Performance and Quality Improvement Backgrounder (PQI)

April 1, 2023 – March 31, 2024

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Langley Community Services Society

1. INTRODUCTION

1A. Organization's Performance and Quality Improvement Philosophy

The Performance and Quality Improvement (PQI) Team promotes excellence and creates a culture of continuous improvement within business functions and program areas to ensure a high quality of service provision to clients and the community. The PQI Team supports LCSS' mission and goals. The PQI Team covers all programs and services and addresses organizational performance and program and client outcomes.

The PQI Team will accomplish its purpose through activities such as:
- Review and analysis of stakeholder (clients, staff, and community) feedback and documentation of identified trends.
- Monitoring of outcome trends or patterns.
- Monitoring and evaluation of outcomes data for clients.
- Identification of training activities to improve staff competence in areas of relevant skills, knowledge, health & safety procedures, record-keeping, data collection, client rights, professional ethics and other applicable areas.
- Quarterly file reviews to ensure files are up to date, compliant and complete.
- Design and update of processes and procedures to establish a level of functioning that is systematic, continuous and ensures processes are sufficient to meet the above objectives.
- Action planning to address opportunities for improvement in agency wide performance, management/operational performance, program service delivery quality, and client/program outcomes. Make recommendations to the Executive Director and/or Management Team.

☐ See Organizational Chart attached Appendix 4A
☐ See PQI Infrastructure Diagram - Appendix 4B

1B. Stakeholders

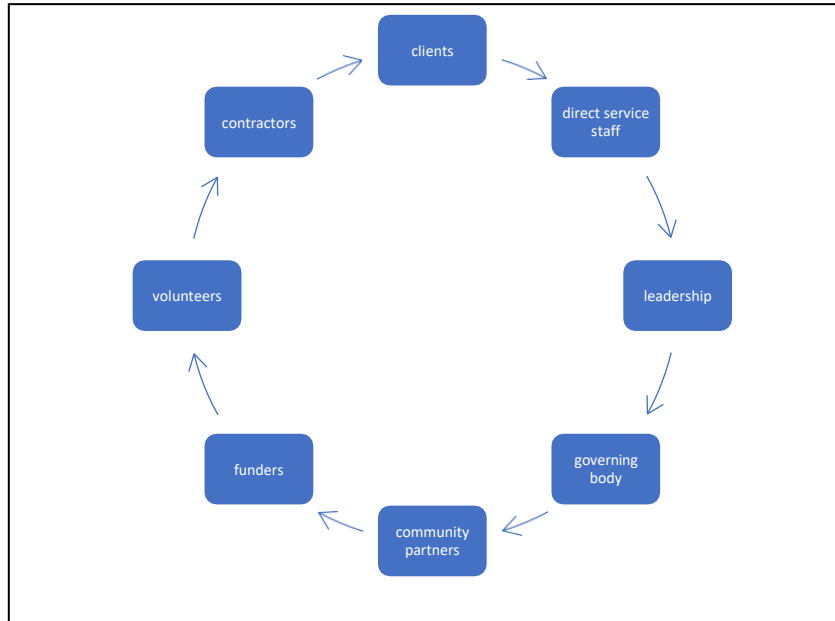Everyone associated with LCSS benefits from Performance and Quality Improvement. These include:

- Clients:
  a. Clients are given PQI information at intake
  b. Clients are given satisfaction surveys ongoing, throughout the duration of service
  c. Clients have access to the annual PQI plan on our notice boards
☐ See PQI rights and responsibilities orientation pamphlet

- Staff and volunteers (including Board):
  a. All staff and volunteers receive PQI information and orientation at time of hiring and ongoing
  b. All staff have the opportunity and responsibility to be involved with PQI activities such as file reviews, training, consultation and client satisfaction.
  c. All staff and volunteers are surveyed annually regarding satisfaction
  d. All staff and volunteers have access to the annual PQI plan on the portal, website and posted internally.
☐ See PQI rights and responsibilities orientation pamphlet

- Community partners
  a. Community partners are surveyed annually regarding satisfaction
  b. Community partners have access to the annual PQI plan and report on the LCSS notice boards

- Funders
  a. Funders are surveyed annually regarding satisfaction
  b. Funders have access to the annual PQI plan and report on the LCSS notice boards

