

## **United Family Services, Inc.**

<b>Policy Name</b>	Performance and Quality Improvement Plan (PQI)
<b>Date of Adoption:</b>	March 16, 2009
<b>Effective Date:</b>	April 1, 2009
<b>Approved by:</b>	Jesse Kearney, Board President and the Governing Board
<b>Date(s) of Revision:</b>	January 27, 2017
<b>References:</b>	PQI 2.02 – PQI Operational Plan

This policy and procedure was developed to “outline” the Performance and Quality Improvement Plan (PQI) at United Family Services, Inc. (UFS). All UFS services and procedures are subject to the Performance and Quality Improvement process on an ongoing basis as described below.

This policy and procedure will be brief to all current and future employees and Board Members and filed in the Administrative Procedures Manual.

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### **Purpose & Scope**

The Executive Director requires quality at all sites and departments within the agency realizing that effective planning is not possible without an effective Performance and Quality Improvement Plan (PQI). In order to ensure we are providing quality service, the agency is implementing a PQI Plan. PQI is a global process and encompasses all sites and programs of the agency. PQI is integral to the agency achieving its goals and is interdependent with service delivery, quality monitoring, and program evaluation.

Quality begins with the Governing Board and continues throughout the entire agency. The desired outcome for our clients is for them to become productive citizens and lead a crime and drug free lifestyle after discharge from our programs. In order to accomplish our goals, the governing Board and Executive Director have committed to ongoing quality improvement and to providing appropriate staff and resources for collection and analysis of data toward the PQI process.

The agency process for implementing change is by implementing a PQI plan and process that will:

1. Evaluate the effectiveness and efficiency of the agency services.
2. Develop a process to determine if we are meeting expectations of desired outcomes.
3. Correct observed deficiencies.
4. Focus on improving the way in which service is provided to clients.

5. Allow for a continual, collaborative, proactive effort to examine and evaluate program and service delivery.
6. Ensure that the agency and programs achieve desired results.
7. Maintain a high standard of service.
8. Promote excellence and continual improvement at all sites and departments within the agency.

### **Roles Responsibility & Oversight**

PQI and all its duties shall be the responsibility of the Performance and Quality Improvement Committee (PQIC) and Coordinator. The PQIC is responsible for over site and coordination of the PQI process. The PQI Coordinator will solicit feedback from stakeholders for input into the PQI process. The PQI Coordinator will maintain a PQI compliance calendar to remind appropriate staff members of various timetables such as monthly case and utilization reviews, annual program evaluations, strategic/operational plan updates, annual client satisfaction reports, annual client grievance reports, staff development plan updates, etc.

Program Supervisors will meet monthly with staff to discuss Performance & Quality Improvements. The PQIC will perform various functions in regards to PQI from monitoring stakeholder's satisfaction and suggestions with the services to assessing PQI procedures including any barriers to supporting or implementation of the PQI process. The committee will meet quarterly or as often as needed. Committee Members will consist of supervisors, administrators and non-supervisory staff. Non-supervisory staff will rotate through the Committee on an annual basis. Other stakeholders and special advisors may be invited to attend.

Program Supervisors must maintain current copies of the policy and procedures that affect his/her department including complying with the Division of Youth Services Performance Indicators for their program and other contracting entities. Office Managers and Clinical Supervisors must maintain a master copy of all agency policies in the Administrative Procedures Manual. "Program Supervisors will complete Quarterly Goals/Objectives Checklists and submit to the PQI Coordinator by each quarter of the calendar year."

Case Managers and therapist are essential to the agency PQI process and must be knowledgeable of agency and department goals. Program Supervisors are responsible for using outlook calendars and other time management tools as individual reminders for meeting service performance timelines and indicators.

The agency **Board of Directors** will provide leadership for the PQI Process by:

- Supporting and guiding implementation of PQI activities at the agency.
- Reviewing, evaluating, and approving the PQI Plan annually.

- Ensuring that robust PQI management policies and procedures are in effect to minimize any risk to the mission, agency assets, programs, staff and clients.

Annually, the Executive, Director, and Board of Directors will evaluate the distribution of staff and financial resources based on agency needs and current financial resources.

### **Performance and Quality Improvement Committee**

PQI will be an on-going process at the agency. The PQI committee will meet quarterly or as often as needed to monitor PQI activities and ensure that the PQI plan and individual projects are implemented, monitored, evaluated, and maintained. Meetings with staff will include but is not limited to discussion of case record audits, external audits and any other changes, or difficulties related to performance and quality improvement. If problems are found, recommendations for correcting the problem will be discussed with the supervisor and staff of the department. The following areas will be obtained and reviewed at different intervals to advance monitoring, identify patterns, and ensure consistency:

- Review of Case Records Audits for the quarter and compliance data
- Annual review of client satisfaction survey comments and outcome data collection
- Ongoing-Internal and external evaluation of organizations programs
- DYS Monitoring Reports
- Review of Risk Management Committee Reports

### **SHORT-TERM PLANNING**

Every department must develop short-term plans. These plans help to ensure that every program of the agency progress in meeting goals and objectives that is driven by the agency strategic plan. Strategic and short-term plan goals and objectives include goals and measurable outcomes that address organizational capacity building and help to ensure the agency is meeting client's goals and objectives.

