



# Performance and Quality Improvement

## Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

## Introduction

COA's Performance and Quality Improvement (PQI) standards encourage organizations to use data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes.

A hallmark of COA's comprehensive approach to PQI is the promotion of a broad-based, organization-wide process inclusive of staff and stakeholders, as a vital, necessary management tool. The PQI standards reflect what experts know about what it takes to start, and maintain, a useful quality improvement program. Taken together, the standards include practices that counter the tendency of organizations to place responsibility for quality improvement and results in one or a few individuals. As such, the standards recognize the value of involving staff at all levels of the organization.

## Table of Evidence

### Self Study Evidence

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1. Describe how your organization defines and represents a culture that values quality improvement, including:
  1. how strategic priorities influence the quality improvement process;
  2. the role of the governing body and senior staff; and
  3. the role of external stakeholders.
2. Describe the resources devoted to PQI. Include in your response:
  1. a brief overview of fiscal, staff, training, and technological resources; and
  2. a list of key PQI staff, including their role, qualifications, and experience .
3. How has PQI data been used to identify areas for improvement? Describe two or three areas that you are currently targeting for improvement within your PQI system.
4. Provide a list of measurement / data collection tools being used. List must also delineate:
  1. why each listed tool was chosen;
  2. if tool is standardized or not; and
  3. if the tool is required by contract or funding source.
5. Describe your organization's status with implementing the PQI standards, including:
  1. strengths and accomplishments; and
  2. any challenges your organization is experiencing with implementing the PQI standards.
6. Provide any additional details that would increase the Peer Team's understanding of your PQI system.

**Note:** The first PQI Narrative Question provides evidence for PQI 1. The second PQI Narrative Question provides evidence for PQI 1 and PQI 3. The third PQI Narrative Question provides evidence for PQI 7.04. The fourth PQI Narrative Question provides evidence for PQI 4.

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- Completed [Stakeholder Survey Recipient Reporting Form - Private, Public, Canadian](#)



# Performance and Quality Improvement

## PQI 1: Culture of Improvement <sup>(FOC)</sup>

### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization's leadership fosters a culture of excellence and continual improvement.

### Rating Indicators:

- 1** The organization's practices reflect full implementation of the standard.
- An organization's leaders, which include its governing body, CEO, and senior managers, demonstrate a commitment to performance and quality improvement;
    - Leaders allocate sufficient resources to sustain an organization-wide PQI system;
  - Senior managers can articulate how PQI information is used to improve practice, monitor service operations, and build organizational capacity.
  - Staff understand how PQI functions within the organization and have the opportunity to participate in PQI activities.

- 2** Practices are basically sound but there is room for improvement; e.g.,
- Some organization leaders or senior managers are not committed to PQI, however sufficient resources needed to support and/or sustain the PQI system have been provided; or
  - There are minor resource gaps that Executive management is aware of and has a plan for improvement; or
  - Management staff are primarily involved but efforts are being made to involve other staff; or
  - Staff are involved but opportunities are limited, e.g., only direct service staff.

- 3** Practice needs significant improvement; e.g.,
- Sufficient resources needed to sustain the organization's PQI structure and functions have not been identified or allocated;
  - Only management and/or PQI staff are directly involved.

- 4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### Table of Evidence

#### Self Study Evidence

*	<ul style="list-style-type: none"> <li>• Long-term or strategic plan (See GOV 7.02 or AFM 4.02)</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Annual plan (GOV 7.03 or AFM 4.03)</li> </ul>	
	<ul style="list-style-type: none"> <li>• See response to Narrative Questions #1 and #2</li> </ul>	

#### On-Site Evidence

*	<ul style="list-style-type: none"> <li>• Governing body meeting minutes for review of PQI reports</li> <li>• The Review Team will review the most recent budget for resources allocated to PQI</li> </ul>
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#### On-Site Activities

*	<ul style="list-style-type: none"> <li>• Interview:                     <ol style="list-style-type: none"> <li>1. Governing body chair</li> </ol> </li> </ul>
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2. CEO
3. Staff at all levels

# Performance and Quality Improvement

## PQI 2: Infrastructure <sup>(FOC)</sup>

### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

A PQI system has the capacity to:

- a. evaluate services and administration at all regions and sites;
- b. identify organization-wide and program-specific issues; and
- c. implement solutions that improve overall efficiency.

### Rating Indicators:

**1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 2 Practice standards.

- The PQI system has sufficient structure, defined procedures, and resources to ensure its long-term sustainability.

**2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 2 Practice standards, however the plan and procedures are sufficient to implement and sustain a PQI system.

**3** Practice requires significant improvement as noted in the ratings for the PQI 2 Practice standards.

- A PQI plan and procedures have been developed but several areas outlined in the PQI Practice standards are not adequately addressed or a few are not addressed at all.
- The PQI system, as reflected in the plan and procedures, does not appear to be sustainable.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 2 Practice standards.

- A PQI system has not been developed, or it is wholly inadequate.

### Table of Evidence

#### Self Study Evidence

*	<ul style="list-style-type: none"><li>• PQI plan / PQI operational procedures</li></ul>	
*	<ul style="list-style-type: none"><li>• Document or chart that describes the organization's PQI structure including committees, work groups, and member lists, as appropriate</li></ul>	
*	<ul style="list-style-type: none"><li>• PQI meeting/activity schedule for the next twelve months</li></ul>	

#### On-Site Evidence

*	<b>Networks Only</b> <ul style="list-style-type: none"><li>• Network contracts with network service providers</li></ul>	
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#### On-Site Activities

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- Interview:
  1. CEO Senior management
  2. PQI personnel
  3. Staff at all levels

## PQI 2.01

A written PQI plan and procedures cover each region or site, division, and department, and each program or service area, and:

- a. articulates the organization's approach to quality improvement and methods;
- b. describes the PQI system's structure, functions, and activities;
- c. defines staff roles and assigns responsibility for implementing and coordinating the PQI program (PQI 3);
- d. identifies what is being measured and why; (PQI 4, PQI 5) and
- e. describes an improvement cycle including procedures for reporting findings and monitoring results (PQI 6 and PQI 7).

