

MOVING FORWARD

Goals for Fiscal Year '19

Continue to increase awareness of Davis Stuart/Build new confidences & relationships while maintaining established ones.

Publically disseminate program enhancements which are taking place
Engage our youth in more community activities (i.e. volunteerism)
Continue membership & participation in local, regional & state groups/meetings
Grow attendance & participation in more local programs/activities

Assess community needs and develop programs and services to meet these needs in a collaborative, systemic and effective way.

Complete Child Care Placing application and begin recruitment of staff and foster families to serve this population
Develop treatment services and modalities to comply with Family First Act requirements
Fill positions needed to meet changing programmatic conditions
Focus treatment and discharge on resident permanency plans and needs

Continue to enhance operating and administrative efficiencies

Evaluate & create the nutrition program staffing schedule, food costs & meal preparation processes
Compare alternative fleet upkeep and maintenance needs and determine most efficient provider and/or process
Develop internal electronic clinical and agency wide software system
Develop and implement a plan to upgrade aging computer equipment
Review and improvement of HIPAA policies/procedures
Review and improvement of HR practices and procedures

Address aging facilities and their repair or replacement

Assess current donor database to determine capacity for this campaign
Develop effective strategies for growing donor base
Prioritize & implement maintenance activities to increase the life of our facilities
Prioritize capital improvement needs

Continue to develop & implement a comprehensive financial development plan

Research & apply for untapped grant funding & cooperate giving sources
Utilize Grantstation & Foundation Center to assist with the process of finding and applying for grant & giving opportunities
Complete an assessment of development efforts to date and develop action plan based on the assessment
Maintain minimum census average at Group Home & Campus programs

Facilitate staff development/Care for our staff/Involvement in leadership efforts

Increase non-management employee participation with PQI Committee/process
Improve current training resources for employees
Develop and implement a Treatment Associate shadow training program
Increase employee compliance with yearly training updates
Implement new trainings deemed required or needed
Improve employee accountability on trained information/material

Develop & utilize management information systems to enhance communications, quality assurance, service delivery, accountability, & development efforts

Increase/Improve transparency of management discussions and decisions
Re-implement Executive Director weekly message related to sharing new information, encouragement, and acknowledgements
Continue with Executive Director effort to have an open door policy

Continue to analyze program effectiveness via the PQI improvement process, licensing reviews, accreditation standards & external consultation

Assessment, and as needed adjustment, of the Agency Dashboard
Increase/Improve use of collected data in the analysis of agency success
Develop more formal method of tracking corrective action plan implementations

This report is a publication of Davis Stuart, a Presbyterian home for children, inspired and supported by the Presbyterian Church (USA). Licensed and funded as a child-caring agency by the Department of Health and Human Resources, State of West Virginia, and serving youth and their families without regard to race, creed, or national origin.

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CONTACT US!
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DAVIS STUART

