Performance Quality Improvement (PQI) Operational Plan

Section One – Introduction

Sts. Joachim and Ann Care Service is the largest comprehensive social support agency in the tri-county area, serving individuals and families in St. Charles, Lincoln and Warren counties. Founded in 1981 with \$500 in seed money from Sts. Joachim and Ann Catholic Church, a handful of volunteers worked out of their cars and garages to help feed and counsel those in need. Since the Care Service was incorporated in 2003, as an independent nonprofit agency, it has grown to serve thousands of people a year through financial assistance, case management, advocacy and connections with many community partners.

Nationally accredited through the Council on Accreditation since 2011, the Care Service is dedicated to continual improvement of all services. We believe that all stakeholders have something to offer to influence change, including board members, senior staff, staff members, volunteers, donors and members of the community. It takes a unified effort to succeed in our mission to "serve those in crisis, and to prevent homelessness and hunger". Our goal is to break the cycle of poverty and impact systemic change in the lives of our clients to get them back on the path to self-reliance.

As with any goal, it is necessary to have a plan; a plan that ensures that all programs and practices are evaluated for effectiveness, that issues are identified and problems are resolved. A good plan does not operate in a bubble, where only a few, privileged people participate. A good plan openly communicates, invites others to be involved, gathers information from each program and department, evaluates as a group, assesses and implements needed improvement, checks to see if its working, then continues the implementation as a part of its function and communicates results for all to see. It is open, honest, written in plain language, and is actually used and discussed on a regular basis.

With all of this in mind, we have developed our own Performance and Quality Improvement (PQI) Plan. It's not a permanent document, but one that is constantly changing and evolving (as the improvement cycle is a never ending process). As you read through the PQI Plan, be sure to contact our PQI Coordinator at 636-441-1302 ext. 299 for suggestions or questions. We are always looking for ways to improve.

Section Two – Stakeholder Involvement

The Care Service relies on stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart demonstrates how our stakeholders are able to provide feedback and data to the PQI process.

See following 3 pages.

Stakeholder Group: Clients

Description:

The Care Service's clients are the primary stakeholder group. They consist of low income individuals; children and their families, elderly and homeless in St. Charles, Lincoln and Warren Counties.

What data do they provide?

Clients provide the Care Service with input on their satisfaction through surveys conducted three months or more after their case is closed.

What information do they receive?

Clients receive information through our website where they can view our PQI Quarterly Report and the Annual Report. Also, a link to our PQI plan is supplied through the signature of every staff e-mail so that any client who corresponds through e-mail can be reminded on how to view the plan.

Stakeholder Group: Community Members

Description:

Community members include other organizations that refer their clients to the Care Service, as well as the general public.

What data do they provide?

The community is able to provide feedback through our website, through meetings our staff attend (chambers, community council, etc.), through community events and through media outlets.

What information do they receive?

The community has access to all information that is posted on the website, which includes the PQI Plan, the PQI Quarterly Report, general information about each program, as well as the Annual Report. The Annual Report gives them survey results, financial reports, client success stories, and outputs and outcome data. If they are on our mailing list, they receive updates on program activities and upcoming events.

Stakeholder Group: Donors

Description:

Donors are individuals who give to the Care Service, either financially or materially (food or household items for clients)

What data do they provide?

Donors provide feedback through our website, community events, and through communication with our staff.

What information do they receive?

Donors receive a monthly newsletter through e-mail that updates them on program activities and upcoming events. The newsletter gives them links to our website for the annual report, program descriptions and other important information.

Stakeholder Group: Funders

Description:

Funders consist of Federal, Missouri and County grants, as well as private foundations. What data do they provide?

Funders provide results from audits and site visits, and training through meetings and webinars.

What information do they receive?

Funders receive the monthly newsletter through e-mail that updates them on program activities and upcoming events. The newsletter gives them links to our website for the PQI Quarterly Report, PQI Plan, Annual Report, program descriptions and other important information. Through the Annual Report, they have access to financial reports, client success stories, outputs and outcomes data. If any issues are discovered when they come to audit us, corrections are made, and staff are educated to help make improvements.

