Catholic Charities Indianapolis

Performance Quality Improvement Plan

7/2011
10/11
2/13
11/15
5/16
10/16
6/18
11/19
9/20
9/21 reviewed.
9/22 reviewed.
9/23
10/24

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I. INTRODUCTION

A. CCI's Philosophy of PQI

The leadership of CCI is committed to fostering a culture of excellence and continual improvement. The PQI program is an agency wide effort and includes all personnel and stakeholders. PQI activities focus on all CCI programs and services. The goal of PQI is to advance effective services and to have a positive impact on persons served. PQI activities also help to advance effective management practices and support the agency's long-term strategic goals. Specifically, CCI looks to address organizational performance, quality of services, and client outcomes, using a change model approach commonly known as plan-do-study- act.

B. CCI PQI Structure

The following is a list of staff roles and assigned responsibility for implementing and coordinating the PQI Plan

CCI Agency Executive Director with consultation from the Agency Council Executive Committee accepts responsibility for:

- Endorsing quality Improvement processes that encompass the entire Catholic Charities Indianapolis Agency and the policies of the Archdiocese of Indianapolis
- Endorsing relevant results from monitoring and evaluation of activities with developing plans and goals for the agency
- Communicating results of monitoring and evaluation of activities to all stakeholders
- Endorsing action teams as appropriate to conduct quality improvement activity.

CCI PQI Coordinator is responsible for organizing and coordinating all PQI activities. These include:

- Providing training and/or orientation to staff on PQI concepts and reporting methods
- Coordinating all PQI operational activities and providing avenues for staff to adhere to PQI program objectives.
- Aggregating and establishing methods for communicating results of PQI Data
- Facilitating a quarterly meeting to communicate progress of PQI activities to the PQI Council and the Agency Council Service Commission
- Aggregating PQI findings and submitting a comprehensive report of all PQI activities and results to the CCI Agency Director and CCI Agency Executive Committee of the Council. This report will be made available to both staff and external stakeholders in the Annual Report distributed each year, in both written and electronic formats.

PQI Council (Comprised of CCI personnel, intern(s), and Agency Council member(s))

- Reviews results and identifies areas of needed improvement.
- Identifies strengths and areas of positive practice.
- Provides feedback and keeps stakeholders informed of PQI progress.

CCI Service Line/Program Directors will create annual Logic Model Plans that support successful operational service delivery. Targets are chosen with the long-term strategic objectives of CCI in mind.

Updates on PQI activities will be given by Service Line/Program Directors in regularly scheduled management meetings and the submission of quarterly operational and

performance reports. Directors will be responsible for choosing outcomes/outputs, understanding baselines, selecting targets, reviewing data, analyzing and interpreting the data, and determining ongoing needs for change to improve service delivery quality, and provide staff support to the following:

1. Inputting data into the data management system.
2. Using data collection tools and forms.
3. Reading and interpreting reports.
4. Using data to improve performance.

CCI Personnel will be expected to use Performance Quality Improvement information to provide improved services for clients. (See Chart A - PQI Organizational Chart, pg.15)

C. Stakeholders

CCI stakeholders are personnel, volunteers, interns, clients/participants, council members, funders, and community partners that have a vested interest in the services provided by CCI. Stakeholders are involved in the PQI process are asked for their satisfaction/opinion through various types of surveys.

An annual client satisfaction survey will be given to assess service quality. These surveys are aggregated, and the results are reviewed by management to consider operational planning. (See Chart B, CCI Stakeholder Groups, pg.16)

Personnel are involved in the development of outcomes and report on recommended improvements needed in their programs.

The CCI Agency Council provides consultation to the CCI Management Team on short- and long-term planning.

CCI receives evaluation and input from funders and community partners on an ongoing basis.

D. Overview of the Improvement Cycle

The results from data collected are submitted annually using the PQI Analysis Report via a web based electronic software system. The results are then aggregated by the PQI Coordinator and prepared for the PQI council to analyze. The council looks to identify patterns and trends, compare performance over time, and compare data against the results of internal benchmarks. A summary report at the end of the fiscal year indicates whether performance targets were met or not. The reports are made available to all stakeholders through both paper and electronic means. Stakeholders can ultimately identify strengths and areas of positive practice and provide feedback about areas of needed improvement. (See Chart C, CCI Overview of Improvement Cycle, pg.17)

II. MEASURES AND OUTCOMES

Catholic Charities Indianapolis will identify measures to build organizational capacity, improve services, and meet reporting requirements by evaluating:

