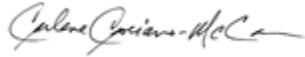


ST. MARY'S HOME FOR CHILDREN
PQI QUARTERLY REPORT
Third Quarter: July - September, 2020

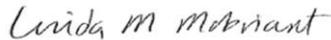
Executive Note:

This report is a testament to our staff's resilience, persistence and commitment to quality improvement. Despite challenges of the pandemic, our teams continue to push initiatives forward, use data to inform our practices, create action plans to improve service delivery and quickly adapt to changes in our ever-changing environment. As you read this document, please keep in mind that every single one of us contributes to the accomplishments and successes that you will read about in one way or another.



PQI Note:

Many thanks to everyone for their continued commitment to performance and quality improvement. This quarter was highlighted by the expedited re-accreditation, which is a reflection of the exemplary work being done by staff every day – thank you! Continued thanks as well for attention to COVID Protocols and vigilance to safety as we move into colder months. There is so much creativity being seen to help us adapt to ‘the new normal’ including things like modified staff retreats (featuring scavenger hunts!) and celebrations (featuring virtual staff longevity awards hosted by two dinosaurs!), remote auditing / meeting / supervision, and even virtual BINGO. Thanks to all for that creativity and peer support. Please take a minute now and again to send an email or make a quick call to staff who are working exclusively remote.



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Initiatives Spotlight:

The PQI department implemented a new format to communicate key PQI activities taking place throughout the agency during the quarter. This was accomplished by expanding *'the PQI Committee'* to include 18 assigned staff members, and creating a monthly 'status-report' of data to help inform discussions and decisions. PQI staff worked with managers to set targets/goals and to establish specific 'risk rating' criteria so we can accurately assess where we stand relative to goals month-to-month.

The committee's big-picture purposes are to:

- To provide and promote visibility to improvement projects
- To ensure PQI initiatives are aligned with Strategic Plan goals
- To leverage expertise, and ensure we have a forum where process, policy, and technology can be integrated with improvement projects

We're confident this change will increase communication, strengthen connections between departments / programs, and increase awareness about the amazing PQI activities taking place throughout the agency.

We selected four agency-wide PQI Initiatives for the year as follows:

Rate of restraint

We're focusing rate of restraint reduction in the residential and school programs because we want to prevent client re-traumatization and minimize risk of injuries to youth and staff.

Client clinical records

Our intention focusing on client clinical records is to minimize risk to holistic client care by maintaining centralized, up-to-date record at all times. We also want to evidence staff excellence in providing high quality care (internally and externally), and maintain consistent compliance with Medicaid, DCYF, COA and insurance requirements.

Employee turnover

This is an agency-wide focus because we want to provide consistent & stable staffing for clients and families. We also want to provide staff with career opportunities and advancement, while strengthening institutional knowledge and reducing the financial costs associated with high turnover so it can be utilized in other areas.

COVID-19 Surveillance testing and isolation unit use

As the premiere PRFT in Rhode Island, and with two additional exemplary congregate care programs, it's important that we monitor and address any outbreaks of the pandemic quickly for the safety of all clients, staff, volunteers, visitors and vendors. This data is relevant to all programs and departments, as decisions have significant impact on all of us – including but not limited to operational needs such as facilities, kitchen and technology needs, allocation of resources, HR impacts and more – the impact is far greater than safety in campus-based programs.

PQI Committee Reports Highlights of Achievement

CERT/Safety Committee

- Facilitated having each building labeled to align with NP Fire and Police department coding system;
- Engaged the NP police in safety practices and facilitated an agency-wide lock-down drill;
- Assisted with getting COVID changes re: community & home safety into agency-format.

PQI Committee

- See spotlight on the previous page.

Risk Prevention and Management Committee

- In addition to monitoring risks in several key areas, the committee additionally is in final stages of forming an Electronic Data Classification Policy; and approved a pet application bringing the total number of pets approved to be on campus to thirteen.

Critical Incident Committee

- Facilitated CPS training on the investigation process for residential leadership at the request of the team;
- Facilitated implementation of a ‘debrief note’ change to include the precipitating factor of restraint incidents from the youth’s point of view;
- Completed several ad-hoc data reports to use in discussion / decision making relative to diagnosis and to assess for disproportions in incidents or restraints with children of color;
- Scheduled 15 hour Six Core Strategies for Reducing Restraint and Seclusion training for residential leadership.

Staff Relations

- Sent flowers/plants to multiple staff members for illness or life events;
- Facilitated the implementation of a ‘birthday board’ in main building outside the library;
- Planning for how to adapt traditional holiday season celebrations to be COVID compliant.

Wellness Committee

- Work continued outside a formal meeting setting, and continued ‘Virtual Staff Yoga’;
- Began plans to return to a monthly participatory-wellness opportunity for staff.

LGBTQQ+ Committee

- This committee is transitioning to a Diversity, Equity & Inclusion committee. More details will be communicated in the upcoming quarter.

School Report: PBIS and Social Emotional Learning (SEL)

- SWIS reporting continues to assist the school teams with data-driven decisions.

Residential & School Improvement

- This committee is re-structuring.

