



2018-2022

Epworth Children's Home Performance and Quality Improvement Plan

“In the Pursuit of Excellence, Aim Higher”



Performance and Quality Improvement Plan 2018-2022

Signature Page



Sandra Stevens-Poirel

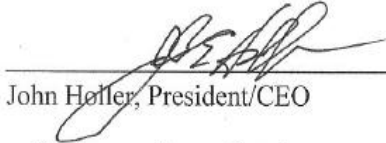
Chairman of the Board of Trustees

Date May 17, 2018




Mike Henderson, Chairman of the Governance Committee

Date May 17, 2018



John Hoffer, President/CEO

Date May 17, 2018



Deborah Keller

Performance and Quality Improvement (PQI) Director

Date May 17, 2018



Beth Williams

Executive Vice President for Program Development

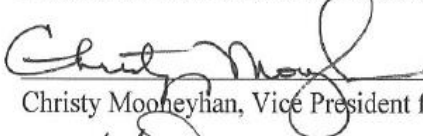
Date May 17, 2018



Jessica Warble,

Executive Vice President for Residential Services

Date May 17, 2018



Christy Mooneyhan, Vice President for Academics


Date May 17, 2018



Andrew Boozer

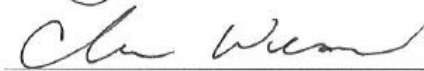
Vice President for Development and Communications

Date May 17, 2018



Sean Douglas, Vice President for Finance

Date May 17, 2018



Chuck Weaver, Vice President for Operations

Date May 17, 2018

Epworth Children’s Home

Glossary of Frequently-Used Acronyms

APPLA	Alternative Permanent Planned Living Arrangement
ARF	Activity Request Form
BID	Best Interest Determination
BIP	Behavior Intervention Plan
BLC	Barnes Learning Center
BN	BabyNet (EEIC)
CARE	Children and Residential Experience
CASA	Court Appointed Special Advocate
CC	Cottage Coordinator
CCP	Comprehensive Care Plan
CM	Case Manager
CMLS	Case Manager Licensing Specialist (Epworth Foster Care)
COA	Council On Accreditation
COC	Continuum of Care
CP	Cottage Partner
CPS	Child Protective Services
DDSN	SC Department of Disabilities and Special Needs (EEIC)
DSS	SC Department of Social Services
ED	Emotional Disability
EEIC	Epworth Early Intervention Center
EFCC	Epworth Family Care Center
EFC	Epworth Foster Care
EPC’d	Emergency Placed
FBA	Functional Behavioral Assessment
FCS	Family Care Specialist (Epworth Family Care Center)
FPS	Family Preservation Services
FSP	Family Service Plan (EEIC)
GAAP	Generally Accepted Accounting Practices
GAL	Guardian Ad Litem
HB	Home-Based (EEIC)
HI	Hearing Impairment
HR	Human Resources
ICPC	Interstate Compact on the Placement of Children
ID	Intellectual Disability
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan (EEIC)
IGP	Individual Graduation Plan
IL	Independent Living
KC	KaleidaCare
LD	Learning Disability

LRADAC	Lexington Richland Alcohol and Drug Abuse Council
LSS	Life Skills Specialist
LYBUNT	Last Year, But Unfortunately Not This Year (refers to donor giving)
MAR	Medication Administration Reference Log
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NCI	Nonviolent Physical Crisis Intervention
OHAN	Out of Home Abuse and Neglect
OHI	Other Health Impaired
OI	Orthopedic Impairment
ONA	Overnight Awake (staff)
PQI	Performance and Quality Improvement
PS	Preschool (EEIC)
R	Resource (classroom)
RC	Respite Cooperative (EEIC)
RPP	Reasonable and Prudent Parenting
RTI	Response to Intervention
SC	Self-Contained (classroom)
SDQ	Strengths and Difficulties Questionnaire
SI	Speech or Language Impairment
SC	South Carolina
UMC	United Methodist Church
VI	Visual Impairment

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Performance and Quality Improvement Plan
“In the Pursuit of Excellence, Aim Higher”
Epworth Children’s Home 2018 - 2022

Introduction

Epworth Children’s Home has served children and their families continuously since 1896. Epworth works energetically to help clients discover their strengths and find healing from the wounds of abuse, neglect, poverty, or family disintegration. The agency ensures each client charts a life course characterized by respect for self and others, productive engagement in society, and healthy interpersonal relationships. Our Performance and Quality Improvement Program (PQI) begins with our Governing Board, our President/CEO and staff from all levels’ commitment to advancing the agency toward the best quality services for clients served in all programs. Epworth Children’s Home is committed to the principles and ideals of continuous quality improvement and measuring the effectiveness of the comprehensive care provided to its clients, while ensuring excellence in Administration and Management, Service Delivery and Service areas. As we work together to carry out the goals and strategies outlined in this plan, we ask for our stakeholders, including staff and clients, to embody a personal commitment to “AIM HIGHER.” Together we continue to refine and improve the work we do for God’s Children.

Epworth’s Philosophy of Performance and Quality Improvement (PQI)

The Performance and Quality Improvement (PQI) structure at Epworth promotes excellence and continual improvement in its Residential Program, the Epworth Family Care Center (EFCC), the Epworth Early Intervention Center (EEIC) and the Epworth Foster Care Program. PQI is embedded in the fabric of all aspects of Epworth’s daily work and its strategic, long-term development. Staff and stakeholders in all areas of service are empowered to play an active role in improving program/client outcomes and overall organizational performance. With the support and involvement of Epworth’s Board of Trustees, the President/CEO, staff from all organizational areas, and vital community stakeholders, the PQI process is designed to be inclusive and transparent. The combined elements of the PQI program enable the agency to make effective and timely use of collected data, maintain set goals (targets), to take corrective action when needed and develop and implement programs in order to reach the highest standards attainable.



Epworth
Children's Home
Living care. Transforming lives.

MISSION STATEMENT

The Mission of Epworth Children's Home is to serve children, youth and families through a caring, accepting and safe Christian community, where hurts are healed, hope is nurtured; and faith in God, self and others is developed.

VISION

The vision of Epworth Children's Home is to provide superior services for the greatest number of individuals through competent, caring adults who are trained in the most effective, research based methods of child and family care.

PURPOSE

The Purpose of Epworth Children's Home is to break the destructive cycle of abuse, neglect and shame and replace it with an opportunity for each individual to live a life of self respect, responsibility and productivity.



Long-term Strategic Goals and Objectives

Every four years, Epworth's President/CEO and the Board's Futures Committee guide an organization-wide long-term strategic plan review and revision. This process clarifies and confirms

- The agency's mission, vision, and purpose;
- Goals and objectives that flow from the agency's purpose and from legally mandated responsibilities;
- The agency's strengths and weaknesses, as well as opportunities/needs and potential obstacles within the service environment are identified through a formal area SWOT analysis process that is part of the PQI Team's regular meetings;
- Success indicators for meeting identified goals.

The strategic goals, presented in the Strategic Plan following approval by the Board of Trustees, become the element of the PQI Plan, with measures and thresholds subsequently established for strategic goal progress monitoring, improvement, and achievement.

See Appendix A for Epworth SWOT Guidelines for reviewing and template.



The Structure of Performance and Quality Improvement (PQI)

The Board of Trustees at Epworth is ultimately responsible for the oversight of the quality and continuous improvement of risk management and prevention activities, program and client outcomes, and service delivery effectiveness. PQI is a routine part of the Board of Trustees' quarterly meetings. The Board delegates administrative responsibility for these functions and for their continual improvement to the President/CEO.

The President/CEO is responsible for oversight of the PQI process, ensuring that PQI is effectively implemented. The PQI Director reports directly to the President/CEO, which is reflected on the agency organizational chart. The Director is responsible for providing quarterly and annual reports to the President/CEO, who then reports on a quarterly basis to the Board of Trustees on the progress of all Performance and Quality Improvement activities. Any feedback from the Board related to performance and quality improvement is documented and relayed by the CEO to the PQI Director for implementation by the PQI Team. This process ensures that continuous quality improvement is a prime component of the Board's activities.

The PQI Director coordinates the distinct documentation and training requirements of the PQI process, giving guidance to staff regarding evaluation methodology and instruments to be utilized for data collection, documentation, and aggregation. The PQI Director facilitates the Quarterly PQI Report Meetings, Annual PQI Evaluation Meeting, and Annual Area SWOT Meeting in order to ensure that the agency continually strives toward excellence in all areas.

