

PMI End of Year Report Performance Improvement Analysis FY2022

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**MISSION**

Empowering those we serve to develop sustainable, lifelong skills through individualized quality services and supports.

**VISION**

Dominion will be a premier provider in which our passionate and innovative team will deliver sustainable, quality, whole-person care through a full continuum of therapeutic services to empower individuals in the development of skills necessary for success. We envision a society in which all people achieve their full potential for health, education, and well-being across the lifespan.

**VALUES**

We provide quality programs that allow individuals to develop the skills necessary for success. Our staff are supportive and caring individuals who are trained to carry out our mission. We strive to be the premier provider of a broad array of services to include mental health, education, intellectual disabilities and autism.

• We feel that we offer a supportive, engaging work environment that encourages out of the box ideas and offers long-term career opportunities in the social service field.

• We believe in hiring from within and growing strong leaders.

• We believe in saying “yes” if it means making a difference in the life of an individual we serve.

• We believe in ethical decision making with a commitment to honest and open communication.

• We believe in an all-inclusive approach and empowering the individual to have the ultimate goal of not needing our services.

• We value community outreach and connecting those we serve with natural resources.

• We believe in the idea that employees who are valued and offered an inviting and energetic workplace will work hard to make a difference in the lives of those they touch.

**HISTORY**

In 1999, Dominion Care (DC) was established in Richmond, Virginia by four passionate individuals who set out to enrich the lives of children and youth by providing therapeutic services. Over the years, our services have evolved and expanded to meet the needs of our communities. Today, DC provides a complete spectrum of services throughout the Commonwealth and serves all ages from pre-school to the elderly. Our experienced staff of over 400 professionals use evidence-based practices and a holistic wraparound model to ensure positive, successful outcomes for the individuals we serve.

As Dominion Care worked toward achieving the below goals, it is committed to the principles of continuous performance improvement in all of its services and operations. The purpose of the Performance Improvement Plan is to establish a methodology for collecting and analyzing information. This is done for both business improvement and service delivery improvement in the domains of effectiveness, efficiency, satisfaction, and access. Data is collected from a variety of sources that includes:

• Persons served

• Community partners and stakeholders

• Staff

• Other relevant reports

A performance analysis is conducted on a minimum of an annual basis in order to:

• Identify areas needing performance improvement.

• Develop an action plan to address the improvements needed to reach or revise established outcome measures and improve the quality of programs and services.

• Facilitate organizational decision-making regarding its progress toward fulfilling DC’s mission.

• Create a summary report that can be shared with its clients, staff, and other stakeholders in appropriate and meaningful ways.

Dominion Care offers multiple services both onsite and offsite. A complete description of these services can be found online at [www.dominion.care](http://www.dominion.care). In business function improvement, DC utilized the following indicators:

1. Financial information

2. Accessibility

3. Resource allocation

4. Surveys

5. Risk management

6. Human resources

7. Technology analysis

8. Environmental health and safety

9. Strategic planning

10. Field trends

11. Service delivery system

Performance Indicators have been identified as follows:

**I.** **RISK**

1. Area of Risk – Financial

a. Industry Evolution-behavioral health services changes

1. Participation in industry leadership and stakeholder activities and communicate impact of these change/needs on DC specifically; continuous investment in technology

b. Quality

1. Support the clinician needs of the company while maintaining operational/financial optimization

c. Compliance

1. Deploy ongoing, evolving information and data security policies, procedures

d. Loss of Assets(Buildings, Vehicles)

 1. Business continuity plan

2. Area of Risk – Programs (HIPAA Breach)

a. Employee training

b. Audits

c. Peer review

d. Creating a culture of compliance and awareness

e. Use encrypted emails

3. Area of Risk-Quality of standards

 a. Updated policy and regulations

 b. Training on standards

 c. Developing a culture of quality

 4. Area of Risk-Lawsuit

 a. Staff trained on individual rights

 b. Crisis Management training

 c. HIPAA training

 d. Harassment Training

 e. Vehicle training

 f. Timely reporting on any incidents

 5. Area of Risk-Human Resources

 a. Reputation Management

 • Operations

 • Committee to evaluate touch points of current client and employee experience

 • Make suggestions for areas of improvement in day-to-day operations

 b. Screening

 • Introduction of knock-out questions to screen out candidates 2. Develop universal interview questions per position 3. Develop standard phone screening questions per position

 c. Recruitment

 • Develop videos to accurately describe the roles and responsibilities of some of our most common positions

