

**ST. MARY'S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**Second Quarter: April-June 2019**

**Executive Note:** Our committees and teams continue to work toward improving our agency. Each quarter, when you read this report, I hope you see what the committee process can accomplish. Some highlights from this quarter include: a significant decrease in restraints as a result of the agency initiative; BCBS of RI Safe Zone Certification due to the steadfast commitment of our LGBTQQ+ Committee; 80% of the lights on campus replaced with energy efficient equipment; Exemplary Worksite Health Award as a result of our Wellness Committee's work. No one person can accomplish everything you will read about in this report. That's why our committee process is so valuable – groups of dedicated people with a desire to bring about change and improvement at St. Mary's. If you're not on a committee, please strongly consider joining one!



**PQI Note:** As a follow up to Carlene's note, many thanks to all our committee Chairs and Co-Chairs. Their work at, and between, meetings is critical to the process and very much appreciated. Our structure is designed to have a member become a Co-Chair for a year, then move to Chair for a year - learning and teaching in a full circle. Chairs and Co-Chairs participate in a two time per year Celebration as a thank you, and a way to connect everyone and discuss some business. This is also a great leadership and skill development opportunity. Please consider becoming one yourself!

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## Initiatives and Action Plan Spotlight

*This 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.*

### ***Agency-wide data collection & reporting system***

- The residential program completed their transition into Best Notes, including Nursing, Medical, BBI, Intake, Records and Clinicians. As of July 1, all residential records are electronically stored, and use of documents generated outside the system are greatly reduced;
- Gains with the connection between Best Notes and the electronic billing system EZ Claim were made in the quarter, and electronic billing began for ARTS.

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

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

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

## PQI Committees: Highlights of Achievement

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

- Rate of restraint decreased by 67% from the same time period last year January-June;
- June TCI refreshers focused on preventing injury;
- Implemented consistent reinforcement of our trauma-informed approach in weekly house team meetings;
- Formal debriefing process was implemented with staff, youth and administration following restraint, and policy edited to reflect the new practice;
- Instituted monthly celebrations to acknowledge the great work being done to reduce restraints at the agency;
- Created a protocol to address, debrief & support staff who are injured to prevent future injuries.

### **Areas of focus:**

- Implement protocol for addressing, debriefing and supporting staff who have been injured;
- Continued implementation of the restraint reduction initiative and ensuring debriefing of 100% of restraints.

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

- Maintained 100% compliance with monthly One-Call test alerts;
- Email reminders were sent to all staff regarding parking in appropriate parking spots, securing vehicles and personal belongings, and not to feed the stray cats on the campus;
- Campus cleanup held, with the help of volunteers, including clearing of areas identified as potential risk;
- Replacement of 80% of campus lights with new, energy efficient equipment.

### **Areas of focus:**

- Issue annual summer safety reminders to all programs.
- Look in to obtaining, and training staff in the use of Narcan.
- Continue planning and facilitating practice lock down / fire drills.

### ***Staff Relations***

- Distributed employee appreciation gifts including assorted candy, bagel breakfast and 100 grand chocolate bar; and 3 gift-cards to randomly drawn employees;
- Facilitated a Paint Night Group Event for staff in April, and 24 employees participated
- Sent 6 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***

- Held free yoga classes every Tuesday, and free mediation classes for milieu staff during their regular scheduled House meeting;
- Held an hour training on self-care topics and wellness in the workplace to prevent burnout during new employee Orientation;
- On May 29th we held a very successful Wellness fair with more vendors and staff attendance than ever before!
- We were awarded an “Exemplary” Award by BCBS in their 2019 Annual Worksite Health Awards.

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

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

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

- Facilitated successful Pride celebrations, including a speaker for staff members, activities for every School, Houses and Office / Community based departments, and an interactive booth at Pridefest;
- Received plaque and recognition by BCBSRI for Safe Zone certification;
- Continued to work on LGBTQ+-CSEC project, met with Aubin Center who is interested in hosting a workshop.

