Lawrence Hall

Performance and Quality Improvement Plan

INTRODUCTION

The agency's Performance and Quality Improvement (PQI) Program collects, analyzes, and utilizes data for the ongoing evaluation and monitoring of programs and departments, ensuring LH maintains the highest level of integrity and effectiveness in the way it serves the children, youth, and families in our care.

PHILOSOPHY

The agency's Performance and Quality Improvement (PQI) Program uses an agency-wide, team-based approach that measures, evaluates and analyzes data on program operations and outcomes to ensure that we are providing high quality and appropriate services to the children, youth, and families in our care. Key findings and reports are reviewed by the Manager of Performance and Quality Improvement, Departmental PQI Teams, PQI Executive Committee, Risk Management Committee, Executive Management Team, and Board of Trustees to identify organization-wide issues and implement solutions as needed.

The Performance and Quality Improvement program at Lawrence Hall provides the framework for all levels of staff to work together to pursue excellence and meet challenges within the agency and in child welfare. A Continuous Quality Improvement (CQI) model is used to evaluate and analyze data on processes, outputs and outcomes to advance effective service delivery and the achievement of strategic and program goals. The PQI program provides on-going learning and capacity development based on quality improvement philosophy and principles (see Appendix A: PQI General Terminology for definitions of frequently used PQI terms).

STRUCTURE
(See Appendix B: PQI Organizational Structure)

I. The Manager of Performance and Quality Improvement has the responsibility to work closely with all quality improvement committees to provide leadership, technical assistance, facilitation, highly responsible support for quality improvement activities, and to plan for further PQI activities. To achieve this objective, the Manager of Performance and Quality Improvement has the responsibility to:

- Ensure that all performance and quality improvement teams and committees meet regularly.
- Provide comprehensive orientation and ongoing professional development to staff within the quality improvement program and across the agency.
- Facilitate the development and implementation of pertinent performance measures including those that monitor operational performance, service delivery quality, program results and client and program outcomes.
- Systematically collect, review, analyze, aggregate and maintain data. Manager of PQI will be responsible for checking for errors and inconsistencies to improve the quality of data.

- Evaluate the overall effectiveness of the quality improvement program, including weaknesses of quality committees, PQI procedures, and reporting tools, and recommends solutions.
- Implement sound, creative new quality improvement programming.
- Generate status reports and progress reports indicating progress and activities of all performance and quality improvement activities.
- Generate an annual report summarizing all aspects of the quality improvement program.
- Ensure that quality improvement activities conform to standards and regulations set by licensing and accrediting bodies, funders and other key stakeholders.

II. The PQI Associate has the responsibility to work closely with the Manager of PQI and quality improvement committees to provide leadership, technical assistance, facilitation, highly responsible support for quality improvement activities, and to plan for further PQI activities. To achieve this objective, the PQI Associate has the responsibility to:

- Ensure that assigned performance and quality improvement teams and committees meet regularly.
- Facilitate the development and implementation of pertinent performance measures including those that monitor operational performance, service delivery quality, program results and client and program outcomes.
- Systematically collect, review, analyze, aggregate and maintain data. PQI Associate be responsible for checking for errors and inconsistencies to improve the quality of data.
- Evaluates the effectiveness of the quality improvement program, including weaknesses of quality committees, PQI procedures, and reporting tools, and recommends solutions.
- Implement sound, creative new quality improvement programming.
- Generate status reports and progress reports indicating progress and activities of all performance and quality improvement activities.

III. The Departmental PQI Teams shall meet no less than 8 times per year to develop, measure, analyze and review the results of PQI indicators, to plan for additional PQI activities, to discuss feedback from the PQI Executive Committee, and to discuss other issues that impact program performance and quality. Departmental PQI Teams include staff representatives from all levels and disciplines, accurately reflecting staff composition of the department. To achieve the objective, the Departmental PQI Teams have the responsibility to:

- Provide feedback on the PQI process and the results of indicators.
- Develop and assist in developing specific PQI indicators as assigned.
- Identify performance measures that are objective, measurable, and based on current knowledge and clinical experience to monitor the quality and appropriateness of key performance areas of the organization.

