



# Our Family Services

## Performance and Quality Improvement Plan

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# **PERFORMANCE AND QUALITY IMPROVEMENT PLAN**

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## **I. PERFORMANCE AND QUALITY IMPROVEMENT PLAN**

### **A. Introduction**

Our Family is committed to maintaining an ongoing Performance and Quality Improvement (PQI) process. The Executive Director, the Board of Directors and all staff are committed to providing service of the highest quality to consumers in all programs of the agency.

The PQI process is based upon the following assumptions.

1. All consumers are provided with services appropriate to their individual and family needs.
2. All aspects of service and the administration of those services are subject to examination in an effort to assess and improve quality.
3. The delivery of services is relevant, accessible, culturally sensitive, and responsive to consumers, families and the community.
4. Defining, collecting, measuring, and analyzing outcomes are an integral part of the PQI system.
5. Consumer, family, and community input are critical components in the monitoring of the delivery of services.

### **B. Goals and Objectives**

The Executive Director and the Board of Directors of Our Family establish and annually review a plan to maintain a comprehensive and effective PQI program. They are responsible for PQI and the overall quality of agency services. In order for the PQI process to be most effective, every agency employee is involved in the process at some level.

The purpose of PQI at Our Family is to ensure that a high quality of care is delivered and that the expectations in the agency philosophy, policy, and procedures are met or exceeded. Our Family maintains a PQI system that is capable of monitoring the delivery of services, identifying areas of concern and responding to concerns in a timely and effective fashion.

The specific goals are to:

1. Evaluate service effectiveness and efficiency
2. Assure the highest level of client care
3. Analyze success in relation to established outcome measures
4. Assure quality and safety in every aspect of the organization
5. Identify areas where training, supervision or the clarification, addition or revision of Policies and Procedures will improve the quality of services
6. Implement and assess needed improvements

7. Establish and maintain Policies and Procedures for all aspects of services
8. Communicate findings and progress to staff, the Board of Directors, and the community

**II.PERFORMANCE AND QUALITY IMPROVEMENT ACTIVITIES**

Our Family will conduct review and assessment activities individually within programs and through agency-wide meetings to maintain a comprehensive and effective PQI program in order to accomplish its goals. The Agency Trainer will oversee the agency’s PQI activities, collect all agency PQI documents, provide mentoring and coaching assistance to program managers, facilitate an agency-wide quarterly PQI Committee meeting, and present a quarterly report to the Leadership Team and Board of Directors, which addresses each of the PQI review areas listed below. The quarterly report is available to all staff.

**A.Case Reviews**

In order to ensure that a high level of service quality is maintained, quarterly reviews of case records will be completed in every program. The case reviews will include a combination of cases open and closed during that quarter. Reviews are conducted by the manager or designee, but not by a staff person directly handling the service delivery in the case record being reviewed.

These case reviews must include any case which is considered to be high-risk, defined as suicidal ideation or previous attempt, vulnerable consumers, and consumer injury or report of abuse or neglect. The supervisor of each agency program will be responsible for completing and submitting the required number of reviews for his/her program on a quarterly basis on the following schedule:

<u>Quarter reviewed</u>	<u>Deadline for submission of reviews</u>
July-September	October 15
October-December	January 15
January-March	April 15
April-June	July 15

In addition, the agency has developed and maintains a group of staff, including managers or supervisors, direct service delivery staff, and student interns assigned to specific departments. This group meets quarterly and reviews a random sample of open and closed cases from each agency department. The reviews are conducted by staff who are not assigned to the department, but who review the same programs during each review process and thereby gain expertise in the unique requirements of the program.

<b>Number of cases opened each year</b>	<b>Minimum number\percentage of PQI case reviews required annually</b>
Less than 100	All cases

100-199	48% of cases (48-96)
200-299	47% of cases ( 94- 141)
300-499	45% of cases (126- 225)
500-999	40% of cases (200- 400)
1000-3999	30% of cases (300- 400)
4000-4999	20% of cases (800-1000)

Prior to each review, all staff participating are provided information about how to conduct the review, using the agency’s Case Review Form as a working document. Participating staff are instructed to review each case record looking for compliance with COA, program, contract, and licensing requirements as applicable. This may involve utilizing the program’s case review checklist, which is based on specific program requirements, in conjunction with the case review. Staff involved in this Case Review process review files from the same program during each quarterly review. It is expectation that this process will result in staff becoming increasingly familiar with the program’s unique needs. When deficiencies are noted, the reviewer will ask a representative of the program present during the review to verify that the noted deficiency is accurate. Representatives of each department are present during the time of the review and available for consultation if there are questions about unique program requirements. Review results for each case are recorded on the agency review form and completed forms are provided to the Agency Trainer. Each of the 4 reviews covers roughly 25% of the annual total required to be reviewed by COA and generally requires a 4-5 hours. About 12-15 staff from all levels in the agency participate in this process on a quarterly basis.