**Related Standards:** PQI 7

**Interpretation:** *The PQI plan describes how the system is structured and functions, includes an overview of the organization's approach to quality improvement, and may include specific models and/or methodologies it may employ (e.g., Six-Sigma, CQI, Plan/Do/Check/Act, and TQM).*

*PQI Structure: There are many ways to structure how information and data flow through an organization, mechanisms for review, and decision-making, etc. Many organizations integrate PQI responsibilities into their existing decision-making and support structure, e.g., management teams, committees, or task forces. Others establish a separate, independent PQI committee to oversee and guide their PQI system.*

*Some small organizations may not have the resources to have a separate PQI structure or committee so they are diligent about including PQI as part of the agenda of regular staff meetings (see PQI 7.04). In effect, the entire staff serves as the PQI committee. Please note that it is especially important to thoroughly document PQI discussions in this scenario.*

*PQI Procedures: Due to the amount of detail associated with operationalizing the different components of their PQI system, many organizations maintain a separate PQI Procedures Manual.*

**Interpretation PQI 2.01(e):** *Procedures for reporting findings and monitoring results should include:*

1. *obtaining feedback about findings from stakeholders;*
2. *taking action in response to PQI findings and feedback;*
3. *monitoring improvement plans and corrective action plans; and*
4. *determining if an implemented change is an improvement.*

**Rating Indicators:**

**1** The written PQI plan provides the organization with a framework for operationalizing and implementing a comprehensive PQI system, and includes all of the elements of the standard.

The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- The PQI plan and procedures do not cover one or two of the organization's programs or one of its service delivery sites, or divisions or departments, but the organization is actively working to integrate these into their plan and procedures;
- One of the elements is not fully addressed.

**3** Practice needs significant improvement, e.g.,

- More than 50% of the organizations programs and service delivery sites or one region or division is not integrated into the organization-wide plan and procedures; or
- Two of the elements are not fully addressed; or
- One element is not addressed at all.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

## PQI 2.02

The PQI plan:

- a. defines the organization's stakeholders; and
- b. specifies how important internal and external stakeholder groups will be involved in the PQI process.

**Interpretation:** *An organization's "stakeholders" are the people who have an interest or "stake" in the organization's success at achieving its mission or purpose.*

*Stakeholder involvement is fundamental to a well-designed, useful PQI system. Ideally, a broad range of internal and external stakeholders, including staff from all levels of the organization, the organization's governing body, persons served, and other external stakeholders have a role in the organization's PQI system. Examples of stakeholders include:*

- staff;
- governing body members;
- persons served, including families as appropriate;
- volunteers;
- licensing authorities;
- consumer advocates;
- funders; and
- contractors and partners.

COA's [Stakeholder Involvement Tip Sheet](#) provides examples of different stakeholder groups often identified by organizations and describes different ways stakeholders can be involved in an organization's PQI system.

**Interpretation for Networks:** *Contracts with service provider organizations and independent providers, including fee-for-service-providers, include the requirement that they participate in the network's performance and quality improvement activities, including utilization management processes.*

**Rating Indicators:**

<b>1</b>	The organization's practices reflect full implementation of the standard.
<b>2</b>	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"><li>• Most of the important internal and external stakeholders have been identified; and/or</li><li>• Procedures for involving stakeholders lack specificity regarding how some stakeholder groups will be meaningfully involved.</li></ul>
<b>3</b>	Practice needs significant improvement; e.g., <ul style="list-style-type: none"><li>• Written documentation does not address involving clients or other external stakeholders; and/or</li><li>• Provides only minimal guidance about how stakeholders will be involved.</li></ul>
<b>4</b>	Implementation of the standard is minimal or there is no evidence of implementation at all.

**PQI 2.03**

The PQI plan outlines the flow of information between those responsible for implementing and coordinating the organization's PQI process and the governing body, management, and staff, to ensure:

- a. staff at all levels receive relevant information on PQI findings;
- b. staff and their supervisors have timely access to the information they need to clarify expectations and implement practice improvements; and
- c. timely, effective delivery of data and feedback to the organization's leadership.

**Rating Indicators:**

<b>1</b>	The organization's practices reflect full implementation of the standard.
<b>2</b>	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"><li>• Plan/procedures lack specificity regarding the flow of information.</li></ul>

**3** Practice needs significant improvement; e.g.,

- Plan/procedures provide only minimal guidance.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

# Performance and Quality Improvement

## PQI 3: Roles and Responsibilities (FOC)

### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization has sufficient qualified staff to conduct and sustain its PQI system.

**Interpretation:** COA does not expect all staff to be involved in PQI but expects a cross-section of staff from different departments and levels of the organization to be involved.

### Rating Indicators:

**1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 3 Practice Standards.

Staff have the knowledge and experience to implement and coordinate the PQI system, including the ability to implement evaluation methods, as per the requirements of the standard.

**2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 3 Practice standards.

- Identified staffing and training deficiencies do not significantly compromise the organization's ability to implement its PQI system or sustain it over time.
- Job descriptions reflect the required competences, and the organization seeks to hire and/or assign or train people with the requisite skills.

**3** Practice requires significant improvement as noted in the ratings for the PQI 3 Practice standards.

- Implementation of the PQI 3 Practice Standards is limited, and the organization's inability to hire or train staff is presenting a serious challenge to its ability to implement and sustain a PQI system.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 3 Practice standards.

