

YOUTHCARE

**Performance and
Quality Improvement
Plan**

Approved January 2021

Section One – Introduction

YouthCare is a non-profit organization located in Seattle, WA that has been in existence since 1974. Originally founded as one of the first shelters for runaway and homeless youth on the West Coast, YouthCare now spans 15 sites across Seattle, serving more than 1,500 young people every year.

YouthCare provides a comprehensive set of services including engagement, workforce development (employment & education), early intervention, specialized services, shelter, and housing.

Each of these departments spans multiple locations and service types. Setting up a comprehensive Performance and Quality Improvement Plan for YouthCare is a challenge due to the diversity of services provided. However, in 2020 YouthCare made investments in leadership and infrastructure, committing to creating a culture of improvement. From Board Members to clients, every individual person has an opportunity to influence change.

YouthCare's Performance and Quality Improvement (PQI) efforts are in its initial phase, having launched as a pilot in Fall 2020. The Program will be dynamic, constantly evolving yet sufficient to support the vast amounts of data collected from a variety of our stakeholders (See Section Two). Leadership has created a foundation of support by allocating initial resources, both monetary and human, to ensure that the promotion of change through data is integrated into the culture. As with all endeavors at YouthCare, feedback is always requested. As you participate in YouthCare's PQI efforts, be sure to contact our PQI team with any comments or suggestions at PQI@YouthCare.org. We always want the opportunity to improve.

Section 2 – Stakeholder Involvement

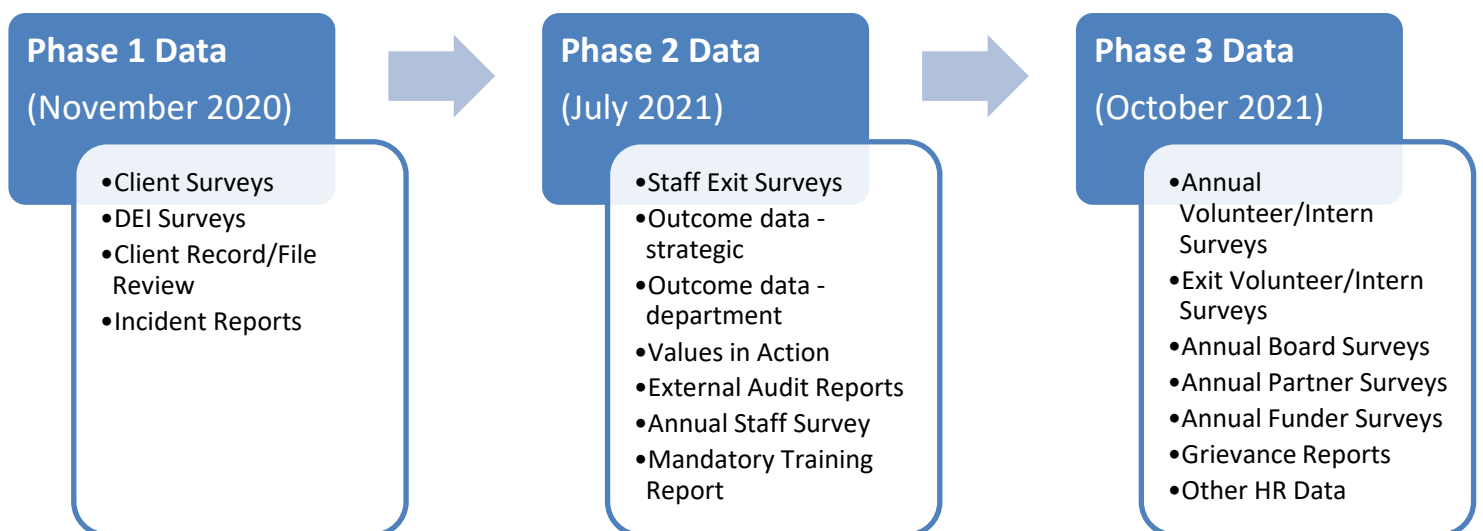
YouthCare relies upon stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart demonstrates how stakeholders will be able to provide feedback and data to the PQI process, once the PQI Plan is fully implemented.

