



PERFORMANCE AND QUALITY IMPROVEMENT PLAN (PQI)

**Promoting excellence and continuous
improvement for the Boysville staff and
children.**



Corporate Procedure # 1600A

March 1, 2009

SUBJECT: PERFORMANCE AND QUALITY IMPROVEMENT PLAN

A: ORGANIZATIONAL PHILOSOPHY OF PQI:

The Performance and Quality Improvement (PQI) program of Boysville promotes excellence and continuous improvement in all functions of client care and support services provided, to include any form of contracted service. Management endorses the collection and constructive use of data to promote high learning/high performance results. Performance and outcome expectations are communicated in a supportive manner and ensure protection for employees who identify areas of needed improvement. Boysville complies with federal “whistle blower” protections.

The PQI plan is broad-based and includes all employees, Board of Directors and external stakeholders. With input from stakeholders, the Board of Directors and staff establish strategic priorities and goals. Key performance objectives are delineated for all services and performance and client outcomes are measured in each program area. These key objectives include those that have the greatest impact on the quality of care/service the client ultimately receives. Priority will be given to functions which are performed frequently, which can be high risk or problematic, or for which there is a unique interest in the data to be collected.

B: RESPONSIBILITY FOR OVERSIGHT OF PQI:

The PQI Coordinator is responsible for overseeing the process and organizing and coordinating all PQI activities. These activities include the review of management outcomes, client outcomes, program/service delivery effectiveness and risk prevention activities. The PQI Steering Committee consists of the PQI Coordinator, Boysville Board President, Boysville CEO, Program Directors and support/direct-care staff representatives. During the third week of the month (January, April, July, October) the PQI Steering Committee will meet. The responsibility of the PQI Steering Committee is to complete the structured one-hour agenda to receive reports and elicit questions related to important performance improvement issues. At each PQI meeting the PQI Coordinator will report on quality improvement issues and actions taken each quarter. The PQI Coordinator will submit a comprehensive report to include an action plan regarding performance improvement issues to the Chief Executive Officer. The CEO will distribute a report of management outcomes, client outcomes, program/service delivery activities and risk prevention activities to all Boysville staff and the Board of Directors each quarter and an annual report will be distributed to all stakeholders in January of each year.

To support PQI processes, the organization will analyze corporate data in relation to:

- Consumers (Client Outcomes, Demographics),
- Program/services (Program Outcomes, Service Delivery),
- Performance (Client and Employee Satisfaction,)
- Risk management,
- Financial viability.

C. OVERVIEW OF PQI PROCESS:

03/01/2009

In support of the PQI process, the organization will collect data from several sources.

Peer Case Review:

The Peer Case Review is conducted quarterly to analyze and evaluate clarity, content and continuity of open/closed records and to determine if children's needs and strengths are being assessed appropriately. The PQI Coordinator produces a list of children of each program area selected through random.org as well as a list of children considered at high risk by the Director of Therapeutic Services. This list will represent 25% of children each quarter in each of the program areas. Assignments are given to each peer reviewer and files are distributed for review. Peer reviews will examine cases managed by staff with less education and experience and will uphold the standard of reviewing only those cases in which they have not been directly involved or for which there is no conflict of interest. All records reviewed will be subject to the Confidentiality Policy of Boysville and the Texas Department of Family and Protective Services.

The PQI Coordinator will retrieve a workflow and aggregate report from Evolv-CS to document the timeliness of intakes and service plans. A caseload size review for case management services will be retrieved from Evolv-CS to determine workloads. Reports will be presented to the committee.

Using the Peer Case Review Questionnaire the peer reviewers conduct the case review during the first week of January, April, July and October. The Peer Case Review committee meets to discuss patterns and/or trends in the case records. Concerns and recommendations are discussed at the meeting. Previous recommendations and implementation is discussed at the meeting to verify improvement in practices. The Committee Chair will compile data and develop a report to be submitted to the PQI Steering Committee.