### Table of Evidence

#### Self Study Evidence

*	<ul style="list-style-type: none"> <li>• Job description of staff members responsible for oversight and coordination of the PQI system</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Job descriptions of staff with ongoing PQI responsibilities</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Tables of content of training curricula</li> </ul>	
	<ul style="list-style-type: none"> <li>• See response to Narrative Question #2</li> </ul>	

#### On-Site Evidence

*	<ul style="list-style-type: none"> <li>• Documentation of staff PQI training</li> <li>• Training curricula and materials</li> </ul>	
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## On-Site Activities

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- Interview:
  1. PQI personnel
  2. Managers and program directors
  3. Personnel at all levels
- For Networks
  1. Subcontracted providers
  2. Staff participating in the network-level PQI activities

### PQI 3.01

Staff responsible for implementing and coordinating the organization's PQI system are competent to:

- a. identify indicators of quality practice;
- b. implement internal and external evaluation methods, such as benchmarking, as appropriate to the programs being evaluated;
- c. ensure proper data entry and data integrity; and
- d. collect, analyze, and interpret data from a range of sources.

**Interpretation:** *PQI may be a shared responsibility as opposed to being under the leadership of a single staff position.*

*The staff who share responsibility for implementing and coordinating PQI understand the organization and its services and can provide a common perspective more easily.*

*Staff will have the education and experience in quality improvement, performance measurement, and/or program evaluation, or the organization provides support, e.g., training, professional development, access to consultation, mentoring, and/or opportunities for networking.*

*Organizations that have limited resources or are new to measuring performance can partner with colleges or universities or other organizations to gain access to knowledge and expertise related to setting up and sustaining their PQI system, collecting and analyzing data, etc.*

#### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- PQI staff are able to implement and coordinate the PQI system but cannot demonstrate competence in one of the standard's elements, but the organization is providing appropriate support.

**3** Practice needs significant improvement; e.g.,

- PQI staff cannot demonstrate that they are competent to implement at least two of the standard's elements; and/or
- The organization provides limited or no support where staff competencies are inadequate.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 3.02

Staff responsible for implementing and coordinating the organization's PQI process are competent to:

- a. effectively engage people throughout the organization;
- b. assess staff training and resource needs; and
- c. communicate evidence and findings to staff in a manner that facilitates their active engagement.

#### **Rating Indicators:**

- |          |   |
|----------|---|
| <b>1</b> | The organization's practices reflect full implementation of the standard.   |
| <b>2</b> | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> <li>• PQI staff are able to implement and coordinate the PQI system but cannot demonstrate competence in one of the standard's elements but the organization is providing appropriate support.</li> </ul>     |
| <b>3</b> | Practice needs significant improvement; e.g., <ul style="list-style-type: none"> <li>• PQI staff cannot demonstrate that they are competent to implement at least two of the standard's elements; and/or</li> <li>• The organization provides limited or no support where staff competencies are inadequate.</li> </ul> |
| <b>4</b> | Implementation of the standard is minimal or there is no evidence of implementation at all.   |

**PQI 3.03**

Staff receive support, as appropriate to their responsibilities, on:

- a. inputting data into the data management system;
- b. using data collection tools and forms;
- c. reading and interpreting reports; and
- d. using data to improve performance.

**Related Standards:** TS 2.01

**Rating Indicators:**

- |          |   |
|----------|---|
| <b>1</b> | The organization's practices reflect full implementation of the standard.   |
| <b>2</b> | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> <li>• Most staff receive the support they need.</li> </ul>  |
| <b>3</b> | Practice needs significant improvement, e.g. <ul style="list-style-type: none"> <li>• Staff support is insufficient for at least two of the standards elements; or</li> <li>• Support is not being provided for either element (a) or (b); or</li> <li>• The integrity of the data may be compromised due to insufficient staff support.</li> </ul> |
| <b>4</b> | Implementation of the standard is minimal or there is no evidence of implementation at all; e.g. <ul style="list-style-type: none"> <li>• Staff are not supported and cannot demonstrate competence, and further support is not being provided.</li> </ul>  |

**PQI 3.04**

Supervisors of direct service personnel and program directors:

- a. help the organization meet its quality improvement, evaluation, and reporting requirements;
- b. contribute to developing outcomes and indicators and setting targets;
- c. participate in the collection of data;
- d. interpret data;
- e. apply data to improve practices and outcomes; and
- f. use program and client outcomes data to improve service delivery.

**Related Standards:** TS 2.01

**Interpretation:** *Providing an opportunity for supervisors and program directors to increase their competencies may come from "bartering" an exchange of time with another organization that has a more developed PQI program. Some small agencies may obtain some training hours from a colleague organization's PQI Coordinator at a nominal cost or as a collegial gesture.*

**Rating Indicators:**

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**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Most supervisors of direct service personnel and program directors have the knowledge/skills, and actively participate in the PQI system as per the requirements of the standard; or
- Only a few have knowledge/skills related to elements (d) and (e).

**3** Practice needs significant improvement; e.g.,

- Most supervisors of direct service personnel and program directors do not have the knowledge or skills; or
- Most supervisors do not participate as required by the standard; or
- There is little or no support available to supervisors and program directors who do not have the relevant knowledge/skills.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

Performance and Quality Improvement  
**PQI 4: Performance and Outcomes Measures** <sup>(FOC)</sup>

**Purpose**

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization evaluates:

- a. the impact of services on clients;
- b. quality of service delivery; and
- c. management and operations performance.

**Interpretation:** COA expects data related to the standards in this section to be collected, aggregated, and reviewed at least quarterly. See PQI 6.

**Interpretation:** Organizations providing child welfare services are encouraged to integrate the Federal Child and Family Service Review (CFSR) Outcomes measures and Systemic Factors, particularly those identified in Performance Improvement Plans, into their overall PQI system and ongoing monitoring.

