

**The Guidance/Care Center
Quarterly Performance Improvement Report**

October-December 2009

Overview

The Guidance/Care Center Performance Improvement Committee developed the original Performance Improvement Work Plan for the 2009-2010 Fiscal Year during July 2009. The PI Work Plan was updated in August 2009 to enhance the outcome/effectiveness indicators. .

A. Program and Service Utilization

1. Attendance at first session of OP treatment following an IP discharge

Objective: 80% of all clients discharged from CSU will attend first OP appointment.

Type of Objective: *Quality Assurance: Efficiency*

This continues to be a difficult measure for the Guidance/Care Center (GCC) to track and aggregate in an efficient and meaningful manner. Staff, in collaboration with WestCare Foundation IT, is integrating its data systems to capture and track the information related to this objective.

2. Attendance at OP therapy sessions

Objective: 80% of clients will attend scheduled therapy sessions.

Type of Objective: *Quality Assurance: Efficiency*

The first set of analyses conducted examined the overall results for all appointments scheduled between October 1 and December 31, 2009.

Category	Total #	Kept % (#)	No Shows % (#)	Client Cancellations % (#)	Staff Cancellations % (#)
Key West					
All Appointments	10,138	87.5% (8,866)	7.2% (730)	2.2% (219)	3.2% (323)
Child	4,459	95.8% (4,272)	3.1% (138)	0.8% (36)	0.3% (13)
Adult	5,679	80.9% (4,594)	10.4% (592)	3.2% (183)	5.5% (310)
Key Largo					
All Appointments	3,625	93.5% (3,389)	3.8% (137)	2.3% (83)	0.4% (16)
Child	1,812	97.6% (1,768)	1.4% (25)	1.0% (18)	0.1% (1)
Adult	1,813	89.4% (1,621)	6.2% (112)	3.6% (65)	0.8% (15)

Marathon					
All Appointments	9,468	75.9% (7,184)	2.1% (202)	20.7% (1,958)	1.2% (119)
Child	553	87.7% (485)	6.1% (34)	3.1% (17)	3.1% (17)
Adult	8,915	75.1% (6,699)	1.9% (168)	21.8% (1,941)	1.7% (102)

The second set of analyses conducted examined only those appointments that were either kept or for which the clients did not show. Client cancellations and staff cancellations were removed from these analyses since they technically cannot be considered “No Shows” in the true sense of the term. These analyses, therefore, provide a more valid reflection of the No Show rate.

Category	Total #	Kept % (#)	No Shows % (#)
Key West			
All Appointments	9,596	92.4% (8,866)	7.6% (730)
Child	4,410	96.9% (4,272)	3.1% (138)
Adult	5,186	88.6% (4,594)	11.4% (592)
Key Largo			
All Appointments	3,526	96.1% (3,389)	3.9% (137)
Child	1,793	98.6% (1,768)	1.4% (25)
Adult	1,733	93.5% (1,621)	6.5% (112)
Marathon			
All Appointments	7,386	97.3% (7,184)	2.7% (202)
Child	519	93.4% (485)	6.6% (34)
Adult	6,867	97.6 % (6,699)	2.4% (168)

3. Wait times for OP Appointment

Objective: 80% of clients will be scheduled for first appointment within 2 weeks.

Type of Objective: *Quality Assurance: Efficiency*

The IT Department currently is enhancing its system to better capture this information and to make it more easily accessible for extraction and analysis.

4. Frequency of Outpatient Appointments

Objective: ≥ 90 of the clients will received 1 outpatient service weekly, unless justified in clinical record.

Type of Objective: *Quality Assurance: Efficiency*

Guidance/Care Center continues to enhance its data system to more efficiently and effectively track this information.

B. Consumer Perception

1. Satisfaction with Program Quality

Objective: $\geq 80\%$ on Overall Quality Rating for each program.