Records Review:

The Records Review is conducted quarterly to evaluate the presence, clarity, quality and continuity of required documents using a uniform tool to ensure consistency. The PQI Coordinator produces a list of records selected through random.org each quarter that represent 25% of client and human resource records. The Coordinator provides the list to the Records Review Chair who will distribute the identified files to Records Review Committee members for review. The human resource records are reviewed by the appropriate Program Director, Chief Financial Officer, and Business Manager using the Human Resource Internal Audit. The Director of Therapeutic Services reviews therapy files and gives the information gathered to the Committee Chair. The Records Review Committee utilizes representatives from performance quality improvement, support, direct care and program staff. Using the Records Review Checklist, reviewers will conduct the records review during the first week of January, April, July and October. Assistance will be provided by the PQI Coordinator during the review. The committee will use the Records Review Checklist to determine completeness of each file. The committee members will meet on a specific date as well as be provided laptops and review records collectively. The Records Review Committee Chair will notify each program or department of any deficiencies in record keeping. Such deficiencies are to be corrected within one week to allow time for the Committee Chair to prepare her report for the quarterly PQI Steering Committee meeting.

Safety Review:

The Safety Committee conducts a quarterly review of all issues regarding employee and client safety by focusing on facilities and risk management. The Safety Review Committee utilizes representatives from risk management, human resources, performance quality improvement, support, direct care and program staff. Committee members meet to discuss safety issues, licensing audits and reports as related to safety and risk management. Data and reports are gathered by the responsible committee members and brought to the meeting for review. These reports assist in making a determination of areas that are in need of improvement. Reports gathered for assessment include:

- Health and Fire inspections: The Risk Management Coordinator presents the Life, Safety and Health Inspection as well as the Fire Inspection to the committee meeting. A review of the current inspections are reviewed and examined for areas that need attention.
- Licensing audits as it pertains to facilities management. The current licensing audits are gathered by the Committee Chair and examined for any improvements that need to be made.
- Incident reports regarding staff and children accidents and injury reports. Incident reports that involve any safety issues are retrieved from Evolv-CS by the PQI Coordinator and examined by the committee to determine if the cause of the unsafe situation was identified and corrected.
- Environmental, Health and Safety/Physical Plant Audit: The environmental/physical plant audit is conducted by the Risk Coordinator, Program Directors, PQI Coordinator and direct care staff representative using the Environmental, Health and Safety/Physical Plant checklist. The data is compiled and used to determine where improvements are needed.
- Review of medication storage and record keeping are examined and any issues discovered are discussed and recommendations are made in areas in need of improvement.
- Vehicle Accidents reports are gathered by the HR Director and reviewed and recommendations are made regarding improvements.
- Facility Maintenance Reports will be reviewed to determine areas of needed improvement and recommendations will be made and presented.
- Training materials are reviewed for appropriateness to all levels of staff to include new equipment or change in standards/regulations. Staff training is also evaluated regards to areas of risk.

Patterns and/or trends are examined in the reports listed. The Committee's responsibility is to stay abreast of safety issues, recommendations, action plans and implementation. Previous implementation and recommendations are reviewed and determination of effectiveness is examined. The Committee Chair completes a report and presents it to the PQI Steering Committee.

Risk Assessment – Administrative Review:

The Risk Assessment – Administrative Review is conducted quarterly to assess areas that pertain to administration of Boysville. The Risk Assessment/Administrative Review Committee utilizes representatives from human resources, performance quality improvement, risk management, finance, support, direct care and program staff. The committee members will review processes and specific documents to identify patterns/trends in need of attention. Recommendations and suggestions will be discussed and documented in the PQI report and submitted at the quarterly PQI meeting.

