

PERFORMANCE QUALITY IMPROVEMENT (PQI) PLAN

QUALITY CARE RESIDENTIAL HOMES, INC.

2021

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I. INTRODUCTION

Quality Care Residential Homes, Inc. is a for-profit organization founded and incorporated in 2005. The company is licensed by Ohio Department of Job & Family Services as an agency that operates group homes for children ages 10 to 17 and 18 to 21 with a mental handicap. Quality Care Residential Homes, Inc. provides therapeutic group home care for males 10-18. The mission of the organization is to provide adolescent boys 10-17 years of age or if mentally handicapped up to age 21 a safe home like and structured setting to enable them skills to adapt successfully in daily society and/or to reunify with families. We provide psychosocial services to males that have the following issues; neglect, abuse, abandonment, delinquent behavior, substance abuse/chemical dependency and mental health issues. Quality Care Residential Homes, Inc. has 2 group homes; ten bed and six bed ODJFS licensed group homes that operate 24 hours 7 days a week. Quality Care Residential Homes, Inc. goal is to make sure placements have a safe home-like environment, while encouraging positive growth and socialization skills while family reunification, permanency, special medical or independent living needs are addressed.

Setting up a comprehensive Performance and Quality Improvement Plan for Quality Care has been a challenge because of the diversity of services provided. However, leadership at Quality Care values transparency, improvement and change as part of the culture across the organization. From Board Members to consumers, every individual person has an opportunity to influence change. The Performance and Quality Improvement (PQI) Program will constantly evolve, to provide sufficient support the vast amounts of data collected from a variety of our stakeholders (See Section Two). Leadership has created a foundation of support by allocating sufficient resources, both monetary and human, to ensure that the promotion of change through data is integrated into the culture. As with all endeavors at Quality Care, feedback is always requested. As you read through the PQI Plan, be sure to contact our PQI Coordinator at Admin@qcrhome.org for suggestions or questions. We always want the opportunity to improve. This plan was created on January 5, 2021 and approved by the Board of Directors on February 5, 2021. The next revision will take place by January 2022, for approval by the Board of Directors at the February 2022 meeting.

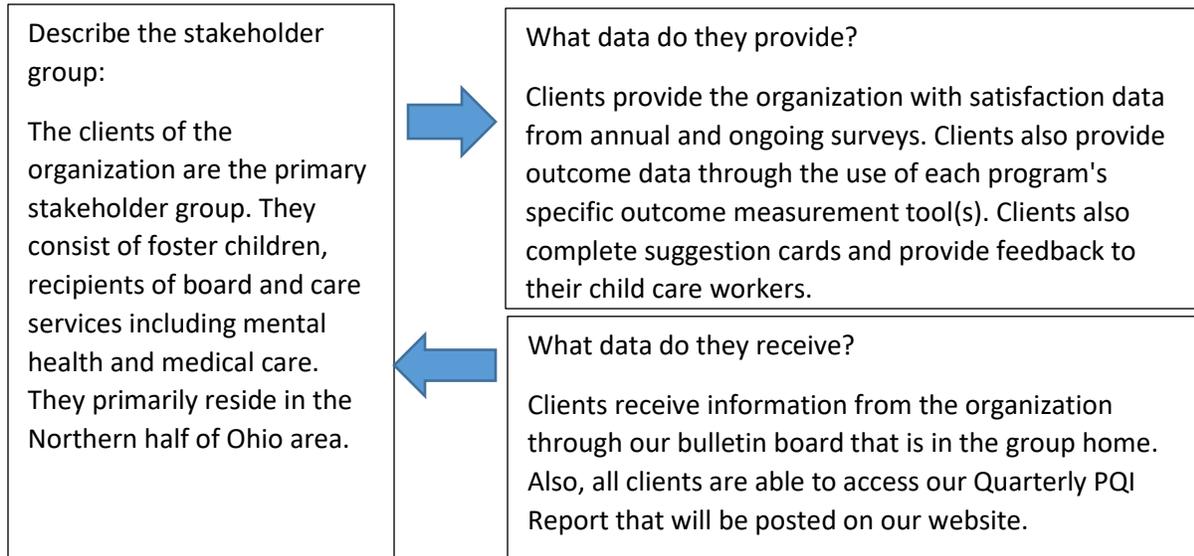
Quality Care is trying to demonstrate the performance quality improvement process through the following ways;

