

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, affordable housing, 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, staff members, volunteers, partnering agencies, 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.

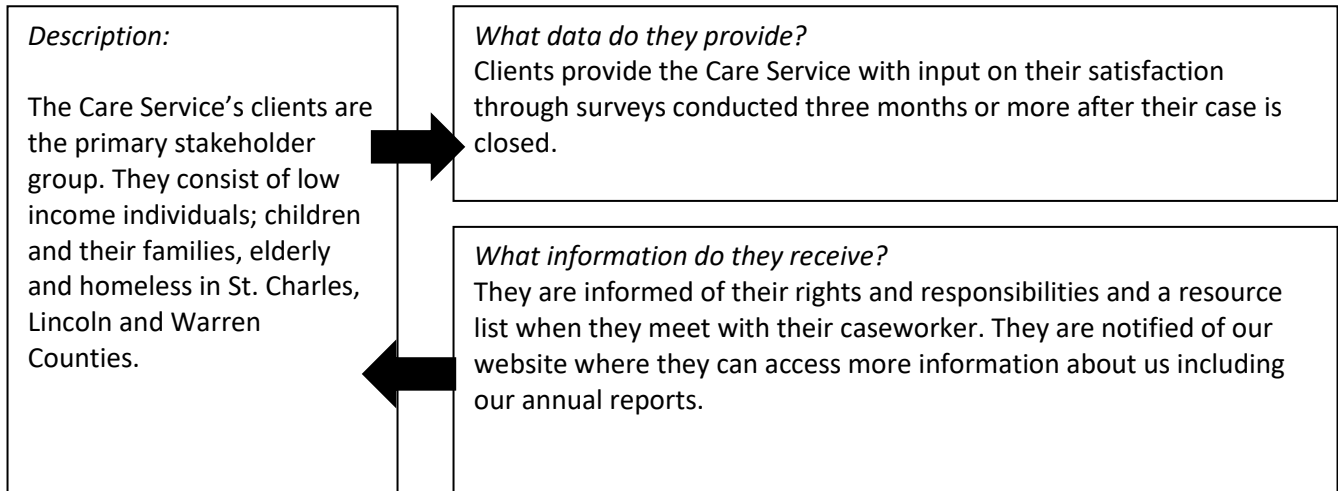
With all of this in mind, we have developed our own Performance and Quality Improvement (PQI) Plan. It’s not a permanent document, but one that is constantly changing and evolving (as the improvement cycle is a never-ending process).

Section Two – Stakeholder Involvement

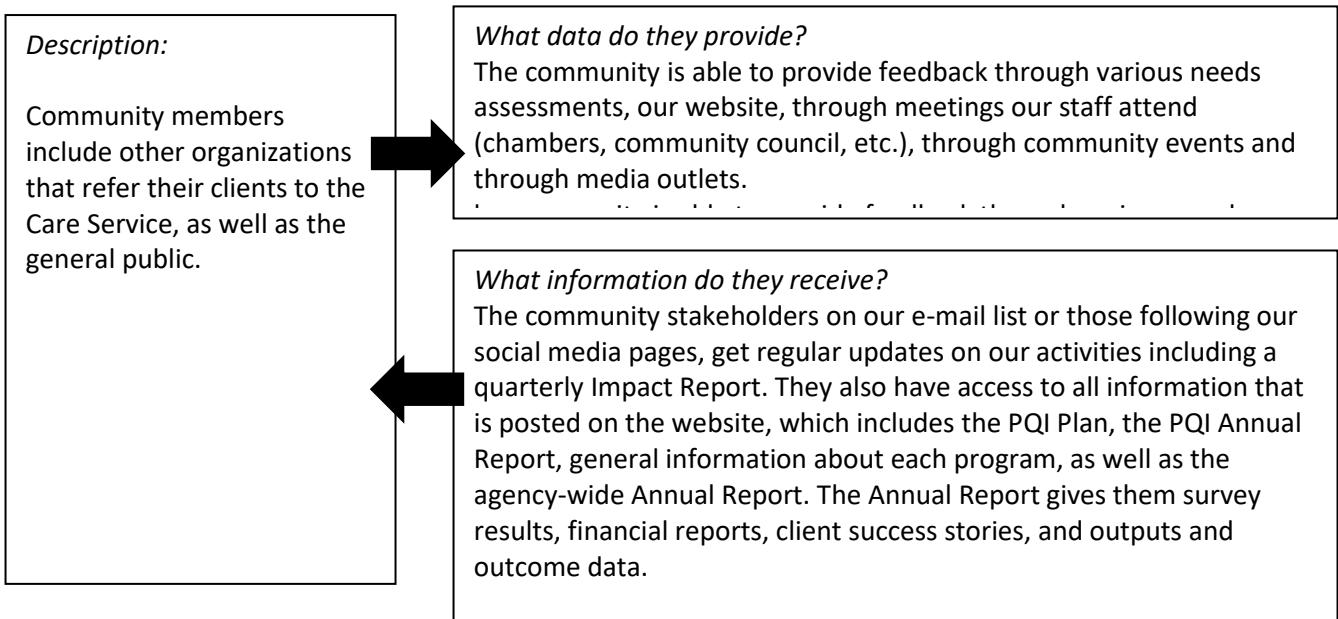
The Care Service relies on stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart demonstrates how our stakeholders are able to provide feedback and data to the PQI process.

