



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

### **PHILOSOPHY**

Baptist Children's Homes of 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 and 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 and 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 and Quality Improvement Planning activities are to ensure that:

1. All BCH departments and service delivery facilities conduct regular Performance and 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 stake-holder 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 Team of Baptist Children's Homes of NC, Inc. is comprised of senior management from every department/program along with the PQI Coordinator/Manager. This team meets quarterly as a part of BCH In Office Meeting 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 and annual PQI reports. The PQI manager along with the program supervisors are responsible for reviewing the reports to ensure data integrity. Data is reviewed for accuracy, timeliness, completeness, uniqueness, and outliers.

Group living teams, including Wilderness Camping, Family Care 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, Family Care Worker, or Chief
- Support Staff (Maintenance, Barn Manager, Cook, etc.)
- PQI Coordinator/Manager

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

- Director of Special Ministries
- Director of IDD
- Office Manager
- Administrators
- Assistants to Administrators
- Direct Support Professionals
- PQI Coordinator/Manager

The Christian Adoption Services team is comprised of the following individuals:

- Executive Director of International Adoptions
- Home Study Services Supervisor
- Additional adoption team member
- PQI Coordinator/Manager

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

Improvement and corrective action plans developed by departmental/program teams are discussed during PQI and Risk Management time of quarterly in-office meetings and suggestions and recommendations are shared with our Leadership Team. 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 improvement and/or corrective action plans is documented in meeting minutes/reports.

In each fiscal year, every area/program/department shares measureable PQI goals and objectives which are placed in the BCH PQI annual plans and reports, where quarterly and annual 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 improvement and/or 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 reports, and overall PQI activities is conducted by executive and senior management, the PQI Coordinator, and the Board of Trustees.

The role of Coordinator/Manager of Performance and Quality Improvement was formed in June of 2010 to lead the PQI effort of Baptist Children's Homes of NC, Inc. Coordination of Performance and Quality Improvement is now part of the responsibility of the Human Resources Coordinator. This position is instrumental in the role of ensuring that quality improvement goals and objectives achieve desired results for Baptist Children's Homes of NC, Inc. The position works closely with the Vice President of Staff Engagement and Compliance, 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, Managed Care Organizations, 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 annual surveys regarding supervisors, working environment, employee engagement, communication, and evaluation of services. The surveys are designed to give each employee an opportunity to offer comments and suggestions for improvement. 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 data gathered. Suggestions and recommendations are communicated to the PQI and Risk Management Team as well as to the Leadership Team and Board of Trustees. Corrective action is based on stakeholder feedback and improvement suggestions from departmental PQI teams and the PQI and Risk Management Team. Changes in policies, procedures, or staff training are implemented as necessary by the Leadership Team and senior management.

BCH's PQI philosophy, PQI structure, stakeholder involvement, and a brief description of our outcome measures are provided to all new employees during a PQI presentation given at New Employee Orientation. All stakeholders may access PQI information on our agency website. This information is maintained and updated as necessary by the PQI Manager.

All feedback and input from stakeholders is utilized by our senior management, Leadership Team 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 Board of Trustees, President, Chief Operating Officer (COO), and the Management Team and is conducted on a four year basis. The organization completed a comprehensive strategic plan in 2022, named "Embrace". Our planning process includes BCH's mission, values, measurable goals, timeframes, and strategies to meet identified goals. Our strategic plan's goals and objectives drive the development of short-term and long-term plans across the organization.

The BCH Programs and Compliance team reviews the progress of the strategic plan quarterly and the Board of Trustees receives a summary of progress at each January meeting. All employees receive strategic plan updates through the PQI Narrative and employees have an opportunity to provide feedback

and suggestions for the plan through our annual employee survey.

The “Embrace” Strategic plan incorporates three areas of focus which are serving as guideposts in developing action plans that are resulting in quality improvement initiatives and positive outcomes.

### **Focus One: Growing Friends**

“Growing Friends” is the BCH strategic initiative to expand and cultivate relationships with existing and new stakeholders including agency advisors, partners, donors, churches, and volunteers. This initiative also includes plan to maximize the use of properties and assets with which BCH has been blessed. These two vital pieces of our ministry ensure the effectiveness and sustainability to carry out the BCH mission of “Sharing Hope...Changing Lives.”

The components of the “Growing Friends” initiative include:

- Funding Sources and Donor Relationships
- Properties and Volunteers
- Real Estate

### **Focus Two: Growing Talent**

“Growing Talent” is the BCH strategic initiative to engage and develop employees to ensure the highest job satisfaction and productivity, develop high potential employees for leadership positions, and recruit excellent candidates to fill the extremely important direct care positions. This initiative allows BCH to ensure workforce sustainability through maximizing the engagement and effectiveness of employees as well as through being proactive in succession planning.

