



Baptist Children's Homes of NC, Inc.
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PERFORMANCE QUALITY IMPROVEMENT PLAN

PHILOSOPHY

Baptist Children's Homes on North Carolina, Inc. (BCH), its leaders and staff place top priority on a PQI plan which propels it to become a world class model of excellence in child and family care. A well-defined, implemented, and continuously evaluated PQI plan enables BCH to develop a path of work that is clear, flexible and responsive, pace setting, and secure. A world class organization is committed to maintaining a high standard of values and personal accountability which is inclusive of all parts of the organization as well as its identified stakeholders. The PQI plan for BCH demands evaluation of every program and service against unbiased standards to measure organizational and programmatic innovation, methodology, execution and effectiveness.

PURPOSE

The Baptist Children's Homes of North Carolina, Inc. is committed to providing quality services to children and families. Performance Quality Improvement (PQI) is a method of regular monitoring, evaluation, planning, remediation, and improvement that ensures that the institution accomplishes this commitment.

GOALS AND OBJECTIVES

The **GOAL** of Performance Quality Improvement Planning is to achieve and maintain the highest level of service quality through present resources in each service area and administrative departments.

The **OBJECTIVES** that support the goal and give direction to the Performance Quality Improvement Planning activities are to ensure that:

1. All BCH departments and service delivery facilities conduct regular Performance Quality Improvement reviews that monitor, evaluate and adjust/refine service components and treatment modalities.
2. Maximum utilization and effective management of facilities, finance, and human resources are being measured and evaluated.
3. Policies and procedures are effectively designed to evaluate staff performance and identify necessary training programs.
4. Mechanisms exist that monitor, evaluate and adjust/refine service delivery based on consumer and/or other stakeholder satisfaction feedback.
5. There are efficient means to identify and resolve, in a timely fashion, problems that affect the quality of service to clients.
6. A strategic planning process is in place to align short and long-term goals and objectives with the values and mission of the organization.
7. The Board of Trustees, president, executive staff, employees, and other stakeholder groups have appropriate information necessary to understand the status of service delivery and to make changes to improve the quality of services.

PQI STRUCTURE

The PQI and Risk Management Council of Baptist Children's Homes of NC, Inc. is comprised of senior management from every department/program along with the PQI Coordinator. This team meets quarterly

to conduct analysis of PQI and risk management related data gathered by individual PQI teams and Safety Committees within each department/program. The PQI data is documented on a Performance Quality Improvement Report completed by each department/program and aggregated in quarterly PQI reports.

Group living teams, including Wilderness Camping, Oak Ranch, and all other residential campuses are comprised of at least one of the following individuals:

- Senior Management
- Administrative Staff
- Case Manager or Clinician
- Child Care Worker or Chief
- Support Staff (Maintenance, Barn Manager, Cook, etc.)
- PQI Coordinator

The Developmental Disabilities Ministries team is comprised of the following individuals:

- Director of Special Ministries
- Office Manager
- Training Coordinator
- Administrators
- PQI Coordinator

State administration, Weekday Education and NCBAM PQI teams will be made up of staff members from within each department.

Corrective action plans developed by departmental/program teams are discussed at the PQI and Risk Management Council meeting and suggestions and recommendations are shared with our President's Management Group. Suggestions and recommendations developed by these teams are also shared at least quarterly at general staff meetings held by each area/program/department. All sharing of information and the creation of corrective action plans is documented in meeting minutes.

In each fiscal year, every area/program/department shares measureable PQI goals and objectives which are placed in the BCH agency report card, where quarterly results are reported, analyzed and tracked. Reports are provided to all staff regarding PQI efforts, including a semi-annual Performance and Quality Improvement Narrative Report that outlines improvements that have occurred as a result of PQI corrective action plans and plans that are currently being implemented. The sharing of information and data within every department/program leads to development or revision of short-term plans, policy and protocol, and/or other improvement activities.