See following 3 pages.

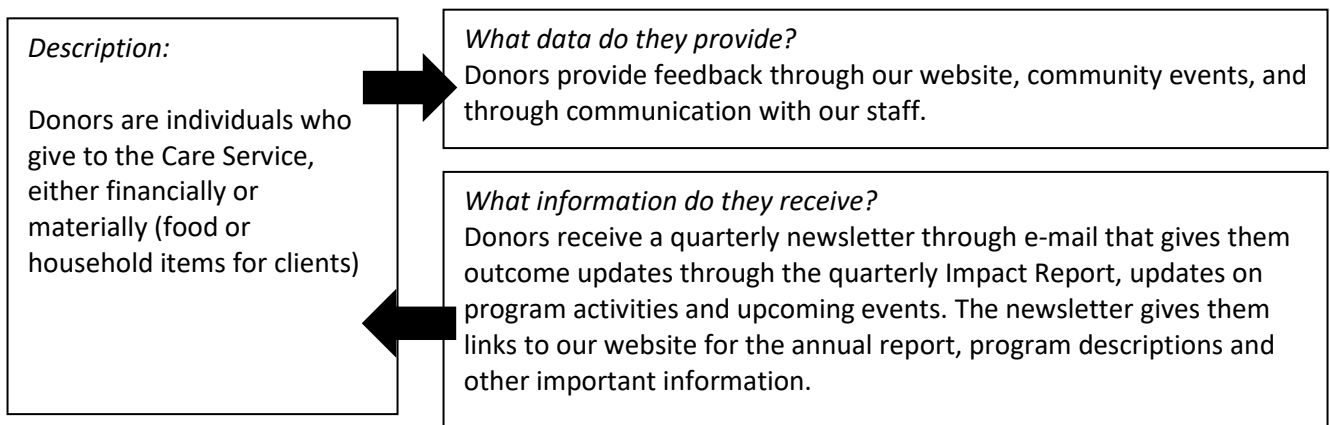
Stakeholder Group: Clients



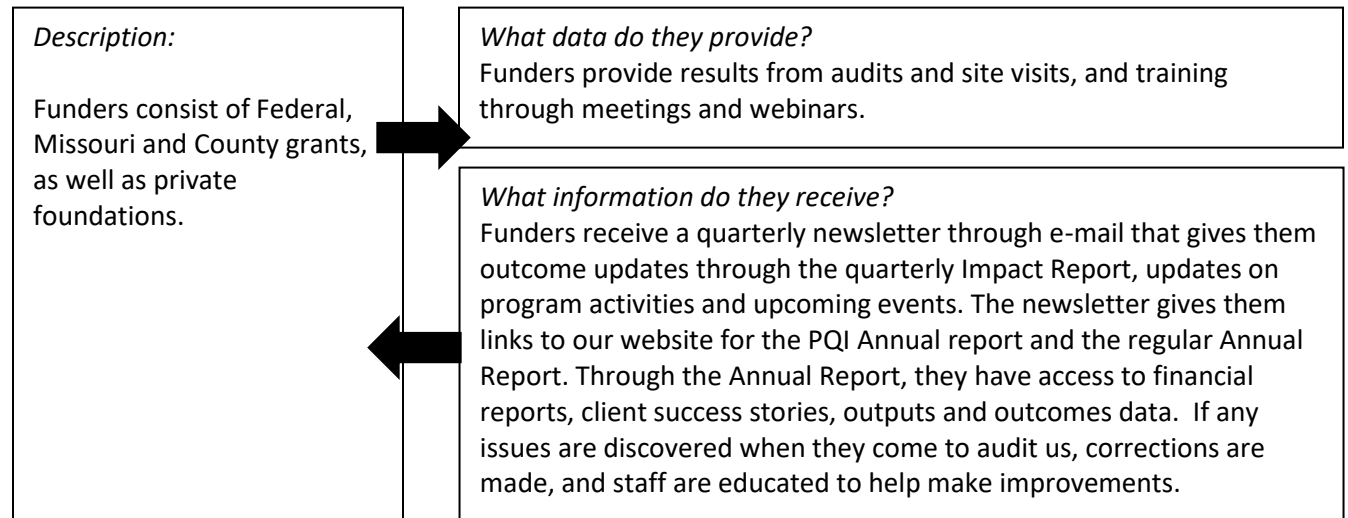
Stakeholder Group: Community Members



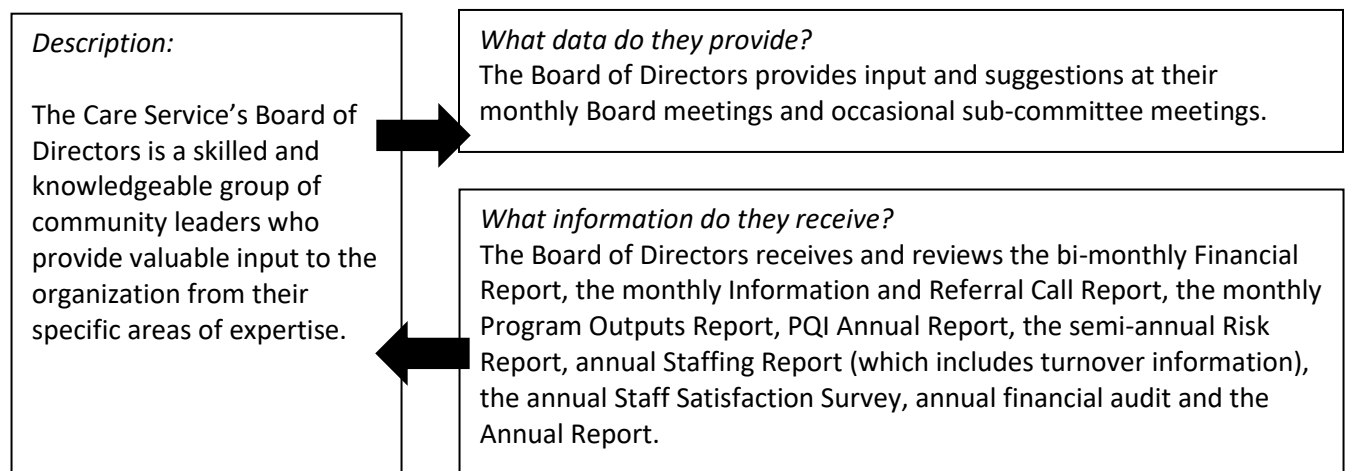
Stakeholder Group: Donors



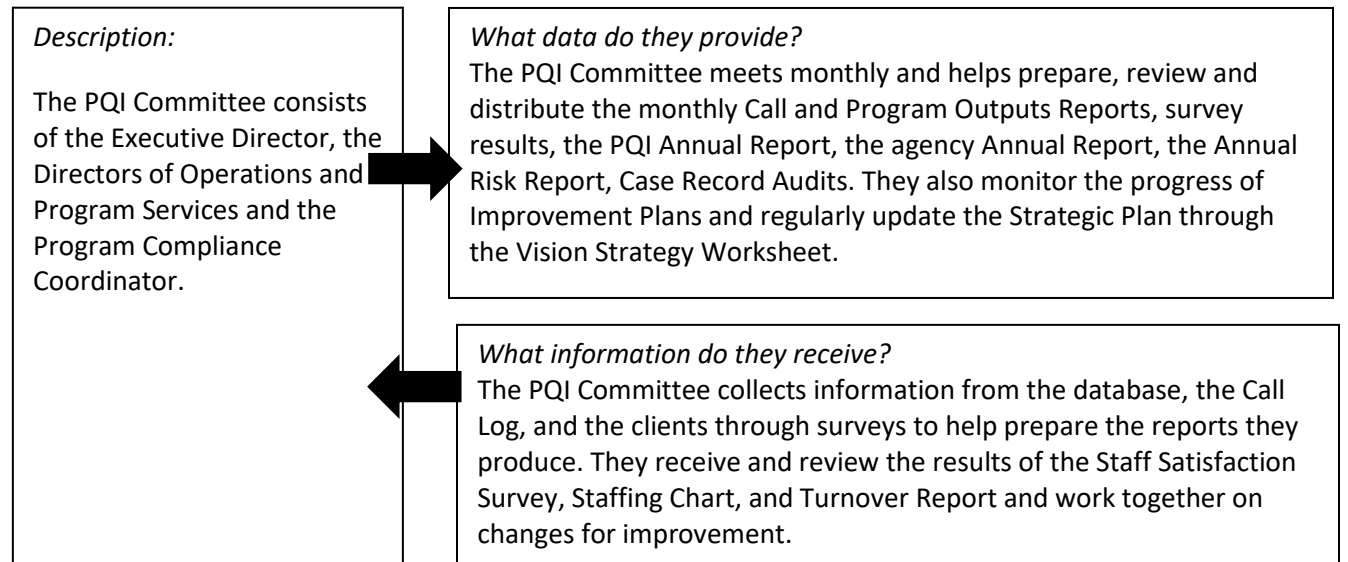
Stakeholder Group: Funders



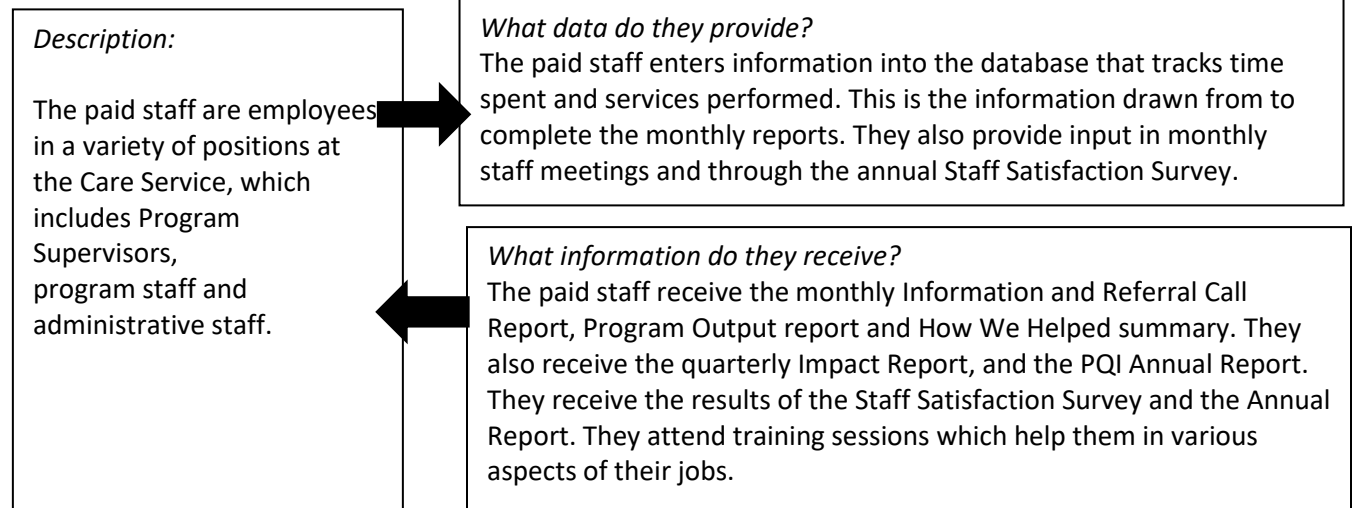
Stakeholder Group: Board of Directors



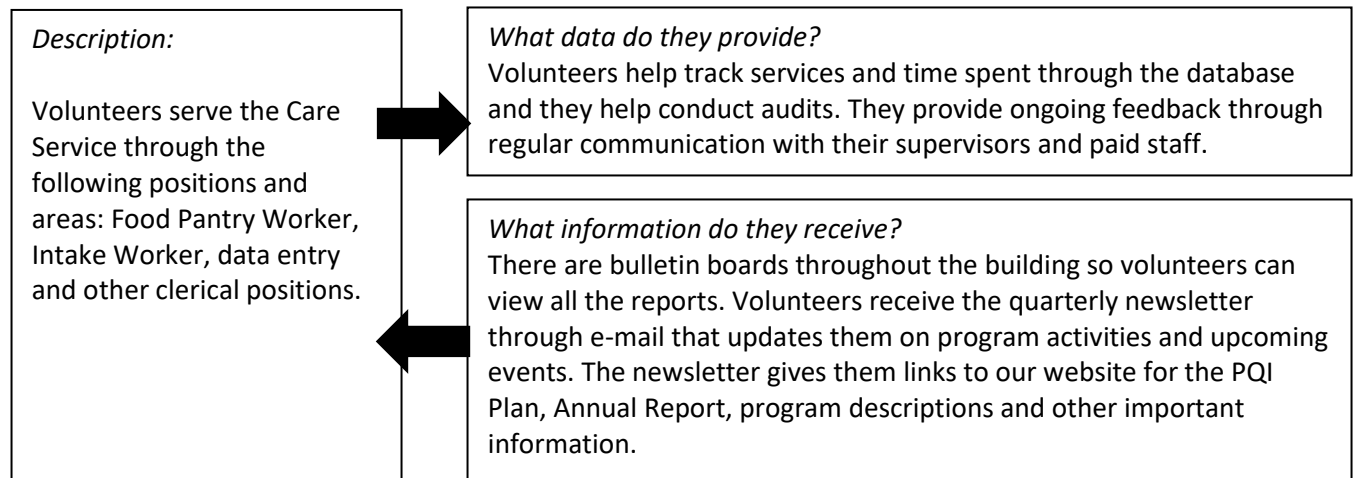
Stakeholder Group: PQI Committee



Stakeholder Group: Paid Staff



Stakeholder Group: Volunteers



Section Three- PQI Infrastructure

Performance and Quality Improvement became a more formal and organized focus during the agency's first accreditation process in 2010. 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 and Data Compliance Coordinator acts as the PQI Coordinator and spends about 25% of the time focusing on the following PQI activities:

- Schedules, prepares the agenda and leads the monthly PQI meetings and record and shares the minutes from the meetings.
- Supervises the compilation of the monthly Program Outputs Report, the Information and Referral Call Report and the How We Helped summary and shares them with all paid staff.
- Prepares and shares the full PQI Annual Report.
- Provides quarterly information for the Impact Report that is shared with stakeholders.
- Supervises the Housing Survey calls to clients, proper data collection, and prepares the results of the report.
- Supervises the execution, scoring and reporting of Case Record Audits.
- Monitors database integrity and follows up to resolve issues when they are discovered
- Maintains and updates the PQI Operational Plan.
- Serves as the point of contact for the Council on Accreditation during active accreditation cycles and in between.
- Leads the PQI Standard and helps the standard leads with interpretation and adherence to the COA standards.

The PQI Committee guides all PQI Activities within the organization and is comprised of the following members:

