

# Life Enhancement Services DC

## Quality Assurance and Performance Improvement Grid 2019/2020

*\*\*Please see the corresponding statistical data and graphs for performance trends relative to goals outlined within this grid*

### OVERALL QUALITY REVIEW

#### 2019/2020 YEAR IN HIGHLIGHTS AND ACCOMPLISHMENTS

#### MESSAGE FROM THE CEO

This past 9 months have been full of uncharted territories for Life Enhancement Services. As a company we are excited to be pursuing our CARF Accreditation, it has caused us to evaluate and review how we operate in the industry. During this process, we have been hit with many curveballs, challenges and opportunities. In December of 2019, we were set to get ready for our Accreditation visit in March/April. By early March, we knew the likelihood of the Accreditation visit occurring was slim due to the growing COVID-19 numbers. We had to come together and regroup for the sake of our clients and staff. Coming up with ways to keep them safe and still engage in the treatment services needed during this highly anxious time.

#### **Our company has properly put measures in place in response to the COVID-19 pandemic, such as:**

- Created an alternated schedule to promote social distancing in the office
- Encouraged staff to use Electronic Videoconferencing whenever possible for meetings and client sessions
- Created new protocols for cleaning and sanitizing the office
- Requiring daily temperature checks and social distancing in our office
- Created new protocols for clients coming into the office for face to face sessions
- Providing protective equipment for all staff and contractors, and to consumers visiting our office
- Hosting mandatory staff and contractor meetings or trainings through videoconferences and conference calls
- Weekly providing groceries and clothing to clients in need during the pandemic

Everything felt like it was coming our way at once. We had to figure out a way to narrow the focus in order to be effective in our service delivery. We decided that our primary mission and aim right now would be to focus on getting our clients connected to the resources they need. As the pandemic becomes more and more impactful in the lives of our clients, LESDC focused on strengthening the case management component of our service delivery. Whether it is transportation, housing COVID testing or other basic needs,

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we have made it a priority to connect our clients to what they need to be safe. In addition to external resources, we encourage clients to participate in CCS programs that encourage personal growth and development.

We are proud of all our clients who work hard every day to reach their individual goals despite the obstacles that face them. We are proud of our staff that have really stepped up during this time to support our clients and community despite their own anxieties. We look forward to the next few months of continued growth, discovery, community outreach and professional development as we challenge ourselves to provide the highest-level programs and services to this community.

Looking forward to what the next few months brings...  
Life Enhancement Services DC,  
*Herb Gray*

### Clients Served

- Male: 518  
Female: 557  
Transgender: 3
- Ages: 7-75
- African American: 1046  
Hispanics: 33  
American Indian/Eskimo/Aleut: 3  
Asian: 1  
Caucasian: 9  
Hispanic: 4

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Other/Multiple Races: 15

### Consistently Meeting the needs of Clients

- Overall Client Satisfaction score is 80
- Growing resources to provide essential needs for clients
- Increased client input into service treatment and delivery

### Performance Improvement Strategies and Communication:

LES has drastically enhanced its standards in the areas of Performance Improvement and Quality Assurance. The 2019 CARF standards recommend that the Performance Improvement and Quality Improvement strategies and outcomes are a more vital point of the Leadership/Governance process. To meet this standard, LES now regularly updates the website with goals and outcomes of QA/QI and educates all new hires during orientation about the company's process, goals, outcomes and how to access the updated information.

### ADMINISTRATIVE PERFORMANCE IMPROVEMENT GRID

#### BUSINESS

Indicator	Goal	Data Source	Application	TIMING	Obtained By	Date of Goal Origination and Type of Measure
Client Satisfaction	Will receive at least an 85% overall satisfaction rate from consumers surveyed.	Consumer surveys	All clients served	Quarterly	QI Team	12 -2020 Satisfaction

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Quarter Four - 2019						
15 respondents 1 Male and 14 Female 96.29% of clients responses indicated that their satisfaction with the overall treatment provided was average or above average						
Quarter One - 2020						
10 respondents Male 3 Female 7 75% of respondents gave a satisfaction rating of above average or better in response to treatment.						
Quarter Two - 2020						
Customer Service	70% of clients will report that they received above average or better Customer Service while in treatment	Consumer Survey	All clients served	Quarterly	QI Team	10-2019 Satisfaction Effectiveness
Quarter Four - 2019						
82.22% of clients in Q1 rated the staff above average to excellent in customer service. 61.11% of the 82.22% rating staff as excellent in the area of customer service.						
Quarter One - 2020						
76.64% of clients in Q2 at exit rated the staff above average to excellent in customer service. QA will continue to ask questions to find out specific areas that clients feel are customer service friendly and areas that they believe the company could improve on.						
Quarter Two - 2020						

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Indicator	Goal	Data Source	Application	TIMING	Obtained by	Date of Goal Origination and Type of Measure
Employee Satisfaction	Solicit information from employees in order to measure Employee Satisfaction; goal of 90% overall satisfaction with company.	Employee Surveys, Focus Groups	2019– 2020 Fiscal Year	Bi-annually	Quality Improvement Team HR Department	01-2020 Satisfaction

### Annual Report

The survey was distributed in hard copy to all employees in Outpatient and Community Integration services. Hard copy responses were entered into Survey Monkey by the Quality Assurance team. Survey period was from January 1 to January 30<sup>th</sup> 2020. Survey participation is voluntary.