Annual review of the PQI Plan, PQI report, and overall PQI activities is conducted by executive and senior management, the PQI Coordinator, and the Board of Trustees.

A Coordinator of Performance and Quality Improvement was hired in June of 2010 to lead the PQI effort of Baptist Children's Homes of NC, Inc. The Coordinator of Performance and Quality Improvement is instrumental in the role of ensuring that quality improvement goals and objectives achieve desired results for Baptist Children's Homes of N.C., Inc. The position works closely with the Executive Vice President of Operations, as well as Area/Regional Directors, employees and stakeholders to assure the proper structure, employee involvement, measurements and reports are in place according to guidelines outlined by the Council on Accreditation's PQI standards.

STAKEHOLDERS

Baptist Children's Homes of NC, Inc. has an extensive list of key stakeholders and values their participation in our PQI process. Key stakeholders include our staff, clients, schools, churches, community service organizations, the Department of Social Services, funders, and Board of Trustees.

- Clients (selected at random) participate in quarterly questionnaires which allow them to offer feedback and comments about the quality of service provided. Clients also receive a service follow-up questionnaire from state administration after discharge.

- Foundation funders and major donors participate in annual satisfaction surveys and receive an agency PQI report on an annual basis.
- Our schools, community services organizations, Local Management Entities, and Department of Social Services participate in questionnaires on a quarterly basis which allows them to offer feedback and comments based on their interactions with our organization.
- The Board of Trustees receives an agency PQI Report annually, and is updated on PQI efforts and issues at full Board of Trustees meetings held twice a year. Trustees also receive monthly financial statements from our Chief Financial Officer.
- BCH staff members participate in semi-annual surveys regarding supervisors, working environment, communication, and evaluation of services. This survey is designed to give each employee an opportunity to offer comments and suggestions for improvement. All staff members participate annually in an organization-wide employee satisfaction survey as well in order to evaluate staff opinions and morale. PQI and Risk Management reports are presented at least quarterly during departmental staff meetings and employees have the opportunity to offer comments and suggestions. Staff members are also given opportunities to serve on departmental PQI teams and safety committees.

Departmental committees review PQI and Risk Management reports as well as questionnaire results at quarterly meetings in order to identify trends based on factual evidence (SIR's, Worker's Compensation Reports, Vehicle Accident Reports, etc.) Suggestions and recommendations are communicated to the PQI and Risk Management Council as well as to the President's Management Group and Board of Trustees. Corrective action is based on stakeholder feedback and improvement suggestions from departmental PQI teams and the PQI and Risk Management Council. Changes in policies, procedures, or staff training are implemented as necessary by the President's Management Group.

BCH's PQI philosophy, PQI structure, stakeholder involvement, and a brief description of our outcome measures are provided to all stakeholders in a PQI information packet and/or on our agency website. This information is maintained and updated as necessary by the PQI Coordinator.

All feedback and input from stakeholders is utilized by our President's Management Group and our Board of Trustees to formulate strategic planning and to identify short-term and long-term goals and objectives.

LONG-TERM STRATEGIC GOALS AND OBJECTIVES

Baptist Children's Homes of NC, Inc. is committed to a strategic planning process which incorporates quality improvement goals and objectives and defines plans and activities to complete these goals and objectives. The strategic planning process is led by our , President/CEO, and his President's Management Group, and is conducted on a four to five-year basis. The organization completed a comprehensive strategic plan in 2005, named "Guiding Star," and is currently developing a new strategic plan. Our planning process includes the BCH's mission, values, measurable goals, timeframes, and strategies to meet identified goals. Our strategic plan goals and objectives drive the development of short-term plans across the organization.