Stakeholder: Clients	
<p><i>Describe the Stakeholder Group:</i></p> <p>YouthCare clients are the primary stakeholder group. They consist of participants of all YouthCare services in Engagement, Early Intervention, Employment & Education, and Housing.</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data from annual and ongoing surveys • Informal and formal input and feedback to program staff through conversations, community meetings, and suggestion boxes • Outcome data for both strategic and department indicators in our client management system • Grievance Reports • Participation in PQI committees (select clients who receive financial incentives for participation, to be formalized by Q1 2022)
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • Quarterly PQI Report that is posted on our website and on program sites • Client Survey results & improvement plan, posted at sites
Stakeholder: Direct Service Staff	
<p><i>Describe the Stakeholder Group:</i></p> <p>Direct service staff are a group of youth workers, case managers, coordinators, specialists, therapists, and teachers with no supervisory duties. They come from a variety of backgrounds and training and provide a range of services directly to clients.</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and program PQI planning sessions • Feedback during team meetings & All Staff/Town Hall Meetings • Quality of care provided documented in client records • Contribute examples of Values in Action via SurveyMonkey
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • All staff receive the PQI Quarterly Report and the Annual Report
Stakeholder: Admin Staff	
<p><i>Describe the Stakeholder Group:</i></p> <p>Admin Staff include all staff in non-leadership roles within the support departments of Finance, Operations, Development, and Human Resources</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and program PQI planning sessions (select staff members) • Feedback during team meetings & All Staff/Town Hall Meetings • Contribute examples of Values in Action via SurveyMonkey • Contribute data for Department Indicators
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • All staff receive the PQI Quarterly Report and the Annual Report
Stakeholder: Leadership	

<p><i>Describe the Stakeholder Group:</i></p> <p>Leadership staff include both program and admin staff who are Supervisors, Managers</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual staff, DEI & exit surveys • Participation in Quarterly Department PQI Meetings and program PQI planning sessions • Feedback during Leadership Meetings • Feedback on creation of new policies & procedures • Contribute examples of Values in Action via SurveyMonkey • Incident Reports
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • All staff receive the PQI Quarterly Report and the Annual Report • Specific information about financial and programmatic performance, monthly financial reports, audit results, program performance reports • Client input from community meetings, suggestion boxes, etc.
<p>Stakeholder: Senior Leadership Team</p>	
<p><i>Describe the Stakeholder Group:</i></p> <p>Senior Leadership Team includes all Associate Directors, Directors, Senior Directors, and Executive Team members</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual staff surveys, exit surveys, and DEI surveys • Participation in Quarterly Department PQI Meetings and program PQI planning sessions • Feedback during SLT Meetings • Feedback during creation of new policies & procedures • Contribute examples of Values in Action via SurveyMonkey • Lead development and accountability for Performance Improvement Plans
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • All staff receive the PQI Quarterly Report and the Annual Report along with a presentation at the SLT Meeting • Specific information about financial and programmatic performance, monthly financial reports, program performance reports • External audit and Licensing review results • Results of Improvement Plans, as appropriate (Execs)
<p>Stakeholder: Board of Directors</p>	
<p><i>Describe the Stakeholder Group:</i></p> <p>The Board of Directors are a distinct group of community leaders which includes multiple disciplines that serve as a resource for the organization.</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual Board survey • Feedback during monthly Board Meetings
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • The BOD receives the PQI Quarterly Report and the Annual Report as well as a presentation at the Board Meeting • Reports from various Departments including audits and licensing review reports
<p>Stakeholder: Volunteers/Interns</p>	
<p><i>Describe the Stakeholder Group:</i></p> <p>Volunteers and Interns provide support with program and administrative needs, from direct service to helping with events.</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during annual Volunteer/Intern survey
	<p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • Quarterly PQI Report and general information that is posted on our website
<p>Stakeholder: Community</p>	

<p><i>Describe the Stakeholder Group:</i></p> <p>Community members include private donors, other organizations that refer to the organization and the general public</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Feedback through our website that provides an opportunity to contact us and provide suggestions • Data from media outlets and needs assessments that are conducted by other organizations • Satisfaction & experience data during bi-annual donor Stakeholder survey <p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • Quarterly PQI Report and general information that is posted on our website
Stakeholder: Partners	
<p><i>Describe the Stakeholder Group:</i></p> <p>Organizations or Businesses who have a formal partnership with YouthCare for service provision.</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during Annual Stakeholder Survey • Client outcome data they collect, as appropriate • Feedback during regular partnership meetings • Participation in PQI Committees (as appropriate) <p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • Quarterly PQI Report and general information that is posted on our website • Client outcome data, as appropriate
Stakeholder: Funders	
<p><i>Describe the Stakeholder Group:</i></p> <p>Funders refers to both Public and Private sources of support for YouthCare</p>	<p><i>What data do they provide?</i></p> <ul style="list-style-type: none"> • Satisfaction & experience data during bi-annual donor Stakeholder survey • Audit Reports • Feedback through informal and formal meetings <p><i>What information do they receive?</i></p> <ul style="list-style-type: none"> • Funders receive the Annual Report • If there is an issue identified in an audit, Improvement Plans are implemented and the funder receives a copy along with the results, once completed.

