



Changes in Outcome Norms

4th Quarter - Fiscal Year Ending 2017 April - June 2017

Probe	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Change from Last Quarter
Spot Checks number completed	95% 49	96% 47	95% 63	93% 51	+2% -12
ISP in Place within 30 Days	95%	98%	94%	94%	0
Satisfaction Surveys	4.26	4.47	4.40	4.28	-.12
Record Review	88%	90%	92%	94%	+2%
Staff Training	98.5%	97%	99%	97.6%	-1.4%
Special Incident Reports /Intensity Level (1 - 4)	77 2.39	93 1.97	79 1.82	64 2.12	-18 +.30
Medication Errors	10	7	6	9	+3
Internal Inspections	88%	100%	100%	100%	0
Cumulative Overtime hours	718	1230	1615	1882	+267
Cumulative Expense	\$13568	\$22,952	\$30,277	\$35,346	+\$5069

Notable Findings:

- The goal for the number of spot checks was met this quarter with very good outcomes, although the rate of 93% is below that of the past 7. The goal of 90% or more for each department was met in 7/8 programs. One program had a significant decrease in the effectiveness score. Two follow up inspections were completed at different times by the QIDP and CEO and no issues of concern were found. It is possible that this was due to inconsistent rating measures by new staff completing the survey.
- The number of ISP's completed within 30 days of the meeting date was the same as the previous quarter with 94% completed within 30 days of the meeting. The goal of 100% completion on time was met in 5/8 departments. Three departments had under 90% completion rate (one department was at 88%).
- There was improvement in the maintenance of records this quarter with 94% of the files reviewed containing all of the required information. Progress was made in this area each quarter this year. 7/8 departments had over 90% of the records complete. Overall, 59 records were reviewed.
- The completion of staff training remains high and the overall goal of 95% of staff completing all training within the first 90 days of hire was met with 97.6% of staff completing training. The goal of 95% has continued to be met each consecutive quarter since April, 2012.

- There are currently 5 FTE open shifts available, which is an increase compared to the previous quarter. There is often an increase of openings during this quarter due to the end of the school year and people moving in the summer. However, the rate of overtime has continued to be significantly reduced and continues to be monitored closely. This year the rate of OT was reduced by 878 hours which \$14,123 less than the previous year.
- Organization wide, the employee turnover was reduced by 41% this year. The turnover was reduced in all departments. The SLS department had a 75% decrease, Tunnell/SLS had an 85% reduction, Vocational Services had a 53% decrease and the SB County residential programs and Administrative staff turnover rate were each reduced by 38%. At this time, 69% of staff have been employed over one year.
- Each department had satisfaction survey's submitted this quarter and the overall goal was met in 6/8 departments. Services with a notable high satisfaction rate include Vocational Services, Sonata and Supported Living. Concerns were noted at the Atascadero ICF, SLS and SLO ICF. Persons dissatisfied with services had a follow up meeting to address their concerns. Previous issues identified were resolved.
- The completion of internal inspections continued with 100% of all departments submitting required reports this quarter. The on-going support of OPTIONS' administrative coordinator has been instrumental in providing reminders and regular updates to help support the supervisors.
- The reduction of medication errors continues to be an on-going goal. There were nine medication errors this quarter, an increase over the previous quarter. This area will continue to be addressed as the goal is to ensure medications are accurately administered.

Review of Action Plan:

Action Plan by June 30, 2017 (to be directed by the Program Directors/COO)

- Medication Errors will be further reduced to < 5 per quarter. Additional Supervisor/Manager training will be held in June, 2017. OPTIONS RN's will provide a medication administration review at each program this quarter. RN's and supervisors will complete random spot checks/observations during medication passes. To be directed by the Program Director. **Goal not met: Additional training was provided to both supervisors and staff. Five Supervisors attended an outside medication error conference and additional training was provided by TCRC QA staff and OPTIONS' RN's. Goal to be continued.**
- 90% or more of records will be in the files in the Tunnel, Vocational Services, and SLS departments. To be directed by the Program Director. **Goal partially met: 2/3 programs (Tunnell and Vocational Services) had over 90% of the required documents in place. Goal to be continued in the SLS department.**
- 90% or more of the ISPS will be completed within 30 days in the Vocational Services department. To be directed by the Program Director. **Goal met: 100% of ISPS have been in place within 30 days of the meeting this month.**

- The satisfaction for the persons served at the Tunnell home and MB ICF will be closely monitored to ensure all concerns are met in a timely manner. To be monitored by the Program Director. **Goal met: Issues affecting the level of satisfaction were identified at each program and issues were addressed to the satisfaction of the persons served.**

Action Plan by September 30, 2017 (to be directed by the Program Directors/COO)

- Medication Errors will be further reduced to < 5 per quarter. RN's and supervisors will complete 2 random spot checks/observations at each program during medication passes. To be directed by the Program Director.
- 90% or more of records will be in the files in the SLS departments. To be directed by the Program Director with the assistance of the Administrative Coordinator.
- The satisfaction for three specific persons served at the SLO ICF, SLS and Atascadero ICF will be monitored. One person served had been in the hospital and had his routine altered. Measures will be taken to re-establish his rituals and routines. One person served is unhappy that he must pay for his own website. One person served at the SLO ICF would like his own room although one is not currently available. These issues will be monitored by the Program Director with their IDT.

C:\Users\sglab\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\I6DQ42B5\change in norms 4th qrt 2017.wpd