A Heritage of Serving Youth and Their Families



PERFORMANCE & QUALITY IMPROVEMENT ANNUAL REPORT

June 2017 - July 2018



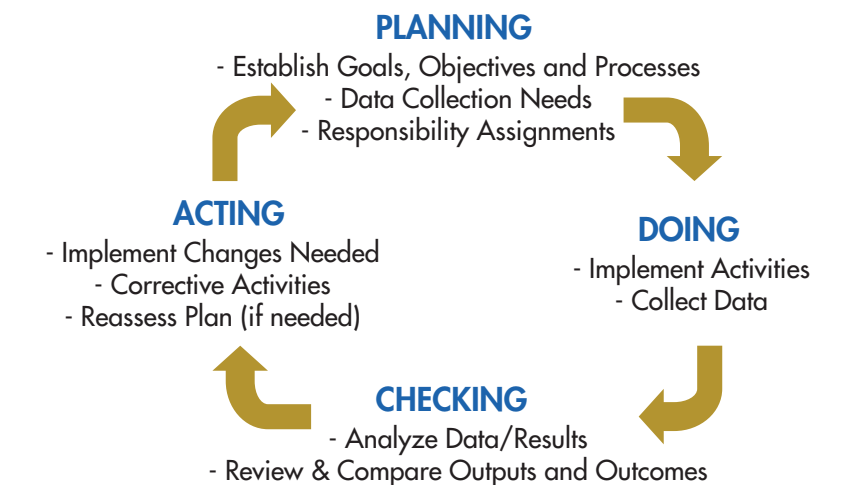
CREDIBILITY • INTEGRITY • ACHIEVEMENT

PURPOSE

This Performance and Quality Improvement Annual Report is aimed at sharing with you Davis Stuart's assessment on how well we are achieving our goals, meeting standards of practices, meeting internal and external thresholds, and improving operations and services. Our assessment is based on the feedback and statistical data collected during Fiscal Year 2018. This report is intended to disclose information which is both positive and unfavorable, in order to accurately and honestly represent our progress and our challenges/areas of need.

WHAT IS PERFORMANCE AND QUALITY IMPROVEMENT?

Performance and Quality Improvement (PQI) is a system that continuously looks at processes, outcomes and feedback to assess and help improve Davis Stuart's operations, at all levels. This is done through:



Davis Stuart uses stakeholder feedback and statistical data to measure and track performance in the areas of business practices, human resources practices, financial management, treatment services, program services, environmental control, and regulatory requirements. The goals of PQI are directly tied to Davis Stuart's Strategic Plan.

KEY TRADEMARKS OF AN EFFECTIVE PQI SYSTEM:

- ◆Broad-based/Agency-wide
- ◆Belief that change is good
- ◆Buy-in from employees
- ◆Data driven
- ◆Transparency
- ◆Accountability
- ◆Culture of improvement
- ◆Inclusion of stakeholders at all levels

WHO IS RESPONSIBLE FOR PQI?

Ultimately, all stakeholders are responsible, based on their level of participation, but Davis Stuart implements its system with a PQI Coordinator and a PQI Committee. This committee is made up of employees ranging from treatment associates to department heads, with the PQI Coordinator chairing the committee and facilitating PQI activities. The PQI Committee meets quarterly.

All questions about information and data found in this report should be directed to the Executive Director at executivedirector@davisstuart.org or 304-647-5577.

REVIEW OF GOALS

Revision of agency Policy & Procedure Manual

✘ Not Started

Diversification of services/Explore specialization of services

- ✔ Expansion of Farm (more live stock & a garden)- to include resident participation
- ✔ Child Placing application partially completed
- ✔ Child Placing Policy and Procedure manual is in draft form

Dining Hall completion

- ✔ Construction started 12/2017- completion expected by Dec 2018

Build new confidences and relationships while maintaining established ones/Assess community needs

- ✔ New-- Member/Participant of WV Treatment Initiative, WV Child Care Association, WV Non-Profit Association, WV Presbytery, and Out-Of-State Review Team
- ✔ Participation on WV Court Improvement Program workgroup
- ✔ Operated WV State Fair Concession Stand
- ✔ Adaptation to younger generations thru enhanced technologies-(i.e. new website, Square, PayPal)
- ✔ Continued---Regional Summit; Community Collaborative; Annual Horse Show; Annual Pancake Supper; Booths at TOOT and Chocolate Festival
- ✔ Maintained accreditation through COA
- ✘ Discontinued--WV Alliance for Children

Continue to enhance operating and administrative efficiencies

- ✔ Development of new agency staff organizational system and chart
- ✔ Creation and filling of Director of Business Operations position
- ✔ Re-organizing of fleet management and maintenance practices
- ✔ Creation and hiring of IT/Software development positions
- ✔ Email system access for all employees
- ✔ Installation of motion-based surveillance cameras in most public areas
- ✔ Assignment and training of HIPAA Privacy and Security Officers

Continue to analyze program effectiveness via the PQI process, licensing reviews, accreditation standards & external consultation, as necessary.

