Performance Measurement and Improvement  

**PERSONS SERVED COMMITTEE**

**2021 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.** | | | Þ  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** |
| **77.65% average accuracy across the organization** | **73.75% average accuracy across the organization** | **78.97% average accuracy across the organization** | **63.25% average accuracy across the organization** | | **73.41% average yearly across the organization** |
| **Previous Quarter Follow-Up       (If any)** | Q4 of 2020: 82.1% average accuracy across the organization  2020 annual average was 79.4% | | | | |
| **How Is goal being assessed** | Goal was maintained for 2021 for 10% of charts to be audited monthly for each LOB for a total of 100% of charts audited for the calendar year. | | | | |
| **Current Quarter Report ACTION TAKEN** | Q1 Total Average: 77.65%  Breakdown as follows:   * ABA=82.4% * OPT=84.5% * Ed Services=91% * Academy/TEC=99.6% * Waiver=40.3% * CMH=68.1%   We did not meet our goal of 90% chart accuracy for Q1.  Q2 Total Average:  Breakdown as follows:   * ABA=81.3% * OPT=88.67% * Ed Services=88.67% * Academy/TEC=No data reported * Waiver=34% * CMH=76.1%   We did not meet our goal of 90% chart accuracy for Q2.  Q3 Total Average:  Breakdown as follows:   * ABA=82.67% * OPT=83.70% * Ed Services=96.67% * Academy/TEC=No data reported * Waiver=55.35% * CMH=76.47%   We did not meet our goal of 90% chart accuracy for Q3.  Q4 Total Average:  Breakdown as follows:   * ABA=18.76% * OPT=81.1% * Ed Services=86.67% * Academy/TEC=No data reported * Waiver=70% * CMH=59.74%   We did not meet our goal of 90% chart accuracy for Q4. | | | | |
| **Action plan (if goal not met during the quarter)** | Q1: There are items across some LOBs that have not been uploaded to individual charts which could impede chart audit results if completed in Credible. Paper charts from Waiver will continue to be uploaded to Credible. Each location below 85% will submit performance improvement plan to QA Manager monthly with a plan of action to increase chart accuracy. Peer reviews are continuing to be implemented in other LOBs. CMH and OPT continue to complete peer reviews quarterly.  Q2: There continues to be a need to upload items into individual charts with continues to impede chart audit results. Waiver has a lower percentage but discrepancies in scoring were identified which skewed results. In order to resolve this, the chart remediation tool was developed. LOBs should continue to utilize Credible chart audit form in order to ensure that charts are complete and correct. LOBs should continue to get all documentation currently in paper form into the EHR. Each LOB below 85% will submit a performance improvement plan with a plan of action to increase chart accuracy.  Q3: It will be ensured that chart audits are completed timely, and performance improvement plans are being reviewed. Signatures seem to be one of the largest issues with chart compliance in LOCs. Each LOB below 85% will submit a performance improvement plan with a plan of action to increase chart accuracy.  Q4: Performance improvement plans reviewed for LOCs. Implementation through all LOCs to occur in 2022. Documentation continues to be uploaded into the EHR to ensure chart audits are being completed accurately. Peer reviews continue to be completed for LOCs. ABA has a plan of action to ensure documentation is entered and uploaded timely. Academy/TEC continue to work towards chart audit process and ensuring appropriate implementation. | | | | |
| **Recommendations from Lead PMI Team** | Peer reviews to be implemented for Waiver and ABA.    Noncompliant programs will submit performance improvement plans each month to resolve trends in a timely manner. | | | | |
| **Responses from the Governing Body** |  | | | | |

**Efficiency of Services**

**GOAL: To increase the amount of Cross Service Referrals (The process of a person served by DYS referred to another DYS service).**   
**INDICATOR: EFFICIENCY**

