

## SOC/MAC CQI Report Overview 4<sup>th</sup> Quarter FY2015

### Personnel

- The Agency-wide turnover rate in FY15 is 22%.
- SOC/MAC turnover during this period is 88% (7 out of 8 staff)
- 5 new hires this year: 2 Q1, 2 Q2, and 1 Q3

### Incident Reports

*Note – This is the first year when Incident Reports were recorded in Avatar under the Outpatient tab, which offers the clinician a different set of choices when coding an incident. Therefore, comparison to previous quarters is not possible.*

#### MAC

- In FY15, there were 27 incident reports submitted coded into 82 categories or an average of 2 incident categories per incident report.
- 16 clients had an incident report filed, 5 of whom had more than one (31%)
- The most frequent Primary Incident Type chosen was Fight or Physical Attack (6), Significant Clinical Event (6), and Risk of Harm to Child by Nonstaff (4).
- When all incident types are considered, the most frequent incident type chosen is Significant Clinical Event (22) followed by Fight or Physical Attack (9) and Risk of Harm to Child by Nonstaff (8).

#### SOC

- In FY15, there were 14 incident reports submitted coded into 38 categories or an average of 2.7 incident categories per incident report.
- 10 clients had an incident report filed, 4 of whom had more than one (40%)
- The most frequent Primary Incident Type chosen was Fight or Physical Attack (4), Significant Clinical Event (3), and Physical Abuse of Child by Nonstaff (3).
- When all incident types are considered, the most frequent incident type chosen is Significant Clinical Event (14) followed by Fight or Physical Attack (6) and Highly Disruptive Behavior (4).

### Client Grievances and Complaints

- No complaints recorded under progress notes in FY14 or FY15

### Utilization Review

- See FY15 Q4 Report
- The closed IPS case reviewed was missing a discharge summary in the record. Subsequently, documentation of client strengths, involvement of CFT members and the caseworker were unable to be determined.
- The reviewer could not locate any note regarding a 6-month follow-up in the closed MAC case. The program should review documentation procedures and communicate that among staff.
- See below for documentation compliance rates:

#### 4<sup>th</sup> Quarter FY15 Documentation Compliance Rates and Service Appropriateness by Program

Program	New	Ongoing	Discharge	Combined Documentation Rate <sup>13</sup>	Appropriateness of Services
Foster Care	57%	83%	100%	81%	100%
Residential	58%	79%	-	76%	80%
IPS	-	91%	0%	83%	100%
MAC	100%	90%	100%	93%	100%

- See FY15 Q3 Medicaid Audit Report

Medicaid Element	FY14	FY15			Areas for Improvement
	Q4	Q1	Q2	Q3	
General Information	75%	86%	100%	100%	
Client Rights and Consent	100%	90%	100%	80%	
MHA	83%	86%	100%	91%	
ITP/Reviews	92%	80%	96%	73%	Neither ITP contained MH goals; 1 ITP not signed by client and guardian; 1 ITP showed no evidence of client participation in development; neither ITP showed continuity of care planning
Total Compliance	88%	84%	98%	83%	
Medicaid Note	52%	95%	94%	83%	2 notes missing SIRP; 4 notes did not justify number of units billed; 3 notes did not match goals; 2 notes did not describe service selected; 7 of 16 notes were not billable services

#### Treatment Issues

- CANS inclusion in MAC Clinical Documentation – what is the status of Avatar Requests submitted to revise clinical reports?
- FY15 Medicaid Billing 4<sup>th</sup> Quarter (see report) – 6 of 43 clients had 0 billable services this period (14%)

#### Evaluation

- See FY15 MAC Outcome Evaluation Report
  - Identify key outcomes to be included in JCFS FY15 Program Performance Summary
- See FY15 SOC Outcome Evaluation Report
  - Identify key outcomes to be included in JCFS FY15 Program Performance Summary



**SUMMARY (OHU 138)  
QUALITY IMPROVEMENT TEAMS**

- Program QIT     
  Management QIT     
  Line of Service Leadership QIT     
  Shared Services QIT     
  ELT QIT

**Team Name:**                     
 **Date:**                     
 **Program/Department:**                     
 **Line of Service:**