**Rating Indicators:**

- 1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 4 standards.
- 2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 4 Practice standards.
- 3** Practice requires significant improvement as noted in the ratings for the PQI 4 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 4 Practice standards.

**Table of Evidence**

**Self Study Evidence**

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<ul style="list-style-type: none"> <li>• See PQI plan re: description of what is being measured. Response must address and include PQI 4.02, PQI 4.03, and PQI 4.04, and include:             <ul style="list-style-type: none"> <li>1. outcomes</li> <li>2. outputs</li> <li>3. data sources</li> <li>4. indicators</li> <li>5. targets</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• See response to Narrative Question #4</li> </ul>	
<ul style="list-style-type: none"> <li>• See also PQI outcomes/outputs documentation provided in the Service Narratives</li> </ul>	
<p><b>Networks Only</b></p> <ul style="list-style-type: none"> <li>• Networks provide network-specific performance measures</li> </ul>	

## On-Site Evidence

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- Regulatory/licensing or other external reviews/reports (PQI 4.05)
- For organizations seeking re-accreditation:
  1. Pre-Commission Review Report (PCR)
  2. Final Accreditation Report (FAR)
  3. Maintenance of Accreditation (MOA) Reports for the three most recent years

## On-Site Activities

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- Interview:
  1. PQI personnel
  2. Relevant staff
  3. Other relevant stakeholders

### PQI 4.01

The organization identifies key outputs and outcomes, and related:

- a. measurement indicators;
- b. performance targets; and
- c. data sources, including data collection tools or instruments for each identified output and outcome.

**Interpretation:** *Although not required, a program specification model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference. The models help to define the connection between the service population's needs, required resources, program activities and interventions, and program outputs / desired outcomes.*

**Interpretation:** *If an organization has not yet identified outputs and outcomes for all of its programs, it must, at minimum, do so for high-risk services such as protective services, foster care, residential treatment, etc.*

Outputs are what the program delivers. Examples of program outputs include:

- number of educational or clinical sessions provided
- total number of clients served over a specified period of time
- number of housing placements made

Outcomes are the observable and measureable effects of a program's activities on its service recipients. Examples include:

- improved functioning as measured by the Children's Functional Assessment Rating Scale (CFARS)
- number/percent of homeless & runaway youth that are reunited with family during past quarter
- reduction in criminal justice system involvement
- improved family/community involvement

**Interpretation:** *For some programs, outcomes, outputs, indicators, tools, etc. may be established by contractual and/or funding requirements. For programs where this is the case, organizations are expected to go beyond simply reporting the required data and engage staff and other stakeholder to:*

- review data that is important for their work or interest;
- use the data to benchmark results with external organization's providing the same funded services;
- use the data to improve services beyond required expectations; and
- compare data with additional or other data collected by the organization not covered by contractual requirements to improve services.

### Rating Indicators:

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- The organization has not developed indicators or performance targets for some of its programs.

- 3** Practice needs significant improvement; e.g.,
- At least one of the standard's elements are not being addressed at all; or
  - Outputs and outcomes have not yet been identified for one of its high-risk programs.

- 4** Implementation of the standard is minimal or there is no evidence of implementation at all.

## PQI 4.02

On an ongoing basis, each of the organization's programs measures client outcomes, including two of the following areas:

- change in clinical status;
- change in functional status;
- health, welfare, and safety;
- permanency of life situation;
- quality of life;
- achievement of individual service goals; and
- other outcomes as appropriate to the program or service population.

**Interpretation:** *When measuring client outcomes organizations often adapt existing measurement tools or develop new measurement tools. However, organizations are encouraged to use standardized or recognized outcomes evaluation tools when such tools are available and appropriate.*

### Standardized Tools

*A standardized tool is a tool that has been tested through a process that ensures that the tool is both valid and reliable. **Validity** indicates that the tool actually measures what it claims to measure. **Reliability** indicates that the results should be the same (or similar) regardless of who administers the tool or when it is administered. Additionally, the tool should be **responsive**, meaning that it is able to test change over time in whatever is being assessed.*

*Using a standardized tool increases the likelihood that the measurement process will give the organization a true picture of client progress and program impact. Using a standardized tool also makes it easier to compare a program's results with the results of other programs using the same instrument.*

*When standardized tools are not being used, clearly describe and document how client outcomes are evaluated and measured. See also the fourth PQI Narrative Question.*

*Please note that standardized measurement tools have not yet been developed for many of the types of programs and services that COA accredits.*

**Interpretation:** *Within the context of PQI 4.02, "clients" refers to the individuals or families who receive services from the organization. "Clients" can also refer to communities or other organizations in programs designed to effect change at that level, e.g., Community Change Initiatives (CCI) or Social Advocacy (SOC) programs.*

**Interpretation:** *In an EAP common outcomes include, for example, personal and/or workplace productivity and healthy workplace relationships.*

### **Rating Indicators:**

- 1** The organization's practices reflect full implementation of the standard.

On an ongoing basis the organization collects data on at least two of the listed areas for each of its programs.

- 2** Practices are basically sound but there is room for improvement; e.g.,
- The organization collects data on at least one of the listed areas for each of its programs.

- 3** Practice needs significant improvement; e.g.,
- The organization has not begun collecting outcomes data for most of its programs; or
  - Has not begun collecting outcomes data for one of its high-risk programs.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 4.03

At least annually, the organization examines its service delivery processes to plan, manage, and evaluate the quality of its services, including:

- a. client satisfaction or surveys related to services provided;
- b. review of immediate and ongoing risks related to service delivery such as use of behavior management interventions; and
- c. evaluation of program methodology and service delivery processes including barriers to receiving or successfully completing services.

