

Performance & Quality Improvement [Extended Version]

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Performance & Quality Improvement (PQI) Program:

Organization's Philosophy of PQI

The purpose of TCYFS PQI Plan is to provide a leadership driven framework and an organizational structure to **(a)** achieve the mission and strategic goals of TCYFS, **(b)** integrate the organizations performance and quality improvement activities on every level **(c)** ensure that the Board, Leadership Team, Clinical/Professional Staff, and Direct Care Staff demonstrate a consistent endeavor to deliver safe, effective, optimal services **(d)** ensure quality services in an environment of minimal risk and **(e)** create a pro-active environment that is always looking for opportunities for improvement. Our success depends upon the practices of continuous quality improvement, as well as devotion to its principles.

PQI Principles

1. Children, youth, families and other customers/stakeholders are our first priority.
2. Quality is achieved through people.
3. All work is part of a process.
4. Decision making by facts.

PQI Goals

1. To achieve a seamless organization through clear and consistent processes embedded in teamwork.
2. To develop continuous improvement strategies in an effective feedback and reporting system that involves stakeholders, staff, and participants.
3. Assess organizational functions through comprehensive review activities.
4. To contribute to organization effectiveness by providing opportunities for all staff to be involved in leading and promoting positive change within the organization.
5. To demonstrate organizational accountability to all stakeholders through a well-designed system of measurable outcomes.
6. To implement Best Practices in all aspects of the organization.
7. To encourage all areas of the agency to develop short term goals and review these goals annually. To ensure that the short term goals support the overall long term strategic plan.

Stakeholder Involvement

The participation of all stakeholders in the performance and quality improvement activities of the organization are encouraged and valued. The feedback from the communities that we serve is therefore necessary to help us accomplish our stated goals. Twin Cedars Youth and Family Services, Inc. stakeholders include: Clients and families, Board of Directors, TCYFS employees, volunteers/interns, foster parents and our core community partners. From time to time program staff conduct focus groups or disseminate informational material on available services, training, or other forms of community group contacts to identify and engage community members to assist in identifying needs and seek input on quality improvement activities.

Measures & Outcomes

A. Long-Term Strategic Goals

Every 3 years and in partnership with the community, staff, foster parents, consumers, and Board members, TCYFS develops an organization-wide long term strategic plan. The strategic plan outlines the specific goals that the organization will work towards during the 3-year cycle.

- a. The Board will review and approve plan.
- b. As part of the strategic planning process, leadership reviews a demographic profile of persons and families served and compares it to the demographics of the defined service population.
- c. Legal, regulatory and funder mandates regarding measurement of outputs and outcomes is incorporated into the strategic plan, as appropriate.

B. Annual Short Term Plans

Short term plans operationalize the goals/objectives outlined in the long term strategic plan. Each program/department will incorporate high priority areas that will differ based on PQI indicators, outputs/outcomes, and regulatory/contract requirements. Program and departmental staff will drive the development and implementation of short-term plans.

Management/Operational Performance

The organization has established operational and management performance measures in the following core areas:

- **Safety, Security, and Risk Prevention**- the Critical Incident Review Team (CIRT) meets on a quarterly basis to review trends and patterns for defined critical incidents. CIRT will review the following aggregated data to assess for trends:
 - Accidents and Worker's Comp Claims (WC1 Form)
 - Quarterly, conduct a risk management review of the use of service modalities or other organizational practices that involve risk or limit freedom of choice:
 - Restraints (paying close attention to restraints resulting in injury)
 - All cases where a person served was determined to be a danger to self or others (ex. 1013)
 - Other High Risk I/A categories including but not limited to, 911/Police involvement and runaways.
 - Grievances
 - All reports to COA or ORCC that result in citation, or at discretion of Deputy Director.
 - Risk Management role – review incidents that are potentially high liability risk, and conducts annual Risk Assessment for entire agency in August.
- **Staff Retention and Satisfaction**- On an annual basis, Human Resources distributes, collects data on, analyzes results, and produces an Employee Satisfaction Report to assess level of employee satisfaction.
- **Financial Stability** – financial statements are produced monthly for each Program Director to review, and comparisons to budget are reviewed monthly by the leadership team. Monthly financial reports are also made to the Board's Executive/Finance Committee in a formalized meeting. Results are reviewed, action plans are made as necessary, and quarterly financial statements are presented to the full Board for review and comment. Financial reports are used as a tool to guide revenue versus expenses, and are used to assist programs achieve their goal of an annual zero balanced budget.

Operational Procedures

Click on link to view TCYFS Operational Procedures Worksheet [Operational Procedures TCYFS.doc](#)

Outcome Measurement Twin Cedars outcome model includes three levels of measurement:

- Level 1-organization and program objectives established during short and long term strategic planning
- Level 2-client outcomes developed by the programs/departments to support program goals to include:
 - Child health and safety;
 - Family and community involvement;
 - Permanency;
 - Level of Functioning;

- Placement stability; and
 - Reentry into care (recidivism).
- Level 3-individual client outcomes (measured by progress outlined in treatment/service plan). The client documentation tools (intake assessment, service plan, reports and closing forms) are a critical source of outcome information gathering. Outcomes reports focus on assessing program effectiveness. Service delivery statistics include at a minimum the number of persons served per program, service specific outputs, and outcomes. All outcome reports will be prepared for inclusion in the annual report. Each program will establish measurable outcome-based performance expectations and have a monitoring system in place for measuring progress.

Consumer Satisfaction

Each program/service administers satisfaction surveys to those served. Aggregate findings are reported annually, and are used as a tool to identify opportunities for improvement.

- Client surveys administered monthly and at discharge
- Parent/Guardian/Custody Holder discharge surveys
- Stakeholder satisfaction surveys

Using Data for Implementing Improvements

At a minimum, PQI bi-annually aggregates the following reports for Committee members, and Program staff to review, assess trends, and identify opportunities for improvement.

- Satisfaction Surveys
- Program Specific Stakeholder Surveys
- Internal Quarterly Audit Reports
- Residential, Prevention and Community Program Outcomes Reports
- Critical Incidents Review (brief review; in depth review occurs through CIRT)
- Office of Residential Child Caring (ORCC) Citation Aggregate Report
- Annual Short Term Plans (gains against goals discussed annual, but updates should occur as part of staff meeting agendas)
- Policy and Procedure Updates (as needed)
- Other reports as identified