- The impact of services on clients
- Quality of service delivery
- Management and operations performance

Personnel throughout the agency and stakeholders work together to identify key outputs and

outcomes related to:
- Quantitative and qualitative indicators
- Data sources, including measurement tools used for identified measures.
- Performance targets

A. Individual Outcomes/Outputs

Each service line program will have an opportunity to conduct important individual output/outcome studies to determine the effectiveness of program services and the impact on individuals. Program Directors will select from focus areas: **Change in Clinical Status, Change in Functional Status, Health Welfare and Safety, Permanency of Life Situation, Quality of Life, Achievement of Individual Service Goals.**

Next, they will target all applicable outputs/outcomes to study. (i.e., OUTPUTS – what your program delivers. FOR EXAMPLE: Number of mental health or behavioral services provided, or number of meals served and/or OUTCOMES – observable and measurable effects your program's activities have on clients. FOR EXAMPLE: struggling individuals progressing with treatment or therapy plan.)

B. Program Results/Service Delivery Quality

At least quarterly CCI examines its service delivery processes to plan, manage, and evaluate the quality of services including outreach, intake, assessment, service planning and delivery processes. The following are outcomes/impacts/results that can be studied related to all applicable global program efforts. These

- measure progress toward achieving its mission and strategic and annual goals
- evaluate operational functions that influence the capacity to deliver services and meet the needs of persons served; and
- identify and mitigate risk.

C. Case Record Review Process

These are conducted by program personnel who have the right to access private information. Reviews are completed to determine the presence or absence of key chart documents and the timeliness and clarity of each completed document. Case records are reviewed on a quarterly basis and will follow sampling guidelines consistent with COA performance and quality standards. (See Chart D, Recommended Case Records Sampling Guideline, pg.14) Documents in the case records include intake, assessments, service plans, service delivery, appropriate consents, progress or case notes, and summaries, evidence of case supervision, relevant signatures, outcomes, and aftercare plans. In addition, this provides an opportunity to evaluate:

- Appropriateness of intakes.
- Service planning delivery   .
- Need for continued service.
- Timeliness of services.
- Accessibility and availability of services.
- Efficiency of services.
- Continuity and length of service.
- Safety.
- Respectfulness of Services.
- Family involvement.

- Achievement of goals.
- Discharge decisions.

D. Review of Immediate and Ongoing Risks Related to Service Delivery

Review of Risk Management Data is conducted quarterly to assess a variety of risk management monitoring activities. Risk Prevention and Management reports are completed by Program and/or Service Line Directors and submitted electronically. The PQI Coordinator, CCI management, and PQI Council review these findings to identify patterns/trends in need of attention to ensure the safety and quality of all services. An aggregated annual report is prepared by the PQI Coordinator which includes risk management monitoring results. These monitoring activities include:

- Critical Incidents
- Accidents
- Grievances
- Abuse and Neglect reports
- Medication Issues
- Serious Illness
- Auto Accidents
- Facility Safety
- Behavior Management Practices
- Privacy/Security

E. Management/Operational Performance

Catholic Charities Indianapolis collects and reports results quarterly using a Management and Operational Performance Quarterly Report. The aim is to strengthen and build organizational capacity, measure progress toward achieving strategic goals and objectives, evaluate operational functions that influence the capacity to deliver services, and identify and mitigate risks. These measures include:

- Effectiveness of risk prevention measures
- Effectiveness at retaining a competent and qualified workforce through staff retention/turnover and satisfaction.
- Logic Model Progress
- Achievement of budgetary objectives

F. Compliance with External Regulatory Requirements and Other External Reviews

Catholic Charities Indianapolis reviews and addresses the findings and recommendations of external review processes, including as applicable:

- Licensing and other reviews related to federal, state, and local requirements.
- Government and other funder audits.
- Other review where appropriate.

III. PQI OPERATIONAL PROCEDURES AND THE IMPROVEMENT CYCLE ACTIVITIES

A. PQI Data Management Procedures

The **Case record review** process begins 7/1 each fiscal year and occurs quarterly and uses a random sample of both open and recently closed cases. A uniform data collection tool is used through the agency web based electronic system to ensure consistency and permit comparison of the data. Reviewers do not review cases in which they have been involved as

the service provider. A summary of all case record reviews is included in the annual PQI report. Goals of record review include:

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

Logic Model-Performance Quality Improvement Annual Plans – are created by Program Directors using the agency web-based data management system software. Program Directors are asked to select from focus areas listed in section II, A, Individual Outcomes/Outputs the PQI Coordinator then aggregates the data quarterly from Management and Operational Quarterly Performance Reports completed by the Program Directors using the same web-based data management system. Results are then reviewed by the PQI committee in quarterly meetings.

