



**PERFORMANCE**

**AND**

**QUALITY IMPROVEMENT PLAN**

Revised and Updated

January 13, 2011

# **Performance and Quality Improvement Plan**

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## **I. INTRODUCTION**

Harborcreek Youth Services, as a matter of policy, is committed to the principles and ideals of Quality Improvement. The agency is dedicated in its efforts in providing the highest quality services to clients as described in the agency's Mission and Strategic Plan. The organizations Performance and Quality Improvement Plan is reviewed and approved by the Governing Board of Directors on an annual basis.

### **STATEMENT OF PHILOSOPHY**

Quality service delivery to agency clients can only be achieved in an atmosphere that promotes respect for all constituents, includes all stakeholders, and demonstrates a commitment to performance based measurement and accountability. Harborcreek promotes the statistical analysis of program and management "key measures" to ensure best practice and a quality client service environment. Performance Improvement efforts are designed to be comprehensive in nature and reflect primary Agency values, including:

- A commitment to continuous and consistent quality improvement.
- A commitment to the implementation of evidence supported services.
- A commitment to a collaborative planning process reflecting the involvement of clients, staff and community stakeholders.

### **STRATEGIC PLAN**

The Strategic Plan identifies quality standards and related expectations for the organization. Both short-term and long-term agency goals, with accompanying objectives and strategies for attainment, form the basis for quality improvement efforts. The planning process assists the organization in its efforts to identify improvement areas, establish improvement priorities, and implement necessary changes in policy and practice. The Strategic Plan is reviewed annually and updated as needed. Each Strategic Plan has a three year cycle.

### **GOAL STATEMENTS**

The establishment of goals related to performance enhancement are designed to compliment overall agency goal statements as identified in the Strategic Plan and are intended to reflect major areas of organizational operation including management and operations, program results, qualitative issues in service delivery, client outcomes and client satisfaction. Goal statements are based and related to agency mission, agency philosophy, and the agency core values and are as follows:

**GOAL I** Attain continuous and consistent performance improvement in all major areas of agency operations and service delivery.

**GOAL II** Enhance and improve the quality of services provided to agency constituents.

**GOAL III** Enhance the health, safety and well-being of agency clients.

**GOAL IV** Enhance the quality of relationships with internal and external stakeholders.

The collection and analysis of objective data forms the basis for goal attainment assessment and includes the development of data collection and monitoring systems, the reporting of aggregate information, the identification of agency priority performance areas and the evaluation of improvement initiatives.

## **II. DESIGN**

Quality Improvement initiatives are intended to further movement towards the agency's Strategic Plan, promote a safe treatment environment and is inclusive of all stakeholders.

### **STRUCTURE**

The Performance and Quality Improvement process is a three tiered system. Committees meet on a monthly basis.

#### **Management Committee**

The Management Committee is charged with assuming the overall responsibility for the development and implementation of an agency-wide Quality Improvement Program including the creation of sub-committees that focus on specific performance measurement areas, the identification and development of outcomes and review of all materials submitted by the sub-committees. In addition, the Management Committee ensures that findings of external review processes are integrated into the agency Quality Improvement process. The Management Committee is chaired by the CEO. All administrators of the agency are committee members, as are community stakeholders. The Management Committee reports directly to the Executive Committee of the Governing Board.

The Management Committee has designated the following as sub-committees.

#### **Health & Safety Sub-Committee**

The Health & Safety sub-committee is charged with the monitoring of the physical environment of the agency to include all facilities, vehicles, maintenance and grounds. The sub-committee is also charged with a review of agency risk prevention efforts and emergency response planning. This sub-committee is chaired by the Manager of Environmental Services and membership includes representatives from maintenance, medical, residential services and food service at a minimum. External committee stakeholders are also in membership. The sub-committee establishes a set of by-laws in accordance with state requirements and standards as established by the Council on Accreditation.