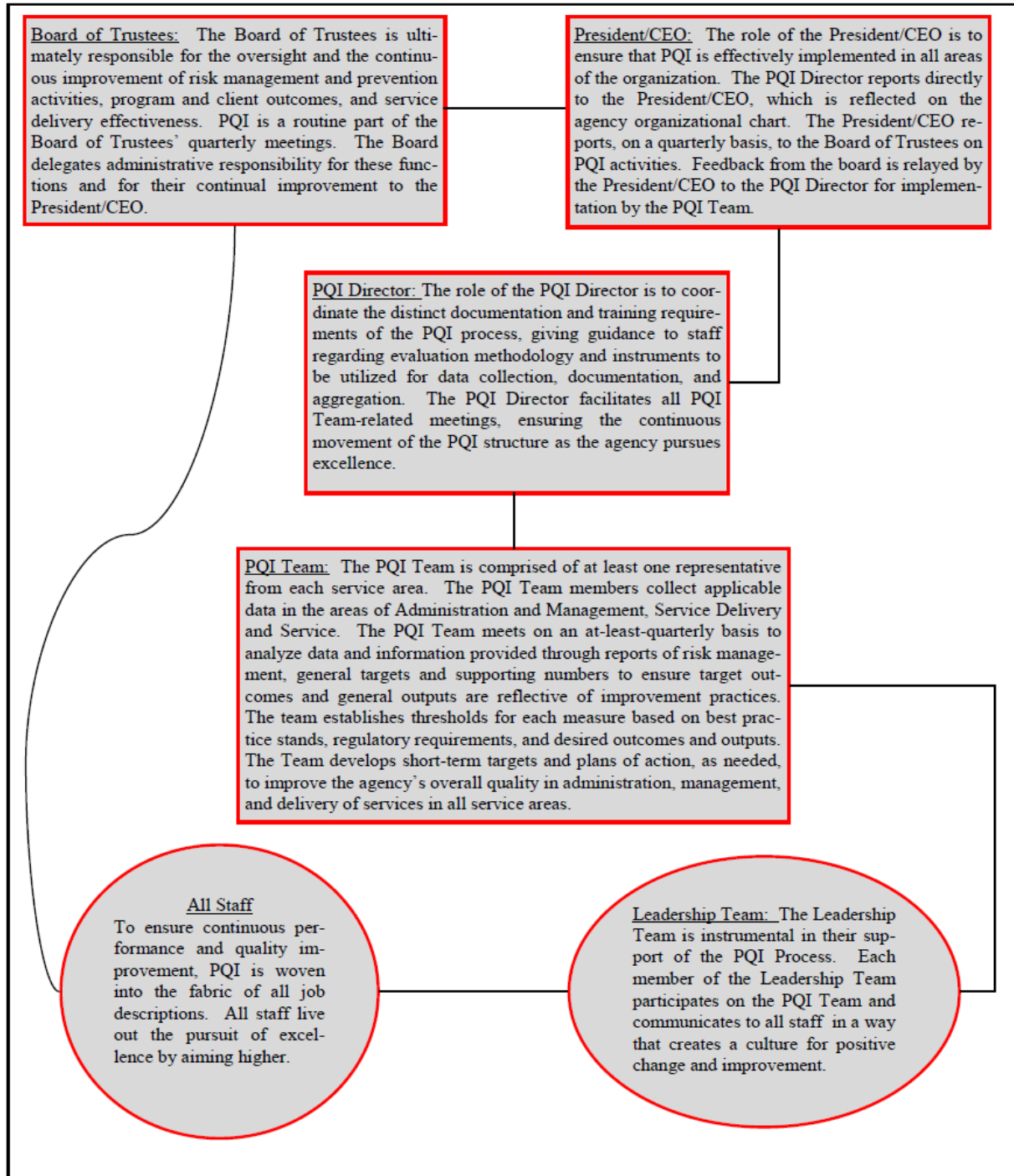
The PQI Team members are responsible for collecting applicable data in the areas of Administration and Management, Service Delivery and Service areas. Collected data is reviewed to ensure that it is complete and accurate, and then aggregated to draft the associated PQI Report. The PQI Director and department supervisors then review the draft report and collaborate with the reporter to finalize the draft in preparation for its review during the next PQI Team Meeting. The PQI Team, during the PQI Team Meeting, analyzes the data and information provided through reports of risk management, general targets and supporting numbers to ensure target outcomes and general outputs are reflective of improvement practices. The Team establishes thresholds for each measure based on best practice standards, regulatory requirements, and desired outcomes and outputs. The Team develops Short-Term Targets and associated plans of action, as needed, to improve the agency's overall quality in administration, management, and delivery of services in all service areas.

The Leadership Team made up of the President/CEO, the agency's Executive Vice Presidents, and the Vice Presidents, is instrumental in its support of the PQI process. The Leadership Team participates as part of the PQI Team and communicates with all staff to create a culture for positive change and improvement.

To ensure continuous Performance and Quality Improvement, PQI is woven into the fabric of all job descriptions. All staff live out the pursuit of excellence by aiming higher.

See Appendix B for a Directory of PQI Team Members, which are identified by job title.

EPWORTH CHILDREN'S HOME
PERFORMANCE QUALITY IMPROVEMENT STRUCTURE
"In the Pursuit of Excellence, Aim Higher"



Revised: January 17, 2017

Stakeholders

Epworth values and invites stakeholder input in its strategic planning and the PQI process. Stakeholders include clients and their families/guardians, staff, volunteers and mentors, the Epworth Board of Trustees, and other community partners including, but not limited to the South Carolina United Methodist Churches (the Conference, clergy, and members) and Epworth's Alumni. When necessary, focus groups consisting of Board members, community partners, child welfare workers and any other identified stakeholders are invited to be involved in the PQI process and may be invited to PQI and other relevant meetings.

Input from all stakeholders is valued and evaluated by the President/CEO and the PQI Team for application and inclusion in the PQI process. The Annual PQI report, the Annual PQI Brochure, and the PQI Plan are made available to all stakeholders via the agency's website, www.epworthchildrenshome.org.

Stakeholders' Involvement in Performance and Quality Improvement (PQI)

Clients and their Families/Guardians

Feedback from clients and their families/guardians is critical to the on-going evaluation of service provided by the agency. Clients are given the opportunity to complete an annual survey that consist of two parts; part one is a written survey that is aimed toward the client's progression of hope, forgiveness, generativity, and belonging. The second part of the survey involves a meeting with the President/CEO and the PQI Director that gives clients the opportunity to share their opinions regarding Epworth's strengths and areas for potential improvement. In addition, clients and their families are given the opportunity to complete a satisfaction survey at the completion of family therapy.

All clients receive a copy of The Pledge to Clients which is located in the Client/Guardian Handbook. The agency promotes an open door policy and encourages clients and their families/guardians to utilize this process as needed.

Staff

Staff receive training in the PQI process during the orientation phase of agency employment. New staff is given a copy of the most recent PQI Annual Brochure, quarterly PQI newsletter, the "Aim Higher Buzz," and a copy of the Aim Higher Solution Box Brochure. All staff are given many opportunities to communicate feedback on the quality of service delivery including weekly team meetings in the cottages, monthly area team meetings, performance evaluations, annual Staff Satisfaction Surveys, regular informal and formal meetings with their supervisor, and bi-annual all-staff meetings. Staff is encouraged to use the Aim Higher Solution Box, to submit ideas that will move Epworth toward excellence. Staff is also given the opportunity to share areas of concern and areas of excellence during an annual PQI meeting. The second part of the Annual Staff Survey consists of a PQI meeting facilitated by the President/CEO and the PQI Director. These meetings are held in small groups to share the results of Part I of the Annual Staff Satisfaction and Engagement Survey, and allows an opportunity for ongoing dialogue for

improvement including the discussion of the agency's strengths and areas for improvement. Feedback from the meetings is included in the PQI process with formal review by the Leadership Team prior to review by the PQI Team during regularly scheduled meetings.

In order to ensure staff knowledge of and engagement with the PQI process, all staff receive a copy of the "The Aim Higher Buzz" physically and electronically. All PQI related updates are posted on a readily accessible PQI Bulletin Board in the R. Herman Wright Child Care Center/Administration Building outside the PQI office.

Epworth Board of Trustees

The Board meets on the campus of Epworth Children's Home at least quarterly to carry out its duties as the governing body of the agency. Each quarter, the Trustees receive a copy of the PQI Scorecard and the "Aim Higher Buzz." They are given an opportunity to provide feedback to the President/CEO regarding the PQI culture and its processes. Annually, the Board receives and reviews the Annual Written PQI Report and the Annual PQI Brochure.

Volunteers/Mentors

All volunteers/mentors are educated on the Epworth Children's Home Philosophy of Performance and Quality Improvement during the volunteer orientation process. The Volunteer Coordinator promotes open communication by volunteers/mentors, including areas of strengths and opportunities. Volunteers/mentors are provided an annual opportunity to complete the Satisfaction Survey which allows their formal involvement in the PQI process.

Community Partners

Epworth's largest constituency in South Carolina are the South Carolina United Methodist Churches. Supporting members of the churches donate funds, resources, and volunteer time to the agency. Epworth Children's Home is related to the SC United Methodist Conference as a missional outreach ministry. SC United Methodist conference elects the Epworth Children's Home Board of Trustees in compliance with Standing Rule # 55 (pages 344-355) of the South Carolina Conference Journal.

The Epworth Alumni Association is actively involved in the financial support of Epworth and in raising awareness of the comprehensive nature of the agency's work. For example, the Alumni host an annual barbeque on campus to raise money for our agency and promote good will in the community.

The "Friends of Epworth," an independent 501(c)3 organization, is an auxiliary group that consist of local business leaders and community members. Its support of the agency involves developing relationships, building awareness, making connections with other organizations and raising funds for the agency.