Stakeholder Group: Board of Directors

Description:

The Care Service's Board of Directors is a skilled and knowledgeable group of community leaders who provide valuable input to the organization from their specific areas of expertise.

What data do they provide?

The Board of Directors provides input and suggestions at their monthly Board meetings and occasional sub-committee meetings.

What information do they receive?

The Board of Directors receives and reviews the monthly Financial Report, the monthly Information and Referral Call Report, the monthly Program Outputs Report, PQI Quarterly Report, the semi-annual Risk Report, annual Staffing Report (which includes turnover information), the annual Staff Satisfaction Survey, annual Audit and the Annual Report.

Stakeholder Group: Senior Staff

Description:

The Senior Staff consists of Executive Director, the Finance, Programs, Operations and Development Directors, the Human Resource Coordinator, the Manager of Grant Development, and the Program Compliance Coordinator.

What data do they provide?

The Senior Staff meets on a monthly basis as the PQI Committee. They compile and distribute the reports of outputs and outcomes, survey results, the Annual Report, the quarterly Risk Report, annual Staffing Report, and as a team, they work on the Vision Strategy Worksheet , Improvement Plans, and Case Record Audits. They complete Staff Satisfaction Survey annually.

What information do they receive?

The Senior Staff receives the same reports it provides because different individuals are responsible for developing and administering each report and then presenting it to the team to review, before sharing it with staff.

Stakeholder Group: Paid Staff

Description:

The paid staff are workers in a variety of positions at the Care Service, which includes Program Supervisors, Social Service Workers and administrative staff.

What data do they provide?

The paid staff provide input in monthly staff meetings and through the annual Staff Satisfaction Survey. Each department tracks outputs and outcomes to contribute to the PQI Quarterly Report. Most of them participate in a COA standard committee which meets quarterly.

What information do they receive?

The paid staff receive the monthly Information and Referral Call Report, Program Output report and the PQI Quarterly Report. They receive the results of the Staff Satisfaction Survey and the Annual Report. They attend training sessions which help them in various aspects of their jobs.

Stakeholder Group: Volunteers

Description:

Volunteers serve the Care Service through the following positions and areas: Food Pantry Worker, Intake Worker, Facility Maintenance, Receptionist, Repairing Homes, Workforce Development, data entry and other clerical. What data do they provide?

Volunteers provide input through the annual Staff Satisfaction Survey and through the regular communication with their supervisors and paid staff.

What information do they receive?

There are bulletin boards throughout the building so volunteers can view all of the reports. Volunteers receive the monthly newsletter through e-mail that updates them on program activities and upcoming events. The newsletter gives them links to our website for the PQI Plan, Annual Report, program descriptions and other important information.

Section Three- PQI Infrastructure

Performance and Quality Improvement became a more formal and organized focus during the agency's first accreditation process. PQI grew from being a check list to accomplish to becoming an integrated framework that drives our efforts and keeps us evaluating everything that we do. PQI, working in conjunction with our Strategic Plan, acts like a support structure that helps us to not get distracted from the reason we are here. It always reminds us to ask the questions, "How is this working for us?"...and, "Are we being as effective as we could be?" In order to ensure PQI continues to be a part of every function, a variety of positions are involved in the process.

The Program Compliance Coordinator acts as the PQI Coordinator and spends about 25% of the time focused on the following PQI activities:

- Appoint and train leads for the 14 committees and ensure staff involvement. Each committee is responsible for an accreditation standard.
- Make sure leads are holding quarterly meetings and keeping up with their standards.
- Schedule and prepare the agenda for the monthly PQI meeting and record the minutes from the meeting.
- Produce the monthly Program Outputs Report, the Information and Referral Call Report, and the PQI Quarterly Report.
- Assist in data collection for the Annual Report.
- Supervise the Housing Survey calls to clients and ensure proper data collection.
- Regularly review the PQI standard for updates.
- Develop and maintain the PQI Plan.
- Serve as the point of contact for the Council on Accreditation during active accreditation cycles and in between.