**Related Standards:** ASE 4, ASE 6, RPM 2.02, RPM 2.03

**Interpretation:** *Element (b) is directly related to the quarterly risk management reviews addressed by RPM 2.02. If those reviews are not being conducted by PQI staff, COA expects that quarterly reports from those meetings will be reviewed by PQI staff at least annually for patterns and trends.*

*Also regarding element (b), "immediate and ongoing risks related to service delivery" refers to risks such as medical issues, the use of service interventions, and others.*

**Research Note:** *According to the Urban Institute, client surveys can be an indispensable source of outcome information. They provide a systematic means of gathering data on service outcomes from all or a portion of clients. Client surveys help organizations learn whether services are producing anticipated or desired results and, if not, provide clues for how to improve them.*

*Issues covered by a client survey should correspond to the key service outcomes an organization wishes to track. Because survey length generally affects response rates, issues not pertinent to improving outcomes should probably be limited. The goal is to develop the shortest possible list of questions consistent with the survey's objective of assessing outcomes.*

#### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- The organization is collecting data related to two of the three elements, at least annually, but planning has begun to address the missing element.

**3** Practice needs significant improvement; e.g.,

- The organization is not collecting data related to two of the standard's elements.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 4.04

The organization collects and monitors data on management and operational performance to:

- a. strengthen and build organizational capacity;
- b. measure progress toward achieving its strategic goals and objectives;
- c. evaluate operational functions that influence the capacity to deliver services; and
- d. identify and mitigate risk.

**Related Standards:** HR 4.03

**Interpretation:** *Examples of operations and management performance measures can include:*

- *Efficiency in the allocation and utilization of its human and financial resources in furthering or impeding the achievement of organizational objectives (HR 2);*
- *Effectiveness of risk prevention measures (See RPM 2.01, RPM 2.02);*
- *Staff retention/turnover and satisfaction (See HR 4.03, HR 4.04);*

- The cost of delivering a unit of service as compared to similar programs/the relationship of service delivery costs to the benefits derived by consumers of service (See FIN 5.06);
- Costs v. benefits of fundraising efforts (See ETH 3.03);
- Achievement of budgetary objectives (FIN 5);
- Effectiveness of community education and outreach (See GOV 4.04); and
- Efforts to diversify the governing body (See GOV 2.02, GOV 2.03).

**Interpretation for networks:** Network management entities may also measure important network administrative processes, such as:

- The average length of time between receiving a clean claim and paying the claim;
- The proportion of services that are evidence-based or meet nationally recognized treatment guidelines developed by consensus groups;
- The effectiveness of network training;
- The satisfaction of stakeholders, such as high volume referral agents (e.g., judges, court workers, employee assistance agents); penetration rates, or the proportion of the whole population eligible to be served by the network who actually receive services; and
- Results of retrospective case record reviews, including the percentage of cases in which a placement decision includes an appropriate application of clinical criteria.

Above are several examples of operations and management performance measures that relate to specific COA standards. Review those examples and consider if any data is currently being collected, e.g. financial reviews of budget objectives, staff retention, staff turnover and satisfaction, costs versus benefits of fundraising activities. Then, identify an outcome or goal, and evaluate how the organization is doing in some of these areas. If initial goals have not been met, develop an improvement plan.

**Rating Indicators:**

<b>1</b>	The organization's practices reflect full implementation of the standard.
<b>2</b>	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> <li>• The organization is collecting and monitoring data related to three of the four elements of the standard.</li> </ul>
<b>3</b>	Practice needs significant improvement; e.g., <ul style="list-style-type: none"> <li>• The organization is not collecting data related to two of the standard's elements.</li> </ul>
<b>4</b>	Implementation of the standard is minimal or there is no evidence of implementation at all.

**PQI 4.05**

Findings and recommendations from external review processes are integrated into the organization's PQI system, including:

- licensing and other reviews related to federal, state, and local requirements;
- government and other funder audits;
- accreditation reviews; and
- other reviews, where appropriate.

**Rating Indicators:**

<b>1</b>	The organization's practices reflect full implementation of the standard.
<b>2</b>	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> <li>• The process for review of findings and recommendations can be improved, e.g., while findings are reviewed by management, they are not integrated into the PQI improvement cycle when appropriate.</li> </ul>
<b>3</b>	Practice needs significant improvement; e.g., <ul style="list-style-type: none"> <li>• There is evidence that the organization has not adequately addressed the findings or recommendations of at least one key external review; or</li> <li>• It does not review or address findings in a timely manner and thus may be putting itself at risk of sanction.</li> </ul>

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

# Performance and Quality Improvement

## PQI 5: Case Record Review <sup>(FOC)</sup>

### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization conducts case record reviews at least quarterly for each of its services to:

- a. minimize the risks associated with poorly maintained case records;
- b. document the quality of the services being delivered; and
- c. identify barriers and opportunities for improving services.

**NA:** The organization is a network management entity.

**Interpretation:** COA is not prescriptive about who can conduct case record reviews. While a peer review model is recommended, it is acceptable for PQI staff, a consultant, or another person or combination of persons to conduct the reviews. Please note that, regarding PQI 5.02, persons with clinical or service delivery experience may be needed to obtain the relevant qualitative data from the case records.

### Rating Indicators:

**1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 5 Practice standards.

**2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 5 Practice standards.

**3** Practice requires significant improvement as noted in the ratings for the PQI 5 Practice standards.

Case records may pose a risk to the organization and corrective action has not been implemented.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 5 Practice standards.