### Staff Positions

Administrative –	Clinical Staff –	Direct Care –	Other –	Total –
19.04%	19.04%	52.38%	9.52%	
4	4	11	2	21

### Location (?)

Community Integration –	Outpatient –
0.842%	0.052%
23	4

The response rate was 72%. Approximately five out of five of all respondents agreed that they were satisfied with overall employment at LES with agreed or Strongly agree at 92.11%.

The highest agreement was found among all respondents asked if they felt they were adequately made aware of organizational changes and policies with 71.05% strongly agreeing and 26.324 agreeing for close to a 100% total score.

### Follow up Action:

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Outcomes shared with all employees during an All Staff meeting.

### SERVICE DELIVERY PERFORMANCE IMPROVEMENT GRID

**ACCESS TO CARE**  
Screening, Referral and the Availability of Services

Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Client's understanding of expectations at Orientation.	80% of clients will report that they were satisfied with orientation to treatment and education of expectations.	Client Surveys	All Clients seeking services	Quarterly review of satisfaction surveys	QI Team	10 – 2019 Access Efficiency
<b>Quarter Four - 2019</b>						

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<p>90.8% of clients in Q4 at entrance reported that they were satisfied with orientation. 74.71% of the 90.8% of the clients reported that their experience in orientation was above average.</p> <p>The quality assurance team noted that over the last few months the admission staff has stated that some clients have commented that the client handbook is not very easy to understand. The quality assurance team and the admission team have decided to work together to improve the handbook and easier to read and understand.</p>						
<b>Quarter One - 2020</b>						
<p>71.67% of clients in Q1 at entrance reported that they were satisfied with orientation. 10.5% of the 71.67% of the clients reported that their experience in orientation was above average.</p> <p>Our agency has</p>						
<b>Quarter Two - 2020</b>						
<p>80.14% of clients in Q2 at entrance reported that they were satisfied with orientation. 67.81% of the 80.14% of the clients reported that their experience in orientation was above average.</p>						
Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Amount of time from referral to service initiation.	80% of clients will begin services within 7 days.	Intake Tracker	All Clients seeking services	Quarterly report	QI Team	10 – 2019 Access Efficiency
<b>Quarter Four - 2019</b>						
<p>Less than 10% of clients completed the intake and assessment process within the 7 day goal. Majority of the time is scheduling and completing the assessment. The clinical team has decided to hire more clinicians to complete assessments and to assign one day per week specifically to focus on new clients.</p> <p>90.8% of clients in were transitioned to services between 8 and 9 days.</p>						

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<b>Quarter One - 2020</b>
24% of clients are completed within 7 days. This number has increased and shows a trend that the previous recommendations are working. Will continue to monitor trends.
<b>Quarter Two - 2020</b>
345 of clients are completed within 7 days.

### COMMUNITY INTEGRATION – COMMUNITY BASED SERVICES

Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Improved Emotional Well Being	70% of all clients will report that their Emotional Wellbeing improved while in treatment.	Consumer Satisfaction Surveys	All active clients	Quarterly review of satisfaction surveys	QI Team	10 – 2019 Effectiveness
<b>Quarter four 2019</b>						
71% of clients reported above average or better states of wellbeing during services.						
<b>Quarter One 2020</b>						
66.67% of clients in Q1 reported above average or better states of wellbeing before leaving the program. The comments on the survey indicate that many of the clients attribute these factors to education about the effects of drugs on their bodies and a great relationship with their counselor.						
<b>Quarter Two 2020</b>						



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64.29% of clients in Q2 at exit reported above average or better states of wellbeing before leaving the program. This statistic is two quarters below set threshold. The Quality Assurance Team will continue to monitor this statistic.						
Improved Relationships	70% of all clients will report that their personal Relationships have an above average or better improvement with family and friends while in treatment	Consumer Satisfaction Surveys	All active clients	Quarterly review of satisfaction surveys	QI Team	10 – 2019 Effectiveness
<b>Quarter four 2019</b>						
50% of clients in Q4 have rated a significant improvement in relationships with family and friends at exit of treatment. The clinical management will continue to look at various ways to include natural supports into treatment.						
<b>Quarter One 2020</b>						
71.98% of clients in Q1 have rated a significant improvement in relationships with family and friends. This statistic has improved 21% in one quarter. The Clinical Team has made a greater effort to incorporate family into several phases of treatment services. The Clinical Director have also made plans to create more “family friendly” areas that encourage social distancing at the LES Office where family/groups can meet in a comfortable home like environment for therapy or groups.						
<b>Quarter Two 2020</b>						
67.8% of clients in Q2 have a rated a significant improvement in relationships with family and friends during treatment.						