**Members Present:**  
**Members Absent:**

**Team Strengths and Accomplishments:**

**Check all areas discussed/reviewed during the QIT:**

- Critical/Unusual Incidents/Accidents     
  Consumer Satisfaction     
  Consumer Grievances  
 Outcome Data                     
  Special Improvement Projects     
  Program Evaluation  
 Safety/Risk Management                     
  Record Reviews                     
  Other:

**Status of Past Action Plans:**

*Copy and paste New Action Plans from previous QIT directly into this section*

Issue/Concern Addressed	What Action	By Whom	Timeline	Status of Past Action Plan



**SUMMARY (OHU 138)  
QUALITY IMPROVEMENT TEAMS**

<b>Administrative Issues Addressed</b>	<b>What Action</b>	<b>By Whom</b>	<b>Timeline</b>	<b>Status of Past Administrative Action Plan</b>

**New Action Plan (What action, by whom, timeline, outcome of action)**  
*If Action Plans are being carried forward from previous QITs, please re-list them here.*

<b>Issue/Concern Being Addressed</b>	<b>What Action</b>	<b>By Whom</b> <small>Must be a team member</small>	<b>Timeline</b> <small>Must be a specific date</small>

<b>Administrative Issues Addressed</b>	<b>What Action</b>	<b>By Whom</b> <small>Must be a team member</small>	<b>Timeline</b> <small>Must be a specific date</small>



**SUMMARY (OHU 138)  
QUALITY IMPROVEMENT TEAMS**


**Summary of Discussion (Continue on new page if necessary):**

Signed by the scribe:

**Jewish Child and Family Services  
Continuous Quality Improvement  
Expectations for Program Team Chairs**

***Program Team Meetings***

- Recruit and orient members to the CQI process. All levels of staff and disciplines should be represented, including management, supervisors, direct and indirect staff, as appropriate. Members are encouraged to rotate off the CQI team after three years, but there are no set requirements for length of participation.
- Schedule team meetings, minimum one hour every three months. The length of meetings may vary program to program and depending on the time of year (e.g. end of fiscal year meetings are longer). Consider scheduling meetings for the year in advance.
- Review CQI reports prior to each meeting and distribute to appropriate team members. Make copies of the reports for the meeting for everyone to share.
- Assign team members the responsibility of being the key person for presenting the information for each report during the meeting. This helps to increase competency reading the reports and heighten engagement in the CQI process.
- Designate a note taker responsible for recording minutes and follow up items (To Do List)
- Prepare the agenda in advance of the meeting. The agenda for each meeting should include a review and discussion of Evaluation, Health and Safety, Personnel, Treatment Issues, and Utilization Review. Additional topics should be added as appropriate (e.g. diversity, team building). These discussions should include reports provided by the CQI Department but may be expanded to include any issues relevant to the program (e.g. clinical training). Consider setting time parameters on each agenda item.
- Begin each meeting by reviewing action items from the previous meeting. Track every Action Item until completed.
- Form Ad Hoc Committees to address action items as appropriate
- Conclude meetings by asking members if there are any new items for consideration and confirming the date and time for the next meeting.
- Email a copy of the minutes to your CQI representative (Julie Gold, Sabrina Townsend, Melissa Villegas)