Risk Prevention and Management Reports – are created by Program Directors quarterly and using the agency data management software system. Risk items listed in section II, B, are aggregated by the PQI Coordinator and presented quarterly to the PQI committee for review. End of the year results are aggregated by the PQI Coordinator and included in the PQI Annual Report which is reviewed by the Agency Council and made available to stakeholders.

PQI Annual Report – is produced by the PQI Coordinator and aggregates end of the year results in the areas of performance and outcome measures, risk management, and management and operational performance. The report is reviewed by the agency council and made public to stakeholders.

B. Data Review and Analysis

- All data submitted is entered into the agency wide software system to ensure integrity and reliability. CCI analyzes data to 1. Track and monitor identified measures. 2. Identify patterns and trends. 3. Compare performance over time. Track The following are report formats with time frames for dissemination and review.
- **Performance Quality Improvement Agency Plan-** describes the improvement cycle and agency process. It is updated as needed by the PQI Coordinator.
- **Logic Model PQI Plan -** due 7/15 each year and created by Program Directors. These include all outcomes/output measures to be studied.
- **Risk Prevention and Management report-** Created by Program Directors quarterly to report immediate and ongoing risks.
- **Management and Operational Performance Quarterly Report** – Created by Program Directors to track progress on annual goals.
- **Annual PQI Analysis Report-** due at the end of the fiscal year, 6/30. Results reported by Program Directors using the agency data management system. The report summarizes PQI findings and corrective actions needed.
- **Performance Quality Improvement Annual Report-** due at the time of the Annual Agency report at the end of the fiscal year and created by the PQI Coordinator. This report includes aggregated data from all monitoring reports and compares data against internal and external benchmarks. Results are made public to stakeholders. The PQI Coordinator and PQI Council have reviewed all elements to ensure the integrity and reliability of the data.

Procedures for collecting, reviewing, and aggregating data include:

1. Cleaning data to ensure data integrity including accuracy, completeness, timeliness, uniqueness, and outliers.
2. Protecting personal identifiable information. (In data reports)
3. Aggregating data quarterly.
4. Developing reports for analysis and interpretation.

C. Using Data

Catholic Charities Indianapolis acts on findings to build capacity, improve programs, and have a positive impact on persons served. CCI acts annually based on the findings of the PQI process to

- Develop solutions.
- Replicate good practice.
- Recognize and motivate personnel.
- Improve agency systems, processes, policies, and procedures.
- Improve services.
- Eliminate or reduce identified problems.

Reports pf PQI finding are:

1. Shared and discussed with agency council members, staff, and stakeholders.
2. Distributed in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action.

D. Assessment of Effectiveness of the PQI system

CCI evaluates the effectiveness of its PQI system to insure ongoing viability and long-term sustainability. The PQI council annually evaluates the need for and uses of data and will assist in the evaluation of the overall PQI system including infrastructure, processes, and procedures.

IV. PLANNING AHEAD

Priorities and goals for the coming fiscal year are determined from the Agency Strategic Plan. Results from the previous year measurement studies are reported during the agency council annual meeting.

David J. Bethuram
Executive Director

Agency Council President

10/24

Chart A: PQI Organizational Chart

Agency Council Executive Committee
- Endorses a culture of continued improvement

Executive Director
- Set forth quality expectations and broad goals that merit ongoing monitoring including PQI

PQI Coordinator
- Aggregates Data,
- Facilitates and reviews activities,
- Keeps staff informed and involved throughout the PQI process.

PQI Council
- Provide feedback about areas of needed improvement.
- Reviews results and identifies areas of needed Improvement.
- Identifies strengths and areas of positive practice.
- Provides feedback and keeps stakeholders informed of PQI progress.