- Contractors
  a. Surveyed annually regarding satisfaction

Stakeholder Group	Engagement in PQI Activities	Information Shared with Stakeholders
Clients	• PQI Rights and Responsibilities brochure • Client satisfaction survey	• Annual Report • PQI Plan
Management Team	• Strategic Planning Meetings • Quarterly data reporting • Risk Management Assessment • Budget meetings	• Quarterly PQI reports • Monthly budget review • Monthly incident review • Annual Strat plan update
Staff	• Annual satisfaction survey • File reviews	• Quarterly client satisfaction report • Quarterly file review results • Bi-monthly PQI reports
Volunteers/Contractors	• Annual satisfaction survey	• Annual Report • PQI Plan
Board	• Strategic planning meetings • Annual satisfaction survey	• Bi-monthly PQI reports • PQI Annual Report • Annual Risk Management Assessment • Staff survey results
Community Partners	• Annual satisfaction survey	• Annual Report • PQI Plan

Funders	• Annual satisfaction survey	• Quarterly and/or biannual and/or annual program reports • PQI Plan

2. MEASURES AND OUTCOMES

2A. Management and Operational Performance

The PQI Team monitors and reviews essential management and operational performance of the organization. Target areas include Financial Management, Human Resources Management, Technology, Health & Safety, Field Trends and Service Delivery System, including Accessibility, Efficiency and Stakeholder satisfaction. The PQI Perpetual Planning Calendar with all functions listed ensures that activities are brought forward on a timely basis and that no area is overlooked.

2B. Program Results and Service Delivery Quality

Each program has developed a Logic Model to assist the PQI team in monitoring and reviewing service delivery quality in areas such as effectiveness, efficiency & program satisfaction. Results are taken from client satisfaction surveys as well as data generated from the Nucleus Case Management database.

2C. Client and Program Outcomes

Many programs use the Nucleus Case Management database to assess client strengths and needs, and create client directed measurable goals.
  Client strengths are assessed in the following areas:
- Relationships Family and Friends
- Parenting Client Comments
- Education / Life Skills
- Substance / Addiction Issues
- Court / Legal Involvement
- Financial Strength
- Employment Strength

- Mental Health
- Physical Health
- Housing Strength
- Community Support

The Program Outcome Measurement System (POMS) allows clinicians to create client directed measurable goals and to specify the strategies that will be implemented. These goals are pulled into an individualized service plan and are assessed for progress on an ongoing basis.

For some programs, (eg. drop-in programs) goals are set at a program level rather than a client level, and are based on funder requirements. These goals are enhanced through feedback from our participant surveys and ongoing verbal interactions.

All programs use Client Feedback surveys to gather satisfaction data. 2D. Case

File Review

LCSS holds quarterly file reviews throughout the year. The file review team is comprised of staff from a variety of different programs areas.

Both open and closed files are randomly pulled to be reviewed by the file review team. Programs that open less than 100 files per year provide 5 open and 2 closed at each review. Programs that open more than 100 files per year provide 10 open and 4 closed at each review. Staff cannot review their own program files.

The PQI chair attends and facilitates each file review, and ensures all required documents are present. Each committee member reviews both open and closed files and completes the appropriate documentation for each file that is reviewed. The team is looking for file completion according to the MOCK files set up for each program. Strengths and deficiencies are identified on each file. Team members also sign and date the file verification form in each file, indicating that it has been reviewed by the PQI File Review team. The PQI Chair collects the forms, summarizes the strengths and deficiencies, and provides recommendations to managers when appropriate. An overall File Review summary report is written, and is discussed at the following PQI meeting.

3. PROCEDURES FOR MONITORING RESULTS 3A.

Data Collection and Aggregation

LCSS collects and analyzes a wide range of data as part of PQI activities. Data is reviewed and reports are generated regarding the data that has been collected and aggregated.

Data collected includes:
- Quarterly file review data
- Client, staff and volunteer satisfaction surveys
- Stakeholder surveys from community partners & funders
- Incident reports
- Client, staff and volunteer complaints
- Program outcomes
- Demographic data
- Employee turnover data

3B. Data Review and Analysis PQI

MEETING
Various sources are used to gather data and generate reports. The Nucleus database produces demographic data, incident reports, program outputs & outcomes. Client satisfaction surveys provide data regarding effectiveness, efficiency, program satisfaction, accessibility, skill and knowledge improvement, and education on resources. File reviews produce data regarding file continuity, strengths, and deficits. A large portion of this information flows into program logic models. Logic models are reviewed quarterly by the PQI committee meeting. Data is analyzed for trends and patterns. Once the initial analysis is reviewed and discussed, focus is on the themes that stand out.

