

Performance Analysis Report

**Annual Management Report for the Year 2018**

The purpose of this report is to describe the extent to which Pathways Behavioral Health Service Inc has met the established targets identified in our Performance Management System

**Organizational Systems:**

1. Information Management

Pathways Behavioral Health Service (Pathways) completed a comprehensive review of our current policy and procedure manual. Any revisions maintained ongoing conformance to all federal, state laws and standards.

Section 1. Administrative Practices were reviewed December 2018.

Section 2. Emergencies, safety, and maintenance were reviewed December 2018.

Section 3. Consumer Rights were reviewed December 2018.

Section 4. Health and First aid were reviewed December 2018.

Section 5. Team process were reviewed December 2018.

Section 6. Dietary were reviewed December 2018.

Section 7 Safety and sanitation were reviewed December 2018.

Section 8 Program specific were reviewed December 2018.

Section 9 Staffing were reviewed December 2018

 Changes made in 2018

 Section 1: Revised Mission and Philosophy

 Revised Administrative Organizational Chart

 Revised Services Organization Chart

 Revised Verification of Employee Documents

 Section 3: Management of Client Funds

1. Environment of Care

Our office location completed our annual facility inspection for 2018. The results and any corrective actions are available for review in our QI binder. The environment of care is different for each client since the service is not provided in our administrative office, but in their home or out in the community. For environment of care, our accessibility plan can be referenced for helping our individuals have more accessibility and overcome any barrier they may have.

1. Financial Viability

In late 2018, Pathways signed a contract with trillium to be able to offer a $15 an hour rate for respite services.

We received notice from Trillium Health Resources that an EHR system would be required of providers and should be in place by June 2019. This is to comply with the states Health Information Exchange requirements. This will increase costs in 2019 to run our business.

We experience a dip in revenue during September through December by slowly have started to work back up to previous revenue amounts in the beginning of the year. We were still able to meet all financial obligations.

**Client Services**

1. Targets and Objectives

Pathways maintains our own tracking system for performance management. This system tracks various client-centered goals, objectives, and outcomes using standard collection and analysis procedures. Currently, Pathways is tracking the following goals:

* Improve client and employee experience through increase access to high quality care
* Expand and strengthen community partnerships
* Host community event for people with disabilies
* Strengthen and sustain high functioning and efficient workforce
* Provide better office space for employees
* Enhance responsible business practices
* No incidents happen during the year
* No client going without service

 Data is collected annually at the completion of each individual’s yearly plan. The data is then analyzed and put into a status report. These reports are shared with other members of the administration team as a mechanism to assess progress, identify trends, and explore the needs to make revisions.

1. Quality Assessment

Pathways continues to formally assess client satisfaction through the completion of a satisfaction questionnaire annually. Clients also have the opportunity to express any complaints through our complaints policy. We hope to use this information to assess any change in this dimension of care and explore potential changes or interventions. The sample size was increased slightly this year when compared to previous years. Interpretation and analysis of this year’s surveys did however render valid results. There continues to be a good amount of consumer input based upon their input on impressions of services and opportunities/suggestions for improvement.

Content of the survey instrument is reviewed and revised as necessary on an annual basis by the Director. Satisfaction results from the surveys administered are available in the policy and procedure manual and results are posted for review.

Consumer satisfaction results for 2018 would indicate continued overall client satisfaction of 4 out of 5, essentially unchanged from last year. Pathways remains committed to soliciting the clients input and responding to opportunities to improve satisfaction. An analysis of the treatment duration indicates approximately 80% of our consumers feel they remain on target for completing treatment in the time frame they anticipated.

Pathways remains committed to developing and administering a satisfaction survey tailored to soliciting input from our staff. It is our intention to utilize information received here to identify opportunities to enhance the overall satisfaction of this essential stakeholder in our overall mission success.

**Quality Improvement Systems**

1. Incident Reporting

During the year, Pathways focused attention on tracking and analysis of all incidents. We maintain our conformance with NC incident reporting electronically through their NC system for reporting incidents. Pathways also maintained our reporting responsibilities to our MCO/LME. Results for 2018 would suggested incidents have increased by 1 incident from the previous year. Incidents in the past generally involved client behavior. The number of client behavior incidents decreased. Most of the 2018 incidents that were reported to us had to do with the client injuring themselves. Proper response was taken to ensure that client got resources to not injure herself such as receiving a special helmet so she could not bang her head.