- ✔ Partial completion--Continue to enhance QA department with centralizing data collection; Development of agency dashboard; Improve analyzing and use of currently collected data. Assignment and training of HIPAA Privacy and Security Officers

Maintain competitive salary/wage and benefits as necessary to attract and retain a quality work force.

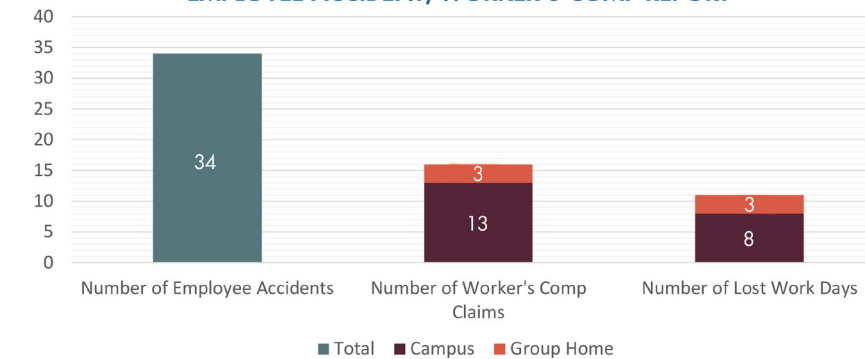
- ✔ Completed- Development of new agency staff organizational system; Implementation of new health care insurance due to premium increases.

EMPLOYEE SURVEY RESULTS

% of Satisfaction

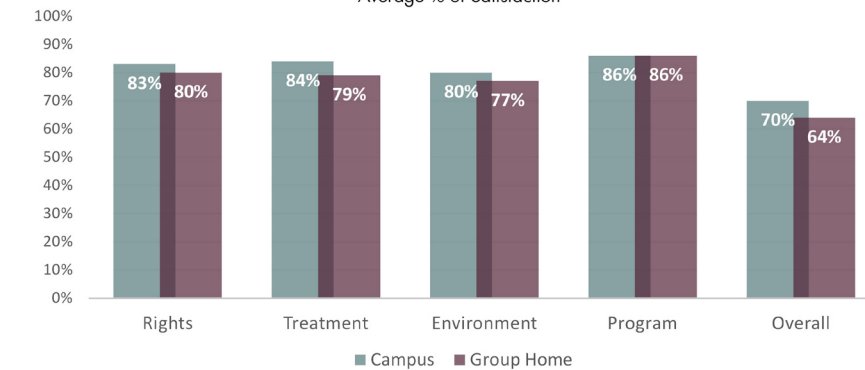
Survey	9/28/2017	5/10/2018
Do you feel like co-workers give each other respect?	38%	46%
Do you receive support from your co-workers?	50%	79%
Do you feel like you receive proper an/or adequate supervision?	47%	63%
Do you receive support from your supervisor?	53%	71%
My supervisor actively listens to my suggestions.	59%	67%
It is clear to me what my supervisor expects of me regarding my job performance.	44%	71%
I have the tools and resources I need to do my job.	38%	58%
I have the training I need to do my job.	78%	79%
I feel encouraged to share new ideas with my team members and supervisor.	53%	54%
I feel I have an avenue to voice positive or negative feedback about Davis Stuart.	34%	42%
Overall Satisfaction	41%	53%

