



Changes in Outcome Norms

4th Quarter (April, May, June 2022) Fiscal Year Ending 2022

Probe	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Change from Last Quarter	+/-
Spot Checks number completed	95% 58	95% 52	94% 59	97% 61	+3% +2	+ +
ISP's in Place within 30 Days	84%	78%	80%	59%	-22%	-
Satisfaction Persons Served	4.06	4.32	4.14	4.23	+.09	+
Satisfaction Staff	4.12	4.16	4.30	4.0	-.30	-
Satisfaction Stakeholders	N/A	5.0	4.90	N/A	N/A	-
Record Review	93%	N/A	86%	86%	0%	
Number of records reviewed	21	N/A	39	10	-29	-
Staff Training	97%	94.6%	94%	95%	+1%	+
Special Incident Reports /Intensity Level (1 - 4)	46 2.28	21 2.47	54 1.53	56 2.03	+ 2 -.50	- -
Medication Errors	12	15	8	16	+8	-
Internal Inspections	89%	73%	79%	94%	+15%	+
Cumulative Overtime hours	660	1650	2475	3458	+984	-
Cumulative Expense	\$17486	\$43687	\$66,828	\$94649	+\$27,821	-

Note: Covid-19 affected programs effective March, 2020 and has not relented

Notable Findings:

- 61 spot checks were completed this quarter, meeting the goal of 50 reports per quarter. The reports indicate the quality standards have continued to remain high in each department with an average of 97%. The goal of 90% or more for each department was met in all programs reviewed this quarter.
- The number of ISP's completed on time greatly decreased this quarter. Many meetings have continued to be delayed due to Service Coordinator case loads, Supervisors providing direct care and difficulty coordinating meetings. Most meetings are continuing to be held through virtual zoom or "go to meetings". On average, 59% of ISPS have been completed on time. All departments have experienced difficulty in this area.
- Ten records were reviewed this quarter and was not an area of focus due to an emphasis during the previous quarter. Currently 86% of the files contain all required information.
- The completion of staff training remains high with 95% of staff completing all training, meeting the goal of 95%. In person classes are now being offered on a

limited basis. All departments have over 90% of staff completed with all required training.

- There are currently 12 FTE open shifts available, which is approximately the same as the previous quarter. Staffing has continued to be a hardship. New recruiting methods are being implemented and there have been an increase in applications.
- Due to the number of open shifts, the amount of overtime hours has continued to increase. The number of hours compared to the previous quarter increased. The amount of overtime and costs for the year is at an all time high. Efforts are continuing to be made to mitigate the increase in hours and efforts to recruit staff continue. These measures include Supervisors and members of the Administrative Team are working direct care hours to train staff and reduce overtime.
- Organization wide, the cumulative employee turnover rate for the fourth quarter is 47%. This remains a relatively positive outcome considering the statewide staffing shortage and is below the goal of 50%. The highest turnover has been at the SLO County Residential programs with 67% followed by the day program with 62%. Most programs had under 50% turnover for the year and three departments had 0% turnover for the quarter.
- Six departments had persons served submit satisfaction survey's this quarter. A total of 40 satisfaction surveys were completed. Four of the six departments received satisfaction rates over 4.0 this quarter and one was very close with a rating of 3.95. In particular, the SLO County Residential Programs and SLS programs, had the highest level of satisfaction and the Crisis Services had the lowest with 3.79.
- Twenty-one satisfaction surveys were completed by employees this quarter. The surveys indicated an overall good (4.00) level of satisfaction.
- The completion of internal inspections greatly improved over the previous quarter with 94% of all departments submitting required reports on time. Given the current workload due to the pandemic, the submission of internal documents had previously declined. Completing the internal inspections in a timely manner was a focus area this quarter to ensure regulatory compliance.
- The reduction of medication errors continues to be an on-going goal. The number of errors increased this quarter with 16 errors. The majority of errors were made in the TL (6) and SLO Residential Programs (5).

Action Plan by June 30, 2022

Medication Errors will be further reduced to < 5 per quarter. An in-service training will be held at a residential staff meeting to review medication administration. To be directed by the Residential Program Director. ***In-service training was held in all departments and staff in many departments reviewed the Medication Administration Training Guide. Goal to be continued.***

Internal Inspections: Internal inspections have not been completed or submitted on time for four consecutive quarters. 90% of Internal inspections will be submitted on time at the SB County and Tunnell homes. To be directed by the QIDP and Residential Program Director. ***Goal partially met: 88% of internal inspections were completed in the SB Residential Programs and 100% were submitted on time at the Tunnell home. Continue goal for SB Residential Program.***

Internal Inspections: 80% of the internal inspections for the CIS and Supported Living Services Programs will be submitted on time by June 30, 2022 to be directed by the CIS/Voc Program Director. ***Goal partially met: 100% of internal inspections were submitted on time for the CIS programs. SLS staff meetings were not held. Continue goal.***

Records: 80% of required documents will be in place this quarter in the TL and Tunnell Programs by June 30, 2022. To be directed by the Residential Program Director and QIDP ***Record reviews were not completed. Continue goal.***

Staffing: The shortage of staff has continued to have an impact in numerous areas including overtime. Effective March 2022, there are currently 12 FTE positions open. Efforts will continue in increasing recruitment and hiring with a goal of < 8 FTE position by June, 2022 to be directed by the HR Director. ***Implement referral bonus and continue goal.***

ISPS: SLO, SB County Residential Programs and SLS departments had under 80% of ISPS submitted on time this quarter. 90% of ISPS will be submitted on time in each department. To be directed by the Program Directors of each program. ***Goal not met, continue goal.***

Action Plan by September 30, 2022

Medication Errors will be further reduced to < 5 per quarter. An in-service training will be held at a residential staff meeting to review medication administration. To be directed by the Residential Program Director.

Internal Inspections: Internal inspections have not been completed or submitted on time for four consecutive quarters. 90% of Internal inspections will be submitted on time at the SB County homes. To be directed by the QIDP and Residential Program Director.

Internal Inspections: 80% of the internal inspections for the Supported Living Services Programs will be submitted on time to be directed by the CIS/Voc Program Director.

Records: 80% of required documents will be in place this quarter for all programs. To be directed by the Residential Program Director and QIDP

Staffing: The shortage of staff has continued to have an impact in numerous areas including overtime. Effective June 2022, there are currently 12 FTE positions open. Efforts will continue in increasing recruitment and hiring with a goal of < 8 FTE ***The referral bonus will be implemented September 2022.***

ISPS: SLO, SB County Residential Programs and SLS departments had under 80% of ISPS submitted on time this quarter. 90% of ISPS will be submitted on time in each department. To be directed by the Program Directors of each program.