- In the process of trying to attain accreditation through The Council on Accreditation (COA)
- Implementation of Trauma informed approach and care agency wide
- Implementation of the Acceptance and Commitment Therapy (ACT) Model

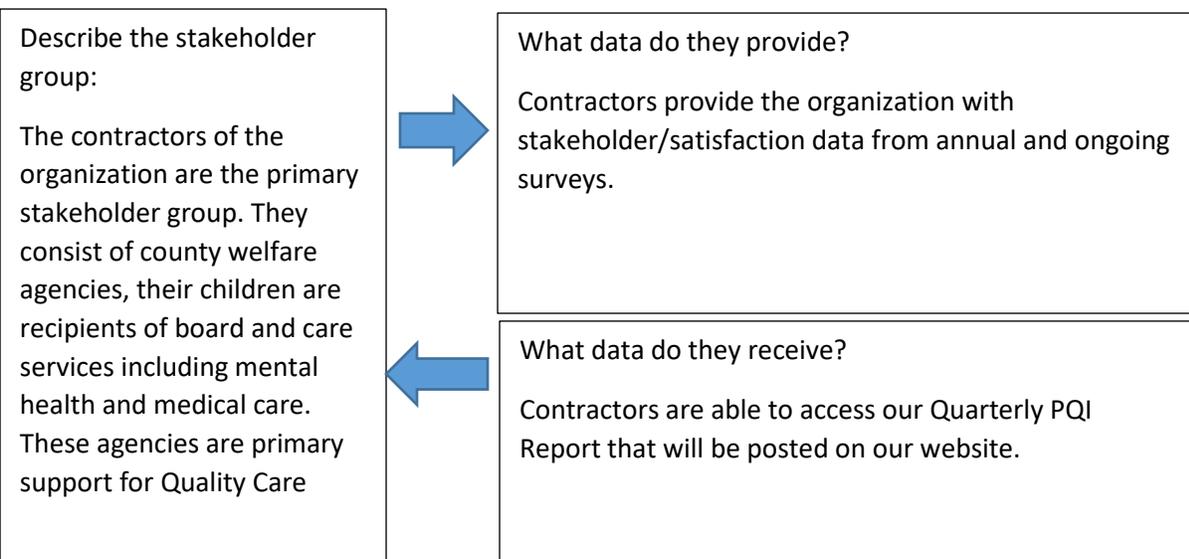
II. STAKEHOLDER INVOLVEMENT

Quality Care Residential Homes relies upon stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart demonstrates how stakeholders are able to provide feedback and data to the PQI process.

STAKEHOLDER GROUP:	CLIENTS
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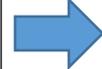


STAKEHOLDER GROUP:	COUNTY CONTRACTORS/FUNDERS
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STAKEHOLDER GROUP: DIRECT CARE STAFF

Describe the stakeholder group:
 Direct service staff are a group of child care workers, supervisors and clinicians. They come from a variety of backgrounds and training



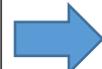
What data do they provide?
 The Staff participate in the annual staff survey. They also participate in the PQI Committee (select staff members). They can contribute ideas through the staff suggestion box.



What data do they receive?
 All staff have access to a copy of the PQI quarterly and annual reports via Quality Care website. This report will also be reviewed annually with direct care staff.

STAKEHOLDER GROUP: EXECUTIVE LEADERSHIP

Describe the stakeholder group:
 The Executive Leadership of the organization includes the following: President/CEO, Vice President, Director of Human Resources and Director of Finance.



What data do they provide?
 This group completes a staff annual survey. They meet on a quarterly basis in which they discuss needed areas of improvement and strengths. They also develop Improvement Plans for the organization, as appropriate.