***Pan-Agency Meetings***

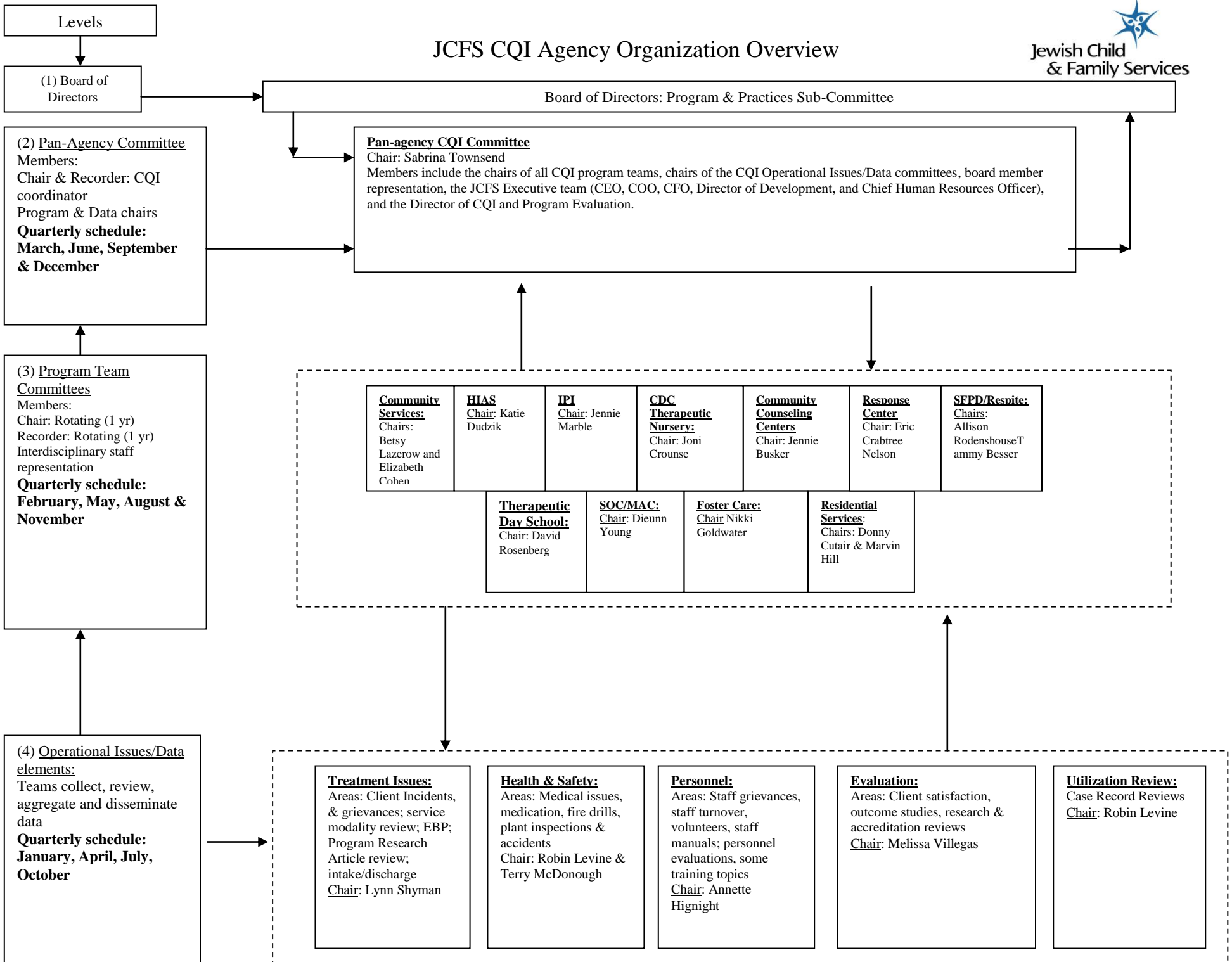
Program Team Chairs should come prepared to report on anything exceptional that has taken place during the quarter, including:

- Pervasive positive or negative trends (e.g. consistent 100% documentation compliance, consistent poor outcome achievement below benchmarks)
- Effective solutions for any problems, problems that have been corrected
- New issues or concerns (e.g. policy change, funding)
- Improvement goals
- Significant updates (e.g. change in population served, staff turnover)
- Areas where assistance or agency support is needed

Chairs of the Operational Issues Committees will provide brief reports followed by an open discussion. Program Team Chairs are encouraged to share relevant information during this discussion with the goal of (a) identifying issues that are present across programs and (b) possible solutions across programs.



