



## Changes in Outcome Norms

### 4th Quarter - Fiscal Year Ending 2018

Probe	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Change from Last Quarter
Spot Checks number completed	95% 43	97% 52	97% 67	96% 62	- 1% (-) - 5 (-)
ISP in Place within 30 Days	91%	90%	93%	97%	+ 4% (+)
Satisfaction Persons Served	4.34	4.39	4.28	4.34	+ .06 (+)
Satisfaction Staff	4.19	4.10	NA	4.21	+ .11 (+)
Satisfaction Stakeholders	4.29	NA	NA	4.50	+ .21 (+)
Record Review	93%	92%	88%	92%	+ 4% (+)
Number of records reviewed	49	59	56	52	-3 (-)
Staff Training	98.2%	97.4%	97.7%	97.1%	-.06% (-)
Special Incident Reports /Intensity Level (1 - 4)	71 2.05	64 2.12	61 2.42	49 2.57	- 12 (+) -.15 (-)
Medication Errors	14	13	14	11	-3 (+)
Internal Inspections	100%	94%	90%	91%	+ 1% (+)
Cumulative Overtime hours	365	684	1054	1409	+ 355 hours (-)
Cumulative Expense	\$7041	\$13190	\$20470	\$27663	+ \$7193

#### Notable Findings:

- 62 spot checks were completed this quarter with good outcomes across programs. The goal of 90% or more for each department was exceeded in all programs. A total of 224 quality assurance checks were completed throughout the year, exceeding the goal.
- The number of ISP's completed within 30 days of the meeting date improved this quarter with 97% completed within 30 days of the meeting. The goal of 100% completion on time was met in five departments. All departments had over 90% completion rate.
- 92% of the files reviewed this quarter contained all of the required information which is an improvement compared to the previous quarter. 5/8 departments had over 90% of the records complete. Three departments had under 90% completion rate with 85%-88% completion which is improvement over the previous quarter. Overall, 52 records were reviewed.
- The completion of staff training remains high and the overall goal of 95% of staff completing all training within the first 90 days of hire was met with 97.1% of staff completing training. The goal of 95% has continued to be met each consecutive quarter since April, 2012.

- There are currently 5.5 FTE open shifts available as well as several openings for a new program scheduled to open in August, 2018.
- The rate of overtime has continued to be monitored closely. Despite open shifts, OT costs have are lower than the previous year.
- Organization wide, the employee turnover rate is at 44% for the year. Given the low unemployment rate of 2.6%, this is considered a very positive outcome. The largest turnover rates this year have occurred in the Crisis Services and Vocational Services departments and the lowest occurred in the TL and Tunnel SLS programs.
- 7/8 departments had satisfaction survey's submitted this quarter and the overall goal was met in each department surveyed. The satisfaction level of persons served have remained consistent for the year. Services with a notable high satisfaction rate include TL and Vocational Services. The concerns noted at the Tunnel home have continued to fluctuate. These concerns are continuously being addressed.
- The completion of internal inspections continued with 91% of all departments submitting required reports this quarter. Two programs, Vocational Services and SB Residential Programs had less than 90% of the inspections and drills submitted on time with a range of 85%-88% completion.
- The reduction of medication errors continues to be an on-going goal. The number of errors was reduced by three over the previous quarter. Several of the errors were due to a pharmacy errors and delivery issues and several occurred on home visits. . Effective July, OPTIONS will be changing pharmacies and all medications will be on the same cycle to improve consistency. This area will continue to be addressed as the goal is to ensure all medications are accurately administered.

#### **Review of Action Plan by June 30, 2018 (to be directed by the Program Directors/COO)**

- Medication Errors will be further reduced to < 5 per quarter. RN's and supervisors will complete random spot checks/observations at each program during medication passes. **Goal partially met:** Improvement was made at the SLO County ICF homes and TL program although here was an increase in errors in the SLS program. Spot checks have continued with 12 medication administration observations made across 7 programs.
- Internal inspections will be completed in the Vocational Services Department each month with 100% completion rate. To be directed by the Program Director with the assistance of the Administrative Coordinator. **Goal partially met:** 83% of the inspections were submitted on time.
- 90% or more of records will be in the files in the Vocational Services department, TL, Atascadero ICF and Tunnell homes. To be directed by the Program Directors with the assistance of the Administrative Coordinator. **Goal partially met:** The goal was met at the Atascadero ICF with 100% and Tunnell with 97% of the records reviewed in place. The Vocational Services department made improvement with 88% and TL with 86% of records in place.

## **Action Plan by September 30, 2018**

- Medication Errors will be further reduced to < 5 per quarter. RN's and supervisors will complete random spot checks/observations at each program during medication passes. To be directed by the Program Directors and COO.
- The change in pharmacy will occur by August 1, 2018. To be directed by the COO.
- A minimum of two medication administration observations will be conducted at each program. To be directed by the Program Directors and COO.
- 90% or more of records will be in the files in the Vocational Services department and TL departments. To be directed by the Program Directors with the assistance of the Administrative Coordinator.
- Internal inspections will be completed in the SB County ICF's and Vocational Services Department with 95% completion rate. To be directed by the Program Directors with the assistance of the Administrative Coordinator.