 6. Area of Risk- Health and Safety

 a. Crisis Management Procedures

 • Annual training on crisis management

 • Additional training refreshers as needed

 • Creating a “hands off” culture within the organization

 b. Medication Error

 • Medication administration training

 • Annual refreshers

 c. Infectious Disease Control

 • Train staff on policy and procedures

 • All staff knowledgeable on universal precautions

 • Cleaning protocols put in place

 d. Health and Safety

 • Review and practice all Emergency protocols in the Emergency Response Plans

 e. Auto accident

 • Complete checks of vehicles prior to usage

 • Ensure vehicles receive regular maintenance

 • Awareness of triggers of clients to reduce risk of accident

 • Annual driver safety training

 7. Area of Risk-Fire

 a. Review on all emergency protocols in the emergency response plans

 b. Fire drills conducted every month

 8. Area of Risk-Internal controls (lawsuits)

 9. Area of Risk-Transportation

 a. Transportation drills completed every March and September

 10. Area of Risk-Contracts

 a. Create procedure and implement methodology to manage contracts

 11. Area of Risk-Insurance and Liability

 12. Area of Risk-Compliance with Legal Requirements

 13. Area of Risk- Technology

 a. Data Leak Protection (USB storage, personal cloud storage, personal email, etc.)

 • Restriction policies will need to be applied to all computers to limit and control data copying to any external unprotected space

 b. Security training mandatory to staff

 • Create mandatory IT security training and make it a mandatory for all new hires plus annual

 c. Unsecure internet access

 • Redesign the internet access to apply more centralized protection

**II. ACCESSIBILITY**

1. Architectural Barrier

 a. Areas Needing Improvement- Physical barriers to prevent access to building

 b. Results in Action Plan- Buildings inspected monthly. If building is rented, landlord is notified of any physical barriers. If owned, a maintenance request is submitted.

c. Improve Performance- Added Paycom/email notifications for drills, monthly building checklists

2. Environmental Barrier

 a. Areas Needing Improvement-Access to all facilities that have clients is restricted and a locked door or key system is in place to enter the grounds; exterior areas are well lit to increase security after dark.

 b. Results in Action Plan-Monthly health and safety inspections are conducted by the localities identified Health and Safety Representative

 c. Improve Performance- We now have a baseline from 2020, 2021 of overall compliance of building inspections to include H&S drills. Overall compliance for 2022 was 79%.

3. Attitudinal Barrier

 a. Areas Needing Improvement- DC is acutely aware that attitudinal factors play a major role in

assisting our clients to achieve their goals.

 b. Results in Action Plan- We encourage clients, staff, and other stakeholders to make recommendations for improvement. Quarterly DC distributes surveys to clients and their families, and annually to staff, as well as semiannually to other stakeholders to solicit information

on perceptions of DC, as well identify accessibility barriers and provide suggestions for

increasing our ability to respond to the needs in the most effective manner.

 c. Improve Performance- Surveys are reviewed quarterly, semiannually, or annually depending on

frequency survey is sent out. Outcomes from the collected data are published on an annual

report and posted on the DC website.

4. Financial Barrier

 a. Areas Needing Improvement-Lack of financial resources is a primary financial barrier which includes insufficient funding for services and supports.

 b. Results in Action Plan- DC advocates legislatively for increased funds for the support of services for the population we serve.

 c. Improve Performance- Annual budget reforecasting.

5. Communication Barrier

 a. Areas Needing Improvement- The absence of materials in a language or format that is understood by those receiving services.

 b. Results in Action Plan- DC to offer written communication in Spanish as requested. DC will offer an accessible, user-friendly website that makes it possible to share information about DC.

 c. Improve Performance- Spanish as requested. Contract maintained with Cyracom to provide

language services and interpreting services for all staff and clients.

