

Continuous Quality Improvement SAMPLE POLICY

Approved By:	Date Issued:	Number of Pages:	Appendix Pages:
Related Laws:	Division/Office:	Contact Office/Bureau/Unit:	
Supporting Regulations: 18 NYCRR 441.4(a)			
Regulatory Bulletins & Directives:			
Guidance Documents and Bulletins:	U.S. Department of Health and Human Services Administration for Children and Families ACYF-CB-IM-12-07		
Related Policies:	Related Forms:		
Supersedes:			
SUMMARY: This policy specifies the functional components and implementation of the AGENCY Continuous Quality Improvement model.			

I. POLICY

It is the policy of the AGENCY to implement a data-driven continuous quality improvement (CQI) process to identify, describe, and analyze strengths and areas needing improvement, then design/implement solutions and test effectiveness. Ultimately, the CQI process will support the design and/or implement improvement strategies based on outcomes.¹

The CQI process supports a culture of continuous learning that is firmly grounded in the overall mission, vision, and values of the AGENCY. The CQI process is dependent upon the active inclusion and participation of staff at all levels of the agency, with input from children, youth, families, community partners, and other stakeholders throughout the process.

This process includes the review, evaluation, and improvement of operational, programmatic, and functional systems.

II. DEFINITIONS

- A. **Action Plan** – A document that delineates specific steps to be taken, persons responsible, and time frames for completion. It is developed in response to the understanding of a process, practice, or outcome needing improvement. It will also include corrective actions related to findings of critical deficiencies.
- B. **Critical Deficiency** – Practice, action, or condition deemed to be an immediate threat to the health and/or safety of youth and/or staff or to the security of the AGENCY PROGRAM; the required activity or standard is not performed at all or there are frequent and significant exceptions to adequate practice; substandard outcome that require immediate corrective action.
- C. **General Deficiency** – A substandard performance or outcome; a standard that is not consistently met; or a practice that requires improvement but does not require immediate corrective action.
- D. **Performance Standards** – A set of comprehensive, performance and outcome-based standards for AGENCY programs utilizing AGENCY policies and guidelines, applicable professional standards, licensing standards and regulations, and identified best practices.
- E. **Quality Assurance** – The formal, internal system used for the standardized assessment of program performance and service delivery to maintain quality and consistency.
- F. **Quality Improvement** – The processes by which areas of performance are improved upon to meet targeted levels.
- G. **Qualitative Data** – Information that helps identify performance. Qualitative data includes youth or family interviews, focus groups with stakeholders, review of agency policies, etc.
- H. **Quantitative Data** – Data from administrative systems that is accurate, complete, and timely.

III. Functional Components - [AGENCY'S] essential components to an effective CQI system

A. Foundational Administrative Structure: AGENCY CQI system includes:

1. **CQI Review and Implementation Team** - The agency's CQI Implementation Team shall utilize qualitative and quantitative data to identify areas of strength and areas needing improvement, recommend targeted strategies for improvement, and track implementation and change. The Implementation Team will meet monthly, include staff from all levels of the agency (multilevel/multidisciplinary), and will seek input from stakeholders. Membership will consist of [INSERT NUMBER] agency staff. Standing Team members include a representative who is able to acquire and analyze data

from various administrative systems (i.e., OCFS Data Warehouse, Chapin Hall Data Archive, internal systems, etc.); a person responsible for organizing training, and applicable directors of the program under review. Implementation Team membership will be appointed by the AGENCY ADMINISTRATION.

The CQI Implementation Team in consultation with stakeholders provides direction, consultation, and monitoring of AGENCY programs and is responsible for the integrity of the quality assurance program as well as the following activities:

- Establish standards for performance
- Review data collected by the case review and data teams for the purpose of establishing baseline performance, and for tracking improvement
- Developing recommendations for action plans/improvement strategies
- Participate in AGENCY incident review meetings
- Maintain documentation for all CQI activities including reports, protocols, standards, minutes, and study results
- Providing formal, structured feedback to stakeholders
- Disseminating quarterly updates (may include data, case review results, innovative action plans, etc.) to all agency staff
- Other responsibilities as deemed necessary by the AGENCY

The Implementation Team (or CQI staff) will have unimpeded access to all residential and other programs, records, staff, and youth.

2. **Leadership** – The CQI Review and Implementation Team will meet quarterly with AGENCY ADMINISTRATION to review findings and recommend strategies, as well as provide updates on the effectiveness of previously implemented strategies.

The CQI director (or CQI Implementation Team chair) reports to CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR

3. **Data Team** – The Data Team is comprised of agency staff who have the skills to extract and collect quality data from various sources. The Data Team members also will process and present data in a usable and understandable format.
4. **Case Review Team** –The Review Team is comprised of select agency staff [from the QA Unit] or [(ADD NUMBER OF AGENCY STAFF)] that are appropriately trained to review case files and interview parties involved in the case.

