Performance Measurement and Improvement

PERSONS SERVED COMMITTEE
2020 Report

Purpose of this Document: The purpose of this document is to include all quarterly PMI surveys, outcomes, data, action plans, questionnaires, and follow-ups in one place. The PMI leader of each team reports quarterly to the Lead PMI Team. A copy of all reports is provided and presented to the Lead PMI Team Members during their quarterly meeting for review of the data. The PMI leader from each PMI team will be invited into the Lead PMI Team meetings for review of the reports. Pertinent information from the individual reports is included in this document. Upon review of the Senior Leadership Team, feedback will be provided and added within each individual goal to allow for ease of review.

Chart Compliance

GOAL: **To improve overall chart compliance**
INDICATOR: **Efficiency**
REPORTER: **Chalee Juba**

OBJECTIVE: Why Is It Being Measured?	**On average, all charts will meet regulatory standards, such as DBHDS and CARF standards, at 90% accuracy or greater.**				Did Not Achieve Goal
Quarter 1 Status **January – March**	**Quarter 2 Status** **April – June**	**Quarter 3 Status** **July – September**	**Quarter 4 Status** **October - December**	**Yearly Status**	
78% average accuracy across the organization	**77.7% average accuracy across the organization**	**79.8% average accuracy across the organization**	**82.1% average accuracy across the organization**	**79.4% average accuracy across the organization**	
Previous Quarter Follow-Up (If any)	2019 annual average was 77%. Q3 average was 79.8%.				
How Is goal being assessed	Goal was changed this year from 25% of all charts will be audited on a quarterly basis(2019) to 10% of all charts being audited monthly (2020) for a total of 100% of charts audited for the calendar year.				
Current Quarter Report ACTION TAKEN	Q1 Total Average: 78% Breakdown as follows: • ABA= 77.2% • OPT = 92.5% • Ed Services = 58%				

	• Academy/TEC 73.9% • Waiver = 82.1% • CMH = 84.4% We did not meet our goal of 90% chart accuracy or greater for Q1. Q2 Total Average: 77.7% Breakdown as follows • ABA = 80.1% • OPT = 95.3% • Ed Services = 58% • Academy/TEC = 80.8% • Waiver = 80.6% • CMH = 71.6% We did not meet our goal of 90% chart accuracy or greater for Q2. Q3 Total Average: 79.8 Breakdown as follows • ABA= 77.2% • OPT= 84.9% • Ed Services= N/A-No direct individual services (COVID) • Academy/TEC= 85.5% • Waiver= 84.6% • CMH= 67.2% We did not meet our goal of 90% chart accuracy or greater for Q3 Q4 Total Average: 82.1% • ABA=74.5% • OPT=88% • Ed Services=100%

	• Academy/TEC=98% • Waiver=54.6% • CMH=77.9 We did not meet our goal of 90% chart accuracy or greater for Q4
Action plan (if goal not met during the quarter)	Q1: In February 2020, standard operating procedures were developed across all lines of business to standardize chart auditing procedures and move from quarterly audits to monthly audits. Despite these procedural changes chart accuracy maintained from Q1 to Q4. There has also been an increase in the accuracy of reporting from some lines of business that audited on a less frequent basis. With these new procedures in place, we are anticipating increase accuracy for quarter 2 results. Q2: Due to the COVID pandemic it has made it difficult for staff to be able to access and audit physical charts which has led to the decrease in accuracy of some service lines. However, some service lines such as ABA, Outpatient, and Academy/TEC made minimal gains in chart accuracy. Staff will continue to engage in performance improvement plans to increase chart accuracies. Q3: Goal was not met for Q3 chart compliance. There are still minimal gains in chart accuracy. Staff will continue to engage in performance improvement plans to increase chart accuracies. ABA, Outpatient, Academy will begin utilizing EHR chart audits once that is rolled out in Credible. Outpatient, CMH, and Waiver have already been able to utilize EHR chart audits. ABA, Academy, and Waiver will implement peer review process. Performance improvement plans will be submitted to QA for any monthly chart audit not meeting minimum performance standard. Q4:Goal was not met for Q4 chart compliance. There was an increase in Quarter 4 compared to all 3 previous quarters. Staff will continue to engage in performance improvement plans to increase chart accuracies. Chart audit forms are being entered into the Electronic Health Record system and will be live soon, if not already for some programs.
Recommendations from Lead PMI Team	PMI team implemented electronic chart review forms and reporting in Credible. This system will also LOB leadership to review noncompliant items in the record and ensure these items are

	submitted for full compliance. PMI team will implement peer reviews in Waiver and ABA for an additional layer of chart review. Noncompliant programs will submit performance improvement plans each month to resolve trends in a timely manner.
Responses from the Governing Body	

Efficiency of Services

<u>GOAL:</u> To increase the amount of Cross Service Referrals (The process of a person served by DYS referred to another DYS service).
<u>INDICATOR:</u> EFFICIENCY
<u>REPORTER:</u> Kristin Riccio