As YouthCare works to launch its PQI Plan in 2020-2021, the data collected from stakeholders will be implemented into the PQI process through a phased approach, outlined below. Additionally, please refer to Appendix A for a yearly calendar of PQI Activities.



Section Three - PQI Infrastructure

In 2020, YouthCare created 2 new staffing positions to support the development and execution of Performance and Quality Improvement (PQI) initiatives: Senior Director of Program Quality & Impact and Director of Performance & Quality Improvement. In 2021 the roles were restructured, replacing the Director of Performance & Quality Improvement, with the Director of Training and Program Quality and the Performance & Quality Improvement Manager. This PQI Plan will continue to grow and develop. The goal is to create a robust system that includes all stakeholders and is both sustainable and dynamic.

The PQI Infrastructure includes 3 key layers of participations:

1. PQI Team
2. Senior Leadership Team
3. PQI Department Committees

The PQI Team is led by the Performance & Quality Improvement Manager who is the central organizing figure and for whom 100% of their time is dedicated to PQI activities. The PQI Manager works with the Director of Training & Program Quality and the Senior Director of Program Quality and Impact as well as Senior Leadership at the organization, leads the committee work, and guides all the PQI activities within the organization. Below are some examples of their responsibilities:

- Organize data for and facilitate the quarterly PQI meetings, create follow-up on discussions and improvement plans, maintain participation with appropriate staff and include client involvement.
- Work with select members of the board of directors to encourage involvement at the governing body level.
- Analyze data received from all programs and surveys.
- Produce and distribute the PQI Quarterly Report.
- Develop and maintain, with stakeholder input, the PQI Plan.
- Serve as the point of contact for the Council on Accreditation during active accreditation cycles and in between.

The SLT Team is currently comprised of the following types of positions within the organization:

- CEO
- Executive Team
- Senior Directors
- Directors
- Associate Directors

The SLT Team meets on a monthly basis. The PQI activities of this team include the following:

- Monthly, Directors and Associate Directors provide updates on their PQI Improvement Plans
- Review Improvement Plans and progress towards the completion of Improvement Plans

PQI Department Committees are each made up of 5-10 staff from that department, including Department Directors, Associate Directors, managers, and non-leadership staff. The PQI Manager and a youth representative (*TBD*) will also sit in each committee. It is important that there are stakeholders from all levels of the organization as each position brings different context when viewing information. Departments are

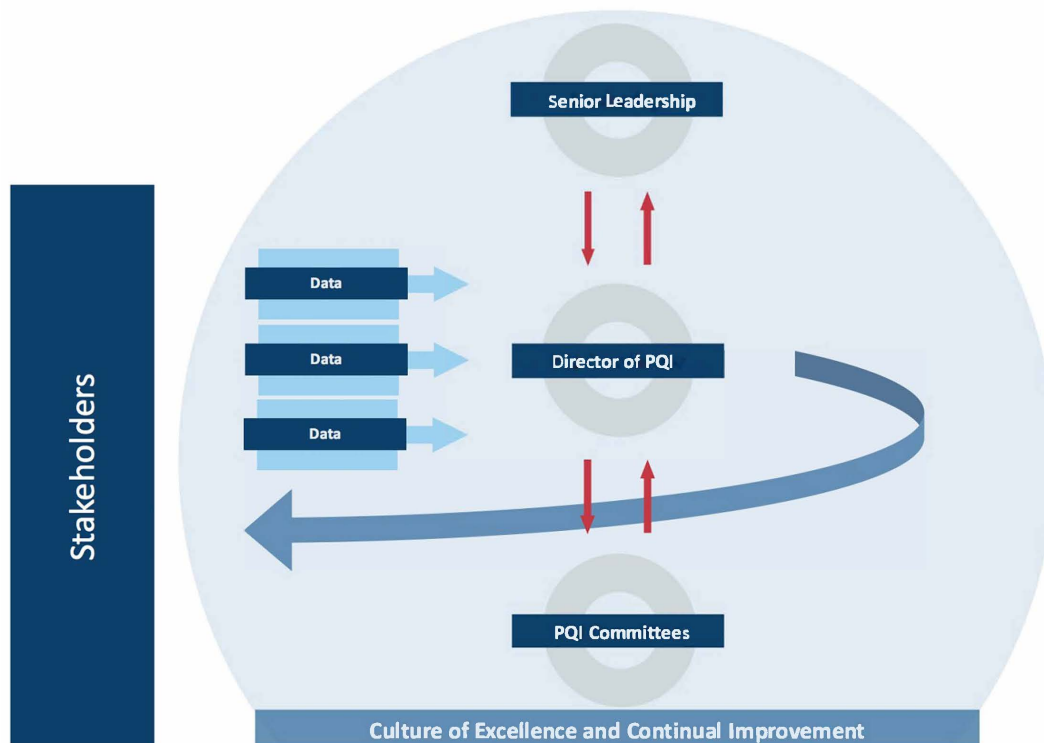
categorized as follows:

- Human Resources
- Development
- Finance
- Operations
- Engagement – UDYC
- Engagement – Orion
- Engagement – South Seattle
- Workforce Development – Tier I
- Workforce Development – Tier II & Tier V
- Early Intervention
- Specialized Services
- Young Adult Transitional Housing Services
- Community-Based Housing Services
- Adolescent Housing Services

The primary activities of these PQI Committees include the following:

- Review data analysis summaries from the PQI Manager to identify trends, strengths, and areas of concern.
- Review Improvement Plans and progress towards the completion of Improvement Plans.
- Create new Improvement Plans to address areas of concern.

Below is chart that demonstrates the flow of information within the infrastructure of the PQI Program:

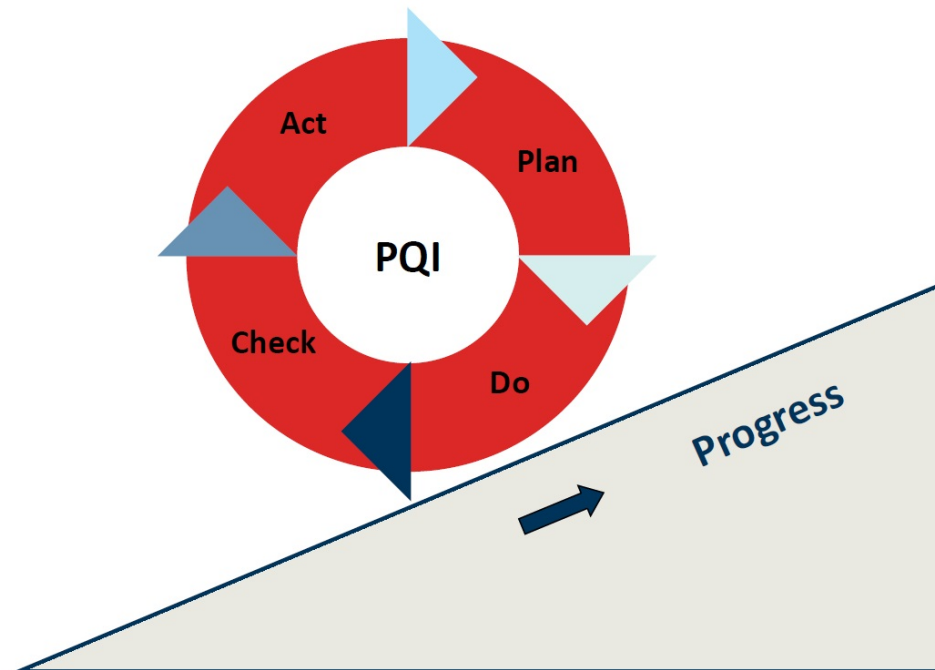


Data is received from the stakeholders. The data flows from the stakeholders to the PQI Manager. At this stage, the PQI Manager reviews and summarizes the data so it can be presented to the Senior Leadership Team. The Senior Leadership Team (SLT) reviews the summaries and identifies agency-wide trends, strengths, and challenges. The data is then presented to departments and PQI Committees who review data that specifically relates to their department/program or the agency-wide trends found by the SLT. These PQI Committees will identify department/program trends, strengths, and challenges and develop and improvement plan. The improvement plan and data will be provided to the Executive Team for discussion and review. With the Exec Team's approval or decision, information will be reported back out to stakeholders in a format that makes sense and is appropriate for the intended audience.

