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.

COA's PQI standards provide significant guidance directed at the role of leadership, support for measurement, use and communication of improvement results, and staff training and support practices that reach the full organization. The standards promote wide support and full participation in the improvement process.

Interpretation: Organizations use a variety of terms for this work including Quality Improvement, Continuous Quality Improvement, and combinations of this and similar language. While the language chosen by COA intentionally highlights both performance and quality, certain terminology may be more comfortable for and familiar to the organization. The standards are intended to accommodate the organization's preferred language and not to prescribe particular techniques; for example, a root cause analysis, as is sometimes associated with Performance Improvement (PI), may or may not be a tool the organization chooses.

Interpretation: Network management entities conduct quality improvement activities related to network performance and systems level services.

Note: Please see PQI Planning Cycle Chart - Private for additional assistance with this standard.

Note: Please see PQI Reference List for a list of resources that informed the development of these standards.

Table of Evidence

Self-Study Evidence

- Describe how your organization defines and represents a culture that values quality, including:
  a. how strategic priorities influence the quality improvement
Performance and Quality Improvement

process;

b. how the CEO/Executive Director and senior managers promote a culture of service delivery excellence, customer satisfaction and continual improvement; and
c. fiscal and staff resources devoted to PQI.

- How would your organization describe its progress/status with implementing the PQI standards?
- How do you know that your organization's quality improvement process is working? Describe 2-3 examples of actions taken or improvements that have been made in response to data/information generated by your PQI program. Include at least one example of a service-delivery/client-related improvement and at least one example of an operations/management improvement.
- Provide any additional details that would increase the Peer Team's understanding of how your PQI program is increasing the organization's viability and sustainability.

- Completed Stakeholder Survey Recipient Reporting Form - Private, Public, Canadian (See Stakeholder Survey Instructions)
- Completed Stakeholder Survey Distribution Totals Reporting Form - Private, Public, Canadian

On-Site Evidence
No On-Site Evidence

On-Site Activities
No On-Site Activities

Purpose
An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.
(FOC) PQI 1: Leadership Endorsement of Quality and Performance Values

The organization’s leadership promotes a culture that values service quality and ongoing efforts by the full organization, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

Related: GOV 8.02

Interpretation: Each organization will define a culture that values quality.

Table of Evidence

Self-Study Evidence

- Short term/annual plan(s)

On-Site Evidence

- Governing Body minutes
- Long-term or strategic plan (See GOV 6.03)

On-Site Activities

- Interview:
  a. Governance Chair
  b. Advisory/Governing Body members
  c. CEO
  d. Senior management

PQI 1.01

The organization’s leadership sets forth quality expectations and broad goals that merit ongoing monitoring.

Related: GOV 6.03

Interpretation: The long-term plan, often called a strategic plan, can contain these expectations and goals.

PQI 1.02

The CEO/executive director endorses:

a. a culture that promotes excellence and continual improvement;
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b. implementation of an organization-wide PQI framework;
c. constructive use of data to promote a high-learning, high-performance, results-oriented organization;
d. involvement of a wide range of managers and staff in the PQI process;
e. inclusion of external stakeholders and community members; and
f. an annual scorecard or summary reports of gains made against goals.

Interpretation: COA encourages organizations that are establishing a PQI program to fully consider current reporting obligations, organizational performance and service delivery outcomes, indicators, and targets, so a PQI program can be placed within, or accomplished through, existing efforts.

PQI 1.03
Senior managers promote a culture of quality by:

a. using short-term/annual plans that support long-term strategic quality goals;
b. setting expectations for use of quality and performance improvement results to change policy and practice;
c. encouraging service delivery processes that have been shown to contribute to good outcomes;
d. focusing on customer satisfaction and outcomes; and
e. recognizing staff contributions to performance and quality improvement.

Related: HR 4.02

PQI 1.04
Sufficient resources are allocated to lead and facilitate collection and analysis of data.

Related: RPM 5
(FOC) PQI 2: The Foundation for Broad Use of PQI

The infrastructure that supports performance and quality improvement is sufficient to identify organization-wide issues, implement solutions that improve overall efficiency, and promote accessible, effective services in all regions and sites.

Note: Please see Model PQI Plan - Private and Sample PQI Committee Structure Chart - Private for additional assistance with this standard.

Table of Evidence

Self-Study Evidence
- PQI plan, including PQI operational procedures
- A document or chart that describes PQI structure including committees, work groups, and member lists, as appropriate
- Job description of primary personnel assigned to PQI coordinating responsibilities (PQI 2.05)

On-Site Evidence
- Network contracts with network service providers

On-Site Activities
- Interview:
  a. CEO
  b. Senior management
  c. PQI personnel
  d. Staff

PQI 2.01

The PQI program takes into account all of the organization's regions and sites, and all individuals and families served.