Objective **How Is goal being assessed** Total number taken from Credible	DYS will average a rate of twenty cross service referrals per quarter, for a total of 80 cross service referrals by the end of 2020.	 Exceeded Goal

Quarter 1 Status January – March	Quarter 2 Status April – June	Quarter 3 Status July – September	Quarter 4 Status October - December	Yearly Status
10 cross service referrals	**74 cross service referrals**	**139 cross service referrals**	**79 cross service referrals**	**Total of 302 cross services referrals this year.**

Previous Quarter Follow-Up (If any)	Exceeded goal for 2019. Increased 2020 goal as a result. Did not meet goal for first quarter. Q4 2019 total of 18 cross service referrals. Q1 had many LOBs not utilizing Credible form for Cross service Referrals, referral dates were also missing from several credible charts.
ACTION TAKEN (to meet goal in current quarter)	Q1: With services being interrupted during the end of first quarter due to COVID-19, number of total cross service referrals may have been affected. Q2: Staff have worked with all LOBs to increase use of Credible form as well as increased accuracy of information entered and logged for reporting purposes. During Q2 we also have

	seen clients return to services as Virginia entered phases 2 and 3 of reopening during the COVID-19 pandemic. Q3: Staff have continued to work diligently across all LOBs to increase the use of the Credible cross service referral form and increased accuracy of information entered in the system. Goal met and no action plan needed. Q4: Staff continue to more consistently utilize form in Credible for Cross service referrals. Staff continue working ensure accuracy of information entered.
ACTION PLAN **(if goal not met during the quarter)**	Q1: With different lines of business operating under different capacities due to social distancing and school closures, it would be helpful to discuss what services are currently being offered and are available for cross service referrals until the restrictions are released. Relying on the use of the Credible form for the cross-service referral total for Q1 instead of both self-reporting and Credible totals. Still need to ensure staff are fully utilizing the system for accurate reporting. Q2: goal was met - continue to follow up with all LOBs to ensure data is being recorded accurately moving forward.
Feedback from the Program Management Team Feedback	Cross Service referral form updated in Credible to ensure that responses are mandatory on the form to prevent missing information needed to process referrals. Cross service referral form added to Credible chart audit tool and reporting to ensure completion.

Access to Services

GOAL: To reduce the wait time for a prospective person served to start services
INDICATOR: ACCESS
REPORTER: LaTrina Goulbourne

OBJECTIVE: **How Is It Being Measured?** Through Average Waitlist time report via Credible	**To decrease the wait time between future client's first point of contact to first billable day by 10% by end of 2020.** **The base line of 33.7 days was established in quarter 4 of 2019.**	Exceeded Goal

Quarter 1 Status January – March	Quarter 2 Status April – June	Quarter 3 Status July – September	Quarter 4 Status October - December	Yearly Status
3.8% decrease from baseline	**32.9% decrease from baseline**	**40.7% decrease from baseline**	**42% decrease from the baseline**	**23.62 is the average number of days clients had to wait between point of contact and first billable day** **30% decrease from the baseline overall for 2020**

Previous Quarter Follow-Up (If any)	No previous quarter follow up needed.
How Is goal being assessed	Reviewing and calculating Average Wait Time reports for each LOB in Credible
Current Quarter Report ACTION TAKEN	The following is a breakdown of the average wait times by service line: Q1 Total Wait Time Across DYS = 32.4 days ABA – 89.6 days (updated 4.24.20)

	CMH – 11.8 days Academy – 13.1 days Ed Services- No data reported OPT - 16.7 days Waiver – 31 days Goal was met for the quarter- no action plan needed. Q2 Total Wait Time Across DYS = 22.6 days ABA - 48 days CMH – 12.1 days Academy/TEC – 17.2 days Ed Services – 2.2 days Outpatient – 12.2 days Waiver – 44 days Goal was met for the quarter- no action plan needed. Q3 Total Wait Time Across DYS= 20 days ABA – 46 days CMH – 13 days Academy/TEC - 12 days Ed Services – 5 days Outpatient – 17 days Waiver – 27 days Goal was met for the quarter- no action plan needed. Q4 Total Wait Time Across DYS= 19.5 days ABA – 23 days CMH – 12 days Academy/TEC – 17 days Ed Services – 3 days Outpatient – 15 days Waiver – 47 days Goal was met for the quarter- no action plan needed.

Action plan (if goal not met during the quarter)	Goal met for the year
Recommendations from Lead PMI Team	Ensure the recruiting practices are followed within LOBs to expedite access to care and initiation of service delivery. Continue to utilize cross service referral workflow to monitor date of referral to date of service delivery.
Responses from the Governing Body	

Satisfaction of Services

GOAL: To increase the overall satisfaction of the persons served at DYS
INDICATOR: Satisfaction
REPORTER: Kizzi Henderson

Objective **How Is goal being assessed** Survey Monkey survey distributed to persons served.	90% of the persons served will be satisfied with the services they received as evidenced through voluntary survey.	Exceeded Goal

Quarter 1 Status January – March	Quarter 2 Status April – June	Quarter 3 Status July – September	Quarter 4 Status October - December	Yearly Status
100%	**93%**	**87%**	**93%**	**93.25%**

