

**ST. MARY'S HOME FOR CHILDREN**  
**PQI QUARTERLY REPORT**  
**Fourth Quarter: October - December, 2020**

**Executive Note:** PQI processes are alive and well. Our teams continue to use data and sound judgment and decision-making to identify areas for improvement at the agency. Once identified, we determine next steps, which could be as simple as additional training or as complex as a comprehensive action plan. With our enhanced PQI team, we are able to do "deep dives" into the data to learn more about a particular situation. This often leads to some action on our part to strengthen or enhance what we do. Linda has highlighted our restraint reduction initiative, which is an agency priority, but I would also like to draw your attention to the work that is being done on the agency's business continuity plan. This year we instituted emergency tabletop exercises where groups have gathered to face a mock emergency and talk through the steps to manage the emergency and the emergency's aftereffects. The pandemic has not stopped progress at the agency, though it has created opportunities to be more creative and flexible in carrying out our responsibilities. This will serve us well beyond the pandemic.

*Calene Givens-McCa*

**PQI Note:** I am appreciative of all the PQI Committee Chairs and Co-Chairs, who continue to be flexible, creative – and very effective. It has been a challenge to maintain the PQI committee structure in a remote, hybrid and very changed workplace, and their efforts are not unnoticed. I am very grateful. This Quarterly Report has served the agency well, and has evolved over time as PQI practices evolve. We will consider a new, more visual iteration of the Quarterly in 2021 in the spirit of continuous improvement.

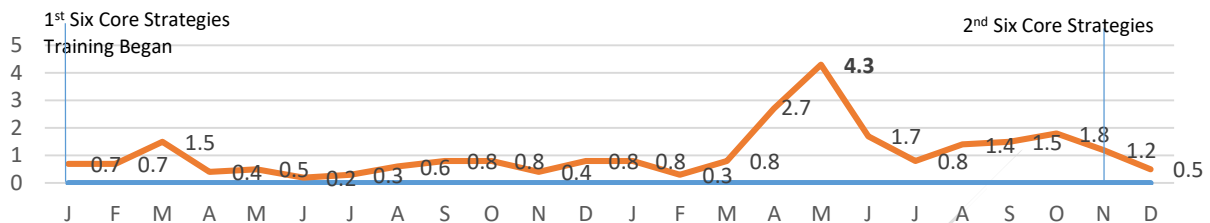
*Linda M Mobviant*

<b>Contents</b>	<b>Page</b>
Initiatives & Action Plan Spotlight:	2
PQI Committee Reports Highlights of Achievement	3-4
Census Data	5
Clinical Record Audits	5
COVID-19 Business Continuity Highlights	6

## Initiatives Spotlight:

### Six Core Strategies Restraint Reduction Initiative

#### Physical Restraint Rate 2019 - 2020



- Two years ago, the Six Core Strategies Restraint Reduction Initiative was implemented. The goal was to greatly reducing the number of physical interventions that take place in the residential and school programs. Steps included:
  - Utilization of the ‘*Trauma Informed Care in Youth Serving Settings*’ survey to solicit data that would help inform assessment and action planning;
  - Creation of new policies and practices including Family Finding, Calming/Soothing Plans, Staff Debriefing;
  - Implementation of a new TCI Curriculum, and OT assessments of residential houses;
  - Expansion of critical incident data reporting, and increased communication of monthly data;
  - Meetings were held with staff from all departments and programs, and youth, to communicate the goal, and ensure that all were aware of the organizational changes that were to take place.
- Two years later, and amidst a global pandemic, all staff should be very proud of their hard work and efforts as reflected in the chart above.
- Commitment to the initiative is evident when looking at the spike in restraints that aligned with the state-wide shut-down of all visitation and off campus travel for youth. Immediate plans were put in place, and when the rate did not drop to the 2020 goal of .4 of less every month, the decision was made to reintroduce intensive training.
- Since November, 2020 members of residential and school leadership, and the nursing department, have attended the Six Core Strategies for Reducing Restraint and Seclusion fifteen-hour training. And, additional training with a BBI consultant with expertise in restraint reduction work was scheduled for January.
- A completely refreshed and expanded Restraint Reduction Action Plan was created and implemented, and results have been immediately observed in the rate of restraint.
- Restraint reduction is a PQI initiative toward the goal of preventing client re-traumatization through physical restraint, and minimizing risk of injuries to youth and staff.
- The persistent dedication to a trauma-informed and hands off approach is one of the greatest achievements of the agency.

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

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

- The committee had previously identified areas for improvement with regard to enhanced security systems at the White House and School, and sent the information to be considered for grant funding. This quarter, funding was obtained for one system and will be installed in the White House;
- Use of cordless phones in each residential House was implemented for the benefit of client's privacy and safety;
- Enhancements to the medication distribution system were finalized during the quarter by implementing visual cues.