Section Four - Change Model

When data indicates that a change is needed, YouthCare utilizes a Plan, Do, Check and Act (PDCA) model, as recommended and described by the Council on Accreditation, below:

This model is flexible enough to adapt to a multitude of situations and contexts. It provides staff involved with the PQI Program enough structure and guidance to help develop and visualize Improvement Plans. Much of the data that YouthCare receives is not indicative of change, but when it is, it is placed in an improvement plan and follows the PDCA model. The leadership team is made aware of the plan, progress and any challenges that are encountered. The Improvement Plans also have an area to document the results, even if they are not the desired/intended results or if the results are negative. Lessons learned is part of the completion of every improvement plan and is shared with the Leadership Team and the PQI Committee. Regardless of the results, completed Improvement Plans are considered as progress. Completed and in-process Improvement Plans are maintained in the Improvement Plans folder located on the Leadership shared drive. In the event an Improvement Plan contains confidential information, it is shared only with those who are appropriate to be exposed to the information.



PLAN

During this phase of the Plan, Do, Check, Act Cycle, preparations are made in order to effectively make the change. This may involve gathering additional data and information to support the need for the project. If collaboration is required for the potential change, the Plan phase may involve committee meetings and the development of proposals and work plans. If it is a smaller change, the planning may simply involve brainstorming about the possible implications to other aspects of the organization. Near the end of the planning phase, a work plan is developed to identify specific objectives, responsibilities, and indicators of success.

DO

During the Do phase, the work plan or proposal is acted upon. There should be a mechanism in place for follow up and regular reporting on the status.

CHECK

This phase allows for the work to be assessed. Those involved review the process and identify the positive aspects of the change and any negative aspects of the change. The group or individual responsible for the change compares the actual results to the expected results. Deviation from the expected result is noted. An assessment of how the change impacts the rest of the organization should also take place. Most importantly, it needs to be determined whether the change was successful or unsuccessful. Even if unsuccessful, the change still has some positive impact, even if that impact is simply a better understanding of the situation.

ACT


Once the organization has determined if the change was an improvement from the baseline, or prior status, then that change is accepted as part of current practice. The organization maintains the new practice or change. The organization will need to integrate this change into their current culture and environment. If the change was not a positive one, then the organization returns to the baseline way of operating. The organization, group or individual can start another Plan phase of the PDCA cycle to determine a different method to address the concern.


See next section for more detailed information on Improvement Plans.

Section Five – Improvement Plans

Improvement plans play an integral role in YouthCare’s Performance and Quality Improvement Plan. All programs and administration are always expected to have an active Improvement Plan. During each of the PQI Committee Meetings, the respective Program will develop a new Improvement Plan, if one is not in action. By continuously having Improvement Plans “in process,” all aspects of the organization are constantly working to operate more effectively. YouthCare has two distinct types of Improvement Plans: 1. Proactive Improvement Plans and 2. Corrective Action Improvement Plans. Proactive Improvement Plans are utilized when there has been an area of improvement for a specific program or department based on observation or data, although a specific incident requiring the change has not taken place. Corrective Action Improvement Plans are implemented when there has been an issue, audit result, or incident and action must take place to address the problem. Proactive Improvement Plans are preferred, however Improvement Plans, regardless of type, are opportunities for progress.

During PQI Committee meetings, the PQI Manager or Leader of the program will facilitate the process for creating Improvement Plans. The committee members will review data together, identify areas for improvement, and create 1-3 Improvement Plans. YouthCare will use the PDCA model and forms created by COA to document the plans and progress. For each Improvement Plan, the committee will complete the “Plan” and “Do” forms, shown below.

Improvement Plan <i>Performance and Quality Improvement</i>		Page #	
Improvement Plan Title:			
Improvement Plan Date:			
Plan	Briefly describe the opportunity for improvement and what information supports this need.		
	Describe the success indicators; how will you know that the proposed actions were effective?		
	What data supports the need for this change?		