The "Guiding Star" Strategic plan incorporated five "thrusts" which have served as guideposts in developing action plans that have resulted in quality improvement initiatives and positive outcomes. Much has been achieved to meet the goals and objectives set forth in each thrust, such as the following:

Thrust One: Internal Short-term Actions – BCH's first thrust addresses areas of weakness as revealed in staff surveys. Issues such as low morale, a decreased reward system, and communication gaps were areas of concern which have been addressed in a number of ways, such as:

- A new on-line, more comprehensive annual employee survey process which was launched in 2007. The new survey process allows participants to anonymously rate their satisfaction with several areas of their work environment, and also provides text boxes for additional feedback and recommendations on how to improve the BCH workplace. The results are discussed with the President and his management group, and over-arching themes are identified for improvement actions based on feedback. Employees expressed their approval on the new survey process.
- Employees are better educated on their benefit plans on an annual basis, and even intermittently

between open enrollments if a better benefit option becomes available. The President's Management Group is constantly evaluating benefits to provide the very best benefits for the agency and employee dollars spent. During open enrollment periods, employees are given ample explanations and examples of how the benefit plans operate, with open forums for questions and answers. On the annual satisfaction survey, 89.5% of employees feel BCH offers an excellent benefit package.

- Responding to employee request for an expanded holiday schedule, a "floating" federal holiday was implemented beginning in January, 2010. Employees can choose one of the following holidays to add to the current BCH holidays: Martin Luther King Day, President's Day, Memorial Day, or Columbus Day. BCH employees were very excited to receive this additional holiday, and their response indicated a positive morale boost.
- A flexible work schedule was offered during the summer months beginning in June of 2009. Employees are given the option to work a four-day week along with a more relaxed dress code. This new program has been a huge success for employees wishing to work a modified schedule to suit their personal preferences. In 2010, the "flex" schedule was extended from June through October 4, 2010. Again, this action had a positive impact on employee morale.

Thrust Two: Expanding External Awareness – Technology continues to transform the way BCH communicates. In February of 2010, BCH established a presence on Facebook, the social media website which excels in creating and maintaining strong connections with others. The page is consistently updated with news, events, and photos about BCH's services to children and families across North Carolina. Facebook has quickly become an effective means of keeping BCH's supporters and friends update with the current information. As a nonprofit, BCH is dependent on the support of others and seeks new and innovative opportunities for maintaining a close relationship with those who are generous in their financial giving. BCH's Facebook page is being promoted on BCH's website, print news publication, and other marketing materials. Utilizing technology, particularly free technology such as Facebook, is an effective way of strengthening and building relationships.

BCH continues to utilize websites to reach a wide variety of audiences, including www.bchfamily.org and www.bchkids.org. Our most recent web offering is our Developmental Disabilities Ministries site. Photos, stories, blogs, vacancy information and more DDM specific information can be found at www.hereismyhome.org.

"Charity and Children," a BCH newspaper that is distributed to an average of 30,000 recipients with eleven issues a year, is a full color publication highlighting information from all of our programs and services. In every issue, there are success stories of clients in care and information of how volunteers can become involved in our mission to children and families.

BCH also reaches out to its churches and community partners in a number of ways, including speaking engagements, Friends of Children workdays, and our presence at the annual Baptist State Convention.

Thrust Three: Developing a World Class Program – In Thrust #3, one of the key objectives is for BCH to be a "world class provider of choice." To achieve this goal, BCH launched a new initiative in early 2010 with the implementation of the CARE Practice Model within our programs and services. In our mission to children and their families, BCH is always looking for ways to improve the outcomes for our clients and the satisfaction of our employees. Based on our ongoing research of best practices we believe that the CARE model will assist us in our continuous improvement efforts. It provides us with a well researched and tested model that incorporates our existing Christian philosophy on caring for families along with proven best practices in the field.

BCH also participated in a study, sponsored by the Duke Endowment, on identifying successful outcomes through residential childcare. Participants in the study included leading residential childcare organizations throughout North and South Carolina. The final report will be delivered in October, 2010.

Thrust Four: Developing a World Class Staff and Leadership --There were several recommendations identified within this thrust to elevate staff and leadership of the organization to a new level - from great to world class. Since the human capital of BCH was cited as a major strength of the organization, goals and objectives were developed to enhance and raise the performance level even higher. The following

activities were identified to enable staff to reach world class status.