The Agency Trainer receives and later tallies the review summaries by department and notes strengths, deficiencies, and opportunities for improvement. A written summary is provided to each program manager reflecting review results, attaching reviews that include deficiencies, and requesting a written response to any problem areas identified. This process provides the manager of the department an opportunity to respond to possible inaccuracies in the reviews or written summaries. The manager or designee returns a written response to the Agency Trainer explaining how individual deficiencies are corrected and how systemic problems are to be remedied.

Each program may, in addition to the above process, employ additional quarterly review methods. Since different services have different needs, individual supervisors will decide which supplemental case review methods their program will use.

Case reviews will include the following areas: the presence or absence of required paperwork (including referral and intake information, assessments, treatment plans or goal plans, signed authorizations, and termination or discharge summaries), the presence or absence of required documentation (including regular and ongoing supervisory reviews, timely progress notes, and all required signatures), inclusion of appropriate follow-up or aftercare services, an assessment of whether services were provided in a timely manner consistent with consumer needs and program requirements, and an assessment of how well agency and program policies and procedures were followed. If

the individual case record contains outcomes (through an exit interview, follow-up form, etc.) these will also be noted.

All reviews will be documented on an individual case review form or a supervisory chart review log. The log allows multiple case reviews to be logged per page. Back-up documentation for any case in which deficiencies are noted can be provided on attached individual case review forms. The case review form details only one case per form. Any case in which deficiencies are noted requires an additional step: the supervisor's signature indicating the problem is resolved (or a note if not resolvable). The review summaries of each of the supplemental program-specific reviews are forwarded to the Agency Trainer on a quarterly basis consistent with the above dates.

The Agency Trainer will review all the case reviews submitted, noting whether the appropriate number and type of reviews are present, and examining those reviews in which deficiencies are noted. If this process shows a certain pattern or high number of deficiencies in a program, the Agency Trainer will follow up with the supervisor to develop a plan for resolution.

### **B.Licensure, Accreditation, and Contractual Issues**

With input from program supervisors and administrative staff, the Business Administrator will provide an update on:

1. External review processes occurring each quarter and the outcome of each. This will include program compliance site visits, licensing application processes, accreditation reviews, and external case record reviews by a contracting or licensing body.
2. Suggested or completed revisions to agency or program policies and procedures to ensure compliance with licensing or contractual regulations, legal requirements and/or mandatory reporting laws.

### **C.Consumer and Staff Grievances**

The Assistant Director will provide an overview of the complaint and resolution of any consumer or staff grievances filed during each quarter. Agency policies and procedures dictate the appropriate methods of filing, investigating and responding to grievances, as well as the time lines and documentation required. Reporting detail may at times be limited to protect consumer and/or staff confidentiality.

### **D.Critical Incident Case Reviews**

A special review committee will be established in the event of the death or life-threatening injury of a current Our Family consumer by other than accidental means or natural causes. This committee will review all of the circumstances surrounding the incident, interview all persons involved, seek external counsel as needed, and provide a

summary of findings, along with any related recommendations, to the Executive Director and Board of Directors. In any quarter in which this situation occurs, the Executive Director or designee will provide an overview of the situation, list the committee members involved, detail the review process undertaken and provide an explanation of the outcome.

### **E.Strategic Planning**

Our Family's Board of Directors will conduct overall agency strategic planning through Board meetings and retreats. At least once every four years, a new overall agency strategic plan will be created, with updates and revisions to the current strategic plan occurring during the off years. Key members of the agency Leadership Team, as identified by the Board of Directors, will participate in this strategic planning. This strategic planning process will vary from year to year but will include: a review of the agency mission and vision, a review of achievements on established goals, a needs assessment, identified agency and Board strengths and weaknesses, an assessment of staff and Board resources available to address agency needs, and the establishment of new or revised goals and objectives, with associated tasks and time lines.