- Engage in all PQI activities, including, but not limited to: process, output and outcomes measurement; case record review; risk management review; measurement of stakeholder satisfaction; and using data to implement action plans.
- Systematically collect, review, analyze, aggregate and maintain data. Teams will be responsible for checking for errors and inconsistencies to improve the quality of data.
- Identify aspects of care not previously recognized as in need of monitoring.
- Integrate the findings of external review processes, including performance-based contracting, audits, accreditation activities, licensing, benchmarking, and other reviews into the PQI process.
- Solicit feedback from other departments, staff, stakeholders, volunteers, and others as needed through surveys, departmental meetings, response from data dissemination, asking questions and documenting responses, documenting most frequent concerns of stakeholders from phone calls and/or visits, and inviting other departmental staff or stakeholders to their monthly PQI team meetings.
- Provide clear, accurate, and timely information regarding all aspects of the quality improvement process to staff, clients, the governing body, and other stakeholders in a timeframe and form that is useful.

IV. The PQI Executive Committee shall meet no less than quarterly to review the results of various PQI performance measures, to plan for further PQI activities, to discuss feedback from the Departmental PQI Teams on various PQI activities, and to discuss other issues bearing on current and future PQI activities. To achieve the objective, the PQI Executive Committee has the responsibility to:

- Develop a culture that promotes excellence and continual improvement.
- Establish, maintain, support, and document evidence of an integrated, planned, systematic, organization-wide approach to designing, measuring, assessing, and improving services.
- Establish priorities for performance improvement by focusing on the resolution of known or suspected problems that impact directly on clients and/or focusing on key aspects, processes and outcomes of services.
- Facilitate the development and implementation of pertinent performance measures including those that monitor operational performance, service delivery quality, program results and client and program outcomes.
- Systematically collect, review, analyze, aggregate and maintain data. Members will be responsible for checking for errors and inconsistencies to improve the quality of data.
- Supervise the management and coordination of the improvement activities, aggregate the information provided and assess the outcome of performance improvement and risk management activities performed to evaluate the quality of services provided throughout the organization.
- Integrate the findings of external review processes, including performance-based contracting, audits, accreditation activities, licensing, benchmarking, and other reviews into the PQI process.

The basic composition of the PQI Executive Committee shall include the senior level managers from core programs determined to be vital to the agency's assessment of its quality of services.

V. The Risk Management Committee shall meet no less than quarterly to review the results of PQI risk indicators, to plan for further risk management activities, to discuss feedback from the Departmental PQI Teams on areas of risk, and to discuss other issues bearing on current and future risk factors. To achieve the objective, the Risk Management Committee has the responsibility to:

- Establish, maintain, support, and document evidence of an integrated, planned, systematic, organization-wide approach to designing, measuring, assessing, and improving services in relation to managing risk.
- Establish priorities for performance improvement by focusing on the resolution of known or suspected problems that impact directly on clients and/or focusing on key aspects, processes and outcomes of services.
- Facilitate the development and implementation of pertinent performance measures.
- Systematically collect, review analyze, aggregate and maintain data. Teams will be responsible for checking for errors and inconsistencies to improve the quality of data.
- Facilitate the development of risk management guidelines.
- Supervise the management and coordination of risk management activities, aggregate the information provided and assess the outcome of performance improvement and risk management activities performed to evaluate the quality of services provided throughout the organization.
- Integrate the findings of external review processes, including audits, accreditation activities, licensing, and other reviews into the PQI process.

The basic composition of the Risk Management Committee shall include the senior level managers from core departments determined to be vital to the agency's assessment of its risk factors.

VI. The Behavior Treatment Committee will meet quarterly and has the responsibility to review behavior interventions and determine whether there is a clinical basis for the behavior treatment procedures, whether procedures of these levels are warranted, and what the standard is for best clinical practice. The number of reviews conducted during the year will reflect 13% of all interventions.

VII. A Human Rights Committee will meet annually and has the responsibility to review the procedures and practices for intrusive or restrictive behavior interventions as described in the agency's Behavior Treatment Plan and to ensure that clients' rights are protected.

VIII. The Senior Leadership Team has the responsibility to oversee agency performance improvement activities in an effort to deliver services that are optimal, within available

resources and consistent with achievable goals for the organization. The Executive Leadership Team has the responsibility to:

- Promote a culture of quality.
- Assure that all client service staff, management, and administrative and ancillary services conduct performance improvement activities in a planned, systematic, cross-departmental, integrated manner on an ongoing basis.
- Regularly review and discuss PQI reports to identify areas of needed improvement, set improvement activity priorities, and manage operations and programs.
- Evaluate the overall effectiveness of the performance and quality improvement program, including an assessment and analysis of department-specific programs.
- Regularly communicate with staff and stakeholders about achievements related to desired outcomes, indicators, and targets.

