



## Changes in Outcome Norms

4th Quarter (April, May June) Fiscal Year Ending 2020

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	97% 61	96% 64	97% 40	96% 26	-1% -14
ISP in Place within 30 Days	89%	88%	96%	85%	-11%
Satisfaction Persons Served	3.82	4.12	4.26	4.41	+ .15
Satisfaction Staff	4.18	4.12	4.45	4.45	+/- 0
Satisfaction Stakeholders	4.17	N/A	5.0	4.78	-.22
Record Review	95%	95%	90%	91%	+1%
Number of records reviewed	68	38	29	41	+12
Staff Training	97.5%	95%	91%	95%	+ 4%
Special Incident Reports /Intensity Level (1 - 4)	114 2.53	46 2.59	60 1.67	53 1.68	- 7 +.01
Medication Errors	16	7	14	12	-2
Internal Inspections	95%	98%	90%	91%	+1%
Cumulative Overtime hours	667	1295	1723	1988	+ 265hours
Cumulative Expense	\$15,055	\$29,386	\$39,625	\$46,176	+\$6551.

*Note: Covid-19 shelter at home order/voc/cis closure since March, 2020*

### Notable Findings:

- 26 spot checks were completed this quarter due to the shelter at home and social distancing requirements due to Covid-19. However, the reports completed indicate the quality standards are continuing to be met. Staff have been creative and resourceful during the pandemic across programs. It has been noted that some minor repairs and upgrades have been postponed and the landscaping at several sites has declined. The goal of 90% or more for each department was exceeded in all programs reviewed.
- The number of ISP's completed on time decreased this quarter with 85% of ISPS completed by the end of the quarter in which the ISP was due. Three of eight programs exceeded 90% in this area. Two departments had 100% complete. Many of the departments struggled with the coordination of meetings. The Service Coordinators are working from home and some families do not have the technology to hold virtual meetings. Early in the quarter, many meetings were delayed with the hope that the covid pandemic would not last long. As it became clear that the covid restrictions would last longer than hoped, more meetings have been set up and held virtually or by conference call.
- The record reviews this quarter indicate 91% of the files reviewed contained all of

the required documentation. Overall, 41 records were reviewed which was an increase over the prior quarter. Two departments had less than 90% of the records in place. Four departments had improvement over the previous quarter. The two departments with the decline had an increase in covid-19 administrative health and safety requirements. Both departments continued to have more than 80% of the records in place.

- The completion of staff training remains high with 95% of staff completing all training within the first 90 days of hire. Many classes had been postponed due to the pandemic. Many classes have now been offered on-line or have been converted to a self-study with competency test during this time. Improvement was made over the previous quarter.
- There are currently 3.5 FTE open shifts available. Few staff have vacated their shifts during the pandemic. As several programs have been temporarily closed, staff have been transferred to other departments. When the covid restrictions are lifted, it is expected that several staff will return to their positions and there may be several additional openings available. The internship program with Cal Poly which was to begin Spring Quarter, 2020 has continued to be postponed due to classes changing to on-line instruction for the rest of the year.
- The amount of staff overtime hours decreased each quarter this year and the amount of overtime this quarter was more than 50% less than the first quarter of the year. Overall, there were 141 fewer overtime hours compared to the previous year. However, the costs over overtime pay did increase due to wage increases this year therefore, the amount of pay was equivalent to the previous year.
- Organization wide, the employee turnover rate was 12% for the quarter, which is 4% less than the previous quarter. The turnover rate of the year ended at 50%. This is slightly less than the previous year and a positive outcome given the current pandemic. San Luis Obispo County residential programs had a very low 2% turnover for the quarter. There was zero turnover at the Vocational Services Department and a reduction in turnover in the Crisis Services Department as no staff left and a new position was added.
- Each department had persons served submit satisfaction survey's this quarter. A total of 47 satisfaction surveys were completed. Several departments had an increase in satisfaction this quarter and several had a slight decline. Overall, the persons served are handling the current crisis remarkably well. The services with the highest satisfaction rates this quarter include the CIS, Vocational Services and Supported Living programs. This has been a difficult period for many of the persons served due to the stay at home restrictions that have been in place for 3 months. Several persons served have moved home with their families or to programs with fewer healthcare regulations. The surveys indicate some persons served are becoming frustrated with the restrictions in place. Efforts have been made to help them understand the current crisis and to keep a positive outlook in the homes. Staff have been doing an excellent job in providing consistency, maintaining a positive environment and keeping the persons served healthy and engaged in activities.
- Thirteen satisfaction surveys were completed by employees which indicated a good overall satisfaction level. Given the circumstances, staff have experienced multiple changes in regulations and difficulties due to the pandemic.

