

Performance Quality Improvement Plan



The mission of Families First of Palm Beach County is to advance the well-being of children and families through high-quality programs in prevention, early intervention, child development, behavioral health, education, and advocacy.

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Introduction

Families First Palm Beach County (Families First) is a social service agency, which has been providing services to families in Palm Beach County, Florida, since 1990. The mission of Families Families First is to advance the well-being of children and families through high-quality programs in prevention, early intervention, child development, behavioral health, education, and advocacy. We continuously strive to fulfill our mission and provide the highest quality of care to our clients, their families, and our community. We accomplish this, in part, through the implementation of a Performance Quality Improvement (PQI) plan.

The goals of the organization are to ensure that:

- ✓ Program services achieve the intended child and family outcomes
- ✓ Program services improve and maintain best-practice standards
- ✓ Agency improves and maintains high standards of organizational functioning
- ✓ Agency improves and maintains as a self-sustaining organization

Our Vision

A leader in providing outstanding programs and services for families so children grow up in safe and loving homes that lead to stronger families and stronger communities.

Our Performance Quality Improvement Philosophy

Families First is committed to providing the necessary resources to ensure ongoing quality in the agency and with its partners by engaging in a performance quality improvement (PQI) philosophy that:

- ❖ Addresses organizational performance and advances effective management practices by promoting service excellence and continuous improvement toward the achievement of identified outcomes
- ❖ Supports long-term priorities and goals as detailed in our strategic plan
- ❖ Utilizes best practices in performing outcome measurement and evaluation
- ❖ Facilitates leadership investment and support
- ❖ Focuses on the client, their needs, quality of service, and protecting their privacy
- ❖ Collects, analyzes, and utilizes data that is collected
- ❖ Maintains a structure that is broad-based, system-wide, inclusive of community, partners, and stakeholders
- ❖ Improves efficiencies by the continuous improvement that allows for high-quality service delivery
- ❖ Provides trauma-informed services

There is openness in the agency, and transparency is apparent in interactions on the board, between board members and management, between management and staff. The board of directors and staff established a strategic plan that includes improving organizational competence, structure, and performance while maintaining accountability. We have constructed a PQI committee comprised of staff that is talented and highly qualified in the work they conduct. Quarterly data is gathered and studied for trends and patterns, allowing the committee to review success and the need for change. Our board of directors is fully engaged and committed to ensuring we utilize best practices that optimize success for our clients. Additionally, as we review and utilize data, we can see opportunities for our organization to make essential shifts in how we practice and changes in operations that are no longer beneficial. Through utilizing lessons from our past, we can inform our plans for the future.

PQI Infrastructure

Families First developed an infrastructure to support our PQI process, and we continually look for ways to improve it.

The Director of Quality Assurance (DQA) is responsible for the full implementation of the PQI plan and coordinates the PQI schedule, meetings, and deadlines. The DQA reports to the Deputy Director (DD) and works with the Board of Directors, CEO, and Executive Leadership Team (ELT) to maintain their involvement, garner feedback, and ensure timely and effective data collection. The DQA will analyze all data provided through programs, surveys, strategic plans, and agency administration. The DQA is responsible for quarterly and annual PQI reports and providing leadership for the annual maintenance of accreditations and reaccreditations.

The PQI Committee is comprised of:

- ❖ CEO
- ❖ Deputy Director
- ❖ Director of Quality Assurance
- ❖ Program Directors
- ❖ Director of Finance and Administration
- ❖ Director of Development

The main activities conducted by the PQI committee include a review of quarterly collected data and analysis summaries to identify trends, strengths, and weaknesses. The committee reviews any survey data received from stakeholders and implements any needed work to address areas in need of improvement. They review progress towards completion of work plans and discuss any new trends or conclusions that may yield areas necessitating further study.

The PQI Committee meets on a quarterly basis to gather data to report and analyze trends to express possible conclusions.

Committees, Teams & Meetings

The ELT regularly conducts meetings where organization-wide issues related to PQI are addressed. The following committees play an integral role in the implementation of our PQI plan.