### Table of Evidence

#### Self Study Evidence

*	<ul style="list-style-type: none"> <li>• Case record review procedures</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Sample of case record review data collection tools</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Description of sampling methodology</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Two most recent quarterly reports from the case record review process</li> </ul>	

#### On-Site Evidence

*	<ul style="list-style-type: none"> <li>• Results of external case record audits, if applicable</li> </ul>	
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## On-Site Activities

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- Interview:
  1. PQI personnel
  2. Relevant staff

### PQI 5.01

The quarterly case record review process:

- a. includes a random sample of both open and recently closed cases;
- b. uses uniform data collection tools to ensure consistency and permit comparison of data; and
- c. maintains objectivity by ensuring that reviewers do not review cases in which they have been directly involved as a service provider or supervisor.

**Interpretation:** Organizations can get more from the case record review process by stratifying the random sample of open cases to account for length of service. For example, a program that serves clients for up to six months could divide the sample proportionally between cases that have been open less than one month, one to three months, three to six months, and more than six months.

**Interpretation: Sampling:** [See recommended sampling guidelines](#). Organizations may choose a different sampling method as long as a rationale is provided.

For generating random numbers, the [Research Randomizer](#) is an easy to use tool. The tool is made available for free by the Social Psychology Network and includes short tutorials. (Urbaniak, G. C., & Plous, S. (2013). Research Randomizer (Version 4.0) [Computer software]. Retrieved on June 22, 2014, from <http://www.randomizer.org/>.)

**Closed Cases:** COA does not define the percentage of closed cases that must be included in the sample. The majority of cases the organization reviews should be open, but the organizations must include a sample of closed cases to evaluate documentation related to discharge planning, case closing, aftercare, and the condition of the case record including whether or not records have been expunged as required by RPM 7.07.

#### Rating Indicators:

- |          |  |
|----------|--|
| <b>1</b> | The organization's practices reflect full implementation of the standard.  |
| <b>2</b> | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"><li>• One of the standard's elements is not sufficiently developed, e.g., cases are not selected randomly for more than half of the organization's programs or services but includes both open and closed cases.</li></ul>  |
| <b>3</b> | Practice needs significant improvement; e.g., <ul style="list-style-type: none"><li>• At least two of the standard's elements are not sufficiently developed; e.g., sample size is insufficient to enable the organization to draw conclusions from the data; or</li><li>• The organization only reviews open cases; or</li><li>• Little effort is being made to ensure objectivity; e.g., supervisors frequently were the sole reviewers of supervisee cases.</li></ul> |
| <b>4</b> | Implementation of the standard is minimal or there is no evidence of implementation at all.  |

### PQI 5.02

Quarterly reviews of case records evaluate the presence, clarity, quality, continuity, and completeness of required documents.

**Related Standards:** RPM 7

**Interpretation:** Organizations should review Medicaid, Medicare, and other third party reimbursement contracts for specific documentation requirements. The penalties for incomplete records or improperly documented services can be substantial. Organizations are encouraged to integrate such requirements into their case record review process.

#### Rating Indicators:

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- One or two important documents are not included in the review; or
- Procedures need strengthening.

**3** Practice needs significant improvement; e.g.,

- A number of important documents are not included in the review; or
- Reviews are conducted no more than three times per year; or
- Reviews are not conducted for one of the organization's services; or
- The review process is poorly designed or haphazardly conducted; or
- Case records may pose a risk to the organization and corrective action has not been implemented.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 5.03

The organization identifies indicators and measures the quality of services for each of its programs or services in its quarterly case record review process.

**Interpretation:** *Quality of services is a very broad category and varies according to the program, service population, service mandates, and any number of other factors and can include criteria for evaluating the appropriateness and/or effectiveness of the services provided to persons served.*

*Some common measures include:*

1. *timeliness and comprehensiveness of individualized assessments;*
2. *length of service;*
3. *need for continued service;*
4. *family involvement; and*
5. *achievement of service goals, etc.*

**Interpretation:** *Some organizations take a utilization management approach to case record review and, rather than review case records quarterly, conduct more frequent or ongoing reviews. A utilization management approach looks at the key decisions and process milestones, including, for example:*

1. *appropriateness of admissions and authorization decisions;*
2. *intake and referral processes;*
3. *service planning and service delivery milestones;*
4. *need for continued service; and*
5. *discharge decisions.*

**Interpretation:** *Reviewing records from non-therapeutic group or community services: COA expects organizations to maintain a service record for programs and services that do not serve individual clients and, therefore, do not keep individual case records (e.g., services which use group or community interventions such as Community Change Initiatives (CCI), Social Advocacy (SOC), Counseling, Support, and Education (CSE), and Youth Development (YD) programs).*

*Record reviews for these services should address:*

- *an assessment of the continued need for the group or community intervention;*
- *basic contact and emergency information on persons served, as appropriate;*
- *a service plan that includes expected outcomes for the group or intervention;*
- *routine documentation of ongoing services; and*
- *evidence of service monitoring.*

### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Indicators for one program need strengthening;

- Data is aggregated and used to monitor service quality for 75% of the organization's programs/services including all high risk programs.

**3** Practice needs significant improvement; e.g.,

- Data is not consistently collected, or is collected and aggregated but not used to monitor service quality; or
- Service quality data is collected for less than 75% of the organization's programs, or
- Service quality data is not being collected for at least one high-risk program.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

# Performance and Quality Improvement

## PQI 6: Analyzing and Reporting Information (FOC)

### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization systematically collects, aggregates, analyzes, and maintains data.

**Interpretation:** *PQI data management procedures should be part of the organizations overall data management procedures/guidelines as required in RPM 5. Additionally, the need for, and use of, technology related to maintenance of PQI data should be addressed in the organization's written technology and information management plan as described in RPM 5.01.*

### Rating Indicators:

**1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 6 Practice standards.

Comprehensive PQI data management procedures support the organization's ability to systematically collect, aggregate, analyze and maintain data.

**2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 6 Practice standards.

**3** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 6 Practice standards.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 6 Practice standards.