1. Utilization Review

Pathways maintained its contact agreement with Trillium Health Resources, who conduct bi-annual record review practices consistent with utilization review practices. Any findings are presented at our quarterly meetings. The office manager continues to do a random selection of medical records (at least quarterly) to assess compliance with billing practices. Pathways consults and collaborates with Trillium Health Resources in preparation for revisions in the scope and content of our utilization review practices aligning with expectations.

1. Training Criteria

Policies and practices in this area continue to focus on competency-based training required by our regulatory agencies (CARF) and to support the requirements for our designated staff to maintain their paraprofessional requirements in the State of NC. The policy also identifies annual mandatory trainings and creates a standard template to describe all trainings offered in house. Our ethics/corporate compliance policy and subsequent training comply with NC requirements. COVID-19 did not interfere with any trainings since they were conducted before COVID-19 hit the USA.

1. Documentation Conformance

Pathways continued to revise and adopt policies and procedures to align with regulatory requirements and industry benchmarks. We maintained our data collection practices complying with regulatory mandates. At the beginning of 2020 we implemented a new pandemic policy and procedure to reflect changes due to COVID-19.

1. Risk Management

Pathways risk management initiatives continued their focus this year on maintaining compliance with our funding source (THR). Revisions and modifications were introduced throughout the year due to COVID-19. Changes to appendix-k., Medicaid policy, etc. were made to increase the care of clients during the pandemic. Trillium Health Resources also increased reimbursement for CLS and Residential supports so that providers can pay hazard pay during the pandemic. The increases to reimbursement are set to expire in March 2021 at the time of this report. During the year administration members discussed our software vendor Therap and how modifications would need to be made to implement EVV and billing with the HHAexchange. Training for EVV/scheduling and billing with Therap began in late 2020 with implementation scheduled to wrap up in March 2021 before the April 7th deadline for Innovations waiver providers to be doing EVV for community living and supports. Pathways will continue to maintain a high-profile position to ensure and protect appropriate reimbursement for the services we provide.

1. Complaints

For the 2020 year, there were not complaints filed. Last year there was one written complaint. That written complaint was addressing concerns regarding access to our administration staff. These were addressed at the time they were given. Based upon the scope, nature and frequency of these complaints, the administration team at present sees no need to alter, revise, or adopt amendments to our policies and procedures.

**2020 Annual Report**

**Summary**

Pathways experienced a wonderful 2020 despite COVID-19. We were able to gain 3 new clients and researched ways to grow.

Our marketing efforts do need to be improved. We will continue to grow in 2021 with plans to improve our marketing and social media plans so that we can better contribute to the health of the amazing individuals in our community.

We also focused on improving our administrative and clinical practices by having annual conformance to CARF accreditation for all services we provide. We expect to have our next survey in the summer of 2021. Also, we implemented an EHR system to ensure greater consistency in client documentation and data integrity.

A year in review:

Table 1. 2020 # of Clients served.

Table 2. 2020 Clients by gender: 61% of our active clients are female.

Table 3. 2020 Clients by age: 86% of clients are between the ages of 18-40.

Clients by county: While most clients reside in Craven and Pamlico counties, which makes up 61% of the individuals we serve, we are still expanding to other counties to offer services there as well.

**Accomplishment of mission, values, and strategic plan**

Mission: We extend the mission of Jesus Christ by creating an atmosphere of teamwork, optimism, and honesty to help anyone with a disability achieve a greater quality of life.

Pathways purpose and goals are:

1. To provide a supportive program along with a team approach to help develop individuals with an I/DD diagnosis become independent and function in a more beneficial way.
2. To achieve effective management of staff and the individuals served through client specific training, by remaining current on updated regulations as it relates to the individuals served.
3. To develop an ongoing communication and interaction between the staff, families, and community.

Benefits to clients served:

1. Provide an environment where the individuals needs and human rights are adhered to regardless of different race, sex, economic, cultural, or ethnic background.
2. Help develop and implement assessment and treatment plans for clients with realistic goals.
3. Provide a supportive and caring role in enhancing the individual’s strength, competence, and self-esteem.
4. Provide a balance of activities where the individuals served can participate in their learning experience, with the opportunities to experiment, explore and make self-discoveries.
5. Provide an environment where the individuals life skills are encouraged to enable them to become self-sufficient individuals.