See Appendix I for the Annual PQI Scorecard Sample, Appendix C for the Annual PQI Brochure, Appendix D for the Aim Higher Solution Box Brochure, Appendix E for the Quarterly PQI Newsletter "Aim Higher Buzz."

PQI Operational Procedures

A. Operational Procedure Sheets

Operational procedures for Performance and Quality Improvement are well defined in a standardized format to ensure consistent reporting across all agency areas. Operational Procedures Sheets are reviewed as part of the PQI Annual Report Evaluation process and updated as needed based on identified updates.

B. Data Collection, Review, and Aggregation

Each department is responsible for utilizing provided tools to collect PQI related data. Options include Excel, Word and any other electronic and or physical record keeping mechanisms that have been identified and approved by the PQI Department. Charts and graphs have been specifically designed for each report to assist in accurate and comprehensive data collection. Each reporting period, the designated reporter for each PQI report is responsible for reviewing and aggregating the previously collected data in order to accurately complete the PQI report using the standardized report form. As the data is reviewed and aggregated, data cleansing occurs to ensure data accuracy, integrity, completeness, timeliness, uniqueness, and identifies any outliers which may be present. The completed draft report is sent to and reviewed by the reporter's direct supervisor and the PQI Director prior to report finalization. Collaboration between these individuals and the reporter occurs, as needed, to ensure accurate, comprehensive and consistent PQI report development. PQI reports are not formally finalized until after the analysis is completed by the PQI Team. PQI Team meeting minutes are made available for review by all stakeholders.

C. Data Analysis

The PQI Director coordinates, supports, and facilitates the meetings of the PQI Team. The PQI Team analyzes PQI data to track and monitor identified measures, identify patterns and trends, compare performance over time, and compare data against the results of internal and external benchmarks, as available. The PQI Team is responsible for data cleansing which occurs to ensure data accuracy, integrity, completeness, timeliness, uniqueness, and identifies any outliers which may be present. During the scheduled meetings the PQI Team, based on these discussions, identifies recommendations for improvement where needed, including the establishment of short term targets for which reporters and assigned applicable staff are responsible for the development and implementation of associated plans of action. These actions and progress are reported during subsequent PQI team meetings until the short-term target is considered completed. All stakeholders are encouraged to review PQI meeting minutes by contacting the PQI Director.

D. Communicating Results

The PQI Director develops the PQI Scorecard which is provided to the President/CEO and Board of Trustees quarterly. This document serves as a snapshot of all reports for the reporting quarter. The PQI Director is responsible for the development of the PQI Annual Written report, as well as the PQI Annual Brochure, which are provided to the Board of Trustees and made available to all

stakeholders on the agency website www.epworthchildrenshome.org. The PQI Director also summarizes result highlights in the quarterly PQI newsletter, “The Aim Higher Buzz,” which is distributed to the Board of Trustees and all staff. Any updates to Epworth Policies and Procedures made during the quarter are identified within the newsletter and staff is responsible for updating her or his own individual Epworth Staff Manuals with the associated documents. PQI results and updates are communicated during the bi-annual all-staff meetings. PQI annual staff and client surveys results are communicated through the second part of the survey process as discussed previously in the Stakeholders section. This dialogue ensures that all staff and clients have the opportunity to discuss areas of strength and quality practices, as well as provides a platform for staff and client input on suggestions for improvement. PQI-relevant information is posted on the PQI bulletin board located outside the PQI office and is easily accessible to all stakeholders.

E. Using Data for Implementing Improvement

The PQI Director, in consultation with the Leadership Team, oversees the implementation of identified improvements. The PQI Team Reporters, who are representative of the agency’s departments, are the catalysts for ensuring that the implementation occurs in each department through effective communication with departmental staff during individual and group supervision meetings. Staff may also participate in the PQI process through the use of the Aim Higher Solution Box where suggestions may be submitted. Suggestions are evaluated by the PQI Director and the Leadership Team who provide feedback to the staff using the process outlined in the Aim Higher Solution Box Brochure.

F. Assessment of the Effectiveness of the PQI Process

The PQI Team evaluates the PQI system, infrastructure, process, and procedures annually. The PQI Director meets with the PQI Team members individually to request feedback regarding the reporters’ targets and or numbers reports as well as the PQI process. Feedback from the PQI Team members is reported to the President/CEO during a meeting with the PQI Director to further the evaluation process. This conversation also includes an evaluation of all risk management, general target reports, and supporting numbers reports. It also includes consideration of structural barriers or obstacles, implementation effectiveness, areas for improvement within procedure and policy, cohesiveness of the PQI structure, and congruency of the Strategic Plan with the PQI program.

G. Funding of the PQI Process

The President/CEO recommends an annual level of funding and staffing that supports the goals and objectives of PQI to the Epworth Board of Trustees during the annual Epworth budget process each November.

See Appendix F for PQI Operational Procedures Worksheet, Appendix G for Templates of PQI Reports and Appendix J for PQI Annual Process Evaluation Form Template.

Performance and Quality Improvement (PQI) Reports

PQI reports are part of the infrastructure necessary to analyze and use data in order to create a culture of improvement by providing information to the Board of Trustees, the Leadership Team, and the PQI Team that allows for:

- Informed decision-making including planning and allocation of resources;
- Identifying what is working and replication of good practices;
- Identifying practices and internal processes that need improvement;
- Identifying plans of action through identified short-term targets that ensure the organization's capacity to deliver excellent services; high quality service delivery; desired program results; client satisfaction and client outcomes and staff satisfaction;
- Meeting program and strategic goals and objectives.

Reports of PQI findings facilitate compliance with regulatory reporting requirements and consider concerns related to confidentiality of clients. Epworth participates in a contract with the South Carolina Department of Social Services (DSS) to provide Level 1 residential services for children removed from their homes due to abuse or neglect. The four elements that are required to be measured via this contract involve

- Keeping children safe from further abuse while in care;
- Facilitating monthly family visitation;
- Helping clients achieve stability; and
- Securing positive discharges back to family or other least restrictive settings within a year of admission.

These elements are tracked and analyzed for improvement annually by the PQI Team. Epworth submits an annual program and financial report detailing its work under the contract, and a contract compliance team from DSS visits annually to confirm the written reports.

Epworth is licensed by the State of South Carolina's Department of Social Services, which requires compliance with state regulations governing all areas of agency operation. Compliance is monitored by DSS through unannounced visits, as well as through annual comprehensive inspections that include facility safety and condition, financial health and integrity, personnel files and practices, hiring and training procedures, and client files. A risk management aspect of the PQI process includes the examination of inspection strengths and deficiencies as reported by outside regulatory agencies.

See Appendix H for the SC Department of Social Services Outcomes Report Template

Risk Prevention and Management Reports

In the vital area of risk management, risk management concerns are reviewed and addressed, as they occur, by Leadership. The PQI Team meets quarterly to review data, trends and patterns for the following risk management reports and makes further recommendations, as needed. The data from all risk management reports contribute to the reduction of Epworth's exposure to risk, loss and liability. Information gathered from these reports may result in a short-term target. The data is also collected for individualized purposes as noted on the Procedure Sheet for each report.

Management and Operational Risk Management Reports

Finance – Vice President of Finance

Audit

Target 1	The audit resulted in an unmodified opinion of the financial statements
Target 2	The audit resulted in no deficiencies in internal controls that are considered a material weakness

Endowment

Target	There is a 5% or less draw annually on the 3 year average balance of the endowment, reported quarterly
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Human Resources – Human Resources Coordinator

Staff Corrective Actions

Target	A plan of action was developed for 100% of Staff Corrective Actions by the supervisor and the employee within 10 days of discovery
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Work Place Accidents

Target	There are two or fewer work place accidents of the same type reported within a calendar year
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Operations – Vice President of Operations

Safety and Security Risk

Target	100% of all grounds and buildings safety and security risks that pose an immediate physical danger to residents, guests and/or staff are secured immediately upon discovery to minimize exposure
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Program Services Risk Management Reports

Annual Inspections – Vice President of Program Services

Target	100% of deficiencies found by outside regulatory agencies are resolved within 30 days or remain open and a documented status update is completed every 30 days until deficiencies are resolved
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Family Care Center - Epworth Family Care Center Director

Abuse and Neglect Report

Target	100% of Family Care Center Clients had no substantiated abuse or neglect while participating in the program.
--------	--

Client Critical Incidents

Target	100% of Family Care Center Clients with two or more behavior critical incidents in a quarter are staffed in the Clinical Collaboration Meeting
--------	--

Critical Incident Form Deficiencies

Target	100% of Identified Critical Incident Form deficiencies related to the Epworth Family Care Center are addressed and corrected within 10 business days from the final review date
--------	---

Medication Administration

Target	Family Care Center Clients - 94% of medication as prescribed by a physician was administered correctly (person, dosage, time, and route)
--------	--

Foster Care - Director of Foster Care

Annual Inspections

Target	100% of deficiencies found in prospective foster homes are resolved within 30 days or remain open and a documented status update is completed every 30 days until deficiencies are resolved
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Health – Campus Nurse

Medication Audits

Target	90% of Long's Pharmacy Audits had no documentation or storage errors
--------	--