#### **Human Resources Sub-Committee**

This sub-committee is charged with monitoring all personnel related performance areas as well as training related items and conducts an annual review of insurance coverage for risk prevention. The sub-committee also completes semi-annual reviews of personnel records and

staff retention patterns and trends. The Human Resource Manager serves at the chair of this sub-committee. Committee membership includes representatives of residential and community programming, human resources and various departments as assigned by the CEO. Community stakeholders also hold committee membership positions.

### **Incident Review Sub-Committee**

Incident Review is charged with inspecting each incident report and ensuring that all events are recorded accurately and that interventions are applied in accordance with established procedure and comply with regulatory standards. The sub-committee also examines patterns and trends and makes recommendations to prevent reoccurrence. A Residential Service Program Administrative staff member chairs the sub-committee and membership is comprised of staff representing both residential programming and clinical staff. Community stakeholders also hold sub-committee membership positions.

### **Clinical Review Sub-Committee**

Clinical Review is charged with monitoring treatment quality performance areas in agency residential services programs and community programs divisions. Areas reviewed include the medical department, case management, case record reviews, intake and treatment planning and reviews of client rights and client confidentiality policies and practices. The sub-committee also reviews the behavior management program for effectiveness and incident reduction. A clinical director level staff person chairs this committee and members include representatives from community programs, case management, intake, clinical team, drug and alcohol department, and medical department. External community stakeholders are also in membership.

### **Quality Sub-Committee**

This sub-committee is charged with monitoring performance areas related to administrative and management/operations agency domains including finance, contract review, policy review, program evaluation and external satisfaction surveys. This committee also reviews strategic plan goal attainment and conducts an annual analysis of the agency Performance and Quality Improvement Plan. The sub-committee is chaired by a director and membership includes representatives from community programs, residential services, the clinical team, and staff members assigned to administrative and finance positions. External community stakeholders also hold committee membership positions.

## **PERFORMANCE ASSESSMENT**

Harborcreek promotes the statistical analysis of program and operational/management “key measures” to ensure best practice and a quality service environment in both its residential and community programs. The management committee with input from sub-committees and key stakeholders has established performance outcome measure initiatives on a predetermined basis to ensure that the service environment is maintained at the highest quality level. Outcome results form the basis for program development and enhancement projects within the

agency.

Harborcreek maintains an information system that promotes and facilitates the collection and analysis of data necessary to the study of program-related outcomes.

### **III STAKEHOLDER PARTICIPATION**

Harborcreek has structured its Performance and Quality Improvement Process in a manner which facilitates maximum participation by both internal and external stakeholders.

#### **Staff Level**

Staff participate in training in the Quality Improvement process during the orientation phase of agency employment. Staff are also encouraged to participate in sub-committee activities. Agency Performance and Quality Improvement initiatives are regularly updated and communicated to staff at general staff meetings, and through newsletters and ongoing staff training programs.

#### **Management Level**

Agency administrative staff are represented on both the Management Committee and various sub-committees charged with facilitating the agency's Performance Improvement Program. All director level managers are represented on the Management Committee.

#### **Board Level**

Board members regularly participate in a variety of Performance Improvement Initiatives through board sub-committee involvement in areas such as finance and personnel. Quality Improvement is a regular agenda item at monthly Board meetings and on an annual basis, the agency Board approves the Annual Performance and Quality Improvement Plan.

#### **Community Level**

External community stakeholders hold membership positions on either the Management Committee or on one of the five sub-committees focusing on quality improvement initiatives. Community level participants are provided with an Information Packet detailing the agency Performance and Quality Improvement Program. In addition, the agency publishes a quarterly "Performance Scorecard" on its website, measuring gains made against goals.

#### **Consumer Level**

Agency clients formally participate in improvement efforts through membership on the Youth Advisory Board and in the client satisfaction survey program. Families are encouraged to participate through multiple therapeutic and informal avenues provided during family contact meetings. In addition, families complete satisfaction surveys.