IX. The Chief Executive Officer, assisted by the Manager of Performance and Quality Improvement and the Director of Strategic Initiatives where needed, shall be responsible for:

- Implementation of this plan.
- Implementation of an organization wide PQI framework.
- Submitting summaries of PQI activities and the annual report to the Board of Trustees and other appropriate Board Committees.
- Where appropriate, providing informal summaries on the progress of certain QI indicators to the Board of Trustees.

X. The Board of Trustees, assisted by the CEO, the Director of Strategic Initiatives, and the Manager of Performance and Quality Improvement where needed shall be responsible for:

- Receiving PQI Plan when significant revisions to the plan are made.
- Receiving, providing feedback, and accepting the PQI Annual Report each year.

STAKEHOLDERS

The agency involves representatives from all stakeholder groups, including persons and families served; employees, volunteers, and consultants; members of the governing body and advisory boards; stakeholder advocates; contractors and partners; and funders in the PQI process by:

- Using task-oriented teams made up of staff from all departments representing all levels and disciplines to identify, analyze, and address problems, issues, and opportunities.
- Engaging clients, families, and external sources by soliciting feedback through annual satisfaction survey distribution.

- Utilizing client representative bodies such as the Residential and Older Adolescent Program's Youth Advisory Committees (YAC) to identify issues, address problems, and make program improvements.
- Providing quarterly management reports to the Board of Trustees and presenting the PQI Annual Report to the Board of Trustees on an annual basis.
- Using stakeholder feedback to define the organization's mission and goals; identify quality improvement goals; choose service outcomes; and to help set the organization's long-term direction.
- Sharing results with funders to show that we are result-oriented, high-performing, and viable organization.

MEASURES AND OUTCOMES

LONG-TERM STRATEGIC GOALS AND OBJECTIVES (See Appendix C: LH Strategic Plan)

Every four years the organization will conduct an organization-wide, long-term strategic planning review. The plan will clarify the organization's mission, values, and mandates; establish goals and objectives; assess strengths and weaknesses; assess human resource needs; and identify and formulate strategies for meeting identified goals.

The Board Strategic Planning Committee has the responsibility for creating the organization's long-term strategic plan. This committee is made up of board members, the Chief Executive Officer and agency Vice-Presidents.

The long-term plan will include an assessment of community needs that examines services offered by other providers in the community; gaps in the array of services needed by the organization's defined service population; accessibility issues; and the need to redirect, eliminate, and/or expand service in response to changing demographics and the needs and wishes of the community.

As a part of the long-term strategic planning process, the organization will create a demographic profile of the organization's defined community and actual stakeholders that will include the following information: annual household income; gender; age; racial/ethnic composition; religious affiliation; and language of choice.

INTERNAL QUALITY MONITORING (See Appendix D: PQI Tracking Tool)

Operational Performance and Service Delivery Quality
PQI Teams will conduct internal quality monitoring in accordance with agency policy, specifically: examine internal processes and procedures, including but not limited to: outreach, intake, assessment, accessibility, efficiency, continuity, timeliness, respectfulness and service delivery processes to identify barriers and opportunities to serving any group within its defined service population; human resources deployment, training, and supervision; stakeholder satisfaction; and risk management factors including safety and security, financial viability, and workforce stability. In order to accomplish this, the process involves:

- Identifying best practice and compliance indicators that monitor the quality and appropriateness of key performance areas of the organization. The indicators are objective, measurable, and based on current knowledge and experience. They reflect structures of services, processes of services, and include high volume, problem prone and high-risk services and processes.
- Best practice and compliance indicators are tracked, reviewed and analyzed by the Department PQI Teams for feedback and discussion and results are reported on the practice and compliance tabs on the PQI Tracking Form.
- At least quarterly, the Departmental PQI Teams and the Risk Management Committee will review best practice and compliance indicators to determine if any improvement is needed.
- If changes are needed in response to an internal monitoring review, the Departmental PQI Teams will establish specific goals and objectives for implementation by various personnel to take action in improving internal processes or to correct identified policies/procedures.
- Results of the Departmental PQI Teams reviews will be presented at the PQI Executive Committee Meeting or the Risk Management Meeting quarterly for feedback and discussion.
- Best practice and compliance indicator results are shared with the agency staff on a quarterly basis through the PQI intranet site on program PQI Tracking Forms and the Risk Management Dashboard.