**STRATEGIC PLAN SUMMARY**

1. Quality. To maintain organizational capacity and resources to support continuous high-quality services and improvement.

 1.1 To develop educational opportunities for staff.

Status: Ongoing, many education opportunities were created in 2018 and 2019, however we are continuing our education efforts by creating an in-house CPI program to be approved by the NCDHHS.

1.2 Increase client satisfaction

Completed. This is done annually to assess client satisfaction. Annual survey has been completed.

1.3 to achieve everyone’s service plan.

Completed. Everyone we serve completed their service plan last year and it was renewed.

1. Growth. Expand and strengthen partnerships for healthier communities.
	1. To develop relationships with new organizations in the community

Status: Ongoing, Covid-19 put a wrench in our community plans for 2020 since gatherings were restricted, etc. We focused on joining online organizations instead such as NC Care 360/Unite Us. We also increased our social media presence as well. In 2021 we hope to be a part of planning a Night to Shine event at Glad Tidings Church in Morehead City, as well as volunteering at special needs baseball events.

1. Improve the health and wellness of our members through improvements in quality, access, and efficiencies.

 3.1 Implement EHR system

Status: Ongoing, more training sessions scheduled and new EVV requirements are taking effect in 2021.

* 1. Improve back up staffing availability.

Status: Completed

1. Enhance responsible business practices.

4.1 to Develop a will for the company.

Status: Completed and on file with Howell & Howell lawyer in Pamlico county.

* 1. Complete external audit with insurance company

Status: Completed with great results

* 1. Explore expansion opportunities.

Status: Ongoing: We are still researching expansion opportunities such as offering new services, becoming licensed to be a home health company as well and expanding to include group homes or AFL homes.

Mission Values and Strategic Action Plan: As we review our mission, values, and strategic plan we have remained true to our mission and engaged in slow and thoughtful growth while developing a strong administrative infrastructure. New projects are on the horizon!

**Analysis of Performance Indicators**

**Effective Measures**

 **Guardians/Participant feel they have achieved their service plan.**

There was a slight decrease in accomplishment of service plan objectives. We feel this is because of COVID-19 and some of the objectives in the plan were community based so those goals could not be safely accomplished in some instances. The majority of client objectives are stabilization based are typically rated as ongoing or no change. We will continue to ask guardians and participants to rate the accomplishment of service plan objectives.

 **Implement new EHR system to improve effectiveness of services.**

Employees and clients were asked on the annual satisfaction survey. “Do you feel that the new EHR system, Therap, has helped increase the effectiveness of receiving services”. Many felt that this allowed more time with the participant and made paperwork easier to accomplish. They also felt that their information was more secure.

**# of hospital days in the plan year**

We monitor the number of hospital stays because that is a direct reflection of the care that Pathways provides in most cases. Only 1 out of 23 of the individuals we serve had a hospital stay this year.

 **Reducing staff turnover rate**

Our turnover rate for 2020 was 5.7%, which is below the 10% we wanted to stay under. This percentage is calculated by the total number of employees divided by the total number that left during the year.

**Staff familiarity with emergency response procedures**

This indicator is captured by the % of drill testing completed along with an annual survey asking employees if they understand emergency response procedures. 100% of drill testing was completed for the year 2020.

**Facilities will be kept healthy and safe.**

Administrative staff perform internal inspection annually on the office location. If anything is found to be unsafe, it is reported to the CEO. Near the end of 2020, staff noticed that the back deck and ramp needed to be replaced. That project was promptly completed within a few months and the areas are now in new condition.

**Critical incidents are responded to appropriately.**

Pathways had no critical incidents in the year 2020. This was a decline from previous years. We feel one factor to no incidents occurring was due to less community outings due to covid-19.

**Back up staff**

In our annual survey we asked participants and guardians if they felt they had back up staff when needed. Most respondents said yes. Only two of the responses said that occasionally back up staff is no available. After receiving these results, we contacted the two individuals who said that back up staff could be improved and worked out a plan to ensure that staff is always available in any situation.

**Efficiency Measures**

**Individuals served during the year.**

As indicated in the chart above we grew by 3 clients this year, which is a 15% increase. Our goal was to increase by 10% from the previous year so we surpassed our goal for 2020.