Independent Living – Independent Living Director

Client Critical Incidents

Target	100% of Higher Education/Independent Living clients with two or more behavior critical incidents in a quarter are staffed in the Clinical Collaboration Meeting
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Critical Incident Form Deficiencies

Target	100% of identified Critical Incident Form deficiencies related to Independent Living are addressed and corrected within 10 business days from the final review date)
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Peer File Review – Admissions Director

Target 1	90% of all files had no deficiencies (active and discharged)
Target 2	100% of active files are reviewed at least quarterly
Target 3	100% of discharged files have a final review within 30 days of the resident being discharged

Residential/Social Services – Director of Social Services

Abuse and Neglect Report Residential

Target	100% of Residential Services Clients had no substantiated abuse or neglect while participating in the program.
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Client Critical Incidents

Target	100% of Residential Services clients with two or more behavior critical incidents in a quarter are staffed in the Clinical Collaboration Meeting
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Critical Incident Form Deficiencies

Target	100% of identified Critical Incident Form deficiencies related to Residential Services are addressed and corrected within 10 business days from the final review date)
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Medication Administration

Target	Residential Service Clients - 94% of medication as prescribed by a physician was administered correctly (person, dosage, time, and route)
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General Target Reports

The PQI Team meets quarterly to review data, trends and patterns for the following general targets and makes further recommendations as needed. The data from all general target reports contribute to the overall performance and quality improvement for all identified areas of the agency. Information gathered from these reports may result in a short-term target. The data is also collected for individualized purposes as noted on the Procedure Sheet for each report.

Management and Operational General Reports

Development - Vice President of Development

Board Giving

Target	100% of the Epworth Board of Trustees financially support Epworth
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Overall Giving

Target	Overall giving increases each year by 5%, reported quarterly
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Major Donors

Target	Number of major donors increases each year by 5%, reported quarterly
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New Donors

Target	Number of new donors increases each year by 5%, reported quarterly
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Development – Volunteer Coordinator

Volunteer/Mentor

Target	Number of volunteers units increases each year by 5%
--------	--

Finance – Vice President of Finance

Program Utilization

Target	80% of expenses are utilized in program services each year
--------	--

Human Resources – Human Resources Coordinator

Agency Turnover

Target	There is a 5% annual decrease in turnover of permanent employees, until 20% or less turnover is achieved and maintained
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Performance and Quality Improvement – Performance and Quality Improvement Director

Resident Survey

Target 1	Resident Satisfaction as indicated by the data gathered from the Annual Resident Survey showed an overall increase by 3% each year until an overall satisfaction score of 85% is achieved and maintained
Target 2	75% of residents indicated having a foundation of hope, forgiveness, healing and belonging

Staff Survey

Target	Staff Satisfaction as indicated by the data gathered from the Annual Staff Survey showed an overall increase by 3% each year until an overall satisfaction score of 85% is achieved and maintained
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Program Services General Reports

Academics – Vice President of Academics

Behavior

Target	90% of clients attending school had two or fewer behavior referrals each school quarter
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Grades

Target	80% of clients attending school had an overall “C” average or higher each quarter
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Graduation Rate

Target	85% of higher school seniors graduate according to plan
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Epworth Early Intervention Center – Director of Early Intervention Services

Preschool Development

Target 1	90% of students identified as having a developmental delay or disability, who have attended the EEIC Program for at least 6 months, will show developmental progress toward milestones in 4 out of 6 developmental areas of learning
Target 2	90% of students identified a typically developing, who have attended the EEIC Program for at least 6 months, will show developmental progress toward milestones related to social/emotional development

Parent Satisfaction Survey

Target	95% of all Epworth Early Intervention Center Parent Satisfaction Surveys score a satisfaction or above
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Epworth Family Care Center – Director of Epworth Family Care Center

Parent Satisfaction Survey

Target	95% of all Epworth Family Care Center Moms who participated in the Satisfaction Survey at discharge gave Epworth a score of satisfaction or above
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Health Center– Campus Nurse

Psychotropic Medication

Target	95% of clients who have resided at Epworth less than 180 days(6 months) are given a minimum of 180 day period(6 month) of adjustment, observation, assessment, and documented behavioral interventions before being referred for a Psychotropic Medication Evaluation
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PQI and Programs – PQI Director and Vice President of Programs

Comprehensive Care Plan

Target	90% of all client/family goals, as listed on their Comprehensive Care Plan, are achieved agency wide each year
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Numbers Reports

The PQI Team meets quarterly to review data, trends and patterns for the following numbers reports and makes further recommendations as needed. There is no target or target results associated with these reports. Data gathered from these reports are used to provide additional information to the PQI Team and may support risk management and/or general target reports. Information gathered from these reports may result in a short-term target. The data is also collected for individualized purposes as noted on the Procedure Sheet for each report.

Development – Vice President for Development

- *Appeals Total Giving*
- *Church Appeals and Giving*
- *Social Media Engagement*

Development – Volunteer Coordinator

- *Volunteer Satisfaction Survey*

Finance – Vice President of Finance

- *Overtime/Non-scheduled Days*

Human Resources – Human Resources Coordinator

- *Staff Corrective Actions*

Program Services Numbers Reports

Activities – Activities Director

- *Aim Higher Council*

Admissions – Admissions Director

- *Admissions*
- *Residential Population*
- *Discharges*

EEIC – Director of Early Intervention Services

- *Population and Referral*

EFCC– Family Care Center Director

- *Admissions*
- *Discharges*

Faith Formation– Campus

- *Faith Formation Involvement*

Foster Care – Foster Care Director

- *Population/Admissions/Discharges*
- *Foster Care Recruitment*

Independent Living – Independent Living Director

- *Population/Discharges*
- *Scholarship*

Social Services – Director of Social Services

- *Family Therapy Satisfaction Survey*

The review applicable information is not limited to the formalized reports noted above. For example other areas of interest that are routinely monitored include, but or not limited to:

- Expense reports
- Financial risks
- Insurance and liability coverage
- Client rights and confidentiality issues
- Conflicts of interest

Short-Term Targets

Short-term targets may be associated with any report that is determined to need further action for an extended period of time. The purpose of the short-term target is to collect additional data and/or take additional actions toward Performance and Quality Improvement with a targeted approach that allows the PQI Team to make informed decisions. As plans of action are finalized, short-term targets may be discontinued at the discretion of the PQI Team. Some short term targets may lead to formalized risk prevention and management or general target reports.

Reports' Summary

As demonstrated by the extensive nature of the reporting process noted above, Epworth's Performance and Quality Improvement Department, associated PQI Team and other stakeholders are dedicated to ensuring integrity with multiple layers of review, targeted decision-making, and implementation. High quality data collection, aggregation, and analysis allows for effective dissemination of the mission, vision, and purpose of Epworth to all areas of Administration and Management, Service Delivery, and Service areas. In pursuit of excellence, Epworth strives to consistently and effectively AIM HIGHER.

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Appendix A

Epworth SWOT Guidelines for Reviewing Template

Guidelines for Reviewing SWOT

Strengths are continually assessed to maintain identified high quality services and organizational performance. The areas identified as weaknesses and opportunities will be monitored continuously. The team identified one weakness and one opportunity for each area on which to focus during the coming year. A quarterly progress report will be provided for each area during the quarterly PQI meeting. If the identified weakness and/or opportunity is determined accomplished by the team, a replacement item will be identified so that progress toward excellence is continuing. A follow-up section is included on the Original 2018 SWOT document in order to track progress. Identified Threats are continually assessed to limit exposure to external risk to ensure that we are proactive rather than reactive.

The Original SWOT finalized in January 2018 will be referenced throughout the year. Please do not make any changes to the Strengths, Weaknesses, Opportunities or Threats Categories. All information added each quarter of the year should be added in the Follow-Up that is located under the SWOT table.

Quarterly Follow-up should consist of tracked actions taken to progress in the areas identified (highlighted) under the weaknesses and opportunities categories.

Under the Weaknesses and Opportunities in the follow-up section write out the highlighted area that corresponds and list the actions taken each quarter.

EXAMPLE (use for both areas)

General Community does not know about all programs.

Q1 – Scheduled meeting with Development to discuss the possibility of x. Implemented X by March 31, 2018. Tracked results from implementation and produced report demonstrating data.

Q2 – X, Y, Z

Q3 – X, Y, Z

Q4 – X, Y, Z

If the steps taken to address the identified weakness and/or opportunity lead to accomplishment (such that the weakness and/or opportunity becomes a strength), that should be reported under the appropriate quarterly statement and a new weakness and/or opportunity will be identified by the PQI Team. The new weakness and/or opportunity will become the tracked area until it is also accomplished. This process may be repeated as many times as necessary to ensure that continued progress is being made.