The agency areas and departments previously operated in a decentralized business model in the function of human resources responsibilities. In order to gain consistency, professionalism, compliance and cutting edge human capital policies and procedures throughout all BCH departments, a new, centralized Human Resources department was established in July of 2005. Since that time, the department and its staff has positioned itself as an advisor to staff on all levels. Some of the achievements include:

- A revised annual performance evaluation program that can be completed in an electronic format.
- A new salary and job grading system, which provides a objective method for awarding merit pay increases, aids with budget planning, and also aligns agency staff positions with a salary grade to insure consistent pay and a level of career progression.
- The establishment of a new online employee recruiting tool called, “iapplicants” which allows job seekers to use keyword searches to find BCH and the opportunities for employment. This new service has also increased external awareness of our agency programs and services due to the many visitors being brought to our BCH website.
- A new orientation program that introduces new employees to BCH and its history, mission and objectives, our strategic plan, an understanding of our programs and ministries, an overview of our locations throughout the state, as well as compensation and benefits.
- Several training programs that have been created or enhanced with up-to-date data. Those include cultural diversity, on-line driver safety training, OSHA training for representatives at each campus, and supervisory training for managing employee issues and how to do employee performance evaluations.
- Job descriptions were updated in a new format to include many features related to employment laws and other licensing requirements.
- Web-based employee satisfaction surveys have expanded and enabled valuable feedback.
- Benefit open enrollment meetings within all departments have improved employee understanding of their BCH benefits and options.
- An in-depth report on employee turnover used for PQI, internal management, and trustee reports.

Thrust Five: World Class Fund Raising/Financial Management – In an effort to enhance the fundraising efforts for BCH, a full-time Corporate Foundation Grants Manager was hired in February of 2007. This position has successfully developed a strong base of support expressed through the need to fund our operational budget, building relationships to yield designated financial gifts, and ensures that funds are used as directed by our donors. Through diversified funding streams and a skilled volunteer network, BCH has expanded programs and renovations of properties. Examples of this diversification include in-kind gifts from individuals and corporations, and talented volunteers who have offered their skills and gifts to renovate seven cottages across the state as well as develop a wilderness camping location for girls.

Financial management practices and strategies have kept the agency healthy and strong, even through a down economy of the last two years. Through monthly analysis of our budget revenue and expenses, a careful eye is kept on the balance of funds needed versus funds expended. Factors within each program such as bed utilization rates, percentage of public funding, cost per day of service, as well as earnings per daily slot are analyzed quarterly. An annual report is made on these factors within the PQI report that is distributed to the Board of Trustees during the January meeting.

MANAGEMENT/OPERATIONAL PERFORMANCE

The President’s Management team represents the agency’s supervision and responsibilities for finance, human capital, programs and services, fundraising, communications, and overall safety, risk and facility management. For PQI purposes, the following areas are monitored and analyzed for performance and operational excellence.

Financial Viability

The President/CEO and President’s Management Group have a close working relationship with the Board of Trustee members and committees. Financial reports and other data are reviewed and analyzed during

monthly President's Management Group meetings. Copies of financial statements are provided to the Board of Trustees for their review on a monthly basis. The Finance Committee of the Board of Trustees participates in the budget process and approves the final proposed budget in August of each year. The budget is then approved by the entire Board of Trustee group at the annual September meeting. BCH adheres to financial policies and procedures which render transparent and sound financial reporting to Board members, leadership staff, funding organizations, and service contractors.

Cost analysis of service data is analyzed for ongoing monitoring of revenue and expenditures for budget reporting, as well as providing information for contractors, funders and governmental agencies. Aggregated cost and revenue data related to programs and services is included in the annual PQI report presented at the January Board of Trustees meeting. Aggregated cost of service and revenue data, which includes targeted goals for each area of service, is also tracked and reviewed on a quarterly basis during the area director's meetings. Bed utilization and employee turnover is also aggregated and reviewed at this time.

