

## 14 Mandated CQI Components

Quality improvement (or any of the related names such as quality assurance, total quality, total quality management, etc) is a discipline. It can be a discipline done with great love and commitment – that is quality improvement at its best. But it requires that certain things happen.

Quality improvement must be continuous. Each day ways to improve must be sought. The old adage, “the journey of 1000 miles begins with a single step” applies to quality improvement. There is sometimes a breakthrough, but much of quality improvement is step-by-step, it is refining, fine tuning, and slowly turning lead into gold.

Quality improvement must be regular. It must not be a fad or phase in an organization. There must be a time and place for it. That time and place must be treated as sacred.

Quality improvement must be inclusive. It recognizes that everyone in the organization has gifts and ideas to bring to the table. The phrase, “the more the merrier” applies to quality improvement.

Quality improvement is based upon data, but does not wait for perfect data. The process is built around whatever data there are, and always with the idea of improving and expanding upon it. Not having the latest technology is not an excuse to shun quality improvement.

Quality improvement is expensive. It requires leadership, it requires staff time and it requires agency resources. It can be a competing priority.

But when quality improvement is done well, an agency has an honest and accurate sense of itself that it can achieve no other way. It has a set of tools to build upon current levels of practice and gauge success. It can help answer the “what and why” questions, as well as provide the methodology for the “how.”

In this brief overview of a well integrated and effective QI system that we use at Kids Hope United (KHU), the basic activities (we call them mandated as they are required by COA accreditation and agency policy) are defined and the amount of time for them is provided. At Kids Hope United the body that leads the QI activities is CQIRT (Continuous Quality Improvement and Research Team).

## Quality Improvement Teams

**Definition:** A foundational piece of the CQI process is the establishment and meeting of Quality Improvement Teams (QITs). QITs include all levels of agency staff in an ongoing cyclical process of improvement, thus continuous quality improvement. Everyone has a role in implementing quality services or administrative support; therefore, **all** employees of the agency are involved on at least one Quality Improvement Team.

**Purpose:** The purpose of the Quality Improvement Teams is to encourage staff ownership of quality work, to identify and remove barriers to providing quality services,

and to identify issues that must be addressed on a systemic level. The four steps involved in this process of improvement include:

1. Analysis of program and agency performance;
2. Development of action steps to improve performance;
3. Implementation of these action steps; and
4. Analysis of program and agency performance after the implementation of the action steps.

The cohesiveness of a QIT can only be guaranteed if the groups are fully integrated, if diversity is respected, and if individual differences and/or similarities are put to the use of the group. It is the responsibility of the CQIRT coordinator and team facilitator that QIT meetings be effective, efficient and conducted with respect.

**Team Involvement & Time Required:**

- CQIRT — Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
- All Agency Staff
- Approximate time= 3 times a year (2 hours each for the meeting and approximately 2 hours prep time per team). KHU has 99 active teams

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**SURVEYS (Consumer, Referral Source, Administrative Teams, Employee and Other Surveys)**

**Definition:** Surveys are a method of obtaining opinions from various sources regarding their thoughts, feelings, and satisfaction/dissatisfaction with Kids Hope United. KHU completes a survey involving consumers and referral sources on an annual basis. A survey of the Administrative Services Team is completed every two years. Employees are surveyed on an ad hoc basis and CQIRT also provides a variety of customized surveys on request.

**Purpose:**

- KHU values input from all consumers payors.
- Data from surveys are used in all levels of the QIT process to help guide program improvement initiatives. Comments on surveys can sometimes highlight systemic issues that may hinder program success.
- The Performance and Quality Improvement (PQI) COA Standard states in several places that consumer satisfaction will be assessed annually and those stakeholders are involved in the PQI process.
- COA Service Narratives request information on program outputs (which can include consumer satisfaction) how services utilize data to make program improvements.

**Team Involvement & Time Required:**

- CQIRT— Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQI Technicians
- Senior Vice Presidents (SVPs)/ Program Directors (PDs), Supervisors, Liaisons, and Office Managers

- Approximate time = Annually (consumer survey 112 hours, referral source 88 hours, ad hoc surveys 40 to 48 hours on average)
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## PEER RECORD REVIEW

**Definition:** The Peer Record Review is a process whereby trained staff (peer reviewers) examines files to determine the accurate and timely completion of file documentation. The in-depth quality review is the process for not only examining the file for complete forms/documentation, but also to determine the quality of the service delivery. At KHU two levels are completed – a compliance review and a quality level review.