2018 PQI (Performance and Quality Improvement) SWOT

Strengths	Weaknesses
Opportunities	Threats

Appendix B

Directory of PQI Team Members

PQI TEAM MEMBERSHIP LIST

- Performance and Quality Improvement Director
- President/CEO*
- Executive Vice President for Program Development*
- Executive Vice President for Residential Services*
- Vice President for Academics*
- Vice President for Development and Communications*
- Vice President for Finance*
- Vice President for Operations*
- Campus Nurse/Health Services Director
- Campus Pastor
- Human Resources Coordinator
- Volunteer Coordinator
- Activities Director
- Admissions Director
- Director of Early Intervention Services (Director of Epworth Early Intervention Center)
- Epworth Family Care Center Director
- Epworth Foster Care Director
- Independent Living Director
- Residential Services Director
- Social Services Director

* Represents members of the Leadership Team

Appendix C

Annual PQI Brochure

Side One:

PQI Structure

PQI Director: The role of the PQI Director includes: coordinating and leading team gatherings, assisting reporters in determining the appropriate measurement tools and how to use them, distribution of information on outcomes and improvement plans, managing accountability of data collectors, the continuous movement of the PQI structure, connecting teams with knowledgeable outside resources and training to inform their decisions where necessary and helpful.

PQI Team: The PQI Team's role is to report on assigned Risk Management Reports, general Reports and improvement plans. All PQI reports are designed to capture a clear picture of how Epworth's service offerings are meeting the needs of its residents, staff and the community. In addition, this team will work to capture data needed for designated regulatory agencies associated with Epworth. Reports from individual team members will be given accordingly on a monthly, quarterly or annual basis to the PQI Director for review and coordination with the quarterly PQI Meeting. During this meeting the PQI team will look creatively and practically at areas of success and areas for potential improvement. The PQI Team is responsible for developing short term targets and appointing temporary work groups to create improvement plans as needed.

Leadership Team: Made up of the President/CEO and the agency's vice presidents is instrumental in its support of the PQI process. The Leadership Team participates as part of the PQI Team and communicates with all staff to create a culture for positive change and improvement.

All Staff: PQI is woven into the fabric of all areas of Epworth. All staff live out the pursuit of excellence by aiming higher.

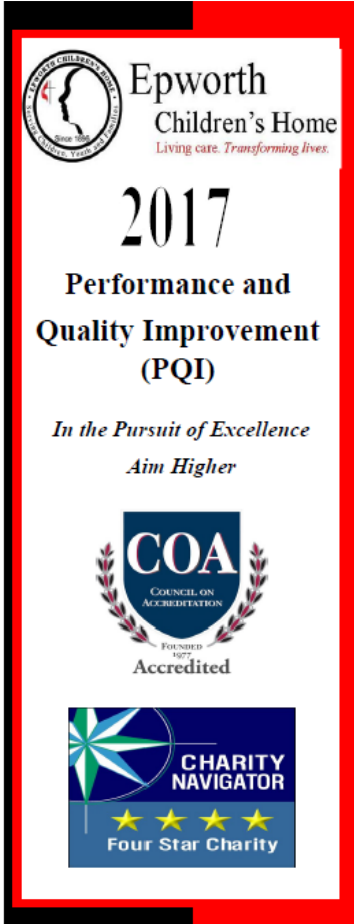
Epworth's Philosophy of PQI

The Performance and Quality Improvement structure at Epworth promotes excellence and continual improvement in its Residential Program, the Epworth Family Care Center (EFCC), the Epworth Early Intervention Center (EEIC), and the Epworth Foster Care Program. PQI is embedded in the fabric of all aspects of Epworth's daily work and in its strategic, long-term development. Staff and stakeholders in all areas of service are empowered to play an active role in improving program/client outcomes and overall organizational performance. With the support and involvement of Epworth's Board of Trustees, the President/CEO, staff from all organizational areas, and vital community stakeholders, the PQI process is designed to be inclusive and transparent. The combined elements of the PQI program enable the agency to make effective and timely use of collected data and to take corrective action and/or develop and implement programs in order to reach the highest standards attainable.

Epworth Children's Home
2900 Millwood Avenue
Columbia, SC 29205

For more information on our PQI program contact:
Deborah Keller, PQI Director
(803-256-7394)

You may visit the agency web site to review the
PQI Plan and the PQI Annual Report.
www.epworthchildrenshome.org



The brochure features the Epworth Children's Home logo at the top left, which includes a circular seal with the text "A COMMITMENT TO EXCELLENCE SINCE 1877". To the right of the logo, the text reads "Epworth Children's Home" and "Living care. Transforming lives." Below this, the year "2017" is prominently displayed in a large, bold font. Underneath the year, the title "Performance and Quality Improvement (PQI)" is written in a bold, sans-serif font. Further down, the phrase "In the Pursuit of Excellence" is followed by "Aim Higher". The center of the brochure features the COA (Council on Accreditation) logo, which consists of a blue shield with the letters "COA" in white, surrounded by a laurel wreath. Below the logo, it says "Accredited". At the bottom right, there is a Charity Navigator logo, which includes a green star icon and the text "CHARITY NAVIGATOR" and "Four Star Charity".

Side Two:

2017 Residential Cottages

- ◊ 184 clients were served during the year
- ◊ 275 days was the average length of stay
- ◊ 53 was the average residential population
- ◊ 44 % (58 of 131) of residents discharged from Residential Care were reunified with family or placed with a family member
- ◊ 77% of clients served were 13 years or older

2017 Epworth Family Care Center

- ◊ 8 families were served
- ◊ 24 total clients were served
- ◊ 4 families completed the program

2017 Epworth Foster Care

- ◊ 9 homes were licensed
- ◊ 12 total clients were served

2017 Independent Living

- ◊ 15 clients participated in 2017
- ◊ 1 client received her Bachelor's Degree.
- ◊ 3 clients secured stable housing in the community.
- ◊ 1 client was accepted into the Gamecock Gateway Program with a full scholarship. This program is by invitation only and is a residential bridge program between Midlands Tech and USC.

2017 Early Intervention Center

- ◊ 23 clients were served in the Preschool Program
- ◊ 46 clients were served in the Homebased Program
- ◊ 7 clients (6 families) were served in the Respite Program

2017 Highlights

- The Epworth Foster Care Program licensed its first foster home in June of 2017 and placed its first client in July
- The Independent Living Program moved to the Trenholm Road Campus
- The Independent Living Program was restructured to allow clients to choose between two tracks: degree/certificate track and career exploration track
- The Epworth Community came together on the circle to share the excitement of the Total Solar Eclipse on August 21, 2017
- Epworth was awarded the VOCA grant to help support the Intake Cottage
- Waddell Cottage opened as an Intake Cottage in March 2017
- A salary study was completed in 2016 and the Board of Trustees approved a competitive compensation increase effective January 2017
- Epworth was able to offer merit based increases for the fourth consecutive year
- The 2017 audit that was completed on April 16, 2018 resulted in an unmodified opinion of the financial statements and showed no deficiencies in internal controls
- 80% of expenditures in 2017 were Program related
- Asbury, Cile Gray, FCC, Hass, Stokes and Waddell were error free for Long's Audits in 2017.

2016-2017 K-12 Academic Year Summary

- 2016/2017 was the 5th consecutive year with a 100% high school graduation rate
- 80% of clients maintained an overall "C" average or higher
- 97% of clients received 2 or fewer disciplinary referrals each quarter

2018-2022 Strategic Goals

- ◊ Expand the missional impact beyond the campus boundaries
- ◊ Financial stability to operate independently of government funding
- ◊ Superior Residential Child Care Ministry



Direct Care Goals

Epworth is committed to providing individualize comprehensive care to ensure:

1. Each client demonstrates the developmentally appropriate skills necessary to reach his or her greatest potential;
2. Each client demonstrates an increased level of emotional maturity;
3. Each client demonstrates an increased ability to successfully navigate his or her next life transition;
4. Each client demonstrates an increased level of hope, forgiveness, generosity, and belonging.

Appendix D

Aim Higher Solution Box Brochure

Purpose

The Purpose of our "Aim Higher" Solution Box is to provide equal opportunity for all employees to offer ideas and solutions that will continue to move Epworth forward in our pursuit of excellence.

This is not to be considered a "complaint" box. In our pursuit of excellence we expect open communication between staff and supervisors when conflict or disagreement arises.

If you need assistance with communicating these types of concerns, please consider Human Resources as a resource to help walk you through that process appropriately.

Thank you for your participation!

If you have any questions about "Aim Higher" Solutions please contact

Deborah Keller, Director of PQI
803-681-0313

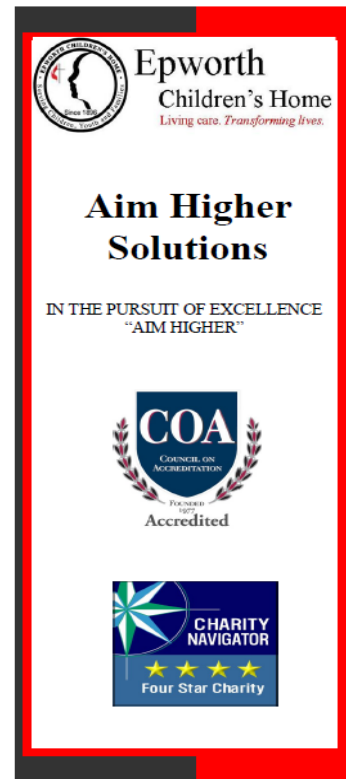
PQI USE ONLY

Reviewed _____
Date _____

Presenter Acknowledged _____
Date _____

Reviewed by Leadership Team _____
Date _____

PQI Notes



What happens to my "Aim Higher Solution" after it is submitted?