Workforce Stability

The Executive Vice President of Operations, in cooperation with management team members, conducts a workforce analysis annually in preparation for the budget process. The analysis also includes a review of demographic information in relation to how BCH employees match the demographics of the surrounding communities in the areas of the state where they work. The information gathered is analyzed for internal workforce adjustments related to projected job openings such as retirements, turnover, demographic equity, and growth/decrease in service needs in accordance with the agency's annual plans. These factors are used for strategic planning, short-term goals related to workforce planning, and or corporate visioning by the President/CEO and the President's Management Group.

Employee Satisfaction surveys are conducted in January of each year, and employees respond anonymously through an outsourced on-line service. The response information is reviewed by the President's Management Group for the purpose of creating improvement goals and objectives related to over-arching themes from employee feedback. Final reports are made available for all employees to review, as well as the Board of Trustees who receive a copy of the report in the annual January meeting. Annual performance evaluations of all staff are conducted in February/March of each year prior to the budget planning process. Performance ratings are a component of the annual merit pay budget process.

Safety and Risk Management

Safety Committees function on each campus and within the department of state administration. Program directors are actively involved with campus/departmental safety committees. Committee members review all accident and incident data, facility safety requirements and inspections, security of facility and information, and then recommend corrective action steps for prevention and/or improvement based on trends or compliance standards related to their areas of responsibility.

Reports of findings and committee minutes are submitted to the PQI and Risk Management Council for their quarterly review. The Council aggregates data related to serious incident reports, worker's compensation injuries, vehicle accidents, medication errors, grievances, and other risk elements as outlined in COA's Risk Prevention Standards. The data is analyzed to identify safety and risk trends and methods for improvement and prevention. Revisions in policies and procedures as well as corrective action steps involving training and supervision may be developed and distributed to the management team for implementation throughout the agency.

Quarterly PQI and Risk Management Council reports, including aggregated data and corrective action steps for improvement and prevention, are submitted to the President/CEO, as well as the Board of Trustees.

Effective Fundraising

All fundraising activities are under the direction of the Executive Vice President of Development and Communications, 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 department has gifting procedures and Donor's Bill of Rights in place which serves as a guideline in

the solicitation and acceptance of gifts and in the confidential handling of donor gift information. Professional development staff adheres to the Code of Ethical Principles and Standards of Professional Practice of the national Society of fund Raising Executives (NSFRE)

The Development and Communications Committee of the Baptist Children's Home of North Carolina Board of Trustees has oversight of the fundraising activities of the Baptist Children's homes of NC. The Trustees take serious their fiduciary responsibilities in providing the resources needed by Baptist Children's Home through their oversight of the fundraising program and their leadership through their giving. Baptist Children's Homes of North Carolina does not use outside fundraising consultants.

The marketing materials and development staff accurately describes the purpose for which solicitations are being made. Baptist Children's Homes spend the funds for the purposes they were intended with the exception of reasonable costs for administration of the fund raising program. The Business Office maintains accounting segregation for restricted funds.

A cost analysis is conducted on each fundraising activity. An annual report is mailed to each donor and copy of our annual audit is provided upon request. We strive to be transparent to all of our constituencies.

Baptist Children's Homes of NC has strategically developed diversified funding sources to ensure stable funding. With the partnerships we have with our churches, individual donors, corporations, foundations, volunteers, collaborative efforts with other organizations, private fees for service, contracts issued by the state of NC, Baptist Children's Homes is not dependent on any specific income source. Our funding resources are consistent with our mission.