**Purpose:**

- The findings of the Peer Record Reviews can and/or should be used in Quality Improvement Teams to focus upon strengths and/or needs to improve documentation. The outcomes of the reviews can serve the following purposes:
  - Identify staff training needs and provide the necessary information/training;
  - Identify and eliminate obstacles that may be keeping staff from providing the highest quality service to their clients and documenting their work;
  - Improve the staff learning process through their participation as reviewers and those reviewed, and:
  - The COA standard G2.6.01 states “The organization should sample case records from all service-delivery sites drawn randomly using valid sampling techniques.” The percentage of client records reviewed quarterly will annually be determined by CQIRT using the client served demographic information for the previous year.

**Team Involvement & Time Required:**

- CQIRT— CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
  - SVPs/PDs, Supervisors, Caseworkers
  - Approximate time = Quarterly basis (approximately one day – 8 full hours -- depending on the size of the program)
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## PLAN OF CORRECTION (POC)

**Definition:** Kids Hope United requires a Plan of Correction when a program or department is not in compliance with an established expectation. A Plan of Correction is an action plan for resolving the uncovered deficiency. Action planning is a significant part of the Quality Improvement Team and Record Review process. A sample of POCs are checked to ensure that corrections have been made as promised.

**Purpose:** The plan of correction is a formal response to an action taken to correct any deficiency noted in agency practice. The action taken corrects the deficiency, thus resulting in compliance with requirements. At Kids Hope United, plans of corrections are

completed in response to the following CQIRT activities: peer record reviews, office reviews, and supervisory reviews.

**Team Involvement & Time Required:**

- CQIRT— Chief Quality Officer, CQIRT Directors, CQIRT Coordinators, and CQI Technicians
  - EDs, SVP/PDs, Supervisors, Caseworkers
  - Approximate time = 20-30 minutes each element of a POC
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## **UNUSUAL INCIDENT REPORTING**

**Definition:**

An unusual incident is any occurrence that falls outside of what would typically be identified as common or ordinary events for clients, staff or facilities. These incidences may have the potential for increased risk for our clients and the liability of our agency.

**Purpose:**

- To promptly communicate unusual/critical incidents or circumstances that present risks to children and youth, staff and others (Behavior Management per COA)
- To alert others as to the actions taken by staff or others to alleviate the risk associated with the unusual incident (Risk Prevention & Management per COA)
- To track incidents for trend analysis and to determine whether modifications are needed to improve the quality of services (Performance and Continuous Quality Improvement—Analyzing and Reporting Information per COA)

**Team Involvement & Time Required:**

- CQIRT— CQIRT Directors, CQI Coordinators and Systems Analyst
  - EDs, SVP/PDs, Supervisors, and Caseworkers
  - Total time=approximately 2 hours per incident (recording and data analysis)
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## **PRIORITY REVIEWS**

**Definition:** A level III review is conducted by the CQIRT coordinator and/or CQIRT Director in conjunction with the Quality Management Committee and automatically includes cases that result in a client death or a Class X felony. This level of review is reserved for cases that require a deeper evaluation of the quality and appropriateness of service delivery. The types of cases warranted for review under a Priority III Review include (but are not limited) to the following:

- cases where a client has made a homicidal or suicidal gesture (Level III);
- cases which involve the death of a client (Open cases or those closed less than 12 months) (Level III);
- any case in which a client is charged with commission of a Class X felony (Level III).
- any case in which of the Office of Inspector General is involved (Level III).

**For any Priority III review a Quality management Committee is mandatory as**

**early a date as is possible. The regional CQIRT Director and the Chief Quality Officer must be included. There are no exceptions.**

A referral is made to the CQIRT coordinator regarding the need for a **Level III** Priority Record Review within 24 hours (next business day) of any unusual or critical incident report that meets the criteria defined in policy above.

Level II Priority Record Reviews are conducted by the CQI Coordinator and include critical or unusual incidents that do not result in a client death or Class X felony. Level II reviews can also be completed on any case that is referred by a Supervisor or Senior Vice President.

A referral is made to the CQIRT coordinator regarding the need for a **Level II** Priority Record Review within 24 hours (next business day) of any unusual or critical incident report that involves risk management issues or meets the criteria for a needed Priority Record Review in the Policy Summary. The unusual incident and/or morning report is to be sent to the CQIRT coordinator within 48 hours of the incident.

Any Kids Hope United senior vice president or executive director can request a case consultation (**Level I**) from CQIRT. Case consultation includes a review of materials for the case and staffing with key staff that are providing service to the family. Requests for case consultation can be made to the CQO or to the regional directors. Whenever possible the review will be conducted within 15 business days of the request onsite.

