Performance and Quality Improvement

Annual Impact Plan & Report

Fiscal Year 2020-2021

OUR MISSION

Providing nurturing care and life-changing services for youth and families in need.

OUR VISION

To be a community leader that exceeds industry standards of care, pursues innovative practices, and equips youth and families to achieve healthy independence and sustainable success.

The Children's Attention Home is a 501(c)3, tax exempt organization, Federal ID: 57-0527092.
attentionhome.org • 803-328-8871 • P.O. Box 2912, Rock Hill, SC 29732 • @childrensattentionhome

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About the Children's Attention Home

The Children's Attention Home was established in 1970 as an emergency shelter for victims of child abuse with capacity for 9 children. Since then, the campus has grown and is now able to provide care for up to 42 children at a time. Services expanded to include access to full-service, long-term developmental care. The Home serves approximately 140 children each year and has served over 8,500 since its inception. The Home continues to grow, developing and implementing new programs to best meet the needs of the children entrusted to its care and ensuring better outcomes for their futures.

PQI Program Overview

The Performance and Quality Improvement Program (PQI) at the Children's Attention Home is a structured system of processes to help measure and improve overall organizational health, using data to compare actual performance to clearly defined goals. By tracking and aggregating data and setting specific outcome-based goals, Home is able to impact overall quality in line with strategic goals and objectives of the organization. To read the full plan, refer to the Children's Attention Home PQI Plan.

Stakeholder Involvement

Stakeholder involvement and feedback is instrumental to the development and implementation of the PQI process. CAH defines stakeholders as any person, group or organization that has a vested interest in the services provided by the organization. CAH's key stakeholders share the aspirations to achieve organizational excellence. CAH teammates and board members play vital roles in the PQI success, and new teammates are introduced to the PQI during orientation.

CAH organizational stakeholders include:

- Residents
- Board of Directors
- Director Team
- CAH Teammates
- Volunteers
- Community Partners
- Funders/Major Donors

Impact Report Overview

This impact report consists of the annual PQI plan and progress tracking throughout the year. Information is updated throughout the year to provide progress reports and identify opportunities for improvement. The main sections of this report include:

Program Outputs: This section provides an overview of key metrics of program productivity. While these numbers do not show programmatic improvement or change, these indicators provide valuable information understanding the scope of service provided by the Children's Attention Home.

Performance & Quality Improvement Scorecard: This section provides a summary snapshot of the program outcome goals and progress. Further detail for each outcome is provided in the Program Outcomes section.

Program Outcomes: This section provides expanded information on sustainable change that is being achieved across the organization. Specific goals in all areas of the organization are identified each year as opportunities for improvement. Data visualization, detailed information on these measurements, and notes for improvement are included in each section.

For questions about any information included in this report, please contact info@attentionhome.org.

Program Outputs

This section provides an overview of key metrics of program productivity. While these numbers do not show programmatic improvement or change, these indicators provide valuable information understanding the scope of service provided by the Children's Attention Home. These numbers are updated monthly, with quarterly updates indicated where appropriate.

	Owner	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Resident Census Data		**Q1** *(Jul - Sept)*			**Q2** *(Oct - Dec)*			**Q3** *(Jan - Mar)*			**Q4** *(Apr - Jun)*		
# of New Crossroads Kids (Intakes)	Tara	2	0	0	0	0	0	1	0	1	1	0	0
# of New DSS kids (Intakes)	Tara	31	2	2	6	2	6	4	5	2	7	8	4
# Of New Residents By Age Group													
0-6 years (new)	Tara	4	0	0	0	0	0	0	0	0	0	0	0
7-12 years (new)	Tara	6	0	0	0	0	2	0	1	0	0	0	0
13+ years (new)	Tara	23	2	2	6	2	4	5	4	3	8	8	4
Gender of Residents													
New Male Residents	Tara	11	1	1	4	0	3	1	3	1	4	3	1
New Female Residents	Tara	22	1	1	2	1	2	4	2	2	2	4	3
New Transgender residents	Tara	0	0	0	0	1	1	0	0	0	2	1	0
# of New Sibling Groups Admitted	Alicia	5	0	0	0	0	1	0	0	0	1	1	0
# of Discharged Residents	Tara	8	3	3	11	3	1	0	9	3	8	7	4
Days of Service (Total)	Tara	868	767	676	604	524	639	719	670	678	763	723	734
Days of service (DSS)	Tara	814	736	646	573	494	608	685	614	594	669	630	672
Days of service (Crossroads)	Tara	54	31	30	31	30	31	34	56	84	94	93	62
Unaccepted Placement Requests	Alicia	15	15	7	15	8	11	19	9	1	18	12	16
Due to space	Alicia	0	0	0	0	0	0	3	1	0	5	0	3
Due to level of care	Alicia	13	4	4	5	4	7	13	7	1	7	9	7
Social Work		**Q1** *(Jul - Sept)*			**Q2** *(Oct - Dec)*			**Q3** *(Jan - Mar)*			**Q4** *(Apr - Jun)*		
# of Social Work Groups	Alicia	0	4	4	6	8	4	6	6	7	6	6	4
ages 7-12	Alicia	0	1	1	1	2	1	1	1	2	1	1	1
ages 13-15	Alicia	0	1	1	2	3	1	2	2	2	2	3	2
ages 16+	Alicia	0	2	2	3	3	2	3	3	3	3	2	1
Education		**Q1** *(Jul - Sept)*			**Q2** *(Oct - Dec)*			**Q3** *(Jan - Mar)*			**Q4** *(Apr - Jun)*		
# of ESL residents	Alicia	1	0	0	0	0	0	1	0	0	0	0	0
# of Residents with Communication Barriers	Alicia	1	0	0	0	0	0	1	0	0	0	0	0
Development & Marketing		**Q1** *(Jul - Sept)*			**Q2** *(Oct - Dec)*			**Q3** *(Jan - Mar)*			**Q4** *(Apr - Jun)*		
# of unique donors*	Katy	225			944			1121			1338		
Donor retention rate*	Katy	13%			36%			40%			42%		
# of videos produced	Katy	3			12			6			1		
# of media spots	Katy	3			4			1			4		
Estimated value of in-kind donations	Katy	$32,132.85			$43,406.00			$14,275.74			$27,038.03		
# speaking engagements	Katy	0			0			2			4		
Human Resources		**Q1** *(Jul - Sept)*			**Q2** *(Oct - Dec)*			**Q3** *(Jan - Mar)*			**Q4** *(Apr - Jun)*		
# of Teammates	Tara	64	64	67	65	63	63	62	62	60	58	57	56