Program Results

Programs and support departments track outputs which measure the volume of work accomplished by the program, usually without regard to an internal or external benchmark (although one can be set). Outputs are intended to lead to a desired benefit for participants involved in our programs. Outputs can include:
- Number of participants served
- Number of hours of service delivered
- Number of educational materials distributed
- Number of classes taught
- Number of hours of counseling sessions conducted

Outputs are tracked and reviewed by the Department PQI Teams for feedback and discussion and are reported on the practice, demographics and discharge tabs on the PQI Tracking Form. Outputs are shared with the agency staff on a quarterly basis through the PQI intranet site; and annually, in the PQI Annual Report.

Client and Program Outcomes

Staff throughout the agency work together to develop key outcome measures using the following areas as a guide to track impact in their programs:
- Safety: free from abuse and neglect, exhibiting safe behaviors, restraints
- Stability: permanency, transition planning, significant events
- Well-Being-Physical Health: improving physical health, wellness, access and utilization
- Well-Being-Social, Emotional, and Behavioral: decrease physical aggression, pro-social engagement, self-management
- Education: progress, engagement, success

- Workforce Development: job skills preparation/training, obtaining and maintaining employment
- Family Engagement: connections to caring adults

Outcomes are designed to evaluate individual progress and program effectiveness, to strengthen existing services, to target effective services for expansion, and to prepare long-term strategic goals and objectives.

Data Integrity

PQI Teams along with the assistance of the department Vice President and the Manager of PQI will check for errors and inconsistencies in order to improve the quality of data. As a part of this process, the following things will be checked and considered:

- Timeliness: ensuring that the data is current and/or relevant to the current time frame
- Accuracy: ensuring the data was recorded correctly
- Completeness: making sure all the data was recorded and no data is missing depending on the frequency of when performance measures are collected.
- Outliers: looking for data that is unexpected to determine whether this might be inaccurate data or something needing direct attention.
- Diversity, Equity and Inclusion:

PQI OPERATIONAL PROCEDURES

OUTCOMES MEASUREMENT

The organization, in each of its programs and on an annual basis, shall measure service outcomes and the achievement of service goals. The service outcomes will evaluate individual progress and program effectiveness.

The Departmental PQI Teams for ALL CLIENT SERVICE PROGRAMS shall have an outcomes measurement system in place, specifically;

- Outcome Logic Models will be developed and implemented by Program PQI Teams, designed to evaluate individual progress and program effectiveness. Each program will document their outcome measurement activities on the LH Outcome Logic Model Form.
- Outcome Logic Models will specify resources, activities, outputs, and outcomes, include quality of life indicators and a description of methods used to aggregate and analyze data.
- Instruments will be reviewed and approved by the Manager of Performance and Quality Improvement to ensure that high quality and useful data will be generated.
- Outcome Indicators will be monitored and measured on an ongoing basis by Departmental PQI Teams and performance results will be reported quarterly on the outcome tab of the PQI Tracking Form.
- The Departmental PQI Teams will review the outcomes data, analyze and interpret the results, and determine whether there is a need for change. Results will be utilized to evaluate overall program effectiveness and identify areas for service improvement.
- Annually, outcome results will be documented on the PQI Tracking Form.

- The Departmental PQI Teams are responsible for developing action plans based on the findings of outcome results when indicated. Action plans will be implemented and monitored for effectiveness by the Departmental PQI Teams and progress reported on an ongoing basis. They will be recorded on the LH PQI Action Planning form or the improvement plan tab of the PQI Tracking Form.
- Departmental PQI Teams are responsible for disseminating outcome results to stakeholders including persons and families served; employees, volunteers; members of the governing body and advisory boards; stakeholder advocates; and funders.
- Manager of Performance and Quality Improvement shares departmental outcome results with the Executive Leadership Team and the Board of Trustees annually through the PQI Annual Outcomes Report. Ongoing outcome updates and progress will be shared with agency staff through the PQI intranet site and other methods.
- Departmental PQI Teams are responsible for evaluating the effectiveness of the Outcome Logic Model annually and revising as necessary.

CASE RECORD REVIEW

Each quarter, each of the organization's placement services shall review a sample of open and closed cases, including a representative sample of high-risk cases. As part of the case record review, the presence or absence of required documents, and the clarity and continuity of such documents will be evaluated. The quality and appropriateness of client services will be monitored and evaluated with special emphasis on preventative care, continuity/coordination of care and over and under utilization of services.