- Internal Evaluations:
 - Employee Satisfaction Survey: Annually, the Human Resource Director distributes an Employee Satisfaction Survey to all staff to identify areas of satisfaction and areas in need of improvement. Components of the survey include: mission and purpose; quality of services and client focus; compensation; respect for employees, staff satisfaction; communication; opportunities for growth; workplace resources; and personal expression and diversity. This data is collected and shared with all staff. Program Directors address areas of needed improvement with individual programs and develop an action plan. This process and attached information is included in the January Administrative Review report to be submitted to the PQI Steering Committee.
 - Staff grievances: The Director of Human Resources addresses staff grievances according to corporate policy. At the quarterly Administrative Review committee meeting she submits unidentified staff grievances. Discussion by committee members regarding the grievance is encouraged, trends are analyzed and recommendations are included in the quarterly Administrative Review report to be submitted to the PQI Steering Committee.
 - Stakeholder Survey: An Annual Stakeholder Survey is conducted in October of each year to solicit input from the broader community on the quality of the agency and how to improve. Stakeholders are defined as advocates, alumni, funding sources, referring agents and community supporters. Components of the survey include: knowledge of the organization's mission; community need; agency status through distribution of corporate materials; and review of the organization's overall performance in relation to established expectations. The data is collected by the PQI Coordinator and brought to the Administrative Review committee meeting. Recommendations are made for quality improvement of organizational performance based on the results of the data and included in January Administrative Review report to be submitted to the PQI Steering Committee.
 - Demographic Profile: A demographic profile of both the defined community and the actual community is created in January of each year that includes the following: gender; age; racial/ethnic composition; language choice; and length of stay. This process and attached information is included in the January Administrative Review report to the PQI Steering Committee.
 - Staff Exit Interview: An exit interview is conducted by the Director of Human Resources for all employees leaving the organization. Results of the interviews are brought to the quarterly meeting of the Administrative Review Committee to identify risks and opportunities for organizational performance to be included in the quarterly report to the PQI Steering Committee.
 - Staff Retention: The Director of Human Resources collects data regarding the staff retention within the agency. The data is reviewed by the Administrative Review Committee members, trends and/or patterns are examined and included in the quarterly report to the PQI Steering Committee.
 - Financial Review: The CFO reviews the budget for each quarter and year-to-date to establish financial viability and ascertain patterns/trends indicating a need for action. This report is submitted to the Administrative Review Committee and included in the quarterly report to the PQI Steering Committee.

- External Evaluations:

- On an annual basis the Texas Department of Family and Protective Services Licensing division conducts an audit of each program. The CEO, Program Director, Risk Coordinator and PQI Coordinator attend the Exit Interview to document risks, challenges and improvement in programs and client care. This information is included in the Administrative Review report to the PQI Steering Committee.
- On an annual basis the TDFPS Contract monitoring agent, Youth for Tomorrow conducts an audit of programs and services to children in care and in the custody of the state of Texas. The CEO, Program Director and PQI Coordinator attend the Exit Interview to review changes in client levels of care and the assessment of Boysville client services. This information is included in the Administrative Review report to the PQI Steering Committee.
- On an annual basis the TDFPS Contract Manager conducts a review of contracted services to children in the custody of the state of Texas. The CEO, Program Director and PQI Coordinator attend the Exit Interview to receive the assessment of contracted services. This information is included in the Administrative Review report to the PQI Steering Committee.
- Financial Audit: An accredited Independent Certified Public Accounting firm conducts an annual audit of Boysville. The responsibility of the Independent Auditors is to conduct the audit using professional standards to provide an opinion that the financial statements are fairly presented in all material respects in conformity with United States generally accepted accounting principles. As part of the audit the auditors will review the internal controls of Boysville. This information is brought to the audit committee of the Board of Directors, reviewed by the Board and included in the Administrative Review report to the PQI Steering Committee.
- Stakeholder Grievance Report: The PQI Coordinator presents unidentified stakeholder grievances that were filed with the CEO for the previous quarter. Discussion by committee members regarding the grievance is encouraged, trends are analyzed and recommendations are included in the quarterly Administrative Review report to be submitted to the PQI Steering Committee.

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Risk Assessment – Practice Review

The Risk Assessment – Practice Review is conducted quarterly to assess areas of practice that affect our clients and determine areas of improvement. The Risk Assessment/Practice Review Committee utilizes representatives from performance quality improvement, therapeutic services, parenting program, support, direct care and program staff. Responsible committee members will bring appropriate reports and gathered data to help determine patterns and trends. The committee members will review processes and specific documents to identify patterns/trends in need of attention. Recommendations and suggestions will be discussed and documented in the report and submitted at the quarterly PQI Steering Committee meeting. The following is included in the information gathered:

- Program Outputs:
 - Number of Clients Served: PQI Coordinator retrieves aggregate data quarterly from Evolv-CS for each program. This data is reviewed by the committee members and included in the Practice Review report to the PQI Steering Committee.

