Children's Home Society if Missouri

Performance and Quality Improvement Annual Report

FY 2015

Philosophy:

Performance and Quality Improvement is a process involving staff at all levels of the agency working together to constantly improve agency processes, procedures, services, and systems. Children's Home Society of Missouri believes a strong performance and quality improvement system is vital to strengthening the agency and ensuring long-term success and vitality. We believe that all aspects of the agency can be measured and evaluated for improvement. By continuously engaging in continuous quality improvement, CHS can more effectively and efficiently deliver programs and services that in turn will allow for the flexibility to meet the changing service needs of clients and stakeholders. CHS also believe continuous quality improvement is a beneficial tool for ensuring effective management practices.

Key Elements of Children's Home Society of Missouri's PQI System

- Data-driven decision-making
- Driven by good management… not crisis
- Driven by input from all levels of staff and stakeholders
- Continuous review of progress

Performance and Quality Improvement is a proactive approach to advancing effective, efficient programs, effective management practices, and the achievement of strategic goals.

Accomplishments:

FY 2015 was a big year for Children's Home Society of Missouri. In February of 2014, the agency hired its first ever Director of Quality and Compliance. This new position is responsible for oversight of the agency's performance and quality improvement work as well as its adherence to funding, licensing and accreditation requirements.

In May, CHS began the process of transitioning to electronic case records from paper files. Following a three-month development phase, the system went live in September. The new electronic case record system, called Apricot, will provide the agency with easier methods to collect, aggregate and analyze client demographic and outcome data.

In response to input from stakeholders, CHS undertook a comprehensive review of the agency's compensation and benefits package for employees. Focus groups were held with a cross section of agency staff to gauge the value of existing benefits as well as identify potential future offerings not currently included in the agency's benefits package. CHS obtained national salary and benefit survey data from AAIM Employers' Association. Following a thorough review of the

data, by CHS Board and staff, agency policies were updated to meet employee needs and ensure CHS is a competitive employer.

Performance Improvement Projects

In May of 2014 CHS began the process of implementing a web-based client record keeping and outcome management system. After much research, Apricot by Community TechKnowledge was chosen for its analytical report features, flexibility to tailor forms and reports to match agency program needs, security and portability. The system also included features to lookup and verify client addresses to ensure accurate billing to county specific funders such as The Community and Children's Resource Board of St. Charles County and St. Louis County Children's Service Fund.

Apricot provided the opportunity to maintain one client file that can be accessed by multiple clinicians and therapists across the agency while still maintaining confidentiality. Prior to Apricot, CHS kept separate paper files for clients receiving services from multiple programs. Each program maintained separate client ids with prefixes denoting the program: DD, ECS, PC, etc. Apricot now assigns a client/record id that is used across all programs. All agency clinicians and therapists have access to a client's basic demographic information (name, age, address, telephone, race/ethnicity, income), but may only access the client assessments, progress notes and outcome measures they create.

The implementation of Apricot took three months to complete and began with three of CHS' four program service areas: Community Mental Health Services, Family Support Services, and Education and Training Services. Residential and Respite Services requires the purchase and installation of new computers and hardware for the agency's Brentwood and St. Charles facilities and is scheduled for implementation in Spring 2015. Each program service area's forms were reviewed and compared with those of the agency's other programs. Forms were reviewed to ensure requested information was up-to-date with agency policy and funder requirements, provided value to the agency and its staff, and was not duplicated on another form. Duplicate forms were replaced with one standardized form in Apricot.

Staff received Apricot training throughout the month of August and was ready to begin using the system starting September 1, 2014. The agency elected to maintain paper and electronic case records in tandem to ensure Apricot was fully functional prior to moving to an all-electronic case record system. This decision was communicated inconsistently across agency programs and resulted in a hybrid documentation system whereby some forms were completed solely in Apricot while others were completed using paper copies.

Customer Satisfaction

In June of 2014, CHS mailed a customer satisfaction survey to approximately 300 customers. Fifty-five surveys were returned yielding an approximate response rate of 18%. Of the 55 customers that responded, 96% (n=53) were satisfied with the services they received at CHS, 2% (n=1) were dissatisfied, and 2% (n=1) did not indicate their level of satisfaction.

Client Outcomes

Program	Outcome	Target	Achieved
Community Mental Health Services	Clients experience fewer mental, emotional, and/or behavioral symptoms.	80%	80.4%
Community Mental Health Services	Clients experience no out-of-home placements.	90%	92.5%
Community Mental Health Services	Clients are free from substantiated incidents of child abuse and/or neglect.	90%	97.5%
Community Mental Health Services	Clients develop healthy relationships with family members/caregivers.	80%	82.6%
Education and Training Services	Clients gain positive parenting/co-parenting skills.	90%	95%
Family Support Services	Clients experience no out-of-home placements.	90%	93.75%
Family Support Services	Clients gain positive parenting/co-parenting skills.	80%	86%
Family Support Services	Clients are free from substantiated incidents of child abuse and/or neglect.	90%	99%
Residential and Respite Services	Clients experience no out-of-home placements.	90%	100%
Residential and Respite Services	Clients are free from substantiated incidents of child abuse and/or neglect.	90%	100%

FY '16 Performance and Quality Improvement Projects

The following performance and quality improvement projects have been identified as goals for fiscal year 2016.

1. **Voice of the Customer**:
   Conduct a systematic review of the agency's process to listen to its customers to gain information on their satisfaction, dissatisfaction and engagement. The analysis shall include:
   a. Current methods to determine customer satisfaction including surveys, formal and informal feedback, complaints, customer referral rates, etc.
   b. Process to identify CHS customer segments
   c. Survey/ listening strategies
      i. Frequency
      ii. Response rate
      iii. Adaptation to customer segments
   d. Cultural sensitivity of listening strategies to CHS customer segments
2. Implement Apricot in the Residential and Respite Care Services program.
   a. Conduct feasibility study for implementing an electronic medication administration record
3. Create case record review procedure for Apricot
   a. Review staffing needs
   b. Create forms
4. Implement Plan Do Study Act performance improvement process at CHS.

5. Conduct an in-depth review of data collection strategies
    a. How do we make data valuable?
        i. Review data collection methods to determine optimal processes for analyzing client, therapist, and program performance.
        ii. Which client stakeholder(s) (parent, teacher, case manager, etc.) should be used when calculating client, clinician/therapist, program and agency performance?