

PARENTS AND CHILDREN TOGETHER

Performance and Quality Improvement - Policy

Parents And Children Together (PACT) is dedicated to providing excellence in services that improve the well-being of children, adults, families, who participate in PACT's programs and for the community at large. The Performance and Quality Improvement (PQI) Plan has as its foundation the organization's vision and mission and exists to build organizational excellence. The Performance and Quality Improvement Plan (Attachment) is developed and maintained by the organization according to best practice and Council on Accreditation standards. The plan provides the guidance and basis for the organization's quality activities. Operational procedures will be developed and maintained based upon this plan. The Plan will be updated based upon the organization's annual evaluation of the quality activities.

PACT's Quality staff responsibilities include, but are not limited to:

- Guiding the development and revision of the plan;
- Facilitating its implementation;
- Researching and promulgating continuous quality improvement concepts and principles;
- Coordinating quality activities throughout the organization;
- Reviewing activities in light of quality standards and practices;
- Conducting training in PQI initiatives;
- Collecting, analyzing and reporting trends in data;
- Eliciting and gathering stakeholder input;
- Providing internal expertise relating to quality principles and data collection methodologies.

Additionally, the staff will act as internal auditors to assure that programs adhere to quality standards of practice. All personnel of the agency are expected to actively seek opportunities to improve service delivery and the organization's operations and to make those observations, ideas, and suggestions known through the quality process.

Approved by the Board of Directors or President & CEO

Date: 4-2-2020



Performance and Quality Improvement (PQI) Plan

I. Introduction

Parents and Children Together (PACT) has been providing high quality social services to some of the most vulnerable individuals in Hawaii since 1968. PACT operates eighteen programs on six islands and delivers services to the most ethnically diverse state in the Nation. Because of its longevity and commitment to meeting the needs of families with disparities, PACT is one of the most established and diversified non-profit agencies in the State of Hawaii. PACT is dedicated to providing quality services for the community at large and for those children, adults, and families who are served by PACT's programs. PACT offers a wide variety of programs and services such as early childhood education for age's birth to five years of age, domestic violence prevention/intervention, child abuse & neglect prevention/intervention, community building & economic development, and behavioral health support.

PACT's Performance and Quality Improvement (PQI) Plan has a strong balance of qualitative and quantitative methods and is integrated into everything PACT does. The PQI Plan has as its foundation the organization's mission of "Working together with Hawaii's children, individuals and families to create safe and promising futures" and vision of "Hawaii is a peaceful, safe and vibrant community with opportunities for all to fulfill their dreams". The Plan exists to build organizational excellence, deliver quality services and produce improved client outcomes and describes a broad-based, agency-wide process that regularly evaluates services and ensures a high level of quality is evidence-informed and aligned with PACT's vision and mission.

A. PACT's Philosophy of PQI

A cornerstone of the PQI program philosophy is the belief that we can better our processes, services and ultimately improve client outcomes. When areas of weakness are identified, process and system details are shared in a spirit of respect and support; this information provides PACT an opportunity to do better. This is accomplished through an application of quality improvement principles, tools and techniques, (specifically, the improvement cycle-PDCA: Plan-Do-Check-Act). PACT's quality activities are designed to maintain confidentiality of client and business information and comply with the confidentiality, privacy and security of information mandates as established by the Health Insurance Portability and Accountability Act.

PACT embraces a philosophy of continuous quality improvement which tenants include:
 quality as a central priority,
 a focus on functions and processes not individual performance,
 data driven, evidence-based and,
 involves staff and leaders from all levels of the organization.

The performance and quality improvement activities are based upon PACT's Performance and Quality Improvement (PQI) Plan and provide specific operational directions for completing quality activities. Improvement activities focus on high-risk, problem-prone or high-volume issues as well as opportunities to build on strengths. Weaknesses or opportunities to improve performance will be

Performance and Quality Improvement Plan

Original: 3-2000; Revised: 4-2004, 7-2005, 3-2008, 2-2012; 10-2014; 6-2015, 1-2016, 4-2019, 1-2020

PQI 01- Attachment

identified and documented using the improvement cycle. Celebrating successes and providing the means for staff to learn from the accomplishments of others are integral activities of PACT's PQI philosophy.

