



Changes in Outcome Norms

4th Quarter (April, May, June 2023) Fiscal Year Ending 2023

Probe	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Change from Last Quarter	+/-
Spot Checks number completed	96% 67	96% 54	93% 58	96% 73	+3% +15	+ +
ISP's in Place within 30 Days	77%	89%	92%	94%	+ 2%	+
Satisfaction Persons Served	4.24	4.15	4.30	4.41	+.11	+
Satisfaction Staff	4.30	4.10	4.27	4.45	+.18	+
Satisfaction Stakeholders	4.89	5.00	5.00	5.00	.00	N/A
Record Review	95%	89%	87%	92%	+5%	+
Number of records reviewed	22	41	44	57	+13	+
Staff Training	96%	96%	96%	97.6%	1.6%	+
Special Incident Reports /Intensity Level (1 - 4)	54 2.22	61 2.06	75 1.94	70 2.10	-5 +.16	+ -
Medication Errors	16	23	19	13	- 6	+
Internal Inspections	89%	84%	99%	97%	-2%	-
Cumulative Overtime hours	1015	1857	2475	3069	594	-
Cumulative Expense	\$28,375	\$52703	\$72491	\$91,183	\$18,692	-

Notable Findings:

- Seventy-three spot checks were completed this quarter, surpassing 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 96%. Improvement was made over the prior quarter. 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 continued to improve this quarter. On average, 94% of ISPS have been completed on time. Four departments, SLO County Residential, SB County Residential SLS, Crisis Services and Tunnell had 100% of ISPS completed on time. One Department, TL had two ISPS not completed which resulted in a 75% completion rate.
- Fifty-seven record reviews were completed this quarter, which is an increase compared to each of the previous three review periods. Improvement was made compared to the previous two quarters with 92% of the files containing all required information.
- The completion of staff training remains high with nearly 98% of staff completing all training, surpassing the goal of 95%. Two departments, Vocational Services and

Action Plan by June 30, 2023

ISPS: 90% of ISPS will be submitted on time in the Supported Living, Crisis Services and TL departments. To be directed by the Program Director of the program. *Goal partially met. 90-100% of ISPS were completed on time in the SLS, Crisis Services department. Continue goal for TL department.*

Record Review: A minimum of 5 record reviews will be conducted in the TL and SLO Residential Departments, 3 record reviews will be completed in the Crisis Services and Tunnell Programs with a goal of 90% or more in each department. To be directed by the Program Director in each department. *Goal partially met: Goal met in the SLO Residential Department and Crisis Services departments. Four reviews were held in the TL department with 94% completion and no reviews were completed at the Tunnell program. Continue goal revised.*

Staff Training: Staff at the Crisis homes will have completed 95% of required training. *Goal met.*

Action Plan by September 30, 2023

Medication Errors will be reduced to < 5 per quarter. 3 med pass reviews during a spot check will be completed at each SLO Residential program and the TL program. To be directed by the Residential Program Director and QIDP.

ISPS: 90% of ISPS will be submitted on time in the TL department. To be directed by the Program Director of the program.

Record Review: A minimum of 3 record reviews will be conducted in the TL and Tunnell Programs with a goal of 90% or more in each department. To be directed by the Program Director in each department.

Supervisor Training: Each Supervisor will attend one Brown Bag training for continuing education, collaboration, interaction with other supervisors, and to increase teamwork. To be directed by the HR Director.

Appreciation Day BBQ: Staff, Persons Served and families will be invited to participate in an Appreciation BBQ on September 29, 2023 @ Cuesta Park.