The components of the “Growing Talent” initiative include:

- Recruitment, Retention, and Engagement of Highest Quality of Employees
- Succession Planning and Cross Training

### **Focus Three: Growing Ministries**

“Growing Ministries” is the BCH strategic initiative to remain sustainable and relevant by offering the most effective and needed services to the communities the agency serves. BCH leaders consistently evaluate the needs of current services and possible new services as populations, resources, and laws change. Internal and external data drive plans and goals for existing and potential new services.

The components of the “Growing Ministries” initiative include:

- Expansion of Foster Care and Adoption
- Feasibility of Statewide Transitional Services and Curriculum
- Exploration and Expansion of Intellectual and Developmental Disabilities Services
- Integration of all BCH Ministries

## **MANAGEMENT/OPERATIONAL PERFORMANCE**

The 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, COO and Management Team have a close working relationship with the Board of Trustee members and committees. Financial reports and other data are reviewed and analyzed during monthly Management Team 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 quarterly PQI and Risk Management meetings. Bed utilization is also aggregated and reviewed at this time.

### **Workforce Stability**

The Vice President of Staff Engagement and Compliance, in cooperation with other staff 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, COO and the Leadership Team.

Employee Satisfaction surveys are conducted at least once a year, and employees respond anonymously through an outsourced on-line service. The response information is reviewed by the Leadership Team 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 Director of Human Resources and Safety for quarterly review. This 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 suggested to the PQI and Risk Management Team for implementation throughout the agency. Overall reports of findings and plans are shared during the PQI and Risk Management portion of the quarterly in-office meetings.

Quarterly PQI and Risk Management Team reports, including aggregated data and corrective action steps for improvement and prevention, are submitted to the COO, as well as annually to 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 seriously 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 spends 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, and 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 and/or semi-annual 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 Team to identify patterns and trends on the following activities:

- Child Global Assessment Scale/Global Assessment of Functioning
- Hopelessness Scale
- Grade Point Average
- Number of admissions
- Number of discharges
- Slot Utilization Rate
- 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
- Number of referrals
- Cost per day of care
- Revenue per day of care

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 and Risk Management Team 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 and Risk Management Team 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 aggregated and reviewed by departmental PQI teams and by PQI and Risk Management Team.
- 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 aggregated and reviewed by departmental PQI teams and by PQI and Risk Management Team.

## **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 reports from each department as well as stakeholder feedback. Client and program outcomes tracked include but are not limited to:

- Consistent need for services
- The health, welfare, and safety of our clients
- Consistent effectiveness of services through behavioral change, permanency of life situation and changes in functional status.
- Positive investor/stakeholder perception
- Financial Viability

An analysis of outcome data is conducted by departmental PQI teams as well as by the PQI and Risk Management Team and aggregated data is shared at departmental staff meetings quarterly and with our Board on an annual basis. Improvement and 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 appropriate 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 and are reviewed by the PQI and Risk Management Team as a part of the quarterly In-office meetings.

#### **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 change in Child Global Assessment Scale (CGAS) scores, Hopelessness Scale, and Grade Point Average
- 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 Leadership Team, the PQI and Risk Management Team 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 Dashboard 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 Team based on targeted goals specified on the Trustee Dashboard as well as by identifying trends documented on departmental Performance Quality Improvement Reports. Stakeholder feedback is considered and incorporated into on-going agency improvement efforts. Improvement and corrective action plans are developed by program teams and the PQI and Risk Management Team and recommendations are made to the Leadership Team. The Leadership Team and Regional/Area Directors are responsible for ensuring that action plans are implemented and that timeframes are maintained. The impacts of the action plans will be monitored through measurement of improvement of stakeholder satisfaction, reductions in out of compliance items reviewed during case record reviews and risk management reviews, and enhanced achievement of client outcomes. The PQI and Risk Management Team and departmental PQI teams are responsible for monitoring the results of the implementation of action plans and determining if an implemented plan is an improvement, 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 action plans and plans that are currently being implemented are communicated through a semi-annual Performance and Quality Improvement Narrative Report which is provided to all staff and is included in stakeholder information on our agency website. Improvements are also presented during the PQI and Risk Management portion of in-office meetings and at quarterly staff meetings.

## **ASSESSMENT OF THE EFFECTIVENESS OF THE PQI PROCESS**

Recommendations for improvement to the PQI process are made from the PQI and Risk Management Team to the PQI Manager, Leadership Team, and Regional/Area Directors based on the annual agency PQI scorecard and quarterly PQI reports. Changes made to the existing Performance and Quality Improvement Plan are based on these recommendations.