Type of Objective: *Quality Assurance: Efficiency*

Client Perception Surveys were administered during this quarter for the Detox and CSU units and for Outpatient services. In all instances, clients are surveyed upon discharge from the programs.

Guidance/Care Center currently uses an instrument consisting of items/questions rated on the following scale: Strongly Agree – Agree – Neutral – Disagree – Strongly Disagree – Not Applicable. For the purpose of these analyses, Strongly Agree and Agree are indicators of satisfaction. Respondents who identified an item as Not Applicable were not included in the aggregate analysis for that item. In addition, although aggregated, items not having responses are not reflected in the table. For the purpose of this report, only highlights are presented that relate to overall program quality (as identified as an indicator in the PI Work Plan).

Inpatient Unit – Crisis Stabilization: A total of 16 surveys were administered between October 1 and December 31, 2009. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	87.5	12.5	0
I was seen for services on time	87.5	12.5	0
I received services when I needed them	87.5	12.5	0
If I had a complaint, it was handled well	100	0	0
If I were to have problems, I would return to this program	87.5	6.3	6.3
I would recommend this program to other people	93.3	6.7	0
The services focus on my needs	86.6	13.3	0
This program has helped me to feel better about myself	66.7	33.3	0

Detoxification: A total of 15 surveys were administered between October 1 and December 31, 2009. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	93.3	0	6.7
I was seen for services on time	86.7	13.3	0
I received services when I needed them	93.3	0	6.7
If I had a complaint, it was handled well	93.3	0	6.7
If I were to have problems, I would return to this program	100	0	0
I would recommend this program to other people	85.7	14.3	0
The services focus on my needs	100	0	0
This program has helped me to feel better about myself	85.7	14.3	0

Keys to Recovery – Residential Treatment: A total of 3 surveys were administered between October 1 and December 31, 2009. **MARATHON ONLY**

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100.0	0	0
I was seen for services on time	100.0	0	0
I received services when I needed them	100.0	0	0
If I had a complaint, it was handled well	100.0	0	0
If I were to have problems, I would return to this program	100.0	0	0
I would recommend this program to other people	100.0	0	0
The services focus on my needs	100.0	0	0
This program has helped me to feel better about myself	100.0	0	0

Outpatient Adult – Mental Health: A total of 11 surveys were administered between October 1 and December 31, 2009. Results are reflective of consumers across all three locations: Key West, Key Largo, and Marathon.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100	0	0

I was seen for services on time	90.9	9.1	0
I received services when I needed them	100	0	0
If I had a complaint, it was handled well	100	0	0
If I were to have problems, I would return to this program	100	0	0
I would recommend this program to other people	100	0	0
The services focus on my needs	100	0	0
This program has helped me to feel better about myself	100	0	0

Outpatient Adult – Alcohol and Other Drugs/Addictions: Only 1 survey was administered between October 1 and December 31, 2009. This survey was from the Marathon location.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100	0	0
I was seen for services on time	100	0	0
I received services when I needed them	100	0	0
If I had a complaint, it was handled well	0	0	0
If I were to have problems, I would return to this program	100	0	0
I would recommend this program to other people	100	0	0
The services focus on my needs	100	0	0
This program has helped me to feel better about myself	100	0	0

Outpatient Children and Adolescents – Mental Health: A total of 15 surveys were administered between October 1 and December 31, 2009. Results are reflective of consumers across all three locations: Key West, Key Largo, and Marathon.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	83.3	6.7	0
I was seen for services on time	86.7	13.3	0
I received services when I needed them	83.3	6.7	0
If I had a complaint, it was handled well	100	0	0

Prevention/Diversion: Only 1 survey was administered between October 1 and December 31, 2009. They survey was from the Key West location.