Related: RPM 9

Interpretation: Every organization, regardless of size, should implement PQI in a manner that is consistent with its service philosophy to increase support for and reduce barriers to implementation of the PQI program. This guidance could be of particular value for an organization making broad, deep change in service delivery, changing rapidly, or operating in a widely dispersed service delivery system.
Purpose
An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.

PQI 2.02
A PQI plan which operationalizes the organization's PQI program:

a. assigns responsibility for implementation and coordination of PQI activities and technical assistance;

b. sets forth the purpose and scope of PQI activities;

c. establishes a periodic review of essential management and service delivery processes consistent with quality priorities;

d. outlines methods and timeframes for monitoring and reporting results; and

e. includes provision for an assessment of the PQI program's utility, including any barriers to and supports for implementation.

Related: BSM 1.03

Interpretation: It is recommended that organizations establish a separate, independent PQI committee structure; however, it is acceptable to integrate PQI responsibilities into an organization's existing decision-making and support structure, e.g., management teams, standing committees, or task forces.

Interpretation: The PQI plan provides an overview of the organization's PQI program, as well as procedures for operationalizing specific aspects of the program, e.g., case record reviews and data collection procedures. Organizations may choose to maintain PQI operational procedures separately in a PQI Procedures Manual.

Note: Please see PQI Operational Procedures Worksheet - Private, Public, Canadian for additional assistance with this standard.

PQI 2.03
The organization in its PQI plan defines its stakeholders and specifies how different stakeholder groups will be involved in the PQI process.

Interpretation: Stakeholder involvement is fundamental to a well-designed, useful PQI process. Examples of potential stakeholders include:

a. service recipients, including families;

b. employees;

c. volunteers;

d. consultants;

e. citizen review and advisory groups;

f. consumer advocates;

g. funders; and

h. contractors and partners.
For networks, contracts with service provider organizations and independent providers include the requirement that they participate in the network’s performance and quality improvement activities, including utilization management processes.

**PQI 2.04**

The organization describes the steps in an improvement cycle, including determining if an implemented change is an improvement.

**Related:** PQI 5.01, RPM 9.06, RPM 10.02

**Note:** Please see the PQI Improvement Cycle Chart - Private for additional assistance with this standard.

**PQI 2.05**

Staff responsible for PQI are qualified by education and experience to:

a. engage people throughout the organization;

b. systematically collect information and analyze data; and

c. communicate results and recommendations to various key audiences.

**Interpretation:** Organizations that assign primary PQI responsibility to a staff member without quality improvement, performance measurement, or program evaluation training and experience should anticipate supporting this individual through professional development, training, and networking opportunities.

Responsibility for PQI may be shared among different staff members or committees.

**Purpose**

An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.
Performance and Quality Improvement

(FOC) PQI 3: Support for Performance and Outcomes Measurement

An inclusive approach to establishing measured performance goals, client outcomes, indicators, and sources of data ensures broad-based support for useful performance and outcomes measurement.

Note: Please see PQI Operational Procedures Worksheet - Private, Public, Canadian and Operations Measures (PQI) Tip Sheet - Private, Canadian for additional assistance with this standard.

Table of Evidence

Self-Study Evidence

- Description of what is being measured; including outcomes, outputs, indicators, and tools and instruments. Networks are to provide network performance measures.
- See PQI outcomes/outputs documentation provided in the service Narratives

On-Site Evidence

- Documentation of stakeholder involvement in selection of outcomes, indicators, etc

On-Site Activities

- Interview:
  a. PQI personnel
  b. Relevant staff
  c. Other relevant stakeholders

PQI 3.01

Senior managers and supervisors set forth performance and outcome expectations in a supportive manner and allay concerns about possible repercussions of identifying areas in need of improvement.

PQI 3.02

Staff throughout the organization and stakeholders, including partners and contractors, work together to:
Performance and Quality Improvement

a. develop key outcomes and outputs;
b. develop relevant qualitative and quantitative indicators; and
c. identify data sources, including measurement tools and instruments.

Related: INT 1.04, TS 3.08

**Interpretation:** Outcomes, outputs, indicators, tools, etc., may reflect reporting obligations, and for some services, may be established by contractual requirements.

The organization, depending on length and level of experience measuring outcomes, will start building a successful measurement system by using one or two measures of qualitative and quantitative data, if possible, for a few strong indicators. However, at minimum, performance and outcomes measures must be identified for high-risk services such as protective services, foster care, residential treatment, etc.

**Note:** Please see the Stakeholder Involvement Tip Sheet - Private, Public, Canadian for additional assistance with this standard.

**PQI 3.03**

The organization selects performance measurement indicators that relate to

a. operations and management,
b. program results, and
c. client outcomes.