The Departmental PQI Teams for ALL CLIENT SERVICE PROGRAMS shall conduct Quality of Services Reviews in accordance with agency policy, specifically;

- The Manager of Performance and Quality Improvement coordinates the Case Record Review process.
- Reviews will be conducted no less than quarterly. All case record reviews shall be completed on the agency case record review forms.
- Case Record Reviews will be conducted by a QMHP (Qualified Mental Health Professional). The peer reviews will be documented on the specific case record review forms.
- The number of reviews conducted during the year will reflect at least 25% of a particular programs' service population per year. The organization will review a representative sample of the anticipated number of clients that will be served during the year, based on year to date data reports on the number of clients served.
- Records will be selected at random by the Manager of Performance and Quality Improvement of year to date clients served by the agency.
- Records reviewed within the previous 12 months will be ineligible for review, and reselection must be made.
- No person in the review process will review cases in which they were actively or personally involved.
- In instances where a conflict of interest exists with the selected client and the QMHP reviewer, the Manager of Performance and Quality Improvement has the option of reselection, or assigning the review to another QMHP.

- The Case Record Review must include an assessment of the appropriateness of admission to services, a review and summary of client progress over the previous 90 days, an assessment of the appropriateness of the intensity and level of services, a quality of service review and an assessment of the client's need for continued services and include a paperwork audit.
- The reviewing QMHP has final approval for continuing services beyond established service utilization parameters.
- Staff or clients disagreeing with the Case Record Review findings may appeal directly to the reviewing QMHP, and if not satisfied, may appeal to the Program Vice President for final resolution.
- The reviewing QMHP will submit the completed Case Record Review to the designated person for corrective action and authorized signatures, and, if applicable, to the billing department.
- The completed case record review will then be sent to the designated person in the department to undergo review for corrective action and authorized signatures, and, if applicable, to the billing department.
- The Manager of Performance and Quality Improvement or designee will summarize the review findings and response/corrective action plan(s), evaluate the results, and complete a summary report.
- The Manager of Performance and Quality Improvement or designee will present findings to members of the department under review, Departmental PQI Teams, the PQI Executive Committee, and Risk Management Committee quarterly.
- Departmental PQI Team members will use monthly meetings to review and analyze the peer review summary reports and determine whether there is a need for change. Results will be utilized to evaluate program effectiveness and identify areas for service improvement.

RISK MANAGEMENT REVIEW

The organization will identify, assess, and minimize the probability of accidental loss, and maximize the safety and security of the work and living environments. It identifies appropriate quality improvement indicators for potential inclusion in departmental PQI activities and explores additional areas of risk assessment. The identified risks are reviewed no less than annually by the Risk Management Committee:

Financial Risk: Census, Medicaid, Fundraising, Labor Management (budget and overtime), Contract Monitoring
Safety: Facilities, Vehicles, Employee (injuries and exposure control), Clients, Community, Medication Management, Exposure Control
Employee Relations: Hiring/Onboarding, Retention/Turnover; Training in Areas of Risk
Information Management: Security of Information, HIPAA, Case Record Review
Public Relations: Community, Media, Government, Volunteer
Emergency Preparedness: Evacuation Plans, Disaster Preparedness, Crisis Communications

The Risk Management Committee will review reports and data pertaining to risk, analyze and interpret the results, and determine whether there is a need for change. Results will be utilized

to evaluate overall agency effectiveness in managing risk and identify areas for service improvement.

MEASUREMENT OF STAKEHOLDER SATISFACTION

The organization shall administer stakeholder satisfaction surveys to all persons served no less than annually. The organization will make every attempt to address client needs in an effort to improve client and family satisfaction and impression of services. This includes the monitoring and trending of grievances.

The Departmental PQI Teams for ALL CLIENT SERVICE PROGRAMS shall conduct Stakeholder Satisfaction Surveys, specifically;