The Case Review Team is responsible for conducting on-site program reviews and desk audits; reviewing system reports; examining a sample of documents specified as part of the policy or standard being audited to determine the level of compliance; conducting interviews, and reporting the findings through the CQI process.

B. Quality Data

1. **Quality Data:** Data is accurate, complete, timely, and consistent across the agency. Quality data is input collected and extracted from various sources.
2. **Sources:** Data is collected from a variety of sources, including internal systems and statewide reports that provide consistency and allow comparability across time, and with other similar agencies. The Data Team will utilize the Office of Children and Family Services (OCFS)-sponsored Chapin Hall Center for State Child Welfare Data to compare performance on key indicators with other agencies.

C. Quality Case Review Data – Case reviews are essential to understanding the quality of day-to-day practice and how that practice impacts safety, permanency, and well-being outcomes.

1. Case reviewers are trained to conduct quality case reviews in accordance with written policies and New York State regulations.
2. The case review instrument(s) to be utilized are:
 - AGENCY CASE REVIEW INSTRUMENTS
3. A minimum of [NUMBER] cases will be reviewed annually. Additional special reviews will be conducted when analysis or critical deficiencies are identified.
4. Samples will include a stratified case selection to reflect representation of youth served. This may involve a weighted sample based on facility census, age, PPG, etc.
5. The case reviewers are agency staff who have had no role in the case and can be objective.
6. To ensure review consistency, review will be conducted in accordance with the instrument instructions, and each case reviewed shall have at least one independent quality assurance review by a third-party reviewer.

D. Analysis and Dissemination of Quality Data to Staff and Stakeholders

Quantitative and qualitative data is organized, processed, and analyzed to identify performance trends, strengths and areas needing improvement, and deficiencies in practice, process, and policies. Data is used to accomplish the following:

1. Identify baseline performance, including strengths and areas needing improvement
2. Determine the most appropriate strategy to improve performance
3. Develop implementation plans
4. Track implementation
5. Track improvement and effectiveness of strategies

E. Feedback to Stakeholders and Decision-Makers

1. CQI shall seek participation from staff at all levels toward ongoing performance improvement of programs and services.
2. Staff and stakeholders provide insight into practice, processes, and policy; they are used to help guide goals, strategies, and test effectiveness of programs.

IV. PROCEDURE

Continuous Quality Improvement (CQI) processes monitor system and business processes, residential and family-based program operations via (at a minimum) case reviews, and administrative data by agency staff, also feedback/consultation from staff and stakeholders.

CQI shall seek participation from staff at all levels toward ongoing performance improvement of programs and services. CQI shall utilize input from stakeholders through reporting tools, surveys, review of written reports, and other established evaluations.

A. Quantitative and Qualitative Performance Data (Evidence):

Administrative Data

1. Key Performance Indicator (KPI) reports will be prepared and include trends, comparisons, and findings. The following indicators will be regularly collected, processed, and presented to the CQI Implementation Team through the following standardized reporting tools:
 - Permanency Outcomes
 - Stability of Placement
 - Family Engagement
 - AWOLs
 - Restraints
 - Other trending incidents
2. Reports are disseminated to the CQI supervisor (or CQI Implementation Team chair) and executive director on a [DEFINE FREQUENCY] basis.
3. If KPI reports identify critical issues, the EXECUTIVE can give authorization to CQI for additional data (program, unit, or child specific) at any time.
4. The CQI Implementation Team reviews all KPI and other data in relationship with case review data and other qualitative information.

Case Review Data:

The Case Review

1. The review team shall review [NUMBER] cases annually. The sample will include a stratified case selection to reflect representation of youth served. This may involve a weighted sample based on program census, age, PPG, etc.
 - The case reviewers are agency staff who have had no role in the case, with a focus on objectivity.
 - To ensure review consistency, each case reviewed shall have at least one independent quality assurance review by a third-party reviewer.
2. All on-site reviews shall include an entrance conference with the residential director or program supervisor and other AGENCY program staff. The entrance conference will include a review of applicable data.

3. The review team shall examine or observe program practice to verify that practice is consistent with applicable statute, regulations, policies, and procedures. Documentation is reviewed, and a report of findings is provided by CQI.
4. The review team shall interview staff, youth, service providers, etc. to assess whether practice is consistent with the relevant standards.
5. The review team shall immediately report any critical deficiencies to the residential director or program supervisor and the CQI ADMINISTRATION.
6. The CQI ADMINISTRATION, or designee shall report any critical deficiencies to the EXECUTIVE before the end of the site visit.
7. Additional special reviews will be conducted when analysis or critical deficiencies are identified. The EXECUTIVE can give authorization to CQI for on-site reviews at any time. These on-site reviews may be announced or unannounced.
8. The on-site review will conclude with an exit conference within seven days of the conclusion of the review.
9. During the on-site review, the applicable program directors shall be responsible for
 - a. participating in the entrance/exit meetings,
 - b. supporting staff participation in the review process,
 - c. providing space, equipment, and other support resources needed for the completion of the review,
 - d. promptly providing documentation that may be requested prior to the site visit, and
 - e. requiring that designated staff participate in reviews.