Service Line Directors
- Create Short Term Plan
- Identify areas of needed improvement
- Set improvement priorities

Program Directors
- Develop key outcomes and data sources
- Review Results

CCI Personnel
- Use Quality information to make improvements for clients/Programs

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CHART B: CCI Stakeholder Groups

Stakeholder Group:

Personnel

What data do they provide?
- Personnel Satisfaction Survey
- Outputs/Outcomes for clients/Program Impact

What information do they receive?
- Survey Results
- PQI Reports on Outputs/outcome results

Stakeholder Group:

Volunteers

What data do they provide?
- Annual Survey/Evaluation

What information do they receive?
- Survey Results

Stakeholder Group:

Clients

What data do they provide?
- Client Satisfaction Survey

What information do they receive?
- Survey Results
- Corrective Actions

Stakeholder Group:

Agency Council

What data do they provide?
- Strategic Planning Goals
- Financial Analysis

What information do they receive?
- Agency Council Annual Report
- Long term Plan

Stakeholder Group:

Funders
i.e. United Way

What data do they provide?
- Benchmarks for Positive Client Impact

What information do they receive?
- Client Impact Report

Stakeholder Group:

Community Partners

What data do they provide?
- Client Needs within the Community
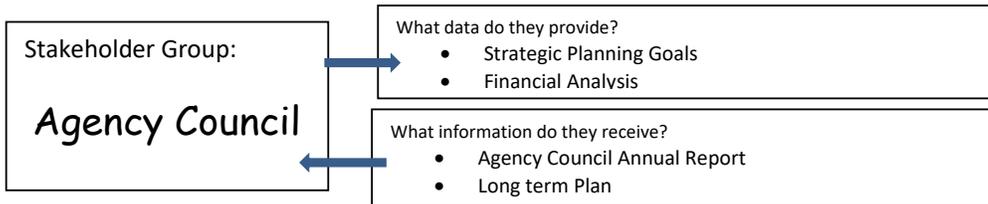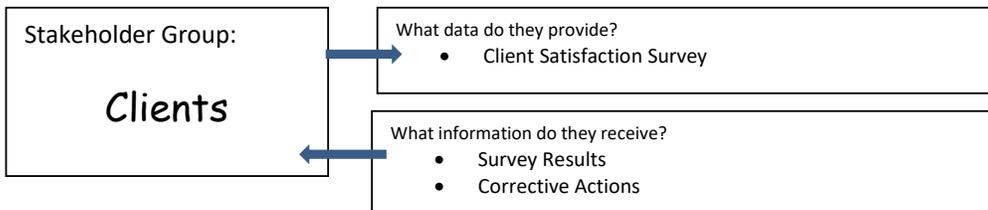
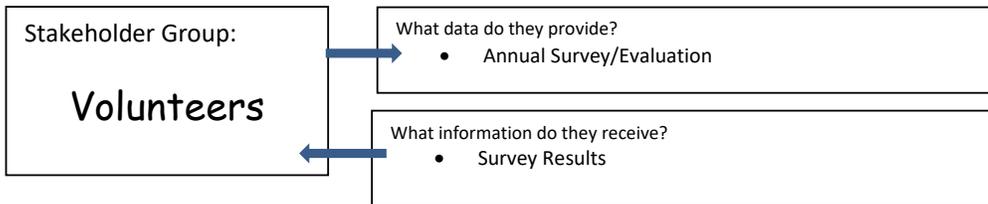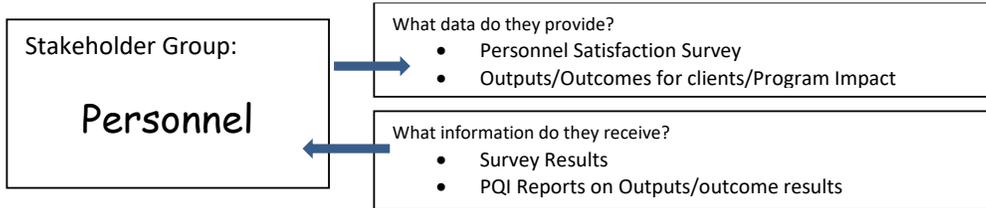What information do they receive?
- Newsletters
- Annual Report
- Website Updates

Chart C: CCI OVERVIEW OF IMPROVEMENT CYCLE

ACT PLAN
PQI
CHECK DO

PROGRESS

| Community |
| United Way |
| Agency Council |
| Management Team |
| Program Directors |
| Staff |
| Volunteers |
| Clients |

AGENCY COUNCIL & MANAGEMENT TEAM

BENCHMARKS

PQI COORDINATOR

OUTPUTS/OUTCOMES

SURVEY RESULTS

PQI COUNCIL/ SERVICE COMMISSION

The Stakeholders provide the data, and they receive the summarized information based upon the data that they provided.

A culture of excellence and continual improvement supports the PQI infrastructure of the organization.