



QUARTERLY PQI SUMMARY REPORT

**4TH QUARTER:
APRIL, MAY AND JUNE 2010**



Submitted by:
Best Practices Team
Case Record Review Team
PQI Coordinator
Program Director

OUTLINE

QUARTERLY PQI SUMMARY REPORT

Quarter: 4th 2010

Date: 07/29/10

- I. INTERNAL MONITORING PROCESSES
 - A. Service Delivery (Best Practices Team)
 - 1. **Barriers & Opportunities**
 - a. **Productivity and Census Summary**
 - b. **Interpreter's Utilization**
 - c. **Waiting Lists for Services**
 - 2. **Human Resource Utilization, Training, & Supervision**
 - a. **CIT & Contract Counselors Productivity and/or Assignment**
 - b. **Training Report Summary**
 - 3. **Research Proposals**
 - B. Risk Management Summary (Best Practices Team)
 - 1. **Services & Practices**
 - a. **Expected Outcomes/Indicators**
 - b. **Data Analysis & Aggregate Report**
 - 1. **Restrictive Behavioral Management Interventions**
 - 2. **Maintenance Request**
 - 3. **Facility Safety Checklist**
 - c. **Corrective Action Summary**
 - 2. **Client Grievances, Incidents, & Accidents Summary**
 - a. **Expected Outcomes/Indicators**
 - b. **Data Analysis & Aggregate Report**
 - 1. **Client/Family Grievances Summary**
 - 2. **Incident Summary**
 - c. **Corrective Action Summary**
 - 3. **External Review Summary (If Applicable)**
 - a. **Expected Outcomes/Indicators**
 - b. **Review Results Summary**
 - c. **Corrective Action Summary**
 - C. Case Record Review (Case Record Review Team)
 - 1. **Number and/or Percentage of Cases Reviewed**
 - a. **Expected Outcomes/Indicators**
 - b. **Data Analysis & Aggregate Report**
 - c. **Corrective Action Summary**
 - 2. **Case Record Review Summary**
 - a. **Expected Outcomes/Indicators**
 - b. **Data Analysis & Aggregate Report**
 - c. **Corrective Action Summary**
- II. PERFORMANCE EVALUATION SUMMARY (Best Practices Team)
 - A. Outcome Measures Analysis & Summary
 - 1. **Expected Outcomes/Indicators**
 - 2. **Data Analysis & Aggregate Report**
 - 3. **Corrective Action Summary**
 - B. Consumer Satisfaction Analysis & Summary
 - 1. **Expected Outcomes/Indicators**
 - 2. **Data Analysis & Aggregate Report**
 - 3. **Corrective Action Summary**
- III. FEEDBACK & CORRECTIVE ACTION SUMMARY (CQI Director, Program Director, Assistant Program Director)
 - A. Trends, Needs, Opportunities Summary
 - B. Corrective Action Summary (Trainings, Forms, Policies & Procedures, Revisions, etc.)

SECTION I. INTERNAL MONITORING PROCESS

- A. Service Delivery
 - Barriers & Opportunities**
 - Human Resources Utilization, Training, & Supervision**
 - Research Proposals**

- B. Risk Management
 - Services & Practices**
 - Client Grievances, Incidents, & Accidents Summary**
 - External Review Summary**

- C. Case Record Review
 - Number and/or Percentage of Cases Reviewed**
 - Case Record Review Summary**

QUARTERLY PQI SUMMARY REPORT
April, May and June 2010

I. INTERNAL MONITORING PROCESS

A) Service Delivery

BARRIERS & OPPORTUNITIES

PRODUCTIVITY AND CENSUS:

Exhibit I A - 1 Outpatient YTD Productivity

Source	4th	14th	19E	19W	Agency
Staff Time Sheets*					
FYTD Contract Utilization**					

* 100% = Productivity Requirement

** 25% per Quarter = Budget Requirement

Exhibit I A - 2 Residential Quarterly Census

ST = Short Term
LT = Long Term

	SAT	RHY ST	DCFS LT & ST	DYS	RHY TLP	HUD TLP	Agency
Budget							
Average							

INTERPRETER'S UTILIZATION:

Exhibit I A - 3 Interpreter's Utilization Report

District	# Presentations Made	# Sessions Translated	# Documents Translated	# Trainings Conducted
4				
19 W & E				

SERVICES WAITING LISTS:

HUMAN RESOURCE UTILIZATION, TRAINING, & SUPERVISION

CIT & CONTRACT COUNSELORS PRODUCTIVITY and/or ASSIGNMENT:

CIT's are optimally utilized given their level of training. 4th & 19E Districts rely on contract counselors for a substantial portion of counseling services.