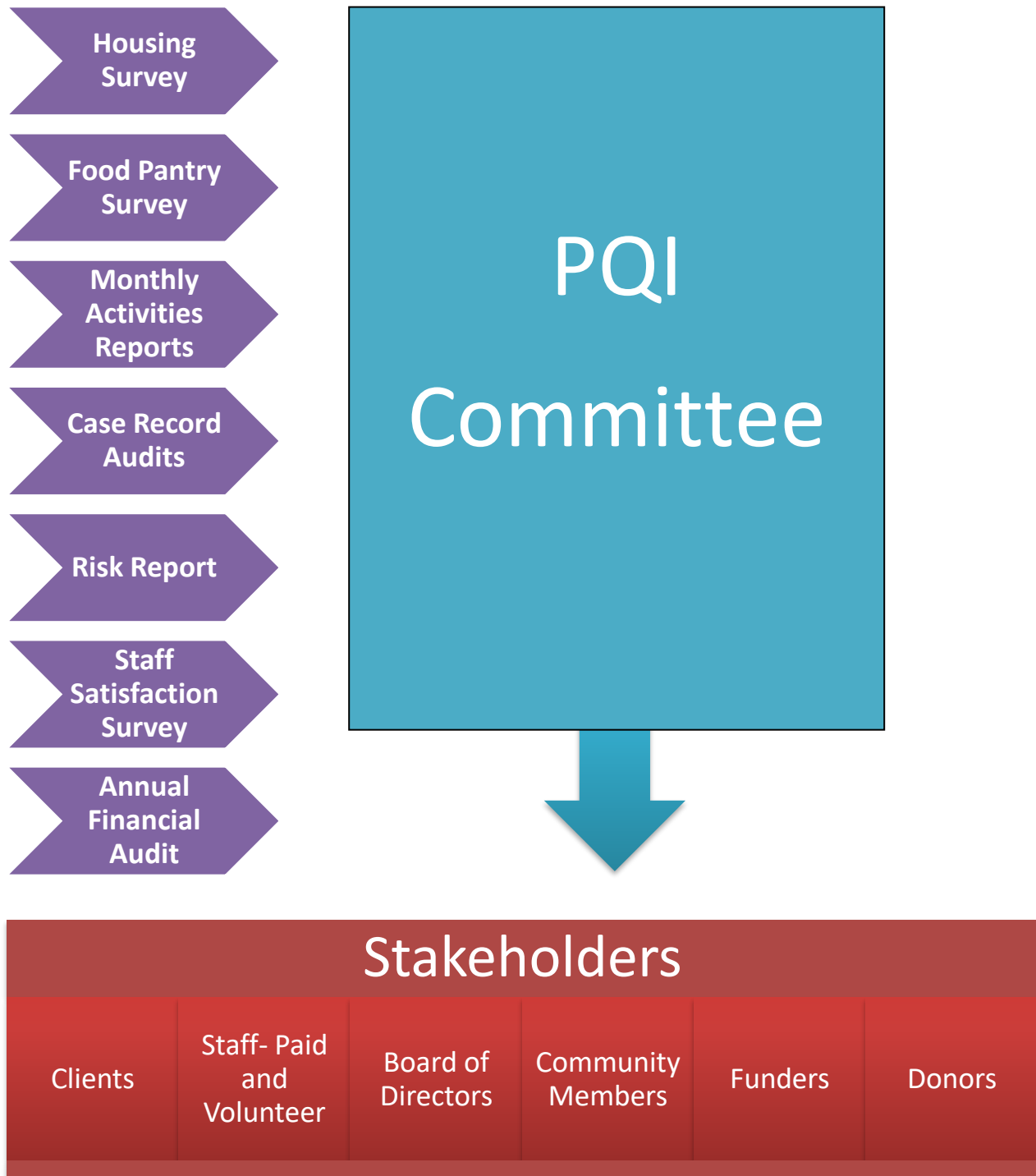
- Program and Data Compliance Coordinator/PQI Coordinator- Chair
- Executive Director
- Director of Program Services
- Director of Operations

The PQI Committee meets quarterly and conducts the following activities:

- Reviews the following reports: Program Outputs Report, Information and Referral Call Report, Case Record Audit, PQI Annual Report, Staff Satisfaction Survey results, and Client Satisfaction Survey results.
- Reviews and updates the Vision Strategy goals and objectives that support the Strategic Plan
- Discusses the regular operations, accuracy of data collection and reporting, and areas needing improvement.