Improvement Plan <i>Performance and Quality Improvement</i>		Page #																															
Improvement Plan Title:																																	
Improvement Plan Date:																																	
Do	<table border="1"> <thead> <tr> <th>Action Item</th> <th>Responsible Person</th> <th>Cost/Resources</th> <th>Target Date</th> <th>Actual Date</th> <th>Success Indicators/Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Action Item	Responsible Person	Cost/Resources	Target Date	Actual Date	Success Indicators/Comments																										
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Some guidelines in establishing Improvement Plans are listed below:

- The Improvement Plan must address an area of opportunity that is not simply part of the Program’s or Department’s normal expectations, unless the Program or Department is not currently meeting expectations. For example, the Barista Program cannot include the goal of “provide service to at least 80 clients during the year” as this is one of the programmatic goals already. This is a normal expectation for the program. However, an acceptable example of an improvement plan would be to “Improve the random file review scores by 2 percentage points for the following quarter.” This goal represents improvement that it is not currently outlined in program expectations. This goal can also be a Corrective Action Improvement Plan if the Program received a file review score that was less than The Example Organization’ established benchmarks.
- There must a clear and defined beginning and end. Improvement Plans should be accomplishable

within 1-6 months.

- The Improvement Plan must typically take more than one day to implement and complete. There are exceptions, however. It may be typical that Corrective Action Improvement Plans take less time to implement and close.
- The Improvement Plan must be measurable.
- Improvement Plans cannot be plans of maintenance.
- Improvement Plans of any type can be developed at any time. A copy must be provided to the PQI Manager at PQI@youthcare.org.

Improvement Plans should be a regular discussion topic at team meetings throughout the agency. Monthly, Senior Leadership will provide updates on Improvement Plan progress at SLT meetings. Once an Improvement Plan has been completed, the lead staff for that Improvement Plan should complete the “Check & Act” form, listed below. A copy must be provided to the PQI Manager at PQI@youthcare.org and it will be reviewed at the next quarterly PQI Meeting.

Improvement Plan <i>Performance and Quality Improvement</i>		Page #	
Improvement Plan Title:			
Improvement Plan Date:			
Check & Act	Describe the results and observations of the Improvement Plan.		
	What challenges were encountered during implementation of the Improvement Plan?		
	Describe how the completed Improvement Plan will be integrated into regular practice.		

Section Six – Areas of Measurement

For each Department at YouthCare, there are four types of indicators that are collected: outputs, outcomes, quality indicators and administrative review.

Typically, outputs look at the productivity of a program or department. It provides an indication of how much service is provided. Outcomes focus on whether the work that we conducted (outputs) actually created the change that was targeted.

Along with the indicators for program performance, YouthCare measures the quality of services. For example, the Quarterly File Review of current open and closed cases is conducted to ensure that the quality of the work meets expectations, necessary components are included and clients are receiving services that are delivered in an ethical and appropriate manner. Results of the file review are summarized and included in the PQI Quarterly Report.

A process review occurs for services as well as administrative practices. The Process Review includes the PQI Committee and the appropriate manager from each respective department. During the process review, the PQI Department Committees review data from the previous year and Improvement Plans. At minimum, at least one Improvement Plan must be completed to improve an aspect of the department/service.

The PQI Manager will work with Department PQI Committees and Leadership to define the indicators and different measures that each program/department collects. These will be finalized in Q3 2021. Please see the Appendix for examples from the Council on Accreditation of a fictional organization.

Appendix A – PQI Calendar

	January		February		March		April		May		June	
Week 1	Values in Action	Cx File Reviews	Values in Action	Q4 & Annual PQI Mtg	Values in Action		Values in Action	Cx File Reviews	Values in Action	Q1 PQI Mtg Department Improvement Planning Mtg	Values in Action	
Week 2	Dec IRs		Jan IR Tracking		Feb IR Tracking		Mar IR Tracking		Apr IR Tracking		May IR Tracking	
Week 3		Dec Cx Grievances Tracking	Jan Cx Grievances Tracking	Department Improvement Planning Mtg	Cx Survey	Feb Cx Grievances Tracking		Mar Cx Grievances Tracking	Apr Cx Grievances Tracking	Department Improvement Planning Mtg	Cx Survey	May Cx Grievances Tracking
Week 4	Admin Reports Due*		Board PQI Presentation			Admin Reports Due*		Board PQI Presentation				
	July		August		September		October		November		December	
Week 1	Values in Action	Cx File Reviews	Values in Action	Q2 PQI Mtg	Values in Action		Values in Action	Cx File Reviews	Values in Action	Q3 PQI Mtg	Values in Action	Cx Survey
Week 2	Jun IR Tracking		Jul IR Tracking		Aug IR Tracking		Sep IR Tracking		Oct IR Tracking		Nov IR Tracking	
Week 3		Jun Cx Grievances Tracking	Jul Cx Grievances	Department Improvement Planning Mtg	Cx Survey	Aug Cx Grievances Tracking		Sep Cx Grievances Tracking	Oct Cx Grievances Tracking	Department Improvement Planning Mtg		Nov Cx Grievances Tracking
Week 4	Admin Reports Due*		Board PQI Presentation			Admin Reports Due*		Board PQI Presentation				