# JCFS CQI Agency Organization Overview



**Jewish Child Family Services  
CQI Program Committee Agenda and Minutes Template**

**Committee/Group:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chaired by:** \_\_\_\_\_

**Members present:** \_\_\_\_\_

**Members Absent:** \_\_\_\_\_

Agenda Items (e.g. Utilization Review, Incident Reports, etc.)	Time/Who
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

To Do (Task List from Prior Meeting)	Who will do it?	By when?	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Minutes:**

*(For each agenda item list the main points of the discussion, whether corrective action is recommended, and if so, the specific points of the corrective action. For example, who will be responsible for communication, specific tasks, and a time line for completion that includes follow-up at the next meeting.)*

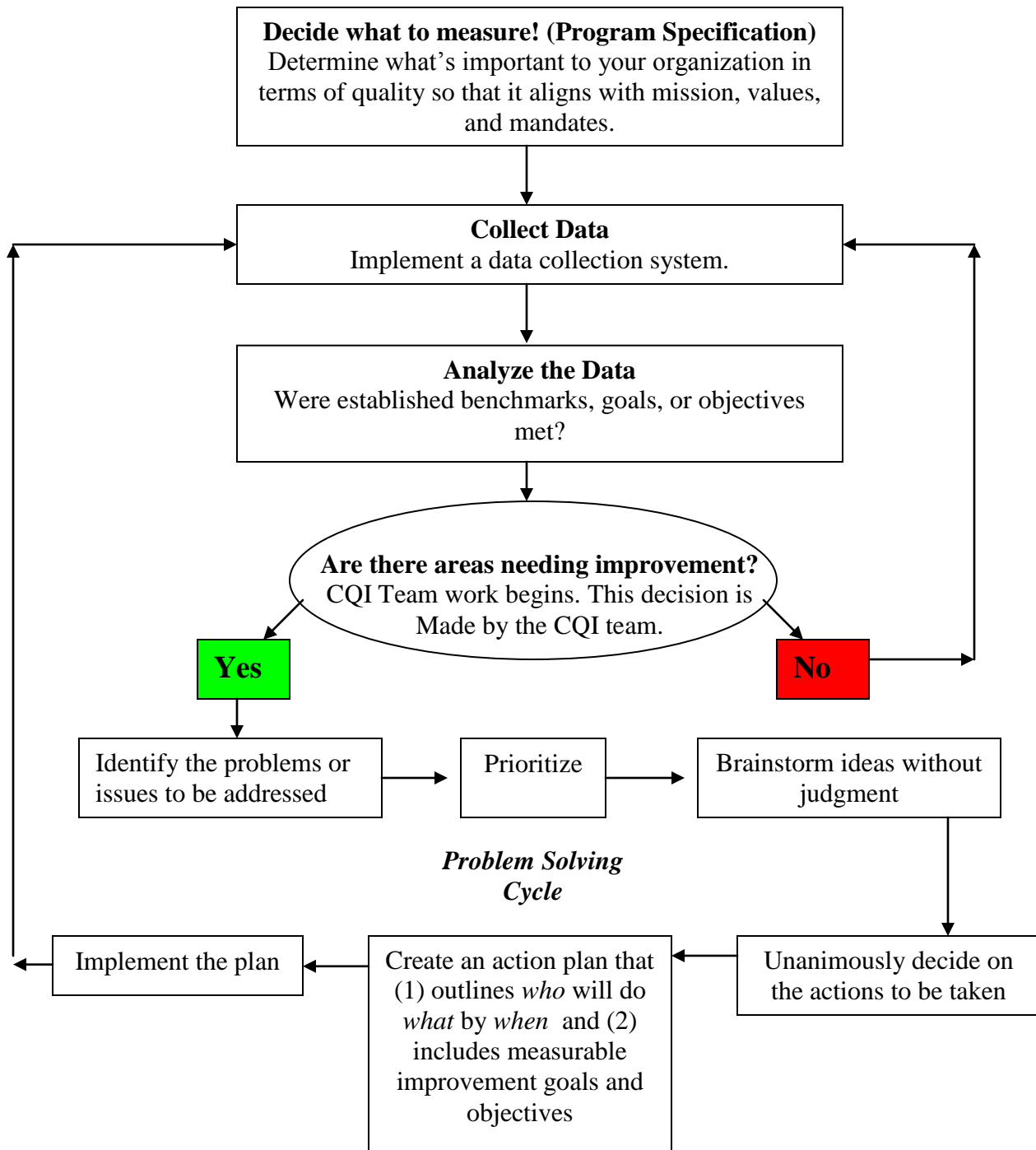


**Carry-over agenda items for next meeting**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>To Do (Task List for Next Meeting)</b>	<b>Who will do it?</b>	<b>By when?</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Jewish Child and Family Services/ Jewish Vocational Service  
Continuous Quality Improvement (CQI) Process**



