



Annual PQI Report FY2017

Narrative



Although still a work in progress, Davis Stuart has been redeveloping its PQI system since April 2016. A PQI culture has been purposefully encouraged and implanted within Davis Stuart over the last year, with the goal of it being second nature to the agency and those that lead the PQI system. The PQI Committee has been consistent with the review of required and essential reports and in the engagement of PQI activities over the last year. This work helped us to achieve our COA accreditation after a year of deferment, as our PQI system previously was deficient. The PQI leadership showed dedicated effort during this time. We have a stronger, more transparent, and cohesive PQI system as a result.

This report provides a Review of Previous Goals, a Summary of PQI Activities, any Holdover Issues (if applicable), and PQI Goals for the next fiscal year.



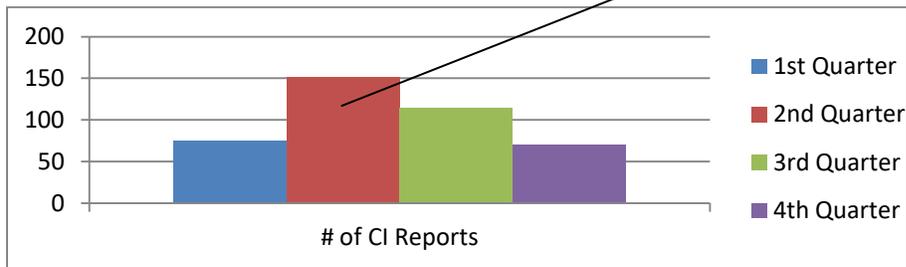
Review of Goals

- 1) Continue to develop PQI system into a more effective and comprehensive process, which meets all COA PQI standards. *Met May 2017-but process continues to be a work in progress.*
- 2) Revision of agency Policy and Procedure Manual. *Not started.*
- 3) Diversification of services to extend past residential treatment of youth age 12-17—to include Child Placing services, Community Based Outpatient services. *Not started.*
- 4) Explore possible specialization of current residential service--to include Pregnant/Parenting Teen group home, Crisis Stabilization Unit, Substance Abuse Treatment Step Down group home, Independent Living program. *Not started.*

- 5) Complete install and implementation of previously purchased electronic medical records system. *Met September 2016*
- 6) Continue to respond to the DHHR “Safe At Home” initiative when opportunities arise. *Not a Safe At Home provider-but work with those who are.*
- 7) Appropriately and responsibly manage the coming fiscal changes that will occur with the new DHHR reimbursement system and the unbundling of Medicaid treatment services reimbursement. *The changes to the reimbursement system were halted in August 2016 via the courts. However, Davis Stuart continued to plan and prepare for the changes over the next 8 months. In May 2017, the changes initially proposed were dropped for the near future. The changes may well occur but not for another 2 years. This will allow Davis Stuart the needed time to make adjustments and prepare properly for the changes that were not afforded to us initially.*
- 8) Dining Hall. *Plans approved. A contractor has been found; waiting on sub-contractor bids. Additional funding with a Shott Grant was obtained to help off-set the costs associated with this expenditure.*

Summary of Key PQI Activities

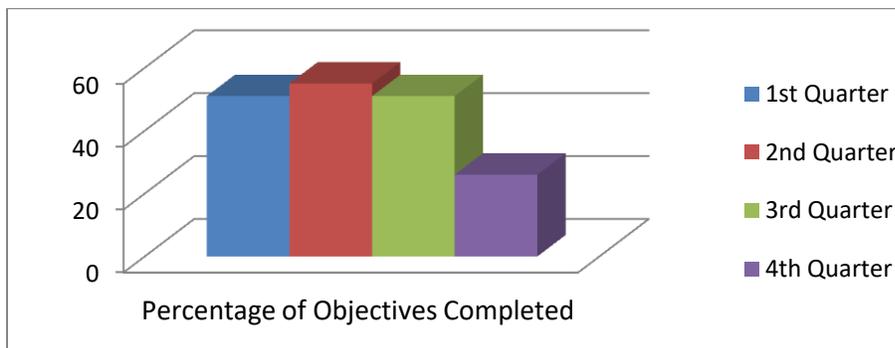
Critical Incident investigation reviews—



This figure represents an increase in Away from Supervision (AFS) which was addressed immediately by management and followed up with a corrective action plan. WV DHHR was aware of the issue and satisfied with Davis Stuart’s efforts to decrease the episodes of AFS. The high level was associated with high staff turnover and an increase with residents with conduct issues during this period. The next reporting periods show AFS episodes were down to acceptable levels.

These reviews are completed on a quarterly basis and reviewed in the Safety Committee meetings. Any issues identified during Safety Committee were brought to the PQI Committee’s attention. There are a number of events that qualify as a Critical Incident, which are determined and defined by WV DHHR.