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

Performance and Quality Improvement Flow Chart

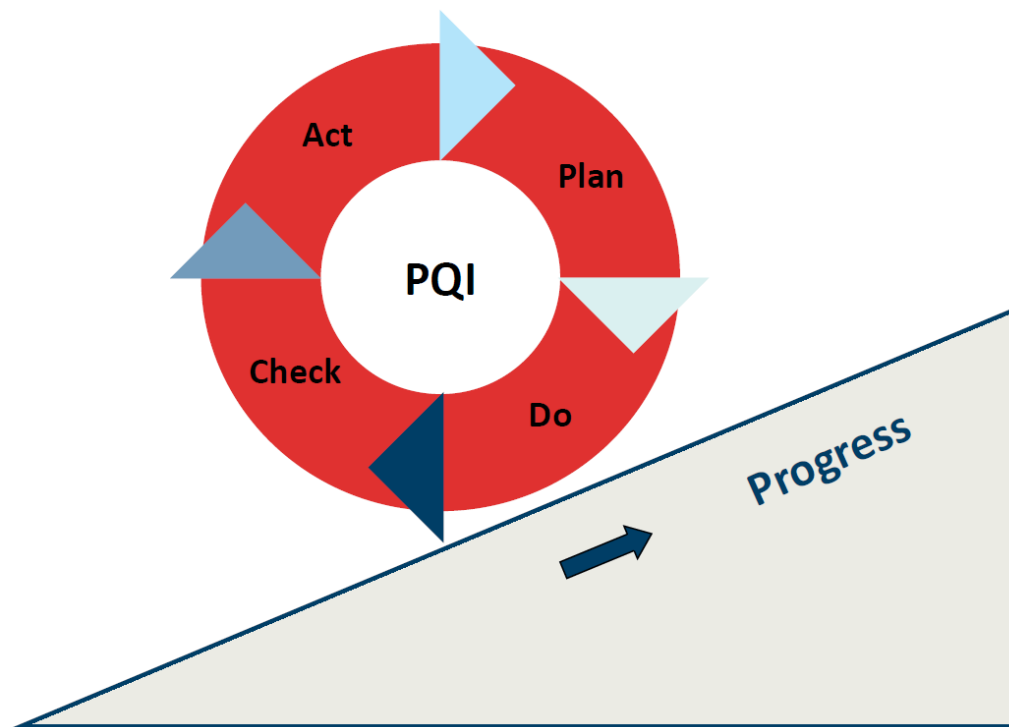


On a regular basis, information is gathered from many sources, including: daily communication, regular meetings, client and staff surveys, audits, reports from our database, and risk reports. The PQI Committee helps ensure that information is accurately gathered and analyzed so we can assess the effectiveness of our programs and processes. The end result is the PQI Annual

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.

Section Four – Change Model

We often have little improvements that can be implemented with a simple plan of action. Occasionally, however, an improvement process can be more complex and require more people to implement and steps to take. When this type of attention is needed, we use 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 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 between three and six 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.

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

Program Indicators Worksheet

Performance and Quality Improvement

Program:

Housing Program

Outputs	<p>Items Measured # of households screened/resources # of certifications \$ financial assist # of hours of case management # of households case managed.</p>	<p>Details and Documentation These activities are tracked by each Case Manager in our client database. The Program Compliance Assistant runs the time log report monthly off of the database and compiles the data into one report called the Program Outputs Report. This information is reported monthly through the Program Outputs Report and then summarized annually in the PQI Annual Report. These reports are shared with the staff, the Board of Directors and the PQI Annual Report is shared on our website.</p>
Outcomes	<p>Items Measured Safety Housing stability</p>	<p>Details and Documentation Percentage of households living in safe/secure housing 3 months after financial assistance. Percentage of households who can keep up with rent/mortgage 3-6 months after assistance. Percentage of households who can 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.</p>
Quality	<p>Items Measured Random Case Record Reviews Client Satisfaction Audits by funders</p>	<p>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.</p>
Admin.	<p>Items Measured Intake and assessment Service Planning Case Closing Internal Reviews & Improvement Plans</p>	<p>Details and Documentation The PQI Committee meets to review the processes of the program to ensure they are effective and place client needs first. New improvement plans are developed to improve current processes as needed.</p>

Program Indicators Worksheet

Performance and Quality Improvement

Program:

