in milieu management.

### ***School Report: PBIS and Social Emotional Learning***

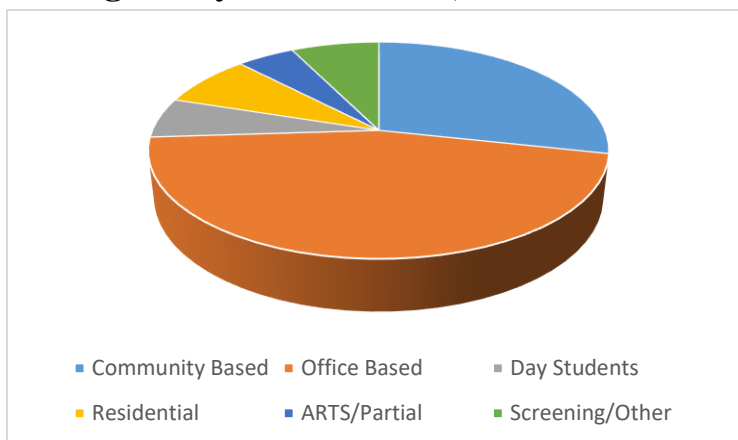
- Most students are attaining the global 80% target for PBIS goals;
- All classrooms participated in 6 sessions of yoga as an SEL activity with positive responses;

#### **Areas of focus:**

- Continue using SWIS data and educating families about data included with grade cards; continue planning summer program, with a focus on gardening and project based learning (collaborative learning).

## Census Data

**Average Daily Census = 270, served as follows:**



### ***Residential and School Admissions & Admission Committee***

#### **48 Admissions**

- ARTS 17; Partial 2; Hills Stabilization 11; BBI Aftercare 6; Day Students 6; Residential 6.

#### **53 Discharges**

- 60.5% Goals accomplished and/or Symptom Stabilization or ready for lower level of care
- 9.5% Higher level of care or hospitalization
- 5.7% Change in placement / funding removal or withdrawal, insurance denied authorization
- 3.8% lack of engagement; 7.7% AWOL; 7.7% Other; 5.7% not reported
- 64% were planned discharges; 23% were not planned; 13% not reported
- 49% have good prognosis; 33% guarded; 8% were against; and 10% were not reported

#### **65 Referrals**

- 24 to ARTS (2 of those Partial)/ 19 (2 of those Partial) admissions; 2 withdrawn (went to another program or parent did not want them to come); 3 continue to be on the waiting list.
- 8 to Horton or Hope / 2 were admitted; 3 were withdrawn (1 for medical concerns, 1 for safety concerns, 1 youth no longer needing placement); 3 continue to be on the waiting list.
- 5 to Mauran / 3 were admitted; 2 withdrawn – 1 to another placement and 1 conflict of interest.
- 11 to Hills Assessment & Stabilization Center / all 11 referrals admitted.
- 11 as Day Students / 6 were admitted; 1 was withdrawn due to no referrer follow up; 2 continue to be on the waitlist; 2 began were slated to be admitted and even attended the school for a couple days, however, due to challenges with new ESSA laws/protocols they were no longer able to attend until they are registered in their new districts and their school placement is determined.
- 6 referrals to BBI Aftercare Services / all 6 referrals admitted.

#### **Areas of focus:**

- Continue to receive training in Best Notes and actively participate in the development of new work-flow and reporting systems;
- The Admissions Committee continues to utilize the new Family Finding protocol that was implemented last quarter. Following the weekly admissions meeting, a smaller group composed of Admission Committee members meet to work on this protocol and data mine youth's records.

## ***Office and Community Based Intake***

### **104 Admissions, and 106 Discharges**

#### **At quarters end, we are honored to be serving:**

- 6 in CFTT, serving clients impacted by sexual abuse in their homes
- 22 in Enhanced Outpatient Services (EOS), serving families in their homes
- 24 in STAAR, our program to serve sex trafficked adolescents and adults
- 16 in Equine therapy (as a compliment to their primary office or home based therapy)
- 102 in an office based services (individual, Evaluation, specialized group, family etc.)
- 17 in SAFFE, our program to support foster families with intensive home based services

#### **Areas of focus:**

- Continue developing systems to contribute to the smooth and timely functioning of clients acceding services; monitor the new SAFFE and STAAR screening process; continue efforts to grow teams with bi-lingual clinicians and care coordinators;
- Continue elevation of Optum insurance issues that have greatly challenged the agency since their take-over as manager of behavioral health benefits for Neighborhood Health insurance clients.