**CQI Team Members Are Responsible For...**

- ✓ Attending quarterly meetings
- ✓ Reviewing reports prior to the meeting and coming prepared to discuss areas needing improvement
- ✓ Completing assigned tasks in a timely fashion
- ✓ Sharing CQI findings with the general team and bringing issues from the team to CQI
- ✓ Serving on the CQI team for no more than 3 years, unless otherwise approved

# How does the QIT process work?

## Performance and Quality Review

The PQR Report *from* CQI will be sent to programs by the month of scheduled QITs: November, February and May.

**Send to:** Program Supervisors, Director of Programs & Senior Vice Presidents



## QIT Summary and Action Plan Forms

**Completed by:** Program Supervisor & team

**When:** The QIT Summary is completed by each team during or just following the QIT meetings scheduled during the following months: November, February, and May. Use the PQR report to identify trends. Celebrate strengths and action plan when needed.

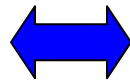
**Send to:** One copy to your Senior Vice President and one copy to CQI.

## Agency wide Meeting Summary

**Completed by:** The Executive Leadership team

**When:** The leadership team will note issues discussed and create action plans to address those concerns. A brief summary of trends and issues brought up in the regions will be shared at this meeting.

**Send copies to:** The CQI department and the Executive Leadership Team. Minutes from the Regional and Agency QIT meeting is shared with all staff.

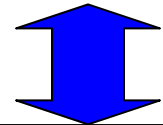


## Regional Meeting Summary

**Completed by:** Executive Vice President

**When:** Note trends at the regional level utilizing the PQR report or other data reports. Celebrate successes and action plan when needed. This summary is brought to the agency wide QIT meeting by the EVP.

**Send to:** A copy is sent to the regional CQI coordinator. Minutes from the Regional and Agency QIT meeting is shared with all staff.



