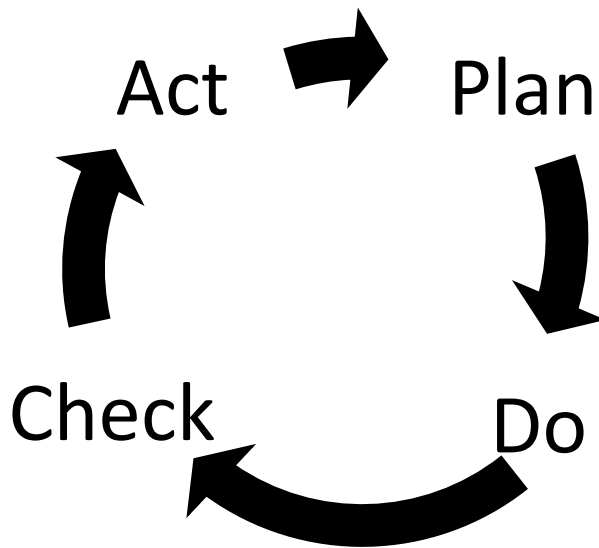


Policy Name	Performance Quality Improvement
Relevant Policy	DHHS 0.0614 COA PQI RPM
Applicable to	All Staff
Effective Date	02/01/2009
Date(s) of Revision	03/31/2009 , 02/28/2012, 08/21/2012, 03/22/2017

Policy

The Children’s Center of Surry, Inc. (CCOS) is committed to fostering a culture of excellence and continual improvement by utilizing quality improvement results to expand capacity and improve the quality of services provide to the community. The Performance Quality Improvement Committee (PQI) is in place to promote excellence and continuous improvement in support of the mission statement to improve the lives of children and families in Surry and surrounding counties. The PQI Plan covers all programs, critical incidents, operations, and services and is inclusive of leadership, governing board, staff, program participants and external stakeholders. The PQI program incorporates and supports the strategic priorities and goals of the organization. Components of the PQI Plan address organizational performance, service delivery, and most importantly, client outcomes for all programs and services. The model of change the PQI committee utilizes in its’ framework is the **Plan, Do, Check & Act (PDCA)** as referenced in the Council on Accreditation Performance Quality Improvement Tool Kit, page 12 (www.mindtools.com).



This model allows the PQI process to close the loop and be proactive in attempts to improve the overall quality of the organization and the services provided.

Responsibility for Oversight of the PQI Program

The PQI Committee is responsible for all components of the PQI program including development, implementation, and review of the PQI Plan as well as the review of individual incidents. The PQI

Committee consists of at least six members and includes CCOS leadership, staff, and designated members of the Board of Directors. Members are appointed by the Executive Director with review by the Executive Committee of the Board of Directors and a chairperson is elected by the members. The chairperson of the PQI Committee is responsible for the collection of data across the organization, providing opportunities for the committee to brainstorm opportunities and solutions for improvement, reporting the PQI Plan, and to recognize staff and stakeholders during the PQI process. It is the responsibility of the Board to annually review facility needs related to risk management. The PQI Committee will meet a minimum of quarterly, with additional meetings at the discretion of the chairperson.

Procedure for PQI Process

Outline/Overview of the PQI Process

The Children’s Center utilizes a variety of methods and tools to ensure quality programs and effectiveness to include: logic models, quarterly case reviews, monthly data collection, reports to governing board, service recipients, program managers, stakeholders, and funders. Listed below is the flow chart of the Performance Quality Improvement Process.



Stakeholder Involvement in the Performance Quality Improvement Process (PQI)

Stakeholders are a vital part of the Children’s Center of Surry’s PQI process. They have an interest and investment in the community, service population, and the organization. Children’s Center of Surry’s stakeholders include: Local Departments of Social Services, North Carolina Department of Public Safety- Division of Juvenile Justice, County Health Departments, Local School Systems, Local Partnerships for

Children (Smart Start), Local Managing Entities, and other local community partners. Local stakeholders participate in the PQI process and governing and resource board.

Children's Center utilizes a variety of methods to engage stakeholder such as:

- Stakeholder roundtables and community participation
- Inviting stakeholders to participate on the governing board and ad-hoc committees.
- Conducting focus groups with service recipients.
- Conducting focus groups with CCOS personnel and board committees.
- Conducting a community needs assessment.
- Inviting service recipients to sit on advisory board and PQI Committee.
- CCOS personnel participate in data collection, analysis, and evaluation that is both qualitative and quantitative.

Overview of PQI Data Collection Process

A breakdown of data collection will be collected annually and distributed to each program manager to track and report to stakeholders and PQI Committee.

See attachment A – PQI Data Collection Process

See attachment B – PQI Operational Procedures Worksheet

Program managers will maintain program data in a confidential manner following agency procedures for confidentiality. Data collection may include hard copies of documents and entry into computer database.

Reporting Data and Analysis

Process for aggregating data, analyzing and reporting:

1. Program data will be reported to PQI Coordinator, executive director and governing board on a monthly and quarterly basis.
2. Program data will be reported to the Performance Quality Improvement and Program Committee on a quarterly basis.
3. Data review and analysis is a vital part of the process. The PQI Committee will ensure program and organizational data is utilized to the fullest extent to maximize quality improvements and effectiveness.
4. Program staff will receive quarterly analysis and implementation requirements for program improvement.
5. Year-end program data will be presented to the governing board at the annual retreat.
6. The PQI Committee, program staff, executive director and the Board of Directors will determine the need for change or re-establish benchmarks as part of the strategic planning process.

Identifying the need for Implementing Improvement

There can be many reasons for an improvement plan.

1. When data collected through the organization's PQI program indicates that there is an area of concern.
2. Administrative functions that are in need of increased efficiencies.
3. To correct under-performing programs or sites.
4. Provide guidance to staff members who demonstrate performance that is not meeting

- expectations.
5. For successful programs that an organization would like to further develop.
 6. Increase involvement of the governing board.

Implementation

1. Identify the need to implement an Improvement Plan.
2. Assign a responsible person or persons to develop the plan and ensure accountability.
3. Plan – complete the Improvement Plan Document. Describe the opportunity for improvement. Include information gathered that supports the need. Describe success indicators and implements data that supports the change/improvement desired.
4. Develop the work plan by describing specific action items of the initiative. There are six categories that should be completed: action item, person responsible, cost and resources needed, target completion date, actual completion date and success.
5. Complete the follow up to monitor the progress.
6. Reflect on the process and integrate the results into current practice; if appropriate. The team should be able describe the results and observations of the Improvement Plan. List any challenges that were encountered with the implementation of the plan and describe how the completed plan will be integrated into regular practice to create a culture and climate of change.