### **Internal Case Record Audit and Utilization Review**

A random sampling of open and recently closed files will be reviewed using the Case Record Review Procedures and Check List. This audit will evaluate the quality of assessments, case and treatment planning, service provision, service outcomes, implementation and appropriateness of service and discharge/aftercare planning. The review will be based on performance

indicators, best practices and a review/comparison of expected outcome data in relation to the objectives of the individual case/treatment plan. The results of the quarterly case record review will be documented and submitted to the Performance and Quality Improvement Coordinator, office manager, staff and supervisor. The report will contain results outlining areas that need to be addressed in each of the case record review charts.

Supervisors must check a minimum of seven (7) case records for each worker every two (2) months to evaluate the quality of assessments, case and treatment planning, contact/progress notes, service implementation, appropriateness of service, billing, discharge and aftercare planning. Case review will be based on the program checklist to ensure compliance with COA & DYS performance indicators.

1. Supervisors are responsible for monitoring and enforcing staff use of the Case Record Checklist on all cases.
2. Staff must complete Case Record Checklist at each phase of service.
3. All Case Record Checklist must be signed and dated at each interval by the worker and placed in the client case record for supervisor review.
4. Supervisor must check for workers Case Record Checklist during case record review and must sign and date checklist indicating they have reviewed checklist for compliance.
5. The supervisor will report Case Record Review finding & Case Record Checklist finding on quarterly review report.

A copy of this report will also be submitted to the PQIC and discussed at the PQI Committee Meetings. Findings from the review will assist with standardizing form completion; making any necessary changes in the forms that the Agency uses for client interaction and tracking; and, revising procedures as necessary.

### **Sampling**

When there is a need for sampling data, the COA Case Record Review Guidelines will be used. The chart selections for the audits will be taken from a random sampling selected by the Program Supervisor.

### **Monthly Billing Audits**

Monthly, the program supervisor will randomly select five to ten files for each staff for billing accuracy.

### **Things to be checked:**

Case file documentation will be checked against the UFS Intervention/Clinical Note:

1. The correct date.
2. Beginning and Ending time.
3. Total time in case record match time on billing sheet.
4. Check for correct service code.
5. Worker signed UFS Intervention/Clinical Note
6. Social Security Number Missing or Incorrect
7. Missing/Correct Date of Birth
8. If an error is found, the supervisor will notify worker and Billing Department of correction. The worker will complete a revised billing sheet and submit to supervisor.
9. The supervisor will submit report to billing department.

### **Program Review**

Program review is a critical component of the organization-wide evaluation and will be conducted yearly or as often as needed to determine if we are providing quality services and meeting objectives and agency goals. The agency will use short and long term goals. All office managers and supervisors must submit a written annual review of their program at the end of each contract year that includes:

1. Did the program attain their goal?
2. How effective is the service?
3. Is the service appropriate for the population we serve?
4. Are we adequately meeting the needs of the client?
5. Has the program been implemented as planned?
6. Are we adequately meeting the needs of the community?
7. Do the program descriptions or desired outcomes need to be updated?
8. Are there any revisions needed to the program goals/objectives to achieve desired outcomes?

All annual program review reports will be summarized and submitted to all stakeholders and the Board annually. Program expectations will be based on DYS Performance Indicators and UFS Program checklists and/or UFS service experience.

### **Stakeholders Involvement**

The agency has both internal and external stakeholders. Stakeholders are an integral part of the agency PQI process. The agency's major stakeholders are agency staff, clients and contractors. They are the people who will influence the design of the plan and, ultimately, the people who will reap the benefits of the agency completed project. As policies and procedures are re-evaluated and implemented, stakeholders and staff will be essential to making them applicable

and appropriate to the agency service and program. Stakeholders will be involved in the PQI process in various ways. Clients will receive exit opinion surveys, interviews and questionnaires. Regular interaction will be made with staff and stakeholders for assistance in identifying strengths and agency programs that should remain the same or be revised. Our staff has an important role in quality improvement projects and studies. Staff will be an important source of information for the Performance and Quality Improvement Committee. Program Supervisors along with staff will be responsible for implementing any changes or corrective actions that may result from a quality improvement project and study. Staff is instrumental in providing the actual services that fulfill the Agency's mission. Staff will provide ongoing and constant feedback about service delivery and ways to improve efficiency by submitting suggestions to Administration. The staff will be involved with ongoing and new quality improvement studies and projects. The agency will use annual staff satisfaction survey. In addition, at least two or more staff members have a standing seat on the Performance and Quality Improvement Committee. The Quarterly Employee Recognition Program will be used to recognize staff contributions to performance and quality improvement. Employees will be rewarded by placing the selected employee's photo in the lobby of each office for one quarter, a reserved front parking space for one quarter, a certificate of acknowledgment and a \$50.00 gift card.