- Discharge Rate: PQI Coordinator retrieves aggregate data quarterly from Evolv-CS for each program. This data is reviewed by the committee members and included in the Practice Review report to the PQI Steering Committee.
- Incident Reports:
 - Incident reports from the Emergency Shelter, Residential Care and Foster Care program will be collected regarding the total number of incidents, number of incidents reported to TDFPS licensing, number of incidents per living group, number of incidents per individual staff, actions taken and developing patterns/trends.
 - Medication errors are examined and focus is on the child, medication, type of error and developing patterns/trends.
 - PQI Coordinator gathers the data from Evolv-CS for the time period reviewed and submits this report to the Practice Review Committee to be reviewed. The committee addresses patterns/trends with recommendations to be included in the committee report to the PQI Steering Committee.
- Manual Restraints:
 - A report of manual restraints conducted and follow up with the child, parent/guardian and staff during the quarter is provided by the PQI Coordinator.
 - This data is provided to the Practice Review committee for consideration of patterns/trends in training, supervision and culture of the organization. This information is compiled and submitted to the PQI Steering Committee for review.
- Behavior Management Practices:
 - An annual evaluation of behavior management practices as compared with best practice model is conducted by the Boysville Assessment Team.
 - A report is brought to the Practice Review Committee to be included in the committee report to the PQI Steering Committee.
- Medication:
 - Medication information regarding number of children on psychotropic medication, number of children reducing need for psychotropic medication, and number of children discontinuing psychotropic medication. Medication errors are evaluated and the child, medication, and type of error are reviewed.
 - The Director of Therapeutic Services compiles data for review at the Practice Review Committee meeting and this report is included in the committee report to the PQI Steering Committee.
- Treatment Modalities:
 - The Director of Therapeutic Services gathers information regarding the treatment modalities used during the quarter.
 - The report is reviewed by the Practice Review committee and included in the committee report to the PQI Steering Committee.
- Child Grievances:
 - Child and client grievances are submitted according to corporate policy. The Program Directors and others in authority are required to submit all grievance documentation to the CEO for review.
 - The CEO will provide unidentified information to the PQI Coordinator who will develop a report to be submitted to the Practice Review committee for inclusion in the committee report to the PQI Steering Committee.
- Client Satisfaction;
 - At each discharge the parent, guardian and child are given a survey to complete anonymously and place in an envelope to be delivered to the CEO. The report

addresses satisfaction with services, respectful treatment, unmet needs and recommendations for improvement. The CEO compiles data and develops a report for the monthly Administrative Team meeting and Board of Directors meeting. Quarterly data is compiled and included in the Practice Review report to the PQI Steering Committee.

- The PQI Coordinator conducts Youth Surveys each quarter to ascertain satisfaction with care, service and treatment. This data is compiled by the PQI Coordinator and submitted to the Practice Review Committee for inclusion in the committee report to the PQI Steering Committee.
 - The PMNC parent educator administers a satisfaction survey to participants at the end of the parenting class. The purpose of the survey is to determine satisfaction with the classes, suggestions for improvement and improved parenting skills. Data is collected quarterly and given to the PQI coordinator. This data is included in a report to the Practice Review Committee for inclusion in the committee report to the PQI Steering Committee.
- Client Outcomes
 - Client outcomes are assessed using the following tools:
 - **Children will be free of abuse and neglect while in care:** Incident Reports regarding abuse/neglect are retrieved from Evolv-CS by the PQI Coordinator. The incident reports are examined and improvements are recommended by the Practice Review Committee members. Implementation is enforced by the program directors and overseen by the CEO. This process is included in the Practice Review report to the PQI Steering Committee.
 - **Children will exhibit improved emotional health:** The Child Behavior Checklist is administered to residents upon admission and discharge from the program and at each six month interval prior to the POS. Service goals are established for each child. Results are entered into Evolv and the PQI Coordinator retrieves a report using Evolv-CS to determine if improvement is made. This data is included in a report to the Practice Review report to the PQI Steering Committee.
 - **Children will exhibit appropriate social skills:** The Social Skills Rating System is used in the Residential Care or Foster Care program at admission, discharge and prior to each service plan. SSRS data is entered into Evolv for each child and is used to establish service goals. Social Skills training is conducted during new hire orientation for all direct care personnel and annually thereafter. The PQI Coordinator retrieves a report using Evolv-CS to document improvements regarding the child's social skills. This report is included in the Practice Review report to the PQI Steering Committee.
 - **Children will demonstrate improved academic performance:** Children's school grades will be entered into Evolv-CS by the Education Coordinator every school reporting period. The grades will be retrieved from Evolv-CS by the PQI Coordinator and brought to the committee meeting for review. This information will be included in the Practice Review report to the PQI Steering Committee.
 - **Children will achieve independent living skills:** At placement a service plan is developed and children will set age appropriate independent living goals. The goals are developed using the data received from the child completing the Casey Life Skills Assessment.