Full Time	Tara	33	33	33	33	33	33	33	34	34	33	33	32
Part Time	Tara	31	31	34	32	30	30	29	28	26	25	24	24
Employee Turnover (# Separated)	Tara	0	0	1	2	3	0	1	1	3	3	3	3
Teammate Satisfaction Survey Results	Tara							91%					

**Numbers are cumulative*
***Information still being totaled for final quarter*

Performance & Quality Improvement Scorecard: 2020-2021

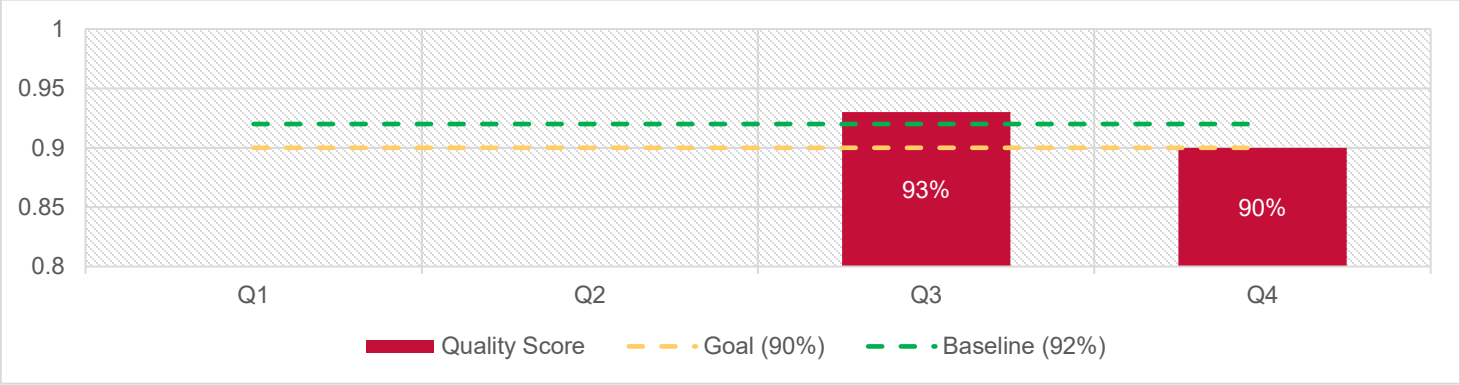
Quality Measure	Goal Statement	Baseline	Q1	Q2	Q3	Q4
Quality of Life Surveys (basic needs)	Satisfaction Questions will meet or exceed 90% overall.	2019-2020 (Q1-2) 92%	N/A	N/A	93%	90%
Crossroads Program Satisfaction Survey	Overall Program Satisfaction will meet or exceed 90%	2020 96%	N/A	N/A	93%	93%
Productive Time	85% of residents ages 16+ will engage in an average of 40 hours of productive activity weekly.	N/A	86% (only Sept was used- school started & working in kitchen. July/August excluded due to limit options 6 out 7 completed it)	80% (Thanksgiving, Christmas break and campus quarantine excluded- 4 out of 5 residents)	100% (5 residents presented for the entire month. 2 excluded due to coming in the last 2 weeks of the month)	90% (9 out of 10 residents completed hours. 1 refused to complete anything additional after expulsion.)
Bed Checks	100% of Bed Checks will be performed as required	April –June 2020 2nd Shift = 82% 3rd shift = 99% completion	2nd Shift= 70% (164 out of 234) 3rd Shift= 96% completion (224 out of 234)	2nd Shift=79% (209 out of 266) 3rd Shift=100%	2nd Shift=68% (157 out of 232) 3rd Shift=100%	2nd Shift=80% (170 out of 212) 3rd Shift= 98% (207 out of 212)
Supervision	Supervision checks - procedure being followed during supervision checks (85%)	2019-2020 78%	89% 1st-100% 2nd- 67% (staff not present on Pavilion) 3rd-100%	89% 1st-67% (Freeman staff in office while residents on back hall) 2nd- 100% 3rd-100%	92% 1st-100% 2nd- 75% (staff not presented in the front area with the kids) 3rd-100%	92% 1st- 100% 2nd- 75% (staff not monitoring back hall appropriately) 3rd-100%
Ratio	Ratio will be maintained 100%	2019-2020 83%	89% 1st-100% 2nd- 67% (out of ratio outside on playground) 3rd-100%	100% 1st-100% 2nd- 100% 3rd-100%	92% 1st-100% 2nd- 75% (one staff in cottage w/ 9 residents) 3rd-100%	83% 1st-100% 2nd- 50% (one staff in cottage with 8 residents and new staff left with 7 residents) 3rd-100%
Monthly Donor Acquisition	Increase # of monthly donors by 10% over fiscal year	70 monthly donors in FY19-20 Q4	67 monthly donors	73 monthly donors	20% 84 monthly donors	19% 83 monthly donors
Teammate Engagement Survey	Questions will meet or exceed 85% positive responses	86% overall satisfaction October 2019	Survey under development, to be executed in Q2	Survey edits completed; to be executed in Q3	91% overall engagement January 2021	
Teammate 90-day Survey	Satisfaction questions will meet or exceed 80% satisfaction	2019-2020 98%	July-Sept 2020 99% (6/9 completed with only 1 neutral response)	N/A	N/A	Apr-Jun 2021 100% (x/2 completed)