STAFF & STAKEHOLDER SATISFACTION SURVEY REVIEW
Satisfaction surveys are collected annually from both staff and stakeholders. Staff surveys collect data about Employee engagement, Agency Culture, Performance Management, familiarity with agency policies, training opportunities, Technology satisfaction and more recently, COVID 19 Pandemic response. Stakeholder surveys collect data regarding agency reputation, accessibility, service availability and waitlist times, integrity and ethics, collaboration within the community, and quality of service delivery. Survey results are collected in the Survey Monkey

database and the results are brought forward to the management team for analysis and discussion.

Once the initial analysis is reviewed and discussed, focus is on the themes that stand out. Data is analyzed for trends and patterns. Key data and recommendations are then brought forward to the PQI team, who then make recommendations to the Executive Director. The Executive Director has the responsibility of reviewing the recommendations in a timely manner and reporting to the PQI Team to discuss the recommendations.

3C. Communicating Results

The PQI Team uses a range of tools to communicate PQI information to the agency and to its stakeholders. These tools include:

- Publishing an annual agency report which includes overall agency information regarding assets, liabilities, program outcomes, successes and achievements
- posting the annual PQI report on the LCSS portal and notice boards
- posting the annual PQI report on the LCSS website
- commentary in the agency AGM annual Year in Review report
- PQI updates at LCSS board meetings
- PQI updates at LCSS agency staff meetings (All Staff meetings & program staff meetings)
- Ongoing PQI updates through the LCSS internal weekly newsletter

3D. Using Data for Implementing Improvement

Not all recommendations can be acted on due to a wide range of administrative restraints, but when a positive improvement can be supported, the agency will do so and will communicate both the recommendation and the change to agency stakeholders.

3E. Assessment of Effectiveness of the Performance and Quality Improvement Process

The PQI Team will assess the effectiveness of the PQI process via the following methods:

- Annual review of the PQI Plan and creation of a PQI Year in Review Report

- Annual review of PQI activities from the Management Perpetual Planning Calendar
- Evaluate agency wide PQI training
- Add PQI questions to all stakeholders' satisfaction surveys
- Review program Logic Model data on a quarterly basis
- Assess file audit results

4A. LCSS Organization Chart
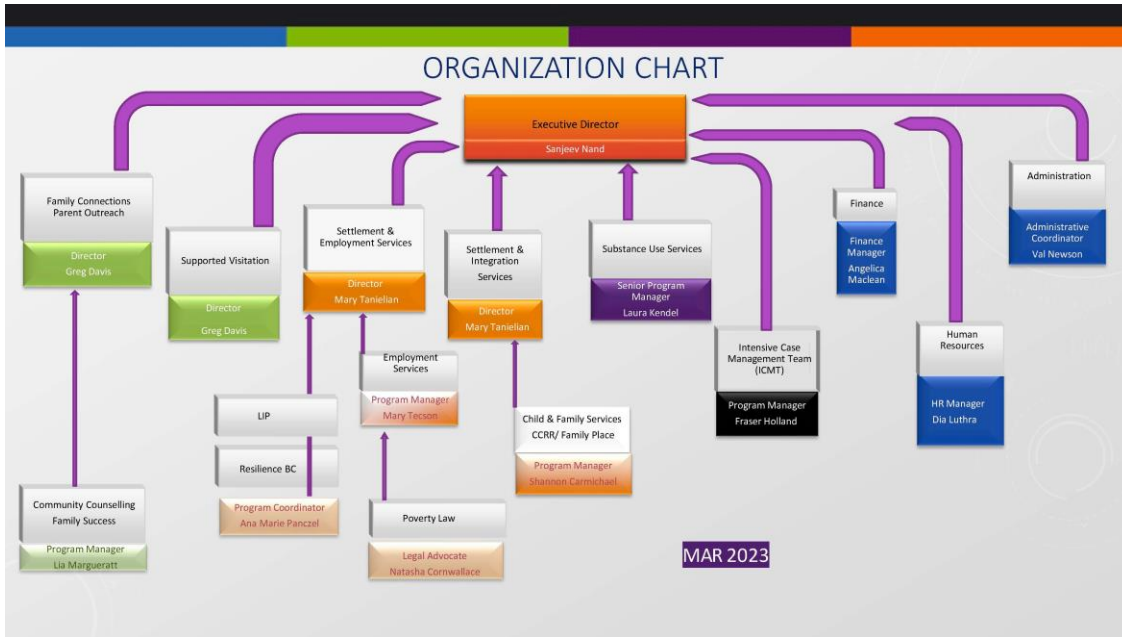
4B. PQI Framework

The following chart depicts how information is exchanged within the infrastructure of the PQI Program:

Infrastructure