- ◆ The solution box will be opened by the PQI Director and a member of the Leadership Team at least quarterly.
- ◆ When the solution box is opened each solution will be determined to be complete or incomplete.
- ◆ The PQI Director acknowledges the submission of all solutions that are deemed complete by contacting the presenter of the solution.
- ◆ Solutions submitted are maintained in the PQI Office and may be viewed upon request.
- ◆ Solutions submitted during each quarter will be included in the "Aim Higher Buzz," along with the status of each solution submitted.

What will be considered complete?

- ◆ A complete solution will include your idea and a detailed solution for that idea.
- ◆ A complete solution will be an idea that you can take ownership of and participate in the solution. "I want to try..."
- ◆ A complete solution will include the date you submitted the solution.

What will be considered incomplete?

- ◆ Ideas without a solution.
- ◆ A form that is not dated.

IDEA (please print)

SOLUTION (please print)

I want to try...

**I believe my solution will help...
(check all that apply)**

- ☐ Improve Care to Residents
- ☐ Decrease # of Critical Incidents
- ☐ Safety
- ☐ Improve Employee Retention
- ☐ Improve Morale
- ☐ Save Money
- ☐ Raise Money
- ☐ Other (specify below) _____

Name (optional) (please print)

Date

Appendix E

Quarterly PQI Newsletters 2017



The Aim Higher Buzz

In the Pursuit of Excellence, Aim Higher

Performance & Quality Improvement (PQI) Newsletter




1st Quarter, 2017

Pursuing Excellence

100%

Critical Incident Deficiencies Report

All Critical Incident deficiencies that were reported in quarter 1 were addressed and corrected within 10 business days of the final review. Great Job!

99%

School Behavior Referrals

For the first three school quarters this school year we have exceeded our school behavior target of 90%. This is the fourth consecutive year that this target has been exceeded. Great job to all of our residents, and a special thank-you to our cottage staff for their support and encouragement.

100%

Safety and Security Risk

The two safety and security risks (alarms) that were identified were addressed immediately upon discovery.

Aiming Higher

We are consistently aiming higher by making sure we are signing the MAR (Medication Administration Record) when medication is administered. Remembering to write a response on the back for PRN medication continues to be an issue. This is a requirement of Long's Pharmacy and is also essential to keeping our doctors informed.

Epworth Foster Care

The Foster Care team is responsible for recruiting, training, and supporting resource parents who care for foster children in their home. There are 10 families currently going through the complex licensing process. The goal of the Epworth Foster Care staff is to ensure that qualified families are licensed within 90 days, which is considerably less than the 120 days DSS requires.

Staff Survey Update

The 2017 Staff Satisfaction survey was completed on March 29, 2017. A special thank you to the 76 staff members who participated in the 2017 Annual Staff Satisfaction Survey. The results of the surveys will be shared on May 24 and May 25 in groups as indicated on the Survey Sharing Memo dated April 28, 2017.

Development—Volunteer/Mentor

In light of the changes in our population, the Volunteer/Mentor Program was evaluated so mentors who had completed the volunteer training could be utilized in other areas of the campus. We are excited that these mentors are now serving Epworth as Sunday School Teachers and as leaders of cottage partner groups.

Epworth Early Intervention Center (EEIC) Graduation

A preschool graduation is planned for July 14, 2017 at 10:00 am to take place in our campus church sanctuary. There are several young graduates this year who will leave us to transition to Kindergarten and their next education experiences. We are excited to report, each graduate has made significant progress towards milestones noted in his or her Educational Developmental Care Plan.

Aim Higher Solutions - January—March 2017

There were no solutions submitted in the first quarter of 2017. The purpose of our "Aim Higher" Solution Box is to provide equal opportunity for all employees to offer ideas and solutions that will continue to move Epworth forward in our pursuit of excellence.

Policy Updates: Approved by the Board on February 16, 2017

Communications Policy and Foster Parent Recruitment	Documentation Procedure
Foundation for Care Policy and Residential Services: Cottage Environment Procedures, Family Care Center and Independent Living (replaced Foundation for Care Policy and Residential Services: Cottage Environment Procedures)	
Foundation for Care Policy and Resources: Family Home Environment and Family Connections Procedures	
Permanency Planning and Transitioning Policy and Foster Care Procedure	
Permanency Planning and Transitioning Policy and Independent Living Procedure	
Permanency Planning and Transitioning Policy and Residential Services Procedure	
Recruitment, Licensing, Monitoring/Support/Retention and Relicensing Policy and Resource Home Procedures	

Policies reversed by the Board to the Original Policy dated February 19, 2015

Wages and Salary Policy and Procedures
Wages and Salary Policy and Residential Services and FCC Non-Scheduled Day Procedures
Wages and Salary Policy and Benefits Procedures

Please update any paper manual in your area. The most current manual is available online on the staff-only password protected website.

For more information on our PQI program contact: Deborah Keller, PQI Director (803-681-0313)
You may visit the agency website to review the PQI Plan & the PQI Annual Report. www.epworthchildrenshome.org
Epworth Children's Home 2900 Millwood Avenue Columbia, SC 29205



The Aim Higher Buzz

In the Pursuit of Excellence, Aim Higher



Performance & Quality Improvement (PQI) Newsletter

2nd Quarter, 2017

Performance and Quality Improvement (PQI)

PQI activities assist with achieving program and service area outcomes as well as contribute to efforts to improve the agency's climate and culture. A significant aspect of this climate and culture is staff and client satisfaction. PQI encourages the use of data along with staff and stakeholder involvement to identify, establish and implement changes that contribute to desired outcomes. Information and updates provided to Epworth staff members in the PQI newsletter encourage staff involvement in the Performance and Quality Improvement Process

STAFF SURVEY FINDINGS

The results of the 2017 staff survey were shared in small groups over the course of 4 days. The purpose of these group meetings was to allow staff the opportunity to share their satisfaction as employees of Epworth and to further voice areas of potential improvement. The Leadership Team and the PQI Director developed plans of action for each suggested improvement, and will be communicating these through e-mail and in upcoming "Aim Higher Buzz" newsletters.

IDENTIFIED STRENGTHS

Epworth employees enjoy their work because of the strong sense of purpose they feel in serving the needs of others. Conversation during the staff survey follow-up meetings indicated that Epworth's culture is one of teamwork where co-workers frequently "go the extra mile" to be helpful. This sort of dedication also requires an awareness that caring for others requires taking care of yourself, too. Employees appreciate the "open door" policy of management and access to important information online, such as the organization's strategic plan and policy and procedure manual as well as the annual PQI brochure and PQI annual written report. Training and in-depth record keeping, with respect to serving children and families, were cited as core strengths. Epworth employees embrace the organization's positive reputation in the community, the engagement and support of the United Methodist Church,

SUGGESTED AREAS OF IMPROVEMENT

(More to come in the next Buzz)

PARKING SAFETY ON CAMPUS: Please be reminded that all personal cars should have a parking sticker on them, see Nicole in Human Resources if you need a sticker for your car. In abiding by the State Fire Regulations, no vehicles, Epworth or personal should be parked on a yellow curb, as these spaces are reserved for emergency vehicles only. A yellow curb has been added in front of Dantzler to Asbury, in order to make this street more visible. This was a concern brought up in the survey sharing meetings.



A special thank you to the Lowes on Garner's Ferry for the week they spent on our campus. The week was spent planting flowers, mulching, painting and other campus beautification projects. A few of our residents were given the opportunity to participate in this project through Urban League.

REMINDER: The VP for Programs sent e-mails on June 28, 2017 to remind staff of the following existing documents:

1. Campus Rules and Expectations, 2. Logical Consequences, 3. Client Electronic Device Contract and 4. Community Resources and Providers. Please review these documents and address any questions and/or concerns you may have with your immediate supervisor.

Aim Higher Solutions April—June 2017

There were no solutions submitted in the first quarter of 2017. The purpose of our "Aim Higher" Solution Box is to provide equal opportunity for all employees to offer ideas and solutions that continue to move Epworth forward in our pursuit of excellence. Please continue to use the Aim Higher Solution box as a way to share your ideas for improvement.

Policy Updates: There were no policy and/or procedure updates in Quarter 2 of 2017.

For more information on our PQI program contact: Deborah Keller, PQI Director (803-681-0313)
You may visit the agency website to review the PQI Plan & the PQI Annual Report. www.epworthchildrenshome.org
Epworth Children's Home 2900 Millwood Avenue Columbia, SC 29205



The Aim Higher Buzz

In the Pursuit of Excellence, Aim Higher

Performance & Quality Improvement (PQI) Newsletter



3rd Quarter, 2017

Performance and Quality Improvement (PQI)

PQI activities assist with achieving program and service area outcomes as well as contribute to efforts to improve the agency's climate and culture. A significant aspect of this climate and culture is staff and client satisfaction. PQI encourages the use of data along with staff and stakeholder involvement to identify, establish and implement changes that contribute to desired outcomes. Information and updates provided to Epworth staff members in the PQI newsletter encourage staff involvement in the Performance and Quality Improvement Process.