- **All Staff:** Each member of the Families First staff is a critical member of the PQI process. “All staff” meetings are held at least four times per year. These meetings are facilitated by the DD and include all employees. Relevant staff training and administrative updates are provided during the meeting. PQI information is shared/discussed as a part of the ongoing agenda. The employees also have the opportunity to share information and provide feedback to agency leaders through breakout groups and training evaluations.
- **Program Service Committee:** The Program Service Committee (PSC) is made up of board members and is staffed by the CEO, DD, and DQA. Through their oversight efforts, they are updated on program performance, workforce stability including staff retention and morale as well as reviewing client incidents requiring staff interventions. The DD reviews staff incidents and facilitates discussion regarding any risk management issues. A summary of these reports are shared with the PSC regularly and executive committee when warranted. The PSC serves as a Healthy Families Advisory Committee

once a quarter, during which time the Healthy Family Program Manager reviews program activities and program targets, including discussion of program challenges. The PSC may provide feedback regarding solutions to programmatic or administrative challenges. This committee also contributes to portions of the agency's strategic plan specific to program services. Historically, the PSC has provided the leadership team with useful recommendations regarding how best to improve the time required for programs heavily laden with documentation, review program performance to recommend potential opportunities for improvement, and assist executive leadership in identifying opportunities to enhance the overall quality of services. They review progress in the strategic plan and report to the Board. The PSC meets as often as required to perform its duties or a minimum of ten times per year.

- **Operations Team:** The Operations Team is comprised of the CEO, Deputy Director, Director of Finance and Administration, and Director of Quality Assurance. The Deputy Director developed this subcommittee of the Executive Leadership Team to address operational issues efficiently, subsequently updating and/or asking for specific feedback. Currently, the CEO, Deputy Director, Director of Finance, and/or the Director of Quality Assurance bring forth relevant agenda. This team meets at a minimum quarterly and reviews issues related to organizational operations and risk management. This team, or portions thereof, meet with greater frequency as needed to review safety concerns and risks as they arise.
- **Case Record Reviews:** Client records are randomly chosen each quarter for review by the teams. The number of records that are reviewed is based on a percentage of the total number of clients served with all open and closed records being review by the end of the year in accordance with COA standards. The case record review procedure requires that all case records are reviewed for documentation and content annually, October through September. It is recommended that twenty-five percent of all clients served (carry over, opened and closed) be reviewed each quarter. Currently, each program director/supervisor completes a case record review and/or utilizes a peer review process, with accompanying documentation. With the addition of the Director of Quality Assurance position, a second layer of the case record review process will be developed and implemented in March 2020. The case record procedure will be updated to reflect this new procedure.
- **Executive Leadership Team:** The team (ELT) is comprised of the CEO, Deputy Director, Director of Finance and Administration, Director of Quality Assurance, Director of Development, and Program Directors/Managers. The ELT is responsible for reviewing information that is important to the operation of the programs and agency, makes plans to disseminate information and implement necessary changes, and has primary responsibility for implementing the agency's PQI plan. Meetings take place monthly to review a wide range of data related to the performance of individual programs and the organization as a whole. One meeting of each quarter is identified as the PQI meeting. The Deputy Director and Director of Quality Assurance facilitate the meetings. For the quarterly PQI meetings, team members provide quarterly program data reports and summaries and identify potential opportunities for improvement. The CEO provides updates on board, strategic plan, and grant activity. The Deputy Director provides summary and review of agency staff training, workforce stability, and safety and security. The Director of Quality Assurance reports on agency stakeholder and community involvement and program monitoring/audits that have happened in the quarter. The Director of Development and Director of Finance and Administration provide updates on activities within their departments. Through quarterly program data reports, the team is able to review and discuss departmental progress on their work plans, required service numbers, and progress on outcomes.

- **Board Committees:** Board Committees are comprised of members of the Board of Directors, the CEO and/or the Deputy Director, Program Directors, and Managers. Each committee is led by a Board member who has volunteered to lead and has an interest in that particular aspect of the agency. PQI reports are presented at committee meetings as appropriate. Board members share feedback related to PQI that can be communicated to other teams and committees. Each Board committee also reports on relevant PQI activities to the full Board of Directors.
- **Board of Directors:** The CEO reports on at least a quarterly basis to the Board of Directors on the progress of the PQI. The CEO provides a thorough verbal agency update on relevant issues. During each meeting, the Program Committee is primarily responsible for reviewing and reporting on program outcomes; however, all Board committees are involved in activities related to PQI. Any feedback from the board related to PQI is documented and relayed by the CEO to the other teams and committees.

