

# IBHS

# Quality Improvement Report

October 1, 2021 –  
September 30, 2022

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## Introduction

The purpose of the IBHS Quality Improvement Policy is to promote a culture of quality within the IBHS program that includes an organization-wide management and staff philosophy of continuous quality improvement in programs, service delivery and employees. The IBHS program is an active participant in the overall agency's Quality Improvement committee. The agency CQI committee is charged with the responsibility for planning, designing, measuring, assessing, implementing, and maintaining a program in which optimal standards to our customers as well as staff performance are continuously promoted and applied to everyday work to meet the needs of those we serve and improve the services we offer. The focus of the quality management plan is on both quality improvement as well as compliance with the standards and regulations of the accrediting and regulatory entities

## Demographics

Program	Total # of clients Served		Admissions		Discharges		Average length of Stay	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
IBHS	259	266	67	59	107	77	926	704

### Discharges and Admissions by month

Month	Discharges	Male	Female	Admissions	Male	Female
October 21	10	9	1	14	5	9
November 21	8	5	3	11	10	1
December 21	9	6	3	10	9	1
January 22	16	13	3	7	5	2
February 22	4	2	2	4	2	2
March 22	17	15	2	3	2	1
April 22	4	3	1	3	2	1
May 22	9	7	2	2	1	1
June 22	9	8	1	3	2	1
July 22	11	6	5	5	2	3
August 22	3	2	1	4	4	0
September 22	7	4	3	1	1	0
Totals	107	80	27	67	45	22

## Admission Primary Diagnosis most prevalent

Diagnosis	Oct. 21	Nov. 21	Dec. 21	Jan. 22	Feb. 22	Mar. 22	Apr. 22	May 22	June 22	July 22	Aug. 22	Sept. 22	Totals
ODD	2		4	1									7
Unspecified Depressive DO	1	1				1					1		4
ADHD	7	4	3	1	1		2	1		3	1		23
Autism	2		2	4	2	1	1						12
Unspecified Disruptive IC and CD		1	1			1			1			1	5

The chart above identifies the 5 prevalent diagnoses of the individuals upon admission that were served in IBHS. This data is used to guide the program in targeting additional assessments that could be used throughout the course of treatment to monitor progress. It is important to note that although the identified diagnoses above were the most common, the program also served individuals with the following additional diagnoses: PTSD, Major Depressive DO, Other Specified Disruptive, Impulse Control and Conduct Disorder, Unspecified Disruptive Impulse Control and Conduct Disorder, Unspecified Anxiety D/O, Disinhibited Social Engagement DO, Adjustment DO with disturbance of conduct, Other Spec. Trauma and Stressor Related DO, Unspecified Neurodevelopmental DO, Generalized Anxiety DO, Parent Child Relational Problem, Disruptive Mood Dysregulation DO, Unspecified ADHD, Adjustment DO with mixed disturbance of emotions.

## Discharge Primary Diagnosis most prevalent

Diagnosis	Oct. 21	Nov. 21	Dec. 21	Jan. 22	Feb. 22	Mar. 22	Apr. 22	May 22	June 22	July 22	Aug. 22	Sept. 22	Totals
ODD			1	2		1	1		1	1			7
ADHD	4	2	1	1	2	5			4	2	2	3	26
Autism	6	3	3	9	1	8	1	7	3	4	1	2	48
Other Specified Disruptive, IC and CD			1	1		1							3
Disruptive Mood Dysregulation DO		1	1		1	1				1			5

During this reporting period, the IBHS program saw a high percentage of clients with a diagnosis of Autism being discharged. This data directly correlates with the IBHS program experiencing a shortage of staff that meet the qualifications to provide services (This information can be found later in the report under reasons for discharge). The IBHS program collaborates with others through the discharge process to identify any additional supports and resources that could be utilized. In addition to the above diagnoses, the following diagnoses were also identified upon discharge: Unspecified Depressive DO, Unspecified Disruptive Impulse Control and Conduct Disorder, PTSD, Adjustment DO with disturbance of conduct, Other Spec. Trauma and Stressor Related DO, Unspecified Neurodevelopmental DO, Generalized Anxiety DO, Unspecified Anxiety DO, Unspecified, Schizophrenia Spectrum and other Psychotic DO, Adjustment DO Unspecified, Anorexia Nervosa, RAD, Conduct DO, Other spec. Depressive DO, Social Anxiety DO, Adjustment DO with mixed anxiety and depressed mood.

## Satisfaction Surveys

### Initial

6 surveys were completed for initial consumers. Participation included Beaver and Butler counties.