B. PACT's PQI Structure

The Performance and Quality Improvement Plan encompasses all programs, employees, Board Members, contracted service providers, volunteers, funders and partners. All stakeholders (see table in Stakeholder section C.) are expected to participate in performance and quality improvement activities related to their services, and to adhere to standards established by the organization. The PQI structure starts with the programs and direct service providers. Line-staff operate programs and collect key data that are rolled up into reports. PQI reports are sent to the Quality Director and reviewed by the agency PQI committee meeting members. PACT's programs have PQI work groups that review data and implement improvement efforts specific to their programs and services. PQI committee members review, assess, monitor program, service and utilization data; look for trends, problems, improvements and potential countermeasures. PQI committee develops workgroups and project teams to address identified issues. The PQI committee also provides assistance to program level PQI workgroups and members to align performance measures with agency mission, vision and other strategic initiatives. Performance measures, indicators as well as benchmarks are assessed and approved by the Program Director, service area Vice President (VP), Chief Operating Officer, Chief Administrative Office and Quality Director. The PQI committee is chaired by the Quality Director and has representation from leadership and other key staff.

The PQI committee makes recommendations to management for:

- Policy and procedure changes
- Program and service delivery improvements
- Improving client outcomes
- Identifying and removing waste in programs and services
- Streamlining processes
- Solving problems
- Overall agency improvement
- IT system and data improvements
- Improving client and employee satisfaction

The Board of Directors has final authority and oversight for PACT's performance. The Board sets the tenor for the agency, and as such promotes a culture that values quality. The Board is responsible for evaluating and ensuring the organization's progress in achieving the initiatives established by the Strategic Plan; ensuring compliance with appropriate standards; and facilitating the provision of adequate resources for quality activities. The Board receives briefings on PQI in order to evaluate the progress towards achieving agency strategic initiatives.

The Executive Leadership Team, comprised of the President & CEO, Chief Operating Officer, Chief Administrative Officer, Chief Development Officer, Vice President of Community Building, Vice President of Early Childhood Education, Vice President of Intervention Programs, and Vice President of Strategy and Innovation, provides for quality improvement planning and fostering an environment

that promotes a culture that values quality and that is conducive to continuous quality improvement. This group demonstrates leadership and commitment and allocates resources for quality improvement initiatives. Program Directors are responsible for carrying out program-level elements of the Performance and Quality Improvement Plan, prioritizing tasks, managing resources, and ensuring participation by all staff within their purview. Program Directors are members of the PQI Committee.

The Quality Director is responsible for coordination of organization-wide quality planning and monitoring. The Quality Director guides the development of the plan; researches and promulgates continuous quality improvement concepts and principles; reviews all agency activities in light of quality standards and practices; conducts training in quality initiatives. The Quality Director also collects and analyzes data, reports trends, makes recommendations regarding immediate issues that should be addressed, and develops agency policies and procedures. The Quality Director chairs the PQI Committee.

Employees are individually responsible for the quality of their work and are expected to participate in performance and quality improvement activities. Employees are also responsible for carrying out their duties in compliance with standards and “best practices” recognized by the agency, their professional discipline or field of work, and community.

C. Stakeholders

Stakeholder participation is critical and fundamental to the success of designing and implementing PACT’s PQI plan and processes. Stakeholders include but are not limited to clients, employees, volunteers, community organizations, advocacy groups, elected officials, government agencies, consultants, advisory boards, PACT Board of Directors, and funders. The table below details how stakeholders are involved in the PQI system at PACT.

Stakeholder	PQI Components	How Involved
Clients	Client satisfaction	Complete satisfaction surveys
	Client incident reporting	Incident reports completed by staff regarding involved client
	Long-term and short-term planning	May participate in surveys and focus groups
	Outputs and outcomes	View data at program or via web access
	Annual reports	View results via web access
Employees	Case record review	Conduct record review, review results and trend data, participate in planning improvement plans and implement plans
	Long-term and short-term planning	May participate in focus groups, Have Plan knowledge and participate in implementation of plan
	Outputs and outcomes	Participate in data collection, review results, participate in planning improvement plans and implement plans