Post-Case Review:

1. The review team shall meet to begin summarizing findings and writing the review summary report.
2. The CQI Unit (or CQI Implementation Team) shall meet with the facility/program director to debrief findings. If there is a disagreement, or CQI did not have information that was readily available, corrections may be made.
3. A debriefing shall also occur with EXECUTIVE staff and the appropriate administrative team members.
4. The review results shall be documented in a written report within 30 business days after the on-site review.
5. The report shall include an assessment of that program's performance within the standards. That report includes the following relating to each standard:
 - a. Listed standard
 - b. Sources of information (case review, administrative data, interviews, etc.)
 - c. References to policy/practices
 - d. Notation of performance, relative to the standards
 - e. A summary of findings

The review team shall note the quality and/or level of services provided, external factors that adversely affected the quality of services, and/or performance and exemplary or innovative practices.

6. CQI ADMINISTRATION shall review the report and forward the report of findings to the EXECUTIVE, the CQI Implementation Team chair, the applicable residential/program director(s), and other team members/stakeholders identified by the EXECUTIVE.

Stakeholder Input

1. To help guide collaborative efforts and inform strategies, the AGENCY's CQI Implementation Team will receive input from stakeholders. This input is used to inform training, policy, practice, community partnerships, service array, and other supporting systems. NOTE: Participation by non-agency stakeholders in the CQI process must take into consideration and comply with applicable confidentiality limitations and standards in relation to access to client identifiable information by non-agency stakeholders and the protection of any such information against authorized redisclosure.
2. Input will be received through
 - a. regular collaboration meetings with stakeholders, and
 - b. team meetings with the internal youth advisory board.

B. Data Analysis and Improvement Action Planning

1. The applicable residential or program director attends the CQI Implementation Team meeting where the program's data and case review findings are reviewed and analyzed.
2. The CQI Implementation Team (which includes the residential or program director) will explore factors that contribute to the identified performance (strengths and areas needing improvement) by engaging in root-cause analysis. This activity is key to an effective CQI process because it brings in the perspective of all levels of staff from different programs within the agency. Effective strategies may be identified in other programs, and other programs may also benefit from each other's strengths and challenges.
3. The CQI Implementation Team may provide comments, ask questions, request additional data, and seek clarification regarding the contents of their reports during this time.

An action plan shall be developed for each area of substandard performance. The action plan shall identify the need for technical assistance, resources required, and obstacles to implementation. A clear and achievable plan for full compliance, complete with agreed upon timelines, shall be included in all action plans. All action plans shall be time-limited with intended duration specified. The action plan shall include indicators to measure improvement and the frequency with which they will be measured. The residential director, in collaboration with the Implementation Team, shall develop an action plan(s) within 30 days.

The CQI Implementation Team has a global perspective of the performance of all programs and shall determine if, as a preventive measure, action plan strategies are applicable to other areas or programs. The CQI director (or CQI Implementation Team), in collaboration with other AGENCY staff/departments, shall review data trends regarding identified critical outcome areas, including but not limited to safety, security, health, behavioral health, programming, and community reintegration. System issues (training need, improvement to a business process, revision of a policy, etc.) will be addressed globally within the organization.

C. Testing Effectiveness of Improvement Strategy/Tracking Improvement

1. The CQI Implementation Team, in collaboration with the facility/program director(s), will track indicators at the agreed upon frequency. Assessment of improvement may include scheduled or unscheduled site visits, desk reviews, tracking data trends, tracking time frames related to business processes, and/or input from stakeholders.
2. The CQI Implementation Team will consider and communicate the roles that all agency staff have in monitoring and evaluating improvement.

D. Orientation

All staff shall receive orientation in the requirements of this policy and the function of CQI, as well as the required CQI functions within the residence/program and those who have oversight of them.

E. Non-Retaliation

There shall be no retaliation against any individual solely for cooperation in any aspect of reviewing, reporting, and addressing matters identified by CQI. However, this provision does not relieve any agency team member from their obligation to notify the appropriate entity (local, state, or federal) related to inappropriate or illegal activity identified during any processes herein.

F. CQI Findings

CQI findings and reports will be provided and made available to local departments of social services and OCFS in accordance with applicable statutes, regulations and contractual obligations.

Additional Resources:

- U.S. Department of Health and Human Services Administration for Children and Families. Continuous Quality Improvement in Title IV-B and IV-E Programs. ACYF-CB-IM-12-07. Issuance Date: August 27, 2012.

- Continuous Quality Improvement (CQI) Training Academy. November 2015; Vol. 16, No. 8. <https://cbexpress.acf.hhs.gov/>.

ⁱ Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005.

FOR EXAMPLE PURPOSES ONLY