- 4 reported their services were scheduled in a timely manner and 2 were not when they initially called to establish services.
- 100% felt that their intake appointment took place in a timely manner, that the staff were respectful and they were able to openly communicate and be honest without judgment.
- 100% stated they understand their responsibilities in participating in IBHS as well as Glade Run's responsibilities to them and their family.
- 5 consumers said they were asked for their input about strengths and needs of them and their family and 1 did not. This data was the same when asked if the family was part of the treatment planning and goal setting and if they knew how to file a grievance or complaint.
- 100% stated they would feel comfortable filing a complaint if they had a problem and were made aware that there are other service providers available to use if they choose.

### During Treatment

2 ongoing treatment surveys were completed by consumers. Both were from the Pittsburgh area.

- Both stated the agency is meeting the recommended frequency and staff are respectful and welcoming.
- 100% stated they did not have any changes in staffing, they have been part of updating the treatment plan and they have not had to utilize the grievance process.
- In addition, both did not have barriers that Glade Run could not assist them with.
- When asked if overall, they are satisfied with Glade Run, 1 disagreed and 1 strongly agreed.
- In response to, if they felt they are making progress on goals or learning new skills and if their therapist has been effective in achieving goals, 1 disagreed and 1 was neutral.

### Discharge

One discharge survey was completed by a consumer from the Pittsburgh area.

- The consumer stated they were part of the discharge planning process and the felt staff helped them build a supportive network in their community.
- The consumer was not transitioning to another Glade Run service and strongly agreed the IBHS services were helpful.
- The consumer disagreed when asked if they met their goals and they were neutral when asked if their needs were met by the program.

- They agreed that they would recommend Glade Run to someone else and they are confident the skills they have learned can be used in the home, community or school.

## External Surveys

We received one survey from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the survey they received.

- The responder stated that Glade Run staff were respectful and friendly and services were initiated in a timely manner.
- They stated they would feel comfortable filing a complaint.
- They were asked and wanted to participate in treatment planning and were given the chance to make treatment decisions.
- The responder stated the provider made them aware of services available in the community and overall were satisfied with services they were receiving.
- They stated they are always hopeful about their child's future since receiving services and they did not experience any problems in the last 12 months getting services for their child.
- They felt that treatment they received has made their child's quality of life much better and has helped improve behaviors.
- The staff was always respectful of the cultural background of the family and they were always encouraged to do things that are meaningful to them.
- Overall, they liked that the provider focused on behaviors.

## Staff and Client Safety

Staff and client safety are a focus of the Quality Improvement team and initiatives. Our agency wide plan targets increased training, safety initiatives and these efforts are reviewed by the internal safety committee. The charts below review staff work related injuries and client critical incidents. It is worth noting that no staff injuries resulted in the loss of work days or transitional duty. In addition, less than 3% of clients served, experienced a critical incident.

### Employee Work Related Injuries October 1, 2021 – September 30, 2022

Location	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
2021-22 Totals	2	0	0	0	0

### Client Critical Incidents

Total # of Incidents	Total # of Students	Allegations of Abuse/Childline	Police/Crisis or Ambulance Involvement	ER visits
8	263	5 (1 sexual, 4 physical)	1	2 (1 for suicidal ideation but not hospitalized, 1 for allegation of physical abuse)

## PROGRAM EXCELLENCE/POSITIVE IMPACTS

### IBHS Service Description

The ultimate goal of Glade Run's IBHS program, both Individual and ABA, is to aid in the independent functioning of the child and family by transferring the clinical skills of the treatment staff to all members of the treatment team. Over the past year, we have successfully provided services to children, youth and young adults that are outlined in our Service Description. The population data also shows correlation with the Target Population. Glade Run staff have worked with children, youth and young adults in a variety of settings, meeting the needs of where the support is needed the most, and guided by a valid written order and assessment. The IBHS team has not identified any changes that need to be made to the current service descriptions and will continue to follow it as written.

### Individual Records review

Glade Run IBHS staff conducts a review of individual records of current clients that are being served. During reviews, the following areas are being evaluated to ensure compliance with regulations, as well as quality documentation: Initiation of Services, Assessment, Individual Treatment Plans, Crisis Plans, Documentation and Collaboration

Below is the tool used when records are being reviewed and results of the reviews. Glade Run staff reviewed 100% of active clients receiving service. During this time period, COVID 19 regulations suspensions were still in effect. However, we conducted the reviews to be compliant with IBHS regulations.