The PQI Committee guides all PQI Activities within the organization and is comprised of the leaders of the organization (Executive Team):

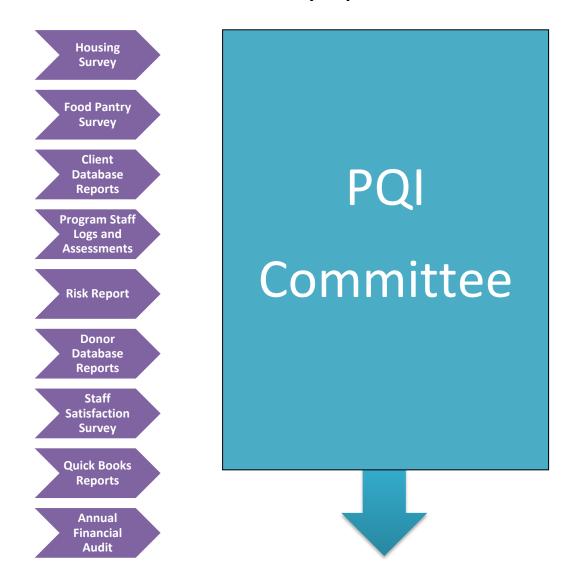
- Program Compliance Coordinator/PQI Coordinator- Chair
- Executive Director
- Director of Program Services
- Director of Operations
- Director of Finance
- Development Coordinator
- Human Resource Coordinator

The PQI Committee meets the second Wednesday of every month. The following activities are conducted regularly:

- Review and update the Vision Strategy goals and objectives
- Review the following reports: Case Record Audit, Risk Report, Program Outputs Report, PQI Quarterly Report, Information and Referral Call Report, Annual Finance Audit, Staff Satisfaction Survey results, and Client Satisfaction Survey results.
- Decide on actions that may be necessary for improvement based on data received.
- Follow-Up on Improvement Plans as needed.

Below is a chart that helps demonstrate the flow of information within the Performance and Quality Improvement process.

Performance and Quality Improvement Flow Chart

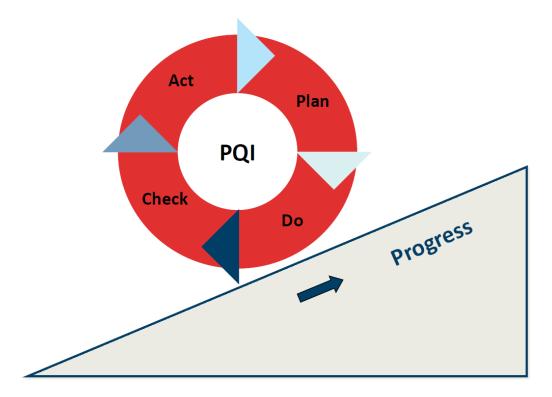


Stakeholders					
Clients	Staff- Paid and Volunteer		Community Members	Funders	Donors

On a regular basis, information is gathered from many sources, including: daily communication, regular meetings, client and staff surveys, audits, reports from our database, and risk reports. The PQI Coordinator pulls the information into a few monthly reports that help summarize the activities of the departments. These monthly reports are reviewed by the PQI Committee and shared with all paid staff, volunteers and Board Members. The PQI Coordinator also produces the PQI Quarterly Report, which summarizes all the data gathered from the monthly reports, surveys and assessments. This report includes the key client output and outcome results from each program as well as department outcomes from administration. The report is reviewed by the PQI Committee, sent to all staff and board members and then posted to our website. Copies of the report are also available in our lobby for clients and other visitors. Throughout the whole PQI process, opportunities of improvement are identified, documented, and actions are assigned for follow-up. In areas where more in-depth improvement is needed, an improvement plan is drawn up and a full process takes place to see the plan to completion. Summaries of the improvement plans are shared in the PQI Quarterly Report.