These goals will be entered into Evolv-CS. Progress of these goals will be reviewed at each service plan and updated. The PQI Coordinator will retrieve a report from Evolv-CS to document goals accomplished and this will be included in the Practice Review report to the PQI Steering Committee.

- **Family relationships are improved and strengthened:** At placement a service plan is developed and family relationships are establish as an appropriate goal. These goals will be entered into Evolv-CS. Progress of these goals will be reviewed at each service plan and updated. The PQI Coordinator will retrieve a report from Evolv-CS to document goals accomplished and this will be included in the Practice Review report to the PQI Steering Committee.
- Previous issues are reviewed and it is determined if implementation was effective. Suggestions and recommendations in areas that need improvement are examined and discussed. A report is created by the Committee Chair and presented to the Steering Committee.

PQI Steering Committee

The PQI Steering Committee will accept reports from all areas of Performance and Quality Improvement and address areas of improvement and PQI effectiveness. The Steering Committee consists of the PQI Coordinator, CEO, Board Director, Program Directors, Support Staff, Direct Care Staff and PQI Committee Chairs. The Committee Chairs will present/submit their PQI Quarterly Report to the Steering Committee. Strengths and improvement areas will be identified and discussed. The Steering Committee will analyze and interpret the data given. A determination and prioritization of quality improvement issues will occur and an action plan will be developed by the Steering Committee. Implementation based on the data and recommendations will be considered and evaluated. The execution of improvements and follow through will be the responsibility of the PQI Coordinator and overseen by the CEO. A re-establishment of benchmarks will be reviewed if necessary. Previous action plans, follow through and implementation will be reviewed. The PQI Coordinator will develop a PQI Quarterly Report that will be distributed to all staff, Board members and available on the agency website. An annual summary report of gains made against goals will be reported at the year-end PQI Steering Committee meeting and distributed at the annual Board retreat and to Boysville staff and stakeholders.

Reports that will be reviewed include:

- Peer Case Review Committee
- Records Review Committee
- Safety Review Committee
- Risk Assessment – Practice Review Committee
- Risk Assessment – Administration Review Committee

D. STRATEGIC PLANNING

An organization-wide, long-term strategic planning review is conducted every four years at the annual January retreat of the Boysville Board of Directors. The review:

- clarifies the organization's mission, vision, values and mandates;

- establishes long term goals that flow its mission and mandated responsibilities;
- assesses its strength, weaknesses, threats, and opportunities;
- assesses human resource needs; and
- identifies and formulates strategies for meeting identified goals.

The long-term strategic planning review includes an examination of community needs that assess:

- services offered by other providers in the community;
- gaps in the array of services needed by the organization's defined service population;
- accessibility issues; and
- the need to redirect, eliminate and/or expand service in response to changing demographics and the needs and wishes of the community.

Following the review, the Board of Directors and staff develop a four-year Strategic Plan to be approved at the April board meeting. Based on the long-range goals, the Board and staff develop an annual improvement plan. Results from the annual staff and stakeholders surveys as well as results from PQI data, permits a flexible response to changing conditions and needs. This plan outlines in concrete terms the action that will be taken during the fiscal year to move the agency towards achieving its four-year goals. The Executive Committee oversees the strategic process and charges the Advisory Committee for Strategic Vision to establish strategic initiatives.

