



Performance Quality Improvement (PQI) Plan Bullet Points

Agency Philosophy –

Catholic Charities of Shiawassee and Genessee Counties is dedicated to *“Providing Help and Creating Hope”* and to strengthening the positive values of family life; contributing to positive family relationships; promoting healthy development; and protecting and improving the quality of life for individuals and families.

Agency Mission, Vision & Values–

- The mission of Catholic Charities of Shiawassee and Genessee Counties is the work of the Catholic Church, to share the love of Christ by performing the corporal and spiritual works of mercy.

The vision of the Agency is as follows:

- Believing in the presence of God in our midst, we proclaim the sanctity of human life and the dignity of the person by sharing in the mission of Jesus given to the Church. To this end, Catholic Charities of Shiawassee and Genessee Counties works with individuals, families, and communities to help them meet their needs, address their issues, eliminate oppression, and build a just and compassionate society.
- Our core values identify what Catholic Charities, as an organization, stands for and guide how we conduct ourselves as we work in support of our mission to serve all people, regardless of faith. These beliefs guide our day-to-day behaviors and interactions with all those we serve, while reminding us of our purpose to Provide Help and Create Hope. At our core, we believe in compassion, education, family preservation, hope, human dignity, integrity, love, and respect.

Plan Purpose –

The purpose of the Quality Improvement Program is to:

- Provide an ongoing process that strives to ensure that the highest quality of services is provided to clients.
- Monitor and evaluate the quality and appropriateness of service(s).
- Develop staff knowledge and skills; and,
- Recognize staff for high quality performance.

Plan Overview –

The PQI Plan will be outlined and described through the following areas:

- Culture of Improvement.
- Stakeholder Involvement.
- PQI Plan Infrastructure.
- PQI Program Measures.
- Data Analysis, Monitoring, & Reporting.
- Closing the Loop

Culture of Improvement

The organization's leadership demonstrates a clear commitment to fostering a culture of excellence and continual improvement by:

1. Using quality improvement results to build capacity and improve practice:
2. Allocating resources for an organization wide PQI system; and,
3. Making data-informed decisions.

The Agency's culture is defined as the customs, habits, skills, technology, arts, values, ideology, and science that the organization, staff, and shareholders utilize to help execute operations and delivery of services to all consumers.

Stakeholder Involvement

Identifying stakeholders is vital to developing a valid and reliable continuous quality improvement system and the Agency works with various groups and individuals to help improve all processes.

PQI Plan Infrastructure

- PQI plan structure includes defining the PQI teams and team members, establishing a PQI meeting schedule, and defining the overall structure of the PQI process of developing goals and establishing policies and procedures.

PQI Cycle & Structure –

The Agency approach to continuous quality improvement starts with both the Agency CEO and the Agency Board of Directors recognizing the importance of establishing a system in advance. Structure is developed through identifying a lead to coordinate all activities, establishing essential Agency Policies and Departmental Procedures, scheduling meetings to review relevant Agency data and materials, identify key PQI committee team members and defining how information is shared and communicated with both internal and external stakeholders. This process is structured to be continuous and ongoing to help establish a culture of excellence and continual improvement.

PQI Program Measures

PQI program measures include identifying the type of measures utilized and various program indicators. Prior to identifying program measures additional policies, procedures, and processes are established by the Agency to set the standard expectation and department/program goals and guidelines. Some of these measures and processes are dictated by Agency contracts, funders, and/or state laws and regulations, while others are noted through best practices and Agency expectations.

Policies, Procedures, Plans, & Processes –

Established Agency Policies are all Board approved. Specific Agency Policies are reviewed by the respective Agency Board Committees prior to going to the Agency Board for final review and approval

Program Indicators –

For any program or service to be effective, there must be some idea of what the expected measure is. Various types of indicators measured include outputs, outcomes, quality indicators, and administrative function reviews, to name a few.

Department Goals –

There are several departments within the Agency that are interconnected, and not all departments provide programs or services; however, several support programs and services are provided. As part of the Agency's comprehensive Quality Assurance Program, all Department Directors establish goals to help focus on Agency operations and assist in improving overall Agency atmosphere and enhance quality of services received.

Data Analysis, Monitoring, & Reporting

Data analysis, monitoring, and reporting includes defining the PQI Report, describing the model of change, and developing improvement plans. Establishing measures and program indicators as part of the process for continuous quality improvement is a successive concept that builds upon implementation of each of the core ideas involved with the process and can be noted below:

PQI Report –

The Agency utilizes various mechanisms for reporting relevant PQI data back to stakeholders. The purpose of a performance quality improvement report is to assist the organization in the following: Providing summaries of information that stakeholders have provided the organization; Discussing progress and challenges that resulted from improvement plans; Demonstrating to stakeholders how the interventions have benefited the service recipients; Providing an opportunity for stakeholders to provide feedback based upon the information provided; Emphasizing the philosophy that the organization uses data to support organizational change; and Recognizing accomplishments of staff, departments, offices, sites, or stakeholders.

Model of Change –

In addition, the Agency has outlined the various areas of outcome measurement, data collection and reporting, as well as data analysis and implementation, as related to PQI activities as part of the Model of Change. The most common model of change that works is the Plan-Do-Check-Act approach.

Improvement Plans –

When a change is needed, whether it is in the form of an internal improvement plan or an external corrective action plan, the Agency can reference back to the Plan-Do-Check-Act approach and evaluate its' processes and determine if the program indicators are truly meaning the intended item, and if the data analyzed is providing the organization with the feedback it needs.

Closing the Loop

The final step of not just the PQI Plan, but any process is closing the loop, and establishing a mechanism for getting the information out, which can be described as information dissemination to key stakeholders.

Dissemination of Information to Stakeholders –

Information dissemination is done by the Agency to inform and educate all staff and stakeholders of Agency outcomes. Areas of dissemination of data, outcomes, process, and agency information are noted.

Performance Quality Improvement (PQI) Plan –

- All new employees receive a copy (and explanation) of Catholic Charities Performance Quality Improvement (PQI) Plan upon hire. Staff may also be asked to participate in the PQI process as well.
- The Board of Directors reviews annually, and the Agency's Continuous Quality Improvement Policy will be reviewed and updated regularly by the Board as well.

Quality of Care Training –

- PQI Plan presented to all individuals upon hire.
- Annual Quality Plan overview will occur at regular General/All Staff Meetings and Clinical Service Meetings.
- Specialized and/or ongoing training will occur as appropriate to individual roles and responsibilities.

Dissemination of Data –

- Performance Quality Improvement information will be shared in General/All Staff Meetings, Clinical Service Meetings, PQI Meetings, Department/Program Meetings, and at the Board of Directors Meetings on a regular basis. Information
- Information dissemination will include, but not be limited to, monthly, quarterly, and annual reports, newsletters, agency website and social media sites, e-mail blasts, presentations, special events, etc...

Closing & Next Steps –

Closing the loop includes some of the following basic steps:

- Making sure your organization and/or program objectives are clear.
- Communicating all your expectations, reporting measures, and program indications to all relevant stakeholders.
- Building internal mechanisms for following up on communications, data, improvement plans, and reports.
- Using documentation to help facilitate accountability and ensure communication.
- Following through and following up to ensure the process is agreed upon, completely, and communicated.
- Repeating this cycle!