

Boys and Girls Homes of NC Continuous Quality Improvement Plan

1/2/2017

Boys and Girls Homes of NC, INC
John Cobb, CQI Risk Manager



Continuous Quality
Improvement

Boys and Girls Homes of NC, Inc Continuous Quality Improvement Plan

Section I: Introduction

"Boys & Girls Homes of North Carolina, Inc. is dedicated to providing a comprehensive array of residential and community-based services to meet the needs of vulnerable children by addressing their physical, emotional, social, educational, and spiritual development."

In an effort to achieve our mission, Boys and Girls Homes of North Carolina is committed to a Continuous Quality Improvement (CQI) Process that is used both to direct, shape, improve, and enhance the services we provide and track the changing needs of the children we serve through outcomes and feedback.

Continuous Quality Improvement at BGHNC is directed by the following principles:

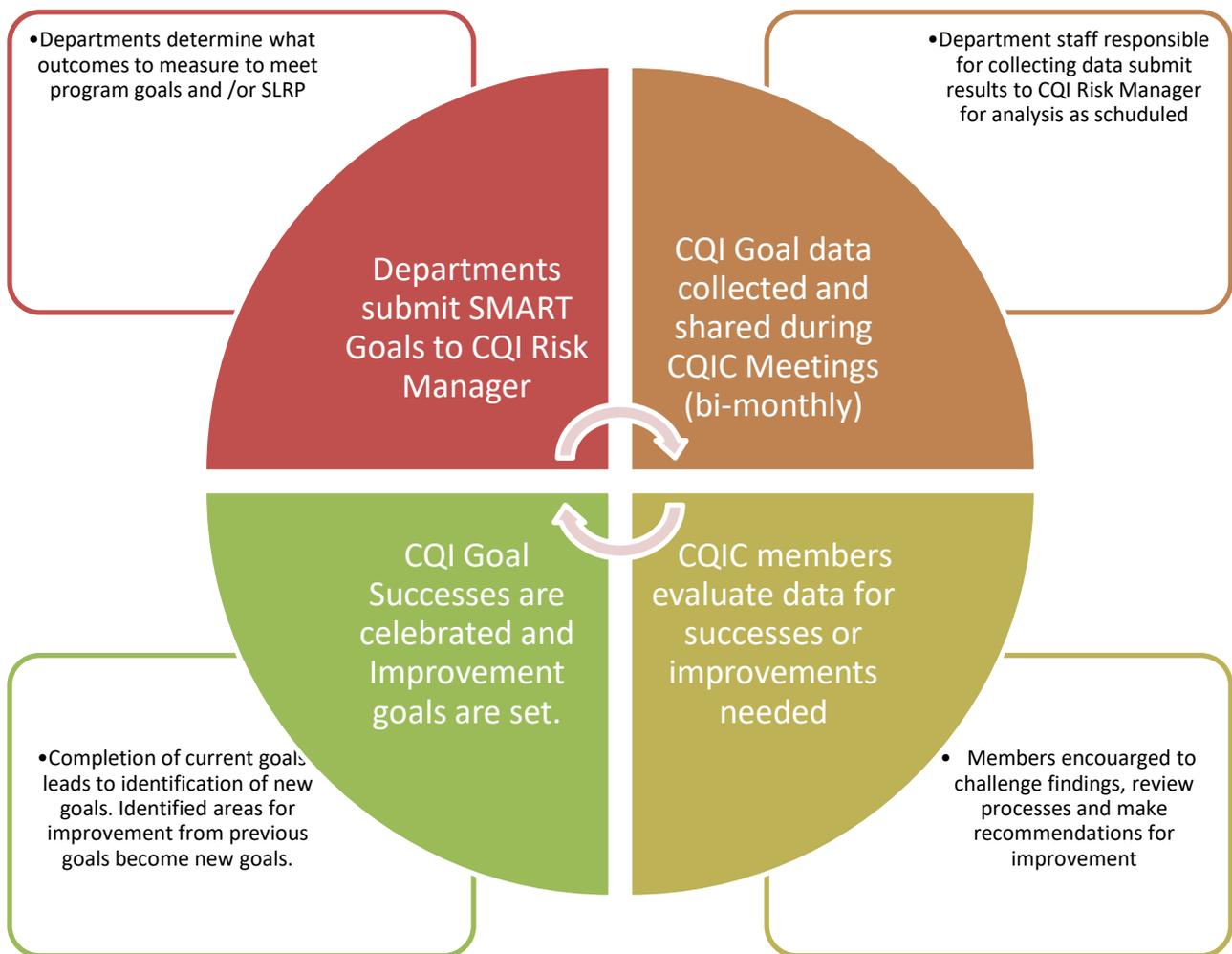
- Desire to meet the ever-changing needs of the vulnerable children we serve
- COA standards for Performance and Quality Improvement
- Sanctuary™ commitments to Social Learning (on-going learning from each other and mistakes), Social Responsibility (teamwork and accountability), and Growth and Change
- Employee involvement at all levels and participation from all departments
- The commitments of our executive team and senior management to actively participate in our Continuous Quality Improvement Council (CQIC)
- Our Board of Trustees commitment to Strategic Long Range Planning
- An emphasis on gathering data and analyzing it to determine its meaning
- A balanced approach to decision making that examines data and the emotions behind our choices

