

Happy Acres

Performance Analysis Report 2020

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1 Introduction

Happy Acres commits to continually analyzing and improving areas where we can improve. Performance Measurement is an important part of finding areas of improvement. This plan will cover how Happy Acres collects data then measures and identifies areas of improvement and how this performance information is communicated.

Our Mission is to provide a loving, wholesome, Christian home for children/youth who are separated from their parents and help them establish long-term relationships with stable parental figures, preparing them for success in adult life. Happy Acres is a community of Christian family homes nurturing uprooted children/youth. We serve our children/youth to provide a family for each child. We aim to provide a loving and stable home for each and every child we house.

2 Overview of year

The year 2020 is the very first year Happy Acres is CARF accredited. To conform to accreditation we became an organization of self-improvement. Because of this 2020 is the first year we started tracking data for performance measurement and improvement. This is a strange year to start tracking data for improvement because of the current climate of a global pandemic. We have had to adapt to many changes such as migrating all the children/youth from in-person school to online school. This is definitely a factor to keep in mind when reviewing this analysis report.

We have performance results for Quarter 3 and Quarter 4 only because 2020 is the first year of performance measurement and improvement. Due to this we do not have any previous data to compare our results to. During analysis of this year it may be compared with anecdotal data that was not collected. Also the targets for our first data collection (Quarter 3) were chosen arbitrarily due to no previous benchmark data or unknown numerical evidence for that measurement.

Overall for 2020 the most notable change we saw was an increase in service usage and a decrease in the availability of service workers. We also noted an increase of critical incidents for the later part of 2020 this will be address in section 5.1.3.

3 Feedback

The results from our first feedback testing should be an interesting benchmark for further measurements next year. This is our first year to measure the satisfaction of the children/youth and staff so the results from this year will provide us with a measureable goal to achieve for following years. Overall the satisfaction of our program is high, many staff and child/youth love Happy Acres.

Happy Acres will complete a Performance Analysis Report each year to help guide us by informing us areas of improvement. For performance measurement we define Quarter 1-4 in 3 month intervals:

- Quarter 1=Jan, Feb, Mar
- Quarter 2=Apr, May, June
- Quarter 3=July, August, Sept
- Quarter 4=Oct, Nov, Dec

5.1 Business Function Objectives

Objectives in priority areas, for each objective a performance indicator that includes what the indicator will be applied to, the person/position responsible for collecting data, the source from which data will be collected, timeframes, performance target.

5.1.1 Financial Results

Includes analysis of trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results.

As you can see in the 2020 Quarter 3 Performance Measurement Tool there is a negative financial surplus This has changed from the previous quarters (anecdotal evidence) where we have been operating at a loss each month, so a financial surplus has not been present. Quarter 4 is the first time we have had not had a negative financial surplus. This can be primarily attributed to the acquisition and operation of a new household; Silverton. Silverton was fully operational June 2020 and at full capacity July 2020. It is expected the financial surplus will increase next year of 2021 so no corrective action was taken and no further action is required to achieve a positive financial surplus.

5.1.2 Emergency Procedure Test

Analysis for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, whether the actions taken accomplished the intended results.

Knowledge of emergency procedures was not measured this year. This was due to multiple factors. Firstly, the emergency procedures test needed to be created. Once created we conducted initial feedback testing with staff and it indicated more training was required. Trainings were conducted of the new Happy Acres Manual which included trainings on emergency procedures. This was completed at the end of 2020 so 2020 Quarter 1 will be the first recorded data to measure the knowledge of the emergency procedures. Further action is needed to ensure staff is tested using the new Emergency Procedures Quiz.

5.1.3 Critical Incidents

Analysis of each critical incident that addresses causes, trends, areas of improvement, actions to address the improvements need, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, external reporting requirements. Critical incidents: Medication errors, use of seclusion, use of restraint, incidents involving injury, communicable disease, infection control, aggression or violence,

use and possession of weapons, wandering, elopement, vehicular accidents, biohazardous accidents, unauthorized use and possession of legal or illegal substances, abuse, neglect, suicide and attempted suicide, sexual assault, overdose, other sentinel events.