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

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

### ***Risk Prevention***

- Action planning has helped decrease milieu overtime by 51% since 2/1/19;
- Our annual Supervisory and Affirmative Action Plan training was held in April and was well attended; data continues to be collected so as to assure compliance with all regulations.
- We have reported 46 workers comp claims this fiscal year. This is higher than the previous year.

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

- Explore ways to engage Board members in more active risk conversations and assessments.

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

- Members participated in PRIDE week including facilitating placement of Rainbow Flags around campus, making and wearing rainbow bracelets;
- New members recruited and are participating in “job club” – how to get employment, how to keep employment, maintaining and keeping personal documents;
- Youth Council facilitators are working on locating “real life” job sites for youth to tour and learn.

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

- Youth will be trained on how to interview potential milieu staff; and in TCI de-escalation and managing crisis;
- 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***

- Edited the PQI Chair Guide to include information re: onboarding new committee members.
- PQI Quarterly report has a new and improved format, much easier and more efficient info delivery!
- Subcommittee formed to edit the Employee Evaluations as some categories are repetitive.

#### **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***

- Met with Horton leadership to identify goals of milieu management and how to implement them;
- Focused on need to have a structured milieu with a daily implemented plan emphasizing the importance of staff facilitation and follow through;
- Met with Mauran leadership to help implement a structured milieu for latency aged children;
- Spoke on sticker charts focusing on both successful completion of daily ADL’s and individualized goals to help decrease unsafe behaviors with intermittent rewards included.

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

- To continue to work with unit leadership in helping to define the needs of our children and increasing the knowledge base of our staff members in facilitating a safe, secure and therapeutic milieu.

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

- SWIS data collection and distribution for PBIS is now part of the responsibilities of the Behavioral Support Team Assistant;
- Social Emotional Learning groups and lessons are evident in classrooms;
- The Gardening/Summer Program is made possible through a development grant.

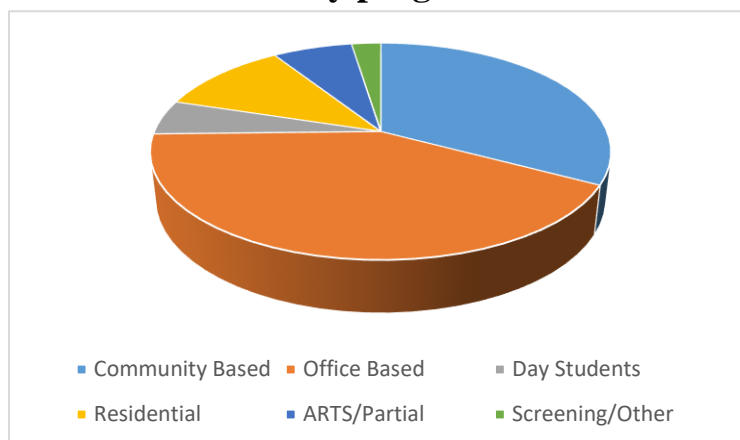
#### **Areas of focus:**

- Global SWIS targets for the next school year will be individualized rather than the universal 80% that it has been for two years;
- Project Based Learning (collaborative learning and engagement) will be a teaching strategy for parts of the summer program and the 2019-2020 school year.

## Census Data

**Average Daily Census in Quarter = 243.19**

**Clients served by programs as follows:**



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

#### **51 Admissions**

- ARTS 18; Partial 1; Hills Stabilization 12; BBI Aftercare 3; Day Students 6; Residential 10.

