

## 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: 2/1/2024



## 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 twenty-four programs on five 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 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 Executive Vice President (EVP), Chief Administrative Officer 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 Administrative Officer, Chief Development Officer, Executive Vice President of Community Building, Executive Vice President of Early Childhood Education, Executive Vice President of Intervention Programs, and Vice President of Strategy and External Affairs, 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
	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

Stakeholder	PQI Components	How Involved
	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
	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 all 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 Executive Vice President, Program Director and Supervisors meet with the Chief Administrative Office and Quality Director to discuss PIP proposals and proposals received final approval from the Executive Vice President. 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 2023 the programs collected data on 125 key output measures and 89 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 as reported in client satisfaction surveys
- 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. As possible, programs review disaggregate data to identify patterns of disparity or inequity that can be masked by aggregate data reporting.
- 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 the reports are 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 EVP 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 Highlights and Accomplishments Report and the Annual Quality Evaluation 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**

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

### **6. External Review or Monitoring Feedback**

The PQI Committee will be briefed by the area EVP or by the Program Director 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 review 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.

## **8. 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 multiple 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 monthly and develops remedial actions as necessary. PACT ensures compliance with employment laws through Human Resources practices and procedures. The human resources team are members of SHRM and SHRM\_Hawaii. PACT is also a member of the Hawaii Employer Council. PACT offers training regarding employment law, best practices and resources for supervisors, managers and leadership regularly. When necessary, human resources consult with PACT's employment attorney for legal guidance. 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. Annually, 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. 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 and area EVP 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. Program Directors review quarterly PQI data with staff at staff and provide staff an opportunity to be included in a review of quarterly Case Record Review, PQI and Client Satisfaction data and PIP update. The primary person responsible for the quality of services delivered by an independent contractor is the person who conducts the evaluation. 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.
  - Training & technology
  - DEI practices
- B. Results are reviewed and analyzed by Human Resources, the Executive Leadership Team and at Management Meeting.
- C. A detailed action plan is developed based upon the survey results and feedback from staff.
- D. Strengths and weaknesses/opportunities identified by Program Directors related to program staffing are documented in the program's PQI Reports.
- E. The weaknesses/opportunities identified may trigger the improvement cycle based on priority determination by the program or the agency.
- F. Issues, opportunities, and actions taken to improve employee satisfaction are documented in the Annual PQI Highlights and Accomplishments Report.

- G. Issues and opportunities may be verbally discussed at the quality section of the PACT Management Meeting.
- H. Human Resource data (i.e., personnel turnover, retention data) will be discussed annually at the PACT Management Meeting to identify improvement opportunities.
- I. Recruitment and retention barriers and opportunities are discussed as well as any other human resource or supervision issues.
- J. 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 Executive Vice President, Program Director and Supervisors meet with the Chief Administrative Office and Quality Director to discuss PIP proposals and proposals received final approval from the Executive Vice President.
- 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 employee injury report trended data.
- 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
<b>Long-Term Planning</b>	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
<b>Short-Term Planning</b>	Annual plans that describes objectives and activities that support the agency-wide long-term goals and are based upon feedback from the quality improvement process and stakeholder participation.	Strategic Planning Policy
<b>Management/ Operational Performance</b>	The agency evaluates management/ internal operations to identify strengths, weaknesses/opportunities, and barriers if any, to service and improvement opportunities.	Quality Activities Procedure
<b>Program Operational Processes and Staff Input</b>	Programs evaluate internal operations to identify strengths, weaknesses/opportunities, and barriers if any, to service and improvement opportunities.	Quality Activities Procedure
<b>Risk Management</b>	The agency conducts quarterly reviews of immediate and ongoing risks.	Quality Activities Procedure
<b>Case Record Review</b>	Case record review is conducted quarterly on a sample of open, closed and high-risk client records.	Case Record Review

Component	Summary	Reference
		Procedure Quality Activities Procedure
<b>Client Outputs and Outcomes (Meeting Contractual Obligations)</b>	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. When possible, programs review disaggregate data to identify patterns of disparity or inequity that can be masked by aggregate data reporting.	Quality Activities Procedure
<b>Program Improvement Project</b>	PIPs are determined by each program in collaboration with the EVP, 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
<b>Client Satisfaction and other stakeholder input.</b>	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 EVP.	Client Input Policy Quality Activities Procedure Client Protections Policy
<b>Monitoring of Purchased Services</b>	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 as reported in client satisfaction surveys
  - External review or monitoring feedback
  - Review of program operational procedures with staff feedback
- 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 incidents 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 completes 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 ELT 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.



