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Performance Analysis Report

**Annual Management Report for the Year 2019**

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 2019

Section 2. Emergencies, safety, and maintenance were reviewed December 2019

Section 3. Consumer Rights were reviewed December 2019

Section 4. Health and First aid were reviewed December 2019

Section 5. Team process were reviewed December 2019

Section 6. Dietary were reviewed December 2019

Section 7 Safety and sanitation were reviewed December 2019

Section 8 Program specific were reviewed December 2019

Section 9 Staffing were reviewed December 2019

Changes made in 2019

Section 1: Created: Periodic Internal Review Policy

Revised: Corporate Compliance Policy/Procedure

Section 8: Created: Implementing and creating individualized supervision plans

Created: Individual service plan/treatment plan standards

Environment of Care

Our office location completed our annual facility inspection for 2019. 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

From January to December our revenue increased by 17%.

We met 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 disabilities
* 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.

During the 2019 year, we have been working on building and implementing the new performance management system so we tracked the same objectives as the previous year.

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 2019 would indicate continued overall client satisfaction of 4.5 out of 5, a slight increase from the previous year. Pathways remains committed to soliciting the clients input and responding to opportunities to improve satisfaction.

An analysis of the treatment plan duration indicates approximately 82%% of our consumers feel they remain on target for completing the treatment plan 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 2019 would suggested incidents have decreased by 33%. From the previous year. Incidents in the past generally involved client behavior. The number of client behavior incidents decreased. Most of the 2019 incidents that were reported to us had to do with miscommunication between the client and the provider.. Proper response was taken to ensure that employees received training to ensure that any incident like that was unlikely to happen again.

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. All staff have up to date trainings.

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. Our new EHR system means that documentation conformance will be met easily since information is uploaded daily.

1. Risk Management

Pathways risk management initiatives continued their focus this year on maintaining compliance with our funding source (THR). Annually our risk management plan is reviewed. For 2019, our Risk management plan was reviewed and found that a new one needed to be built and implemented. All staff have been trained in critical incident reporting. Emergency drills were completed for the year. Disaster and emergency plans were submitted to Trillium Health Resources for review.

1. Complaints

For the 2019 year, 1 formal complaints had been filed to our agency from an external source. That complaint was resolved.

**2019 Annual Report**

**Summary**

Pathways experienced a positive year. We maintained the same client ratio since the end of 2018.

Our marketing efforts do need to be improved. We will grow in 2020 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.

A year in review:

Table 1. 2019 # of Clients served.

Table 2. 2019 Clients by gender: 68% of our active clients are female.

Table 3. 2019 Clients by age: 77% of clients are between the ages of 18-40.

Clients by county: While most clients reside in Craven and Pamlico counties, which makes up 68% 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: Our mission is to honor God 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/ANALYSIS OF PERFORMANCE INDICATORS**

1. High Quality Health Care

1.1 Improve client and employee experience through increase access to high quality service

Status: Ongoing Therap has been implemented and we have at least half of the clients on it at this time. Some clients/guardians have opted out and will continue to use the paper method of documentation.

1.2 Expand and Strengthen partnerships for healthier communities.

Completed. Pathways participated in Night to Shine, our Director was the Volunteer Logistics person so she was heavily involved in this event that was held in February of 2019. We also participated in Color for cause again in March 2019. We networked with some community rec centers to participate in community day to help provide resources to the community.

1.3 Host a community event for special needs individuals

Off Track We decided to have our community event in the spring of 2020 due to the winter of 2020 being peak flu season and we were worried about the immune system issues of the people we serve.

1. Operational Excellence

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

Ongoing: We have chosen Adobe Sign as our electronic signature software.

2.2 Strengthen and sustain a high functioning, efficient workforce.

Ongoing, We have been able to ensure back up staff in most instances. We posted an ad on indeed to get a data base of staff going of people that would be interested who are qualified/pass a background check

3. Financial Stewardship

3.1 Enhance responsible business practices

Ongoing

A. Complete will for the company Completed

B. Research and implement new benefits for employees, Ongoing Director has talked with Aflac about providing group benefits for employees

C. Allocate funds for growth, ongoing, Researching growth opportunities

Mission Values and Strategic Action Plan: As we review our mission, values, and strategic plan we have remained true to our mission despite losing some clients this year. We have learned from those experiences and continue to try to grow.

**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. If the target had not be met yet then it is continuing to be worked on.

Our CARF survey was done in August of 2018 and recommendations from surveyors suggested that we build an entirely new performance management system. We were in agreement and the lead CARF surveyor sent the Director some publications that CARF has made so that we can use those to help us build a better performance management/measurement system. It is our goal to have better performance indicators that better represent CARF Standards for effectiveness, efficiency, access and satisfaction. New Performance Management System has been built and implemented to start in January of 2020.

Our backup staffing measure was an improvement we had to work on in 2018 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.

We will continue uploading clients to therap and getting employees trained on how to use it.

**Comparative Analysis**

After reviewing the year, we were able to compare and analyze many aspects.

First reviewing our finances for the past 3 years we were able to see that our net income did decrease for the 2019 year compared to the previous 2 years. We feel this increase has to do with more units being added to clients plans.

The accessibility plan has helped us analyze aspects in that area that we need improvement. We have already resolved many of the barriers indicated in the plan. The accessibility plan should be reviewed and updated in the next year.

We conduct surveys as least annually to gauge our employees and clients overall satisfaction. We usually try to accommodate or fix anything negative that is indicated on a survey if we are able to. Employee and client happiness is reflected well through surveys.

Risk management indicates that we generally have low risk in our company. A review of the plan is done annually.

Our technology plan has changed to reflect new technology being used.

Annual Health and Safety policies and inspections are the same and are reviewed annually.

Our 2016-2020 strategic plan review was done for 2019. Amendments that were made since previous years were: Moving the annual community event to the spring of 2020.