Section II: Structure for Continuous Quality Improvement

Our agency wide improvement process is team-driven. Our Continuous Quality Improvement Council (CQIC) includes representatives from all departments, members of the Senior Staff, and the Executive Team. The CQIC is guided by our CQI Risk Manager and this team meets bi-monthly. All CQIC members participate in reviewing submitted goals, analyzing CQI Goal data and program outcomes, and recommending changes and improvements. We believe in celebrating our successes and what we learned from our challenges.

To maintain our culture of improvement, CQI reports and discussions are standing agenda items for departmental team meetings. Departmental teams meet at least monthly, while most program teams meet weekly or bi-weekly. This allows for continual monitoring of client outcome data.

The CQIC produces an annual CQI report that is shared with the Board of Trustees in January of each year. This report includes goals achieved, lessons learned, and new goals moving forward. This report also includes a progress update on our Strategic Long Range Plan. In addition to this annual report, interim reports, results and feedback are shared during bi-monthly State of the Homes meetings and team meetings throughout the year.



Section III: The CQI Process

What?	The BGHNC CQI Plan details the supporting principles, the activities and processes used to encourage continual improvement, the roles and responsibilities of employees involved in CQI, and our annual CQI Goals developed to support our Strategic Long Range Plan.
Who?	All staff and many of our stakeholders have input in the CQI Process. All departments participate in the creation of SMART goals for our annual CQI Goals. Key department representatives are responsible for gathering and reporting data to the CQI Risk Manager to be shared with the CQIC.
How?	CQIC updates the CQI Goals as need throughout the year as data is submitted.
How often?	An annual report is presented to the Board of Trustees in January along with the new goals developed during the last quarter of the previous calendar year. CQIC meets bi-monthly to review and modify CQIC goals and make recommendations for improvement.

Methods for monitoring and reporting results	Key department representatives provide feedback and data concerning goals and outcomes to the CQI Risk Manager and the CQIC. All staff are provided feedback concerning our CQI goals and results during State of the Homes meetings. Recommendations for improvements and changes are shared at the team level as appropriate
Feedback and Improvement	Opportunities for sharing feedback and recommendations for improvement occur during all scheduled CQIC meetings and monthly Senior Staff and Executive Team meetings.

Section IV: Stakeholder Participation

Boys and Girls Homes of NC exists to meet the needs of vulnerable children. These children, those who represent them, and those who serve them are all stakeholders with valuable feedback for needed improvements.

What?	Improvement will not occur without the involvement of internal and external stakeholders. Mechanisms have been put in place to obtain feedback from all of our stakeholders.
Who?	Internal stakeholders include: clients served in our programs, staff, foster parents, and our Board of Trustees. Our external stakeholders include: Placement Agencies and external funders.
How?	All stakeholders are given opportunity to provide feedback during our annual stakeholder survey. Clients – voice their feedback through the Student Council, program surveys, and exit surveys. Staff – voice their feedback through the Employee Engagement Survey, Team Meetings, participation in the Program Advisory Council, and exit surveys. Foster Parents – voice their feedback through monthly meetings with their consultants and the annual stakeholder survey. Board of Trustees – voice their feedback during quarterly meetings and participation in Strategic Long Range Planning process. Placement Agencies – voice their feedback through the stakeholder survey and the opportunity to participate in the Program Advisory Council. Funders – voice their feedback through the stakeholder survey and various meetings held throughout the year.
How often?	Clients –ongoing Staff – ongoing Foster Parents – monthly Board of Trustees – quarterly Placement Agencies – at least annually Funders – at least annually
Methods for monitoring and reporting results	All team and department activities concerning CQI will be documented in meeting minutes. The summarized results of all surveys will be shared with the Executive Team and CQIC. Summaries of those surveys will be

	included in the annual CQI Report to the Board of Trustees.
Feedback and Improvement	Information learned from surveys and stakeholder input will be shared through team meetings, State of the Homes, email, and directed trainings.