Stakeholders and Personnel Involved in PQI Activities

The following chart lists individuals who are involved in carrying out the agency's PQI plan. Their roles and training necessary to carry out PQI activities are also identified. All staff has opportunities to participate in internal PQI training opportunities, which can include all-staff meetings and individual program meetings.

<u>Title</u>	<u>PQI Roles</u>	<u>Training</u>
Board members	Members of the Board of Directors participate in meetings of the full Board as well as board committee meetings. They review PQI information provided by staff and offer feedback for possible improvements.	Members of the Board receive a general orientation as well as orientation specific to the committees in which they will participate. Staff presents the Families First PQI philosophy. Members are invited to participate in PQI opportunities.
CEO	The CEO co-facilitates all meetings of the Board of Directors and participates in Board committee meetings. The CEO works with the Deputy Director on all-staff meetings, ELT meetings, and Operations team meetings. The CEO is responsible for implementation and accomplishments for all program and administrative functions.	The CEO participates in training related to the PQI process and works with community partners to learn about other PQI processes.
Deputy Director	The Deputy Director facilitates the ELT, PQI, Program Committee, and all-staff meetings. The Deputy Director leads monthly ELT and participates in monthly Operations meetings and the quarterly PQI meetings. The Deputy Director also attends Board meetings and Board committee meetings.	Deputy Director facilitates and/or participates in training related to PQI through internal training PQI is also co-facilitated by the Director of Quality Assurance. When opportunities are presented, the Deputy Director participates in training regarding data collection and analysis. The Deputy Director oversees the implementation of performance improvement plans
Director of Quality Assurance	Director of Quality Assurance works closely with the Deputy Director in all aspects of organizational functioning. The Director of Quality Assurance also ensures the agency implements and maintains procedures and processes that result in ongoing quality assurance, evaluation, and quality	A PQI overview is provided to new employees upon hire provides information incrementally through email, agency newsletter (Inner Circle), or during all-staff meetings. Director of Quality Assurance participates in webinars and self-paced training offered

	improvement consistent with the Council of Accreditation's (COA) standards and local funder contracts.	by COA, local and national organizations, provides and presents educational opportunities for all levels of the organization in partnership with the Deputy Director.
Program Directors	Program Directors are responsible for participating in all-staff meetings, ELT meetings, case record reviews, and PQI Committee meetings. They also work with the Program Supervisors to ensure ongoing staff supervision and program team meetings.	Program Directors receive PQI training facilitated by the Deputy Director and Director of Quality Assurance and may also participate in webinars and self-paced training offered by COA, as suggested by the Director of Quality Assurance. They receive training relevant to their particular program areas. This includes training on electronic medical records, Microsoft Office, data collection, data analysis, and implementation of yearly work plans.
Program Supervisors	Program Supervisors are responsible for participating in all-staff meetings, individual program staff meetings, case record reviews, and PQI meetings if necessary. Program Supervisors also work with the Program Managers to lead program staff meetings.	Program Supervisors receive PQI training facilitated by the Deputy Director and Director of Quality Assurance and may also participate in webinars and self-paced training offered by COA, as suggested by the Director of Quality Assurance. They receive training relevant to their particular program areas. This includes training required by funders.
Staff members	Staff members participate in all-staff meetings as well as program team meetings. Select staff members participate in case record reviews.	PQI training opportunities are provided to staff facilitated by the Deputy Director and Director of Quality Assurance. All staff receives training relevant to their particular program areas and as required by funders.
Stakeholders	The agency seeks feedback and input from stakeholders periodically and utilizes this in the PQI process. When stakeholder feedback is received, it plays a crucial role in identifying opportunities for program and agency improvement.	The agency communicates PQI-related information through various means, including newsletters, annual reports, social media, and the agency's website. Solicitations for survey responses include information about how those responses will be used.