EMPLOYEE ACCIDENT/WORKER'S COMP REPORT

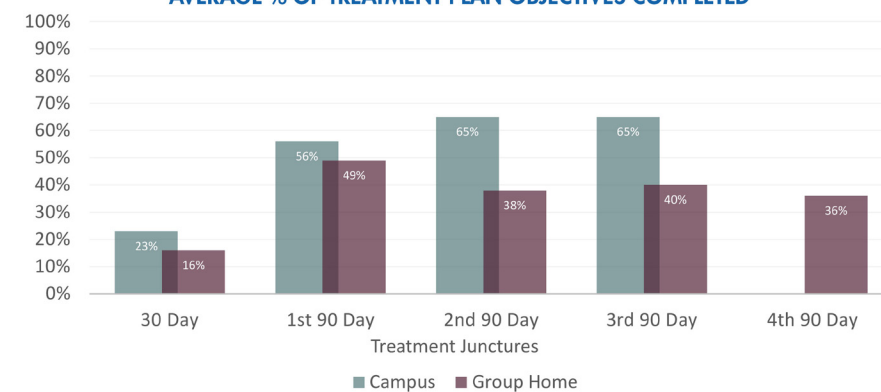


ANONYMOUS RESIDENT SATISFACTION SURVEY RESULTS

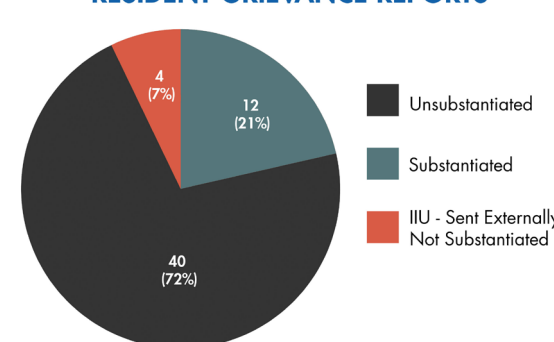
Average % of Satisfaction



AVERAGE % OF TREATMENT PLAN OBJECTIVES COMPLETED



RESIDENT GRIEVANCE REPORTS

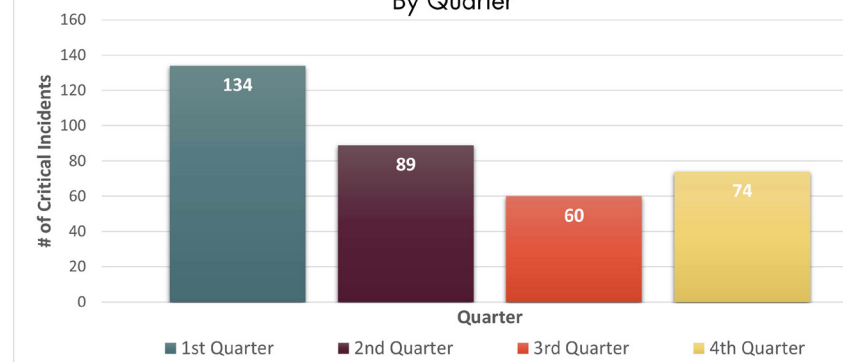


Program Referrals

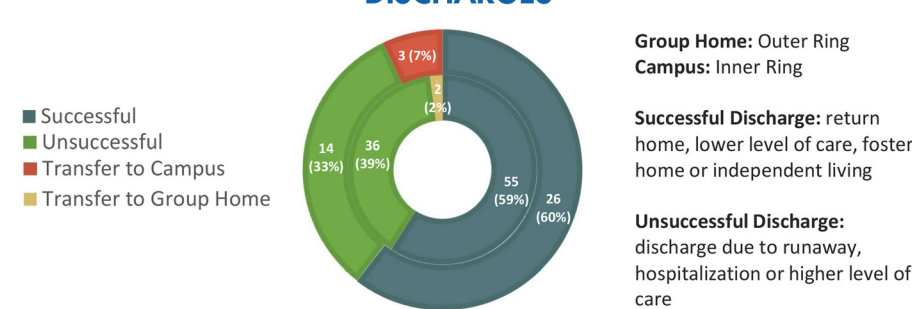
Month	Referrals
July '17	79
August '17	62
September '17	67
October '17	70
November '17	71
December '17	62
January '18	73
February '18	82
March '18	77
April '18	95
May '18	83
June '18	68

