

**Center for Success and Independence  
CARF Performance Analysis Report  
April 2020**

The Center for Success and Independence (TCSI) received a 3-year accreditation by CARF in October 2017. Since that time TCSI has focused on continuous performance improvement with particular focus in multiple areas.

**Organizational Performance Measurements**

- Clinical program measurements with defined target
- Business function performance indicators
- Annual report of organizational performance

**Action Plan:**

1. KPIs defined and tracked for the organization.
2. Parent and client survey data used as clinical performance indicator until pre- and post-testing are implemented. Results reviewed monthly at leadership meeting. Corrective action plans developed as needed.

**To Be Completed:**

1. Pre- and post- testing to be implemented for clients.
2. Annual overall TCSI performance review.
3. Client surveys to be conducted to assess outcomes at 30 to 60 days.

**Indicators:**

1. Client and parent satisfaction scores are used for program performance measures.
2. Ongoing tracking of outcomes measurements with action plans developed to address any deficiencies.
3. Ongoing tracking of performance indicators with action plans developed to address any deficiencies.

**Governance**

- Annual review of policies
- Risk management
- Emergency procedures
- Critical incident procedures
- Tracking of additional critical incidents
- Health and safety inspections
- IT - assistive technology

**Action Plan:**

1. The organization's policies are reviewed at least annually.
2. The risk management plan is reviewed at least annually and has been updated as needed.

3. All emergency procedures are tested at least once a year using unannounced tests and include actual or simulated physical evacuation drills. The tests are analyzed for performance that addresses areas needing improvement, actions to be taken, the results of improvement plans, and necessary education and training of personnel. The tests and analysis are evidenced in writing.
4. Written procedures have been developed regarding additional critical incidents including communicable disease, infection control, vehicular accidents, biohazardous accidents, and other sentinel events.
5. A written analysis of all critical incidents is presented to the administrative team leadership annually that addresses causes, trends, actions for improvement, the results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements.
6. Comprehensive health and safety self-inspections are conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.
7. Policies and procedures have been updated accordingly.

**To be Completed:**

1. All aspects of the risk management plan will be implemented to reduce risk, monitoring of the actions to reduce risk, reporting results of actions taken to reduce risks, and inclusion of risk reduction in performance improvement activities.
2. Regular annual presentations of the critical incident analysis, risk management analysis, and the policy review. The presentations will be documented.
3. Annual testing of emergency procedures will be conducted and documented.
4. Semi-annual health and safety inspections will be conducted and documented.
5. The Policies and Procedures will be updated to reflect the annual risk management review.

**Indicators:**

1. Meeting notes reflect the presentations of the results of these tests, inspections and analyses.
2. Updates to the plans, policies and procedures will be made as needed.

**Client Assessment**

- Detailed client assessment including efficacy of current medications
- Client treatment plans include objectives
- Personal safety plans
- Records review to include safety plans
- Client assessment of speech functioning

**Action Plan:**

1. The client assessment process now gathers and records information about the client's diagnostic history, the efficacy of current medications, the use of complementary health approaches, the need for assistive technology in the provision of services, and advance directives when applicable.
2. The person-centered client treatment plans now consistently include objectives that are measurable and achievable.
3. Personal client safety plans now consistently include warning signs and advance directives when available. TCSI will continue to use two different forms to meet the CARF standards and licensing requirements.
4. Assessments of each client served now include information on his or her speech functioning.

**To be Completed:**

1. Records review will address whether risk factors were adequately assessed and resulted in safety plans when appropriate.
2. New policies and procedures will be written, or existing policies and procedures will be updated, to reflect compliance to these standards.
3. Applicable forms will be updated to reflect compliance with these standards.

**Indications:**

1. All treatment plans will include individual objectives.
2. All client assessments will reflect the additional information above including speech functioning.
3. All client safety plans will include individual warning signs.
4. Client records reviews will consistently check that risk factors were assessed.