Flow of PQI Information

There is a continuous circulation of information throughout all levels of the organization. The Director of Quality Assurance has the primary responsibility to monitor the PQI plan. Program directors complete quarterly reports that outline the program activity for each quarter. The ELT reviews the reports and then forwards this information to the Program Committee, who then presents a summary report to the Board of Directors. PQI information is shared with all other stakeholders through the agency website, reports, and appropriate social media venues.

Stakeholders

Key stakeholders

Families First engages the following stakeholders in its PQI process:

- Referral sources
- Schools
- Clients
- Staff members
- Board members
- Donors
- Funders
- Community partners
- Governmental organizations
- Private foundations

Involving Stakeholders in PQI

Families First involves our stakeholders and clients in our PQI through surveys and conversations. Surveys are distributed at least annually to identified groups of stakeholders that may include employees, clients, operations board members, and foundation board members. Staff members participate in an annual employee survey. They participate in quarterly discussion/planning sessions during all-staff meetings. Client surveys are also distributed yearly. Input is gathered from clients through discussions regarding their needs, through regular review of how they are doing in reaching their goals and through participation at the program support groups. Suggestion boxes are available to staff at all times and in all office locations. These are reviewed by the CEO, Deputy Director, and Director of Quality Assurance and presented to the ELT.

Informal feedback is also considered an important part of our PQI process. This type of feedback may include board members and funders participating in client-focused events. Additionally, the different committees of the board of directors provide feedback on how they see and experience the staff throughout the organization.

Feedback provided by funders through program monitoring is also utilized for PQI purposes. Suggestions for improvements on how services are provided or ideas for new approaches to current services or different clients are garnered during the actual site visits as well as the exit interviews post-visit. The Director of Quality Assurance participates in funder exit interviews in order to gather this type of information. Any data collected is analyzed and then used in conjunction with other external surveys required by licensing and regulating agencies (e.g., COA), to improve our overall quality and delivery of services to our clients and community. Survey results are presented during PQI committee meetings and are used to develop improvement plans as necessary. Survey results, when appropriate, are shared with staff at every level of the organization.

Families First personnel receive regular feedback from stakeholders as they carry out their job duties. This feedback is used to identify opportunities to improve quality. Any informal feedback gathered is utilized and shared with staff members, various teams, and committees that are involved in the PQI process.

Measures and Outcomes

Long-term Strategic Goals and Objectives

Strategic Planning

The strategic plan is reviewed and updated every four years, but progress toward goals is reviewed at Executive and Program Service Committee meetings, quarterly by the ELT and quarterly by the Board of Directors and other committees as appropriate. The strategic plan is updated regularly to take into account current trends, needs, and opportunities. Identifying the strengths and challenges that will help or hamper positive organizational growth is an important part of the plan development.

This organizational management activity is used to set our priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, intended outcomes, and adjust our directions in response to a changing environment.

Families First Board of Directors engages in a regular strategic planning process in which it analyzes economic, demographic, and policy trends and develops strategies to sharpen and deepen our impact. The Board works with staff to evaluate program performance and continuously improve program quality and impact.

ELT creates and manages an annual work-plan, which lays out goals and priorities across the agency. This is reviewed and evaluated during the quarterly PQI meetings. Goals include administration, fiscal and program-related priorities. Progress on these goals is presented to the Program Service Committee and Executive Committee periodically throughout the year. A year-end summary is included in the annual PQI report.

Components in the development and review of strategic planning include the following:

- Keeping the mission and values of Families First at the forefront of all strategic planning
- Ensures that there are strategic activities addressing Families First maintaining a board and committee structure that represents our community and clients and supports a strong foundation board to continue the cultivation of our donor base
- Considers goals and activities that evaluate effectiveness, viability, and need of existing services
- Evaluates potential enhancement, expansion, innovation, and legacy opportunities of services through research, planning, and development of new and innovative services based on multiple factors and feedback
- Assessing current and potential enhancement of all funding sources
- Ensures that public awareness of Families First is a part of all communication
- Regular strategic planning analysis that is focused on organizational development and structural changes needed to support current and expansion services
- Exploring ways to improve overall competence and performance that will increase accountability

The most recent strategic plan was approved by the board of directors and implemented in February 2019 and will be completed in February 2023. The agency's current strategic goals and objectives are listed below:

Goal 1:

Maintain a board committee structure that is representative of the community and continues to follow best practices in Nonprofit and Board Governance.