Suggested Areas of Improvement from the Staff Survey

Improving Team Dynamics and Communication: Staff that participate in CARE training learn the importance of role clarity, clear goals, clear purposes, and clear communication systems as key components of strong team dynamics. For those who have not been through CARE, positive team dynamics is still essential to your job. Jessica Warble, VP for Programs sent out a list of questions for ALL teams to review during their next team meeting. Reminder, every department at Epworth should be holding at least monthly group supervision meetings, as well as, monthly individual supervision. If you have concerns about your team, and you addressed these concerns with your team, and they continue to be unresolved, please contact the Director and/or Vice President of your area.

News from the Vice President for Academics

- During the 2016-17 school year, 81% of residents taking both the pre and post-test academic assessments showed improvement in their reading level, with 67% improving more than one full grade level.
- During the 2016-17 school year, 73% of residents taking both the pre and post-test academic assessments showed improvement in their math level, with 62% improving more than one full grade level.
- The overall tutoring attendance rate for the 2016-17 school year was 83%. Tutoring attendance has started strong for the 2017-18 school year, let's work to improve our overall attendance rate this year and surpass last year's average.

Reflections from the September All Staff Meeting

- The VP for Development shared a video that reflected on Epworth's Past, Present and Future.
- The VP for Finance discussed health insurance benefits, stating that the finance department reviews the cost of all benefits in order to provide the most affordable health care options for employees and Epworth. Benefits offered by Epworth's 403(b) was also shared and all staff that are eligible to participate in the 403(b) retirement plan were encouraged to take advantage of this plan.
- Fifteen staff members were recognized for years of service to Epworth by receiving a certificate, a pin and a monetary reward.
- The VP for Programs highlighted a few plans of action created by PQI and Leadership to address the concerns identified on the Annual Staff Survey.
- The PQI Director reviewed the Epworth PQI process with employees during the staff meeting. The review included what the acronym PQI stands for and how the success of the PQI program depends on all employees. All employees were encouraged to read "The Aim Higher Buzz," the PQI newsletter for quarterly PQI updates. Employees were also reminded to use the PQI Aim Higher Solution Box as one way to communicate ideas for positive change to leadership.

Aim Higher Solutions July - September 2017

There was one solution submitted in the second quarter of 2017 that is currently being addressed through the PQI Process. The Aim Higher idea submitted was to have a campus Bible Study and prayer group. Staff that were interested in participating were asked to sign a sheet of interest. The decision was made that it was not enough interest (4 signatures) to have a campus wide Bible Study but the staff that was interested were encouraged to have a small Bible Study during their lunch time and/or down time. The pastor offered to assist in providing resources for this Bible Study.

Policy Updates: There were no approved policy and/or procedure updates in Quarter 3 of 2017.

For more information on our PQI program contact: Deborah Keller, PQI Director (803-681-0313)
You may visit the agency website to review the PQI Plan & the PQI Annual Report. www.epworthchildrenshome.org
Epworth Children's Home 2900 Millwood Avenue Columbia, SC 29205



The Aim Higher Buzz

In the Pursuit of Excellence, Aim Higher

Performance & Quality Improvement (PQI) Newsletter



4th Quarter 2017

Performance and Quality Improvement (PQI)

PQI activities assist with achieving program and service area outcomes as well as contribute to efforts to improve the agency's climate and culture. A significant aspect of this climate and culture is staff and client satisfaction. PQI encourages the use of data along with staff and stakeholder involvement to identify, establish and implement changes that contribute to desired outcomes. Information and updates provided to Epworth staff members in the PQI newsletter encourage staff involvement in the Performance and Quality Improvement Process.

What is COA?

"The Council on Accreditation (COA) is an international, independent, nonprofit, human service accrediting organization. Founded in 1977, its mission is to partner with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. COA standards encourage enhanced growth and stability, measurable results, and an unwavering commitment to the health, safety, and rights of clients as well as staff. We envision excellence in the delivery of human services globally, resulting in the well-being of individuals, families, and communities." (copied from COA Website)

The Value of COA at Epworth

COA accreditation signifies that an organization is effectively managing its resources and providing the best possible services to all of its stakeholders.

Clients

- ◆ Services meet best practice standards
- ◆ Services are delivered by appropriately trained staff
- ◆ Clients participate in the decision-making process of service delivery
- ◆ Services are provided in a safe and respectful environment
- ◆ Privacy is protected
- ◆ Services support positive outcomes
- ◆ Services are culturally competent

Staff

- ◆ Service environments are efficient, effective, and supported by a quality improvement-oriented culture
- ◆ Risk and liability are minimized
- ◆ Health, safety and privacy are protected
- ◆ Professional staff qualifications are defined
- ◆ Job descriptions are defined
- ◆ Whistleblower Policy is in place
- ◆ Performance evaluation system is in place

Board

- ◆ Sound financial management practices are in place
- ◆ Practices are ethical
- ◆ Strategic Plan and PQI Plan is current, relevant and monitored
- ◆ Effective performance quality improvement and risk management systems are in place
- ◆ Policies and procedures address conflict of interest, preferential treatment, accountability and delegation of authority

Donors, Funders, Regulators

- ◆ Validation of the delivery of high quality services
- ◆ Sound financial practices are in place
- ◆ Performance and quality improvement is in place
- ◆ Organizational operations are efficient
- ◆ Risk management policies and mechanisms that prevent fraud are in place
- ◆ Can be used as a tool to identify grant recipients

Aim Higher Solutions October - December 2017

There was one solution submitted in the fourth quarter of 2017 that is currently being addressed through the PQI Process. The Aim Higher idea submitted was to add additional vending machines for campus to utilize at their convenience, allowing clients and staff to enjoy refreshments when the administration building break room is closed. Leadership agreed this was a great idea. It is not possible to put the vending machine at the dining hall due to USDA regulations. Leadership will continue to discuss other possible internal locations.

Policy and/or Procedure Updates: There were no policy or procedure updates in the fourth quarter of 2017.

For more information on our PQI program contact: Deborah Keller, PQI Director (803-681-0313)
You may visit the agency website to review the PQI Plan & the PQI Annual Report. www.epworthchildrenshome.org
Epworth Children's Home 2900 Millwood Avenue Columbia, SC 29205

Appendix F

PQI Operational Procedures Worksheet Template



Epworth
Children's Home
Living care. Transforming lives.

PQI OPERATIONAL PROCEDURES WORKSHEET

Title of Report

Target Report Time Frame (Quarterly, Bi-annually, Annually)	Write assigned target out...
Type of Target	Risk Prevention or General Target, Numbers Report
Related to Direct Care Goal(s)? List Goal(s) Administrative Report?	
Who is responsible to make sure data is collected and aggregated?	Name and title of person responsible for submitting report to PQI
Why is the data collected?	<p>List why data is collected...</p> <p>Examples of words used</p> <ul style="list-style-type: none"> • Enables Epworth to ... • Ensure(s) ... • One of the bullet points that should be included for risk management reports is... <ul style="list-style-type: none"> ○ The data gathered from this report contributes to the reduction of Epworth's exposure to risk, loss and liability.
This target report includes but is not limited to...	<ul style="list-style-type: none"> • List what should be included in target. This information is given to the reporter during PQI Report Training and/or during PQI Annual Report Evaluation Meeting
Where is the data collected from?	Describe where data is gathered from...
How frequent will data be collected and report submitted?	Data is collected...list when data is collected and when report is submitted
How will data be aggregated and reports generated?	Data will be aggregated and reported using...list what computer program or form is used to collect data for the report.
In what format is data submitted to PQI?	The report is submitted to PQI on the Standardized PQI Report form. The form will depend on the type report submitted. (RPM, General or Numbers)
Who reviews results and when?	The PQI Team, led by the PQI Director reviews results of the aggregated data provided to determine if targets are being met. Members of the PQI Team are given the opportunity through Dropbox to review all reports before each quarterly PQI Meeting. The quarterly meetings are held on the last Thursday of the month following the end of the calendar quarter. (Example: Q1- January-March, meeting will be on the last Thursday of April.)
Who assigns short term targets/Plans of Action?	The PQI Team, led by the PQI Director look creatively and practically at all PQI reports at which time short term targets are assigned as needed and plans of action are developed by the Reporter. Plans of action may include members of staff from all areas of campus. The reporter reports the status of Short Term Targets and Plans of Action quarterly to the PQI Committee for review.
How is change communicated to staff?	Supported by the PQI Team which includes leadership, area supervisors are responsible for overseeing recommended change. Leadership has created a community of support by allocating resources, both monetary and human, to ensure that the promotion of change through data is integrated into the culture of PQI.

Appendix G

PQI Report Templates

This is an example of forms used for Quarterly Risk Management and General Target Reports. The form changes as is appropriate for the assigned report title, reporter and reporting period (Quarterly, Bi-annual, Annual).