Annually, the PQI Committee will send stakeholders anonymous written satisfaction surveys to determine their needs and overall satisfaction with services provided. Based on feedback received, the agency will make revisions to improve service to meet the needs of our clients and provide the best possible service. The agency will also get input by reviewing client discharge summaries, funding audits, and DYS monitoring reports. Stakeholders, clients and contractors will receive an annual report informing them of outcomes.

### **PQI Reports**

The Performance and Quality Improvement Committee will maintain minutes and publish quarterly and year-end reports that will be given to staff and stakeholders outlining PQI improvement efforts and findings. PQI reports will be used by supervisors, administration, and advisory board members to regularly communicate with staff and stakeholders about benchmarks, targets, expectations, and achievements. Aggregated data reports will be used to identify patterns, performance and serve as the basis for determining positive outcome that can be expanded to other areas within the agency. New employees will be given a PQI packet and reports when they enter the agency that explains the agency's PQI process and structure. Staff and stakeholders will be given information packets that explains the PQI process within the agency and how the agency measures and review data to improve service to clients.

Senior Managers (office managers, clinical coordinators, and program supervisors) will promote the PQI plan by using Short –Term Annual Plans/Goals that support long-term strategic quality plans for their department. At the end of each contract year, office managers along with program supervisors will submit short-term plans that support long-term strategic quality goals for their department. Staff from each program will assist in reviewing and establishing the following goals and objectives.

At the end of each contract year, the Executive Director and Governing Board will review and monitor the quality and quantity of services provided by sub-contractors. This evaluation will determine if continued relationship is beneficial to UFS. Any agency that enters into a sub-contract with our agency will have a written service agreement that: Clearly defines roles and responsibilities of participating organizations; List services to be provided; Clearly defined performance goals and measurable outcomes; List Service authorization, including eligibility criteria; Provide training and technical support when needed; Indicate duration of contract including delineation of follow-up services; List policies and procedures for sharing information; Indicate methods for resolving disputes; State plan and procedures for timely payment and consequences for failure to pay; Indicate documentation necessary for and means of reporting to funding or oversight bodies; and conditions for termination of the contract.

### **Performance and Outcome Measurement**

The agency will use qualitative and quantitative data from all programs and site to measure outcome and output and identify patterns and trends. Staff will complete a Client Performance Outcome Measurement Form to record client levels in critical areas and measure the impact of our intervention throughout the period of service. Data collection and analysis is intended to provide contributing information for identifying the impact of various intervention strategies on clients receiving service from the agency.

Measurable quality indicators will be used to address the questions of how well and how effectively services will be provided. These Indicators will assist the Performance and Quality Improvement Committee, as well as each of the programs with its ongoing review of functions and processes. Every six months, office managers, program supervisors, and staff will evaluate whether the programmatic goals and objectives were reached.

Office Managers and Program Supervisors of each department will submit written reports to the PQI Coordinator of the progress of meeting the goals of his/her office. The PQI Coordinator will forward these reports to the Executive and Assistant Director. The following data will be used to look at outcome and outputs:

1. Division of Youth Services Performance Indicators and Monitoring

Review

2. Staff monthly statistical reports
3. Client's exit interviews
4. Staff and Stakeholders surveys and opinion forms

Staff monthly statistical reports will be used to determine program quality and outcome by reviewing:

1. Number of clients provided service.
2. Number of clients tested positive for drugs while in program.
3. Number of clients committed new delinquent offense while in program.
4. Number of clients successfully completed program.

**IMPROVEMENT STEPS and CYCLE** – A PQI Evaluation will be completed annually by the PQI Committee to determine if changes made were an improvement and to determine if the agency met its goals. We will evaluate the prior year's PQI improvement activities, and include recommendations for the next year.

The agency will ask some of the following questions in determining if desired improvements were made:

1. Did we attain our goal?
2. How do we know we attained our goal?
3. How do we know changes made were an improvement?
4. Can we improve what we are doing? - Improvement
5. Are we adequately meeting the needs of the client?
6. Are we adequately meeting the needs of the community?
7. If we did not reach our goal, what do we need to reach our goal?

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Governing Board \_\_\_\_\_ Date \_\_\_\_\_