### ***PQI Committee***

- All programs identified their PQI activity to be reported and monitored this year;
- Outcomes measures were added to the Monthly report, which increases communication at the agency regarding program evaluation and effectiveness;
- Reports have been on-time and data driven.

### ***Risk Prevention and Management Committee***

- A Quarterly Board Risk Report was conceptualized and created. The report presents data regarding areas of financial risk, and includes a ten-year history to highlight and monitor trends over time. Targets were established to ensure that actions are taken when an area becomes rated as at risk based on the data. This report is in addition to the Annual Board Risk Report.

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

- See Six Core Strategies Initiative Spotlight

### ***Staff Relations***

- Sent flowers/plants to multiple staff members for illness or life events, and the Starfish Award continues to be promoted and awarded to two employees each month;
- Distributed popcorn as an appreciation treat to all employees, including those employees working remotely;
- Held a successful BINGO night for all staff;
- Facilitated a 'virtual' Holiday Shopping experience featuring 5 different vendors;
- Facilitated mailing each and every employee a holiday card, which included a check, as an expression of appreciation for the excellent work in 2020.

### ***Wellness Committee***

- Implemented a "Wellness Connect" via Google Meets in December, which is continuing monthly into 2021. The Wellness Connect is open to all staff, and is designed to help maintain connections with colleagues during the pandemic. It is a forum to find and give support, share experiences and some laughter. 15 staff participated in the December offerings;
- Continued 'Virtual Staff Yoga'.

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

- This committee is transitioning to an Equity, Diversity & Inclusion (EDI) committee. More details will be communicated as the committee forms.
- In preparation for the transition, Michele Stuart Copeland, a nationally recognized expert in diversity has conducted 2 training sessions (split into 2 groups each session) which were both attended by well over 50 staff.

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

- SEL groups were held via Meets, and positive behaviors of students continue to be recognized during distance learning.

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

- After numerous discussions with the team, it was decided that this become an Ad Hoc (as needed) committee. As part of the new school structure, both programs meet weekly to discuss and resolve operational program matters. The committee will re-form if and when needed.

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

- A Youth Mentor was hired during the quarter and has been engaging youth within their Houses. A return to 'in-person' meetings is being explored with COVID safety protocols, including physical distancing and wearing masks, in place;
- Note that the experience of the Youth Council even in a less traditional manner still empowers youth to be active in their treatment, to be vocal in expressing their needs and wants, and to have a strong voice at the agency. Those principles have not been impacted by the pandemic.

### ***Residential Parent Council***

- Use of Google Meets was established during the quarter, which was a positive transition for all members;
- The parent Council have continued to meet regularly all quarter, providing support and information to each other, and focusing on self-care and finding ways to connect.

## Agency Census Data

**Average Agency Daily Census = 301**

(October = 304; November =295; December =306)

Data based on Best Notes P – Census Summary Report

### Q4 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	8
ASC Hills	14	15	12	9
BBI Aftercare	13	10	13	7
CFTT	9	11	8	4
Day Students	24	16	15	14
EOS	42	37	35	27
Equine	22	13	18	11
FISA	13	8	8	6
FISA Group	17	8	12	6
HFH Group	28	11	9	9
MLMC Group	11	5	0	0
Office Based	120	119	109	101
OSP	3	7	11	14
Our Family HFH Group	6	6	0	0
PRTF Hope	7	6	7	6
PRTF Horton	9	8	8	7
PRTF Mauran	8	6	6	6
SAE	6	3	1	4
SAFFE	18	23	21	15
STAAR	28	25	35	26

56 clients (26%) participated in two or more programs during Q4, 2020.

This is down from 48% in the previous quarter

## Clinical Record Audits

2020 client record audit data will be presented in the upcoming Quarterly per plan to report annual totals.

### 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 49 representing all open and 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, 48 records were audited representing open and recently closed, which is consistent with COA audit requirements.

## **COVID-19 Business Continuity Highlights** *October – December*

- Three phases were identified that the agency could be in during the pandemic. Specifically, Cautious, Restricted or Lockdown. The phases include criteria and considerations that serve as a guide for administrators in decision making relative to campus access and population. We moved from Cautious to Restricted during the quarter after an outbreak of diagnosis among youth and staff. We remained in Restricted phase through early January 2021.
- The National Guard provided a second training for administrative staff as well as direct care staff and youth. This training provided education regarding the new knowledge of the virus, its transmission, spread and prevention. As a result, we no longer fog following outbreaks however cleaning and disinfecting continues.
- Human Resources continued to update and distribute restrictions regarding travel for staff, and implemented protocols to maximize safety on campus following travel.
- 10 COVID Protocols were either updated or created during the quarter, and are all available on the Public drive.
- A sleeping quarter was made for staff who may need to sleep overnight.
- Modified Tabletop Tests, which we entitled Tabletop Activities, were conceptualized and created during the quarter. 45 staff in leadership positions and CERT/Safety Committee members were invited to participate in an activity in January. Three emergencies will be practiced, and outcomes will be communicated in the upcoming quarter.