#### **49 Discharges (and 1 unit transfer)**

- 66% Goals accomplished and/or Symptom Stabilization or ready for lower level of care
- 6% Higher level of care or hospitalization
- 2% lack of engagement; 16% AWOL; 2% court order; 2% services inappropriate; 2% transferred to another more appropriate service within the agency; and 4% Other;

#### **74 Referrals**

- 37 to ARTS (1 of those Partial)/ 19 (1 of those Partial) admissions; 10 withdrawn (went to another program, parent did not want them to come, or there was no follow through on the referral); 6 continue to be on the waiting list.
- 6 to Horton or Hope / 7 were admitted (1 of those was referred last quarter); 0 were withdrawn.
- 7 to Mauran / 2 were admitted; 2 withdrawn (both went to another placement); 3 are still on the waiting list.
- 12 to Hills Assessment & Stabilization Center / all 12 referrals admitted.
- 9 as Day Students / 6 were admitted; 3 continue to be on the waitlist.
- 3 referrals to BBI Aftercare Services / all 3 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; continue to work collaboratively with the Shepherd Intake Department.

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

### **Highlights of Achievement:**

- We are proudly serving:
  - Roughly 139 clients in Office Based services this quarter.
  - We currently have 19 EOS currently open, 1 being assigned and 4 the waitlist.
  - We currently have 2 clients receiving OSP, with 1 client on waiting list.
  - CFTT is serving 7 clients, with 2 on the waitlist.
  - The STAAR Program is currently serving a total of 23 clients, 8 via VOCA funding, with 2 on waitlist; and 13 via DCYF funding, and 3 on waitlist.
  - We currently have 16 active SAFFE clients and 3 on the waitlist (we are waiting for consents for all 3 of these clients).
- Clinical groups continue to be successful, with Hope for Healing Teen, Children and Family groups held 11 dates in the quarter; FISA groups on 9 dates and MLMC groups monthly;
- The wait list for Office Based services increased, likely due to another agency closing their list and referring to us. Two new fee for service clinicians have been hired to help decrease the wait;
- The Outpatient Support Program (OSP) was re-opened after advocacy with the insurance company.

### **Goals:**

- Continue focus on hiring fee for service staff to rebuild EOS service delivery, and continue efforts to grow teams with bi-lingual clinicians and care coordinators.

## **Clinical Record Audits**

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

- Trainings continued, and effective 7/1/2019 residential records are maintained 100% in the Best Notes system, which should increase compliance over time;
- A custom report was finalized in the quarter which will allow for electronic monitoring of key clinical documents in all records in upcoming quarters;
- A rating key was created and implemented which assigns a rating for each record after each audit; this is used to assist with action planning, amelioration and will expedite aggregation for annual data reporting.

### ***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***

- As planned, adjustments were made to the audit tools (peer review / clinical, care coordinator and closed), and they were implemented in the quarter. Feedback was overwhelmingly positive and data was easily obtained in the hours allotted;
- A custom report was finalized in the quarter which will allow for electronic monitoring of key clinical documents in all records in upcoming quarters;
- A rating key was created and implemented which assigns a rating for each record after each audit; this is used to assist with action planning, amelioration and will expedite aggregation for annual data reporting

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

- 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. This also became a focus in the Strategic Plan, and now has a written action plan as a part of that.

### ***Office and Community Based Programs***

#### **Highlights of Achievement:**

- 15 Outcome Questionnaires were examined this quarter.
- 14 outcome questionnaires 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;
- 14 participants reported “agree” and/or “strongly agree” to statements relating to having skills to cope with symptoms, understanding symptoms and having parenting skills to help their child with symptoms.

#### **Goals:**

- Explore changing the process in which surveys are distributed and client feedback about our services are received as a part of the agency strategic plan.

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

#### **Highlights of Achievement:**

- Only 3 surveys were returned this month. All provided positive feedback on the materials and structure of the FISA Curriculum, and were satisfied by treatment by staff, would re-contact us in the future and would recommend our services to others.
- A FISA Group with 5 members is occurring currently, surveys will be reported on in the next quarter upon completion of the group.
- Director met with Dr. Shepard at Bradley Hospital’s Research Center for Evidence Based Practice to explore changing the pre-post surveys to better yield data for future program needs. Changes are expected to be complete in August, for implement in September groups.

#### **Goals:**

- 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 no new surveys

### ***Residential & School Parents***

- There were no new surveys

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

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