



# The King's Daughters' School Performance & Quality Improvement Process

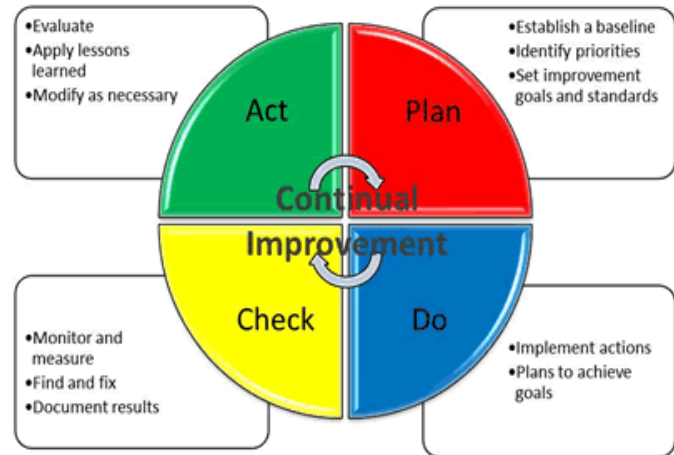
**Annual Report:  
July 1, 2016-June 30, 2017**

## I. Overview

### What is Performance & Quality Improvement (PQI)?

PQI is the way that KDS constantly works to provide better services, improve the school, meet family and customer needs, and support and train staff. PQI is circular, so that we are constantly reassessing and reevaluating all aspects of KDS. , and PQI is also comprehensive, involving internal and external stakeholders looking at all facets of KDS missions, management, and operations.

The KDS PQI process is informed by stakeholders and data, and in turn it informs all KDS processes and decisions. KDS uses the Deming Cycle as its PQI model, to the right.



### What Does PQI Examine?

PQI looks at both processes and products. This means that all stakeholders are always on the lookout for ways to improve all aspects of what we do. The areas that are examined by PQI include, *but are not limited to*, Case Records/Student Files, Financial Accountability, Employee Training and Retention, Student Serious Incident Reports, Workers' Compensation Claims, Licensure Compliance, Progress Toward Departmental & Long-Range Goals, Student/Parent Feedback, Stakeholder Surveys, Student Progress/Outcomes, Student Census Data, Student Discharge Data, the PQI Process itself, and more.

### Who Is in Charge of PQI?

You are—everyone is! PQI involves every “stakeholder” for KDS: every employee, parent, caseworker, student, donor, Board member, and even interested people in the community. Every person involved with KDS has the right and responsibility to provide input for and implement changes. There is also a formal PQI Committee, which is charged with formally collecting and analyzing data and processes, making recommendations, and facilitating the PQI process among all stakeholders. The PQI Committee is made up of the Executive Director, Assistant Executive Director, Operations Director, Program Services Director, Residential Director, Principal, Director of the Center for Autism, ELP Coordinator, and the Staff Training Coordinator.

## II. Measures & Outcomes

*Green- Meets or Exceeds Benchmark    Orange- Goal Pending (anticipate meeting)    Red- Lags Benchmark*

### A. Long-term Strategic Goals and Objectives, & Annual Goals

Outcome	Monitoring Tool	Benchmark	2016-17 Outcomes
<b>Long- Range Goals</b>	% of Long-Range goals met	80%	88%
<b>Annual Goals</b>	Aggregate % of annual goals met	80%	75%

## B. Operational Effectiveness & Risk Management

Outcome	Monitoring Tool	Benchmark	2016-17 Outcomes
Finance Stability	Annual Audit	100% compliant	Pending- Audit to be received Oct. 2017
Workforce Stability	Staff Turnover	Aggregate of local health-care industry staff turnover	Benchmark is 68%, and KDS is 72%. This is up from 2% last year.
Organizational Risk	Annual risk assessments	Update one section of policy manual each year; Maintain or reduce experience mod for workers compensation	Section 3 scheduled being updated Oct. 2017  Experience mod up to 1.4 from 1.24 last year (13% increase; better than last year's increase of 20%, but still lagging benchmark)

## C. Program/ Service Delivery Effectiveness

	Outcome	Monitoring Tool	Benchmark	2016-17 Outcomes
ELP	Accessibility to services	Demographic data collection	Community demographics	17% minority; above service community demographic of 11%
TLP & ALP	Timeliness of assessments	File review of compliance w/ license standards	90%	91%
All Programs	Student rights	Data collection	0	0 alleged violations
	Stakeholder satisfaction	Annual surveys	Historical benchmarking	89% extremely satisfied; above benchmark of 87% for all areas  Each individual area exceeded benchmark

## D. Student Outcomes

	Outcome	Monitoring Tool	Benchmark	2016-17 Outcomes
ELP	Change in functional status	Discharge data	Historical benchmarking	46% exiting successfully; above benchmark of 44%
TLP	Change in functional status	Quarterly incident reports	Historical benchmarking	Above benchmark; MC 9% above benchmark & CFA 17% above benchmark
ALP	Permanency of life situation	Annual testing, and medical orders	Historical benchmarking	100%, and benchmark is 100%
All Programs	Achievement of individual service goals	Annual adaptive testing scores (TLP or ALP), Discharge data	Historical benchmarking	Had to create new baseline w/ transition to Vineland; no data available this year b/c can compare to last year

## E. Program Outputs

	Monitoring Tool	Benchmark	2016-17 Outcomes
ELP	Census	Historical benchmarking,	157; above benchmark of 86
TLP & ALP	Census	No more than 50% single source, Meet or exceed budgeted tuition	40% DCS; 60% private 105 average, with benchmark of 106, but up by 2 from last year
All Programs	Staff training in best practices of positive behavior supports & crisis management	90%	100% compliant