



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

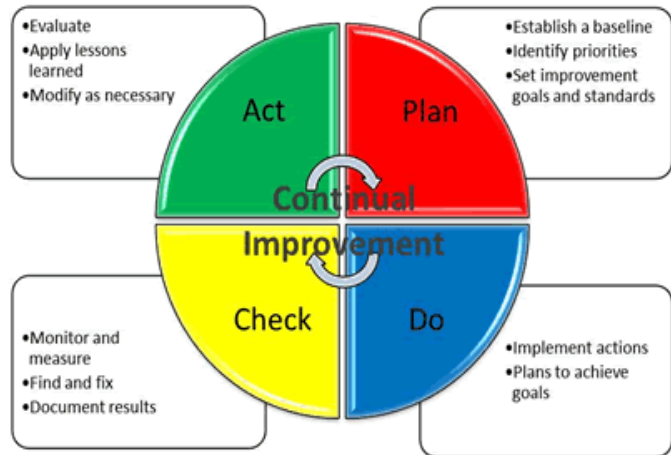
**Annual Report:  
July 1, 2015-June 30, 2016**

## 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*

*Red- Lags Benchmark*

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

Outcome	Monitoring Tool	Benchmark	2015-16 Outcomes
Long- Range Goals	% of Long-Range goals met	80%	67% completed
Annual Goals	Aggregate % of annual goals met	80%	78% completed

## B. Operational Effectiveness & Risk Management

Outcome	Monitoring Tool	Benchmark	2015-16 Outcomes
Finance Stability	Annual Audit	100% compliant	100% compliant
Workforce Stability	Staff Turnover	Aggregate of local health-care industry staff turnover	Benchmark is 68%, and KDS is 70%
Organizational Risk	Annual risk assessments	Update one section of policy manual each year; Maintain or reduce experience mod for workers compensation	Section 2 updated Experience mod rose from 1.03 to 1.24 (20% increase)

## C. Program/ Service Delivery Effectiveness

	Outcome	Monitoring Tool	Benchmark	2015-16 Outcomes
ELP	Accessibility to services	Demographic data collection	Community demographics	18% minority; above service community demographic of 11%
TLP & ALP	Timeliness of assessments	File review of compliance w/ license standards	90%	92%
All Programs	Student rights	Data collection	0	0 alleged violations
	Stakeholder satisfaction	Annual surveys	Historical benchmarking	Exceeded benchmark for overall satisfaction (87.5 of 87.43) Lagged benchmarks in: Edu (73.33 of 75.83), Res (78.54 of 83.26), Student (75.56 of 82.85), & Staff (82.22 of 82.85)

## D. Student Outcomes

	Outcome	Monitoring Tool	Benchmark	2015-16 Outcomes
ELP	Change in functional status	Discharge data	Historical benchmarking	32%; below benchmark of 48%
TLP	Change in functional status	Quarterly incident reports	Historical benchmarking	CFA 25% better than past 2 years ; MC 24% better than past 2 years
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	TLP: 5.49% increase in AF; below benchmark of 6.5% ALP: New baseline of 3.66%

## E. Program Outputs

	Monitoring Tool	Benchmark	2015-16 Outcomes
ELP	Census	Historical benchmarking,	138; above benchmark of 60
TLP & ALP	Census	No more than 50% single source, Meet or exceed budgeted tuition	40% DCS; 60% private 103 average, with benchmark of 106
All Programs	Staff training in best practices of positive behavior supports & crisis management	90%	98.7% compliant

### III. KDS Report-Card-at-a-Glance