### Table of Evidence

#### Self Study Evidence

*	<ul style="list-style-type: none"> <li>Procedures for collecting, reviewing and aggregating PQI data, including procedures for cleaning data (PQI 6.01)</li> </ul>	
*	<ul style="list-style-type: none"> <li>Data analyses/reports related to the elements in PQI 6.02</li> </ul>	
*	<ul style="list-style-type: none"> <li>Summary documents or reports provided to internal and external stakeholders, e.g.,               <ol style="list-style-type: none"> <li>performance dashboards,</li> <li>annual reports</li> <li>reports of gains made against goals</li> <li>annual scorecards, etc. (PQI 6.03)</li> </ol> </li> </ul>	
*	<ul style="list-style-type: none"> <li>Procedures for sharing and reviewing reports and findings with staff and stakeholders (PQI 6.04)</li> </ul>	

#### On-Site Evidence

*	<ul style="list-style-type: none"> <li>PQI committees/work group minutes for analyzing PQI information</li> <li>Documentation of stakeholder review and discussion of PQI results, including meeting minutes and agendas</li> <li>Governing body meeting minutes regarding review of PQI data</li> </ul>
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## On-Site Activities

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- Interview:
  1. PQI personnel
  2. Relevant staff
- Review of management information system regarding collecting, aggregating, analyzing, and maintaining data

### PQI 6.01

Procedures for collecting, reviewing and aggregating data include:

- a. cleaning data to ensure data integrity;
- b. quarterly aggregation of data; and
- c. developing reports for analysis and interpretation.

**Interpretation:** *Data should be aggregated at least quarterly at all three levels of performance measurement as addressed in, PQI 4.02, PQI 4.03, PQI 4.04, and PQI 5.*

*Cleaning data, also known as data cleansing, means checking for errors and inconsistencies in order to improve the quality of your data prior to aggregating and analyzing it. Common things to check for include:*

- *Accuracy - making sure the data was recorded correctly including misspellings, correct numbers, addresses, etc.*
- *Completeness - making sure all the data was recorded and none is missing*
- *Timeliness - ensuring that the data is current and/or relevant to the current time frame, e.g., the last quarter that is the time period being aggregated, or that the data is not too old to be useful*
- *Uniqueness - ensuring that data was recorded only once and not multiple times*
- *Outliers - look for data that is unexpected. Sometimes that means you have a PQI issue that warrants attention. But sometimes a single extreme result, even if it is legitimate, can tip the results so they are not truly representative*

### Rating Indicators:

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Procedures for ensuring data integrity and reliability are sufficient for sustaining the PQI system but need some improvement, e.g., formats for reports are not consistently useful for analysis; or
- In a few instances data was not aggregated and reviewed quarterly.

**3** Practice needs significant improvement; e.g.,

- Procedures are insufficient to sustain consistent data review; or do not address one of standard's elements; or
- Only some of the collected data is reviewed and/or aggregated for review; or
- Data is rarely aggregated into a form that permits analysis.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 6.02

The organization analyzes PQI data to:

- a. track and monitor identified measures;
- b. identify patterns and trends;
- c. compare performance over time;
- d. compare data against the results of internal benchmarks; and
- e. compare data against the results of external benchmarks, if available.

**Related Standards:** RPM 5.03

### Rating Indicators:

**1** The organization's practices reflect full implementation of the standard.

The organization analyzes PQI data per the requirements of the standard and includes review against internal and external benchmarks.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Data from across the organization is analyzed, but data is not analyzed for one of the organization's programs; or
- Data analysis does not include two of the elements of the standard.

**3** Practice needs significant improvement; e.g.,

- Most of the organization's PQI data has not been analyzed; or
- Data analysis is not performed for most of the organization's programs or services; or
- Data related to management and operational performance are not analyzed.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 6.03

Reports of PQI findings:

- a. are distributed in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action;
- b. facilitate compliance with regulatory reporting requirements.
- c. consider concerns related to the confidentiality of service recipients.

#### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Summary reports are created and distributed, but practice could be improved, e.g.,
- Stakeholders have complained about reports that are hard to read or understand; or
- Summary reports are not always distributed in a useful timeframe.

**3** Practice requires significant improvement, e.g.,

- There are many examples of relevant PQI data not being provided to stakeholders for review; or
- Data is not formatted into reports; or
- The format of reports is unclear and confusing; or
- Confidentiality concerns have been raised or noted.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 6.04

The organization has procedures for sharing and reviewing reports and findings with staff and stakeholders including discussion of:

- a. areas of strength and quality practice;
- b. areas for improvement; and
- c. how to prioritize targeted areas, identify interventions, and monitor the effectiveness of interventions over time.

**Interpretation:** *In order to engage in meaningful discussions about the data being collected, organizations need to decide how results will be communicated to staff and stakeholders. Organizations can start by determining who needs what data, with what frequency, and how best to share the information.*

*Methods for sharing findings include:*

- performance dashboards, report cards, or other types of summary reports;
- discussion at staff and departmental meetings;

- using monthly reports of key service delivery outputs and outcomes in staff supervision activities;
- conducting focus groups and presentations at community meetings;
- soliciting feedback via interviews or surveys;
- providing quarterly reports to the oversight entities, stakeholder advisory groups, and leaders on important data related to key operations and management functions; and
- quality review activities that engage community providers.

**Research Note:** Graphic presentation of data is very useful in communicating results of PQI activities. Data visualization techniques can facilitate understanding of complex information and reveal underlying patterns and relationships within the data that may otherwise go unnoticed.

**Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Stakeholder involvement is limited to staff, but the organization is in the process of establishing methods for involving clients.