- Surveys will be conducted no less than annually by each program.
- Survey instruments will be developed by Departmental PQI Teams with the assistance of the Manager of Performance and Quality Improvement, designed to assess levels of satisfaction or dissatisfaction with services, service expectations, and service needs, as appropriate. Survey instruments used will ensure anonymity.
- Survey instruments will be reviewed annually by the Departmental PQI Teams ensure that they are still of high quality and useful to the program.
- Instruments will be reviewed and approved by the Manager of Performance and Quality Improvement to ensure that high quality and useful data will be generated.
- Surveys will be distributed to all clients over 12 years old, families, and external sources including, but not limited to, referral sources, community resources or programs, courts, public guardians, and educational institutions.
- Surveys will be returned to and aggregate results will be generated by the Manager of Performance and Quality Improvement. The Manager of Performance and Quality Improvement will ensure that stakeholder identity and privacy is protected in the reporting of satisfaction survey results by removing identifying statements and/or names recorded that refer to persons served or agency personnel.
- Manager of Performance and Quality Improvement will disseminate satisfaction survey results to the specific Departmental PQI Teams.
- Departmental PQI Team members will use meetings to review and analyze the satisfaction survey results and determine whether there is a need for change. Results will be utilized to evaluate overall program effectiveness and identify areas for service improvement.
- Departmental PQI Teams will identify areas for service improvement, gaps in services, and service needs in response to the results as needed. Recommendations and follow up will be documented on the PQI Improvement Planning Tool or the improvement plan tab of the PQI Tracking Form.
- PQI Teams are responsible for disseminating satisfaction survey results to stakeholders including, but not limited to persons and families served, employees, volunteers; members of the governing body and advisory boards; stakeholder advocates; and funders.
- Manager of Performance and Quality Improvement will disseminate satisfaction survey results to agency staff through the PQI intranet site as they are concluded. Results are also included in the PQI Annual Outcomes Report.

- The Executive Leadership Team has the responsibility for disseminating satisfaction survey results to members of the governing body and advisory boards; stakeholder advocates; and funders as applicable.

COMMUNICATING RESULTS/FEEDBACK MECHANISMS
Annual Reporting

Annually, the Manager of Performance and Quality Improvement aggregates the agency PQI data and reports to produces a cumulative PQI report that provides clear, accurate, and timely information regarding all activities of the PQI process to staff, clients, the governing body, and other stakeholders. All PQI Committees shall contribute to the annual reporting process, specifically;

- Departmental PQI Teams submit Demographic Data, PQI Tracking Forms, External Data Tracking Forms (Community Programs), Improvement Plans, and End Year Reporting to the Manager of Performance and Quality Improvement.
- Manager of Performance and Quality Improvement will submit the PQI Annual Outcomes Report to the Board of Trustees annually for review, feedback, and acceptance.
- PQI Annual Outcomes Report will be distributed to the Executive Management Team, all quality team members, and posted to the PQI intranet site for all staff to access.
- Departmental PQI Teams will distribute the PQI Annual Outcomes Report to personnel, persons and families served, and other stakeholders when applicable.
- Executive Leadership will distribute the PQI Annual Outcomes Report to state agencies, partners, and funders when applicable.

Current Reporting

Manager of Performance and Quality Improvement utilizes the agency's PQI intranet site to communicate current PQI reporting. All organization staff have access to the site. PQI teams and agency leadership contribute data to the site quarterly. The site is managed by the Manager of PQI. Libraries included on the PQI site and what they house include:
- Reports Library- PQI tracking forms (including outcomes, best practice, compliance, demographics, and discharge indicators, improvement plans, success stories, and narrative questions)
- PQI Annual Reports- LH Annual Outcomes Reports, individual program annual reports, annual demographic reports
- Logic Models- program logic models
- PQI Forms and Policies-PQI Plan, LH Strategic Plan, blank PQI forms, blank case record review forms, current satisfaction survey tools
- Survey Results-satisfaction survey results for all programs
- Meeting Minutes- PQI Executive Committee and Risk Management Committee meeting minutes
- Reference Library-PQI resources and training materials
- Risk Management-Risk Management Dashboard
- Behavior Management Data- restraint data reports, grievance reports, hotline reports

The site contains a place for PQI announcements and a calendar that contains all PQI meetings and happenings.

USING DATA FOR IMPLEMENTING IMPROVEMENT PLANS (See Appendix E: Steps in the PQI Improvement Cycle)

The organization takes continual action based on the findings of its PQI processes and activities. The Departmental PQI Teams will use monthly meetings for developing action plans and identifying areas needing improvement. Action plans will be developed if one of the following occurs:

- a quality indicator is not consistently meeting its set goal;
- dissatisfaction is indicated on satisfaction surveys;
- outcomes measurement expectations have not been met;
- external review processes specify areas needing improvement
- results of internal processes recommend improvement.

- The action plan will specify: the lead coordinator; date initiated; the identified issue; action (goals or objectives); staff assigned; established timelines; and the outcome when goals or objectives have been fulfilled. PQI Form D: LH Action Plan form or the improvement plan tab on the PQI Tracking Form will be used to document action planning and progress.
- Action planning forms and progress made will be monitored on an ongoing basis by the Departmental PQI Teams: when they are developed, when they are updated, and when the goals or objectives have been achieved or discontinued (if goals or objectives are discontinued, quality councils will spell out why this occurred).
- The Action Plans will be posted to the PQI intranet site and be updated with progress no less than bi-annually.
- The action planning process will be monitored by the PQI Executive Committee, the Risk Management Committee and the Manager of Performance and Quality Improvement.