Program/Project/Operation:

SAMPLE: The Program

Outputs

Items Measured

Number of new clients.
Number of educational sessions.
Number of new foster parents.
Number of hours of direct service.

Details

The outputs are measured on a monthly basis. Although other outputs are collected, these are consistently tracked and measured. These outputs are also requested by the funder.

A monthly report that each manager creates is provided to the leadership of the organization as well as the PQI Coordinator.

Outcomes

Items Measured

Quality of life.
Health, welfare and safety.
Achievement of treatment goals.

Details

Quarterly measurement of percentage of successful terminations compared to overall terminations from care. Successful termination is defined by children achieving permanency within 6 months of being placed in foster care.
Level of improvement from intake to termination based upon the Child and Adolescent Needs and Strengths (CANS).
Completed treatment plan goals per quarter.

The outcomes are aggregated quarterly and reported on in the PQI Quarterly Report.

Quality

Items Measured

Random file review.
Client satisfaction.
Semiannual audit by funder.

Details

Performance on the quarterly file review is measured. Client satisfaction survey data is measured using the self-administered Client Satisfaction Survey (developed by organization).
The funder conducts a semiannual audit of client files and financial records.

File review results are documented on the PQI Quarterly Report. Client Satisfaction numbers are reported on the PQI Quarterly Report, along with select narrative feedback.

Admin.

Items Measured

Intake and assessment.
Treatment planning.
Case closing.
Internal reviews and improvement plans.

Details

Every year, the PQI Coordinator, along with the Program Director and lead staff review the processes of the program to ensure that they are effective and place client needs first. Improvement plans from the year are also reviewed. New improvement plans are developed to improve current processes.

Meeting minutes and improvement plans provide documentation of this assessment occurring.

Program/Project/Operation: **SAMPLE: Organization's Administration**

Outputs



Items Measured

Average number of days of cash on hand.
Average staff turnover.
Achievement of program goals.
Actual compared to budget.

Details

The average number of days of cash on hand is measured monthly, as well as the actual spending/revenue versus the budget. Average staff turnover and retention are measured on an annual basis.
Monthly, the organization reviews the achievement and progress of program goals.

Monthly reports as well as PQI Quarterly Reports are methods capture the administrative functioning of the organization.

Outcomes



Items Measured

Sustainability of the organization in the community.

Details

While specific outcomes for the organization are not present, as most of the goals for the organization related to the achievement of specific benchmarks; the overall outcome is for the organization to sustain in the community as a strong source of support for NYC.

Outputs are summarized and reported on the PQI Quarterly Report. Leadership receives specific monthly reports on outputs produced.

Quality



Items Measured

Not applicable.

Details

This area is focused on direct service programs and not applicable to the administration of the organization.

Not applicable.

Admin.



Items Measured

Internal Control Manual.
Personnel Policy Manual.
Internal processes.

Details

Every year, the PQI Coordinator and the Leadership Team review key policy and procedural manuals. Internal processes are also reviewed for possible efficiencies. Improvement plans reviewed and created as needed.

Meeting minutes and improvement plans provide documentation of this assessment occurring.

Performance and Quality Improvement Standards Overview

Purpose: An organization-wide performance and quality improvement system uses data to promote efficient, effective service delivery and achievement of the organization's mission and strategic goals.

PQI 1: Infrastructure

The organization's PQI system has the capacity to:

- a. Evaluate services at all regions and sites;
- b. Identify organization-wide and program-specific issues; and
- c. Implement solutions that improve overall effectiveness.