Program Outcomes

This section provides expanded information on sustainable change that is being achieved across the organization. Specific goals in all areas of the organization are identified each year as opportunities for improvement. Data visualization, detailed information on these measurements, and notes for improvement are included in each section. Information for this section is updated on a quarterly or annual basis, depending on the nature of the measurement.

Quality of Life Surveys (basic needs)

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Satisfaction Questions will meet or exceed 90% overall.	2019-2020 (Q1-2) 92%	N/A	N/A	93%	90%



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The quality of life surveys is a formal process to collect data from the residents on the services being provided. The survey results allow the organization to sustain the areas that satisfactory results and improve the areas of service that are unsatisfactory.
2. To target the areas of unsatisfactory ratings, the organization will develop additional forums to allow input from the residents.
3. To decrease the unsatisfactory results by one on a quarterly basis and satisfaction rating increase quarterly.

Do:

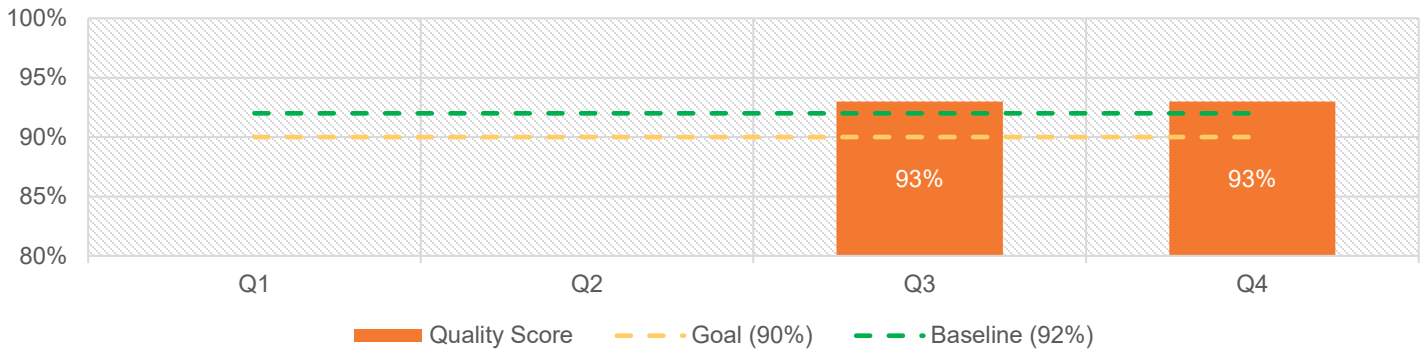
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Evaluate the survey to determine if the areas targeted will determine if satisfactory services are being provided.	Residential Team	Time	12/31/2020	12/1/2020	Survey was evaluated and it was determined some of the questions do not engage satisfaction by the resident
Revision of the survey is needed to determine to gage feedback from the residents	Residential Team	Time	12/31/2020	1/1/2021	Survey was revised to add questions that engage residents' satisfactions in services.
Distribute surveys quarterly to current residents and at the two-week interval for new residents	Care Coordinator	Time	3/31/21	3/30/21	All residents that resided at the Home during quarter 3 were administered the survey.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. The survey results will higher than the previous year results. It could be due to the revision in questions. Results will be monitored on a quarterly basis.
2. Challenges is making sure the residents provide accurate responses to determine if the services being provided are satisfactory.
3. Survey results help implement programmatic changes based on unsatisfactory results.