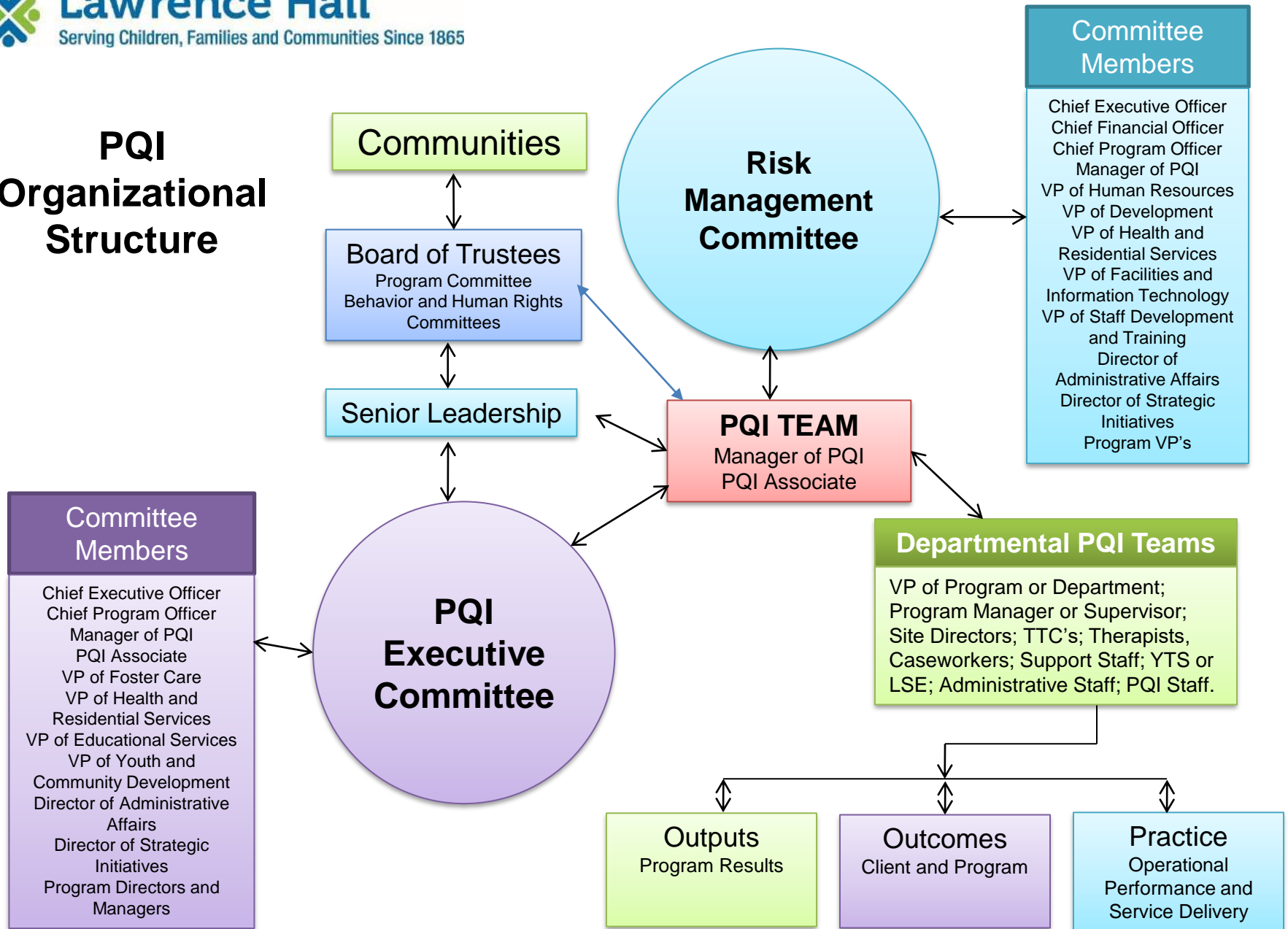**ASSESMENT OF THE PQI PROCESS**

- A PQI Survey designed to assess levels of satisfaction with the program, understanding of the process, and identify training opportunities will be distributed to all agency staff periodically. The Manager of Performance and Quality Improvement will disseminate satisfaction survey results to the PQI Committees and Teams and utilize those meetings to discuss and review feedback from the results. Areas will be identified for service improvement, gaps in knowledge, and training