TRAINING REPORT SUMMARY:

Exhibit I A - 4 Training Report Summary

Training Module	Training Report Summary	
	# Hours	Avg. # Attending
CIT		
New Employee		
RCYCP		
Residential (YCW/Supervisors)		
Services		
Supervision		
Other		
Outside Trainings		
TOTAL:		

Exhibit I A - 5 Employee Training Evaluation Summary

Training	Evaluation Summary (1-5 Scale)			
	Experience	Facilitator	Learning	Overall
CIT				
New Employee				
RCYCP				
Residential				
Services				
Supervision				
Other				
Outside Trainings				
TOTAL:				

RESEARCH PROPOSAL

SERVICE DELIVERY - CORRECTIVE ACTION SUMMARY:

B) Risk Management

SERVICES AND PRACTICES

STANDARD OF PRACTICE INDICATORS:

- There will be 75% compliance with policy and procedure.
- There will be an average of 7 days taken to complete Maintenance request.
- Facilities Safety Checklist standard of practice is still developing.

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I B - 1 Restrictive Behavior Management Interventions

	# Physical Restraints	# Reviewed	# Debrief	# Transports to JDC		# Mechanical Restraint		# Reviewed	# Debrief
				YB	Police	YB	Police		
SAT									
BC Shelter									
RHY - TLP									
HUD -TLP									
DCFS LT									
P & P Compliance Total:				P & P Compliance Total:					

Exhibit I B - 2 Maintenance Request

Category	# of Request	Average days taken to complete
Computer Maintenance		

SERVICES AND PRACTICES

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I B - 3 Facilities Safety Checklist

Checklist		
Program		
BCS		*Still Developing
19thW	--	--
19thE	--	--
14th Mt. Home		*Still Developing
14th Harrison	--	--
4th		*Still Developing
WCS	--	--
RHY - TLP	--	--
HUD -TLP	--	--
RTF (GH/SA)	--	--
ADMIN		*Still Developing
TOTAL:	--	--

NOTE: This data will be entered once the procedure for reporting data is set up.

CLIENT GRIEVANCES, INCIDENTS & ACCIDENTS SUMMARY

STANDARD OF PRACTICE INDICATORS:

Grievances

- A 65% “satisfactory” response rate will be indicated by clients of the grievance investigation process.

Incidents

- There will be 80% compliance with DYS/ADAP/DCFS requirements.

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I B - 4 Type and Nature of Grievance for All Programs

TYPE	NATURE		
Facility	Maintenance		
Services/Programs	Program/Schedule		
Staff	Staff Behavior	Rule Violation	Threats
Other Client	Aggression	Sexual	Slander
TOTAL:			

NOTE: Currently “satisfactory” response data is not being collected.

Exhibit I B - 5 Quarterly Comparisons of Grievances

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
2006-07	32 (14 Staff)	15 (10 staff)	12 (10 staff)	51 (31 staff)
2007-08	63 (49 Staff)	66 (49 Staff)	80 (53 staff)	65 (46 staff)
2008-09	41 (29 Staff)	45 (30 Staff)	NA @ this time	NA @ this time
2009-10	39 (24 Staff)	12 (10 Staff)	15 (12 Staff)	

CLIENT GRIEVANCES, INCIDENTS & ACCIDENTS SUMMARY

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I B - 6 Type and Number of Incident Reports for All Programs

DYS / OADAP / DCFS Serious	# P&P Compliance	DYS / OADAP / DCFS Non-Serious	# P&P Compliance
Death		AWOL Assault/Aggression Sexual Misconduct Contraband Suicide Assessment or Suicide Threat Medical Medication Theft Aftercare Violation Verbal Abuse or Verbal Threat Disorderly or Disruptive Conduct Rule Violation Property Damage Other	
-On-Site			
-Off-Site			
Neglect			
- Off-Site Current			
- Off-Site History			
- On-Site			
Physical Abuse			
- Off-Site Current			
- Off-Site History			
- On-Site			
Sexual Abuse			
- Off-Site Current			
- Off-Site History			
- On-Site			
TOTAL:	Off-Site On-Site P & P	TOTAL:	Non-Serious P & P
GRAND TOTAL (Serious On-Site & Non-Serious):			
SERIOUS P & P COMPLIANCE: %		P & P Compliance TOTAL: %	
NON-SERIOUS P & P COMPLIANCE: %			