Short-term strategic planning on a department or program level will occur on an annual basis, facilitated by the Executive Director, Assistant Director or other key staff. An assessment of budget and personnel needs for each program occurs in annual and semi-annual budget review and planning meetings with the Finance Director. The short-term plan for each program should: reflect the changing needs of the defined community; reflect budgetary considerations; include a review of the previous year's PQI activities including outcomes measurement and stakeholder feedback and incorporate changes and recommendations made through the PQI process; and be consistent with the agency's defined mission and vision. The result of short-term strategic planning will be a defined set of goals and objectives, with associated tasks and time lines. Quarterly, the Program Director or Assistant Director will provide a copy of any department or program strategic plans for inclusion in the quarterly PQI report.

### **F.Risk Management**

On at least a quarterly basis, the Business Administrator will facilitate an agency-wide Risk Management Committee meeting. Members of each agency program, the Leadership Team and the Board of Directors are invited to participate in these open meetings. Agenda items will include financial risk management issues; staff, consumer or facilities safety concerns identified by any staff member, Board member or consumer; and any risk management items referred from the PQI Committee; and a review of actions taken to address risk management issues, items identified as needing further action, and beginning action plans for those items.

### **G.Human Resources**

The HR/Volunteer Specialist will review and assess whether staff hired during that quarter met the educational and experience qualifications required for their position. A

review will also be conducted on whether program staff and volunteers who started during the previous quarter have proof of new employee orientation and training in their personnel file. Such proof is submitted to administration after 90 days with the staff's initial evaluation. Follow-up will be recommended for any staff that does not have adequate documentation of their education, training, licensure and/or certification.

The HR/Volunteer Specialist will also report on the number of staff voluntarily and involuntarily terminating employment during that quarter. The reasons for leaving will be discussed for staff voluntarily terminating employment. Any patterns or concerns will be noted. (Annually, a summary of staff turnover, along with an aggregate report of responses from Exit Interviews completed that year, will be completed and reviewed in a separate process by the Personnel Committee.)

The Agency Trainer will provide a quarterly report on whether Our Family's training program appears to be meeting the needs of staff and volunteers. This assessment will be based on training evaluations, suggestions made by staff or managers for further training, and discussions with each program area. If any revisions or additions to our training program have been suggested or made to address identified staff and/or consumer needs, these will be reviewed. A summary of additional trainings conducted for staff or volunteers to meet these needs will be made.

Additionally, the HR/Volunteer Specialist's and Agency Trainer's reports will include any critical issues affecting our staff or volunteers which could impact the quality of service we provide. This may address such areas as staff or volunteer evaluations, new staff or volunteer orientation, or issues that have arisen regarding requirements such as physical exams, CPR certification, or fingerprinting.

## **H. Quarterly Agency-Wide PQI Committee Meeting**

In the month following the due dates for all quarterly PQI materials, an agency-wide PQI Committee meeting will be convened. An overview of the committee meeting will be included in the quarterly PQI report. The PQI Committee will be facilitated by the Agency Trainer and will consist of the Agency Trainer and at least one representative from each agency program, with a standing invitation to other members of the Leadership Team and the Board of Directors. Team members will report on and share the findings from any department PQI meetings held. Any PQI issues may be addressed at this meeting if any committee member has a concern or if the Agency Trainer notices patterns or issues which may benefit from group education, discussion and/or brainstorming. The team representatives serve as the conduit between the program and the agency-wide PQI meetings and are responsible for bringing information. The following items will remain permanently on the agenda:

1. Review of Critical Incidents

The committee will review all Critical Incidents Reports filed during the quarter. (By this point the reports have already been through an extensive review and

follow-up process by the relevant supervisors, the Assistant Director, and, as needed, the Agency Trainer and/or the Executive Director.) Reports involving confidential personnel issues (i.e. staff member discipline) will be summarized to the committee but not reviewed individually in order to protect staff privacy. No committee member will review reports submitted from their own program area. The types of incidents reviewed will include staff or consumer accidents, injuries, behavioral incidents, any case in which a person was determined to be a danger to him/herself or others, medication errors, facilities safety issues, runaways from residential programs, all CPS/APS reports made, or any other unusual occurrence that could impact the safety or security of staff, consumers or any Our Family facilities. Any questions, concerns or suggestions raised by a committee member regarding an incident that occurred or the manner in which it was handled will be discussed by the full committee. These discussions may result in several types of recommendations: for additional training, for changes to policies or procedures, for modifications to paperwork, or for the Risk Management committee to review a situation further.