**Medication Management**

- Medications as part of plan
- Medication management procedures
- Written procedures for medication management
- Peer review of medications - contraindications
- Peer review of medications included in organization's performance management system
- Source of medication prescriptions documented

**Action Plan:**

1. Written procedures were developed that guide compliance with all applicable laws and regulations pertaining to medications and controlled substances, including on-site pharmacy services and dispensing; transportation and delivery; safe handling; and off-site use.
2. Written procedures were developed that address how medications will be integrated into the overall plan of the person served; the process for identifying, responding to, documenting, and reporting medication reactions; and actions to be followed in case of emergencies related to the use of medications.

3. Written procedures were developed and implemented that include compliance with all applicable laws and regulations pertaining to medications and controlled substances, include active involvement of the persons served, when able, or their parents or guardians, in making decisions related to the use of medications, reactions, errors, etc.
4. Written procedures were developed that included screening for common medical comorbidities using evidence- or consensus- based protocols.
5. The identification of the simultaneous use of multiple medications in the same drug class is now included in the peer review of medications form.
6. Written procedures were written that address coordination when a medication is prescribed by a source other than the organization.

To be Completed:

1. The information collected from the peer review of medications process will also be used to improve the quality of services provided and be incorporated into the organization's performance improvement system.
2. The nursing leadership team will monitor compliance with the new medication management procedures.

Indicators:

1. The actual handling of medications reflect the new procedures.
2. Nursing forms reflect the standards.

**Restraint Minimization**

- Restraint plan
- Status report on restraint plan
- Restraint policy
- Assessment for appropriateness of restraint use
- Designated practitioner to evaluate those restrained
- Debrief after restraints
- Review pattern of restraints

Action Plan:

1. Policies and procedures regarding use of restraints were updated to include de-escalation timeline, positive and proactive behaviors, and role debriefing to reduce the use of restraints.
2. A policy statement was added to ensure restraint is not used as coercion or in retaliation.
3. An annual written report on the plan to minimize or eliminate the use of restraints was developed.
4. A debrief form was developed and implemented for all restraints.

To be completed:

1. Annual report on our plan to minimize and eliminate use of restraint will be

presented at a management team meeting, shared with all staff, and made available to persons served.

2. Procedures will be documented for assessing the appropriateness and safety of using restraints at intake for each individual client.
3. Practitioners will be defined who will provide face-to-face evaluation of a client within one hour of being restrained.
4. Establish annual review of restraint patterns, along with written report and corrective action plan if any is needed.
5. The restraint form will be updated to reflect completion of a face-to-face evaluation of a client if he/she is restrained.

**Indicators:**

1. Restraint only used when absolutely necessary for the safety of the clients and staff.
2. All direct care staff, supervisors and clinical team trained on refined restraint policy.
3. Refined restraint policy followed for each restraint incident.

**Training**

- Critical incidents competency-based training
- Customer service and diversity training
- Transition and discharge plan training
- Training to prevent workplace violence

**Action Plan:**

1. All clinical employees will receive training regarding critical incidents, customer service, diversity, transition and discharge plans.
2. All employees receive training on how to prevent workplace violence at orientation.

**To be completed:**

1. Annual training calendar will be updated with documentation of execution.
2. Add refresher courses to the training calendar as warranted.

**Indicators:**

1. Target of 100% of employees will be trained on these topics.
2. Training records will reflect employees' participation in the training.

**Human Resources**

- Performance evaluations
- Accessibility plan
- Supervision and feedback to clinical and direct care staff

**Action Plan:**

1. All clinical therapists receive performance reviews annually.
2. A plan was refined outlining responsibilities for performance reviews for all employees, contractors and volunteers to help ensure all are reviewed annually.
3. An Accessibility Plan Report template was developed and scheduled to review annually.

**To be Completed:**

1. Review all employees, contractors and volunteers on their anniversary dates.
2. Policy and procedure to be written to reflect ongoing supervision and feedback for all personnel including clinical and direct care staff.

**Indicators:**

1. Target of 100% of employees, contractors and key volunteers to receive documented annual feedback.
2. Documented annual review of accessibility plan.
3. Clinical therapists and direct care staff are trained and coached to ensure reporting accuracy.