Long-term Strategic Goals and Objectives

Financial stability, board member effectiveness, real estate value/infrastructure status, senior leadership transition and education are the issues and strategic initiatives facing the organization during the next four years. The Board in partnership with senior leadership has developed a plan of diversified funding that allows for flexibility and creativity in a variable economy. Board leadership has resulted in a more active and diverse group of individuals establishing the vision of the organization. A thorough succession plan for senior leadership has been developed to transition the CEO and CFO into retirement within the next two years. Succession planning is in place for both the real estate and campus infrastructure as land value increases and buildings age. Current plans are underway for a comprehensive assessment of real estate values and physical plant. The results of this assessment have both financial and program outcomes. Discussions are being held at several levels:

- renovating the current campus and continuing to provide the current level of programs;
- selling the property at a profit and building a new campus;
- determining location of campus in consideration of clients, employees, donors; and
- determining community need regarding type of program (s) at new facility.

(See attached Strategic Plan)

What to Measure:

Financial Viability

Monthly financial reports are provided to the Executive Committee of the Board of Directors for review and approval prior to distribution at Board meetings and monthly Administrative Team meetings and Risk Assessment – Administration Review Committee. The Executive Committee participates in budget development throughout the budgeting process. Having detailed

knowledge of the budget prepares the committee to work in partnership with the CEO and CFO in providing a transparent and sound financial report to Board members and senior leadership staff. Cost analysis of service data is developed for the Cost Report, required by TDFPS Contract authorities. Aggregate cost data is reported annually at the January Board retreat.

Workforce Stability

The Director of Human Resources conducts a workforce analysis annually in preparation for budget development meetings. The information reviewed is a combination of internal workforce trends as well as projections for growth/decrease in service need in accordance with the agency's long-term goals and short-term annual objectives. Additionally, HR analyzes workforce needs and patterns for reports at the monthly Administrative Team meeting and Risk Assessment/Administration Review Committee.

Board Diversity/Recruitment

One of the major board challenges has been to recruit a diverse board whose skills, expertise and commitment will serve the needs of the organization. As our community is a plurality, with no distinct majority, it is important that the board reflect the ethnic and racial groupings of our community as well as our client base. Goal 2, Objective 2.2 of the Boysville Strategic Plan addresses this issue.

Effective Fund Raising

All fundraising activities are under the direction of the Director of Development, who is responsible for formulating procedures and controls to assure compliance with the highest ethical standards and all applicable federal, state and local regulations. The Development Committee of the Boysville Inc. Board of Directors has oversight over the fundraising activities of Boysville Inc. Professional development staff adhere to the Code of Ethical Principles and Standards of Professional Practice of the National Society of Fund Raising Executives (NSFRE).

Boysville has developed diversified funding streams as a strategic initiative to ensure stable funding. With the assistance of the Boysville Foundation, generous donors, collaborative efforts with other organizations and contracts issued by the state of Texas, the organization is not dependent on any specific income source and at risk for reduction of programs for financial reasons.

B. What to Measure:

Management

Financial Viability

Monthly financial reports are provided to the Executive Committee of the Board of Directors for review and approval prior to distribution at Board meetings and monthly Administrative Team meetings. The Executive Committee participates in budget development throughout the budgeting process. Having detailed knowledge of the budget prepares the committee to work in partnership with the CEO and CFO in providing a transparent and sound financial report to Board members and senior leadership staff.

Cost analysis of service data is developed for the Cost Report, required by TDFPS Contract authorities. Aggregate cost data is reported annually at the January Board retreat.

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The Director of Human Resources conducts a workforce analysis annually in preparation for budget development meetings. The information reviewed is a combination of internal workforce trends as well as projections for growth/decrease in service need in accordance with the agency's long term goals and short-term annual objectives. Additionally, HR analyzes workforce needs and patterns for reports at the monthly Administrative Team meeting.

Annual evaluations of all staff are conducted in the spring of each year prior to the budget development.

Staff satisfaction surveys are distributed annually and employees respond anonymously. This data is provided to the CEO for use in strategic planning, budget development and corporate visioning.

HR and each program director plan employee-scheduling needs according to COA standards. Direct service personnel adult/client ratio and caseload size are planned and implemented to comply with best practice standards.

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Safety and Security

Accident and incidents are entered into Evolve record keeping system and reports are produced monthly regarding critical data. Individual program directors assess data relative to each program and this information is reported at the monthly Administrative team meeting. Risk management/safety personnel review data and use information in training, supervision and oversight recommendations. Physical plant, risk management and program directors also review physical plant and safety reviews at the monthly Administrative Team meeting.