Goal 1 Activity:

- A. Recruit community members with specific expertise to participate in various committees such as Human Resources, Program, Audit, Technology, and Development.

Goal 2:

Maintain foundation board activities to include a connection with individuals who can increase donors for the organization.

Goal 2 Activities:

- A. Increase Planned Giving Committee to a minimum of 15 members
- B. Conduct two planned giving center of influence events
- C. Quarterly attendance by foundation members and director of development at Planned Giving Council meetings

Goal 3:

Expand and enhance funding sources.

Goal 3 Activities:

- A. Increase corporate gifts for the annual luncheon by 3% each year and the poker, brewery, and any other fundraising events each year by 5%
- B. Expand funding partnerships with country clubs in gated communities to three presentations bi-annually for a total of six by the end of the strategic plan cycle
- C. Increase income received from grants awarded by family foundations annually by 5% through research and connections
- D. Based on direct mail campaign gifts and research, build a plan to connect to annual donors

Goal 4:

Enhance public awareness to increase giving and support to the organization.

Goal 4 Activities:

- A. Annually increase the average donation and donor base that comes through the web site and increase utilization of social media by 5% each year
- B. Expand social media utilization current trends and patterns in the communications' field
- C. Promote reputational areas of Families First such as COA accreditation and educate donors in order to increase their support of the organization
- D. Position board and agency leadership expertise to be available to and sought as resources for newspapers and community papers to increase awareness of the agency

Goal 5

Improve organizational competence, structure, performance, and increased accountability.

Goal 5 Activities:

- A. Receive Nonprofits First Reaccreditation in Excellence
- B. Submit the Self-Study to COA for Reaccreditation
- C. Achieve national reaccreditation from the Council on Accreditation for Children and Families
- D. Review and update currently approved succession plan to address key personnel, i.e., CEO, Deputy Director, Director of Finance, Program Directors, and Director of Development
- E. Conduct a feasibility study for the purchasing of a building for Families First
- F. Explore utilizing a phone application for emergency alerts to be used by direct service workers in the field
- G. Explore utilizing Microsoft's MileIQ app for reporting accurate mileage by workers in the field
- H. Purchase/replace computers for programs not funded by CSC at the five-year-old mark
- I. Migrate from Microsoft 365 E2 subscription to an E3 or E5 depending on cost-effectiveness
- J. Renew 3-year laptop tracking license subscription
- K. Continue to clean up the network drives and map for agency's maximum efficiency
- L. Purchase and configure a new on-premises server to take the place of the one now in service
- M. Configure RDS server on Azure for access by ELT in the event of emergencies
- N. Upgrade current computers (if cost-effective) to Windows 10

Goal 6

Develop a legacy-building vision for Families First services, consistent with the mission of the organization. Final recommendations to be reported to the ELT and Board of Directors.

Goal 6 Activities:

- A. Review and clarify the agency's vision, mission, and values. Evaluate program services currently offered to determine viability, appropriateness of population being served, and continued need
- B. Conduct a strategic planning analysis focused on program enhancement, expansion, and innovation
- C. Conduct a strategic planning analysis focused on organizational development and structural changes needed to support current and expansion services
- D. Continue to seek credentialing in Medicaid and/or private insurance plans for behavioral health services
- E. Define new diversified funding sources to support potential new legacy building vision and growth

Our PQI plan is aligned with our strategic plan. The PQI process also informs future revisions of this plan.

Legal, regulatory and other mandates regarding measurements of outputs and outcomes

Families First's intent is to demonstrate *best practices* in all areas of service delivery and organizational performance for the benefit of our clients and stakeholders. We comply, to the best of our ability, with all applicable regulatory and licensing entities to whom we are responsible. We uphold the standards and expectations of all entities that fund the agency through public and private contributions.