Section V: Strategic Long Range Planning (SLRP)

BGHNC is committed to continuing to serve the needs of vulnerable children for many years to come. Strategic Long Range Planning is crucial to continuing to meet those needs. The Strategic Long Range Plan becomes the cornerstone upon which the remainder of the CQI Plan is developed. This process involves our executive team, Board of Trustees, and members from various levels within the organization.

What?	Our Strategic Long Range Plan is developed in partnership with our Board of Trustees to set our direction and focused goals for three year cycles
Who?	The SLRP Committee of the Board of Trustees and our Executive Team co-lead a retreat every three years to review, update and create our Strategic Long Range Plan. This retreat also involves staff from various levels within the organization.
How?	Strategic Long Range Planning begins with the Executive Team reviewing the status of current SLRP goals in their monthly team meetings. As the SLRP retreat approaches, each executive works with their department/programs to develop focused goals prior to the SLRP Retreat. A SWOT analysis may be conducted at the direction of the executive team. During the retreat focused goals are shared with the Board of Trustees for review, analysis, suggestions and changes. The completed Strategic Long Range Plan becomes the cornerstone of the BGHNC CQI Plan.
How often?	The Strategic Long Range Planning process occurs on a three year cycle. Our current SLRP was developed in November 2016, with our next retreat scheduled for 2019.
Methods for monitoring and reporting results	The executive team reviews SLRP progress during their monthly team meetings. The progress and results are reported bi-monthly at our State of the Homes meetings and quarterly during Board of Trustees meetings.
Feedback and Improvement	The SLRP is reviewed and modified as needed with the support of the Board of Trustees Strategic Long Range Planning Committee.

Section VI: Short Term Planning

In an effort to help us achieve the Focused Goals of the SLRP, all departments participate in the creation of yearly CQI Plan Goals. While this process occurs yearly, CQI Plan goals are updated continually as feedback and outcomes indicate needs. Both the SLRP and the CQI Plan are used for organization capacity building.

What?	All departments and programs develop, review and update CQI goals on a continual basis during team meetings. These goals are developed to support the focused goals of the SLRP and to improve the current services
--------------	---

	available.
Who?	Employees from all levels (team members, managers, directors, and executives) participate in developing and reviewing CQI goals.
How?	Departments and programs are continually developing and reviewing SMART CQI goals to help improve the services currently available and achieve the SLRP.
How often?	Monitoring of CQI goals occurs at least monthly during various team meetings. All CQI goals are reviewed and updated during CQIC meetings that occur bi-monthly. New goals are developed at least annually.
Methods for monitoring and reporting results	Department teams and programs continually monitor progress and submit data as directed by the CQI Goal Plan to the CQI Risk Manager. The data and results are reviewed by the CQIC bi-monthly. An annual report is developed to be shared with the Board of Trustees in January of each year. This report includes current progress and new goals for the upcoming year.
Feedback and Improvement	CQI goals are updated and modified as needed based on the results of monitoring by department teams and recommendations from the CQIC.

Section VII: Case Record Review

To ensure and monitor client success and case record compliance, all client driven services engage in regular, systematic case record reviews. BGHNC is committed to top quality care and case record reviews are crucial to that process.

What?	To ensure compliance and quality, all client driven services engage in a regular systematic review of case records.
Who?	Residential case record reviews are conducted by the Admission Manager, Clinical Social Worker, Senior Residential Director, and the CQI Risk Manager. Community Based Services case records are reviewed by peers and directors within each program.
How?	Case record reviews are conducted by identified reviewers using tools tailored to meet the needs of each unique program with the all current files being reviewed at least annually.
How often?	Residential case record reviews occur quarterly; Community Based Services case record reviews occur monthly. Both programs will review all case records at least annually.
Methods for monitoring and reporting results	Aggregate data from case record reviews and summaries of results/compliance is submitted to the CQI Risk Manager and is reviewed by the CQIC quarterly.
Feedback and Improvement	Recommendations for case record compliance improvement become part of the CQI Plan as a new goal engaging all staff members who have a responsibility for the client case record.