Residential Youth Council

- Traditional Youth Council is currently on hold due to COVID and our desire to maximize safety by maintaining core groups/pods of youth and staff. However, the spirit of the Council continues with the guidance of the House BBI Liaison. Specifically, each Liaison meets weekly with youth in their House to engage them in psycho-educational activities, or to solicit needs / wants and help youth advocate for those, or to help mediate House challenges.
- Achievements to highlight this quarter include helping multiple youth participate in a “Career-Exploration” summer program. We are proud to report one youth who participated in that has since discharged from campus, started her very first semester of college for social work AND secured a full-time position at a local daycare.
- The teams have really cracked down on bullying and general negative peer interactions with various groups on conflict-management, bullying awareness and the importance in each of our differences, past and future. They have also worked on teamwork, communication skills and self-advocacy.

Residential Parent Council

- Continue to meet weekly via conference call;
- Provide support and information regarding the pandemic; focus on self-care and finding ways to reach out as to not feel isolated.

Career-Exploration – from application process to program completion!



Program Application



This is an application for a job-training program - NOT for employment.
Some questions are not allowed on an Employment Application.

YOUTH INFORMATION

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.



Agency Census Data

Average Agency Daily Census = 282

(July = 271; August =273; September =303)

Data based on Best Notes P – Census Summary Report

Q3 2020 Number of Clients Served by Program

Data based on Best Notes P – Weekly Census Report

Data Quality Team reviewed and corrected data where needed prior to reporting

Program	Q1	Q2	Q3	Q4
ARTS	13	10	15	
ASC Hills	14	15	12	
BBI Aftercare	13	10	13	
CFTT	9	11	8	
Day Students	24	16	15	
EOS	42	37	35	
Equine	22	13	18	
FISA	13	8	8	
FISA Group	17	8	12	
HFH Group	28	11	9	
MLMC Group	11	5	0	
Office Based	120	119	109	
OSP	3	7	11	
Our Family HFH Group	6	6	0	
PRTF Hope	7	6	7	
PRTF Horton	9	8	8	
PRTF Mauran	8	6	6	
SAE	6	3	1	
SAFFE	18	23	21	
STAAR	28	25	35	

134 clients (48%) participated in two or more programs during Q3, 2020

Clinical Record Audits

Note: Clinical client records have been selected as an annual PQI initiative, and are being monitored by an 18-person team (see page 2).

Residential Audits (ARTS, Residential, Assessment Center)

- Records audits were transitioned back to the peer team, consisting of the RTX administrative team, clinicians and intake coordinator. Audits were completed during a Google Meets to maximize safety during the pandemic while still providing some camaraderie and support.
- 100% of records open during the quarter were audited totaling 39 (25 open and 14 recently closed). This is consistent with MCD / DCYF audit requirements and exceeds COA standards.

Community and Office Based Audits

- Records audits were transitioned back to the peer team, consisting of the OB/CBS administrative team, clinicians and care coordinators. Audits were completed via Google Meets, and forms were distributed both ways in a manner protecting client identifying and confidential information.
- In total, 42 records were audited (34 open and 8 recently closed), which is consistent with COA audit requirements.

COVID-19 Business Continuity Highlights July 1 – September 30

- The BCP was further tested this quarter with an incident of power loss for nearly 24 hours. The loss was a result of a storm that was far more impactful than anticipated, and required the rental of a refrigerated truck to safely store food.
- Office & Community Based Programs re-opening began on July 1. This allowed five indoor locations and several outdoor locations (on campus and at St. James Church) where in-person client sessions could be held (limited numbers of sessions per day in each identified area). Social distancing and proper safety measures (masks / PPE, cleaning / disinfecting) were required and outlined in related COVID-19 Protocols.
- The School re-opening plan was finalized according to state guidelines and included three scenarios: On-site learning, Distance learning, and a Hybrid Plan. The full Plan is available on the Public Drive in the COVID folder. The School was physically prepared for, and began, in-person learning during the quarter.
- The Isolation Unit was needed two times during the quarter, and safely housed youth during quarantine and/or isolation periods per DOH and Nursing Director. Following both uses, the Unit was ‘fogged’ by professionals, meaning use of *an EPA approved plant-based disinfectant engineered to combat viruses and bacteria to cleanse deep and purge the viral loads that colonize interior surfaces.*
- COVID-19 surveillance testing was implemented in conjunction with the Department of Health. Detailed protocols were established to identify which staff / which youth have opportunity to be tested every two-weeks. Over 300 tests have been administered during the quarter, with two diagnosis of COVID-19 being made as a result. Surveillance testing has been selected as an annual PQI initiative, and is being monitored by an 18-person team (see page 2).
- After the ‘*first since re-opening*’ / ‘*first since we are out of lockdown status*’ diagnosis of COVID occurred, we recognized the need to further support managers / supervisors who in turn provide support to their teams. A support tips/reminders sheet was created and distributed to managers/supervisors to help them in turn support teams.
- Human Resources continued to update and distribute restrictions regarding travel for staff, and implemented protocols to maximize safety on campus following travel.
- 20 COVID Protocols were either updated or created during the quarter, and are all available on the Public drive.
- A COVID Plan and Protocols training was held for staff returning during the quarter (predominantly School staff).
- Finally, all ‘on-site’ evidence was submitted to a secure HIPAA compliant portal in preparation for a modified COA Site Visit – a “Partial-Virtual Visit”. Specifically, over two weeks two COA Peer Reviewers conducted remote interviews with individual and small groups of staff, board members, clients and client family members. This was followed by a one-day campus visit by one Peer Reviewer on August 10th and a subsequent virtual Exit Meeting on August 11th.
- We are pleased to report the re-accreditation was expedited, meaning we had no ameliorations or additional evidence to submit to COA prior to being awarded. The Final Accreditation Report identified only 2 out of a total of 609 standards that should be given our attention.