Quality Assurance Reports

Resources for Human Development

FY 19-20

Our Quality Assurance activity focused on the following activities:

1. Satisfaction Surveys
   a. RHD Satisfaction Survey
   b. CART
2. Avatar Key Performance Indicators
3. Monthly CQI Audits
   a. Chart Audits
   b. Phone Audits

I. Satisfaction Survey

    a. RHD

        i. RHD does an annual Satisfaction Survey that is 40 questions and is conducted over Survey Monkey. This year we had 56 respondents which was an increase from last springs 39. We continue to score high in areas such as "liking the service", "choosing this service if offered others" and recommending this service. We were weak in areas such as "Staff told me what side effects to watch for", "The staff treat people who may be gay or lesbian with dignity" and "I deal more effectively with daily programs". Generally speaking, our participants struggle in social and interpersonal settings and we hope when we start groups up again this will give people more positive experiences.

    b. CART
After reviewing our goals from last year it appears that we are moving in the right direction. We almost doubled our respondents (22 this year versus 12 last year). We increased the number of groups, but did not have Mr. Corn present to our Participant

Advisory Board due to health crises between he and I. We are very pleased to see the amount of positive responses. When you consider that only 61% said they chose our services but the satisfaction rate is consistently in the 90th percentile it shows that Certified Peer Supports is a valued service

II. Avatar Key Performance Indicators (KPI)
   a. Over the last 2 years we have looked at 3 indicators that we felt needed attention:

      i. Average Days from Intake to First Service
         1. Starting in April we changed our intake process where the Peer Support Supervisor completed the opening packet. This process improved the onboarding process and shaved the number of days from intake to first service by half a day. The success is due to the added controls of having supervisors complete this task.

      ii. Average Length of Stay
         1. Average length of stay has decreased to under 300 days. Over the last quarter we had 6 participants who had less than 100 days' service. 2 were because we could not locate them, 2 were because of incarceration and 2 because they no longer wanted the service.

      iii. Average number of days to document a service
         1. Timely documentation is essential in an accurate chart and necessary to reflect that we are doing collaborative notes. Due to the pandemic we discontinued groups and phone calls were being coded as telehealth. During the last 2 months of the fiscal year our notes were completed within 24 hours of the service. 2 months prior to the shutdown we were getting notes in within 48 hours which is our corporate policy. I believe the success is due to increased supervisor support

III. Monthly CQI -
   a. Chart Audit
      i. The chart audit process has been changed from the Data Manager to the Peer Supervisors. This process took some time to complete due to me needing medical leave. This year we completed 46 audits, which is down from last year's 81. We also missed 2 months due to COVID-19. Moving forward we are going to track the number of charts that had errors that needed corrected and measure growth in this area.
   b. Phone Audit
      i. Last year we only had 44% response rate to our calls so we transferred that duty to our supervisors and created more. We had a break in the calls due to the need to train supervisors and COVID-19. Once the supervisors were trained we restarted and our response rate grew to 63%. All the participant's responses were positive. We did catch one instance of fraud and the CPS was subsequently terminated.
      ii.