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Program/Service Delivery Effectiveness

The quality of service delivery incorporates accessibility, availability, efficiency, continuity, safety, timeliness and respectfulness. Within the Boysville model those core components are reviewed in the monthly utilization reports and quarterly peer case review reports.

Monthly utilization reports focus on organizational management and client care through a review of accessibility and availability of services; appropriateness, continuity and cost efficiency of services; management of risk and safety; and timeliness and respectfulness of services.

Quarterly Peer Case Record Review reports focus on continuity, timeliness and respectfulness of client care and services. The assessment reviews the presence or absence of required documents, timeliness and clarity and continuity of records which include, but are not limited to: a thorough, accurate and timely assessment; an appropriate plan of service determined by both the child and parent/guardian; appropriate consent forms; case note summaries; evidence of quarterly case supervision; relevant signatures; service outcomes to include documentation of the progress or lack of progress toward completion of plan of service; and aftercare plans to include the process of discharge as called for by the Plan of Service.

PQI OPERATIONAL PROCEDURES

Overview of QI Data Collection Process

What is being measured?	Who is responsible?	How/frequency?	Tool/how will data be collected?	How/who will data be aggregated and reports generated/in what format?	Who/when will results be reviewed and interpreted?	Who/when will make recommendations and to whom?	Who will implement oversee recommended changes?
Quarterly Case Review							
Quality of Case Records	PQI Coordinator will ensure that reviews occur	Quarterly. Peer Review team will meet quarterly to review records. Staff members and supervisors will not review records in which they were directly involved or for which there is a conflict of interest.	Peer Review questionnaire PQI Coordinator will receive each review.	The PQI Coordinator will collect and aggregate data each quarter for each program against established benchmarks.	Quarterly reports will be provided to the PQI committee and Board of Directors	Each December prior to the annual planning cycle, the PQI coordinator will meet with the committee to review reports and recommendations and prepare the annual report	Each January CEO and senior mgt will review report and recommendations and implement changes
Organization Wide Operations							
Staff Retention	HR	Monthly Admin meeting	Financial Edge	Monthly HR report	Monthly Admin meeting	HR will make recommendations to CEO & PD	HR & CEO
Monthly reports of financial performance	CFO	Monthly Exec Committee meeting/Admin meetings	Financial Edge	Financial Edge in monthly finance report	Reviewed at monthly Exec Committee meeting	Executive Committee to CEO & CFO	CFO
Accident, incident and grievance review	HR	Monthly Admin meeting	Incident, Accident, and Grievance reports	Monthly risk management and HR report	Monthly Admin Meeting	Risk Mgt and HR make recommendations to programs	Risk Management
Risk Mgt. reviews	Risk Mgt. coordinator	Monthly Admin meeting	Environment, health & safety audit	Risk Mgt report	Monthly Admin Meeting	Risk Mgt make recommendations to programs	Risk Mgt
Service Delivery Measures							
Timeliness of intake	Peer Review	PQI quarterly	Evolve	Peer Review Chair report	PQI meeting	PQI Coordinator to Program Directors	Program Directors
Timeliness of treatment review	Peer Review	PQI quarterly	Evolve	Peer Review Chair report	PQI meeting	PQI Coordinator to Program Directors	Program Directors
Program and Client outputs/outcomes							
Program Outputs							
Number of Clients served	Program Directors	Monthly Admin meeting	Program output in Evolve	PD at monthly Admin Team meeting	CEO at monthly Admin Team meeting	CEO to program directors	Program Directors
Discharge rate	Program Directors	Monthly Admin meeting	Program output in Evolve	PD at monthly Admin Team meeting	CEO at monthly Admin Team meeting	CEO to program directors	Program Directors
Program Outcomes							
Children will be free of abuse and neglect while in care	Case Mgr.	Monthly @ Admin Team & Quarterly PQI meeting	Incident reports in Evolve	Case Mgr input data in Evolve. PQI aggregate date for report	PQI coordinator develop monthly report & quarterly PQI report	PQI will make recommendations to CEO and program directors relative to incidents and safety of children	CEO will oversee program director implementation of changes