Outcomes and outputs related to these mandates are tracked and analyzed throughout the year. Results are presented during PQI meetings, and work plans are initiated as necessary to promote compliance and positive outcomes/outputs.

Management/Operational Performance

Families First measures outcomes and outputs related to the organization's capacity to manage and operate quality programs and services. The following outcomes and outputs are related to management and operational performance:

Workforce Stability

1. Employee retention (outputs)
 - a. New Hires
 - b. Positions vacant and filled
 - c. Time taken to fill positions

2. Incidents
 - a. Client incidents involving staff interventions, ex. mandated reporting
 - b. Client grievances
 - c. Staff incidents
 - d. Staff grievances
 - e. Critical client and staff incidents/grievances requiring investigation

3. Employee survey responses (outcomes)
 - a. Employees' satisfaction with benefits and compensation
 - b. Employees' satisfaction with workplace
 - c. Employees' satisfaction with management/leadership
 - d. Employees' satisfaction with co-workers
 - e. Employees' suggestions

4. Financial performance (outcomes and outputs)
 - a. Gross revenues by department and for the entire agency
 - b. Net revenues by department and for the entire agency
 - c. Actual expenses by department and for the entire agency
 - d. Comparison of budgeted revenues and actual revenues, by department and for the entire agency
 - e. Comparison of budgeted expenses and actual expenses, by department and for the entire agency
 - f. Total development revenue by source
 - g. Comparison of budgeted development revenue and actual development revenue
 - h. Ratio of expense to revenue for fundraising activities
 - i. Indirect expenses by department and for the entire agency
 - j. Utilization of endowment funds to cover operational expenses
 - k. Performance of invested endowment funds

Quality of Programs and Service Delivery

Families First measures outputs and outcomes that are indicative of the overall quality of its services and programs. The following outputs and outcomes related to quality and performance are measured in addition to any funder-mandated outcomes:

1. Risk management data
 - a. Number and type of client incidents, grievances, and interventions
 - b. Number of staff grievances
2. Client record review data
 - a. Thorough assessment based on client need and purpose of services
 - b. Content of case note relates to the client's service/treatment plan, consistent with the goal of services
 - c. Appropriate language is utilized to describe the following, not limited to
 - 1) Assessment information
 - 2) Diagnosis, when appropriate
 - 3) Identifies service/treatment plans
 - 4) Progress and challenges in meeting service/treatment goals
 - 5) Presence of a transition/discharge plan
 - d. Proper completion of essential documentation
 - e. Timeliness in completing essential documentation
3. Program output data
 - a. Number of clients served
 - b. Number of clients closed
 - c. Duration of services
 - d. Progress and challenges in meeting indicated outputs
4. Outcomes for clients
 - a. Progress and challenges in achieving outcomes for active clients
 - b. Progress in achieving outcomes for discharged clients
5. Client survey responses
Clients' perceptions of
 - a. Quality
 - a. Safety
 - b. Effectiveness
 - c. Progress in meeting goals
 - d. Suggestions
6. Results of facility and physical plant inspections
 - a. Ongoing facility and physical plant needs
 - b. Emerging facility and physical plant needs
 - c. Results of emergency drills

7. Findings from funder monitoring
 - a. Plans of correction resulting from monitoring reports
8. Findings from re-accreditation audits
 - a. Plans of correction resulting from audits
9. Results of annual financial audits

Client and Program Outcomes

Families First measures outcomes and outputs that help the organization evaluate the impact of its services. The following client and program outcomes/outputs are examples of what might be measured as appropriate for the program and its clients:

1. Reasons for case closings
2. Progress towards goals
3. Progress towards educational goals
4. Reduction in maternal depression activities
5. Increase parenting skills
6. Maintenance of stable housing
7. No disruption of Kin Support Project placements
8. No repeated maltreatment reports
9. Vocational activities
10. Number of clients securing employment

Other outcomes or outputs may be tracked and analyzed as needed. Families First collects data as required by funders. All client data collected and reported meets the HIPAA Privacy Rule to protect the integrity of private health information and client confidentiality.