The number of critical incidents was fairly low for Quarter 3 and went up drastically for Quarter 4. The number of critical incidents in Q4 was 51 compared to 27 in Q3. After investigation it was found out that an employee was creating an incident report for events that did not require an incident report. The employee has been retrained for proper incident reporting events and it was announced to all staff to remind them of the proper events that require an incident report. No further action is necessary and it will be determined in 2021 Quarter 1 if these actions were sufficient.

5.1.4 Complaints

Analysis including timeframe, whether formal complaints were received, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results.

Our number of complaints did not change drastically and we stayed under our target for Quarter 3 and Quarter 4. During the performance analysis, to ensure all complaints were received, House Managers were asked to make sure that official complaints were written down and given to Lynn Blevins the CEO. No other complaints were received only the 2 for Quarter 4 were analyzed. These 2 complaints required no further actions.

5.2 Service Delivery Objectives, Performance Indicators, and Performance Target

5.2.1 Effectiveness - Results achieved for the persons served

To measure the effectiveness of our Residential Treatment program we have identified two objectives. The first objective is to reduce the number of times emergency services is used. The second objective is to reduce the number of medication errors.

Emergency services were used 10 times in Quarter 3 and 13 times in Quarter 4. In Quarter 3 we set an arbitrary goal of 10 because we had no previous data and we met that goal. So we decided to up that goal to 15 for Quarter 4 to provide a more reasonable goal for future data. Between the 10 and 13 times emergency services were used we deemed this was an appropriate and regular amount for the number of homes that we have in operation. No further action is necessary more data is needed to find anomalies in the data.

Medication errors in Quarter 3 was 22 which is high compared to Quarter 4 which was 12. After reviewing the medication error reports the high number of errors for Q3 was attributed to a pharmacy taking a long time to fill orders causing the children/youth to miss dosages. This has since been remedied by giving lead time to a pharmacy to allow for extended fill times. The 12 medication errors for Quarter 4 proved the action was sufficient and the 12 medication errors was deemed satisfactory. No further action is necessary.

5.2.2 Efficiency - Resources used to achieve results for the persons served

Our goal for efficiency is to stay below our target number for the number of hours of direct care service used. For Quarter 3 1515 hours were used and for Quarter 4 1600 hours were used. Our goal is to always stay under 1400 hours for our 3 houses. In 2020 we used more direct care service hours, we attribute this to the effects of COVID-19. Because of COVID-19 the children/youth stayed home from school, this required us staff the house throughout the entire day. Sometimes using two staff throughout the day to help facilitate the new learning processes of the children/youth. Some of the children/youth require specialized care and need one-on-one tutoring to be successful in school. They usually have a tutor a couple of hours a week but in this

new learning environment the children/youth needed tutoring daily. We hope to be efficient as possible at Happy Acres and not waste anyone's time but this change was needed. We hope when the children are able to go back to school our number of direct care hours will decrease. No action is needed at this time. If the number of direct care hours stays above our target of 1400 we may need to revise our target to be more realistic.

5.2.3 Service Access

Occupancy rates are a way we measure service access. For Q3 and Q4 we exceeded our target of 85% capacity. For Quarter 3 capacity was at an average of 89% and Quarter 4 our capacity was an average of 95%. We will increase our target for 2021 because of these numbers. There has not been an issue with filling an opening or keeping the home at capacity. No action is necessary at this time. For 2021 Q1 we may increase our target.

5.2.4 Child/Youth Satisfaction

Our child/youth satisfaction surveys are an important way we measure the satisfaction of the children and youth in our homes. Quarter 3 was our first ever satisfaction survey and as expected the score is high at 90%. For Quarter 4 when conducting the survey, the children and youth were told how important it was to be honest on the survey because this is how we will see if there are any areas of improvement. And as expected the score was lower at 85% but we still met our goal of 85% satisfied. When looking at the results of the survey as expected the boys home scored lower, this is expected because the boys have a tendency to be unwilling to participate in the survey process. Further data is needed to identify any areas that need improvement. One area of measurement that will need to be watched is Community Presence at the boy's home, because that scored a 69% satisfaction for Q4. If 2021 Q1 has the same issue an action plan may be required.

