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**CONTINUAL QUALITY IMPROVEMENT:  
*Creating a Process for Accountability***

**By  
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**Background**

A measure of mastery in a this environment of performance and accountability is 1) the ability of an organization to document its success in delivering services to a defined population and to 2) to be successful under predictable financial constraints. The development of goals and performance measures that reflect the agency's mission and vision for the future and that are relevant to the clinical pathway of consumers are critical steps toward accountability and ongoing learning about efficacy of services.

**Quality Improvement:** The first rule of thumb in any initial stage of a quality assurance process is, **Keep it Simple**. Encourage agency staff to think in concrete, basic terms. A frequent mistake made in QA efforts is attempting to measure too much. This usually sets the process up for failure. During the first year it is better to carefully measure a few indicators of quality that to poorly measure many. Second, it is important to ensure that staff do not confuse being in compliance with regulations, with a quality assurance process. They are quite different. Although compliance to policy and procedures may be one part of a CQI effort is not the entire process. Compliance with a set of standards does not measure ongoing improvement. It is static, where a quality assurance process is ongoing.

Begin the QA process by choosing 4-5 broad goals that your organization would like to focus on during the upcoming year. Next you need to determine the ways that you will measure progress toward goal achievement—**performance indicators**.

**About Performance indicators:** It is important to remember several things about the process of choosing performance indicators. It can be agonizing to try to choose exactly the right indicator of success in goal achievement. This agony is not necessary if you follow a few simple rules. First, whenever possible use existing data. This will reduce

the initial cost and complexity of the CQI process. Over time, as the existing database improves and more data is readily available, the pool of data elements from which performance indicators can be chosen increases. Second, remember that performance indicators are only a hypothesis. The theory in choosing performance indicators is that by measuring a *combination* of data elements, an organization will know if progress is being made toward achieving goals. Because initially the data available may be limited, the first iteration of performance indicators may not be as inclusive as you think necessary. However, over time the process will become more informative as better data becomes available.

**Below are examples of broad goals and performance indicators:**

**Goal Statement #1**                      **We respectfully engage families as full partners in the planning and delivery of services.**

***Performance Indicators:***

During assessment and service planning the team will go to the families home at least once.

- Data Source: file review
- Baseline:
- Target:

Family members are respectfully included as team members either in person or by phone in all formal meetings/staffings.

- Data Source: review of staffing attendance
- Baseline:
- Target:

On consumer satisfaction surveys an increased number of families report that their culture and perspectives were respected and honored.

- Data source: satisfaction surveys
- Baseline:
- Target:

If a child is in an out-of-home placement, visitation will occur within 72 hours of the child entering the consortium's services.

- Data Source: file review
- Baseline:
- Target:

**Goals Statement #2**                      **We will achieve permanency within the family unit through effectively sharing the resources necessary to create safety and stability with their environment.**

**Performance Indicators:**

At the time of discharge, \_\_\_percentage of children are reunified, adopted or placed into legal guardianship.

- Data Source: Collected information from the Coalition Data form.
- Baseline:
- Target:

After discharge, \_\_\_percentage of families maintained permanency at 6, 12 and 18 months.

- Data Source: Phone calls and communication with referral source
- Baseline:
- Target:

**BASELINE DATA**

After the performance indicators are chosen, is the responsibility of the CQI taskforce to establish the existing baseline data for each. In some instances this may involve a sampling of closed files, in some instances the data may be gathered electronically and in other instances, such as consumer satisfaction surveys, the data maybe gathered and awaiting analysis. In other instances, the data may simply not exist. It then becomes the responsibility of the CQI taskforce to work in concert with the IT staff of the agency to determine a method of collecting the data. In these instances, a 6-month period should be set aside for baseline data collection.

Once the baseline of performance is established, improvement targets can be set.

**TARGET IMPROVEMENT GOALS**

Once the performance indicators have been chosen, and the baseline performance analyzed, the next step is choosing the improvement targets for agency. For example, let's examine Goal Statement #2.

**Statement #2                    We will achieve permanency within the family unit through effectively sharing the resources necessary to create safety and stability with their environment.**

**Performance Indicator:**

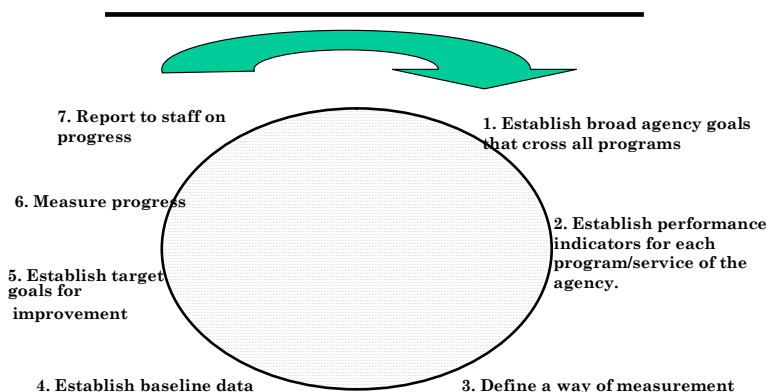
At the time of discharge, \_\_\_percentage of children are reunified, adopted or placed into legal guardianship.

- Data Source: Collected information from the Coalition Data form.
- Baseline: Collect a baseline for 6 months.
- Target:

The responsibility of the CQI taskforce is to evaluate the baseline data and then establish a “doable” target improvement goal. In the performance indicator above let’s say that the baseline data tells us that at present, 55% of children are reunified, adopted or placed into legal guardianship at time of discharge. The target improvement goal may be that the Child and Family Consortium wants 70% of the children to be reunited with families, adopted or placed in a legal guardianship at the time of discharge—a 15% improvement.

**Once the goals, performance indicators, and target improvement goals are set, the CQI Taskforce needs to rigorously measure the organization’s ongoing performance.** Achieving the target goals will only be accomplished through an organized, concerted agency effort. Reports should be disseminated to agency staff no less than quarterly. The reporting of progress toward goal achievement should be very visible. Let staff know how they are doing in goal achievement. As the chart below indicates, as quality improvement is disseminated to the staff of the agency, then best practice protocols can be created or modified that reflect the agency learning. This encourages a strong culture of accountability and a quality improvement mindset. As agencies move into performance-based contracting this focus on outcomes will be critical to success.

### Continuous Quality Improvement



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**For further information on integrating your QI process with COA and HIPAA requirements contact Lorrie Lutz at L3 P Associates—207-655-5277. [LorrieL@L3PAssociates.com](mailto:LorrieL@L3PAssociates.com)**