## Harborcreek Youth Services

### Performance and Quality Improvement Program

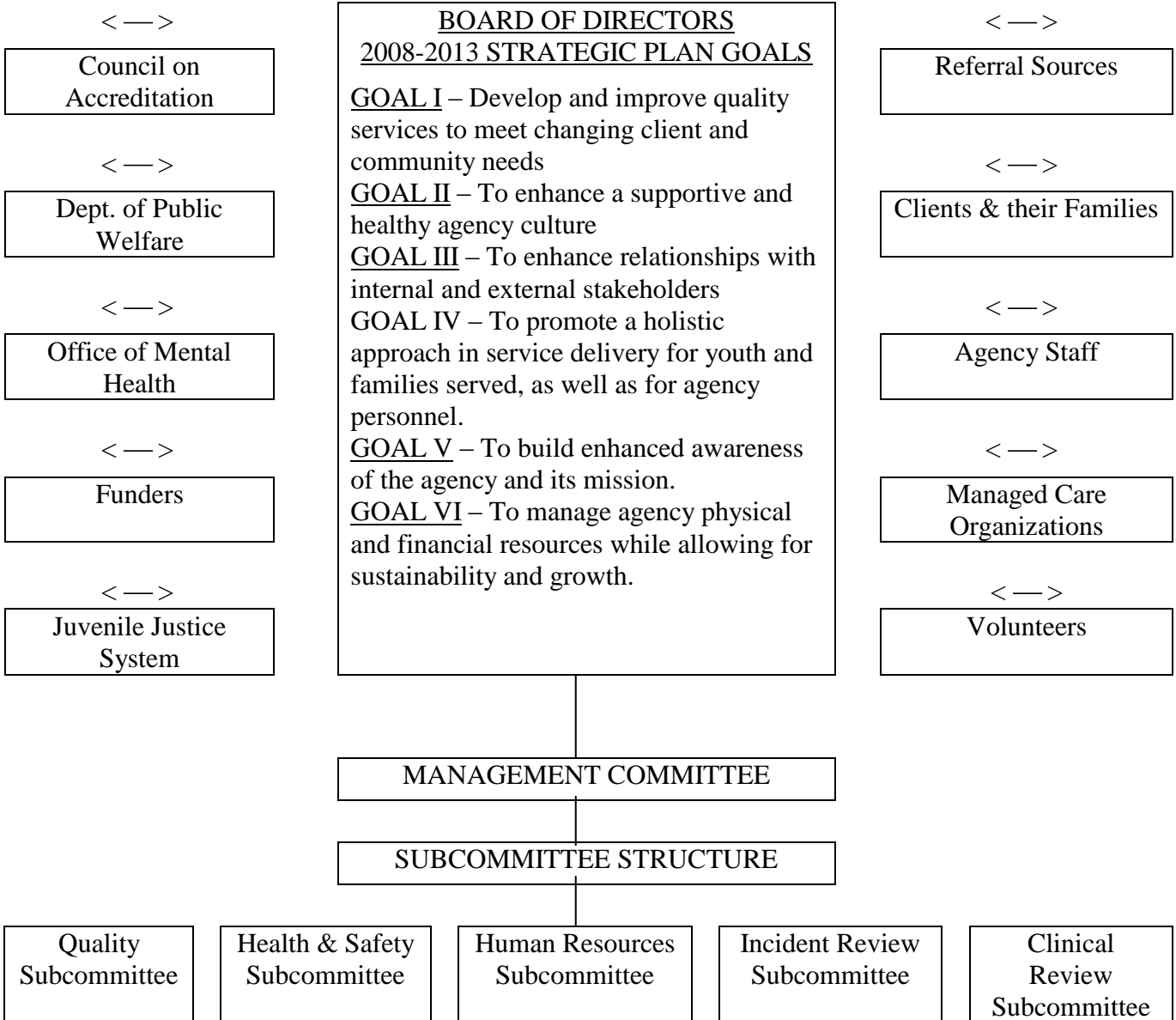
<b>Performance and Quality Sub-Committee Measurement by Agency Domain</b>					
<b>Domain</b>					
<b>Sub-Committee</b>	<b>Operation &amp; Management</b>	<b>Service Quality</b>	<b>Program Results</b>	<b>Client Satisfaction</b>	<b>Client Outcomes</b>
<b>Quality</b>	<ol style="list-style-type: none"> <li>1. Financial targets</li> <li>2. Contract accountability</li> <li>3. Unit cost analysis</li> <li>4. Communication Internal/External</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy review</li> <li>2. Annual licensing review</li> <li>3. External Satisfaction Surveys</li> <li>4. Independent Contractors</li> </ol>	<ol style="list-style-type: none"> <li>1. Program goals</li> <li>2. Program outcomes</li> <li>3. Strategic Plan goals</li> <li>4. Program evaluation/ annual plans</li> </ol>		<ol style="list-style-type: none"> <li>1. PQI Plan review</li> </ol>
<b>Health &amp; Safety</b>	<ol style="list-style-type: none"> <li>1. Risk prevention</li> <li>2. Accidents</li> <li>3. Emergency Response Plan</li> </ol>				
<b>Human Resources</b>	<ol style="list-style-type: none"> <li>1. Staff grievances</li> <li>2. Staff retention</li> <li>3. Staff performance evaluations</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff training plan</li> <li>2. New employee orientation</li> <li>3. Staff Satisfaction Surveys</li> </ol>			
<b>Incident Review</b>			<ol style="list-style-type: none"> <li>1. Incident reports</li> <li>2. Behavior management interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Youth Advisory Board</li> <li>2. Client grievances</li> </ol>	
<b>Clinical Review</b>		<ol style="list-style-type: none"> <li>1. Client rights</li> <li>2. HIPPA compliance</li> <li>3. Information security</li> </ol>		<ol style="list-style-type: none"> <li>1. Client Satisfaction Surveys</li> </ol>	<ol style="list-style-type: none"> <li>1. Case reviews/outcomes</li> <li>2. Medication safety/ administration outcomes</li> </ol>