## **Clinical Record Audits**

### ***Residential Audits (ARTS, Residential, Assessment Center)***

- Multiple trainings were held in the quarter to bring residential clinicians, BBI and Nursing departments into Best Notes; all key clinical documents are now utilized in the system which should help increase compliance over time.
- Annual 2018 aggregate audit data indicates the following:  
46% were at full or substantial compliance (key clinical documentation present / minor errors)  
39% were at moderate compliance (key clinical documentation error / other errors)  
15% were at under compliance (records needing administrative attention to ameliorate)

#### ***Areas of focus:***

- Continue efforts to improve timeliness and record content; continue to find ways to highlight the exemplary work being done with clients and their families.

### ***Community and Office Based Audits***

- Significant changes to the audit process were well received by clinical peer reviewers and recipients; the role that care coordinators could take on was assessed as over-reached, and is being modified for the upcoming quarter.
- 2018 aggregate audit data indicates the following:  
51% were at full or substantial compliance (key clinical documentation present / minor errors)  
37% were at moderate compliance (key clinical documentation error / other errors)  
12% were at under compliance (records needing administrative attention to ameliorate)

#### ***Areas of focus:***

- Continue efforts at training re: 'publishing' documents in system as it was noted in many cases throughout the year the documentation was done but not published (therefore was not able to be rated in full compliance); continue to work toward having all records up-to-date with all key clinical documents at all times.

## Consumer Satisfaction

The area of consumer satisfaction has consistently been identified as an area in need of improvement by the PQI Committee when reviewing PQI Quarterly/Annual Reports. The decision was made to reassess and re-think both purpose and practices using an agency-wide lens in 2019, with several individual identified to facilitate the process in the second quarter of 2019. Consequently, this section will greatly transform as the year continues.

### *Office and Community Based Programs*

- 15 Outcome Questionnaires were examined this quarter; all were extremely positive, with 100% satisfaction in 3 areas, as well as agreeing that they would re-contact the agency if they need counseling/services again, and all would recommend our services to others;
- All 15 participants reported “agree” and/or “strongly agree” to statements relating to skills to cope with symptoms, understanding symptoms and having parenting skills to help their child with symptoms.

#### **Areas of focus:**

- Explore changing the process in which surveys are distributed and client feedback is received.

### *Shepherd Families Impacted by Sexual Abuse (FISA)*

- 10 surveys were examined this quarter; all provided positive feedback on the materials and structure of the FISA Curriculum;
- Half of the surveys indicated parents/caretakers would be interested in participating in a clinical support group.

#### **Areas of focus:**

- Explore grant funding to secure assistance from Bradley Hospital’s Research Center for Evidence Based Practice to ensure a fidelity model.

### *Residential & School Youth*

- There were 2 surveys completed, however one youth answered only one question.
- The one youth who completed their survey answered “Always” that the adults who work here listen, are respectful, are fair, privacy is respected, had enough to eat and drink, rooms, received services that were helpful, and made for positive changes.
- The same youth reported that “Most of the time” rooms and buildings were clean, feeling safe, receiving services, school work was the right amount and liked the program.

### *Residential & School Parents*

- There were 4 surveys answered over the last quarter; all participants reported feeling welcomed at admission, were given a parents handbook, were treated with respect;
- All strongly agreed that “The skills me and my child learned will help us in the future.”; that “My BBI Team (family liaison, family therapist, parent support partner, family engagement specialist) provided valuable services and assistance.”
- All participants reported that they agreed that the medical staff, clinician, counselors, mentors, and supervisors on campus provided valuable services and assistance; that their child’s symptoms have been reduced/decreased and the family is better equipped to handle problem situations; that they had a good aftercare plan for their child and would recommend the program to others.

#### **Areas of focus:**

- Continue efforts to increase survey responses; work with clinicians and youth mentor to improve youth voice and choice; explore ways the parent group might be able to provide feedback.