



Changes in Outcome Norms

4th Quarter (April, May, June) Fiscal Year Ending 2019

| Probe | 1 st Quarter | 2 nd Quarter | 3 rd Quarter | 4 th Quarter | Change from Last Quarter |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Spot Checks number completed | 97% 69 | 97% 62 | 97% 66 | 97% 73 | 0% +7 |
| ISP in Place within 30 Days | 91% | 91% | 90% | 91% | +1% |
| Satisfaction Persons Served | 4.29 | 4.31 | 4.33 | 4.23 | - .10 |
| Satisfaction Staff | 4.26 | 4.50 | 4.14 | 4.32 | +.18 |
| Satisfaction Stakeholders | 4.33 | NA | 4.33 | N/A | 0 |
| Record Review Number of records reviewed | 84% 41 | 93% 53 | 92% 51 | 85% 55 | - 7% + 4 |
| Staff Training | 96.8% | 96.5% | 95.3% | 98% | +2.7% |
| Special Incident Reports /Intensity Level (1 - 4) | 79 2.26 | 81 2.52 | 79 2.69 | 55 2.47 | - 24 - .22 |
| Medication Errors | 18 | 10 | 11 | 13 | +2 |
| Internal Inspections | 89% | 94% | 95% | 96% | + 1% |
| Cumulative Overtime hours | 580 | 1269 | 1741 | 2129 | +388 |
| Cumulative Expense | \$12,257 | \$26,649 | \$37,142 | \$45879 | + \$8737 |

Notable Findings:

- 73 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.
- The number of ISP's completed within 30 days of the meeting date remained high with 91% completed within 30 days of the meeting. The goal of 100% completion on time was met in three departments. Four departments had a completion rate under 90%. This area will continue to be addressed.
- 85% of the files reviewed this quarter contained all of the required information which is a reduction over the previous two quarters. 4/7 departments had over 90% completion rate. Three departments had a completion rate under 90% yet were above 80%. One department had under 80% completion, which will be an area of focus. Overall, 55 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 98% of staff completing training. The goal of 95% has continued to be met each consecutive quarter since April, 2012.
- There are currently 6.48 FTE open shifts available. The rate of overtime has continued to be monitored closely. The amount of overtime exceeded the annual

goal by 129 hours this year. However, this quarter had the lowest amount of overtime for the year and a positive trend of reduction has been made for two consecutive quarters.

- Organization wide, the employee turnover rate is at 52% for the year and 19% for the quarter. The turnover rate was slightly higher than the goal of less than 50% and 8% higher than the previous year. The largest turnover rates this quarter occurred in the Vocational Services and Transitional Living Departments. The Crisis Services Department had overtime levels greatly reduce to 13% this quarter.
- 7/8 departments had persons served submit satisfaction survey's submitted this quarter. A total of 32 satisfaction surveys were completed. The overall goal was met in 6/7 departments. Services with the highest satisfaction rates this quarter include Transitional Living and Supported Living Services.
- 31 satisfaction surveys were completed by employees which indicated an overall satisfaction. Many staff had positive comments and several areas of improvement were noted.
- The completion of internal inspections resulted in 96% of all departments submitting required reports this quarter. 6/8 had 100% completion and 7/8 of the programs had more than 90% of the inspections submitted.
- The reduction of medication errors continues to be an on-going goal. The number of errors increased slightly over the previous quarter.

Action Plan by June 30, 2019

Medication Errors will be further reduced to < 5 per quarter. A minimum of 25 medication passes will be observed this quarter. To be directed by the Residential Program Director and QIDP's in both counties. **Goal partially met. 25 spot check reviews were conducted on medication administration, however the goal of reduced medication errors to < 5 per quarter was not met.**

A minimum of two medication administration observations will be conducted at each School Street, Alvin and TL programs. To be directed by the Residential Program Director and SB QIDP. **Goal met**

Continue to address reduction of OT. Goal < 400 for quarter ending June 30, 2019. To be addressed by Program Directors. **Goal met**

Address issues of Staff Satisfaction at the MB ICF, Tunnel and CIS programs. Goal of 4.0 satisfaction in each department by June 30, 2019. To be directed by Program Directors and SLO County QIDP. **Although issues at each program have been discussed, no surveys were received from these specific programs. Continue Goal.**

ISPS for SLO County Residential, SB County Residential and Supported Living and Tunnel will be completed within 30 days of the ISP due date with 90% accuracy or above by June 30, 2019. **Goal met for SLO County Residential, SB County Residential and Supported Living. Continue Goal for the Tunnell program.**

Action Plan by September 30, 2019

Medication Errors will be further reduced to < 5 per quarter.

Medication Administration Inservice re- training will be provided at the Sonata home and each of the SLO County ICF homes by September 30, 2019. To be Directed by the Residential Program Director and Crisis Services Manager.

Staff Satisfaction surveys will be completed at the MB ICF, Tunnell and CIS programs with a goal of 4.0 satisfaction level in each department by September 30, 2019. To be directed by Program Directors and SLO County QIDP.

Records will be maintained at a level of 90% or above in the TL, Tunnell, Vocational Services, and ILS/SLS Departments by September 30, 2019. To be directed by Program Directors of each department.

ISPS will be completed within 30 days of the meeting with 90% accuracy in the CIS, Tunnell, TL and Vocational Services Departments by September 30, 2019. To be directed by Program Directors of each department.