**Purpose:** The focus of a Priority Record Review (Level I, Level II, and Level III) is to determine whether the services actually provided to the client were professionally and ethically sound, interventions appropriately timed, policies and procedures correctly followed, and standards of professional practice maintained. The Priority Record Review will also consider risk management factors (for COA), identify gaps in service delivery, and evaluate why certain outcomes have been successful or unsuccessful. Recommendations will be made based on the Priority Record Review regarding service delivery, policy and procedural issues, staff issues, and any other area that is impacting the delivery of quality services to our clients.

**Team Involvement & Time Required:**

- CQIRT—Chief Quality Officer, CQIRT Directors, and CQIRT Coordinators
- EDs, SVP/PDs, Supervisors, and Caseworkers
- Completed as needed (approximately 24-32 hours total per review)

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## **OFFICE SYSTEMS REVIEW**

**Definition:** CQIRT Coordinators conduct and document the reviews with the office manager of each office on an annual basis. This review determines whether the office is meeting agency standards. The reviews usually are conducted in conjunction with a regularly scheduled visit to the office. Feedback will be given during the exit interview with the Director of Programs, SVP and/or Supervisor.

Each area of review is expected to be in full compliance. A comment section provides opportunity to explain lack of compliance or notations of exemplary performance.

Follow-up action will be the responsibility of the supervisor and PD/SVP.

**Purpose:**

- Provide a systematic and objective assessment of key areas of field office operations
- Focus on risk management systems
- Focus on professional operating protocols and space
- To determine whether it is meeting agency standards regarding posting of materials, tracking itineraries and providing an environment conducive for services and safety.

**Team Involvement & Time Required:**

- CQIRT— System Analyst, CQI Coordinators and CQI Technicians
  - SVP/PDs, Supervisors, and Office Managers
  - Approximate time=approximately 1hour onsite, 2 hours after each review
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## **SUPERVISORY REVIEW**

**Definition:**

On at least an annual basis, each supervisor will be assessed by CQIRT to determine that supervisory activities are occurring as required. CQIRT Coordinators conduct and document the reviews with each supervisor of support staff for an office.

Each area of review is expected to be in full compliance. A comment section provides opportunity to explain lack of compliance or notations of exemplary performance.

Follow-up action will be the responsibility of the supervisor and PD/SVP.

**Purpose:**

- Provide a systematic and objective assessment of key areas of field office operations
- Focus on risk management systems
- Focus on professional operating protocols and space
- To ensure that KHU policy regarding the role and function of the supervisors are being implemented.

**Team Involvement & Time Required:**

- CQIRT— System Analyst, CQI Coordinators and CQIRT Technicians
  - SVP/PDs, Supervisors, and Office Managers
  - Approximate time=approximately 1hour onsite, 2 hours after each review
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## **SERVICE SPECIFICATION/PROCESS MAPPING**

**Definition:** This is a process of review and update of service definitions and specifications. This protocol is to answer questions about the nature and elements of the service as well as identify the outcomes and requirements of the service.

**Purposes:**

- Examination of specific interactions between people or as part of work;
- Helps to standardize methodology; and
- Clearly defines the services provided within an organization;
- Development of a consistent clearly defined service delivery model;
- Educate members of the community and other stakeholders; and
- The results are good resources for grant writing, other funding opportunities, and legislative advocacy.
- Basis in Accreditation: Performance and Quality Improvement Standards and Service Standards.

**Team Involvement & Time Required:**

- CQIRT—Chief Quality Officer, CQIRT Directors, CQIRT Coordinators, and CQIRT Technicians
- SVP/PDs, Supervisors, and Caseworkers
- Updated during every COA re-accreditation or if a new program is initiated or a program is significantly changed (6 hours per service)

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**PROGRAM EVALUATION (Kids Hope United Service Evaluation)\***

**Definition:** The agency has begun to implement a process of program evaluation as a function of CQIRT. Program evaluation is a process that examines documentation within files, interviews with clients, caregivers, and service providing as well as other organizational staff members, with the result of making determinations of strengths of the program, outcomes, and areas for improvement.

**Purpose:**

- The findings of the program evaluations may be used to:
  - Document the strengths of the program;
  - Document areas that need improvement;
  - Determine the appropriateness of outcome goals; and
  - Media and public relations to recognize quality work that has been completed.
  - Basis in Accreditation: Performance and Quality Improvement Standards and Service Standards.