## 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 twenty-four programs on five 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. Parents And Children Together (PACT) is dedicated to providing quality services for the community at large and for those children, adults, and families who are in the greatest need of 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 prevention/intervention, community building, and behavioral health.

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 in the organization's vision and mission, and exists to build organizational excellence, deliver quality services and produce improved client outcomes. PACT's vision is to see Hawaii as a peaceful and safe community living as an 'ohana successfully helping its members realize their dreams and full potential and its mission is to promote and support healthy individuals, families and communities by creating opportunities for them to identify and address their own strengths, needs, and concerns and successfully realize their potential. The plan 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 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. Stakeholders are requested 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 at the agency PQI committee meetings. PACT's programs have PQI work groups that review data and implement improvement efforts specific to their programs and services. The agency PQI committee meetings review, assess, monitor program, service and utilization data; look for trends, problems, improvements and potential countermeasures and may institute workgroups and project teams to address identified organizational 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 PQI committee. 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 safety and preventing injuries among clients and staff
- 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 Administrative Officer, Chief Development Officer, Executive Vice President of Community Building, Executive Vice President of Early Childhood Education, Executive Vice President of Intervention Programs, and Vice President of Strategy and External Affairs, 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 is expected to demonstrate leadership and commitment and to allocate 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. The Chief Administrative Officer, Executive Vice President of Community Building, Executive Vice President of Early Childhood Education, Executive Vice President of Intervention Programs, Quality Director, Program Directors and Assistant 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. Stakeholders are involved in the PQI process through a broad range of activities. For example, clients complete satisfaction surveys, may participate in a focus group or review PQI data. Employees participate in PQI data collection, review and analysis through case record review, output and outcome monitoring and client satisfaction processes.

### **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, collaborating organizations to offer regular feedback on operations and functions of PACT's programs and services. Service data and other inputs are presented at regular PQI committee meetings for review as described in section II. Measures and Outcomes.

Data reports and other feedback are discussed at PQI committee. PQI committee reviews reports from twenty-four programs across the State of Hawaii including its main office on Oahu and four neighbor islands (Maui, Kauai, Big Island, and Molokai). 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, the committee develops improvement teams with subject matter experts and other key staff including the Quality Director to dive deeper into issues (data/evidence); and either validate identified problem or assess for other root causes. 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. 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. 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. 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 are able to identify and resolve simple and complex issues. 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 primary person responsible for the quality of services delivered by an independent contractor is the person who conducts the evaluation. 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 2023 the programs collected data on 125 key output measures and 89 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 Outputs and 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
  - ▶ 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 to ensure high quality file/case documentation.
- Client Satisfaction Surveys
  - ▶ Client satisfaction data is collected at discharge and annually (for active clients) from programs. PACT's client surveys measure client satisfaction regarding satisfaction or dissatisfaction with personnel, services, accessibility, cultural sensitivity and service results.
- Other stakeholder input - focus groups, advisory boards, etc.
  - ▶ PACT gains input from external stakeholders to expand our reach in understanding how we can improve our services. Stakeholder input is included in PACT's PQI Committee and in some cases PACT initiates improvement teams to address stakeholder feedback.
- Incident Reports
  - ▶ PACT has three types of incident forms: 1) client incident, 2) employee incident and 3) general incident.
  - ▶ PACT reviews incident forms and some incidents are reviewed at our PQI Committee meetings to offer opportunities to improve programs and services for our clients.
- Client concerns/complaints
  - ▶ PACT values customer feedback. PACT staff reviews client complaints/concerns and addresses/resolves as appropriate. When appropriate, PACT makes program and service delivery improvements based on individual complaints/concerns.
- External review or monitoring feedback
  - ▶ PACT is accredited by a national accreditation agency (Council on Accreditation). PACT has been successfully accredited by the Council on Accreditation (COA) for over fifteen years.
  - ▶ PACT is monitored by numerous funders and we have been successful in demonstrating our ability to perform well with our programs.
  - ▶ Findings from external reviews will be documented by each Program Director when they occur and issues, opportunities, and actions taken to improve operations as a result

of the external review are documented in the PQI Report. Opportunities for agency improvement are discussed and acted upon in the PQI Committee.