5.2.5 Staff Satisfaction

Our staff satisfaction surveys are another important way we find areas of improvement. For Q3 satisfaction was surveyed at 93% and Q4 it was 89%. The difference in score may be due to the sample size. Q4 had a bigger sample size so the results were probably more accurate. More data is needed to identify a deficiency in satisfaction. We still exceeded our target of 85%. After 2021 Q1 it will be decided if the target needs to be changed, currently the target is appropriate.

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2020 Quarter 3

Service Delivery	Objective	Indicator	Target	To Whom Applied/Obtained By	Measure	Data Source	Results
Effectiveness of Residential Treatment	Reduce use of emergency services	Emergency services used per quarter	10	All persons served/collected by administration staff	Quarterly	Self-Report	10
Effectiveness of Residential Treatment	Reduce medication distribution errors	Number of Medication errors per month	10	All persons served/collected by house managers	Monthly	Self-Report	22
Efficiency	Stay below target for Direct care hours per week	Hours of direct care staff	1400 hrs	All personnel/collected by CEO	Bi-weekly	Self-Report	1515
Service Access	Close to Max Occupancy	Number of beds in use	85%	All persons served/collected by administration staff	Weekly	Self-Report	89%
Employee Satisfaction	Higher staff satisfaction	Average percent satisfied	85%	All personnel/collected by CEO	Quarterly	Satisfaction Survey	93.2%
Person Served Satisfaction	Higher Child/Youth satisfaction	Average percent satisfied	85%	All persons served/collected by house managers	Quarterly	Satisfaction Survey	90.5%
Business Function							
Financial	Maintain a monthly financial surplus	Monthly surplus	\$10,000	All programs/collected by CFO	Monthly	Monthly financial report	-\$35,324
Emergency Procedure Test	Maintain a high knowledge in emergency procedures	Average percent score	80%	All personnel/Collected by house managers	Quarterly	Emergency Procedures Quiz	Did not measure
Critical Incidents	Lower the number of critical incidents	Number of critical incidents this month	30	All persons served/collected by house managers	Monthly	Self-Report	27
Complaints	Maintain a low number of complaints	Number of complaints this month	2	All personnel and persons served/ collected by CEO	Quarterly	Self-Report	2

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2020 Quarter 4

Service Delivery	Objective	Indicator	Target	To Whom Applied/Obtained By	Measure	Data Source	Results
Effectiveness of Residential Treatment	Reduce use of emergency services	Times used emergency services per month	15	All persons served/collected by house managers	Monthly	Self-Report	13
Effectiveness of Residential Treatment	Reduce medication distribution errors	Number of Medication errors per month	15	All persons served/collected by house managers	Monthly	Self-Report	12
Efficiency	Stay below target for Direct care hours per week	Hours of direct care staff hrs per week	1400	All personnel/collected by CEO	Monthly	Self-Report	1600
Service Access	Close to Max Occupancy	Percent of the beds in use	90%	All persons served/collected by house managers	Weekly	Self-Report	95%
Employee Satisfaction	Higher staff satisfaction	Average percent satisfied	85%	All personnel/collected by CEO	Quarterly	Satisfaction Survey	89%
Person Served Satisfaction	Higher Child/Youth satisfaction	Average percent satisfied	85%	All persons served/collected by house managers	Quarterly	Satisfaction Survey	85%
Business Function							
Financial	Maintain a monthly financial surplus	Monthly surplus	\$10,000	All programs/collected by CFO	Monthly	Monthly financial report	\$0
Emergency Procedure Test	Maintain a high knowledge in emergency procedures	Average percent score	80%	All personnel/Collected by house managers	Quarterly	Emergency Procedures Quiz	Did not measure
Critical Incidents	Lower the number of critical incidents	Number of critical incidents this month	30	All persons served/collected by house managers	Monthly	Self-Report	51
Complaints	Maintain a low number of complaints	Number of complaints this month	2	All personnel and persons served/ collected by CEO	Quarterly	Self-Report	0