Meta-Analysis reviews---



These reviews measure resident success with their treatment plan objectives. These are also done quarterly. Meta-Analysis reviews reflect a successful completion rate within an accepted national average range of 45%-55%, sometimes even higher. At the request of the PQI Committee the 3rd

Quarter review included a cross comparison, and all subsequent reviews will retain that information. The PQI Committee will discuss any adjustments to programming or treatment in

future meetings, as needed. Additionally, the data collection method will be revised to narrow data collection results and assure consistent data is gathered and accurate comparisons are being made.

Case Record reviews---These reviews are done internally and completed quarterly. The reviews have shown a steady improvement with required documentation being completed thoroughly and accurately. Consistent issues involve missing documents which are not provided by WV DHHR and missing Release of Information/Request for Record forms. Both issues have been addressed with a degree of resolution. This will be monitored in future reviews.

Safety Committee reports---These are reviewed quarterly and at times generate discussion among the PQI Committee members. To date issues identified by the Safety Committee and subsequent handling have not required further intervention by the PQI Committee.

Medication Error report---This report was only recently put on the PQI Committee meeting agenda. It was requested by the PQI Committee that the report differentiate between true med errors and errors in the documentation of med distribution, and also between campus and GH. This will allow for a narrower interpretation of the results.

Human Rights Committee (HRC) recommendations--- This committee meets at least bi-annually and was reinstated during the last fiscal year. The initial meeting yielded some suggestions in the process of resident submission of grievances. A more neutral and centralized process was implemented in January 2017, so residents would feel more confident their grievances were being handled in an ethical and appropriate manner.

COA Accreditation---Davis Stuart underwent a site visit in January 2016. And due to a deficient PQI system were placed on a yearlong deferment while we made the necessary improvements with our PQI system to meet the COA standards. We achieved full accreditation in May 2017. As a standard COA practice, Davis Stuart will submit yearly Maintenance reports to COA. Our next site visit will be 2020.

Stakeholder Involvement---During this last year Davis Stuart has taken efforts to include other stakeholders in the PQI system. This includes the development and use of a resident satisfaction survey and including non-executive staff in the PQI Committee. The workgroup tasked with this continues to meet to expand stakeholder involvement.

Holdover Issues from Previous PQI Annual Reports

None



PQI Priorities and Goals for the new FY

- 1) Continue to increase awareness of Davis-Stuart, Inc. throughout all areas of the State. Build new confidences and relationships while maintaining well established ones.
Member/Participant of WVTI; Operate State Fair Concession Stand; Become member of WVCCA.
- 2) Assess community needs and develop programs and services to meet these/ The Board of Directors will annually evaluate as part of the short term and long term strategic planning the need to develop or discontinue services based upon community needs. This evaluation will utilize information gathered by our participation with West Virginia DHHR, the West Virginia Alliance for children and various community collaborations that we are involved in.
Continue to attend area Collaborative and Regional Summit Meetings; Continue to work with Alliance For Children and WVTI
- 3) Continue to enhance operating and administrative efficiencies. **Develop new agency staff organizational system and chart.**
- 4) Aggressively develop a long term plan to address aging facilities and their repair or replacement. **Completion of building the new Dining Hall; Expansion of Parking areas and repaving of roads; Closure of Beckley Group Home with reallocation of licensed beds among the 3 remaining group homes.**
- 5) Continue to develop and implement a comprehensive financial development plan that focuses on planned giving, corporate and/or foundation grants and benevolent sources
Explore new financial methodology: Zero-Based Budgeting; Grow relationship with Presbyterian Church.
- 6) Maintain competitive salary/wage and benefits as necessary to attract and retain a quality work force. **Develop new agency staff organizational system; Implementation of new health care insurance due to premium increases.**
- 7) Facilitate staff development and involvement in leadership efforts to advocate for and serve families/Continue to care for our staff and help them to develop professionally. **Seek more input and feedback of programming needs from direct care staff; Seek to utilize staff interests/skills in developing activities for residents;**
- 8) Develop and utilize management information systems to enhance communications, quality assurance, service delivery, accountability and development efforts. **Utilize newly provided internal email system for direct care staff to learn more about management information/decisions; Explore use of IT Programmer to improve efficiencies and with data collection.**
- 9) Continue to analyze program effectiveness by utilizing the Performance and Quality Improvement process, licensing reviews, accreditation standards and external consultation, as necessary. **Continue to enhance QA department with centralizing data collection; Development of agency dashboard; Improve analyzing and use of currently collected data.**
- 10) Continue to develop a network of committed volunteers who might serve on our Board of Directors, particularly in the communities in which we serve, focusing on those individuals who have particular skills and talents which will enhance the program of services. **Be more transparent with the Board of Directors regarding challenges and concerns.**