CRITICAL INCIDENTS - AGENCY WIDE

By Quarter



DISCHARGES



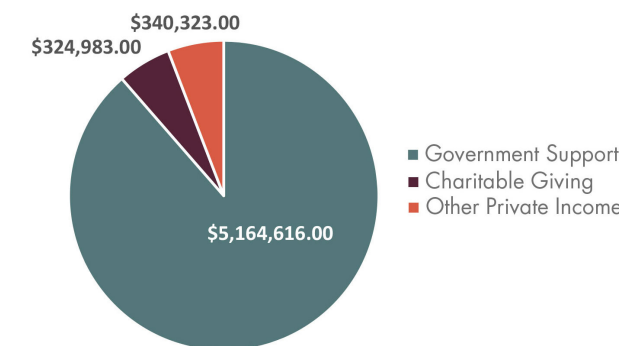
Group Home: Outer Ring
Campus: Inner Ring

Successful Discharge: return home, lower level of care, foster home or independent living

Unsuccessful Discharge: discharge due to runaway, hospitalization or higher level of care

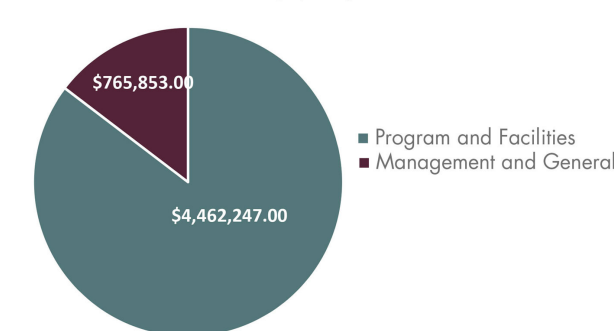
REVENUE

Total: \$5,829,922.00



EXPENDITURES

Budget: \$5,707,000.00
Total: \$5,225,100.00



REVIEW OF GOALS (CONTINUED)

Address aging facilities & their repair or replacement.

- ✔ Parking areas expanded
- ✔ Closure of Beckley Group Home completed with reallocation of licensed beds among the 3 remaining group homes
- ✔ Scott Hall porch replaced
- ✔ Culinary Arts kitchen construction under way
- ✔ Administration Building roof replacement May 2018
- ✘ Not completed--Repaving of driveways and parking areas; Dining Hall construction (but is underway)

Continue to develop & implement a thorough financial development plan

- ✔ New--Director of Finance and a new accountant
- ✔ Restructured & reorganized investment funds creating more growth
- ✔ Closer relationship with local Old Stone Presbyterian Church; Attended several Presbyterian conferences; Meetings with Presbyterian women's groups
- ✔ Zero-Based Budgeting used
- ✔ Awarded United Way of Greenbrier Valley Grant and Seneca Trail Foundation Grant for the first time
- ✔ Explored Medicaid reimbursement for non-emergency medical transport (deemed impractical and of no financial significance)

Facilitate staff development/Care for our staff/Involvement in leadership efforts

- ✔ Completed--Seek more input and feedback of programming needs from direct care staff (staff surveys)
- ✔ New--Staff appreciation activities implemented; Reconstructed supervisory system to allow more decision making and accountability; Expanded job description of Case Managers to include aftercare services
- ✘ Not completed--Seek to utilize staff interests/skills in developing activities for residents

Develop & utilize management information systems to enhance communications, quality assurance, service delivery, accountability & development efforts

- ✔ Completed--Utilize newly provided internal email system for direct care staff to learn more about management information/decisions; Improved connectivity and speed of network; IT Helpdesk; Development of graphs/charts to better track data;
- ✔ In Progress--Internal medical software development

ANNUAL AGENCY RISK ASSESSMENTS

- Compliance with legal requirements-- No Risk Identified
- Technology and information management-- Some Risk Identified
- Insurance and liability-- No Risk Identified
- Health/Safety of administrative & service environments--No Risk Identified
- Human resources practices-- No Assessment Completed
- Contracting practices and compliance-- No Assessment Completed
- Client rights and confidentiality issues--Some Risk Identified
- Financial risks--Assessment Completed but no findings provided
- Public relations, branding, and reputation-- Some Risk Identified
- Conflicts of interest-- No Assessment Completed

All assessments not completed or with some risk identified are being addressed and are represented in the goals for fiscal year 2019.