6. Transportation Barrier

 a. Areas Needing Improvement- Persons served being unable to reach service locations or being able to participate in the full range of services, supports or activities offered.

 b. Results in Action Plan- DC services to offer transportation, when looking into new service locations, keep the location of public transportation in mind, regular maintenance of vehicles.

 c. Improve Performance- Vehicles have gone through inspection from staff and a new system of quality of care regarding the inside of the vans will be created; DC now has 24 hour roadside assistance on all vehicles; DC implemented fleet management for contracts.

Transportation safety drills completed semiannually.

7. Community Integration

 a. Areas Needing Improvement- Any type of barrier that would keep a client from returning to their community and/or school.

 b. Results in Action Plan- Individualized needs and service plans are reviewed to identify these barriers. Every effort is made through treatment and counseling to assure the elimination of community integration barriers.

 c. Improve Performance-DC ensures that ISPs are updated on a quarterly basis when ISP updates are due, instead of waiting for an annual review to reduce any potential barriers during service delivery.

8. Technology

 a. Areas Needing Improvement- Access to available technology, security, and upkeep of equipment.

 b. Results in Action Plan- Accommodate the needs of staff, clients, and ultimately all stakeholders; assure the integrity of all IT information; HIPAA compliant TEAMS platform is used for all meetings and delivery of telehealth services.

 c. Improve Performance- DC is now using HIPAA compliant cloud computing through Sharepoint. Phishing attacks are simulated at least quarterly.

9. Employment Barrier

 a. Areas Needing Improvement- Recognizing that the Americans with Disabilities Act (ADA) and its policies prohibit discrimination in all employment practices.

 b. Results in Action Plan- DC provides equal opportunities to all people regardless of gender, race, color, sex, sexual orientation, national origin, religion, age, equal pay, disability or genetic information; HR reviews and updaters policies at least annually; all requests for reasonable accommodations are handled individually and generally granted when consistent with DC’s service goals and financial capabilities; when barriers to the granting of requested accommodations exist, DC will do everything possible to offer effective accommodations as an alternative

 c. Improve Performance- No change.

**III. CULTURAL COMPETENCY**

1. Self-Assessment

 a. Areas Needing Improvement- Conduct initial and ongoing organizational self-assessment of Cultural Competence-related activities.

 b. Results in Action Plan- Integrate cultural and linguistic competence-related measures into staff surveys and client satisfaction surveys, staff training on cultural competency on an annual basis.

 c. Improve Performance- Quarterly Surveys were completed by clients, outcomes from the

surveys are shared on the DC website and annual reports. Feedback from the surveys were

reviewed by the Governing Body. Conduct probes.

2. Staff Training

 a. Areas Needing Improvement- Staff training and development in multiple areas related to the line of business are implemented across all lines of business.

 b. Results in Action Plan- Professional Development Plan implemented for all staff

where trainings can be signed up for.

 c. Improve Performance- Professional Development Training implemented and maintained.

3. Cultural Competency Standards

 a. Areas Needing Improvement- Cultural Competency and Diversity Committee will be created to address additional organization needs. DEI initiatives expanded.

 b. Results in Action Plan- CC&D Committee will review newly created CC&D trainings, locate and partner with local interpreters, and partner with local organizations willing to provide additional trainings to our staff to increase our overall effectiveness.

 c. Improve Performance- Ongoing

4. Employment Recruitment

 a. Areas Needing Improvement- Recruitment, retention and promotion strategies are targeted to the population demographics of the community.

 b. Results in Action Plan- Collect and analyze demographic data on all program services; data on staff demographics are collected and integrated into agency management system and periodically updated.

 c. Improve Performance- Continue to implement incentives, including differential pay rates for specialized skills in cultural and linguistic competence.

5. Equal Employment

 a. Areas Needing Improvement- Equal Employment Opportunity will apply to all aspects of the relationships of DC employees.

 b. Results in Action Plan-Equal opportunity is and will be provided for all employees and applications for employment based on their demonstrated ability and competence without discrimination.