Stakeholder	PQI Components	How Involved
	Client satisfaction	Review results and trend data, participate in planning improvement plans and implement plans
	Risk management-incident reporting	Incident documentation, review trend data review, participate in planning improvement plans and implement plans
	External review-monitoring	Review report, participate in planning improvement plans and implement plans
	Annual reports	Review report, celebrate successes
	Employee satisfaction	Review results, participate in planning improvement plans and implement plans
Volunteers	Client satisfaction	Review results and trend data, participate in planning improvement plans and implement plans
	Annual evaluation	Review report, celebrate successes
Community partners	Satisfaction with PACT services	Complete surveys
	Stakeholder input for short and/or long-term planning	Focus groups and Individual feedback
	Annual reports	Access results via web page
Community organizations	Stakeholder input for short and/or long-term planning	Focus groups and Individual feedback
	Annual reports	Access results via web page
Advocacy groups	Annual reports	Access results via web page
	Stakeholder input for short and/or long-term planning	Focus groups and Individual feedback
	Quality data upon request	Individual feedback
Elected officials	Annual reports	Access results via web page
	Quality data upon request	Individual feedback
Board of Directors	Stakeholder input	Seek community feedback
		Represent PACT to community
	Annual reports	Summary report to Board
	Risk/issues monthly status	Review data
	Risk Management review	Review Annual Report
	Quality reports	Review data
Employee satisfaction	Review results	
Funders	Quarterly reports	Results of program activities
	Quality data upon request	Format as requested

Stakeholder	PQI Components	How Involved
	Annual reports	Access results via web page
Contractors	Annual reports	Access results via web page
Consultants	Annual reports	Access results via web page
	Quality data upon request	Format as requested

D. Improvement Cycle

PACT's improvement cycle is designed to improve the effectiveness of PACT's programs and services; thereby improving outcomes for clients. The agency improvement cycle operates with best practices modeling where quantitative and qualitative data are gathered from a broad variety of individuals and groups to assess the performance of programs and services; as well as to diagnose any emerging challenges or gaps in services. For example, PACT gathers and monitors program and service data as well as evaluates case records to ensure high quality documentation and service delivery. PACT gathers input from clients, line staff, supervisors, managers and collaborating organizations to offer regular feedback on operations and functions of PACT's programs and services. Service data and other inputs are reviewed by PQI Committee members and trends related to continual areas of struggle or the success improvement strategies and lessons learned are highlighted at regular PQI committee meetings as described in section II. Measures and Outcomes.

Data reports and other feedback from eighteen programs across the State of Hawaii including its main office on Oahu and five neighbor islands (Maui, Kauai, Big Island, Lanai and Molokai) are reviewed by PQI committee members. Because of the unique geography of Hawaii, staff utilizes video conferencing and other technologies to stay in continuous contact. The Quality Director, executives and other staff also travel between the islands to foster positive rapport with staff. The Quality Director and committee members track and monitor identified measures, look for trends and other patterns, and compare our performance with established benchmarks.

PACT uses data to identify opportunities to improve systems, services and programs. Where data illuminates' problems needing to be addressed, Program Directors indicate improvement opportunities and strategies in the Explanation and Planned Response section of the Key Output's or Outcome's tab of the PQI Report. As the quarters progress, Program Directors add to the report, how the program is carrying out the improvement steps and the result of the changes.

Programs develop and work on a Program Improvement Project (PIP) to dive deeper into issues (data/evidence), either validate identified problems or assess for other root causes and develop improvement strategies to improve the performance of existing services. PIPs can be based on improvement opportunities identified in Case Record Review data, Client Satisfaction Survey data, Community Partner feedback, employee feedback and key output and outcomes data. The model utilized is Plan-Do-Check-Act (PDCA). Program staff including area Vice President, Program Director and Supervisors meet with the Chief Operating Officer, Chief Administrative Office and Quality Director to discuss PIP proposals and proposals received final approval from the Chief Operating Officer. Staff at all levels participate in the development and implementation of PIPs, including in the identification of improvement opportunities, contributing factors, current practice, improvement strategies and in the implementation of and evaluation of strategies. Program Directors complete a

quarterly PIP report to provide the PQI Committee a project progress up-date. The PIP report is attached to the PQI Reports.