PROGRAM RESULTS/SERVICE DELIVERY QUALITY

Baptist Children's Homes of NC, Inc. chooses to measure the following dimensions of service quality on a quarterly basis. Following data collection and analysis by area/departmental staff, aggregated data is reviewed by departmental PQI teams and by the PQI and Risk Management Council to identify patterns and trends on the following activities:

- Number of discharges
- Slot Utilization Rate
- Cost per day per client
- Earnings per daily slot
- Number of grievance reports
- Number of serious incident reports
- Number of physical restraints
- All cases where clients are deemed a danger to self or others

Additional monitoring and evaluating steps occur with the following activities:

- Accuracy of case records – Case records are reviewed randomly by supervisor and by peer supervisors to measure errors and compliance. A case record review document is used to aggregate data and identify trends.
- Medication administration – Every supervisor reviews medication logs for accuracy and checks medication cabinets for appropriate security and for expired meds. Results are aggregated and reviewed by departmental PQI teams and by PQI steering committee to identify patterns and trends.
- Assessment of services' use of family conferences, family visitation, and parent groups – Program staff and supervisors review on a case-by-case basis; aggregated data is reviewed by departmental PQI teams and by PQI steering committee to identify patterns and trends.
- Client feedback – Surveys are utilized to collect feedback from consumers regarding their experiences with organizational programs and to solicit their ideas about areas needing improvement. Responses are reviewed and aggregated by departmental PQI teams and by PQI Steering committee.
- Non-client stakeholder feedback -- Surveys are utilized to collect feedback from non-client stakeholders regarding their experiences with organizational programs and to solicit their ideas

about areas needing improvement. Responses are reviewed and aggregated by departmental PQI teams and by PQI Steering committee.

CLIENT AND PROGRAM OUTCOMES

Baptist Children's Homes of NC, Inc. has well established outcome expectations within all of its programs to measure the effectiveness of services and the impact on consumers. Staff members at all levels are involved in the development of outcomes and outputs using our quarterly Performance Quality Improvement Plans from each department as well as stakeholder feedback. Client and program outcomes tracked include but are not limited to:

- The health, welfare, and safety of our clients
- Behavioral change
- Permanency of life situation
- Changes in functional status.

An analysis of outcome data is conducted by departmental PQI teams as well as by the PQI and Risk Management Council and aggregated data is shared at departmental staff meetings quarterly and with our Board on an annual basis. Corrective action plans are developed as needed based on the monitoring of these outcomes.

DATA COLLECTION AND AGGREGATION

Peer Reviews and Case Record Reviews

Baptist Children's Homes conducts a comprehensive peer review on each campus every two years. The purpose of the BCH peer review is to evaluate BCH's programs so each campus can receive objective feedback from peers to narrow the practice gap and to improve the quality of services. In evaluating program effectiveness, three questions must be answered:

1. What does the program design claim/say it does?
2. What do the users say is actually happening?
3. What must be done to narrow the gap between the intent and actual practice of the program?

The peer review process includes questionnaires mailed out to youth in care, family/legal custodians and staff as well as a three day on-site visit. During the on-site visit a three member team reads client records, interviews youth and staff, observes the condition of building/grounds, observes team meetings, team members interacting with youth, and youth group meetings. A corrective action plan based on the findings of the peer review team is developed and included on the quarterly departmental/program Performance Quality Improvement Report.

Case record reviews are conducted quarterly by supervisors and peer supervisors. Peer supervisors are staff members that demonstrate no conflict of interest and are objective pertaining to the case record. A percentage (based on the annual number of case records in each service) of open and closed cases are selected at random to be reviewed. A case record review document is used for each record that incorporates specific expectations as deemed appropriate to that program. Case review items include but are not limited to:

- Plan of service
- Appropriate consents
- Progress Notes
- Individual Crisis Management Plan (ICMP)
- Serious Incident Reports
- Individual Logs
- Maps-Issues-Goals-Strategies (MIGS)
- Aftercare plan of service

The data collected from this document is aggregated to identify trends and implement necessary improvement plans for each program. Summarized results and corrective action plans are documented

on the quarterly departmental/program Performance Quality Improvement Report.