What data do they receive?
 The Executive Leadership group receives all results of improvement plans, results of surveys, PQI Quarterly Reports.

Section Three – PQI Infrastructure

Quality Care initially developed an infrastructure to support Performance and Quality Improvement initiatives in 2019. Since that time, it has evolved dramatically and is now a system that includes individuals at all levels, sustainable and dynamic. The PQI Infrastructure has the PQI Coordinator as the central organizing figure. The PQI Coordinator is not a stand-alone position; due to the size and financial limitations, the Administrator/Vice President serves as the PQI Coordinator for the organization. A

dedicated 25% of time for this position has been set aside and serves to complete the following PQI activities:

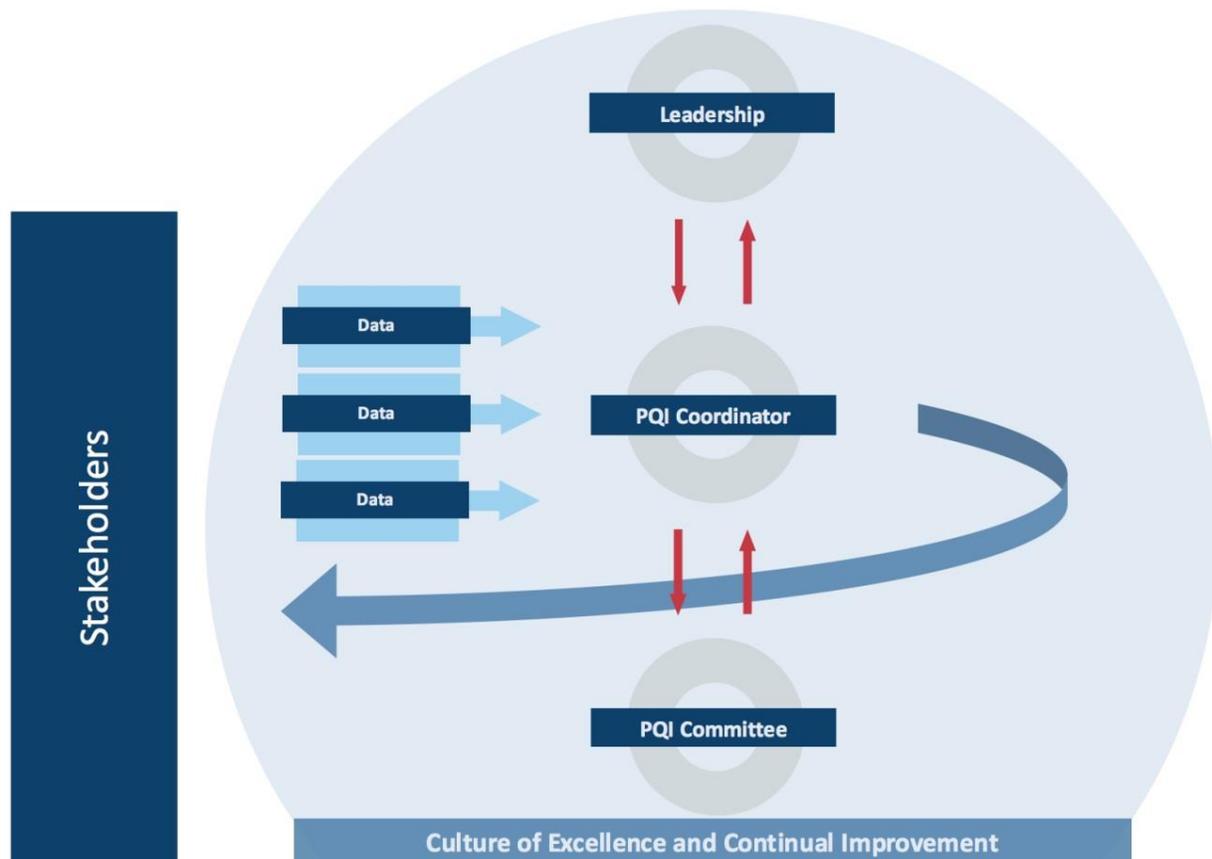
- Organize the PQI Committee Structure by recruiting and maintaining appropriate staff level involvement.
- Work with select members of the team to encourage involvement.
- Analyze data received from all programs and surveys.
- Facilitate committee work (in the event a committee is developed)
- Produce and distribute the PQI Quarterly Report.
- Develop and maintain, with stakeholder input, the PQI Plan.
- Serve as the point of contact for the Council on Accreditation during active accreditation cycles and in between.