PQI Operational Procedures

The PQI team is responsible for promoting and participating in the PQI process, including the operational procedure outlined below:

- Identify long term and short term strategic goals;
- Identify areas for improvement to help the organization meet those goals,
- Develop projected solutions for quality improvement;
- Set improvement targets;
- Develop outcome measures and indicators;
- Participate in the collection of data;
- Meet reporting requirements;
- Participate in objective data interpretation;
- Apply data to improve practices and outcomes

Data Collection and Aggregation

Data collected is reviewed for accuracy, completeness, and timeliness. The resulting information is presented to the PQI committee for review and discussion to determine trends that need to be addressed and recommended improvement. Data collected and reported include:

Management/operational performance

Data related to management/operational performance is collected from a variety of sources. That data is then aggregated into reports, which are utilized to further the PQI process. The following reports contain essential PQI data:

1. Quarterly Human Resources Reports from Paylocity
2. Annual Employee Survey Reports
3. Quarterly Finance Reports

Quality of programs and service delivery

Data related to the quality of programs and service delivery are aggregated into the following reports:

1. Quarterly Risk Management Incidents
2. Quarterly Client Record Review Reports
3. Quarterly Agency and Funder Program Outcomes Reports
4. Yearly Funder Monitoring reports and plans of correction
5. Yearly Client Survey Reports
6. Quarterly Facility Inspection Reports
7. COA Accreditation Reports and Related Plans of Correction (Every four years)
8. Nonprofits First Accreditation (Every four years); Desk Audits in years between accreditation)
9. Healthy Families Accreditation Reports (every four years)
10. Connecticut/Child First Accreditation Reports (every four years once accreditation is secured in 2020)
11. Annual Financial Audit Reports

Client and program outcomes

Data related to client and program outcomes are aggregated into the following reports:

1. Quarterly Program Outcome Reports
2. Program monitoring reports tracking benchmarks, which are submitted to funders
3. Program monitoring reports with aggregated client/program-related data completed by funders

Data Review and Analysis

The PQI Team reviews performance measure data and PQI indicators on a quarterly basis and makes suggestions for improvement. This allows for cross-program communication of quality improvement efforts. As internal benchmarks are identified, they are used to compare collected data and its performance.

Data related to PQI may be reviewed at any time and at any level of the organization. The review of PQI data is ongoing and may occur informally to provide information to staff members and/or initiate performance

improvement activities quickly when the need arises. These PQI activities are promptly documented and communicated to other members of the organization.

One quarterly ELT meeting each quarter serves as the primary venue for reviewing and analyzing PQI data. During these meetings, members of the PQI committee gather to review all relevant data. All areas of the agency are represented. The program directors of each program review his/her respective report and invite feedback and discussion from the group.

As the PQI committee reviews data from a program or service area, there is an honest discussion of its strengths and weaknesses. Ultimately, the committee works together to identify opportunities for improvement in each program and service area. Based on the feedback of the committee, the staff member responsible for that program or service areas can initiate a performance improvement plan.

Using Data for Implementing Improvement

Performance Improvement Plans

Recognizing that we are missing a formalized process to study issues and implement improvement plans, Families First is launching the Performance Improvement Plan process, which will be fully implemented in 2020. Staff will be able to utilize a logical approach to studying identified issues, initiating potential opportunities for solutions, and moving forward improvement possibilities.

When opportunities for performance and quality improvement are identified, staff members can initiate one or more Performance Improvement Plan (PIP). This three-step process includes worksheets that identify the plan, the do, and the check & act. These steps allow for the identification of what is being proposed for improvement, what the plan will do to address the identified issue, how it will be evaluated, and what was learned.

To begin the process, answer the following questions below for your PIP. Then as you plan to test changes, answer question three below and plan, conduct, and document your Plan, Do, Check, and Act (PDCA) cycles. Remember that a PIP may involve multiple PDCA cycles in order to achieve your objective. Use as many forms as you need to track your PDCA cycles.