Section VIII: Internal Quality Monitoring

To ensure top quality services are delivered to our clients, BGHNC engages in thorough internal quality monitoring. These reviews are never the sole responsibility of one individual but are team driven and led. These reviews ensure that safe and effective care takes place.

<p>What?</p>	<p>CQI also includes mechanisms for continual monitoring of internal processes and risk management. Several teams have the responsibility to monitor the following processes and systems campus-wide:</p> <ul style="list-style-type: none"> • Critical Incidents (State Reports) – elopements, runaways, aggression, restraints, self harm • Medication Administration – MAR reviews, medication incident reporting • Safety – accidents, environmental risk assessments, workplace injuries • Client outcomes • Program outcomes • Red Flags – critical incidents, client/family concerns, staff concerns • Compliance (Finance) – funding regulations, annual audits, contract review • Work Force Improvement Committee – assesses staff morale with the goal of making B&GH a preferred workplace
<p>Who?</p>	<p>While quality monitoring is the responsibility of all employees within the organization, the following team members and teams carry specific responsibilities:</p> <ul style="list-style-type: none"> • Critical Incidents (State Reports) – Residential: Solomon Assessment Center Coordinator (Sheryl Metzger), Community Based Services: VP of CBS and staff with compliance responsibilities • Medication Administration – Health Care Specialist and Program Staff • Safety – Safety Committee: committee includes employees from various departments throughout the organization • Client Outcomes – CQI Risk Manager and Program Directors • Program Outcomes – CQI Risk Manager and Program Directors • Red Flags – Sanctuary Core Team • Compliance (Finance) – Executive Team, Finance and Resource Development departments, Board of Trustees • Work Force Improvement Committee – Director of Pastoral Care and staff from various levels campus-wide <p>The Program Advisory Council consisting of both internal and external stakeholders will review issues concerning both clients and programs quarterly.</p>

How?	<ul style="list-style-type: none"> • Critical Incidents (State Reports) are submitted by incident to CQI Risk Manager for review by CQIC and the Program Advisory Council. • Medication Administration incidents are reviewed as they occur by the Health Care Specialist, Program Directors, and Program Staff. • Safety concerns and reports are reviewed by the Safety Committee for analysis and recommendations. • Client Outcomes are reviewed and analyzed by the CQI Risk Manager and Program Directors during team meetings. • Program Outcomes are reviewed and analyzed by the CQI Risk Manager and Program Directors during team meetings. • Red Flags are reviewed by the Sanctuary Core Team. • Compliance (Finance) concerns are reviewed by the executive team and the Board of Trustees. • Work Force Improvement Committee meets in sessions to address particular employee concerns (i.e. staff retention, benefits, etc). A session is not completed until solutions have been researched and an action plan is presented to the executive team.
How often?	<ul style="list-style-type: none"> • Critical Incidents (State Reports) – reviewed at least quarterly • Medication Administration – reviewed by incident and at least monthly • Safety – reviewed at least bi-monthly • Client Outcomes – reviewed at least quarterly • Program Outcomes – reviewed at least quarterly • Red Flags – reviewed at least quarterly • Compliance (Finance) – reviewed monthly by the executive team and quarterly by the Board of Trustees • Work Force Improvement Committee – meets monthly until the session is complete (approximately 8-9 months)
Methods for monitoring and reporting results	<p>The results of monitoring are documented in meeting minutes and summaries are submitted to the CQI Risk Manager for inclusion in reports to the CQIC. Results that impact the services of clients are reviewed quarterly by the Program Advisory Council.</p>
Feedback and Improvement	<p>Improvement plans are developed as needed and those goals become part of the CQI Plan Goals document.</p>

Section IX: Outcomes Measurement

BGHNC has a long history of effecting life change in those served by their programs as evidenced by active alumni involvement and anecdotal reports. We are committed to continuing that long history with services that have outcome evidences to support the life changes that take place. This data is used to shape and innovate the programs offered those whom we serve.

