

**ST. MARY'S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**Fourth Quarter: October - December 2019**

**Executive Note:** Kudos to our residential and school teams for attaining excellent results regarding restraint reductions! You can read about the outstanding outcomes of this initiative in the Action Plan Spotlight. Please also note the work done by the CERT/Safety Committee to ensure a safe environment for clients and staff, and the ongoing efforts of the Staff Relations Committee to brighten our days. Youth Council is assisting us in making improvements to the agency and will be working with the Residential & School Improvement Committee to develop solutions to challenges the youth face in our programs. These are but a few of the teams dedicated to improving our agency. Beyond those noted in this report are several that have formed to accomplish our Strategic Plan Goals. A big thank you to everyone who is contributing to the betterment of St. Mary's!

*Carlene Garcia-McCa*

**PQI Note:** The addition of several positions during the quarter has already had a positive impact on the achievements we've made in the quarter and is evident throughout this report. Some highlights include improvements in records, enhanced and expanded data that's being used to guide decisions, physical property improvements, technology enhancements, increased support to staff responsible for quarterly state reporting, a pilot of our outcomes project and even an extensive data review to help guide strategic plan goals around advocacy and prevention. It's an exciting time to be a part of the continuous improvement processes. Anyone interested in becoming more active please see myself, Carlene or your supervisor – there are several opportunities and we'd love to have more folks involved.

*Linda M Mabrant*

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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.*

### **Restraint Reduction Initiative**

- The initiative, guided by a detailed action plan that assigned tasks with due dates and assigned responsibility for oversight and accountability, was assessed as a huge success in 2019 and focused efforts to continue to reduce the number of physical restraints continues.
- The full action plan with evidence is available for those interested. A spotlight of practice changes and data to evidence the success include:
  - Formal schedule implemented for debriefings which include the youth, staff involved, Clinician, Nurse, Residential Management and Agency Administrator;
  - Number of restraints 2018 - 251; 2019 – 64 (**75% DECREASE**)
  - Average rate of restraint 2018 – 1.65 ; 2019 - .6 (**65% DECREASE**)
  - Increased data points presented for discussion in monthly Critical Incident PQI Meetings, and implemented posting of graphic data for each House/School.

### **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**

- Continued success in restraint reduction (see Spotlight above for data);
- Improved structure, routine and engagement in houses;
- Two members attended a Train the Trainer in *Safety Care* to learn safe escort technique for young children, and staff training is planned for the upcoming quarter;
- Increased focus on avoidance of staff injuries and tracking injuries in campus supervisor log;
- Significant decrease in all incidents during the quarter (see raw data from Committee);
- Enhanced PQI data & deep dives when requested to better understand youth's patterns and needs.

### **Areas of focus:**

- Educate staff about small child escort technique;
- Create uniformity regarding documentation, routine and structure for PRTF houses;
- Teach staff wall restraint;
- Ensuring compliance with PRTF standards regarding debriefings;
- Documenting debriefings of witnesses to the event.

### **CERT / Safety Committee**

- Lieutenant Tavarozzi, Patrolman Burlingame and Lieutenant Jones from the North Providence Police participated in our lockdown and subsequent Committee assessment / planning;
- Communicated reminders re: lockdown & safety via email and excerpts in agency Newsletter;
- Piloting use of new safety information via a sticker on the back of employee badges;

- Flu shot clinic held;
- ‘Transportation Consents’ edited and now include our compliance with age/weight regulations in conjunction with the PQI Committee;
- Facilitated safety efforts and enhancements throughout the quarter (e.g. lighting, loud speakers, non-stick bright treads on stairs and more).

**Areas of focus:**

- Finalize the availability of Narcan on campus for compliance w/ RIDE regulations and our desire;
- Finalize schedule of formal training which will be conducted on-site for staff by the NP Police re: “Run, Hide, Fight”;
- Introduce new safety information on employee badges following assessment of the pilot;
- Continue to include NP police and fire in safety practices/drills on campus.