The PQI Coordinator works with the Executive Leadership of the organization, leads the committee work, and guides the PQI Activities within the organization. The PQI Committee is currently comprised of the following positions within the organization:

- Executive Director
- Administrator/Vice President
- Direct Care Staff Supervisor as needed
- Direct Care staff as needed

The PQI Committee meets on a quarterly basis. The main activities of the PQI Committee include the following:

- Review data analysis summaries from the PQI Coordinator to identify trends, strengths and areas of concern.
- Review survey data from staff, consumers, board members or community members.
- Review Improvement Plans and progress towards the completion of Improvement Plans.
- Make recommendations to the leadership team of the organization based upon the information reviewed.

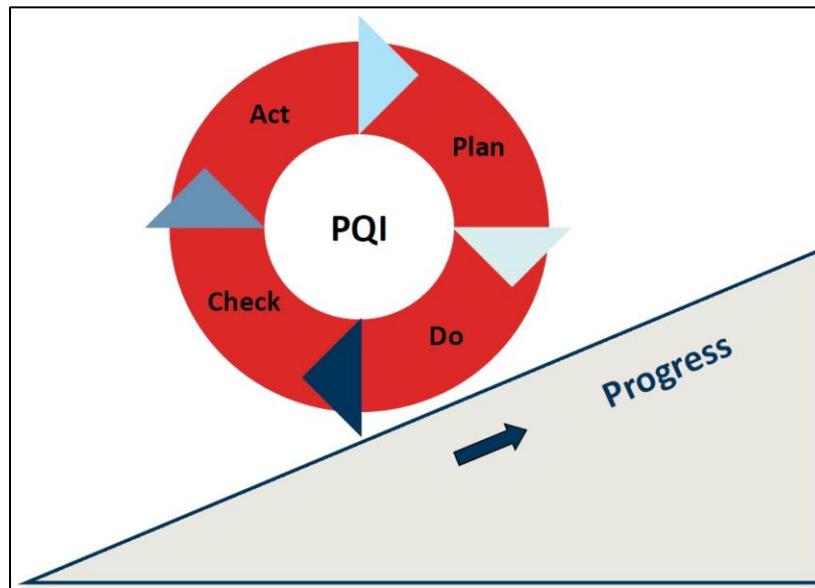


Data is received from the stakeholders. The data flows from the stakeholders to the PQI Coordinator. At this stage, the PQI Coordinator reviews and summarizes the data so it can be presented to the PQI Committee. The PQI Committee reviews the summaries and identifies trends, strengths and challenges. Some data might be reported back to the stakeholders in the form of program quarterly reports or output reports. Some data is indicative of a challenge. If this is the case, the Committee will work with the appropriate manager or department to develop an improvement plan. The improvement plan and data will be provided to the leadership team for discussion and review. With the Leadership Team's approval or decision, information will be reported back out to stakeholders in a format that makes sense and is appropriate for the intended audience.

Section Four - Change Model

When data indicates that a change is needed, Quality Care utilizes a Plan, Do, Check and Act (PDCA) model. This model is flexible enough to adapt to a multitude of situations and contexts. It provides that PQI Committee and Coordinator enough structure and guidance to help develop and visualize Improvement Plans. Much of the data that Quality Care receives is not indicative of change, but when it is, it is placed in an improvement plan and follows the PDCA model. The leadership team is made aware of the plan, progress and any challenges that are encountered. The Improvement Plans also have an area to document the results, even if they are not the desired/intended results or if the results are negative. Lessons learned is part of the completion of every improvement plan and is shared with the Leadership Team and the PQI Committee. Regardless of the results, completed Improvement Plans are considered as progress. Completed and in-process Improvement Plans are maintained in the

Improvement Plans folder located on the Leadership shared drive. In the event an Improvement Plan contains confidential information, it shared only with those who are appropriate to be exposed the information.