Exhibit I B - 7 Quarterly Comparisons of Incident Reports

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
2006-07	91 (578)	97 (357)	82 (189)	195 (207)
2007-08	202	110	234	251
2008-09	135	222	NA @ this time	NA @ this time
2009-10	71	78	80	

EXTERNAL REVIEW SUMMARY

STANDARD OF PRACTICE INDICATORS:

- Three (3) or fewer correctable deficiencies per external review and corrective actions completed within time frames as specified per review.

REVIEW RESULTS SUMMARY:

Exhibit I B - 8 External Review Summary

Date	Source	Deficiencies	Corrective Actions

RISK MANAGEMENT – CORRECTIVE ACTION SUMMARY:

C) Case Record Review

CASE RECORD REVIEW

STANDARD OF PRACTICE INDICATORS:

- Indicator for Number of Cases Reviewed for the agency is set at 278.
- Indicator for Percentage of Cases Reviewed for the agency is set at 43%.

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I C - 1 Number and Percentage of Cases Reviewed

Services	#Cases to Review per quarter	#Reviewed	COA Required % per yr	% Reviewed
Group Living: DCFS/SAT	21		48%	%
TLP: HUD/RHY	18		100%	%
Shelter: BC	41		45%	%
Outpatient:				
14 th	33		47%	%
4 th	69		40%	%
19 th	96		40%	%
TOTAL:	278		43%	%

CASE RECORD REVIEW

STANDARD OF PRACTICE INDICATORS:

Indicators for case record reviews have been set at 85% correct for all categories.

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit I C - 2 Case Record Review Summary

District / Program	Required Documentation			Confidentiality HIPAA			Standard of Practice		
	# items	# correct	%	# items	# correct	%	# items	# correct	%
14th			%			%			%
4th			%			%			%
DCFS LT			%			%			%
RHY - TLP			%			%			%
HUD -TLP			%			%			%
SAT			%			%			%
19th W			%			%			%
19th E			%			%			%
BC Shelter			%			%			%
TOTAL:			%			%			%

CASE RECORD REVIEW SUMMARY - CORRECTIVE ACTION SUMMARY:

SECTION II. PERFORMANCE EVALUATION SUMMARY

A. Outcome Measures Analysis & Summary

- Expected Outcomes/Indicators**
- Data Analysis & Aggregate Report**

B. Consumer Satisfaction Analysis & Summary

- Expected Outcomes/Indicators**
- Data Analysis & Aggregate Report**

II. PERFORMANCE EVALUATION SUMMARY

A) Outcome Measures Analysis & Summary

OUTCOME MEASURES ANALYSIS & SUMMARY

<i>EXPECTED OUTCOMES</i>	
<input type="checkbox"/>	70% improvement on Outcome Measures from pre to post for residential and outpatient treatment programs.
<input type="checkbox"/>	70% will successfully complete case management services.

DATA ANALYSIS & AGGREGATE REPORT OF THE FOLLOWING SERVICES:
Counseling, Mental Health, Substance Abuse Counseling, Group Living (GH & SA), Shelter, & Case Management

Exhibit II A - 1 SASSI – A2 Summary

District	Improvement Rates		
	#Clients	% (alcohol) FVA Improve.	% (drugs) FVOD Improve.
4th	12	75%	83%
SAT	20	70%	90%
14th	2	50%	50%
19th W	3	67%	67%
19th E	1	100%	100%
Agency TOTAL:	38	71%	84%

Note: Data reported above is not for the quarter. Data is for the fiscal year due to no data reported for the previous three quarters.

Exhibit II A - 2 Health Dynamics Inventory Summary and GAF

District / Program	HDI Self Response Improvement Rates				HDI Parent Response Improvement Rates				GAF	
	# Clients	MOR	GSYM	GIM	# Parents	MOR	GSYM	GIM	# Clients	% Improve
4th	13	92%	85%	62%	12	83%	92%	92%	40	60%
SAT	21	62%	76%	67%	0	NA	NA	NA	14	86%
14th	1	0%	100%	100%	1	0%	100%	100%	0	NA
19th W	5	80%	80%	60%	3	100%	67%	67%	2	50%
19th E	2	100%	100%	100%	1	100%	100%	100%	0	NA
Agency TOTAL:	42	74%	81%	67%	17	88%	88%	88%	56	66%

Note: Data reported above is not for the quarter. Data is for the fiscal year due to no data reported for the previous three quarters.