**Team Involvement & Time Required:**

- CQIRT— Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
- EDs, SVP/PDs, Supervisors, Caseworkers, and Office Managers
- Upon request : 6 days onsite (12 hour days), 32 hours preparation time

\*Inspired by the Quality Service Review from Human Systems and Outcomes, Inc.

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**OUTCOMES****Definition:**

Outcome Management is a process in which goals of a particular program are looked at and outcomes are established as means to reach those goals or contract requirements.

**Purpose:**

Outcome Goals are important to establish because they provide purpose for work and should tie either directly or indirectly to the mission of the agency.

**“A Focus on Outcomes**

Recognizing that human service organizations are faced with increasing pressure to document "what works" in terms of meeting the unique needs and aspirations of the people they serve, embedded in the *8<sup>th</sup> Edition Standards* is the principle that increased organizational capacity is linked to improved service delivery and that this, in turn, results in better outcomes. This explicit linkage between strong administration and management practices and measurable effective service delivery is unique to the *8<sup>th</sup> Edition Standards* and to COA.

Some of the widely accepted measurable outcomes promoted by the standards include:

- Safety
- Permanency
- Well-being
- Housing Stability
- Stability of Relationships
- Educational Achievement
- Integration within the Community”

**Team Involvement & Time Required:**

- CQIRT— Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
- EDs, SVP/PDs, Supervisors, Caseworkers
- Reviewed on a quarterly basis (approximately 2 hours per program), compiled into an annual report (approximately 72 hours)

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**RESEARCH:**

**Definition:** Research is the planned inquiry of any aspect of KHU. Though surveying and program evaluation fit the definition of research, these two tasks are considered separate from CQIRT’s research function. In terms of CQIRT, research includes literature reviews and the approval and monitoring of any external research projects.

**Purpose:**

- CQIRT is interested in best practices and in contributing to the human services knowledge base. To that end, we perform literature reviews on various topics of interest to staff and at times allow external groups to conduct research projects with our service population.
- The Ethical Practice standard for COA specifies that the rights of clients must be protected when performing any research. The agency’s Research on Human Subjects policy can be found in the manual.

**Team Involvement & Time Required:**

- CQIRT— Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst and CQIRT Coordinators
  - EDs, SVP/PDs, and Supervisors
  - Approximate time= On going (time allotted depends on project)
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**ACCREDITATION**

**Definition:** Accreditation is the process of evaluating practice against national standards to ensure that the organization's service delivery has integrity, authenticity and soundness. For COA (Council on Accreditation), the re-accreditation process occurs every four years. The CQIRT Department takes the lead in organizing the agency for the re-accreditation process.

**Purpose:** Kids Hope United is proud to have a long standing accreditation with the Council on Accreditation for services to Children and Families. The purpose of accreditation is to continually improve our services through implementation of standards. We value the accreditation process and utilize the process to continually improve our services. Accreditation through COA is not a one time activity that occurs every four years. It is a continual process of improving through the use of the standards. COA's Eighth Edition Standards reflect COA's philosophy that "accreditation is not an end but a means to an end." We integrate the standards into our practice. Additionally, we practice based upon our core values and beliefs and at times those practices supersede the standards. COA is not our only accrediting body; one of our Child Development Centers is also accredited through the National Association for Education of Young Children (NAEYC). The State of Illinois now requires that all private agencies they contract with must be COA accredited.

**Team Involvement and Time Involved:**

- CQIRT—Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
  - All Staff
  - On going and Re-Accreditation every 4 years (1.5 years in advance to prepare). Re-accreditation is a very time intensive activity. It takes approximately 480 hours of CQIRT leadership time
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**EMPLOYEE RECOGNITION**

**Definition:** Employee recognition employs two (2) methods of awarding staff excellence. The first is the STAR Award for individual excellence. The second is the GALAXY Award for team excellence.

**Purpose:**

- The STAR and GALAXY Awards are to recognize individual staff and/or teams who have:

- Gone above and beyond “normal” work duties;
- Exemplary performance by the staff or team; and
- Staff or team doing their job under circumstances that is “out of the ordinary.”
- Basis in Accreditation: PQI 1.03e states senior managers recognize staff contributions to performance and quality improvement.

**Team Involvement and Time Involved:**

- CQIRT—Chief Quality Officer, Director of Research, CQIRT Directors, System Analyst, CQIRT Coordinators, and CQIRT Technicians
  - All Staff
  - Ongoing/Monthly: 1 – 2 hours per nomination
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