### **C. 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 sixteen 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.

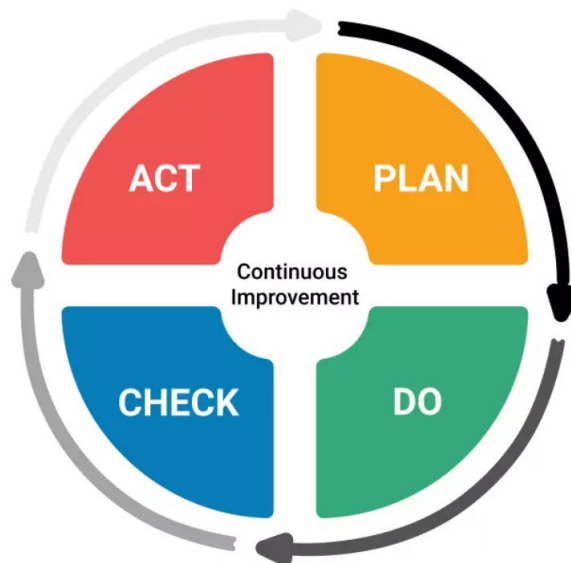
### **III. Annual Evaluation and Planning Ahead**

The Quality Director and Training 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, at the PACT Management Meeting and to the Board of Directors.

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 ELT 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.

# PDCA Cycle

## From Problem-Faced to Problem-Solved



The **PDCA** process will be implemented if an improvement opportunity is identified. Some improvement cycles may be completed in one quarter, other may take several or even a year based on the complexity of the opportunity. Each quarter, document improvement activities in the cycle.

**Plan:** Activities in the Planning phase include: Recognize or identify a problem or an opportunity to improve. Generate potential ideas, options or actions. Identify, collect and analyze data. Plan the approach or change.

**Do:** The activities in the Do phase are simple: Decide and Implement the changes from the plan

**Check:** Activities in the Check phase: Review & measure the results of your actions through data collection & analysis. The data collection should be the same measurement activity as in the planning phase. What did you learn?

**Act:** Activities include: Decide whether the particular change is worth continuing. Did it consume too much time, was difficult to adhere to or didn't improve anything? If unsuccessful, complete PDCA cycle with a different plan. If changes are successful, incorporate into permanent practice (policy, procedure, guidelines, training). Standardize the process.

# OUTPUTS

PROGRAM: \_\_\_\_\_

QUARTER: SELECT

PLEASE INDICATE IF YOUR PROGRAM HAS A CLOSED OR OPEN REFERRAL SYSTEM: \_\_\_\_\_

KEY OUTPUTS	ANNUAL	Q1				Q2				Q3				Q4			
		Q1	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	Q2	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	Q3	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	Q4	YTD	ON TRACK	ACTION OR RESPONSE NEEDED
1		###	####	SELECT		#DIV/0!	#####	SELECT		#DIV/0!	#DIV/0!	SELECT		#DIV/0!	#DIV/0!	SELECT	
2		###	####	SELECT		#DIV/0!	#####	SELECT		#DIV/0!	#DIV/0!	SELECT		#DIV/0!	#DIV/0!	SELECT	

	ANNUAL	Q1					Q2					Q3					Q4								
		DONE	DUE	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q2	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q3	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q4	YTD	ON TRACK	ANNUAL MET?	ACTION OR RESPONSE NEEDED
3	80%			####	#####	SELECT			#DIV/0!	#####	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	SELECT
4	80%			####	#####	SELECT			#DIV/0!	#####	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	SELECT
5	80%			####	#####	SELECT			#DIV/0!	#####	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	SELECT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	SELECT
Number of Outputs NOT on Track*						0	0%					0	0%					0	0%					0	0%
Number of Outputs on Track						0	0%					0	0%					0	0%					0	0%

\*Note: Generally, each quarter's achievement will be 25% of the Annual Expected.