**Succession planning**

Our CEO who founded Pathways 20 years ago has some health conditions and is elderly. To ensure the success of the company, his goal for the past few years was to ensure that his will and the company succession planning was completed. The will was successfully completed ahead of time near the beginning of 2020. These documents are successfully completed and on file at Hollowell & Hollowell Lawyers office in Bayboro, NC.

**Monthly Income/Net income over 10%**

Our target to have 10% net income each month was on met in March, April, August, and November. All other months were below the target as indicated in the chart above. Our entire profit margin is small annually. We intend to remedy this by increasing our # of clients served in the year 2021 so that we can have more profit each month.

**External audit performed annually.**

Annually in January of each year, we have an external audit performed by on of our insurance companies. They go through all our tax files and company records for employees to ensure that we are reporting the correct amounts to them so that our ensure coverage covers the correct amounts. In January of 2020, we successfully completed the external audit and found that we had paid the insurance company too much money for the previous year. This money was refunded to us.

**Performance evaluations completed annually.**

Pathways uses clinical supervisions and DSP competencies to complete performance evaluations annually. We feel this is an important part of our company so that employees can have feedback while also going over DSP competencies with them to ensure that the greatest quality care is provided to the participant. There are 15 DSP competencies that we track:

* Participant empowerment,
* Communication, assessment,
* Community and service networking,
* Facilitation of services,
* Community living skills and supports,
* Education, Training, and self-development
* Advocacy
* Vocational, Education and Career Support
* Crisis Prevention and Intervention
* Organizational Participation
* Documentation
* Building and maintaining friendships and relationships
* Provide person centered supports.
* Supporting health and wellness

For the year 2020, we found that some community networking areas were weaker due to the pandemic having restrictions. We also found that building and maintaining friendships and relationships had a weaker score due to gathering limits set forth local ordinances. All other areas seem to be around the same level as last year.

**DSP receive monthly feedback in supervisions.**

Each DSP received monthly feedback from our QP from clinical supervisions. Due to the pandemic, many of the supervisions were not face to face. We utilized video chat and phone calls during 2020 to ensure the safety of the individuals we serve.

**Staff are up to date on mandatory training.**

During our utilization review process, our office manager goes through each employee record to ensure their trainings are up to date. None of our mandatory trainings were due to expire in 2020.

**All client documentation will meet quality standards.**

During our utilization review process, each participant record is combed through with a fine-tooth comb (metaphorically speaking). We do this to ensure all information is accurate and up to CARF standards.

**Access Measures**

**Participants feel the service was easily accessible and safe.**

All programs were surveyed in our annual participant survey. In this survey 100% said that they feel the service was easily accessible. They also indicated that they feel safe while participating in services.

**Satisfaction measures**

**Participants are treated with respect and dignity.**

All programs were surveyed in our annual participant survey. In this survey 100% said they feel treated with dignity and respect.

**Participants feel satisfied with services.**

All programs were surveyed in our annual participant survey. In this survey, 100% said they are satisfied with services. Participants are very satisfied with services.

**Action Plan**

Under each performance measure we tried to explain the outcome of each one and if improvements were needed for that measure if the target was not met.

While we did not have many access or satisfaction measures, we plan to implement more in the year 2021 to gather a well-rounded amount of data on each area. We noticed that the accomplishment of the service plan objectives is less sensitive to change, considering most of 2020 was a pandemic.

Once all our employees are on Therap collecting data, we will be able to use that system in our performance management system to collect data and make new objectives to improve on based on the data in Therap.

Clients are usually approved for a year of service and typically stay the entire year. Our goal for 2021 is to grow in different avenues. One of our employees is currently in the process of getting her home licensed as an AFL home (.5600F). Trillium Health Resources is currently not doing letters of support for group homes, but they are for AFL’s so that is the route we went for her home.

One huge performance indicator for us was our fiscal measure of monthly income vs net income for each month. Since we did not meet that 10% each month, we plan to do more community outreach because many people have not heard of our company since we are small. If we get our name out there, we will be able to get our net income for each month over the 10%. We are listed as a corporation, but we do not consider ourselves “for profit”. We aim to increase our net income for each month so that it can be invested into the company to better serve the mission.

Our backup staffing measure was an improvement we had to work on in 2020 and it is something we will continuously work on. We have found that hiring more than one person for a client has a better chance of providing back up if the other person calls out. That is our strategy we use when ensuring back up staff will be readily available, while also ensuring that the client will be familiar with the individual, ensuring comfort for the client.