OUTCOME MEASURES ANALYSIS & SUMMARY

DATA ANALYSIS & AGGREGATE REPORT OF THE FOLLOWING SERVICES:
 Counseling, Mental Health, Substance Abuse Counseling, Group Living (GH & SA), Shelter & Case Management

Exhibit II A - 3 Adolescent Anger Rating Score (AARS) Summary

District/Program	Improvement Rates				
	# Clients	Instrumental Anger	Reactive Anger	Anger Control	Total Anger
4th	1	100%	0%	100%	100%
SAT	21	52%	43%	52%	57%
14th	0	NA	NA	NA	NA
19th W	1	100%	100%	100%	100%
19th E	1	100%	100%	0%	100%
Agency TOTAL:	24	58%	46%	54%	63%

Note: Data reported above is not for the quarter. Data is for the fiscal year due to no data reported for the previous three quarters.

Exhibit II A - 4 Case Management Services & Completion Report

District	Electronic Monitoring			Community Service			Aftercare		
	Scheduled to Complete	Successful Completion		Scheduled to Complete	Successful Completion		Scheduled to Complete	Successful Completion	
	#	#	%	#	#	%	#	#	%
4th			%						%
14th						%			
19th W			%						
19th E									
Agency TOTAL:			%			%			%

OUTCOME MEASURES ANALYSIS & SUMMARY

DATA ANALYSIS & AGGREGATE REPORT OF THE FOLLOWING SERVICES:
 Counseling, Mental Health, Substance Abuse Counseling, Group Living (GH & SA), Shelter, & Case Management

Exhibit II A - 5 Residential Substance Abuse OADAP Phone Calls

Months since client left program	1		6		12	
Number of clients called	0		0		0	
Yes/No Questions Asked to Clients	#Client answer yes	% answer yes	#Client answer yes	% answer yes	#Client answer yes	% answer yes
Abstinent						
Work Force or in Full time Education						
Stable Home or Living Independently						
No Arrests						

OUTCOME MEASURES ANALYSIS - CORRECTIVE ACTION SUMMARY:

B) Consumer Satisfaction Analysis & Summary

CONSUMER SATISFACTION ANALYSIS & SUMMARY

STANDARD OF PRACTICE INDICATOR:

- The agency will average 4.0 or higher on scale of 1 to 5 with 5 being highest rating.

DATA ANALYSIS & AGGREGATE REPORT SUMMARY:

Exhibit II B - 1 Client Satisfaction Survey Summary

Consumer	Indicator & Average Rating				
	#Surveys	Staff	Service	Outcome	Facilities
Client					
Parent					
Agency TOTAL:					

Exhibit II B - 2 Residential Monthly Follow-up Interviews

Question Asked to Clients & Average Rating	#Clients Asked	Program Ratings (scale 1 to 5 with 5 being highest rating)				TOTAL
		DCFS LT	BC Shelter	GH/SA	TLP	
How do you rate the Food						
How do you rate the Activities						
How do you rate Counseling						
How do you rate the Scheduling						
How do you rate the Grievance Procedure						
How do you rate the School						
How do you rate the Fairness of Staff						
Availability of Staff if you are in Crisis						
Helpfulness of Case Manager						
Have you put any Money into Savings Account (Yes)						
Do you think that you are closer to being Independent (Yes)						

CONSUMER SATISFACTION ANALYSIS - CORRECTIVE ACTION SUMMARY:

SECTION III. FEEDBACK & CORRECTIVE ACTION SUMMARY

**(IMPORTANT INFORMATION FOR
PQI DIRECTOR, AREA MANAGER,
PROGRAM DIRECTOR AND
ASSISTANT PROGRAM DIRECTOR)**

- A. Trends, Needs, Opportunities Summary
- B. Corrective Action Summary

III. FEEDBACK & CORRECTIVE ACTION SUMMARY

A) Trends, Needs, Opportunities Summary

SERVICE DELIVERY

RISK MANAGEMENT

CASE RECORD REVIEW

OUTCOME MEASURES ANALYSIS

CONSUMER SATISFACTION ANALYSIS

B) Corrective Action Summary

RECOMMENDATIONS AND /OR ASSIGNMENTS