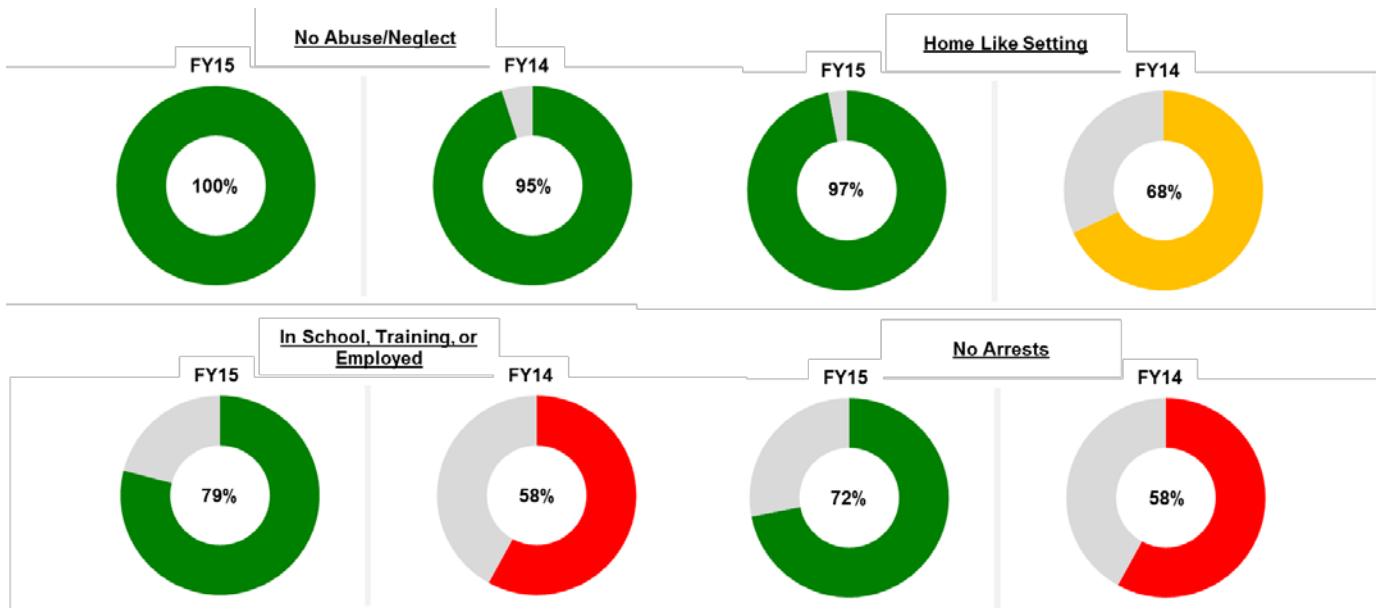
## Program ABC

### Outcomes

Program ABC has four programmatic outcomes.

1. **Safety** – 90% of youth will not be subjects of indicated reports of abuse and neglect.
2. **Permanency** – 70% youth will be maintained in a home like setting.
3. **Well-Being** – 70% of youth served will remain in school, alternative education, vocational training, or employed.
4. **Well-Being** – 70% of youth will be deflected from further involvement in the juvenile justice system.

Program ABC achieved **100%** of their outcomes in FY15.



### Client Satisfaction

In FY15, Program ABC reached validity with 17 surveys returned. The average scores are presented below for FY15 compared to FY14. (The target for each category is 4.50.) Please reference the Program ABC 2015 Consumer Survey Report to review the comments from survey respondents.

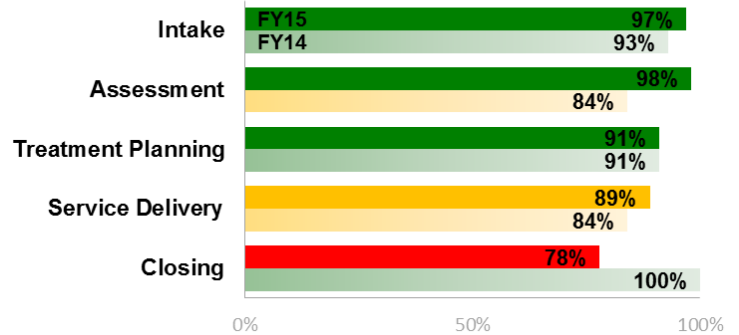
	FY 15 (n = 17)	FY 14 (n = 12)
Respect	4.59	4.83
Responsive	4.65	4.83
Helpful	4.53	4.75
Listen	4.59	4.75
Positive	4.47	4.58
Overall	4.47	4.67

**Peer Record Reviews**

In FY15, Program ABC achieved a **94%** Compliance and Quality Rating across all areas measured (up 7% from FY14). When looking at each part of the case life cycle separately, Program ABC was below the agency’s 90% target in Service Delivery and Closing. The items that most affected Service Delivery and Closing from reaching their targets were:

- Was there at least one unannounced contact occurring a minimum of once per month?
- Were all children seen and interviewed, apart from their caretaker, 5 business days prior to case closing?
- Was a CANTS/LEADS check completed for all adult members of the household, youth age 13 and older, and all adults that are frequently in the home, prior to case closing?
- Is there evidence of supervision prior to the critical decision to close the case?
- Was a CFS1425 Status Form completed as the closing summary?

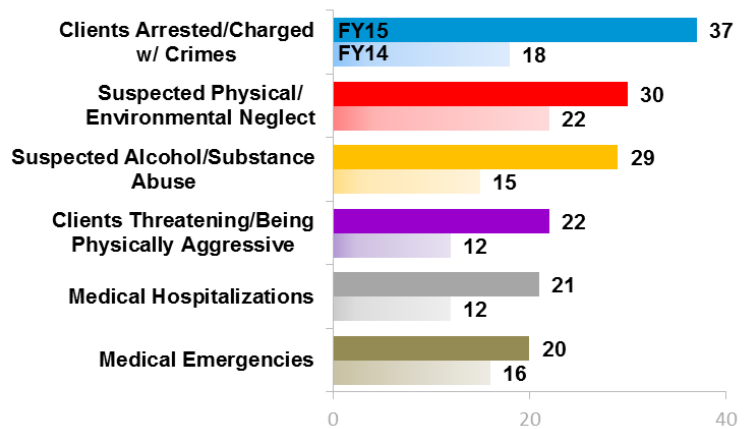
**Program ABC was Below the Agency's 90% Target in Service Delivery and Closing in FY15**