**REPORTER: Kristin Riccio**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective**  **How Is goal being assessed**  Total number taken from BI Dashboard | DYS will average a rate of thirty cross service referrals per quarter, for a total of 120 cross service referrals by the end of 2021. | | | Ý  Exceeded Goal | |
| **Quarter 1 Status**  **January – March** | **Quarter 2 Status**  **April – June** | **Quarter 3 Status**  **July – September** | **Quarter 4 Status**  **October - December** | | **Yearly Status** |
| 78 total cross service referrals | 90 total cross service referrals | 100 total cross service referrals | 77 total cross service referrals | | 345 total cross service referrals for the year |
| **Previous Quarter Follow-Up        (If any)** | Q3 100 Cross service referrals | | | | |
| **ACTION TAKEN**  **(to meet goal in current quarter)** | Q4 total number was 77. The goal for the year was 120 cross service referrals. | | | | |
| **ACTION PLAN**  **(if goal not met during the quarter)** | Goal was met.345 total cross service referrals! | | | | |
| **Feedback from the Program Management Team Feedback** |  | | | | |

**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 | **Dominion will decrease wait time from point of contact to first billable day to no more than 14 days.** | | | Þ  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** |
| 24 days | 39.9 days | 42 days | 35.8 days | | 35.43 days on average across the organization |
| **Previous Quarter Follow-Up**  **(If any)** | Q3 of 2021: 42 days wait time from point of contact to first billable day across the organization. | | | | |
| **How Is goal being assessed** | Reviewing and calculating Average Wait Time reports for each LOB in Credible.  Objective was changed from 2020 To decrease the wait time between future client’s first point of contact to first billable day by 10% by end of 2020. | | | | |
| **Current Quarter Report ACTION TAKEN** | Q4 Total Average was: 35.8 days across Dominion  Breakdown as follows:   * ABA= 141 days * Academy/TEC= 18.5 days * CMH= 22 days * Ed Services= 4.2 days * OPT= 23.8 days * Waiver= 135.2 days   We did not meet our goal. | | | | |
| **Action plan (if goal not met during the quarter)** | Q1-Ensuring that LOBs are utilizing the referral and cross service referral form and making sure to monitor and track referral to start date of services. Non-billables/contact notes should be entered to document communication with families/individuals on an ongoing basis, for anyone awaiting staffing We need to make sure that recruiting practices are followed within LOBs to expedite initiation of services. Staffing shortages across the state is another contributing reason to the longer than average wait times. The authorization processes for ABA and Waiver LOB’s is on average 15-30 days to obtain approval, this can be a barrier to reduce wait times between referral start date.  Q2-Ensure that LOBs are utilizing referrals and making contact to schedule intakes. Working with HR to obtain staff. Staffing shortages and authorization processes caused a barrier in gaining access to services. Outstanding referrals could also be a cause of increased the length of time in the report to access services.  Q3: Access continues to trend up due to staffing shortages across the state. All programs increased their wait time this quarter.  Q4: Wait time average decreased slightly in comparison to Quarter 3 for the agency. Staffing shortages and authorization processes continue to be a main barrier in gaining faster access to services especially for ABA/Waiver LOB’s whose wait times are well over a 100 days on average. | | | | |
| **Recommendations from Lead PMI Team** |  | | | | |
| **Responses from the Governing Body** |  | | | | |