If the quarter's achievement is below the quarter's expected, please select "Yes" or "No" from the Action or Response Needed Drop-down menu to indicate if the program will provide an explanation or develop a planned response.

## EXPLANATION & PLANNED RESPONSE

select reporting quarter	The information gathered by the above performance indicator(s) is a reflection of the program's daily service delivery process. If measurements above are off track, the results may indicate a need to change aspects of the service delivery. If so, please explain below which outputs you will address, based upon the program's priorities. The purpose is to improve the performance of existing services through system's analysis and process improvement. <i>This is a living document; add to the report as you develop and implement improvement strategies throughout the year. Every quarter that NEW information is added below, note the quarter that you've added it in the "Reporting Quarter" column. DO NOT change the quarter from the "Select" drop down for information that you wrote in former quarters.</i>							
	OUTPUT #	DESCRIBE AN IMPROVEMENT OPPORTUNITY (WHAT IS THE PROBLEM AND WHAT DO YOU WANT TO ACHIEVE)	IDENTIFY POTENTIAL IMPROVEMENT STRATEGIES	BY WHEN	select reporting quarter	DESCRIBE HOW YOU ARE CARRYING OUT THE IMPROVEMENT STEPS (HOW IS IT GOING)	select reporting quarter	RESULTS (DID YOU MEET SUCCESS? WILL YOU ADOPT, ADAPT OR ABANDON THE CHANGES)
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	

# OUTCOMES

PROGRAM: \_\_\_\_\_ QUARTER: SELECT

KEY OUTCOMES	Q1					Q2					Q3					Q4													
	ANNUAL	DONE	DUE	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q2	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q3	YTD	ON TRACK	ACTION OR RESPONSE NEEDED	DONE	DUE	Q4	YTD	ON TRACK	ANNUAL MET?	ACTION OR RESPONSE NEEDED				
1				#DIV/0!	####	SELECT			#DIV/0!	#DIV/0!	####	SELECT			###	#DIV/0!	###	SELECT			#DIV/0!	#DIV/0!	####	#DIV/0!	SELECT				
2				#DIV/0!	####	SELECT			#DIV/0!	#DIV/0!	####	SELECT			###	#DIV/0!	###	SELECT			#DIV/0!	#DIV/0!	####	#DIV/0!	SELECT				
TOTAL OUTCOMES:	Number of Outputs NOT on Track*			0	0%		Number of Outputs NOT on Track*			0	0%		Number of Outputs NOT on Track*			0	0%		Number of Outputs NOT on Track*			0	0%		Number of Outputs NOT on Track*			0	0%
	Number of Outputs on Track			0	0%		Number of Outputs on Track			0	0%		Number of Outputs on Track			0	0%		Number of Outputs on Track			0	0%		Number of Outputs on Track			0	0%

\*Note: For the outcomes listed above, the percentage listed under the annual goal column is expected to be achieved every quarter.

If the quarter's achievement is below the quarter's expected, please select "Yes" or "No" from the Action or Response Needed Drop-down menu to indicate if the program will provide an explanation or develop a planned response.

## EXPLANATION & PLANNED RESPONSE

select reporting quarter	The information gathered by the above performance indicator(s) is a reflection of the program's daily service delivery process. If measurements above are off track, the results may indicate a need to change aspects of the service delivery. If so, please explain below which outcomes you will address, based upon the program's priorities. The purpose is to improve the performance of existing services through system's analysis and process improvement. <i>This is a living document; add to the report as you develop and implement improvement strategies throughout the year. Every quarter that NEW information is added below, note the quarter that you've added it in the "Reporting Quarter" column. DO NOT change the quarter from the "Select" drop down for information that you wrote in former quarters.</i>							
	OUTCOME #	DESCRIBE AN IMPROVEMENT OPPORTUNITY (WHAT IS THE PROBLEM AND WHAT DO YOU WANT TO ACHIEVE)	IDENTIFY POTENTIAL IMPROVEMENT STRATEGIES	BY WHEN?	select reporting period	DESCRIBE HOW YOU ARE CARRYING OUT THE IMPROVEMENT STEPS (HOW IS IT GOING?)	select reporting period	RESULTS (DID YOU MEET SUCCESS? WILL YOU ADOPT, ADAPT OR ABANDON THE CHANGES?)
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	
SELECT					SELECT		SELECT	