**Incidents**

In FY15, Program ABC had a total of 155 incidents (up 47 from FY14). The most common incident types were: Clients arrested/charged with crimes; Suspected physical/environmental neglect; Suspected alcohol/substance abuse; Clients threatening/being physically aggressive; Medical hospitalizations; and Medical emergencies.

**Program ABC: Most Common Incident Types**



**Days to CQIR**

CQIR requires that they be notified of an IR within 2 days of the incident being reported to OHU (the target is set at 90%). In FY15, **83%** of IRs were reported to CQIR within 2 days (down 2% from FY14).

**FY 15 Priority Reviews – Lessons Learned from across OHU**

In this section we provide an overview of the Lessons Learned from OHU’s Priority Review process.

## FACILITATOR GUIDE QUALITY IMPROVEMENT TEAMS

### Quality Improvement Teams

Quality Improvement Teams are important because the teams:

- Create an atmosphere of learning, understanding and accountability.
- Identify and build upon our strengths.
- Identify and correct areas that need improvement.
- Protect time to focus, analyze and understand our work.
- Create action plans and processes by which to ensure that ideas are given audience.
- Integrate all the information we gather about our work (outcome data, consumer input, review of incidents, peer record reviews, etc.).
- Value the creative and analytic input of all staff members.
- Empower those who best know the activities to continuously improve.
- Encourage staff to engage in participatory management through the decision making process.

**The Facilitator's Role** (This role should be rotated – generally about once a year.)

- Assures that the time and place for meetings is set (Coordinate with the Supervisor and the CQIR Coordinator).
- Keeps the team focused on how **“the team”** can improve the quality of the services to the clients.
- Helps the team develop action plans that **“the team”** can accomplish in order to improve the quality of services.
- Makes sure all team members have an opportunity to speak.
- Reviews the minutes with the Scribe to ensure all aspects of the QIT were well documented.

### Suggested Agenda:

- Review with the team the “Purpose” of Quality Improvement Teams.
- Review and discuss status of Past Action Plans, carry over “unmet” action plans.
- Review and discuss the data that is available (i.e. peer record review results, incident reporting trends, client satisfaction survey results, employee survey results; any funding source reviews, program outcomes, “Is our program meeting Agency and accreditation standards?”, special initiatives, etc.)
- Discuss any additional programmatic strengths/needs/concerns identified by the team.
- Develop new Action Plans as a team.
- Schedule the next Tri-annual QIT.

### Possible Questions to ask the Team to Stimulate Discussion about Program Quality Improvement:

- How does our service impact the lives of the children and families we work with?
  - What are the strengths we can build on?
    - Develop action plans as a team.
  - How can we address the needs as team?
    - Develop action plans as a team.
- If there was one thing we could improve in our program, what would it be?
  - How can we make this improvement possible as a team?
    - What do we need to do?
    - Develop action plans as a team.
  - Is there a second thing we would want to improve in our program?
    - Develop action plans as a team.
- What prevents us from providing the best possible services to our clients?



## FACILITATOR GUIDE QUALITY IMPROVEMENT TEAMS

- What can we do as a team to remove the obstacles that challenge us in providing quality services?
- Develop creative action plans that the team can accomplish to improve the quality of services.
  - Is our service in compliance with the program contract and accreditation standards?
  - If not, develop action plans to bring the program into compliance with contractual or accreditation standards.
  - Have we reviewed the practice literature on our services?
  - Can we make changes to the way we practice that would improve our services?
  - Develop action plans based upon the new knowledge.