Crossroads Program Satisfaction Survey

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Overall Program Satisfaction will meet or exceed 90%	2020 96%	N/A	N/A	93%	93%



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The Crossroad Program satisfactory survey is a formal process to engage residents in this program of the satisfaction of the services provided during their stay. The survey results allow the organization to sustain the areas that satisfactory results and improve the areas of service that are unsatisfactory.
2. To target the areas of unsatisfactory ratings, the organization will develop additional forums to allow input from the residents.
3. To decrease the unsatisfactory results by one on a quarterly basis and satisfaction ratings increase quarterly.

Do:

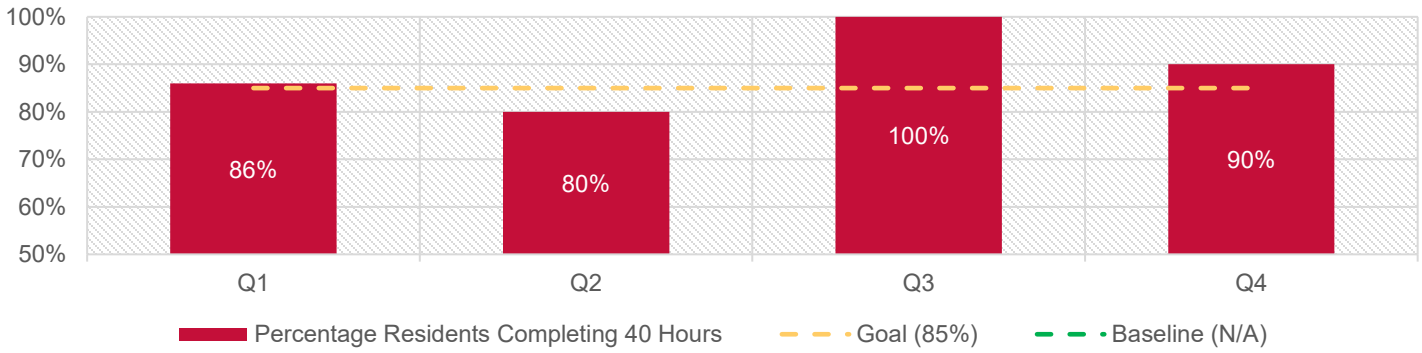
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Evaluate the survey to determine if the areas targeted will determine if satisfactory services are being provided.	Crossroad Committee	Time	12/31/2020	12/1/2020	Survey was evaluated, and it was determined some of the questions do not engage satisfaction by the resident
Revision of the survey is needed to determine to gage feedback from the residents	Crossroad Committee	Time	12/31/2020	1/1/2021	Survey was revised to add questions that engage residents' satisfactions in services.
Distribute surveys quarterly to current residents and at the two-week interval for new residents	Crossroad Committee	Time	3/31/21	3/30/21	All residents that resided at the Home during quarter 3 were administered the survey.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice.

1. The survey results were slightly lower than the previous year. The revision of survey questions could have contributed to a lower response rate. The survey was intentional about basing the survey on all services that are provided to the residents in the Crossroad Program.
2. Challenges is making sure the residents provide accurate responses to determine if the services being provided are satisfactory.
3. Survey results help implement programmatic changes based on unsatisfactory results.

Resident Productive Time

Goal Statement	Baseline	Q1	Q2	Q3	Q4
85% of residents ages 16+ will engage in an average of 40 hours of productive activity weekly.	N/A	86% (only Sept was used- school started & working in kitchen. July/August excluded due to limit options 6 out 7 completed it)	80% (Thanksgiving, Christmas break and campus quarantine excluded- 4 out of 5 residents)	100% (5 residents presented for the entire month. 2 excluded due to coming in the last 2 weeks of the month)	90% (9 out of 10 residents completed hours. 1 refused to complete anything additional after expulsion.)



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The organization did not have a formal process to track hours residents engage in school related activities, work, or volunteer services on or off campus. A comprehensive tracking was created to track the number of hours the residents 16 and older were productive with their time.
2. Additional resources needed to be provided to the residents to give them options for completing their hours if they are not in school or employed.
3. Success is determined when all residents 16 and older maintain an average of 40 hours weekly productive time.