PQI 1.01: A written PQI plan and procedures cover each program or service area and, if necessary, outline any variances between regions or sites, and:

- a. Articulate the organization's approach to quality improvement and methods used;
- b. Describe the PQI system's structure, functions, and activities;
- c. Define staff roles and assign responsibility for implementing and coordinating the PQI program (PQI 2);
- d. Identify what is being measured and why (PQI 3, PQI 4, Service Standards); and
- e. Include procedures for reporting findings and monitoring results (PQI 5).

PQI 1.02: The PQI plan:

- a. Defines the organization's stakeholders; and
- b. Specifies how important internal and external stakeholder groups will be involved in the PQI process.

PQI 1.03: The PQI plan describes how:

- a. Staff and their supervisors have timely access to the information they need to clarify expectations and implement practice improvement; and
- b. Staffs at all levels receive relevant information on PQI findings.

PQI 1.04: Organization leaders, senior managers, program directors, and supervisors:

- a. Keep PQI on the agenda of board, management, and staff meetings;
- b. Regularly evaluate the need for and uses of data; and
- c. Evaluate the PQI system, infrastructure, processes, and procedures.

PQI 2: Roles and Responsibilities

The organization has sufficient qualified staff, representing different departments and levels of the organization, to conduct and sustain its PQI system.

PQI 2.01: Staff responsible for implementing and coordinating the organization's PQI system are competent to:

- a. Identify indicators of quality practice;
- b. Implement internal and external evaluation methods, such as benchmarking, as appropriate to the programs being evaluated;
- c. Ensure proper data entry and data integrity;
- d. Collect, analyze, and interpret data; and
- e. Communicate evidence and findings to staff in a manner that facilitates their active engagement.

PQ 2.02: Staff receives support, as appropriate to their responsibilities, on:

- a. Inputting data into the data management system;
- b. Using data collection tools and forms;
- c. Reading and interpreting reports; and

- d. Using data to improve performance.

PQI 3: Performance and Outcomes Measures

The organization identifies measures and outcomes related to:

- a. The impact of services on clients;
- b. Quality of service delivery; and
- c. Management and operations performance.

PQI 3.01: The organization identifies key outputs and outcomes, and related:

- a. Measurement indicators;
- b. Performance targets; and
- c. Data sources including data collection tools or instruments for each identified output and outcome.

PQI 3.02: The organization surveys clients annually to assess program quality.

PQI 3.03: The organization identifies measures for management and operational performance to:

- a. Measure progress toward achieving its mission and strategic and annual goals;
- b. Evaluate operational functions that influence the capacity to deliver services and meet the needs of persons served; and
- c. Identify and mitigate risk.

PQI 3.04: Findings and recommendations from external review processes are integrated into the organization's PQI system.

PQI 4: Case Record Review

The organization conducts case record reviews at least quarterly for each of its services to:

- a. Minimize the risks associated with poorly maintained case records;
- b. Document the quality of the services being delivered; and
- c. Identify barriers and opportunities for improving services.

PC 4.01: The quarterly case record review process:

- a. Includes a random sample of both open and recently closed cases;
- b. Uses uniform data collection tools to ensure consistency and permit comparison of data across similar programs and services; and
- c. Maintains objectivity by ensuring that reviewers do not review cases in which they have been directly involved as a service provider or supervisor.

PQI 4.02: Quarterly reviews of case records evaluate the presence, clarity, quality, continuity, and completeness of required documents.

PQI 4.03: The organization identifies indicators and measures the quality of services for each of its programs or services in its quarterly case record review process.

PQI 5: Analyzing and Reporting Information

The organization systematically collects, aggregates, analyzes, and maintains data.

PQI 5.01: Procedures for collecting, reviewing, and aggregating data include:

- a. Cleaning data to ensure data integrity including accuracy, completeness, timeliness, uniqueness, and outliers;
- b. Quarterly aggregation of data; and
- c. Developing reports for analysis and interpretation.

PQI 5.02: The organization analyses PQI data to:

- a. Track and monitor identified measures;
- b. Identify patterns and trends; and
- c. Compare performance over time.

PQI 5.03: Reports of PQI findings are:

- a. Shared and discussed with board members, staff, and stakeholders; and
- b. Distributed in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action.

PQI 5.04: The organization:

- a. Reviews PQI findings and stakeholder feedback and takes action, when indicated; and
- b. Monitors the effectiveness of actions taken and modifies implemented improvements, as needed.