Where best practices are identified and lessons are learned, program leaders incorporate them into operations where feasible and where they will produce improved outcomes for clients and programs. PACT's quality efforts are followed and reviewed to determine if they have produced the intended results. Where quality efforts have produced the intended results, those efforts will be incorporated into program protocols, training, policies and procedures; and where the quality improvement efforts did not produce the intended results, they will be discontinued, and other evaluation will be conducted to achieve a better understanding of the issues.

PACT's performance and quality improvement activities support a customer service focus and are organized according to best practice and Council on Accreditation standards. Improvement activities focus on high-risk, problem-prone or high-volume issues; providing opportunities to replicate successes throughout the organization; and take every opportunity to celebrate achievements and improvements. An integrated approach is used to improve outcomes, processes and systems while sustaining services and initiating action for identified opportunities. The Plan-Do-Check-Act (PDCA) model is the quality process utilized by PACT. This model provides a consistent opportunity-identification and problem-solving approach for performance and quality improvement activities throughout the organization and provides a clear rationale for decisions when considering practice. The improvement process includes:

- Plan: Opportunity or problem identification, data collection and analysis, decide on change to be implemented;
- Do: Implement the plan;
- Check: Review and measure the results; and
- Act: Incorporate the improvement/change into normal operations or if unsuccessful complete the PDCA cycle with another change.

PACT regularly provides positive feedback to staff and recognition at all levels of the organization. Each program has their own unique staff recognition and team building activities. PACT believes with regards to PQI, it's more effective to identify problems and issues in relationship to a process or a system issue rather than blaming individuals. PQI offers high support and focuses on strengths while identifying where practice can be improved. PACT firmly believes in building staff and promotes a positive work environment that makes it easier to do the right thing, and not make mistakes or not follow agency procedures. The approach looks at informing and encouraging improvement and supporting the development of staff and services. In the spirit of working on issues in the system and within our processes, PACT has a culture of continuously making things better.

PACT's PQI efforts can identify and resolve simple and complex issues, while maintaining focus on outcomes achieved for the client. When systemic problems are identified a greater effort among leadership is required. These types of issues are more formally defined and short and long-term strategies are employed; resources may be identified and allocated; and improvement teams will have defined goals and objectives; as well as measurable outcomes. All of PACT's programs and staff have PQI goals and regularly discuss PQI activities at staff meetings. The Quality Director in collaboration with the Chief Administrative Officer is constantly evaluating PQI measures, metrics, benchmarks and

goals for the agency overall as well as within each program specific area. Each program develops goals in relation with PQI and brings ideas, solutions and identified challenges from staff and other stakeholders to PQI Committee, the Management Team or Executive Leadership.

II. Measures and Outcomes

PACT's PQI program encompasses a wide variety of data measures, metrics, program activities and administrative functions. PACT gathers program specific quality metrics, community partner's feedback, employee and client satisfaction; and reviews and assesses specific programs goals and benchmarks and conducts analyses to assist and support programs in their efforts to improve function and system effectiveness. In FY 2019 the programs collected data on 123 key output measures and 103 key outcome measures. Annotated below are the scope of PACT's measures and outcomes. PACT's leadership has dovetailed PQI into its strategic plan, fiscal strategies, staffing and human resources improvement efforts. PACT's board of directors is engaged in and briefed on PQI activities; provides oversight for the overall PQI system.

A. Client Outcomes

- Every program collects data on a least two key outputs and two key outcomes measures and track compliance with funder required outputs and outcomes. The Performance and Quality Improvement (PQI) report documents output and outcome data and is completed by the Program Director. This record of the key program outputs and outcomes, and compliance with contract requirements is reported quarterly to the PQI Committee and Executive Leadership Team.
- The PQI report provides the means for timely feedback for the Executive Leadership Team to evaluate the program's practice and assure that the provision of services and its impact is meeting the contractual obligations.

B. Program Results / Service Delivery Quality

- Case Record Review
- Client outputs & outcomes – meeting contractual obligations
- Program Improvement Projects
- Client Satisfaction Surveys
- Other stakeholder input - focus groups, advisory boards, etc.
- Incident Reports
- Client concerns/complaints
- External review or monitoring feedback
- Review of program operational procedures with staff feedback
- Review of staff training data

C. Management & Operational Performance

1. Case Record Review

Quarterly case record review is conducted on client records from every program where case records are maintained. A sample of open, closed and high-risk records will be reviewed according to the specific service section (*see Case Record Review Procedure*).