6. Linguistic Assistance

 a. Areas Needing Improvement- Persons served should receive linguistically appropriate assistance.

b. Results in Action Plan- DC will provide language assistance services to persons served through contract established with Cyracom in 2022.

 c. Improve Performance- Ongoing

**Demographics of persons served by percentages.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Persons Served Characteristics** | **Age 0-5** | **Age 6-****17** | **Age 18-40** | **Age 41-65** | **Age 66-85** | **Male** | **Female** | **Cauca sian** | **Africa n Ameri****can** | **Hisp anic** | **Other**  | **Unreported** |
| Percentages | 3.00% | 30.00% | 44.00% | 20.00% | 3.00% | 49.00% | 51.00% | 27% | 21% | 4% | 36% | 12% |

Additionally, DC will continue to make efforts to match the demographics of the clients served through recruitment and retention of diverse workforce. DC will remain aware of the current employee diversity and will actively recruit staff when areas of need are identified

Total number of full-time staff was 354 based on data from Human Resources in March 2023.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Female** | **Male** | **Non -****Binary** | **Average Age** | **Caucasian** | **African American** | **Hispanic** | **Asian** | **Alaskan Native or American Indian** | **Native Hawaiian****Other Pacific Islander** | **Two or More Races** | **Unspecified** |
| DCEmployees | 78% | 21% | 1% | 36 | 40% | 49% | 2% | 1% | 0% | 0% | 8% | 0% |

**IV.** **STRATEGIC PLAN**

1. Establish an organizational structure that supports effective delivery of stakeholder services.

 a. Areas needing improvement: Using recruiting tools and HR processes to ensure that positions are filled in a timely manner.

 b. Results in Action Plan: HR has hired new positions and implemented a new payroll platform that is expected to improve applicant tracking. Still need to assess feasibility of a recruiter position as we are currently outsourcing these efforts. Using new job search engine (Glassdoor).

 c. Improve Performance: New payroll platform is fully implemented and working well. Statewide workforce shortage still impacting getting the appropriate talent.

2. Solidify DC as an employer of choice.

 a. Areas needing improvement: Workforce shortage has presented challenges. Need to continue to focus on retention and staff appreciation.

 b. Results in Action Plan: HR has worked to develop a more robust performance review and have more standard across all departments.

 c. Improve Performance: There have been improvements in consistency company wide and improvement in efficiency particularly due to new payroll software and weekly management team meetings.

3. Identify metrics and software capabilities to track data and outcomes in order to ensure effective service delivery.

 a. Areas needing improvement: Identify metrics to track and measure for purposes of reporting outcomes.

 b. Results in Action Plan: With the help of PMI, most LOC’s have identified metrics to measure.

 c. Improve Performance: Most LOC’s have now had the opportunity to establish baseline data and show outcomes.

4. Improve overall productivity by 6%.

 a. Areas needing improvement: Maximize performance and billing capabilities to insure productivity.

 b. Results in Action Plan: Billing department added personnel. Monthly meetings resulted in looking at better practices particularly in ABA.

 c. Improve Performance: Due to some turnover and regulatory changes, productivity was impacted but growth anticipated in most areas for 2020. COVID-19 pandemic impacted all group-based services, specifically Waiver Group Day, Academy and Tech, Intensive Outpatient, and school based services.

**V. ADMINISTRATIVE PMI GOALS (BUSINESS FUNCTIONS)**

1.Goal (AREA NEEDING IMPROVEMENT)

 • Collecting data on the reason for leaving the company

a. What is being measured?

 • Exit Interview for all employees who resign, both verbal and written interviews are assigned.

 • What items does your new company offer that DC does not

 • What factors have contributed to staff leaving: Exit Interviews show number one reason is lack of job specific training, job dissatisfaction and supervisors.

 • How would staff rate overall experience

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • Data not available

c. Pertinent information

 • Through this review we have realized a need to streamline the Exit Interview process, which hopefully will lead to exiting employees sharing information to benefit the organization and decrees the percent of turnover.

 • We did not meet our goal, but with the introduction of a new HRIS and Paycom system, we are not able to track this and reach out to each employee.

d. Recommendations for next year (IMPROVE PERFORMANCE)

 • We will extend the surveys to all employees, not just at the time of termination. At the time of termination, the surveys go to their work and personal email on file. Everyone receives the same survey no matter if they are voluntary or involuntary.

2. Goal (AREA NEEDING IMPROVEMENT)

 • Complete monthly revenue by the 5th business day of the following month

a. What is being measured?