Previous Quarter Follow-Up (If any)	Social distancing caused decline in survey responses.
ACTION TAKEN (to meet goal in current quarter)	Q1: Goal met, but only received four surveys completed. Unsure how many surveys were sent at this time. ABA reported sent out with parent newsletter end of March, Waiver sent out in Feb with no response, OPT sent 50 with one response. CMH received 3 responses. • 100% agreed staff were responsive. • 100% agreed staff were responsive. • 75% agreed wait time was reasonable, 25% responded they didn't know. Q2: Goal met; 40 surveys completed in quarter 2. Unsure how many surveys were sent at this time. ABA reported sent out with parent newsletter end of March with 1 response, Waiver sent out in Feb with 12 responses, OPT sent 150 with 23 returned. CMH received 11 responses. • 89% agreed staff were responsive. • 95% would recommend Dominion. • 89% agreed wait time was reasonable, 9% responded they didn't know. Q3: Goal was not met quarter 3. Unsure how many surveys were sent at this time, received a total of 23 responses. ABA, CMH and Waiver reported sending out the end of the quarter. Outpatient sent 125 with 16 returned. CMH received 6. ABA received 1, Academy received 2, and Ed services received 1, and Waiver didn't have any returned. • 87% agreed staff were responsive • 87% would recommend Dominion • 87% agreed wait time was reasonable.

	Q4: Goal was met quarter 4. Unsure how many surveys were sent at this time, received a total of 67 responses. OPT received 38, CMH received 16, Waiver received 12, ABA received 3, Academy received 2, Education received 1. • 89% agreed staff were responsive • 94% would recommend Dominion • 88% agreed wait time was reasonable • 93% were satisfied with services they received
ACTION PLAN (if goal not met during the quarter)	**Goal Exceeded**
Feedback from the Program Management Team Feedback	Additional reporting mechanisms in place to ensure that Person Served Committee identifies areas of feedback from individuals served. Feedback will be utilized to improve service delivery and incorporate feedback of individuals and families for CQI.

Effectiveness of Services

GOAL: **To reduce the number of restraints across the organization**
INDICATOR: **EFFECTIVENESS**
REPORTER: **Ashley Lyttle**

OBJECTIVE: Why Is It Being Measured?	**Dominion will reduce the amounts of restraints by 25% over baseline (i.e. 2019 total) in 2020.** **Baseline= 136 restraints.**			Exceeded Goal
Quarter 1 Status **January – March**	**Quarter 2 Status** **April – June**	**Quarter 3 Status** **July – September**	**Quarter 4 Status** **October - December**	**Yearly Status**
51 Restraints Across all regions **63% below Baseline**	**1 Restraint across all regions** **61.8% below Baseline.**	**19 Restraints across all regions** **48% Below baseline goal.**	**3 Restraints across all regions** **81% Below baseline**	74 restraints across all regions for the year 49% below baseline for the year
Previous Quarter Follow-Up (If any)	Q3 had 19 restraints across the organization. No follow up required.			
How Is goal being assessed	**Q1: 51 Total** TEC Tidewater: 30 TEC Richmond: 9 Academy Richmond: 10 Academy Tidewater: 1 Waiver: 1 OPT: 0 ABA: 0 CMH: 0			

	Ed Services: 0 **Q2: 1 Total** TEC Tidewater: 1 Goal was met for this quarter largely due to schools being closed for COVID-19 pandemic. No action plan needed. **Q3: 19 total (9 of which were escorts)** 15 ABA-TEC 3 Dominion Academy 1 Crisis Stabilization CMH Goal was met for this quarter- no action plan needed. **Q4: 3 Restraints total** 3 Dominion Academy Goal was met for this quarter-no action plan needed.
Current Quarter Report ACTION TAKEN	Q4: No current action plan required due to meeting the goal. To continue to decrease restraints across all LOB's in order to use effective interventions as needed.
Action plan (if goal not met during the quarter)	Q1: To work with staff with training, intervention techniques, as well as building de-escalation skills upon school opening so that staff are well-equipped to handle upcoming challenges. There were 51 restraints in the first quarter, if the school year had continued, we may be on track to be above our baseline goal. Staff may need more intervention/de-escalation training due to the stress and lack of home life/school structure that the children are experiencing currently until schools are back in session in the fall. Q3: To continue to work with staff in training and de-escalation techniques due to the reported aggression in the restraint reports. To work with staff on skills needed to mitigate the need for

	restraints prior to using the restraints. More support for staff due to the pandemic that is possibly increasing stress, anxiety, and aggression in clients and staff alike. Q4: No action plan needed due to meeting the goal
Recommendations from Lead PMI Team	Training scheduled in February for LOB leaders to review common mistakes in SIR reporting and ensuring consistent procedures for reporting restraints. Accurate restraint reporting is essential to monitor compliance with regulatory standards and clinical quality improvement. Interdisciplinary team will be implemented in 2021 to identify trends in hands-on interventions and provide training for verbal de-escalation techniques.
Responses from the Governing Body	