Section Four – Change Model

The Improvement Plan the Care Service employs is one that follows the Plan-Do-Check-Act Model of Change. This model is recommended by Council on Accreditation (COA). It is very simple to use and can apply to almost any situation. We call it a QUIP (Quality Improvement Plan). Oftentimes, in a fast paced environment, the temptation is to apply changes but never really stop to evaluate how effective the change has been. Another problem is neglecting to document the change, or forgetting to communicate the process to many who may need to know. By instituting a formalized process, it forces us to take the time to document all the important information and follow a prescribed number of steps that fulfill the full PQI process, without cutting corners. This may sound time consuming, but not so much, because we chose a plan that is simple to follow and breaks it down to the most important steps.



Plan- Once it is identified that we need to start an improvement plan, we document the information that initiated the process. What measures showed the need for change? There should be numbers or data that supports the need. Then, we list the indicators that will let us know if the change has made an improvement (again, supported by numbers or objective data whenever possible).

Do- At this step, we hold a brainstorming meeting to collect ideas on how we can improve. It is important to go to the front lines for ideas and involve staff from various levels, depending on the change needed. The ideas are documented and various "action items" are assigned. We allow staff a certain amount of time to put the actions in place and a follow up meeting is planned to evaluate the effect of the action.

Check- During the follow-up meeting, an open discussion is held to share pros and cons to the change. Was it effective? Do we have an improvement in our measurable results? What worked and what didn't work? All of the information is documented.

Act- If the changes initiated were positive and helpful, and then steps are followed to make the change a continual part of our procedures. If the changes were not helpful, the Care Service may decide to revert back to the original operation or may begin another improvement plan with a different course of actions.

Section Five-Improvement Plan Strategy

Throughout the improvement plan process, applicable staff members are informed and the information is fully documented. Improvement plans are not tidy, self-contained functions. They are often overlapping and continuous with new plans off-shooting from old plans. Sometimes, this can make it hard to identify the "beginning" and/or the "end". Either way, a full improvement cycle should be implemented. Negative results can sometimes be discouraging, but our aim is to never skew the results to look positive simply because it is the desired outcome. Instead, all results should be honest and accurate. It is understood that not all problems can be easily solved. Some issues involve factors that are outside of our control, but that should not keep us from putting forth a continual effort to do what we *can* control, to make things better.

Section Six- Areas of Measurement

For each program at the Care Service, 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 or not the work that we conducted (outputs) actually created the desired change.

Along with the indicators for program performance, the Care Service measures the quality of services. All clients who are assisted financially are contacted at least three months following case closing to evaluate the client's overall satisfaction. In addition to these surveys, audits are conducted on the case file to ensure the following: 1) the quality of the work meets expectations, 2) necessary documentation is included, and 3) 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.

See the following pages for the different measures that each program collects.

Program Indicators Worksheet

Performance and Quality Improvement

Program/Project/Operation:

Housing Program

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Items Measured

of certifications
of home/site visits
of office visits
/walk-ins
of assessments
of hours of case
management

Details and Documentation

These activities are tracked by each Social Service Worker in our client database. The Program Compliance Coordinator (PQI Coordinator) runs the time log report monthly off of the database and compiles the data into one report called the Program Outputs Report. That report is shared with the Senior Staff and then posted throughout the building for all staff and volunteers to see. The ED also shares this report with the Board of Directors at their monthly meetings.

Outcomes

Items Measured

Safety

Housing stability

Details and Documentation

Percentage of households living in safe/secure housing 3 months after financial assistance. Percentage of households who are able to keep up with rent/mortgage 3-6 months after assistance. Percentage of households who are able to keep up with utilities 3-6 months after assistance. Percentage who said the Care Service made an impact on stability of housing. Surveys are conducted to gather the data. Annually they are shared in the Annual Report to all stakeholders and posted throughout the Care Service.

Quality

Items Measured

Random Case Record Reviews

Client Satisfaction

Audits by funders

Details and Documentation

Performance on the quarterly case record review is measured. Client Satisfaction is gathered post certification and 3- 6 months after financial assistance is complete. Funders conduct annual audits.

Admin.

Items Measured

Intake and assessment

Service Planning

Case Closing

Internal Reviews and Improvement Plans

Details and Documentation

Every year, the PQI Coordinator, Program Director and Director of Operations meet to review the processes of the program to ensure they are effective and place client needs first. Improvement plans from the year are reviewed with the PQI Committee and new improvement plans are developed to improve current processes as needed.