## 2. Stakeholder Feedback and Input

a)Every agency program maintains a procedure for distributing Consumer Satisfaction Surveys to their service population. During the agency-wide PQI committee meeting, all Consumer Satisfaction Surveys received during the quarter will be reviewed. Committee members may review surveys from their own program or service area. Any noteworthy or unusual comments or other responses will be shared with the group for possible discussion and/or recommendations. The quarterly PQI report will contain a synopsis of all written comments from the surveys, and an annual report will be written after the end of the fiscal year containing aggregate data from all surveys received that year.

b)The committee will share and discuss other methods used by individual programs or the agency as a whole to obtain consumer input and feedback. Possible discussion items include holding consumer forums or focus groups, instituting youth advisory boards, or conducting program-specific follow-up surveys. The committee discussion will include an assessment of whether adequate and sufficient consumer input is being solicited and any recommendations for further feedback gathering.

c)The committee will share and discuss other methods used by individual programs or the agency as a whole to obtain feedback from other stakeholders, including, but not limited to, staff, volunteers, board members, funding sources, peer agencies, referral sources, and parents. Possible discussion items include inviting staff of other agencies or referral sources to program staffings, holding parent or community focus groups, and conducting staff or volunteer satisfaction surveys. The committee discussion will include an assessment of whether enough

stakeholder input is being solicited and any recommendations for other ways we may be able to get input and feedback from those we serve and work with in the community

3. PQI Accomplishments

Committee members will share with the group any ways in which their program or department has succeeded in improving the quality of services to consumers during the previous quarter. Examples of improvements may include changes in the type or number of services offered, a reduction in the waiting period for services, changes to staff and volunteer training curricula, form revisions, and policy or procedures revisions.

4. PQI Frustrations or Barriers

Committee members will share with the group any ways in which their department is facing frustrations or barriers to ensuring that a high quality of service is consistently being provided by Our Family staff, volunteers and interns. Any issues identified will be discussed by the group for recommendations or possible follow-up.

5. Emerging Needs

Committee members will share with the group any emerging needs their department is seeing in their identified client populations. If emerging needs are seen, the group will brainstorm and recommend ways the agency may help to address these needs.

**I. Summary of Corrective Action**

6. Corrective Action completed

The PQI quarterly report will contain a discussion of any action taken to address previously identified PQI needs.

7. Corrective Action still needed

The PQI quarterly report will contain a discussion of action still needing to be taken to address PQI needs identified in the present or previous quarters. The Agency Trainer will follow-up on these items, and their progress will be reported in the following quarter.

## **J. Overall Agency Involvement in PQI process**

1. The Agency Trainer meets with each department on an annual basis in order to discuss the PQI process.
2. PQI is included on departmental meeting agendas. In addition to being listed on the agenda, PQI as it relates to the department and to the agency, is discussed at each meeting.

## **K. Outcomes**

At the end of each fiscal year (June 30), every program supervisor will submit an end-of-year report containing numbers and demographics of consumers served during the fiscal year and a summary of the outcomes that were tracked during that year. The demographics measured (income, gender, age, ethnicity, race and language) will be compared at least once every 4 years to the demographics of Pima County to assess to what degree Our Family's consumer base is representative of the larger community. The outcomes portion of the report will include a description of target outcomes and results achieved.

During the quarter following the end of each fiscal year, a special "PQI Annual Outcomes meeting" will be convened, either on an agency-wide level, or in department teams, to review and discuss the proposed and actual outcomes achieved by each agency program during the previous fiscal year. Brainstorming and sharing will also occur on the methods used by programs to collect outcomes and the effectiveness of the MIS systems used to input, collate and report on the data. This meeting (or meetings) will be facilitated by the Business Administrator and attended by representatives of every agency program. Members of the Leadership Team and the Board of Directors are also invited to attend.

An Annual Outcomes Report will then be prepared by the Business Administrator detailing the outcomes achieved by each program and assessing our success and the effectiveness of our measurement tools. Recommendations will be made for future improvement, and individual or group follow-up meetings, as needed, will be scheduled. An annual summary of all the feedback received from Consumer Satisfaction Surveys in the prior fiscal year will also be submitted to the Leadership Team and Board of Directors at this time. Information from both of these reports will be included in the agency Annual Report, which will be, in turn, distributed to key stakeholders, including staff, funders, other agencies and community members.