2. Client Outputs and Outcomes (Meeting Contractual Obligations)

- A. Output data for all clients is collected each quarter by each program.
- B. Outcomes measurement data is collected for all clients each quarter by each program.
- C. Selection of output and outcome measurement will be based upon best practice, needs of the clients, service goals, and contractual obligations.
- D. Program staff, Program Directors, Executive Leadership Team members, the Quality Director and stakeholders, as appropriate, participate in the selection of the output and outcome measurements.
- E. Standardized tools are used to collect outcome measurement data when feasible.
- F. The output and outcome data are analyzed quarterly at the program to help evaluate client progress and program effectiveness.
- G. The weaknesses/opportunities identified may trigger the improvement cycle based on priority determination by the program and agency.
- H. Output and outcome data are reported quarterly using the standardized agency form, Performance and Quality Improvement (PQI) report (*attached*).
- I. The PQI report is uploaded to the PQI SharePoint site for the Quality Director to review. Issues, opportunities, and actions taken to improve client outputs or outcomes are documented in the PQI Report using a P-D-C-A format.
- J. Quarterly, the PQI Committee members review the PQI Reports and analyzed for trends by the Quality Director. Issues needing higher level of intervention and support are identified by the Quality Director and brought to the Program Director and VP of Program's attention so they can be acted on.
- K. Issues and opportunities may be verbally discussed at the PACT Management Meeting.
- L. Annual data is reported to the Board of Directors as part of the Annual Quality Report.

3. Client Satisfaction Surveys

- A. Client satisfaction data is collected at discharge and annually (for active clients) from programs (*see Client Input and Feedback Procedure*).
- B. Each program determines best method for collecting and reporting satisfaction data.
- C. Program Directors will review data as it is obtained and document strengths, weaknesses/opportunities or other findings, if any, in the PQI Report.
- D. Issues, opportunities, and actions taken to improve client satisfaction will be documented in the PQI Report and may be verbally discussed at the PACT management meeting.

4. Other Stakeholder Input (focus groups, advisory boards, etc.)

- A. Program Directors will document other stakeholder input, if any, in the PQI Report.
- B. Improvement efforts, as a result of the stakeholder input, will also be documented in the PQI Report.

5. Client Concerns/Complaints

- A. Program Directors will document the essence of client concerns/complaints, if any, in the PQI Report.
- B. Improvement efforts, as a result of the client concerns/complaints, will also be documented in the PQI Report.

6. External Review or Monitoring Feedback

The PQI Committee will be briefed by the area VP on findings from external reviews. In some cases, solutions can be implemented by the Program Director. In situations where findings indicate a more complex and high-level solution, the Quality Director may be integrated into the PQI improvement cycle as needed.

7. Review of Operational Performance Measures/Staff Input

- A. Each quarter, Program Directors reviews operational measures data (incident reports, client satisfaction) and may have discussion with their staff about strengths, weaknesses, opportunities and barriers, if any, related to internal operational performance measures. The process will include:
 - A review of any client incident report and any client satisfaction data.
 - A discussion of operational concerns related to program operations, client services or agency policies, procedures or issues.
 - A discussion of training needs and opportunities.
 - A review of internal operational successes and opportunities to replicate them.
 - Recognizing areas of excellence; operations and individual staff members.
- B. Issues, opportunities, and actions taken to improve operational processes will be documented in the PQI Report and may be verbally discussed at the PACT Management Meeting.
- C. Minutes of staff meetings will be maintained at the program.

D. Compliance with External Regulatory Requirement

PACT possesses all relevant licenses and complies with all federal, state and local laws and regulations. There are a variety of procedures in place to ensure compliance, including ready access to legal assistance if necessary. We comply with all federal, state, and city and county procurement rules and regulations and ensure that our facilities meet all the OSHA and ADA requirements through constant training of all responsible individuals.

PACT complies with external regulatory requirements such as Federal and State agencies who license non-profit organizations. PACT maintains its State of Hawaii non-profit organization registration; is reviewed by the Federal/IRS Determination agency. Because PACT has eighteen unique programs that are funded by numerous sources including Federal, State, local government agencies, and private foundations; PACT is monitored and reviewed by each funding source.