Children will exhibit improved emotional health	Case Mgr.	Quarterly PQI meeting	CBCL score in Evolve	Case Mgr input data in Evolve. PQI aggregate data for report	PQI coordinator develop quarterly PQI report	PQI coordinator will make recommendations to therapeutic staff and program directors	Program Directors will oversee therapeutic referrals and emotional environment of children
Children will exhibit appropriate social skills	Case Mgr.	Quarterly PQI meeting	SSRS score in Evolve	Case Mgr input data in Evolve. PQI aggregate data for report	PQI coordinator develop quarterly PQI report	PQI coordinator will make recommendations to program directors	Program Directors will oversee social skills training and direct care implementation
What is being measured?	Who is responsible?	How/frequency?	Tool/how will data be collected?	How/who will data be aggregated and reports generated/in what format?	Who/when will results be reviewed and interpreted?	Who/when will make recommendations and to whom?	Who will implement oversee recommended changes?
Children will demonstrate improved academic performance	Case Mgr.	Quarterly PQI meeting	Academic grades in Evolve	Case Mgr input data in Evolve. PQI aggregate data for report	PQI coordinator develop quarterly PQI report	PQI coordinator will make recommendations to program directors	Program Directors will supervise case managers and direct care staff in academic support
Children will achieve independent living skills	Case Mgr.	Quarterly PQI meeting	Independent living goals in Evolve	Case Mgr input data in Evolve. PQI aggregate data for report	PQI coordinator develop quarterly PQI report	PQI coordinator will make recommendations to program directors	Program Directors will supervise case managers and direct care staff in independent living training
Family relationships are improved and strengthened	Case Mgr.	Quarterly PQI meeting	Family goals in Evolve	Case Mgr input data in Evolve. PQI aggregate data for report	PQI coordinator develop quarterly PQI report	PQI coordinator will make recommendations to program directors	Program Directors will supervise case management and direct care staff in working with families
Consumer Satisfaction							
Clients, parents and children satisfaction with services	CEO	At each discharge Quarterly Annually	Customer satisfaction survey Youth Survey Stakeholder Survey	CEO will aggregate data and present as developed in PQI plan	Monthly & quarterly reports to Admin Team, PQI committee and Board	CEO will make recommendations to individual program directors monthly, quarterly and at annual PQI planning	CEO and PQI coordinator will oversee recommended changes
Parenting class participants parenting skills will improve	PMNC coordinator	Quarterly PQI meetings	PMNC Parent Satisfaction Questionnaire	PMNC coordinator will collect data and deliver to PQI coordinator	Developed by PQI coordinator and reported at quarterly meetings	CEO will make recommendations to PMNC coordinator at quarterly meetings	CEO will oversee recommendations
External/Licensing Reviews							
Bi-annual Licensing	PQI coordinator	Annual as determined by TDFPS licensing	TDFPS Licensing checklist	TDFPS Licensing reviewer	TDFPS Licensing reviewer will give exit report and written report	PQI coordinator will submit recommendations within one week to CEO and program directors for implementation	PQI coordinator
What is being	Who is responsible?	How/frequency?	Tool/how will data be	How/who will data be aggregated	Who/when will results be reviewed	Who/when will make recommendations	Who will implement oversee

measured?			collected?	and reports generated/in what format?	and interpreted?	and to whom?	recommended changes?
YFT Review	PQI coordinator	Annual as determined by TDFPS Contracts	YFT checklist	YFT reviewer	YFT reviewer will provide verbal and written report at exit	PQI coordinator will submit recommendations within one week to CEO and program directors	PQI coordinator
TDFPS Contract Review	PQI coordinator	Annual as determined by TDFPS Contracts	TDFPS Contract checklist	TDFPS Contract reviewer	Contract reviewer will provide verbal report at exit	PQI coordinator will monitor contract changes and implement changes in cooperation with program directors	PQI coordinator
PQI Process Evaluation							
PQI effectiveness	PQI Steering Committee	Annually	Annual PQI report	PQI coordinator to write annual report	Annual PQI planning meeting	Steering Committee to make recommendations to PQI coordinator and program directors	PQI coordinator

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