 • The ability to close monthly revenue no later than the 5th business day the following month 12 out of 12 months

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • This goal was met 12 out of 12 months in 2022

c. Recommendations for next year (IMPROVE PERFORMANCE)

 • 100% compliance in closing out monthly revenue by the 5th business day of the following month

3. Goal (AREA NEEDING IMPROVEMENT)

 • Close monthly financials by the 15th day of the following month 12 out of 12 months

 a. What is being measured?

 • To ensure financials are complete by 15th day of the following month 12 out of 12 months

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • This goal was met 12 out of 12 months for 2022

c. Recommendations for next year (IMPROVE PERFORMANCE)

 • 100%compliance in closing out monthly financials by the 15th day of the following month

**VI.** **SERVICE DELIVERY PMI GOALS**

PMI report

1. Goal (AREA NEEDING IMPROVEMENT)

 •To improve overall chart compliance

a. What is being measured?

 • On average, all charts will meet regulatory standards, such as DBHDS and CARF standards, at 90% accuracy or greater.

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • 64% average accuracy across the organization

c. Pertinent information

 • We did not meet our goal, but electronic chart review forms and reporting in Credible have been implemented for Lines of Care. Noncompliant programs will submit performance improvement plans each month to resolve trends in a timely manner. Peer reviews continue to be implemented for all Lines of Care.

d. Recommendations for next year (IMPROVE PERFORMANCE)

 • Goal will remain the same.

2. Goal (AREA NEEDING IMPROVEMENT)

 • To increase the amount of Cross Service Referrals (The process of a person served by DC to another DC service).

a. What is being measured?

 • DC will average a rate of ninety cross service referrals per quarter, for a total of 360 cross service referrals by the end of 2022.

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • Total of 304 cross service referrals this year

c. Pertinent information

 • Goal not met for cross service referrals. Credible form updated to ensure all information needed captured when entering cross service referral.

d. Recommendations for next year (IMPROVE PERFORMANCE)

 • Goal will be updated: Tenure (quarterly turnover per LOC with Q4 including annual report which can be compared year over year), average tenure based on HRIS data.

3. Goal (AREA NEEDING IMPROVEMENT)

 • To reduce wait time for a prospective person served to start services

a. What is being measured?

 • Dominion will decrease the wait time from point of contact to first billable day to no more than 14 days.

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • 39.25 is the average number of days clients had to wait between point of contact and first billable day.

c. Pertinent information

• Continue to utilize cross service referral to ensure individuals are able to utilize services needed. Continue to hire as staffing shortages as well as authorization processes continue to be a barrier in wait times.

d. Recommendations for next year (IMPROVE PERFORMANCE)

 Access will continue to be tracked via the quarterly PQM report.

 Update goal: Each LOCs metric will average at least 85% client progress for each quarter, Baseline data being obtained and percentages will be broken down by LOC with overall percentage under quarterly status.

CBS: Improved functioning at school, work, or home

ABA: Acquires and uses new skills or Asks for help with tasks they cannot complete independently

Waiver: Opportunity for personal development

Academy/TEC: Did individual demonstrate improvement in academic and behavioral performance at school

Educational Services: Did individual demonstrate improvement in academic and behavioral performance at school

Outpatient: Improved functioning at school, work, or home

4. Goal (AREA NEEDING IMPROVEMENT)

 • To increase the overall satisfaction of the persons served at DC

a. What is being measured?

 • 93% of the persons served will be satisfied with the services they received as evidenced through voluntary survey

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • 97.75% of persons served are satisfied with the services they receive

c. Pertinent information

 • Goal was met.

d. Recommendations for next year (IMPROVE PERFORMANCE)

 • Met goal overall; goal will remain the same

5. Goal (AREA NEEDING IMPROVEMENT)

 • To reduce the number of restraints across the organization

a. What is being measured?

 • Dominion will reduce the amount of restraints to no more than 105 in 2022. Baseline=64 Restraints in 2021

b. Overall Yearly Measurements (RESULTS IN ACTION PLAN)

 • 73 restraints across all regions for the year.

c. Pertinent information

 • Goal met

d. Recommendations for next year (IMPROVE PERFORMANCE)

 • Goal will be updated: Dominion will reduce the amount of restraints to no more than 75 in 2023. Baseline=73 restraints in 2022.