Item	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Overall, I am satisfied with the services I received	100	0	0
I was seen for services on time	100	0	0
I received services when I needed them	100	0	0
If I had a complaint, it was handled well	100	0	0

Between October 1 and December 31, 2009, Client Perception Surveys were not administered for the following programs:

- Outpatient – Children and Adolescents – Alcohol and Other Drugs/Addictions
- Case Management/Service Coordination – Mental Health – Adults
- Community Integration – Psychosocial Rehabilitation – Adults – Consumer Run
- Community Integration – Mental Health – Adults – Consumer Run

C. Clinical Records

1. Compliance of treatment program records with 65D 30 , CARF standards, and P & P

Objective: $\geq 95\%$ of treatment records will comply.

Type of Objective: *Quality Assurance: Efficiency*

In preparation for the Guidance/Care Center's CARF reaccreditation monitoring visit in June 2010, the agency is enhancing and revising its clinical documentation system. The agency will be implementing the system and training staff during the upcoming quarter.

Although peer reviews were completed during the quarter and are available for review, analysis of the data did not seem practical since the system would be changing. Data from these peer reviews would not lend themselves to Performance Improvement Initiatives since any findings would not be a realistic or accurate reflection of the new system.

Overall, 100% of the charts contained Wellness and Recovery Plans that were developed in collaboration with the client, contained goals and objectives, and had reasonable target dates. Progress notes accurately reflected progress on the Wellness and Recovery Plans in 100% of the clinical records.

2. Utilization Management

Objective: $\geq 95\%$ of clinical records score $\geq 95\%$ on the UM Review Form.

Type of Objective: *Quality Assurance: Efficiency*

The Senior Clinical Officer is in the process of revising and finalizing the Utilization Management Review Form. After completion of the form, the Senior Clinical Officer will train Program Directors and Coordinators on use of the form. The Research and Evaluation Department also will develop a statistical database to capture the data. The first utilization review was planned for January 2009. However, due to a delay in finalizing the form and competing priorities, the first review will occur in July 2010.

3. Billing, Documentation and Data Consistency

Objective: $\geq 95\%$ of the clinical documentation will support the service tickets

Type of Objective: *Performance Improvement: Efficiency*

Based on the most recent Report Card from SFPC, the Guidance/Care Center had a greater than 5% error rate for the following items:

Adult Substance Abuse:

- Assessment
- Crisis Support
- Residential Level 3
- Outpatient Groups
- Intervention Groups

Child Substance Abuse

- Assessment
- Outpatient
- Outreach
- TASC

The Fiscal and IT Departments are reviewing the data to identify potential causes for the high error rate.

4. Wellness and Recovery Plans and Reviews

Objective: $\geq 95\%$ of clinical records will contain a Medication Wellness & Recovery Plan and the associated review

Type of Objective: *Performance Improvement: Efficiency*

Reviews were not conducted during the last quarter. Reviews will resume during the upcoming quarter.

5. State Required Mental Health and Substance Abuse Forms

Objective: $\geq 95\%$ of the required State Forms will be completed within the appropriate timeframes and will be accurate

Type of Objective: *Performance Improvement: Efficiency*

Currently, the Guidance/Care Center is developing a tracking system to more efficiently capture and analyze this information.

6. Prescriptions

Objective: $\geq 95\%$ of the clinical records will have prescription copies as required

Type of Objective: *Quality Assurance: Efficiency*

During the previous quarter, 100% of the clinical records at all three locations contained copies of the prescriptions as required by policy and procedure.

D. Quality of Care and Service Provision

1. CCISC participation

Objective: 100% of programs will score COMPASS by end of year.

Type of Objective: *Quality Assurance: Efficiency*

Guidance/Care Center remains actively involved in the CCISC initiative sponsored by the Florida Department of Children and Families. A representative has participated in all meetings and activities.

Guidance/Care Center completed the annual scoring of the COMPASS for its programs in December 2009.

2. School Attendance

Objective: 86% of the children receiving mental health services will increase attendance at school.

Type of Objective: *Performance Improvement: Effectiveness*

Between October 1 and December 31, 2009, data was available for 193 time points for children receiving mental health services. This information is obtained from the CFARS which is completed at intake, every 3 months, and discharge. Data reflects school attendance in the past 30 days.