The Safety Committee reviews incident reports, related health issues and safety inspections on a monthly basis and develops remedial actions as necessary. PACT ensures compliance with employment laws through Agency Human Resource staff. PACT provides updated human resources and training when laws change our practice, has membership in the Hawaii Employer Council, and

consults with our employment attorney when necessary. This allows PACT to ensure current and up to date human resources practices.

PACT carries appropriate liability insurance to cover employees, Board members and management staff members for actions occurring while performing their duties within their identified roles in the organization. All insurance policy information is included in the Board Manual and reviewed with new Board members. At least once a year, there is an evaluation of the level of insurance coverage carried by PACT and a presentation is made to the Board by PACT's insurance broker; including the identification of any new or emerging financial risks for the agency. The broker makes suggestions for increases in coverage, if needed.

III. PQI Operational Procedures and the Improvement Cycle

PACT's operational procedures for the components of its PQI program include client's case record review; client data outputs and outcomes; client and employee satisfaction; stakeholder input; client, employee and other incident reports; and specific program goals, accomplishments and challenges.

A. PQI Data Management Procedures

PACT's data are collected by each program and for specific operational functions. For example, Case Record Reviews are conducted quarterly and by each program. The Quality Director reviews each program's case record review report and writes an agency report that includes a narrative assessment of each individual program's case record review findings and any related challenges and/or improvement strategies that were identified in the PQI Report. The case record review report is sent to the PQI committee members and is discussed at the following PQI committee meeting. Any opportunity to improve is discussed and passed on to the Program Director. The Quality Director provides each Program Director with an assessment and findings of their program, including graphs of the Case Record Review data. Similar to the Case Record Review other PQI data follows a similar process. The PQI outcomes and outputs are generated by the programs and provided to the Quality Director and provided to the PQI committee for review. The Quality Director provides each Program Director graphed key outputs and outcomes data for Program Directors to incorporate into a program level quarterly PQI presentation. The presentation focuses on and provides staff an opportunity to be included in a review of quarterly Case Record Review, PQI and Client Satisfaction data and PIP update. Staff are invited to discuss program strengths and challenges as evidenced by the data and offer suggestions to capitalize on successes for sustained practice or to possible contributing factors and upturn strategies for identified improvement opportunities.

1. Review of Employee Satisfaction Data and Staff Retention Issues

A. Employee satisfaction data are collected annually using an external agency. Input is obtained on the following topics:

- Leadership and management
- Personnel development, recognition, and career opportunities,
- Quality of work environment,
- Adequacy of compensation and benefits,
- Interdepartmental communication, and
- Organizational policies and procedures.

- B. Results are reviewed and analyzed at the PQI Committee
- C. Strengths and weaknesses/opportunities identified related to employee satisfaction are documented in the PQI minutes.
- D. The weaknesses/opportunities identified may trigger the improvement cycle based on priority determination by the agency.
- E. Issues, opportunities, and actions taken to improve employee satisfaction are documented in the PQI Committee minutes.
- F. Issues and opportunities may be verbally discussed at the quality section of the PACT Management Meeting.
- G. Human Resource data (i.e. personnel turnover, retention data) will be discussed annually at the PQI Committee and during the quality section of the PACT Management Meeting to identify improvement opportunities.
- H. Recruitment and retention barriers and opportunities are discussed as well as any other human resource or supervision issues.
- I. Opportunities to improve performance are determined and managed using the quality process of Plan-Do-Check-Act (PDCA).

2. Program Improvement Projects

PACT uses data to identify opportunities to improve systems, services and programs. Where data illuminates' problems needing to be addressed, program directors may develop and work on a Program Improvement Project (PIP) to dive deeper into issues (data/evidence), either validate identified problems or assess for other root causes and develop improvement strategies to improve the performance of existing services.