Harborcreek Youth Services  
Performance and Quality Improvement Review Calendar A

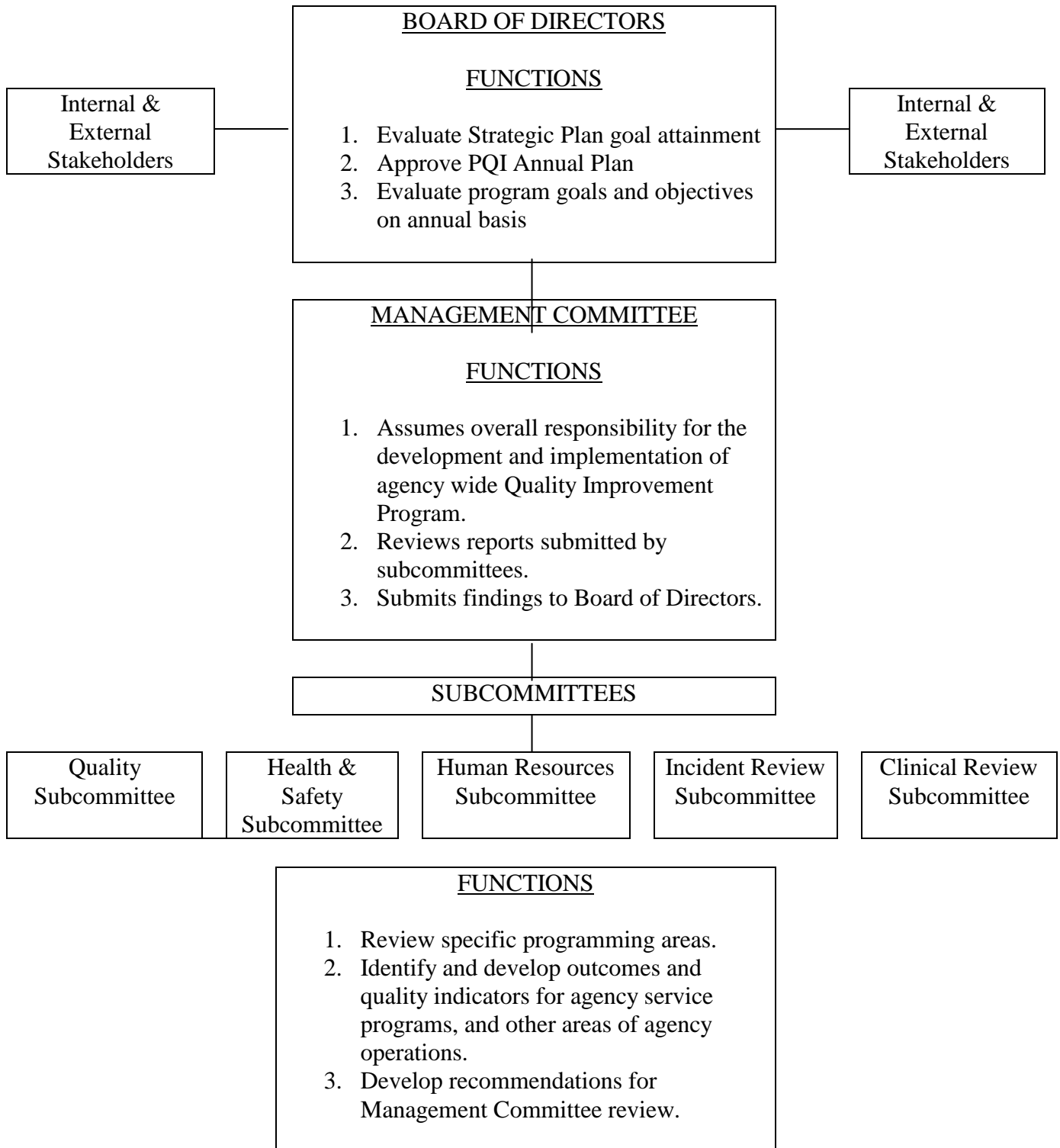
<b>Case #</b>	<b>Performance Area</b>	<b>Subcommittee</b>	<b>Review Calendar</b>
HS001*	Health and Safety/Risk Prevention/Accidents	Health & Safety	Monthly
HS002	Emergency Response Plan	Health & Safety	Annually
HR001	Grievances	Human Resources	Monthly
HR002	Staff Retention	Human Resources	Quarterly
HR003	Staff Performance Evaluations	Human Resources	Annually
HR004	Staff Training Plan/New Employee Orientation	Human Resources	Annually
HR005	Staff Satisfaction Surveys	Human Resources	Semi-annually
IR001	Incident Reports/Grievances/Youth Advisory Board	Incident Review	Monthly
IR002	Behavior Management Interventions	Incident Review	Monthly
CR001	Case Reviews	Clinical Review	Quarterly
CR002	Client Outcomes	Clinical Review	Quarterly
CR003	Client Rights, HIPPA, Information Security	Clinical Review	Annually
CR004	Client Satisfaction Surveys	Clinical Review	Semi-annually
CR005	Medication Outcomes	Clinical Review	Quarterly