Children and Family Development

Outputs	<p>Items Measured</p> <p># of assessments # of hours of case management</p>	<p>Details and Documentation</p> <p>These activities are tracked by each Case Manager in our client database. The Program and Data Compliance Coordinator runs reports off the database and prepares the Program Outputs Report monthly which is shared with the staff. These monthly reports are summarized annually in the PQI Annual Report. In addition to staff, these reports are shared with the Board of Directors and the PQI Annual Report is shared on our website.</p>
Outcomes	<p>Items Measured</p> <p>Physical and Emotional Well-being Stable Housing Social Connections</p>	<p>Details and Documentation</p> <p>Percentage of children report improvement in well-being. Percentage of children will reside in stable housing within 6 months. Percentage of children show improvement in social connections. These numbers are gathered through assessments that are completed at entrance and exit. These outcomes are communicated through the Annual report and shared with stakeholders.</p>
Quality	<p>Items Measured</p> <p>Random Case Record Reviews</p> <p>Client Satisfaction</p> <p>Audits by funders</p>	<p>Details and Documentation</p> <p>The Service Determination Checklist ensures proper paperwork is completed for any financial assistance given. Performance on the quarterly case record review is measured. Note audits are conducted by the supervisor to evaluate case management processes. 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.</p>
Admin.	<p>Items Measured</p> <p>Intake and assessment</p> <p>Service Planning</p> <p>Case Closing</p> <p>Internal Reviews/ Improvement Plans</p>	<p>Details and Documentation</p> <p>The PQI Committee meets to review the processes of the program to ensure they are effective and place client needs first. Outputs are reviewed monthly and data gathering processes are analyzed. Improvements are made as needed</p>

Program Indicators Worksheet

Performance and Quality Improvement

Program:

Street Outreach

Outputs	<p><i>Items Measured</i></p> <p># of homeless contacts # of survival supplies distributed # of homeless served</p>	<p><i>Details and Documentation</i></p> <p>The Street Outreach workers document every contact made with the homeless found on the streets and then enter them in our database weekly. This information is reported monthly through the Program Outputs Report and then summarized annually in the PQI Annual Report. These reports are shared with the staff, the Board of Directors and the PQI Annual Report is shared on our website.</p>
Outcomes	<p><i>Items Measured</i></p> <p>Housing Attained</p>	<p><i>Details and Documentation</i></p> <p>The Street Outreach Worker encourages homeless individuals who seem ready, to participate in our Housing case management with the effort to set them up in permanent housing. The number of individuals who are housed is reported in the PQI Annual Report.</p>
Quality	<p><i>Items Measured</i></p> <p>File Audits</p>	<p><i>Details and Documentation</i></p> <p>Weekly services are entered into the homeless management information system and the paper file is audited at that time. Files are audited by the grantor annually. An internal audit will be conducted before the grant audit. For clients who receive financial assistance, client satisfaction is gathered 3- 6 months after financial assistance is complete.</p>
Admin.	<p><i>Items Measured</i></p> <p>Internal Reviews and Improvement Plans</p>	<p><i>Details and Documentation</i></p> <p>The PQI Committee meets to review the processes of the program to ensure they are effective and place client needs first. Outputs are reviewed monthly and data gathering processes are analyzed. Improvements are made as needed</p>

Program Indicators Worksheet

Performance and Quality Improvement

Program/Project/Operation:

Food Pantry

Outputs	<p><i>Items Measured</i></p> <p># of Distributions # Families Served</p>	<p><i>Details and Documentation</i></p> <p>This information is tracked by the Food Pantry Coordinator and documented in Bell Data. This information is reported monthly through the Program Outputs Report and then summarized annually in the PQI Annual Report. These reports are shared with the staff, the Board of Directors and the PQI Annual Report is shared on our website.</p>
Outcomes	<p><i>Items Measured</i></p> <p>Financial Stability Physical Health Food Security</p>	<p><i>Details and Documentation</i></p> <p>Percentage of clients that report improved financial stability. Percentage of clients who report improved physical health. Percentage of clients who report improved food security.</p>
Quality	<p><i>Items Measured</i></p> <p>Food Insecurity Nutritional Balance</p>	<p><i>Details and Documentation</i></p> <p>Percentage who have less food insecurity Percentage who experienced improvement in nutritional balance of food.</p>
Admin.	<p><i>Items Measured</i></p> <p>Internal Review and Improvement Plans</p>	<p><i>Details and Documentation</i></p> <p>The PQI Committee meets to review the processes of the program to ensure they are effective and place client needs first. Outputs are reviewed monthly and data gathering processes are analyzed. Improvements are made as needed</p>