- PIPs can be based on improvement opportunities identified in Case Record Review data, Client Satisfaction Survey data, Community Partner feedback, employee feedback and key output and outcomes data.
- The model utilized is Plan-Do-Check-Act (PDCA).
- Program staff including area Vice President, Program Director and Supervisors meet with the Chief Operating Officer, Chief Administrative Office and Quality Director to discuss PIP proposals and proposals received final approval from the Chief Operating Officer.
- Staff at all levels participate in the development and implementation of PIPs, including in the identification of improvement opportunities, contributing factors, current practice, improvement strategies and in the implementation of and evaluation of strategies.
- Program Directors complete a quarterly PIP report (*see attached*) to provide the PQI Committee a progress up-date.
- The PIP report is attached to the PQI Reports.

3. Risk Management

- A. The Performance and Quality Improvement Committee review all incidents related to:
 - Administering or storing medications,
 - Service modalities that limit freedom of choice,
 - The use of restrictive behavioral management techniques,
 - Incidents of danger to self or others,
 - Serious illnesses, injuries, deaths.

- B. Recommendations for improvement will be forwarded by the PQI Committee to the Executive Leadership Team for review and action as appropriate.
- C. The Safety Committee reviews quarterly the following trended data:
 - Client incidents,
 - Employee injury reports and
 - General Incident Reports (other unusual occurrences)
- D. Recommendations for improvement will be forwarded to Management Team.
- E. The Chief Administrative Officer will submit all trends related to Risk Management quality activities to the PACT Board as needed and at least annually.
- F. Employee grievance data will be reviewed at Executive Management Meeting.
- G. The Chief Administrative Officer will complete a review of the organization’s compliance with legal requirements including licensing and mandatory reporting once a year as part of the annual Risk Management Report. The Risk Management Report will be reviewed at the PQI Committee, at the PACT management meeting and will be presented to the Board of Directors.
- H. Quarterly, at the PACT Management Meeting, the following trended data (No specific individual identifiable data will be shared) will be reviewed:
 - Incidents relating to clients or unusual occurrences
 - Employee Accidents & Injuries
 - General Incident Reports
- I. Opportunities to improve performance are determined and managed using the quality process of Plan-Do-Check-Act (PDCA).

Communicating the results of quality activities is essential for the success of the quality program. Communication increases awareness of quality principles, provides the means for building on current successes, sustains interest in quality improvement and stimulates future efforts. The agency Leadership, staff and Board of Directors can learn from the successes and identified opportunities of individual programs to improve services. Results of quality activities are communicated to staff, management, clients and the Board of Directors.

B. Using Data

The matrix below describes the components of PACT’S management and operational performance efforts. These represent the data sources by which the agency evaluates its performance and generate opportunities to improve.

Component	Summary	Reference
Long-Term Planning	This multi-year planning process uses stakeholder participation; community needs assessment, review of available services, and demographic profiles of the community at large and actual clients. The planning process includes review of the organization’s vision, mission, values, mandates and performance; goal setting; assessment of strengths, weaknesses, and resource needs; and formulation of strategies and objectives to meet goals.	Strategic Planning Policy
Short-Term	Annual plans that describes objectives and activities that	Strategic

Component	Summary	Reference
Planning	support the agency-wide long-term goals and are based upon feedback from the quality improvement process and stakeholder participation.	Planning Policy
Management/Operational Performance	The agency evaluates management/ internal operations to identify strengths, weaknesses/opportunities and barriers if any, to service and improvement opportunities.	Quality Activities Procedure
Program Operational Processes and Staff Input	Programs evaluate internal operations to identify strengths, weaknesses/opportunities and barriers if any, to service and improvement opportunities.	Quality Activities Procedure
Risk Management	The agency conducts quarterly reviews of immediate and ongoing risks.	Quality Activities Procedure
Case Record Review	Case record review is conducted quarterly on a sample of open, closed and high-risk client records.	Case Record Review Procedure Quality Activities Procedure
Client Outputs and Outcomes (Meeting Contractual Obligations)	Output and outcome measurements are determined by each program based upon best practices; funder requirements; and accreditation standards. Output and Outcome data is analyzed quarterly at the program level and helps evaluate client progress and program effectiveness.	Quality Activities Procedure
Program Improvement Project	PIPs are determined by each program in collaboration with the VP, COO, CAO and QD when a problem or opportunity to improve has been identified and can be based on improvement opportunities identified in Case Record Review data, Client Satisfaction Survey data, Community Partner feedback, employee feedback and key output and outcomes data. The model used is P-D-C-A. Improvement strategies are evaluated quarterly through data collection and analysis.	Quality Activities Procedure
Client Satisfaction and other stakeholder input.	All programs gather formal client satisfaction data at a minimum annually. A standardized client satisfaction survey will be used. Programs may add supplemental questions. Client complaints are addressed and evaluated as opportunities to improve systems and processes. Complaints not reconciled at the program level will be forwarded to the service area VP.	Client Input Policy Quality Activities Procedure Client Protections Policy
Monitoring of Purchased Services	Program Directors evaluate the quality of services provided to PACT's clients through purchased services.	Quality Activities Procedure