Do:

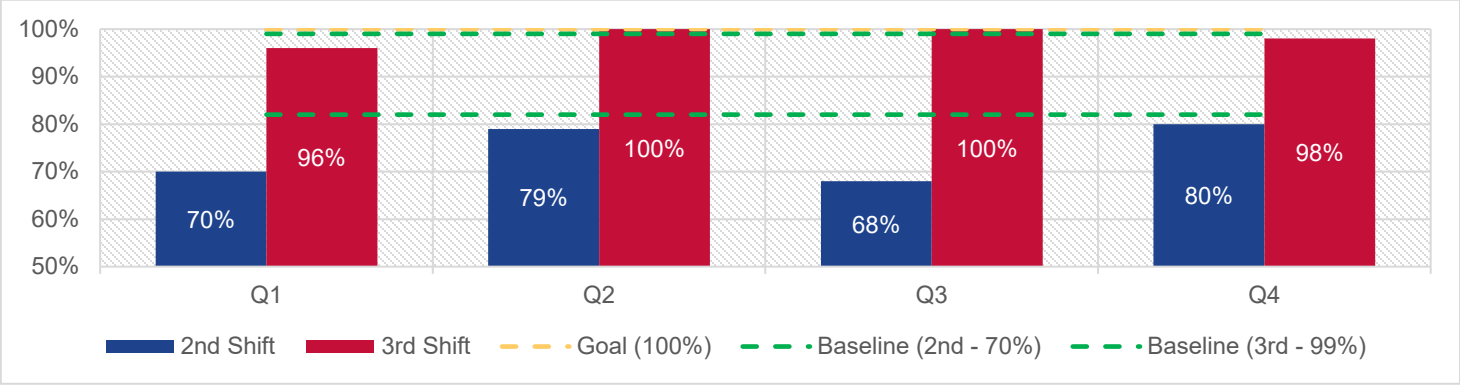
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Created a system to track residents' hours that participated working, at school, or volunteering.	Ashley, Alicia	Time	7/1/2020	7/1/2020	A tracking system was put into place to track residents 16 and older hours of productivity.
Provide residents with additional options in list form to help meet their productive hours	Ashley	Time	9/30/2020	9/1/2020	Residents that do not have the qualifications to work were given additional resources for hours.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. When they are more school breaks, residents do not meet the expectation of required hours.
2. Being in a pandemic year, less volunteer hours were available, so the kids took advantage of working on campus gaining independent living skills such as: cooking, lawn care, filing, and organization.
3. Productive hours will be utilized to aid in the increase of independent living skills.

Resident Bed Checks

Goal Statement	Baseline	Q1	Q2	Q3	Q4
100% of bed checks will be performed as required	April –June 2020 2nd Shift = 82% 3rd shift = 99% completion	July-Sept 2020 2nd Shift= 70% (164 out of 234) 3rd Shift= 96% completion (224 out of 234)	Oct-Dec 2020 2nd Shift=79% (209 out of 266) 3rd Shift=100%	2nd Shift=68% (157 out of 232) 3rd Shift=100%	2nd Shift=80% (170 out of 212) 3rd Shift= 98% (207 out of 212)



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. A formal process was created to track resident's supervision while they are sleep. By tracking resident's activity while sleeping, it will note any patterns in sleep disturbances. The process was being completed inconsistently.
2. Compliance and improvements in resident care support the need to monitor this area.
3. Success will be determined when all shifts are at 100%. Staff will document bed-checks in 15 min intervals and the overall compliance in completing bed-checks will calculated on a quarterly basis.

Do:

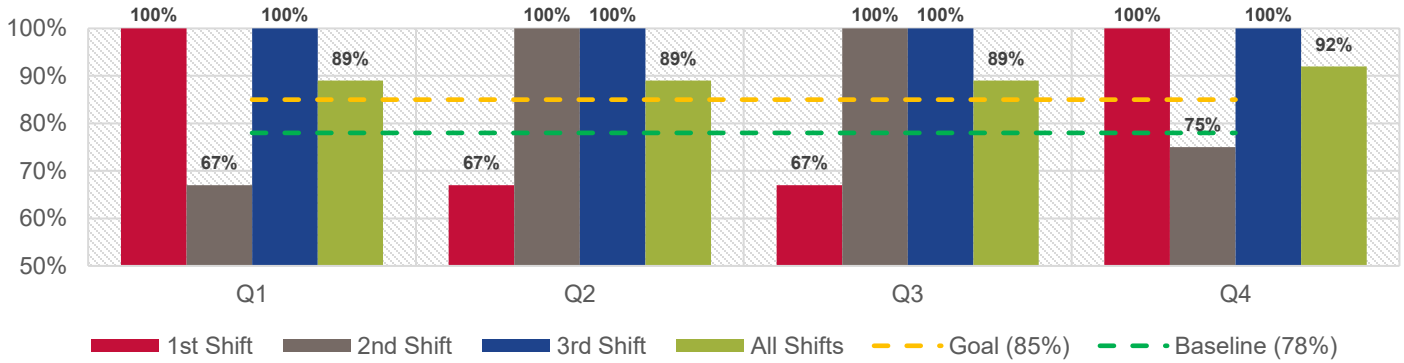
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Bed-checks documents are uploaded quarterly for residential teammates to complete	Jennifer	Time	6/1/2020	6/1/2020	A bed-check folder is uploaded on the drive quarterly to allow staff to complete bed-checks daily and help ease the calculations for tracking.
Revise bed-check tracking sheet to reflect start time when all residents are asleep.	Alicia	Time	9/1/2021		Change will happen in the upcoming fiscal year to keep tracking accurate.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. Documenting and tracking the completion of bed-checks will inform the organization of the quality of supervision of residents during sleeping hours.
2. System changes made difficult to keep track of the bed-checks for a short period of time.
3. Success will be determined when completion of bed-checks is at 100% for the entire year.