***Staff Relations***

- Distributed employee appreciation gifts including Apple Cider Donuts, Popcorn and Table Talk Pie’s for Thanksgiving;
- Facilitated a Paint Night Group Event on October 24<sup>th</sup> which about 12 staff in attendance;
- Sent several plants/flowers for get well and sympathy gifts and sent 1 baby gift this quarter;
- Had a quarterly raffle for staff;
- Facilitated ‘Holiday Shopping Days’, by bringing vendors in and staff were able to shop;
- Continued facilitating Starfish Winners, and gave monthly awards;
- Finalized plans for Holiday Party which expects 140 guests this year, up from 98 last year.

**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 our first Webinar “Healthy Holiday Nutrition” on 11/19 & 11/21;
- Ten Shepherd staff enjoyed free mediation on 11/14;
- Continue to hold free Yoga classes every Tuesday;
- Book Club continues to meet monthly to discuss book and choose one at monthly dinner meeting.

**Areas of focus:**

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

***LGBTQQ+ Committee***

- Created and distributed a PRIDE Newsletter;
- Continued to work on LGBTQ+-CSEC project, outreaching new resources for collaboration;
- Created plan to have quarterly LGBTQ focused events at SMHFC in 2020 for our youth and families to participate in here on campus. First event will be in February and will be an LGBTQ Book Reading!

**Areas of focus:**

- Maintain representation on state-wide SOGIE task force; access funding for LGBTQ+ projects/events; engage SMHFC youth more in committee’s goals.

***Risk Prevention and Management Committee***

- The Board held its first Risk Meeting on 12/11/2019;
- Continued efforts to reduce overtime in the milieu are evidenced by a 36% decrease;

- Began review and assessment of the Limited English Proficiency (LEP) Meaningful Access policy and Business Continuity Plan.

**Areas of focus:**

- Establish more board involvement in matters related to active risk assessment; continue monitoring and assessing workers compensation issues and other organizational risks.

***Residential Youth Council***

- *Note that Youth Council is led by the Youth Mentor, with membership being youth in residence. The work accomplished by this Committee is accomplished by the youth themselves, and that is to be congratulated and highlighted.*
- Engage and lead weekly discussions about self-management, life skills, therapeutic needs in houses, life on campus, and individualized incentive programs;
- Identified issues on campus and have started to organize them by level of importance;
- Started to identify potential solutions to issues on campus to present to the Residential Improvement Committee;
- Reviewed the ‘Youth Handbook’ and identified the need for a more youth friendly version;
- Advocated for positive changes to the welcoming process;
- Engaged in a team building group/game at the end of every meeting.

**Areas of focus:**

- Youth will collaborate with the Residential & School Improvement Committee to identify issues on campus and focus on resolving them together in order of their importance.
- New Council members will be trained on how to interview potential milieu staff
- Youth will begin to develop a Youth Handbook that is easier for our youth to follow

***PQI***

- Completed revision of the Employee Personal Improvement Plan form (12/26/19);
- Completed revisions to CSEC Policy to include state’s uniform response for child pornography (distributed 1/2/2020);
- Finalized decisions and subsequent edits to Transportation Consents in conjunction with the CERT/Safety Committee;
- Hosted the kick-off presentation of the PQI Outcomes Measurement Project, which is beginning in January.

**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***

- Conducted a formal Needs Assessment to help identify barriers to implementation of trauma informed care practices in residential and school setting, and to help prioritize target areas of focus;
- Selected supervision as the first target area of focus for the upcoming quarter.

**Areas of focus:**

- Continue to work w/ House leadership in helping to define the needs of our youth and increasing the knowledge base of our staff members in facilitating a safe, secure and therapeutic milieu.

***School Report: PBIS and Social Emotional Learning (SEL)***

- SEL weekly group presentations by the school clinician continue to provide additional support for the students and a framework of ideas and supports for the teachers and classrooms;
- PBIS has been reenergized by improved offering in the school store and with classroom incentives;
- SWIS data collection now routinely generates useful data that can help with IEP goals and preparation.
- Project based learning efforts from the summer Farm Stand experience have provided valuable learning experiences for the teachers and the projects being done this school year.

**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;
- Continue to develop and implement Project Based Learning (collaborative learning and engagement).