### OUTPATIENT

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Indicator	Goal	Data Source	Application	Timing	Obtained By	Date of Goal Origination and Type of Measure
Improved Emotional Well Being	70% of all clients will report that their Emotional Wellbeing improved while in treatment.	Consumer Satisfaction Surveys	All active clients	Quarterly review of satisfaction surveys	QI Team	01-2019 Effectiveness
<b>Quarter Four 2019</b>						
66.67% of clients in Q4 reported above average or better states of wellbeing while receiving services. The comments on the survey indicate that many of the clients attribute these factors to education about mental health and a great relationship with their team.						
<b>Quarter One 2020</b>						
64.29% of clients in Q1 reported above average or better states of wellbeing during the program. This statistic is two quarters below set threshold. The Quality Assurance Team will continue to monitor this statistic.						
<b>Quarter Two 2020</b>						
60% of clients in Q2 at exit reported above average or better states of wellbeing. This statistic has steadily declined over the last two months and is ending at its lowest point.						
Improved Relationships	70% of all clients will report that their personal Relationships have an above average or better improvement with family and friends while in treatment	Consumer Satisfaction Surveys	All active clients	Quarterly review of satisfaction surveys	QI Team	10 – 2019 Effectiveness
<b>Quarter Four 2019</b>						

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0 respondents: Survey tools reviewed and modified by the Quality Assurance Team. No data collected.
<b>Quarter One 2020</b>
50% of clients in Q2 have rated a significant improvement in relationships with family and friends at exit of treatment. The clinical management will continue to look at various ways to include natural supports into treatment.
<b>Quarter Two 2020</b>
71.98% of clients in Q3 have rated a significant improvement in relationships with family and friends at exit of treatment.

### ACCOMODATION REQUESTS

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
0	0	0	0	Will continue to monitor and educate

### CLIENT FORMAL GRIEVANCES

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Recommended Actions and Comments
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2	0	0	0	Will continue to monitor and educate
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### INCIDENT REPORTS

Quarter Four - 2019	Quarter One – 2020	Quarter Two – 2020	Quarter Three - 2020	Recommended Actions and Comments
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<p><b>Community Integration</b></p> <p>6 Medical Incidents 1 Theft</p>	<p><b>Community Integration</b></p> <p>3 False Claims 4 Medical/Psychiatric 2 Deaths 1 Suicidal Ideation</p>	<p><b>Community Integration</b></p> <p>2 Medical Incidents 4 Injury 3 Suicidal Ideations 4 Arrests 1 Unauthorized Leave 1 Death</p>	<p><b>Community Integration</b></p> <p>0 Incident</p> <hr/> <p><b>Outpatient</b></p> <p>0 Incidents</p>	<p><b>Trends:</b></p> <p>Written follow up for Medical Incidents is not always completed.</p> <p>No incidents recorded for Outpatient Services</p> <p><b>Follow up Actions:</b></p> <p>Director will review all incident reports and follow up with incident report writers to ensure that follow up actions are recorded.</p> <p>Director conducted a re-fresher in-service with the Outpatient and Farmhouse staff on incident reporting and typical types of incidents that occur in this setting.</p>
<p><b>Outpatient</b></p> <p>0 Incidents</p>	<p><b>Outpatient</b></p> <p>0 Incidents</p>	<p><b>Outpatient</b></p> <p>0 Incidents</p>		

### Definitions:

**Client Satisfaction Survey:** A survey that is conducted by the admission team at entrance and counseling team at exit. This survey must include domains such as choice in treatment planning and effectiveness of treatment. The quality assurance team will look at a minimum of two chosen areas (ie. Customer service, recommendation of program to a family member or friend) per year to determine an overall balanced view of customer satisfaction with Comprehensive Community Services.

**Employee Satisfaction Survey:** Is an annual satisfaction survey of employees conducted by Comprehensive Community Services corporate office. This survey must include domains such as satisfaction with professional development, advancement and access to supervision.

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**Stakeholder Satisfaction Survey:** Is an annual satisfaction survey of stakeholders conducted by the Comprehensive Community Services quality assurance team. This survey must include domains such as satisfaction with responsiveness, access to care and effectiveness of treatment.