Checkpoint 1 - Initiation of Services	Compliance Rate
Written order for services	100%
For ABA- Face to Face Assessment Completed Within 30 days of initiation of ABA services and prior to completing the ITP	100%
For Individual-face to face assessment completed within 15 days of initiating services and prior to completing the ITP	100%
Checkpoint 2-Assessment	
Assessment is completed within appropriate time frame	100%
All sections filled out	100%
Checkpoint 3- Individual Treatment Plan	
ITP completed within 45 days (ABA Services)	100%
ITP completed within 30 days (Individual Services)	100%



Documentation of any efforts to coordinate care with other services and community supports	
Client Signature Page (If applicable)	90% (Verbal consent present as well)
<b>Documentation of each service provided? PN or ITP</b>	
Date and time of service were provided	100%
Duration of services	100%
Setting where services were provided	100%
Identification of the services provided to address a goal in the ITP	100%
Description of the outcome of the service provided	80%
Signature of the staff person providing the service	100%
Parent/child signature on the encounter form	N/A
If services were not provided in accordance with the ITP and written order an explanation of the is reason is provided	80%
<b>Checkpoint 4 - Crisis Plans (last 30-60 days)</b>	
Crisis plans are individualized, clearly documented, and include specific interventions for the client and family/support system?	100%
<b>Checkpoint 5 - Progress Notes</b>	
Are the goals and objectives checked	100%
Data section - Personal and client observations/content and process of session/activities and interventions used to reflect the Tx plan	85%
Assessment - Response to interventions or strategies/quantitative results from targeted objective/perceived insights/evidence of skill transfer.	85%
Plan- Plan for next session in detail	95%
<b>Checkpoint 5- Releases</b>	
PCP Release	100%
Policy and Consent Page	98%
Telehealth Consent (if client admitted prior to January 2021)	100%
Current Releases of Information	90%

During the individual record reviews, 100% of clients had a current written order for services. All clients also had a Face to Face Assessment, Individual Treatment Plan and Crisis Plan during this year, the COVID timelines were extended and staff were compliant with meeting those timeframes. Progress notes documenting the date, times, and service were present for clients.

The feedback that was provided to staff related to record review was surrounding specific documentation and releases of information. IBHS staff are continuing to be coached on specific information to be included in progress notes, such as more individualized data section and more data collection and response to treatment in the assessment section. As consistent reauthorization meetings disappeared with the transition to IBHS, the team realized releases of Information needed to be on a new rotation to be updated. The IBHS has implemented getting releases updated two times a year, January and July, to ensure the clients are up to date.

Individual record reviews will continue to be conducted on a quarterly basis by the IBHS team.

## Utilization of Script

The IBHS team, as well as the Quality Improvement committee, reviews data related to the utilization of prescribed hours via the Written Order and Assessment for IBHS services. By looking at utilization of hours, the data helps guide staff through the assessment and treatment process when discussing treatment with clients and families. This information helps identify how the hours are being utilized and helps plan for transitioning of services and discharge. This data is reviewed on a monthly basis. The benchmark for IBHS each month is 90%. The data below is a summary of the percentage for the year of 2021-2022.

County	MT	BC	BHT	BC-ABA	BHT-ABA
Beaver	73.36 %	92.97%	9.30%	76.72%	30.19%
Butler	41.05%	77.62%	48.57%	54.10%	19.62%
Allegheny	55.89%	50.54%	18.34%	44.17%	49.94%
Averages	56.77%	73.71%	25.40%	58.33%	33.25%

It is important to note that the IBHS program has experienced significant staffing challenges in the past year, particularly with providing ABA services. Many of the discharges that have taken place for clients have been because of lack of staff. Families have been flexible in accepting partial services at times if that is all that is able to be provided. The utilization hours reflect all the services that are prescribed for a client and what Glade Run is able to provide.

## Disposition at Discharge

As a program, IBHS strives towards discharging consumers as improved and stable. 43%, the majority of dispositions at discharge, were improved and stable. IBHS experienced staffing shortages and families would wait periods without service which contributed to the unknown and no change dispositions.

Status	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Totals
Unknown	1	3	1	2	1	4	0	7	1	3	1	0	24
Improved/Not Stable	2	1	0	1	1	0	0	0	0	2	1	0	8
No Change	2	1	2	6	0	4	2	1	0	1	0	3	22
Improved/Stable	5	3	5	5	2	8	2	1	7	5	0	4	47
Regressed	0	0	0	0	0	1	0	0	1	0	1	0	3
Not Complete	0	0	1	2	0	0	0	0	0	0	0	0	3
Totals	10	8	9	16	4	17	4	9	9	11	3	7	107

## Reasons for Discharge

Staffing issues continue to be the most frequent reason for discharge at 31%. It is important to note that the second most frequent reason for discharge was that the consumer met their goals (19%).