Review of Risk Management Data

Risk Management Data is reviewed monthly or quarterly by departmental/program Safety Committees. The Safety Committees discuss and record risk management issues such as campus safety and security, vehicle issues/incidents, employee accidents, and medication administration. Outcomes are discussed and data is aggregated to identify issues or trends. Summarized results and corrective action plans are documented on the quarterly departmental/program Performance Quality Improvement Report.

Client Involvement/Satisfaction

Client Involvement/Satisfaction is evaluated quarterly by departmental/program PQI teams. Assessments are completed regarding custodians' successes in carrying out financial plans, the service's use of family visitation, the use of family conferences, and the use of parent groups. Client feedback questionnaires are mailed quarterly to clients at random, and service follow-up questionnaires are mailed by state administration following all discharges. Client grievance reports are tracked on a quarterly basis. Summarized results and corrective action plans are documented on the quarterly departmental/program Performance Quality Improvement Report.

Client Outcomes Data

Client Outcomes Data is collected and reported on a quarterly basis by departmental/program PQI teams. This data is used to evaluate the health, safety and welfare of our clients, behavioral changes, permanency of life situations, and changes in functional status. Client Outcomes are measured using the following:

- Number of discharges during review period along with how many Plans of Service were or were not completed
- Average length of placement for discharges during review period
- Average change in Child Global Assessment Scale (CGAS) scores from the time of intake to the time of discharge
- Number of serious incident reports during review period
- Number of residents determined to be dangerous to self or others during review period (including, but not limited to, all incidents of physical aggression, accidents that require professional medical treatment, suicide threat(s) or attempt(s) or other such as self-mutilation or the use of drugs, and/or behavior that results in a referral for a psychiatric assessment and/or hospitalization, serious damage of property, criminal activity, suspected or confirmed sexual activity, and runaways)
- Assessments of use of family visitation and family conferences
- Evaluation of medication administration

Summarized results and corresponding corrective action plans are documented on the quarterly departmental/program Performance Quality Improvement Report.

DATA REVIEW, ANALYSIS, AND COMMUNICATING RESULTS

PQI data, reports, and stakeholder feedback is reviewed at least quarterly by the President's Management Group, the PQI and Risk Management Council and departmental/program PQI teams. PQI reports and data are presented to all staff at least quarterly at departmental staff meetings. The Board of Trustees receives an annual agency PQI report and is updated on PQI efforts and issues at full Board of Trustees meetings held twice a year.

Analysis of data is conducted by departmental/program PQI teams and the PQI and Risk Management Council based on targeted goals specified on the quarterly scorecard as well as by identifying trends in outcomes documented on departmental Performance Quality Improvement Reports. Stakeholder feedback is considered and incorporated into on-going agency improvement efforts. Corrective Action Plans are developed and recommendations are made to the President's Management Group, leading to modification to policies, procedures, training, supervision, or other programmatic change in order to ensure achievement of goals and client outcomes. Improvements that have occurred as a result of PQI

corrective action plans and plans that are currently being implemented are communicated through a quarterly Performance and Quality Improvement Narrative Report which is provided to all staff and is included in stakeholder information packets.

IMPLEMENTING IMPROVEMENT AND ASSESSMENT OF THE EFFECTIVENESS OF THE PQI PROCESS

The President's Management Group and Regional/Area Directors are responsible for ensuring that corrective action plans are implemented and that timeframes are maintained. The PQI and Risk Management Council and departmental PQI teams are responsible for monitoring the results of the implementation of corrective action plans. The impacts of the corrective action plans will be monitored through measurement of improvement of stakeholder satisfaction, reductions in out of compliance items reviewed during case record review, enhanced achievement of client outcomes, etc.

An evaluation of the PQI Process is completed each year at the annual PQI Planning Meeting. Recommendations for improvement are made from the PQI and Risk Management Council to the PQI Coordinator, President's Management Team, and Regional/Area Directors based on the annual agency PQI report. Changes made to the existing Performance and Quality Improvement Plan are based on these recommendations.