**3** Practice requires significant improvement; e.g.,

- Data review is limited to PQI staff and/or management with little or no involvement of other staff or clients.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

## Performance and Quality Improvement

### PQI 7: Using Data <sup>(FOC)</sup>

#### Purpose

An organization-wide Performance and Quality Improvement system advances efficient, effective service delivery, effective management practices, and the achievement of strategic and program goals.

The organization acts on findings to build capacity, improve programs, and have a positive impact on persons served.

**Related Standards:** PQI 2.01

**Interpretation:** *Information generated by the PQI system is used to:*

- *monitor progress toward achievement of strategic goals and long-term direction;*
- *manage programs and operations efficiently and effectively;*
- *support direct service staff to meet program goals and have a positive impact on persons served;*
- *meet funder requirements; and*
- *promote the organization and its services throughout the community.*

#### Rating Indicators:

**1** The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the PQI 7 Practice standards.

**2** Practices are basically sound but there is room for improvement as noted in the ratings for the PQI 7 Practice standards.

**3** Practice requires significant improvement as noted in the ratings for the PQI 7 Practice standards.

- PQI data is not routinely used and there are serious concerns about the PQI system's sustainability due to lack of attention on the part of leaders and senior managers.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the PQI 7 Practice standards. Data is not being used to improve performance and the PQI system is unsustainable due to inattention by leaders and senior managers.

#### Table of Evidence

##### Self Study Evidence

*	<ul style="list-style-type: none"> <li>• Annual PQI Report or other mechanism for reporting results (PQI 7.03)</li> </ul>	
	<ul style="list-style-type: none"> <li>• See response to Narrative Question #3</li> </ul>	
*	<ul style="list-style-type: none"> <li>• Evidence of improvements made from the analysis and use of PQI data, including data related to the standards in PQI 4, PQI 5, and PQI 6, and any related corrective action/improvement plans.</li> </ul>	

##### On-Site Evidence

*	<ul style="list-style-type: none"> <li>• PQI meeting minutes, agendas, attendance lists</li> <li>• Governing body meeting minutes reflecting review of PQI data / annual PQI report</li> </ul>
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## On-Site Activities

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- Interview:
  1. PQI personnel
  2. Personnel at all levels
  3. External stakeholder groups

### PQI 7.01

The organization reviews findings and feedback and takes action, when indicated to:

- a. eliminate or reduce identified problems;
- b. replicate good practice;
- c. recognize and motivate staff;
- d. improve organizational systems, processes, policies, and procedures; and
- e. improve services.

**Interpretation:** *Corrective Action Plans or Improvement Plans should be implemented when issues have been identified that will involve ongoing effort and monitoring.*

*Corrective Action Plans* are implemented to correct problems or deficiencies, including those related to compliance with regulatory requirements (e.g., Medicaid documentation requirements). The need for a Corrective Action Plan suggests that the issue has moved beyond program improvement to the level of oversight by the organization's leadership.

*Improvement Plans* formally lay out the actions that will be taken to address areas in need of improvement that are identified by staff and stakeholders as crucial to meeting the organization's goals and delivering quality services. Improvement plans should be implemented when it is necessary to monitor and address the issue over time.

#### Rating Indicators:

- |          |   |
|----------|---|
| <b>1</b> | The organization's practices reflect full implementation of the standard.   |
| <b>2</b> | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"><li>• The organization uses PQI data to improve programs, etc., however some available findings and recommendations are not being used.</li></ul>  |
| <b>3</b> | Practice requires significant improvement; e.g., <ul style="list-style-type: none"><li>• Except for a few examples, the organization does not generate enough useable data to take meaningful action; or</li><li>• Does not routinely use data in any of the ways listed in the standard.</li></ul> |
| <b>4</b> | Implementation of the standard is minimal or there is no evidence of implementation at all.   |

### PQI 7.02

The organization monitors the effectiveness of actions taken and modifies implemented improvements, as needed.

#### Rating Indicators:

- |          |   |
|----------|---|
| <b>1</b> | The organization's practices reflect full implementation of the standard.   |
| <b>2</b> | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"><li>• Actions made in response to findings and feedback are being monitored, and modifications are made when needed, but practice could be improved, e.g.,<ul style="list-style-type: none"><li>• Monitoring does not appear to be a priority and as a result, the process for monitoring or modifying some of implemented improvements has not been established, or</li></ul></li></ul> |

- The data is not being reviewed in a timely manner.

**3** Practice requires significant improvement; e.g.,

- While there is some evidence that the standard is being met, monitoring is not routinely done; or
- Important modifications are not often made despite evidence that they are needed.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 7.03

The organization creates a summary report, at least annually, for oversight entities, stakeholders, and staff, that includes:

- a. key PQI activities that are ongoing, have been resolved, or that need further intervention;
- b. issues that require continued monitoring within the PQI system; and
- c. PQI priorities and goals for the coming year.

#### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- The annual summary report serves as a useful planning tool, but practice related to one of the standard's elements could be better developed.

**3** Practice requires significant improvement; e.g.,

- The annual summary report does not adequately address two of the standard's elements; or
- One of the elements is not addressed at all.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

### PQI 7.04

Organization leaders, senior managers, program directors, and supervisors:

- a. keep PQI on the agenda of board, management, and staff meetings;
- b. regularly evaluate the need for and uses of data; and
- c. evaluate the PQI system, infrastructure, processes and procedures.

#### **Rating Indicators:**

**1** The organization's practices reflect full implementation of the standard.

**2** Practices are basically sound but there is room for improvement; e.g.,

- Leaders, etc. are committed to maintaining a sustainable PQI system, but practice related to one of the standard's elements needs improvement.

**3** Practice requires significant improvement; e.g.,

- Leaders, etc. do not consistently put the effort and attention needed to sustain the organization's PQI system, as indicated by limited implementation of two of the standard's elements.

**4** Implementation of the standard is minimal or there is no evidence of implementation at all.