***Of the 107 discharges 22 consumers were receiving ABA services and the other 85 were receiving Individual IBHS services. Of the 22 ABA discharges 20 of those were due to staffing reasons (91%).***

Reasons	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Total
Staffing Issues	5	1	2	6	1	8	1	5		3	1		33
COVID	1												1
Missed Sessions, team agrees client stable	1												1
School now providing support	2			1									3
Met Goals	1	1	4	2	2	2		1	3	1		3	20
Scheduling		1											1
No contact		3		2	1		1	2	1				10
Stopped engaging in Tx		1	1	1						1			4
Not complete			1	2									3
Aged out		1							1	1			3
Moving/long stay away			1							4			5
Mother/family/school not compliant with services				1								1	2
Admitted to higher level of service						2		1	1		1	1	6
Authorization lapsed				1		2			2				5
Left for outpatient counseling						2							2
Parent unhappy with services						1							1
Transitioned to school based							1					1	2
Unplanned Discharge							1						1
Transitioned to partial									1				1
MA lapsed										1			1
Mom wants to try something different											1		1
Services denied												1	1
Totals	10	8	9	16	4	17	4	9	9	11	3	7	107

## No show/cancellation

Type	# of services	Total billed services	Percentage
No show/Late cancel	274	10375	2.6%
Cancellation	844	10375	8.1%
Total	1118	10375	10.7%

From the reported data a total of just above 10% is no shows and cancellations. Data does not indicate if the services were made up at a later date. Also, data does not reflect the absence of staff reporting no shows and cancellations.

## Telehealth

County	# of Telehealth Services 21-22	Total Services Billed 21-22	Percentage 21-22	# of Telehealth Services 20-21	Total Services Billed 20-21	Percentage 20-21
Beaver	669	3357	20%	1323	5501	24%
Butler	140	3268	4.3%	700	4114	17%
Allegheny	663	3750	18%	1875	5837	32%
Totals	1472	10375	14%	3898	15452	25%

Telehealth utilization, although decreasing, continues to serve as a tool to provide continuity of care in certain circumstances. The IBHS program recognizes that the main avenue of service delivery is face to face and this is the preferred method. Telehealth provides the child, youth or young adult, as well as the family, an option to still receive services in times of illness or extenuating circumstances. The use of an agency adopted Telehealth Assessment is used to determine the clinical appropriateness of using Telehealth.

## STAFF ARE OUR GREATEST RESOURCE

### IBHS Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
10/1/21-9/30/22	38	6	9	29	24%
10/1/20-9/30/21	54	10	27	38	50%

Our recruiting and retention efforts are continuously being evaluated in order to provide services. The turnover rate significantly improved in 21-22 compared to 20-21. Though IBHS has had less new hires in 21-22 the resignations and terminations also decreased.

## Summary of Quality Improvement

The Glade Run IBHS program has made some great strides over the past year. Overall, IBHS has been able to provide services to close to 300 children, youth and young adults. The program continues to collaborate with external agencies to ensure the needs of the child, youth and young adults are being met. IBHS staff work to engage all who are receiving services and ensure their voice is heard and they feel part of the team. The program has also been able to identify some areas of quality needs moving forward in the next year. The review process has helped the program gain perspective on the successes that have been achieved and growth opportunities for the future.

## Next Steps and Strategic Plan

The IBHS team will continue the same quality review during the next time period. However, some action steps have been identified as a focus going forward. The quality initiatives can be found in the chart below.

Quality Initiative	Task	Responsible Party
To increase survey participation from consumers and families at Initiation, ongoing and Discharge as well as participation in external surveys	<ul style="list-style-type: none"> <li>IBHS leadership will develop a procedure and provide to staff on how to communicate to families on when and how to complete Initial, Ongoing</li> </ul>	IBHS leaderships Support staff Clinicians Families

	<p>and Discharge surveys</p> <ul style="list-style-type: none"> <li>● QI Director will reach out to County CSFT to obtain most current release and information to provide families.</li> </ul>	
Implement Quarterly quality Family check-ins	Utilize and analyze data from quarterly family check ins which were just initiated in the 1st quarter of 22-23	IBHS leadership
To increase quality of chart audits	IBHS team will re-evaluate current audit tool for effectiveness and recommendations	IBHS leadership
The IBHS program will evaluate our current assessment tools and identify any additional Evidence Based Assessments that could be used based on population being services, external feedback and best practices to ensure data is collected and utilized.	<ul style="list-style-type: none"> <li>● All Masters level supervisors and clinicians will participate in the KIDS Net training for CANS assessment.</li> <li>● IBHS management will evaluate our current psychosocial assessments to determine if additional assessments are needed to increase clinical integrity, and research more evidenced based practice tools.</li> </ul>	<p>IBHS leadership</p> <p>Master's level Clinicians</p>