PLAN

During this phase of the Plan, Do, Check, Act Cycle, preparations are made in order to effectively make the change. This may involve gathering additional data and information to support the need for the project. If collaboration is required for the potential change, the Plan phase may involve committee meetings and the development of proposals and work plans. If it is a smaller change, the planning may simply involve brainstorming about the possible implications to other aspects of the organization. Near the end of the planning phase, a work plan is developed to identify specific objectives, responsibilities and indicators of success.

DO

During the Do phase, the work plan or proposal is acted upon. There should be a mechanism in place for follow up and regular reporting on the status.

CHECK

This phase allows for the work to be assessed. Those involved review the process and identify the positive aspects of the change and any negative aspects of the change. The group or individual responsible for the change compares the actual results to the expected results. Deviation from the expected result is noted. An assessment of how the change impacts the rest of the organization should also take place. Most importantly, it needs to be determined whether the change was successful or unsuccessful. Even if unsuccessful, the change still has some positive impact, even if that impact is simply a better understanding of the situation.

ACT

Once the organization has determined if the change was an improvement from the baseline, or prior status, then that change is accepted as part of current practice. The organization maintains the new

practice or change. The organization will need to integrate this change into their current culture and environment. If the change was not a positive one, then the organization returns to the baseline way of operating. The organization, group or individual can start another Plan phase of the PDCA cycle to determine a different method to address the concern. See next section for more detailed information on Improvement Plans.

Section Five - Improvement Plans

Improvement plans play an integral role in Quality Care's Performance and Quality Improvement Plan. All programs and administration are expected to have an active Improvement Plan at all times. During each of the Process Reviews, the respective Program will develop a new Improvement Plan, if one is not in action. By continuously having Improvement Plans "in process," all aspects of the organization are constantly working to operate more effectively. Quality Care has two distinct types of Improvement Plans: 1. Proactive Improvement Plans and 2. Corrective Action Improvement Plans. Proactive Improvement Plans are utilized when there has been an area of improvement for a specific program or department based on observation or data, although a specific incident requiring the change has not taken place. Corrective Action Improvement Plans are implemented when there has been an issue, audit result, or incident and action must take place to address the problem. Proactive Improvement Plans are preferred, however Quality Care recognizes that Improvement Plans, regardless of type, are opportunities for progress. Over the previous several months that Quality Care has been implementing this approach, there has been a noticeable reduction in safety issues and incident reports. Some guidelines in establishing Improvement Plans are listed below:

- The Improvement Plan must address an area of opportunity that is not simply part of the Program's or Department's normal expectations, unless the Program or Department is not currently meeting expectations. An acceptable example of an improvement plan would be to "Improve the random file review scores by 2 percentage points for the following quarter." This goal represents improvement that it is not currently outlined in program expectations. This goal can also be a Corrective Action Improvement Plan if the Program received a file review score that was less than our established benchmarks.
- There must a clear and defined beginning and end.
- The Improvement Plan must be measurable.
- Improvement Plans cannot be plans of maintenance.
- The Improvement Plan must typically take more than one day to implement and complete. There are exceptions, however. The Quality Care Residential Homes tends to see Corrective Action Improvement Plans that take less time to implement and close.
- Improvement Plans of any type can be developed at any time. A copy must be provided to the PQI Coordinator. Procedures for Improvement Plans, both Corrective Action and Proactive are included in the Appendices.

Section Six-Measurements

Quality Care will measure 2 areas:

1. Group Home Care
 - a. Service Quality
 - b. Client Outcomes
2. Organization Administration
 - a. Policy and Procedures
 - b. HR Procedures

Program/Project/Operation: Group Home Care

Outputs

Items Measured:

Number placement admissions

Average length of stay

Number of Referral Counties

Details:

Outputs measured quarterly by reviewing client admissions and discharges, referral counties, client length of stay and successful and unsuccessful discharges.