On average, 20 school days were available during the past month with the children attending, on the average, 18 of the available school days. More specifically, 73.1% of the children attended all available school days. Approximately 10% of the children missed 2 or less days of school, and 16.5% of the children missed 3 or more days of

school. An additional analysis was conducted comparing the number of days attended at intake to the number of days attended at follow-up. A significant increase in school attendance occurred between intake and follow-up with the average child increasing attendance from 17 days at admission to 19 days at follow-up [$t(171) = -2.462, p < .02$].

3. Employment

Objective: 78% of the clients will be employed at discharge.

Type of Objective: *Performance Improvement: Effectiveness*

For this analysis, clients who were disabled, retired, and/or incarcerated were removed since they cannot be considered employment eligible. Between October 1 and December 31, 2009, 80% of the clients discharged from substance abuse treatment were employed at discharge, with 43.3% having full-time employment and 36.7% having part-time employment.

4. Days in Community

Objective: Adults receiving mental health services will increase the number of days in the community by discharge.

Type of Objective: *Performance Improvement: Effectiveness*

92% of the adults were in the community for 30 days during the 30 days prior to admission. The average number of days in the community was 29 days. 100% of the adults were in the community for 30 days during the 30 days prior to discharge. Although 8% of the adults increased their number of days in the community at discharge (by 1 day), the result is not significant since majority of the adults were in the community for 30 days at admission, resulting in minimal variance.

5. CGAS Scores

Objective: 74% of the children discharged from mental health services will show improvement

Type of Objective: *Performance Improvement: Effectiveness*

A significant improvement occurred in the GGAS score from admission to discharge ($t = -2.462, p < .03$). Average CGAS scores increased from 60 at admission to 65 at discharge.

6. Alcohol and Drug Use

Objective: 75% of clients will reduce alcohol/drug use from admission to discharge

Type of Objective: *Performance Improvement: Effectiveness*

Between October 1 and December 31, 2009, 90% of the clients discharged from substance abuse treatment reduced the frequency of alcohol and/or drug use, with 80% having no use during the 30 days prior to discharge and an additional 10% reducing their frequency of use from admission to discharge.

7. Social and Emotional Functioning

Objective: 75% of children will show improved functioning.

Type of Objective: *Performance Improvement: Effectiveness*

The Guidance/Care Center currently is in the process of designing and implementing an evaluation database that will accurately capture the data related to this objective in collaboration with WestCare's Research and Evaluation Department. Data will be available for the next reporting period.

E. Safety and Security

1. Incident Reports

Objective: 99% of reportable incidents will be provided to appropriate external entity.

Type of Objective: *Quality Assurance: Efficiency*

Between October 1 and December 31, 2009, 100% of the reportable incidents were reported to the appropriate external entity as required. All submissions occurred within the required timeframe.

2. Emergency Drills

Objective: 95% compliance rate with the drill schedule

Type of Objective: *Quality Assurance: Efficiency*

WestCare implemented a new emergency drill schedule in July 2009 for all of its regions and facilities. During this quarter, all sites, including the Guidance/Care Center, were to conduct medical emergency drills across all of the sites and locations. All (100%) of the required drills were completed in Key West, 100% were completed in Marathon, and 100% were completed in Key Largo.

F. Staff Development

1. Annual Training

Objective: $\geq 95\%$ of all staff will complete 20 hours of annual training

Type of Objective: *Quality Assurance: Efficiency*

Additional data was not available for this quarter. The table below provides a detailed description of training completed to date:

Training Topic	% Staff Completing
Corporate Compliance	97.8
Code of Ethics	95.6
HIV	82.6
CPR	21.7
ACT	15.2
Health	89.1
OSHA	43.5
Civil Rights	10.9
Co-Occurring Disorders	17.4
Person-Centered Care and Treatment	95.6