- A. Program quality activities are reported quarterly using the PQI Report to the Quality Director. Quality activities include:
 - Case Record Review
 - Client outputs & outcomes – meeting contractual obligations
 - Program Improvement Projects (PIPs)
 - Client Satisfaction Surveys
 - Other stakeholder input - focus groups, advisory boards, etc.
 - Incident Reports
 - Client concerns/complaints
 - External review or monitoring feedback
 - Review of program operational procedures with staff feedback
 - Review of staff training data
- B. Data collection and analysis are completed and reported in the PQI Report for each topic as it occurs.
- C. Opportunities to improve performance are managed using the quality process of Plan-Do-Check-Act (PDCA).
- D. Program quality activities will be discussed at program staff meetings at least quarterly.
- E. PQI Reports are due to the Quality Director 60 days after the end of the quarter.

2. Performance and Quality Improvement Committee

- A. The PQI Committee members review the aggregated data from the program quality activities.
 - Case Record Review
 - Client outputs & outcomes – meeting contractual obligations (PQI)
 - Client Satisfaction Surveys
 - Program Improvement Projects (PIPs)
- B. The PQI Committee reviews the aggregated data from the program quality activities.
 - Other stakeholder input - focus groups, advisory boards, etc.
 - Critical Incident Reports
 - Client concerns/complaints
 - External review or monitoring feedback
- C. The PQI Committee reviews aggregated organization-wide data.
 - Community partner satisfaction
 - Agency-wide case record review
 - Agency-wide client satisfaction
 - Employee satisfaction
 - Risk management data
 - Management/operational performance measures
- D. The PQI Committee reviews service delivery practice through monthly program

presentations.

To promote reflective and shared practice across the agency, one or two programs per month presents at the monthly PQI Committee meeting either:

- A program highlights and the process with which success was achieved (lessons learned). The PQI Committee members break into small groups to discuss how the lessons learned could apply in their program and present back to the group.
 - A program struggle and how it's been addressed. The program solicits from the committee ideas related to something they need help with. PQI Committee members break into small groups to discuss the issue and generate questions or potential solutions to present back to the group.
- E. The PQI Committee completes an in-depth review of incident related to behavior management interventions.
- F. This data is analyzed and strategies for improvement will be determined.
- G. This information and the resulting action plans are presented at the monthly Management Team meetings and Executive Leadership Team as appropriate.

3. Management Meeting

- A. A summary of program quality activities is presented and discussed as needed at the PACT management meeting. Successes and opportunities to improve are shared to enhance learning.
- B. Operational issues impacting entire organization is discussed and acted upon.
- C. Feedback from the PACT management meeting is communicated to staff via program level staff meetings.
- D. The CEO or designee will raise issues needing the attention of the Board of Directors.

C. Assessment of the effectiveness of the PQI System

The Quality Director will complete an annual evaluation and summary of quality activities. The summary includes an evaluation of the effectiveness of the quality program, the achievement of improved processes, educational needs and recommendations for program improvement. The Performance and Quality Improvement Plan and organizational policies will be modified based upon the results. The report will be presented to the PQI Committee and to the Board of Directors.

IV. Planning Ahead

The Quality Director manages overall strategies and leads planning activities with the Executive Leadership Team (ELT), Program Directors (PDs) and other program staff. The Quality Director engages in high level planning that ensures PQI's priority with planning and prioritization among agency-wide and program specific; short and long-term planning activities. The Quality Director actively solicits input from EMT and PDs to further the agency's PQI planning and development for the future. Findings from the annual evaluation are shared with clients, stakeholders, and partners through the organizational annual report, the agency web page, and via program level activities. Findings from the annual report are shared with employees at program level staff meetings.