- The completion of internal inspections resulted in 91% of all departments submitting required reports on time this quarter.
- The reduction of medication errors continues to be an on-going goal and area of concern. The number of errors decreased this quarter. A review of the incidents indicate one error occurred on a home visit and two were due to pharmacy errors. Eight errors were due to staff errors. In-service training including a review of procedures and re-training staff involved has been completed to address the issues.

### Action Plan by June 2020

**Medication Errors** will be further reduced to < 5 per quarter focus will be placed on random observation of medication passes by supervisors, RN's working with the supervisors to ensure off cycle medications are ordered on time, RN's and QIDP to work with the pharmacy on re-fill orders. To be directed by the Program Directors of each department by June 30, 2020.

*Update: Although improvement has been made, reducing the number of errors to 8, this area should continue to be addressed on an on-going basis. RN retraining has been held with staff who made errors this quarter and additional in-service training has been provided.*

**Persons Served Satisfaction:** SLO County Residential and Crisis programs to complete satisfaction surveys by June 30, 2020 with a goal of 4.0 or greater satisfaction level. To be directed by each Program Director/Program Manager.

*Update: Goal met. Fourteen satisfaction surveys were conducted in SLO County residential programs with a score of 4.31. Six surveys were completed at the crisis homes with a score of 4.5.*

**Staff Satisfaction surveys** will be completed at the MB ICF, Atascadero ICF and Tunnell programs with a goal of 4.0 satisfaction level in each department by June 30, 2020. To be directed by Program Director and SLO County QIDP.

*Update: Goal partially met. Thirteen staff satisfaction surveys were completed this quarter with a score of 4.31 and included input from both the Tunnell and Atascadero ICF programs. No surveys were submitted from the MB ICF staff, continue for next quarter.*

**Communication with On-call:** The on-call supervisor guide will be revised and reviewed with all on call supervisors and managers by June 30, 2020. To be directed by the CEO and/or HR Director.

*Update: Goal met. The on-call guide has been updated and reviewed with on-call supervisors.*

### Action Plan by June 2020

**Internal Inspections:** 90% of Bi-monthly reports, in-service training and disaster drills will be submitted by June 30, 2020 at the TL program. To be directed by the Program Director.

*Update: Goal met. 91% of internal reports were company wide and 100% of the reports were completed on time at the TL program.*

### Action Plan by September 2020

**Medication Errors** will be further reduced to < 5 per quarter focus will be placed on random observation of medication passes by supervisors, RN's working with the supervisors to ensure off cycle medications are ordered on time, RN's and QIDP to work with the pharmacy on re-fill orders. To be directed by the Program Directors of each department by September, 2020.

**Persons Served Satisfaction:** Although the goal in this area was met for the quarter, it is noted that some of the persons served are having a difficult time with the shelter in place restrictions due to the covid pandemic. Intermittent satisfaction surveys will be done throughout the quarter to provide the persons served an opportunity to express themselves and generate discussion on their well being and satisfaction through September 30, 2020. To be directed by the General Manager.

**Staff Satisfaction Surveys:** Although the goal in this area was primarily met for the quarter, it is noted that some of the persons served are having a difficult time with the shelter in place restrictions due to the covid pandemic which has a direct impact on staff. Additionally, the entire experience of the pandemic is difficult. Intermittent satisfaction surveys will be done throughout the quarter and will include the MB ICF program, to provide the staff an opportunity to express themselves and generate discussion on their well being, suggestions and satisfaction through September 30, 2020. To be directed by the General Manager.

**ISPS:** There was some difficulty coordinating ISPS at the SB and SLO County Residential programs this quarter. The QIDP's and Program Director will review the specific instances and develop a plan to hold the planning team meetings. 90% of the ISPS in both departments will be up to date by September 30, 2020.

**Internal Inspections:** Internal inspections will be submitted on time at the School Street and Alvin homes by September 30, 2020. To be directed by the Residential Program Director.

**Record Review:** Some of the records at the TL and SLO County Residential programs were found to be incomplete this quarter, including some missing annual physicals at the TL program and missing reports from TCRC at both sites. Annual physicals and appointments missed due to the covid pandemic may now be re-scheduled. A request will be made from TCRC to have updated IPP reports for each person. Other missing items will be completed and filed with 90% of items in place by September 30, 2020. To be directed by the General Manager and SLO County QIDP.