Direct Care Supervision

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Supervision checks - procedure being followed during supervision checks (85%)	2019-2020 78%	89% 1st-100% 2nd- 67% (staff not present on Pavilion) 3rd-100%	89% 1st-67% (Freeman staff in office while residents on back hall) 2nd- 100% 3rd-100%	92% 1st-100% 2nd- 75% (staff not presented in the front area with the kids) 3rd-100%	92% 1st- 100% 2nd- 75% (staff not monitoring back hall appropriately) 3rd-100%



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The organization needed a formal process to track the adequacy of supervision of the residents on shift.
2. During the occurrence of incidents, supervision was not maintained, which warranted the need to track compliance regarding supervision of residents.
3. Success will be determined when all shifts are at 85% compliance.

Do:

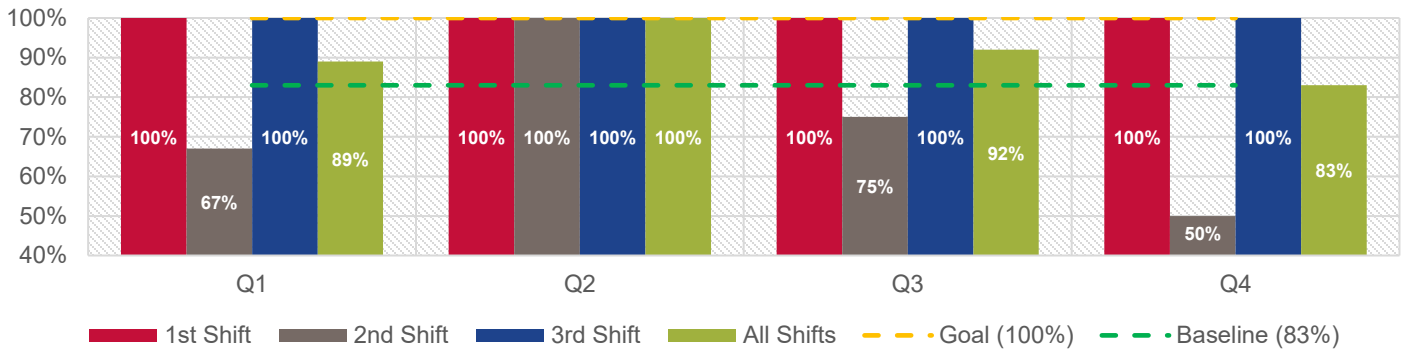
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Retrain teammates on supervision of child policy to be consistent with all shifts	Supervisors	Time, staff	8/1/2021		Residential teammates will be retrained on supervision as needed. Documentation will be tracked to determine who and when the issues are occurring.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. Random supervision checks help the residential team to determine the pattern to when supervision problems are occurring. A focus was placed on these patterns to increase compliance rate.
2. Changes to programmatic structure made expectations different for each program.
3. Results will be reviewed quarterly and plan for improvement in areas of concerns will be determined.

Direct Care Ratio

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Ratio will be maintained 100%	2019-2020 83%	Overall - 89% 1st-100% 2nd- 67% (out of ratio outside on playground) 3rd-100%	Overall - 100% 1st-100% 2nd- 100% 3rd-100%	Overall - 92% 1st-100% 2nd- 75% (one staff in cottage w/ 9 residents) 3rd-100%	Overall-83% 1st-100% 2nd- 50% (one staff in cottage with 8 residents and new staff left with 7 residents) 3rd-100%



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. Staff-to-resident ratio needs to be monitored to ensure we are meeting compliance requirements. A process was developed to monitor it 4 per times per shift over a quarterly period.
2. During the occurrence of incidents, ratio was not maintained, which warranted the need to track ratio compliance.
3. Success will be determined when all shifts are 100% all the time.

