



Performance and Quality Improvement Annual Report 2008



A Texas Home for Boys and Girls
Since 1943.

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COMMITTEE: Steering Committee

Date of Report: January 8, 2009

COMMITTEE CHAIR: LeAnna McKinney, PQI Coordinator

Steering Committee Members:

Paula Tucker, Shelter Director

Constance Hood, Director of Child Placement

Rochelle Stevenson, Foster Care Case Manager

Kim Mattheson, HR Director

Ed Baxter, Chief Financial Officer

Cindy Priesmeyer, PMNC Coordinator

Debi Stephenson, Case Management Coordinator

Cindy Mazon, Director of Transitional Living

Vanessa Ward, Therapist

Eric Davis, Facilities and Risk Coordinator

Lenna Baxter, Executive Director

LeAnna McKinney, PQI Coordinator

Sara Flournoy, Executive Assistant

Dave McIlvoy, Board President

The report covers the two quarters that occurred in 2008. This includes July through December 2008.

RECORDS REVIEW

The Records Review is conducted quarterly to evaluate the presence, clarity, quality and continuity of required documents using a uniform tool to ensure consistency.

Improvements that have occurred as a result of committee recommendations:

- The Residential Program set up a new filing system on December 1, 2008 and all records will reflect the change by January 15, 2009. This system allows reviewers within Records Review, Peer Case Review, TDFPS Licensing and COA easier access to locate documents.
- Forms and headings were updated within Evolv-CS. These forms include Follow Up, Case Notes, Chronologicals and Visitation Restrictions.

Recommendations that are currently being implemented:

- Program Directors and Case Management Supervisors are reviewing procedures that may assist case management staff ensure all documentation is completed in a timely manner. This may include utilizing Microsoft Outlook for triggers or completing documentation as a team.

PEER CASE RECORD REVIEW

The Peer Case Review is conducted quarterly to analyze and evaluate clarity, content and continuity of open/closed records and to determine if children's needs and strengths are being assessed appropriately.

Improvements that have occurred as a result of committee recommendations:

- A procedure was established to ensure deadlines for Plans of Service and Quarterly Reviews are met. This has been very successful and no deficiencies have occurred since implementation.
- Authorized Consent for Release of Information form is being utilized by all case management staff.
- An Admission Report has been created for the Shelter and it being utilized. This was to insure compliance with TDFPS Licensing Standard GRO 748.103 (4).

Recommendations that are currently being implemented:

- Revisions to the Residential Care filing system will be implemented.

SAFETY REVIEW

The Safety Committee conducts a quarterly review of all issues regarding employee and client safety by focusing on facilities and risk management.

Improvements that have occurred as a result of committee recommendations:

- Campus curfew was put into effect on November 6, 2008 and appears to have been implemented by all staff.
- A refrigerator has been purchased by the Facilities and Risk Coordinator for each program to utilize if the need were to arise for storing cold medication.
- Commissary is now stocking the following items: mattress pads, individual toothbrush and soap holders

Recommendations that are currently being implemented:

- The Facilities and Risk Coordinator will provide Program Directors with a punch list of items noted following an inspection. This will allow clarification of designated responsibilities between child care staff, program directors and maintenance staff to make corrections.
- A procedure will be put into place regarding live-in staff who are departing Boysville. A checklist will be created by the PQI Coordinator of responsibilities and expectations of Administrative staff upon the child care staff's departure. This will include responsibilities and items in the cottage as well as the apartment.
- Human Resource Director will speak with staff regarding the procedure if a staff accident occurs. This will insure that proper protocols are followed.

RISK ASSESSMENT – ADMINISTRATIVE REVIEW

The Risk Assessment – Administrative Review is conducted quarterly to assess areas that pertain to administration of Boysville.

Improvements that have occurred as a result of committee recommendations:

- Program Directors meet on the second and fourth Wednesdays prior to Administrative Meetings to discuss different issues to communicate to their staff. This is to address the need for improved communication between programs. This has shown to be successful at improving communication.

Recommendations that are currently being implemented:

- Implementation of the Employee Recognition Program is being reviewed by the CEO. This will be implemented by January 2009.

- A cost analysis will occur within the commissary's ordered items. This will be overseen by the Business Manager, Facilities and Risk Coordinator and PQI Coordinator.

RISK ASSESSMENT – PRACTICE REVIEW

The Risk Assessment – Practice Review is a collection of service delivery information that focuses on key quality factors, including appropriateness, efficacy, effectiveness and quality.

Improvements that have occurred as a result of committee recommendations:

- A change in the child grievance procedure reflects the PQI Coordinator as the staff that will handle child grievances within the Residential and Foster Care Programs. The Intake Coordinator will handle any grievances that occur within the Shelter.
- Children have the option to store personal items in a lockbox to ensure their safety.
- The Lead Child Care Worker for the Shelter and Residential Program will be administering medication to children.

Recommendations that are currently being implemented:

- A checklist will be created by the case management staff that will be utilized at the Assessment Team meeting for when a child is transferring from the Shelter to the Residential and Foster Care Program. This will allow the staff to insure all the child's needs are being met and addressed. It will also make certain there is no delay in services during the transfer.
- PQI Coordinator will create an Exit Survey within the P: Drive to allow case management staff and the intake coordinator to access so it can be emailed to guardians. This may improve the responses and feedback.
- Program Directors will speak with their staff regarding the difference between a room search, inspection and walk through of children's rooms.
- Education Coordinator is designing ways to improve the library and study hall to assist the need to increase the children's grades.
- Program Directors and staff will develop a policy and procedure regarding downloading and monitoring of iPods for residents.