## RIGHTS & RESPONSIBILITIES QUALITY IMPROVEMENT TEAMS

### Rights

- ❖ Quality improvement team participants have the right to use data and information to improve the quality of services provided to their community.
- ❖ Quality improvement team participants have the right to use data and information to reduce redundancy and remove systemic barriers to completing their work in a timely and efficient manner.
- ❖ Quality improvement team participants have the right to at least tri-annually protected time to problem solve and implement ideas.
- ❖ Quality improvement team participants have the right to see their ideas and suggestions connected throughout the agency in a timely manner allowing for coordinated problem solving and creative implementation of good ideas.
- ❖ Quality Improvement team participants have the right to reach consensus about decisions on their teams and to use a voting or other agreed upon strategy when consensus cannot be reached.
- ❖ Quality Improvement team participants have the right to express their ideas at a facilitated meeting and to offer suggestions.

### Responsibilities

- ❖ Quality Improvement team participants agree that material presented in the meeting is considered confidential and will not be discussed outside the meeting unless it is part of the agreed upon action plan.
- ❖ Quality Improvement team participants agree that they may not bring any problems to the meeting unless they are prepared to bring viable solutions as well.
- ❖ Quality Improvement team participants recognize the importance and value of their participation and attend all scheduled meeting and ad hoc work sessions.
- ❖ Quality Improvement team participants embrace the idea of inclusiveness and encourage full inclusion and participation by staff at all levels, as well as community representation.
- ❖ Quality Improvement team participants complete assigned tasks within the time frames set for them.
- ❖ Quality Improvement team participants seek the assistance of the Coach when there are disagreements or problems with the process.





## ROLES & RULES QUALITY IMPROVEMENT TEAMS

### Roles

Within the Quality Improvement Team process, there are four important roles. These are the Coach, Team Scribe, Team Leader/Facilitator, and the Team Members.

### Coach

The Coach is the CQI Coordinator within the Region.

- Responsible for the QI Plan
- Supports the QI Teams
- Coordinates the training that teams need
- Ensures the teams have the data/materials they need for meetings
- Sets the time and place for meetings.
- Sets the topics and times for the agenda

### Team Scribe

This role rotates. Generally a scribe serves for one year.

- Captures the content of discussions from all team members
- Types the notes into the template and submits them to the CQI Coordinator and team members within three business days.
- Provides access to the notes between meetings to the team members.

### Team Leader/Facilitator

This role also rotates – generally once a year. It is recommended that this role not be the supervisor, but a member of the team.

- Ensures that all members have the opportunity to speak
- Is supportive of the process and team members
- Ensures that the concerns and priorities of the team are well represented
- Keeps the team focused on action planning
- Partners with the Coach to keep him/her informed of progress and issues

### Team Members

Team members are permanent roles on the QI Teams. They are the heart and soul of the process.

- Attend the meetings
- Actively participate in the meetings
- Serve in other teams roles when possible

### Rules

- All members are equal.
- Teams should ultimately include all staff.
- Meetings must have consistent elements to work across an agency. Vital are common note-keeping, action planning format, timeframes and roles.
- Supervisors, administrators and executive staff must serve on a team. They should serve as team member or scribe so as not to turn QIT into a secondary supervisory meeting.



**TEAM OBJECTIVES  
QUALITY IMPROVEMENT TEAMS**

- Identifying strengths and building on them through sharing and standardization
- Solving problems at the most local level
- Interpreting data in context
- Protecting time on a regular basis for a focus on excellence
- Making employees owners – empowering them to do the right thing

<b>Purposes of Quality Improvement Teams</b>	<b>Non-Purposes of Quality Improvement Teams</b>
Opportunity to bring problems with potential solutions	Gripe session
Creative action planning with colleagues	Social hour
Innovative implementation of staff ideas	Passing the buck for solving problems to someone else
Protected time to focus on high quality service and improving upon it	“I’m too busy or too important to focus on quality – I already do it.”
Starting where we are (honestly) and building upon it realistically	Using the time to simply “bash” the current data
Taking full advantage of this opportunity to be creative and achieve the mission	“This is just another passing fad – I’ll wait it out and it will go away.”

**Quality Improvement – Commitment, Compliance, Curiosity, and Carping Criticism**

<b>10-20%</b>	Fully committed and excited about the process
<b>70-80%</b>	Staff who are curious about the process or compliant because they are required to participate. These staff will either become committed or critical.
<b>0-10%</b>	The resistant and vocally critical