Do:

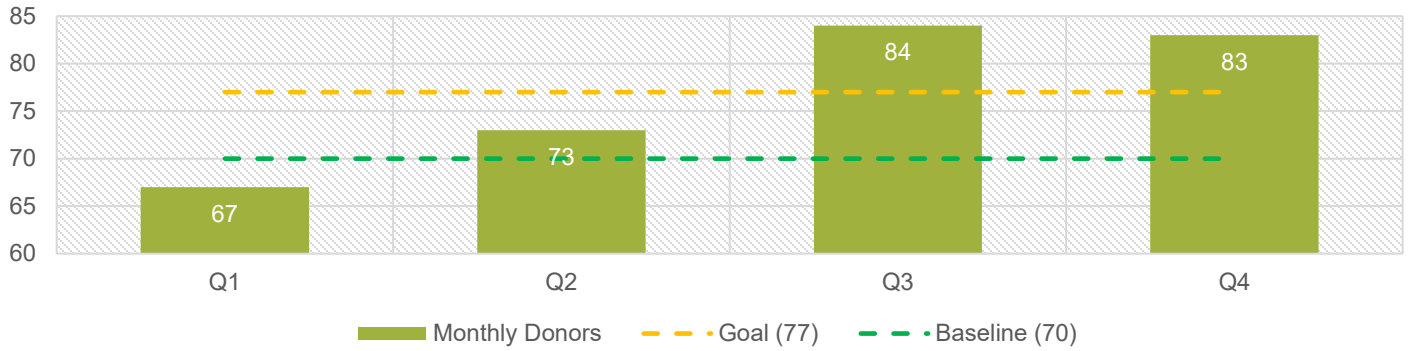
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Increase staffing or adjust schedules to help maintain ratio on 2nd shift.	Alicia	Time, additional staff	6/30/2020	6/30/2020	Schedules were adjusted for staff on opposite shifts to help aid in coverage until additional staff is hired.
Complete schedule monthly to help identify the gaps based on the census	Supervisors	Time	7/30/2021	6/30/2020	Schedules are posted for the entire month so gaps are filled.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. Random ratio checks help the residential team to determine inconsistencies of maintaining ratio.
2. Employee shortage and inconsistencies in scheduling aided in the areas of significantly lower percentages.
3. Results from ratio checks will be shared with the team quarterly to determine plan for improvement.

Monthly Donor Acquisition

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Increase # of monthly donors by 10% over fiscal year	70 monthly donors in FY19-20 Q4	-4% (67 monthly donors)	4% (73 monthly donors)	20% (84 monthly donors)	19% (84 monthly donors)



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. Increase number of monthly donors to increase sustainable private contribution income month to month.
2. Measure the number of current monthly donors and their total revenue income
3. Success indicators: increased number of monthly donors each quarter measured through reports in Bloomerang

Do:

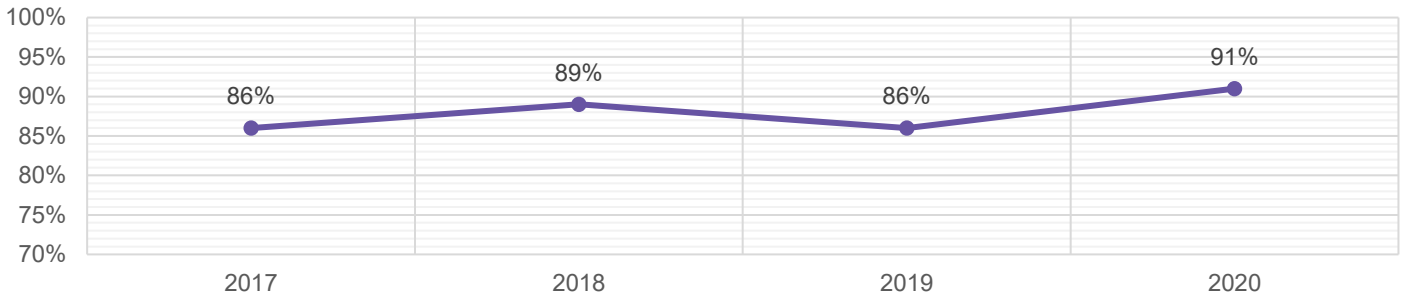
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Evaluate current monthly donor practices & promotional efforts	Denise, Katy	Time	8/1/20	8/1/20	Identified integration opportunity with FundraiseUp with Bloomerang to drive more monthly donors online
Implement Fundraise Up on website	Katy	Time	9/1/20	9/1/20	Implementation completed across website in giving buttons and opportunities
Integrate monthly donation opportunities into campaigns	Denise, Katy	Time	Various	Met	Integrated into all fundraising campaigns through QR codes and online giving options
Create monthly donor giving program	Denise, Katy	Time	9/1/21		Evaluated as part of fund development plan; will carry into 2021-2022

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. After integrating FundraiseUp, we noticed an immediate increase in the number of monthly donors happening without specific fundraising campaigns. We decided to integrate with fundraising campaigns as well and highlight monthly giving opportunities.
2. Challenges included educating people about the opportunity of monthly giving. The platform helped in this way, but finding ways to incentivize monthly giving over one-time giving is still being addressed.
3. FundraiseUp was launched and is being evaluated for how we can leverage the technology in additional ways. We've also added a focus on monthly donor giving program to our fund development plan for the coming year.