Program Indicators Worksheet

Performance and Quality Improvement

Program/Project/Operation:

Children and Family Development

Outputs

Items Measured

of certifications
of home/site visits
of office visits
/walk-ins
of assessments
of hours of case
management

Details and Documentation

These activities are tracked by each Social Service Worker in our client database. The Program Compliance Coordinator (PQI Coordinator) runs the time log report monthly off of the database and compiles the data into one report called the Program Outputs Report. That report is shared with the Senior Staff and then posted throughout the building for all staff and volunteers to see. The ED also shares this report with the Board of Directors at their monthly meetings.

Outcomes

Items Measured

School Enrollment Basic Needs Physical and Emotional Wellbeing Stable Housing Social Connections

Details and Documentation

Percentage of school enrollment with 7 and 14 days. Percentage of children reporting improvement in at least 3 basic needs categories. Percentage of children report improvement in well-being. Percentage of children show improvement in social connections. Percentage of children will reside in stable housing within 6 months. These numbers are gathered through assessments that are completed at entrance and exit. Annually they are shared in the Annual Report for all stakeholders to see.

Quality

Items Measured

Random Case Record Reviews

Client Satisfaction

Audits by funders

Details and Documentation

Performance on the quarterly case record review is measured. Client Satisfaction is gathered 3- 6 months after financial assistance is complete. Funders conduct annual audits. Entrance and Exit surveys will also be conducted on every case.

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Items Measured

Intake and assessment

Service Planning

Case Closing

Internal Reviews and Improvement Plans

Details and Documentation

Every year, the PQI Coordinator, Program Director and Director of Operations meet to review the processes of the program to ensure they are effective and place client needs first. Improvement plans from the year are reviewed with the PQI Committee and new improvement plans are developed to improve current processes as needed.

Program Indicators Worksheet

Performance and Quality Improvement

Program/Project/Operation:

Street Outreach

Outputs

Items Measured

of homeless contacted # of homeless receiving food/water

Details and Documentation

The Street Outreach workers log every contact made with the homeless found on the streets in a paper log. These are given to the Director of Programs and the Director of Operations to be entered in the database.

Outcomes

Items Measured

Emergency Visits

Housing Attained

Details and Documentation

The Street Outreach Worker collects the information about emergency visits and housing and writes it into the paper log which is given to the Director of Programs and the Director of Operations to be entered in the database.

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Items Measured

File Audits

Details and Documentation

Every file is audited by the grantor annually. An internal audit will be done internally before the grant audit.

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Items Measured

Internal Reviews and Improvement Plans

Details and Documentation

Every year, the PQI Coordinator, Program Director and Director of Operations meet to review the processes of the program to ensure they are effective and place client needs first. Improvement plans from the year are reviewed with the PQI Committee and new improvement plans are developed to improve current processes as needed.

Program Indicators Worksheet

Performance and Quality Improvement

Program/Project/Operation:

Food Pantry

Outputs

Items Measured

of Distributions
Families Served
Nutritional
education sessions
Special
Distributions

Details and Documentation

This information is tracked by the Food Pantry Coordinator and documented in the Pantry Distribution spreadsheet and shared with the Program Compliance Coordinator monthly. The information is then reported with other program outputs and posted throughout the Care Service and shared with the Board of Directors every month.

Outcomes

Items Measured

Financial Stability

Physical Health

Food Security

Details and Documentation

Percentage of clients that report improved financial stability.

Percentage of clients who report improved physical health.

Percentage of clients who report improved food security.

Quality

Items Measured

Service

Nutritional Value

Produce Quality

Details and Documentation

Percentage satisfied by service of food pantry staff.

Percentage satisfied with how the food meets nutritional and dietary needs.

Percentage satisfied with quality of produce.

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Items Measured

Internal Review and Improvement Plans

Details and Documentation

Every year, the Director of Programs will meet with the Food Pantry Coordinator for a thorough review of the processes and procedures in the Food Pantry Program. If needed, Improvement Plans will be developed.