Documentation:

Administrator tracks data on admissions, discharges successful and unsuccessful as well as county referring placements on census data sheets, average length of stay and number of admission s data are all captured on the census data sheet.

Outcomes

Items Measured:

Reunification or step down

Crisis Intervention utilization (restraint)

Treatment goal improvement

Details:

% reunification or step down measured upon discharge annually

% reduction in restraints measured annually (as needed quarterly)

% achievement for treatment goals

Documentation:

Review of reunification or step down for all placements annually at PQI meeting

Review of restraints for all placements annually at PQI meeting

Review of treatment goals for all placements annually at PQI meeting

Quality

Items Measured:

File Reviews

Client Satisfaction Surveys

Annual State Inspections

Details:

Client File reviews completed quarterly
Client Satisfaction Surveys implemented annually
State audits conducted annually by ODJFS

Documentation:

File reviews, client satisfaction surveys as well as state annual audits are reviewed by administrators quarterly and annually

Administration

Program/Project/Operation: Organization's Administration

Outputs

Items Measured:

Average staff turnover (future measure as more staff join the team).
Achievement of program goals.
Actual compared to budget.

Details:

The average number of days of cash on hand is measured on a quarterly basis, as well as the actual spending/revenue versus the budget. Average staff turnover and retention are measured on an annual basis.

Documentation:

Annually the organization reviews the achievement and progress of program goals.
PQI Quarterly Reports are methods capture the administrative functioning of the organization.

Outcomes

Items Measured:

Sustainability of the organization in the community.

Details:

The overall outcome is for the organization to sustain in the community as a group home provider

Documentation:

Outputs are summarized and reported on the PQI Quarterly Report.

Quality

Items Measured:

Staff satisfaction

Details:

Staff satisfaction survey implemented annually
Staff annual evaluations

Documentation:

Data results from the staff satisfaction survey and staff annual review data reviewed in PQI annual meeting

Administration:

Items Measured

Internal Control Manual.
Personnel Policy Manual.
Policy and Procedures Manual

Details:

Every year, the PQI Coordinator and the Leadership Team review key policy and procedural manuals. Internal processes are also reviewed for possible efficiencies. Improvement plans are reviewed and created as needed.

Documentation:

Meeting minutes and improvement plans (as needed) provide documentation of this assessment occurring.

APPENDIX A: PQI Organizational Chart by Function

Internal and External Stakeholders

Agency Staff
Client Placements
County Children Services
Ohio Department of Job and Family
Services
Council On Accreditation
Ohio Children's Alliance
Parents of Placements (if applicable)
Mental Health Providers
(Charack/Signature Health)
Medical/Dental Providers (Metrohealth)

Members of Agency & PQI Administrator Function

Policy and Procedure Development
Budgets
Overall management Function
PQI Planning
Quality Improvement Plans
Licensing Reviews
Outcomes Review
Human Resources
Contracts
Direct Care

APPENDIX B: Logic Model: Group Home Services

Group Home Process and Outcomes

<u>Inputs</u>	<u>Activities</u>	<u>Outputs</u>	<u>Outcomes</u>
County Contracts (7) Direct Care Workers RN Case Worker/Social Worker Administration 2 buildings Vehicle Member of OCA for referrals Insurances	Individual Service Plan Supervision Board and Care General IL skills Recreational Activities Transportation Trauma Informed Care Outsourced therapy and psych care Outsourced medical, dental and eye Facilitate Family involvement	100% ISP and 90 days 100% staff trained on TIC 100% staff social worker trained on ACT model 100% medical, dental eye care completed 100% Board and Care	75% increase service plan/90 day goal achievement 75% increase in healthier coping skills 80% reunification or step down 80% reduction in restraints

Mission Statement:

PQI Meeting Frequency:

Committee on PQI at Quality care will meet every quarter (February, May, August and November) or less.