Teammate Engagement Survey

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Questions will meet or exceed 85% positive responses	86% overall satisfaction October 2019	Survey under development, to be executed in Q2	Survey edits completed; to be executed in Q3	91% overall engagement January 2021	N/A



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The teammate survey process is an annual measurement of teammate satisfaction. The opportunity to measure teammate engagement in addition satisfaction was identified to identify how teammates best connect with the organization and how this leads to satisfaction.
2. Past survey results sometimes left questions unanswered in terms of how to take action on concerns that were presented. Research shows a correlation between engaged employees, employee satisfaction levels, and employee productivity.
3. Overall score, answers to engagement specific questions as well as existing questions will be evaluated against organizational practices to determine opportunities for improvement.

Do:

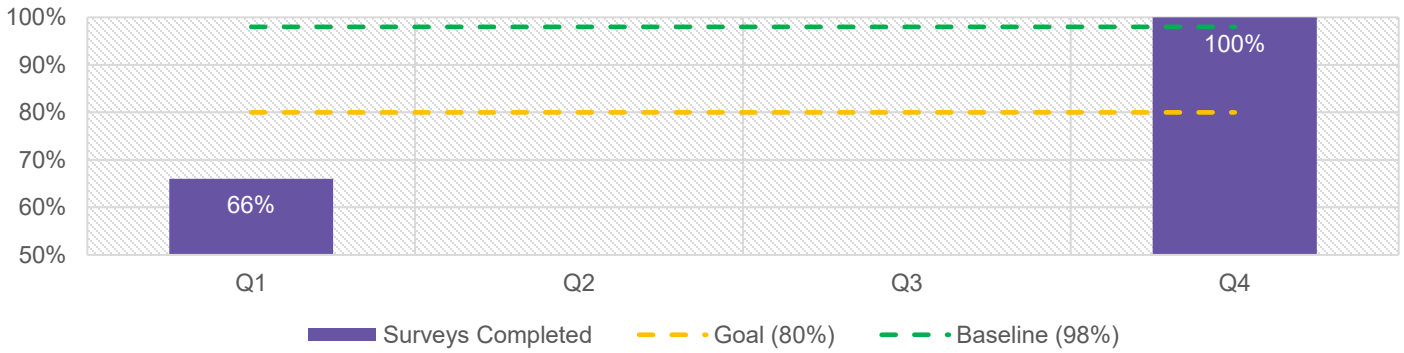
Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Evaluate the survey for opportunities to gauge teammate engagement beyond satisfaction	Director Team	Time	10/1/20	10/1/20	Survey was evaluated and opportunities were identified for questions to not only address satisfaction but also teammate engagement.
Revise existing survey to meet new goals	Director Team	Time	11/1/20	12/1/20	Director team reviewed and drafted a new version of the survey with revised and new questions
Distribute survey to teammates	Director Team	Time	11/15/20	12/15/20	Survey was distributed to teammates
Review survey results	Director Team	Time	1/30/21	2/15/21	Key findings included a need for clearer expectations regarding supervision, increased opportunities for teammates to be appreciated for their work, and identified that training opportunities provided were having desired impact with staff.

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. Results from the survey were higher than years prior. It's important to note that a number of questions were adjusted or changed, which is noted in detail in the results.
2. Challenges included ensuring that questions were targeting the right areas and not adjusting too far from previous surveys to keep comparison integrity for past surveys.
3. A supervision section was added to supervisor performance appraisals, the WOW program was reinstated to help and encourage teammate appreciation at all levels. Additional measures to further establish and clarify expectations between supervisors and employees are in process.

Teammate 90-day Survey

Goal Statement	Baseline	Q1	Q2	Q3	Q4
Satisfaction questions will meet or exceed 80% satisfaction	2019-2020 98%	66% (6/9 completed with only 1 neutral response)	N/A	N/A	Apr-Jun 2021 100% (2/2 completed)



Plan: (1) Briefly describe opportunity for improvement, (2) What info and data that supports the need for this change, (3) Describe success indicators, how outcomes will be measured, and success will be determined

1. The 90-day surveys were being completed inconsistently, and it was identified as an opportunity to gain valuable feedback and invest in new employee relationship building.
2. Feedback from previous interviews have provided valuable insight for how to support new employees.
3. Success is determined by completion of these interviews.

Do:

Action Item	Owner	Resources	Target Date	Actual Date	Progress Notes
Locate and review the evaluation form	Director Team	Time	8/30/20	8/30/20	Form found and updated to make the evaluation more conversational
Track new employees and report during quarterly PQI review	Director Team	Time	Quarterly updates	Completed quarterly	

Check & Act: (1) Describe results & observations of improvement plan, (2) Describe challenges encountered during plan implementation, (3) Describe how completed plan will be integrated into regular practice

1. After being brought to the attention of the team, concerted efforts were made to identify 90-day benchmarks for new employees to ensure evaluations were completed.
2. The only challenge that sometimes presented itself was scheduling conflicts with the employee.
3. Supervisors were retrained on the need for this step with new employees, and Directors will be held responsible for the completion of 90-day evaluations for new employees within their area.