Related: INT 1.04, FIN 5.02, FIN 5.03, FIN 5.04

**Interpretation:** Examples of operations and management performance indicators could include:

a. financial viability;
b. system efficiency;
c. effectiveness of risk prevention measures; and
d. staff retention and job satisfaction.

Service delivery indicators influencing program results could include:

a. timeliness and comprehensiveness of individualized assessments;
b. family involvement;
c. client satisfaction; and
d. staff training.

**Interpretation:** For networks, in addition to the measures that address client outcomes and important dimensions of service delivery, the network
Performance and Quality Improvement

may also measure important network administrative processes, such as:

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

Purpose

An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.
(FOC) PQI 4: Analyzing and Reporting Information

The PQI plan describes how measurable data will be obtained and used on a regular basis to further monitor actual versus desired:

- a. functioning of operations that influence the organization’s capacity to deliver services;
- b. quality of service delivery;
- c. program results;
- d. client satisfaction; and
- e. client outcomes.

Related: RPM 5

Note: Please see PQI Operational Procedures Worksheet - Private, Public, Canadian and Model PQI Plan - Private for additional assistance with this standard.

Table of Evidence

Self-Study Evidence
- Sample reports of aggregated data
- Two quarterly reports from the case record review process conducted, with any related corrective action plans

On-Site Evidence
- Data reports
- PQI committees/work group minutes for analyzing PQI information
- Regulatory/licensing or other external reviews/reports
- For organizations seeking re-accreditation:
  - Pre-Commission Review Report (PCR)
  - Final Accreditation Report (FAR)
  - Maintenance of Accreditation (MOA) Reports for the three most recent years

On-Site Activities
- Interview:
  - PQI personnel
  - Relevant staff

PQI 4.01
Collection of service delivery information focuses on key quality factors, including:

a. appropriateness;
b. effectiveness; and
c. any or all of the dimensions of quality.

**Interpretation:** Widely accepted dimensions of service quality include:

a. accessibility;
b. availability;
c. efficiency;
d. continuity;
e. safety;
f. timeliness; and
g. respectfulness.

Organizations may also choose to include mission-driven quality questions of special interest and importance, for example, cultural competence or workforce issues.

**PQI 4.02**

The organization aggregates and reviews several sources of information to identify patterns and trends, including:

a. quarterly case record review reports;
b. quarterly review of incidents, accidents, and grievances;
c. customer satisfaction data, usually annually;
d. customer outcomes data, usually annually; and
e. management and operations data and reports.

**Related:** RPM 2.02, RPM 2.03, NET 7.05, NET 7.06, NET 8, RPM 10

**Interpretation:** Element (a) is NA for network management entities. See NET 7.04.

**Note:** Please see EAP Stakeholder Surveys Tip Sheet - Private, Public, Canadian for additional assistance with this standard.

**PQI 4.03**

Quarterly reviews of case records:

a. evaluate the presence, clarity, quality and continuity of required documents using a uniform tool to ensure consistency; and
Performance and Quality Improvement

b. include a random sample of both open and closed cases.

**Related:** RPM 7.02, RPM 7.03, RPM 7.04, RPM 7.05, RPM 7.07, RPM 9.06, FEC 12

**Interpretation:** The organization develops a plan and method to review case records objectively, avoiding conflict of interest and including a case record review form that defines and tracks vital documents and elements. Documents included in the case record review may include:

a. assessments;
b. service plans;
c. appropriate consents;
d. progress or case notes or summaries;
e. evidence of quarterly case supervision;
f. relevant signatures;
g. service outcomes; or
h. discharge or aftercare plans.

COA recommends reviewing one or two quality issues that assess appropriateness, need for, and effectiveness of services. Criteria for assessing quality issues such as appropriateness, need for, and effectiveness of services can include:

a. services needed and provided or obtained;
b. length of service;
c. changes in status or level of service;
d. need for continued service;
e. compliance with mandated review indicators; and
f. timeframes.

**Sampling:** For the purpose of identifying trends and patterns COA suggests using the following guidelines based on an annual number of case records. Organizations may choose a different sampling method as long as a rationale is provided.

**SAMPLING GUIDELINES TABLE for QUARTERLY CASE RECORD REVIEWS**

<table>
<thead>
<tr>
<th>Annual Case Record Numbers</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000 or &gt;</td>
<td>Seek COA Consultation</td>
</tr>
<tr>
<td>4,999 - 4,000</td>
<td>20% annually</td>
</tr>
<tr>
<td>3,999 - 3,000</td>
<td>30% annually</td>
</tr>
<tr>
<td>2,999 - 2,000</td>
<td>30% annually</td>
</tr>
<tr>
<td>1,999 - 1,000</td>
<td>35% annually</td>
</tr>
<tr>
<td>999 - 500</td>
<td>40% annually</td>
</tr>
</tbody>
</table>

**Purpose**

An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.
Performance and Quality Improvement

Purpose
An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.