TARGET	Target that has been assigned to this report goes here.		
20xx Annual Results			
Quarter 1 Results xx.xx.20xx – xx.xx.20xx 	Quarter 2 Results xx.xx.20xx – xx.xx.20xx 	Quarter 3 Results xx.xx.20xx – xx.xx.20xx 	Quarter 4 Results xx.xx.20xx – xx.xx.20xx
Target % (XX of XX) answer the target with a sentence	Target % (XX of XX) answer the target with a sentence	Target % (XX of XX) answer the target with a sentence	Target % (XX of XX) answer the target with a sentence
20xx Q1 Information			
Pertinent Information (Highlights) for current reporting period <i>(this section is for reporting numbers (data) as indicated on the corresponding procedure sheets)</i>			
Reporter's Comments <i>(this section should include follow-ups from previous quarter (not related to plan of actions), recommendations from the reporter and/or other information that adds to the value of the highlighted data.</i>			
Date Short Term Target was assigned by PQI Team	Short Term Target(s) <i>(assigned by the PQI Team during quarterly meetings)</i>	Status Completed(date), Still in Process, Other	
1.	1.	1.	
Plans of Action (number by corresponding Target) <i>(the corresponding reporter is responsible for leading the team (if needed) that will assign plan(s) of action related to the short term target and reporting status quarterly)</i>		Status Completed(date), Still in Process, Other	
1a	1a.		
1b	1b.		

This is an example of form used for Numbers Reports. The form changes as is appropriate for the assigned report title, reporter and reporting period (Quarterly, Bi-annual, Annual).

There is no target or target results associated with this report. Data gathered from these reports are used to provide additional information to the PQI Team. Information gathered from this report may result in a short term target.		
Time Frame of Report		
Pertinent Information (Highlights) for current reporting period <i>(this section is for reporting numbers (data) as indicated on the corresponding procedure sheet)</i>		
Reporter's Comments <i>(this section should include follow-ups from previous quarter (not related to plan of actions), recommendations from the reporter and/or other information that adds to the value of the highlighted data.</i>		
Date Short Term Target was assigned by PQI Team	Short Term Target(s) <i>(assigned by the PQI Team during quarterly meetings)</i>	Status Completed(date), Still in Process, Other
1.	1.	1.
Plans of Action (number by corresponding Target) <i>(the corresponding reporter is responsible for leading the team (if needed) that will assign plan(s) of action related to the short term target and reporting status quarterly)</i>		Status Completed(date), Still in Process, Other
1a		1a.
1b		1b.
1c		1c.

Appendix H

Contract Compliance Report to SC Department of Social Services Template

Agency	Epworth Children's Home
Report Date	
Report Period	

During the report period what was the total number of clients served

1. Children and youth will not have any substantiated abuse or neglect while in care

A. Total number of substantiated cases

1) During period # of substantiated abuse by staff

2) During period # substantiated abuse by Non-Staff

Total

Percentage of children with no substantiated abuse or neglect #DIV/0!

2. Children/youth will be discharged to a less restrictive or permanent family setting within 9 to 12 months of admission.

A. Total clients discharged during period

B. Of Total clients discharged number discharged to less restrictive/family setting

C. Total clients discharged in less than 9 months

D. Total clients discharged in > 9 months but < 12 months

E. Total clients discharged to less restrictive placement in less than 12 months

Percentage of children discharged to less restrictive placement within 9-12 months #DIV/0!

Total clients discharged to same level of care

Total clients discharged to higher level of care

Total clients not discharged but in placement more than 12 months

3. Children/youth will have regular visitation with family and other siblings in care in accordance with their care plan

A. Total # clients without visitation plan.

B. Total # clients with visitation plan.

C. Total # of clients who achieved monthly goal of visitation plan

D. Total # of clients who did not meet monthly goal of visitation plan

Percentage of children with regular visitation with family and other siblings #DIV/0!

4. Children/youth in care will remain stable.

A. Total # of cases where **your agency requested** an unplanned discharge

Percentage #DIV/0!

B. Total # runaways

Percentage #DIV/0!


































C. Total number of cases discharged prior to the completion of the program at DSS request




Percentage #DIV/0!

Appendix I

Annual PQI Scorecard Sample Sheet

EPWORTH CHILDREN'S HOME PERFORMANCE and QUALITY IMPROVEMENT (PQI) 2017 SCORECARD

Academics (reported by school quarter) - General Targets							
Grades	Q1 '17-'18	Q2 '17-'18	Q3 '17-'18	Q4 '17-'18	2016-17 School Yr	2015-16 School Yr	2014-15 School Yr
80% of residents attending school had an overall " C "average or higher each quarter	 87% (33 of 38)				 80%	 86%	 92%
Referrals(Behavior)	Q1 '16-'17	Q2 '17-'18	Q3 '17-'18	Q4 '17-'18	2016-17 School Yr	2015-16 School Yr	2014-15 School Yr
90% of residents had 2 or fewer school behavior referrals each quarter	 98% (37 of 38)				 97%	 97% (56 of 58)	 96%
Graduation Rate - (Reported in July 2016) A minimum of 85% of seniors graduate each year			2017-18 School Yr	2016-17 School Yr	2015-16 School Yr	2014-15 School Yr	2013-14 School Yr
				 100% (4 of 4)	 100% (8 of 8)	 100% (8 of 8)	 100%
Activities - Supporting Numbers Reports (no target is assigned to these report)							
Aim Higher Student Council Report	Q1 2017	Q2 2017	Q3 2017	Q4 2017			
Representatives from all traditional Cottages, does not include the Intake Cottage.	New report in Q3		7 members	2 members presented concerns to leadership			
Admissions (Residential) - Risk Prevention and Management Targets							
Case Peer Record Review	Q1 2017	Q2 2017	Q3 2017	Q4 2017	2017 Annual	2016 Annual	2015 Annual
1. 90% of all client records had no deficiencies (Active and Discharged)	 94% (77 of 82)	 93% (99 of 106)	 95% (90 of 95)	 88% (100 of 113)	 91% (363 of 397)	 95% (380 of 416)	 74% (327 of 440)
2. 100% of active files are reviewed quarterly	 100% (60 of 60)	 100% (64 of 64)	 100% (58 of 58)	 100% (65 of 65)	 100% (247 of 247)	 100% (308 of 308)	 100% (347 of 347)
3. 100% of discharged client records had a final review within 30 days of the resident being discharged	 100% (22 of 22)	 100% (42 of 42)	 100% (37 of 37)	 100% (49 of 49)	 100% (150 of 150)	 100% (108 of 108)	 100% (93 of 93)
Admissions (Residential) - Supporting Numbers Reports (no target is assigned to these report)							
Residential	January - June 2017		July - December 2017		2017	2016	2015
Population	118 clients served 53 average population		125 clients served 53 average population		184 clients served	149 clients served	165 clients served
Inquires	169 inquires 73 physical applications		236 inquires 168 physical applications		405 inquires 241 physical applications	321 inquires 103 physical applications	615 inquires
Admissions	56 admitted		76 admitted		132 admitted	76 admitted	101 admitted
Discharges	62 discharged		69 discharged		131 discharged	94 discharged	93 discharged

 On Target
  Exceeding Expectations
  Needs Improvement

Appendix J

PQI Annual Process Evaluation Template

Evaluation of 20xx Performance and Quality Improvement Reports

Date of Evaluation					
Name of Area – Reporter, Title					
#	20xx Target/Report (Current Target or report being reviewed) Time Frame of Report (Quarterly, Bi-Annually, or Annually)	Changes for 20xx (upcoming year) (Procedure Sheets will be revised to reflect any Target changes and information in column 5 and 6)	20xx Target/Report (Target/Report for upcoming year) Time Frame of Report (Quarterly, Bi-Annually, or Annually)	This report is related to one or more of the 4 Direct Care Goals for Clients or it is an Administrative Report	Why is this data collected? (this information is reviewed for necessary updates to the corresponding Procedure Sheet)
1	Example: RPM – Quarterly Audit Report The audit resulted in no deficiencies in internal controls that are considered a material weakness.	NO CHANGES	Example: RPM – Quarterly The audit resulted in no deficiencies in internal controls that are considered a material weakness.	Administrative	Example: The data gathered from this report contributes to Epworth's exposure to risk, loss and liability. The data gathered from this report ensures that Epworth uses best practices and conforms to outside regulations.
2	Example: General Target – Quarterly School Behavior 90% of residents attending school had 2 or fewer behavioral referrals	Add the words “in a school quarter for clarification”	Example: General Target – Quarterly School Behavior 90% of residents attending school had 2 or fewer behavioral referrals in a school quarter	<i>Choose all that apply – delete the ones that do not apply</i> Each client demonstrates an increased level of emotional maturity; Each client demonstrates the developmentally appropriate skills necessary to reach his or her greatest potential; Each client demonstrates an increased ability to successfully navigate his or her next life transition; Each client demonstrates an increased level of hope, forgiveness, generativity and belonging.	Example: The data collected enables Epworth to identify patterns of behavior in order to provide each resident with the appropriate individual services. The data collected ensures the needs of the residents are being met and assist Epworth in determining what, if any, additional resources can be provided to encourage appropriate behavior at school. The data collected enables Epworth to teach that healthy behavior is an indication of learning coping skills and life skills.
3	Example: Numbers – Bi-Annually Volunteer/Mentor Survey	NO CHANGES	Example: Numbers – Bi-Annually Volunteer/Mentor Survey	Administrative	Example: The data gathered from this report enables Epworth to determine if the volunteer's expectations are met...

RPM – Risk Prevention and Management Report

General Target Report

Numbers Report – No Target is associated with these reports. These reports are used to support target reports.