**Agency Census**

**Average Agency Daily Census = 370**

*(October = 373; November = 379; December = 358)*

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

**45 Admissions**

- ARTS 10; Partial 2; Hills Stabilization 14; BBI Aftercare 7; Day Students 4; Residential 8.

**45 Discharges**

- 33.4% Goals accomplished and/or Symptom Stabilization
- 31.1% Lower level of care required
- 11.1% Higher level of care required
- 2.2% Lack of Engagement; 6.7% AWOL/Runaway; 2.2% Aged Out; 4.4% Court Order; 4.4% Hospitalization; 2.2% Refused Services; and 2.2% Services Inappropriate

**55 Referrals**

- 14 to ARTS/10 admissions; 3 were withdrawn (discharged from the hospital, not appropriate for current milieu, and insurance coverage); 1 continues to be on the waiting list. There were also 2 referrals for the ARTS Partial programs; both were admitted.
- 10 to Horton or Hope / 7 were admitted (1 of which was a referral from the previous quarter); 1 was withdrawn (went to another program); 4 continue to be on the waiting list.
- 4 to Mauran / 1 was admitted; 2 were withdrawn (not special education qualified); 1 is still on the waiting list.
- 14 to Hills Assessment & Stabilization Center / all 14 referrals admitted.
- 4 as Day Students / 4 were admitted.
- 7 referrals to BBI Aftercare Services / all 7 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:**

- In the past quarter, we proudly served:
  - 15 clients in the FISA Curriculum;
  - 17 clients in Clinical Support Groups;
  - 103 clients in Office based treatment, including Sexual Abuse Evaluations;
  - 27 clients in EOS;
  - 10 clients in CFTT;
  - 29 clients in Equine Assisted Psychotherapy;
  - 2 clients in OSP;
  - 14 clients in SAFFE;
  - And 25 clients in STAAR.
- The wait list for Office Based services increased, the Director is planning to hire FFS to keep up the Office Based demand.
- The Outpatient Support Program (OSP) we are piloting a few clients, and insurance is now reimbursing for services. We will keep an eye on the program.

### **Areas of focus:**

- 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)***

- The audit held on 10/29/19 was the first utilizing electronic record storage in Best Notes. The full report is available from the Director of Operations and PQI;
- As anticipated, the audit helped identify and correct common new-user errors (i.e. duplication, publishing errors, and signature errors);
- The Residential Clinical AA established a system to assist with record corrections, as well as developing proactive systems to assist with PRTF and department key clinical due dates (e.g. Treatment Plans, Assessments, standardized testing, Psychiatric Evaluations and Certifications etc.). In two of the three months in the quarter, PRTF Treatment Plans were 100% on time and in compliance.
- The Director of Outpatient Services held additional Best Notes trainings / consultations for the team to assist with the transition from a 90 day Treatment Plan Review to a 30 Treatment Plan Review for PRTF programs;
- *Dr. First*, an electronic prescription system that works with Best Notes, was implemented in the medical department to ensure compliance with 1/1/20 regulations regarding the prescription of controlled substances.

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

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

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

- The audit was held on 10/30/19, and the complete Audit Report is available from the Director of Operations and PQI.

- The audit process that was continually improved through 2018/early 2019 to the place it is now continues to be assessed as a good balance of peer review, assessment of clinical work and audit of required key documentation compliance dates.
- There were no systemic recommendations identified as necessary a result of the audit.

***Areas of focus:***

- Continue to work toward having all records up-to-date with all key clinical documents at all times; use established key to rate records; report data annually.

## **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, and is a focus of the Strategic Plan year one Annual Work Plan.*

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

**Highlights of Achievement:**

- 10 Outcome Questionnaires were examined this quarter;
- 6 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;
- 6 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:**

- 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.

**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 / Residential & School Parents***

- Agency wide satisfaction is a focus for the PQI department and will be developed over the upcoming two quarters.

### ***Annual Staff, Residential & Day Student Youth, Independent Consultant and Board Surveys***

- Surveys were distributed and open for three weeks in the quarter;
- Summary results were distributed and under review by the Leadership Team for action planning;
- Overall results were positive, and no significant deviation was identified based on comparison from the past years.