Model for Improvement:

1. What are we trying to accomplish? What is the goal? Briefly describe the opportunity for improvement and what information supports this need.
2. How will we know that change is an improvement? Describe the measurable outcomes and success indicators to know whether or not the proposed actions were effective.
3. What changes can we make that will result in an improvement?
 - a. Define the processes currently in place
 - b. Identify opportunities for improvement that exist.
 - c. Look for root causes of problems that have occurred.
 - d. Decide what you will change in the process
 - e. Engage in a PDCA cycle.
4. Determine intervention(s) based on your analysis.

Plan-Do-Check & Act (PDCA) Cycles

After the PIP process has been completed, a PDCA cycle allows the team to “test” proposed changes. This is on a small scale to determine if the change(s) will accomplish the desired goal or improvement before fully implementing anything. One PIP may require multiple PDCA cycles.

The components of each step in a PDSA cycle are found in the three documents making up the process:

1. Plan
 - a. Briefly describe the opportunity for improvement and what information supports this need.
 - b. Describe the success indicators; how will you know that the proposed actions were effective?
 - c. What data supports the need for this change?

2. Do
 - a. Determine action items and for each one:
 - 1) Responsible person
 - 2) Costs/Resources
 - 3) Target Date
 - 4) Actual Date
 - 5) Success Indicators/Comments

3. Check and Act
 - a. Describe the results and observations of the Improvement Plan
 - b. What challenges were encountered during the implementation of the Improvement Plan?
 - c. Describe how the completed Improvement Plan will be integrated into regular practice.

Communicating Results

Planning and improvement can and often will include staff members at all levels of the agency. A PIP may be initiated during a meeting of the PQI Committee; however, it can include key staff members who are not members of that committee. These staff members can assist in developing and implementing the desired change.

Once a team has completed the PIP through the PDCA process, identified change is implemented and becomes part of a new or revised policy/procedure, as appropriate. The results of the PIP and any resulting new policy/procedures are communicated to employees, Board members, and external stakeholders as appropriate.

PQI information should always flow in a continuous loop between the stakeholders to include Board members, committees, and employees. Reports developed and communicated to internal and external stakeholders can include performance dashboards, reports of gains made against goals, and annual scorecards. Results will be communicated with other stakeholders through the agency’s annual report and other documents which will include comparisons of the agency’s performance to national benchmarks or targets.

Assessment and reporting of the effectiveness of the PQI Process

A Performance and Quality Improvement report will be developed annually by the Director of Quality Assurance with input from the PQI Committee. This report will summarize the outputs and outcomes that have been measured during the previous year and will incorporate feedback from clients, employees, and other stakeholders. The report will be presented to the CEO, who will then present it to the Board of Directors yearly. The annual PQI report will be shared with staff and community stakeholders. The components of the report will include the results of annual organizational risk assessments. Families First will utilize the agency website to provide current ongoing information. A dashboard will be created on the website to provide an easily accessible and visual reporting of the work, quality practices, identified areas of improvement as pertinent, and effectiveness of any interventions implemented.

The Board of Directors utilizes the PQI report to inform the strategic planning process of setting short-term and long-term goals. Annually, or as needed, the PQI Committee will revise the PQI Plan to incorporate feedback from the CEO and the Board of Directors.

Summary

Through a process of continuous Performance and Quality Improvement, Families First will maintain its standing as a premier social service agency in Palm Beach County. We intend to meet the needs of our clients and fulfill our mission while being excellent stewards of our resources. Our Performance Quality Improvement process will enable us to achieve these goals purposefully, efficiently, and effectively.

Plan, Do, Check & Act Worksheets

Step 1: Plan Worksheet

<h2 style="text-align: center;">Improvement Plan</h2> <p style="text-align: center;"><i>Performance and Quality Improvement</i></p>		Page #	
Improvement Plan Title:			
Improvement Plan Date:			
 <h1 style="font-size: 4em; color: black;">Plan</h1>	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?		

Step 2: Do Worksheet

<h1 style="margin: 0;">Improvement Plan</h1> <p style="margin: 0;"><i>Performance and Quality Improvement</i></p>						
Improvement Plan Title: _____ Improvement Plan Date: _____						Page #
						
	Action Item	Responsible Person	Cost/Resources	Target Date	Actual Date	Success Indicators/Comments
						

Step 3: Check & Act Worksheet

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.			