Q001	Financial Targets/Audit Results	Quality	Quarterly
Q002	Program Goals	Quality	Quarterly
Q003	Program Outcomes	Quality	Quarterly

Q004	Contract Accountability	Quality	Quarterly
Q005	Strategic Plan Goals	Quality	Semi-annually
Q006	Annual Licensing Reviews	Quality	Annually
Q007	Program Evaluation/Annual Plans	Quality	Annually
Q008	External Satisfaction Surveys	Quality	Annually
Q009	Review PQI Plan	Quality	Annually

# Harborcreek Youth Services Performance and Quality Improvement Organizational Chart



Harborcreek Youth Services  
Performance and Quality Improvement  
Organizational Chart by Function



SUB-COMMITTEE REPORT

PERFORMANCE MEASUREMENT PLAN – PART 1

HARBORCREEK YOUTH SERVICES  
PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM  
2011-2012 IMPROVEMENT CYCLE

SUBCOMMITTEE: \_\_\_\_\_

DATE: \_\_\_\_\_

MEMBERS PRESENT:

_____	_____
_____	_____
_____	_____
_____	_____

CASE NUMBER: \_\_\_\_\_

PERFORMANCE MEASURE: \_\_\_\_\_

- REVIEW CALENDAR:
- Monthly Review
  - Quarterly Review
  - Semi-Annual Review
  - Annual Review
  - Other \_\_\_\_\_

