



## Changes in Outcome Norms

4th Quarter (April, May, June) Fiscal Year Ending 2021

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	96% 48	96% 50	96% 58	97% 64	+ 1% + 6	+ +
ISP in Place within 30 Days	88%	94%	94%	87%	-7%	-
Satisfaction Persons Served	3.82	4.20	4.22	4.21	-.01	same
Satisfaction Staff	4.12	4.36	4.52	4.24	-.28	-
Satisfaction Stakeholders	N/A	N/A	N/A	N/A	N/A	same
Record Review Number of records reviewed	90% 20	95% 20	93% 19	95% 27	+ 2% + 8	+ +
Staff Training	93%	92%	92%	95%	+ 3%	+
Special Incident Reports /Intensity Level (1 - 4)	37 1.51	47 2.13	34 2.13	38 2.38	+ 4 +.25	- -
Medication Errors	7	13	10	19	+9	-
Internal Inspections	80%	88%	93%	95%	+2%	+
Cumulative Overtime hours	335	598	908	1239	331	-
Cumulative Expense	\$8272	\$14831	\$22622	\$31191	\$8569	-

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

### Notable Findings:

- 64 spot checks were completed this quarter which is continued improvement over the previous consecutive four quarters. The reports indicate the quality standards have continued to remain high in each department. The goal of 90% or more for each department was exceeded in all programs reviewed this quarter.
- The number of ISP's completed on time declined this quarter. Many meetings were delayed due to Service Coordinator case loads and difficulty coordinating meetings. Many meeting are continuing to be held through virtual zoom or "go to meetings" but it is apparent there is a level of pandemic fatigue. Additionally, as day programs are beginning to re-open the supervisors time has been shifted to coordinating services. Five of eight programs had 100% of ISPS completed on time. Many of the overdue meetings have already been scheduled or are in process.

- Record reviews increased this quarter and 95% of the files reviewed contained all of the required documentation. Overall, 27 records were reviewed in seven departments and 6/7 departments had over 90% of records in place.
- The completion of staff training remains high with 95% of staff completing all training. Many classes continue to be offered on-line or have been converted to a self-study with competency test during this time. In person classes will begin to be offered on a limited basis next quarter. Seven of eight departments have had over 90% of staff complete training.
- There are currently 13 FTE open shifts available. Positions continue to be difficult to fill during the pandemic, despite an increase in wages in June, 2021. The day programs are currently re-opening, the PIP job coaching is expanding and several additional staff are currently needed.
- There was a slight increase in overtime hours compared to the previous quarter. However, the amount of overtime was significantly reduced this year compared to the prior year. Overtime has been reduced 18% in the Crisis homes, 47% in the SLS programs and 66% in the SLO County ICF homes. Last year there were 1988 OT hours utilized and this year ended with 1239 OT hours. There was a total of 749 fewer OT hours this year compared to last year, with a cost reduction of approximately \$15K.
- Organization wide, the cumulative employee turnover rate was 40% for the year. This is a 10% reduction compared to the prior year. The total turnover for CSS staff is at 34%. The TL program had the lowest annual turnover at 13%. Santa Barbara County Residential and Tunnell programs also had low turnover rates with 23% and 27% for the year. The crisis programs had the highest turnover for the year with 78% compared to the low of 6% the prior year. This department is more intensive than other departments and turnover seems to cycle every 18 months. Overall, fewer people left the organization in the last two quarters compared to the first two quarters of the year.
- Five departments had persons served submit satisfaction survey's this quarter. A total of 36 satisfaction surveys were completed. Overall, the satisfaction level this quarter was slightly lower than the previous quarter. The persons served are eager to resume regular activities. Three of the five departments received satisfaction rates over 4.0 this quarter. In particular, the SLO Residential programs, Crisis programs and Supported Living had high level of satisfaction.
- Nine satisfaction surveys were completed by employees this quarter. The surveys indicated an overall good (4.24) level of satisfaction.
- The completion of internal inspections has continued to improve over the previous quarter with 95% of all departments submitting required reports on time this quarter. Six departments submitted 100% of the reports on time. SB County and SLS made improvements in this area.
- The reduction of medication errors continues to be an on-going goal. The number of errors increased this quarter with 19 errors. Three departments had zero errors this quarter including: Vocational Services, CIS and TL. The majority of errors occurred at the SB and SLO County Residential Programs. Six of the errors occurred on home visits and four errors were made by the pharmacy.

### Action Plan by June 30, 2021

**Medication Errors** will be further reduced to < 5 per quarter. There were 10 medication errors this quarter, 7 which occurred at OPTIONS programs. Two errors occurred on home visits and one was made by the pharmacy. The errors were most prevalent at the SB County and SLO County Residential Programs. An RN training guide has been completed and will be reviewed with all RN's, QIDP and Supervisors. Staff in both county residential programs will receive a training review on medication administration. *To be directed by the Residential Program Director.*

*Update: Goal not met. The RN training guide was completed and reviewed with the QIDP's and RN's. One RN has left the company and a new RN has been trained. Additional in-service training has been provided to ICF staff in both counties.*

**Internal Inspections:** 90% of Internal inspections will be submitted on time at the Alvin, Tunnell and Vocational Services Department. *To be directed by the Residential and Vocational Services Program Directors.*

*Update: Goal met in 1/3 of programs. The Vocational Services Department completed 100% of reports on time. Improvement was made at both the Alvin 67% and Tunnell 78% homes, although continued improvement is needed.*

**Staff training:** 90% of staff at the SB County Residential Programs will have completed training by June, 2021. *To be directed by the HR Director.*

*Update: Goal met with 91% of staff completing training*

**Staff training:** 100% of staff at the Crisis Homes will complete Pro-Act by June, 2021. *To be directed by the HR Director.*

*Update: goal not met 78% of staff have completed day 1 and day 2 of Pro-Act. Continue goal. In person training for day 2 will resume in August, 2021.*

### Action Plan by September, 2021

**Medication Errors** will be further reduced to < 5 per quarter. There were 10 medication errors this quarter, 7 which occurred at OPTIONS programs. Two errors occurred on home visits and one was made by the pharmacy. The errors were most prevalent at the SB County and SLO County Residential Programs. The RN from SB County will be retiring in August, 2021 and the temporary RN for SLO County will be retiring in October, 2021. Two new part time RN's or one FT RN will be hired and trained for both counties. The RN training guide will be reviewed with the new RN's. The new RN's will observe medication passes by staff and procedures in all homes to make any suggestions for improvements within 90 days of hire. *To be directed by the Residential Program Director.*

**Internal Inspections:** 90% of Internal inspections will be submitted on time at the Alvin and Tunnell homes. *To be directed by the Residential and Vocational Services Program Directors.*

**Action Plan by September, 2021**

**Staff training:** 80% of staff at the SLS Programs will have completed Pro-ACT training by September, 2021. *To be directed by the Program Director with the HR Director.*

**Staff training:** 90% of staff at the ICF-ID/H and Crisis Homes will complete Pro-ACT by September, 2021. *To be directed by the CEO with the HR Director.*

**Staff training:** 90% of staff at the CIS and SLS Programs will have completed ISP/BA self study training by September, 2021. *To be directed by the Program Director with the HR Director.*