# Performance & Quality Improvement Report

PROGRAM: \_\_\_\_\_ QUARTER: \_\_\_\_\_

GENERAL PROGRAM STRENGTHS - WHAT ARE SOME HIGHLIGHTS? WHAT'S WORKING WELL?		
1	DESCRIBE THE EVENT	LESSONS LEARNED
2		
3		

CHALLENGES (STAFFING, BUDGET, PROCESS, SYSTEMS) - WHAT CHALLENGES RESULTED IN IMPROVING PROGRAM QUALITY? WHAT WERE THE RESULTS? WHICH AREAS NEED FOLLOW-UP?			
1	EXPLAIN THE ISSUE	RESULTING ACTIONS	FOLLOW-UP
2			
3			

## CASE RECORD REVIEW

STRENGTHS		CHALLENGES		
Select Review Element with a Significant Increase in Score:	Lessons Learned (How can we replicate the success)	INDICATE % OF RECORDS <80% PASSING STANDARD:		
		Select Review Element with a Score <70%:	IDENTIFY TREND DATA THAT YOU SEE AS A CHALLENGE	DESCRIBE PLANNED IMPROVEMENT STRATEGIES
SELECT		SELECT		
SELECT		SELECT		
SELECT		SELECT		
SELECT		SELECT		
SELECT		SELECT		

## CLIENT SATISFACTION SURVEY

STRENGTHS		CHALLENGES	
Please share any positive reports provided by the clients this quarter.	What's working well/ Lessons Learned (How can we replicate the success)	Please share any reports of concern or suggestions provided by the clients this quarter.	IDENTIFY PLANNED IMPROVEMENT STRATEGIES

FISCAL YEAR 2024

# Program Improvement Project (PIP)

The purpose of the PIP is to improve the performance of existing services. The model utilized is Plan-Do-Check-Act (PDCA).

PROGRAM: \_\_\_\_\_ REPORTING QUARTER: SELECT

**Instructions:**  
 1. This is a *living* document; add to the report as your project evolves throughout the year. Every quarter that NEW information is added to the report, note the quarter that you've added it in the "Reporting Quarter" column. DO NOT change the quarter from the "Select" drop down for information that you wrote in former quarters.  
 2. Add rows as necessary to the various sections of your report.

What quality improvement project will your program focus on this year? SELECT

**If the output or outcome's measure is listed in this report, please reference the number**

PLAN - DESCRIBE THE OPPORTUNITY AND PLAN FOR IMPROVEMENT		
1. What is the problem? What do you want to improve?		
<b>REPORTING QUARTER</b>		
2. What might be some contributing factors?		
SELECT	A.	
SELECT	B.	
SELECT	C.	
3. What's the current practice? (Optional Tools: You can use a Process Map to breakdown the steps in the process, or a Root Cause Analysis or Fishbone Diagram to help identify the cause of the problem.)		
SELECT		
4. Identify Potential Improvement Strategies (Optional Tools: You can use an Affinity Diagram to help you brainstorm potential improvement strategies)		
IMPROVEMENT STRATEGIES		WHO
SELECT	1	
SELECT	2	
SELECT	3	
DO - TEST THE IMPROVEMENT THEORY		
5. How are you carrying our the improvement strategies? How it is going?		
SELECT	SUCCESSES	
SELECT	BARRIERS ENCOUNTERED	
SELECT	OTHER	

**CHECK - USE DATA TO STUDY THE RESULTS OF THE IMPROVEMENT ACTIVITIES**

6. Were the improvement activities successful?

SELECT

**ACT - ADOPT, ADAPT OR ABANDON**

7. Report on what you will do: adopt, adapt or abandon the improvement strategy

	Steps	IMPROVEMENT STRATEGY	WHAT WILL YOU DO	NEXT STEPS
SELECT	1		SELECT	
SELECT	2		SELECT	
SELECT	3		SELECT	