SUMMARY OF FINDINGS/RECOMMENDATIONS:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

**HARBORCREEK YOUTH SERVICES  
PERFORMANCE MEASUREMENT PLAN – PART 2  
OUTCOME REPORTING FORM**

SUBCOMMITTEE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

PERFORMANCE AREA: \_\_\_\_\_

DATE: \_\_\_\_\_ REPORTING PERIOD: \_\_\_\_\_

Outcome/Goal	Benchmark	Data Source(s)	Yes/No	Recommendations

Outcome: the expected/preferred result

Benchmark: the level of performance preferred for this outcome

Data Source(s): what evidence, data, information is being used to evaluate the results

Yes/No: was the level of performance achieved?

Recommendations: for continued performance at the benchmark level; or for improvements needed to meet the benchmark

**HARBORCREEK YOUTH SERVICES  
PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM  
2011-2012 IMPROVEMENT CYCLE**

**Case #:**

**Date:**

**Performance Area:**

**Action – Improvement Report**

**What needs improvement:  
Data/Evidence Support:**

**How/what is recommended:**

**Who is responsible:**

**When should this improvement be started/completed:**

**Projected result(s) or outcome(s):**

**How will the improvement be measured? How will we know the action has been effective?**

**When next reviewed and by whom (or what committee)?**

MANAGEMENT COMMITTEE REPORT

HARBORCREEK YOUTH SERVICES  
PERFORMANCE AND QUALITY IMPROVEMENT PROGRAM  
MANAGEMENT COMMITTEE REVIEW FORM  
2011-2012 IMPROVEMENT CYCLE

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

PERFORMANCE AREA: \_\_\_\_\_

REVIEW CALENDAR:       Monthly Review  
                                  Quarterly Review  
                                  Semi-Annual Review  
                                  Annual Review  
                                  Other \_\_\_\_\_

DOMAIN:                       Management & Operations  
    Quality of Service Delivery  
    Program Results  
    Client Satisfaction  
    Client Outcomes  
    Other \_\_\_\_\_

AGENCY 2008-2013 STRATEGIC PLAN GOALS ADDRESSED:

- GOAL 1      Quality Services
- GOAL 2      Supportive Agency Culture
- GOAL 3      Stakeholder Relationships
- GOAL 4      Holistic Approach
- GOAL 5      Agency Image
- GOAL 6      Resource Management

SUBCOMMITTEES

INVOLVED:

- Quality
- Health & Safety
- Clinical Review
- Human Resources
- Incident Review
- Other \_\_\_\_\_

PERFORMANCE/QUALITY ISSUE(S) ADDRESSED:

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DATA SOURCE(S):

- QUANTITATIVE \_\_\_\_\_  
\_\_\_\_\_
- QUALITATIVE \_\_\_\_\_  
\_\_\_\_\_

DATA COLLECTED:

- QUANTITATIVE \_\_\_\_\_  
\_\_\_\_\_
- QUALITATIVE \_\_\_\_\_  
\_\_\_\_\_

DATA ANALYSIS:

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PATTERNS/TRENDS IDENTIFIED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

IMPROVEMENT CYCLE:

1. Results of Performance Area Review \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Areas of Needed Improvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Improvement Plan/Performance Improvement Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. Plan Evaluation Methods

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5. Improvement Plan Review

- 30 Days
- 60 Days
- 90 Days
- 180 Days
- Other \_\_\_\_\_

6. Stakeholder Participation

- |   |   |
|---|---|
| <input type="checkbox"/> Board            | <input type="checkbox"/> Staff            |
| <input type="checkbox"/> Clients/Families | <input type="checkbox"/> Volunteers       |
| <input type="checkbox"/> Funders          | <input type="checkbox"/> Consultants      |
| <input type="checkbox"/> Contractors      | <input type="checkbox"/> Referral Sources |
| <input type="checkbox"/> Community        | <input type="checkbox"/> Other _____      |

7. Type of Stakeholder Participation

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Recorded By: \_\_\_\_\_  
Date: \_\_\_\_\_