**Satisfaction of Services**

**GOAL: To increase the overall satisfaction of the persons served at DYS**   
**INDICATOR: Satisfaction**

**REPORTER: Lauren Sowers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | Ý   Exceeded Goal | |
| **Quarter 1 Status**  **January – March** | **Quarter 2 Status**  **April – June** | **Quarter 3 Status**  **July – September** | **Quarter 4 Status**  **October - December** | | **Yearly Status** |
| **95.83%** | **86.21%** | **100%** | **100%** | | **96%** |
| **Previous Quarter Follow-Up        (If any)** | **Q4 of 2020**: 67 responses received with 93% of persons served being satisfied with services | | | | |
| **ACTION TAKEN**  **(to meet goal in current quarter)** | **Q1 of 2021**: 22 responses received with 95.83% of persons served being satisfied with services  **Q2 of 2021:** 29 responses received with 86.21% of persons served being satisfied with services  **Q3 of 2021**: 29 responses received with 100% of persons served being satisfied with services  **Q4 of 2021:** 24 responses received with 100% of persons served being satisfied with services. Waiver continues to lead with the most responses followed by Outpatient   * 100% of persons served agreed that their wait time from referral to first date of service was reasonable ( Improved by 10% from last QTR) * 100% of persons served reported Dominion staff were available and responsive to their needs (Cont from last qtr) | | | | |
| **ACTION PLAN**  **(if goal not met during the quarter)** | Q4, goal was met. Goal was also met for the year with 96% of persons served being satisfied. Moving into the new year, we can improve on the total number of responses received, especially in other LOB such as Academy/Ed services, ABA and CBS. | | | | |
| **Feedback from the Program Management Team Feedback** | Increasing response rate is an upcoming topic of discussion at PQIC and PMI Committee meetings. | | | | |
|  |  |  |  |  |  |

**Effectiveness of Services**

**GOAL: To reduce the number of restraints across the organization**

**INDICATOR: EFFECTIVENESS**

**REPORTER: Ashley Lyttle** /**LaTonya Evans**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OBJECTIVE:  Why Is It Being Measured?** | **Dominion will reduce the amount of restraints to no more than 105 in 2021.**  **Baseline= 74 Restraints in 2020; 136 in 2019** | | | Ý Exceeded Goal | |
| **Quarter 1 Status**  **January – March** | **Quarter 2 Status**  **April – June** | **Quarter 3 Status**  **July – September** | **Quarter 4 Status**  **October - December** | | **Yearly Status** |
| 8 Restraints: ABA-IH: 2, Dominion Academy: 4, Ed Services: 1, ABA-TEC: 1 | 9 Restraints Total  ABA TEC: 6  Dominion Academy: 1  ED Services: 1  ABA IH: 1 | 9 Restraints Total  ABA TEC: 5  Dominion Academy: 1  ED Services: 2  ABA IH: 1 | 38 Restraints Total  ABA Tec: 7  Dominion Academy: 30  Ed Services: 1  ABA IH: 0 | | 64 Restraints Total  ABA TEC: 19  Dominion Academy: 36  Ed Services: 5  ABA IH: 4 |
| **Previous Quarter Follow-Up       (If any)** | Q1: 2021: 8 Restraints across all regions (ABA-IH: 2, Dominion Academy: 4, Ed Services: 1, ABA-TEC: 1) Baseline from 2020 is 74 restraints and baseline for 2021 is 105.  Q2: 2021: 9 Restraints across all regions (ABA TEC 6, Dominion Academy 1, ED Services 1, and ABA IH 1) Baseline from 2020 is 74 restraints and baseline for 2021 is 105.  Q3: 2021: 9 Restraints across all regions (ABA TEC 5, Dominion Academy 1, Ed Services 2, and ABA IH 1. Baseline from 2020 is 74 restraints and baseline for 2021 is 105.  Q4: 2021: 70 Restraints across all regions. (ABA TEC 7, Dominion Academy 30, ED Services 1, and ABA IH 0) Baseline from 2020 is 74 restraints and baseline for 2021 is 105. | | | | |
| **How Is goal being assessed** |  | | | | |
| **Current Quarter Report ACTION TAKEN** | Q1: 8 Restraints across all regions, we are on track to meet our goal of being below our goal of 105 restraints for 2021.  Q2: 9 Restraints across all regains, we are on track to meet our goal of being below 105 restraints for 2021. Largely due to COVID-19  Q3: 9 Restraints across all regions, we are on track to meet our goal of being below 105 restraints for 2021.  Q4: 38 Restraints across all regains, we are on track to meet our goal of being below 105 restraints for 2021. | | | | |
| **Action plan (if goal not met during the quarter)** | Goal met | | | | |
| **Recommendations from Lead PMI Team** |  | | | | |
| **Responses from the Governing Body** |  | | | | |