What?	All programs set goals and outcome expectations measuring the
--------------	---

	effectiveness and impacts of services rendered. These goals become part of CQI Plan Goals Document.
Who?	Outcome data is collected by program directors and managers. The CQI Risk Manager assists analyzing and interpreting the data.
How?	Staff members from all levels and stakeholders (clients, placement agencies, etc) provide input that is used to help shape program goals and outcome expectations.
How often?	Outcome data is gathered continually and reviewed at least quarterly by program teams during team meetings. These results and summaries are shared with the CQI Risk Manager for inclusion in reports to the CQIC and PAC.
Methods for monitoring and reporting results	Programs are individually responsible for tracking program data and outcomes. All programs share summaries for inclusion in reports to the CQIC and PAC.
Feedback and Improvement	Measurements are made and shared at the program level for feedback. Senior Staff, the CQIC and PAC review results to recommend changes and improvements as needed.

Section X: Measurement of Consumer Satisfaction

We value the feedback provided by all of those touched by our organization. We have developed a comprehensive survey program to continually measure the satisfaction of all of our internal and external stakeholders.

What?	BGHNC is concerned about the experiences of everyone involved with our organization and has put in place mechanisms to obtain feedback from stakeholders.
Who?	Everyone is encouraged to offer feedback that will be used to shape the organization and the services we provide.
How?	Feedback concerning satisfaction is obtained through a system of electronic surveys (with paper surveys available) depending on targeted focus groups: <ul style="list-style-type: none"> • Employee Engagement Survey – employees, annually • Residential Client Survey – residential clients, annually • Foster Parent/Client Survey – those served by Community Based Services, semi-annually • Stakeholder Survey – all stakeholders – clients, employees, placement agencies, Board of Trustees, annually • Staff Exit Surveys – staff upon resignation • Client Exit Surveys – clients upon discharge • BGHNC Satisfaction Survey – placement agencies upon contact
How often?	Feedback through surveys is an ongoing process for many of these surveys with formal surveys occurring annually as scheduled.
Methods for monitoring and reporting results	Almost all surveys are administered electronically with paper copies available for those with limited computer access. All data is submitted to the CQI Risk Manger to aggregate, analyze, and report to program

	directors, senior staff, the CQIC, and to employees-at-large through the State of the Homes meetings.
Feedback and Improvement	Based on the results of feedback received through surveys, CQI Plan Goals are developed by program or area to address identified needs.

Section XI: Feedback Mechanisms

We need and desire the active feedback and input that is provided by all of our stakeholders. We also recognize our responsibility in sharing the results of that feedback with those who help shape our programs. While we may brag about and advertize our successes, we also consider learning from shortfalls and on-going challenges as successes as well.

What?	Mechanisms for sharing the results of surveys and feedback received exist to help us address agency challenges and celebrate successes.
Who?	The executive team, CQI Risk Manager, and the CQIC all carry responsibilities concerning the sharing of feedback with the organization-at-large.
How?	Survey results, feedback, and reports are shared with the organization-at-large through team meetings, State of the Homes presentations, newsletters, and a letter to stakeholders on our organizational website.
How often?	Feedback is shared through team meetings as needed and annually through the State of the Homes and the letter to stakeholders.
Methods for monitoring and reporting results	An organization-wide CQI report is created annually to be shared with the Board of Trustees and other stakeholders in January of each year.
Feedback and Improvement	Feedback received from internal and external stakeholders is considered and used to shape and create CQI Plan goals on a continual basis.

Section XII: Improvement Plans

Ultimately the BGHNC CQI Process is meant to help us become a better and stronger organization. Our commitment to Growth and Change is dependent on everyone practicing Social Learning and Social Responsibility as we examine, analyze, and make changes based on the data and feedback that is continually being provided to our organization.

What?	The ongoing review of CQI goals, progress towards those goals, and feedback through surveys are all used to shape the organization through improved trainings, updated and modified policies, and program changes.
Who?	Growth and Change is the commitment of every employee, client, and stakeholder.
How?	Our Continuous Quality Improvement process provides ongoing feedback and recommendations for what improvements are needed on all levels. This feedback and recommendations are used to develop new CQI Plan Goals to continue improvement cycles.

How often?	The CQI process is ongoing.
Methods for monitoring and reporting results	All organizational leaders and directors are responsible for the ongoing implementation and monitoring of CQI Plan Goals.
Feedback and Improvement	The impact of the BGHNC CQI plan is measured by both achieving/celebrating goals and examining goal shortfalls, both of which trigger the programs involved to create new CQI goals.