



Annual Quality Improvement Report 2020 - 2021

Children's Comprehensive Care Center is committed to providing quality person/family centered services which are based on individual needs and preferences in safe and enriching environments. Children's Comprehensive Care Center's Quality Improvement system is designed to measure the characteristics of persons served and the satisfaction, efficiency and effectiveness of its programs and services as well as to evaluate these measures for the purpose of enhancing our overall quality and moving it closer to achieving its mission, vision and values.

The Quality Improvement Outcomes Management Report is an attempt to assess how we are doing with this process and to develop a systematic process for evaluating the effectiveness and efficiency of the results achieved by the persons receiving services and their individual satisfaction with those results. This report is based on an analysis of the following questions:

- **Who are we serving?**
- **Are we effectively and efficiently meeting the needs of those we are serving?**
- **Are the services provided meeting the needs of the persons served?**
- **Are the people we are serving satisfied with the services that are provided?**

Interdisciplinary teams review the data collected to answer the above questions and meet to discuss progress and to make necessary revisions to the programs so that they reflect the needs of the persons served. This report is a summary and evaluation of factors that are both measurable and indicative of program quality. Information and recommendations will be integrated into the agency's decision-making process as we continually enhance and improve programs and services.

Indicators Identified for Monitoring Aspects of Care

Effectiveness

Our goal was to minimize the length of topical antibiotic treatment. Our target was 80% of residents who are prescribed a topical antibiotic ointment will not be on the medication for more than 14 days without reassessing. We were able to reach that goal by having an overall average of 80% of residents who were on prescribed topical antibiotics completed before or on the 14-day mark. However, were under our target for 2 quarters due to physician's orders without specific discontinue dates.

Our other effectiveness goal is to maximize tracheostomy weaning for residents who are medically cleared for the weaning process. Our target is 80% of residents will continue to maintain and make progress towards goals. We were able to meet our target with 80% effectiveness. Setbacks for those residents who were unable to maintain and/or make progress include interruption of treatment due to illnesses, hospitalizations and interdisciplinary cooperation due to staffing shortages.

Efficiency

Our goal was to maximize recommended rehabilitation treatment minutes. Monitoring and tracking of actual treatment minutes delivered versus recommend minutes was captured. Our target was 80% of recommended treatments would be provided. We were unable to reach that goal by having annual result of 55% of treatment minutes delivered. Due to hospitalizations, illnesses, isolation, medical appointments and staffing, we were unable to reach our goal. Tracking and monitoring will continue on a quarterly basis.

Another efficiency goal we had was to maximize goal achievement and maintenance with prescribed therapy services. Our target was 75% of residents will achieve and/or maintain Physical, Occupational, and/or Speech Therapy goals as documented in their Plan of Care. We were able to exceed our target having an 82% annual result.

Service Access

Our first goal was to maximize community integration with the medically fragile population by having 90% of our residents, who are medically cleared, attend one community integration outing per month. Due to the COVID 19 pandemic and high infection rate in Broward County, residents were prevented from leaving the facility as well as termination of outside groups visiting in the facility. Community integration was limited to window visits, live webcasts and virtual tours of museums, zoos and aquariums with the direction of our activities department

Our second goal is to maximize the Give Hope Campaign funding which provides complimentary overnight stays at 2 local hotels for families who live out of the area. We had 100% of requests fulfilled. Unfortunately, families were limited to window visits for the first 2 quarters, but were understanding and other visitation methods were put into place which included Face Timing with their family members on a regular scheduled basis. Schedules for Face Timing were created to meet the needs of individual families and were performed by our activities department. Window visits were also encouraged in which some families took advantage of. Outside visits were allowed during the 3rd quarter with restrictions including limited number of visitors and length of visit. During the 4th quarter in person visits were allowed. Visitors had to have a negative PCR COVID test prior to the scheduled visit as well as a health screening and rapid test onsite prior to visit. Visits were monitored for social distancing, but allowed privacy of conversations. Most families were very understanding and appreciative for the additional precautions the facility had in place.

Satisfaction

Our first goal was 80% of residents are satisfied with overall care and services provided. These areas included food and nutrition, habilitation services, personal care, prescribed therapy services, nursing care, activities and education. Data was collected at resident council meetings as well as individual meetings with residents who are cognitively developed age 3 or older. The overall satisfaction was 88%. Areas that needed improvement throughout the year included food and nutrition and personal care. Individual resident's who were not satisfied meet with Dietician and Director of Nursing to address resident specific concerns and improvements were made.

Our second goal was to ensure family satisfaction in limiting the amount of unplanned discharges to other local skilled nursing facilities. We met our goal by having no unplanned discharges to other local facilities. Unplanned discharges were due to an acute change in medical status which required advance medical care. We also had an unplanned discharge due to bed hold policy and the need from local hospitals with clients needing discharge.

Our third goal was targeted towards employee satisfaction, limiting staff turnover rate to less than 10% with unsatisfied employees. By having a 4.5% turnover rate we met our goal. However, we have endured staffing challenges due to COVID 19, including staff testing positive as well as salary competitions within the medical field. Bonuses were given to all staff and salary increases were also provided to direct care staff within the year.

We look forward to the exciting challenges that come from expanding our uniqueness and further developing a niche for ourselves so that we remain a strong and viable leader in the provision of services for children, adolescents, and young adults with special needs.