Objective:
- The organization integrates the findings of external review processes, including licensing reviews, information related to compliance with federal, state, and department requirements, governmental audits, accreditation, and other reviews into its PQI process, where appropriate.

Note:
Some organizations take a utilization management approach to record review and conduct more frequent or ongoing reviews of records to ensure that data appropriately reflects, for example, appropriateness of admissions and authorization decisions; intake and referral processes; service planning and service delivery milestones; and discharge decisions. Organizations should review state Medicaid plans or other third party reimbursement contracts for specific documentation requirements.

PQI 4.04

The organization integrates the findings of external review processes, including licensing reviews, information related to compliance with federal, state, and department requirements, governmental audits, accreditation, and other reviews into its PQI process, where appropriate.

NA: The organization is a network management entity.
Performance and Quality Improvement

(FOC) PQI 5: Use and Communication of Quality Information to Make Improvements

Findings based on improvement efforts are disseminated to personnel and stakeholders and are used to improve programs and practice.

Related: TS 3.08

Interpretation: Staff should be mindful of confidentiality issues when preparing reports.

Note: Please see PQI Operational Procedures Worksheet - Private, Public, Canadian, Stakeholder Involvement Tip Sheet - Private, Public, Canadian and PQI Improvement Cycle Chart - Private for additional assistance with this standard.

Table of Evidence

Self-Study Evidence
- Summary documents or reports provided to internal and external stakeholders, e.g., reports of gains made against goals, quality dashboard, annual scorecard, or other

On-Site Evidence
- Documentation of stakeholder review and discussion of PQI results
- Evidence of improvements made from the analysis and use of PQI data
- Board minutes

On-Site Activities
- Interview:
  a. PQI personnel
  b. Personnel at all levels
  c. External stakeholder groups

PQI 5.01

The organization:
  a. reviews results;
  b. identifies areas of needed improvement;
  c. implements and evaluates improvements on a small or broad scale;
  d. modifies implemented improvements as needed; and
  e. keeps staff informed and involved throughout the cycle.
Performance and Quality Improvement

**Related**: PQI 2.04

**PQI 5.02**

Senior managers regularly review and discuss PQI reports to:

a. identify areas of needed improvement;

b. set improvement activity priorities; and

c. manage their operations and programs.

**Related**: TS 3.08

**PQI 5.03**

Internal and external stakeholders review performance data and outcomes results in order to:

a. identify strengths and areas of positive practice; and

b. provide feedback about areas of needed improvement.

**PQI 5.04**

The organization's leadership, including board or advisory members, and PQI personnel communicate with staff and stakeholders about achievements relative to desired outcomes, indicators, and benchmarks or targets.
Performance and Quality Improvement

(FOC) PQI 6: Staff and Stakeholder Support
Staff and stakeholders receive information and support that increases their capacity to participate in, conduct, and sustain performance and quality improvement activities.

Related: TS 2

Interpretation: For networks, PQI 6 applies to staff members of subcontracting organizations and independent practitioners providing network services, as well as staff employed by the network's managing entity.

Table of Evidence

Self-Study Evidence
- PQI information provided to stakeholders

On-Site Evidence
- Documentation of PQI orientation and training received by personnel
- Relevant Agenda
- Network subcontracted provider organizations and independent practitioners, provide manual or other document used to orient the staff members of provider organizations to network operations

On-Site Activities
- Interview:
  a. PQI personnel
  b. Managers and program directors
  c. Personnel at all levels
- For Network subcontracted providers, interviews with those participating in the network-level PQI activities

PQI 6.01
Information about the organization's PQI program is provided to stakeholders that:

a. describes the organization's PQI philosophy;
b. explains how PQI is structured;
c. defines stakeholders and how they participate in the PQI process; and
d. includes a brief summary description of what the organization is measuring.

Purpose
An organization-wide Performance and Quality Improvement (PQI) program advances efficient, effective service delivery and the achievement of strategic and program goals.


**Interpretation:** Information may be tailored to the unique needs of the stakeholder, e.g., funders, persons and families, advisory committee members, etc. Information may be provided via the organization's website, in an information packet or brochure, or other means.

**PQI 6.02**

PQI training for personnel includes:

- an overview of the organization's PQI program at new staff orientation; and
- specialized and/or ongoing training, as appropriate to individual roles and responsibilities.

**Related:** TS 2.01

**Interpretation:** Specialized training can include issues such as how to input data into the data management system, how to aggregate and analyze data, how to use data collection forms, related confidentiality issues, and how to use data to improve performance.

**PQI 6.03**

Senior managers, and department and program directors:

- include PQI relevant short and long-term goals in their work plans; and
- keep PQI on the agenda of staff meetings.

**Related:** TS 2.01, TS 3.08

**Purpose**

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