



Performance and Quality Improvement Annual Report 2010

COMMITTEE: Steering Committee

Date of Report: January 19, 2011

COMMITTEE CHAIR: LeAnna McKinney, Compliance Coordinator

The report covers January 2010 through December 2010.

RECORDS REVIEW

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

Improvements that have occurred as a result of committee recommendations:

- Medication logs were updated for program uniformity.
- Foster Care files were updated to be user friendly.
- All background checks for employees were completed to ensure compliance.
- Training was conducted with Child Care Staff regarding medication procedures, administration and documentation.

Recommendations that are currently being implemented:

- Chief Operations Officer listed on client paperwork to replace Executive Director where applicable to ensure compliance with license holder.
- Medication documentation for Independent Living residents being examined and procedure developed.

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:

- TDFPS Minimum Standards training was conducted to review all changes to the General Residential Operations and Child Placement Agency Standards.
- Boysville is a member of the Defran Treatment Plan Group that is proposing a customization of Treatment Plans within Evolv-CS to the Defran Development Team.

Recommendations that are currently being implemented:

- An effective process for developing and implementing a Service Plan in a timely manner in correlation with Evolv-CS workflows for case management staff is being researched.
- Individual consultations with case management staff are being scheduled to address workflows, time management tools and scheduling regarding Service Plans.
- A Case Management Training Manual is being updated to reflect new Evolv-CS 8.0 Interface and updates to TDFPS Minimum Standards.

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:

- Revised grocery list was distributed to all Child Care Staff that reflect new items available in the Boysville Commissary.
- Swimming Pool rules and emergency procedure sign was posted at the Boysville Swimming Pool as a result of requirements from TDFPS Minimum Standards.
- The “Lockdown” Disaster Drill was conducted and phone tree updated.
- Cottage inspections utilize a 4 part sheet for immediate resolution was created.
- New Hire Orientation includes disaster preparedness training.

Recommendations that are currently being implemented:

- The off campus Disaster Drill will be conducted and updates made to the policy and procedures will occur as needed.
- Evacuation kits have been approved to be ordered over time.
- Night Security is being examined to determine effectiveness vs. cost.

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:

- Memos of Understanding have been updated with churches as a location for the Disaster Drill.
- Job Descriptions and Policy and Procedures have been updated to reflect changes to organizational chart and job titles.

Recommendations that are currently being implemented:

- Support ticket/email is being reviewed for computer/IT issues that arise.
- SAMA Trainers will be re-certified and possibility for a female trainer will be examined.

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:

- Library study hall has become more formalized and focuses on academics.
- Motivational system for the Residential Program has been implemented.
- Photo Release Form for TDFPS children was created and implemented to ensure only publishing of residents permitted are used.
- New medication notification procedures for non-psychotropic and psychotropic medication were implemented.

- Spanish version of the Satisfaction Survey was translated for use with Spanish speaking guardians/residents.
- Transition/Independent Living Home was established and opened for youth 18 years and older.
- Independent Living residents received General Safety and First Aid training.

Recommendations that are currently being implemented:

- Anti-Bullying campaign, “No Place for Hate” will begin in January 2011.
- Doors for male cottages are being examined per cost.
- A girls/boys group will be formulated to address various issues faced by residents to include self-esteem, respect for opposite gender, etc.