needs in response to the results as needed. Recommendations and follow up will be documented on an Executive Summary. The satisfaction survey results will be disseminated to agency staff through the PQI intranet site.
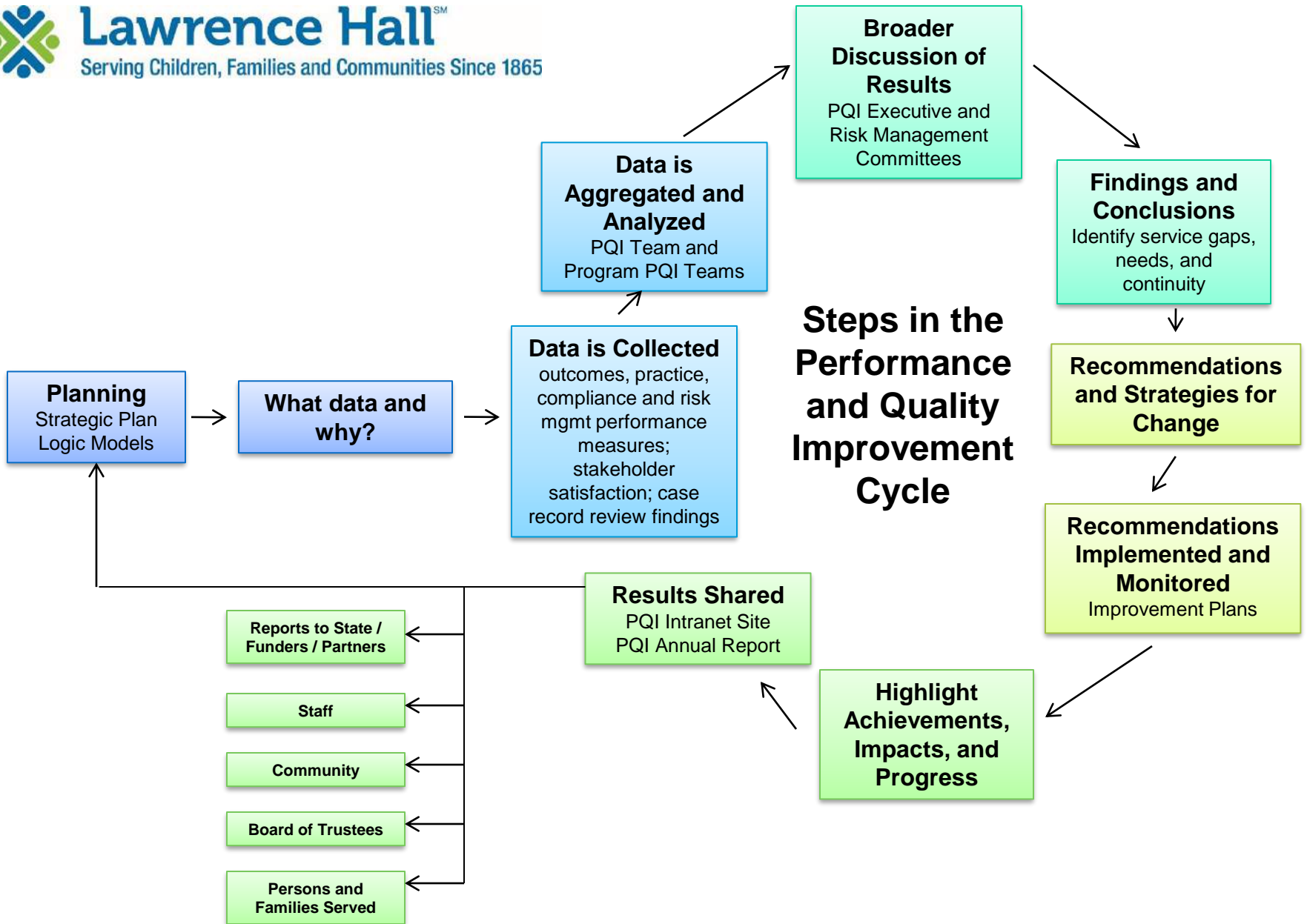
CONFIDENTIALITY

All aspects of the PQI reviews are deemed confidential, including findings and documents, and are protected from disclosure under state and federal law. All persons involved with review activities will adhere to the confidentiality guidelines defined in LH policies and procedures.
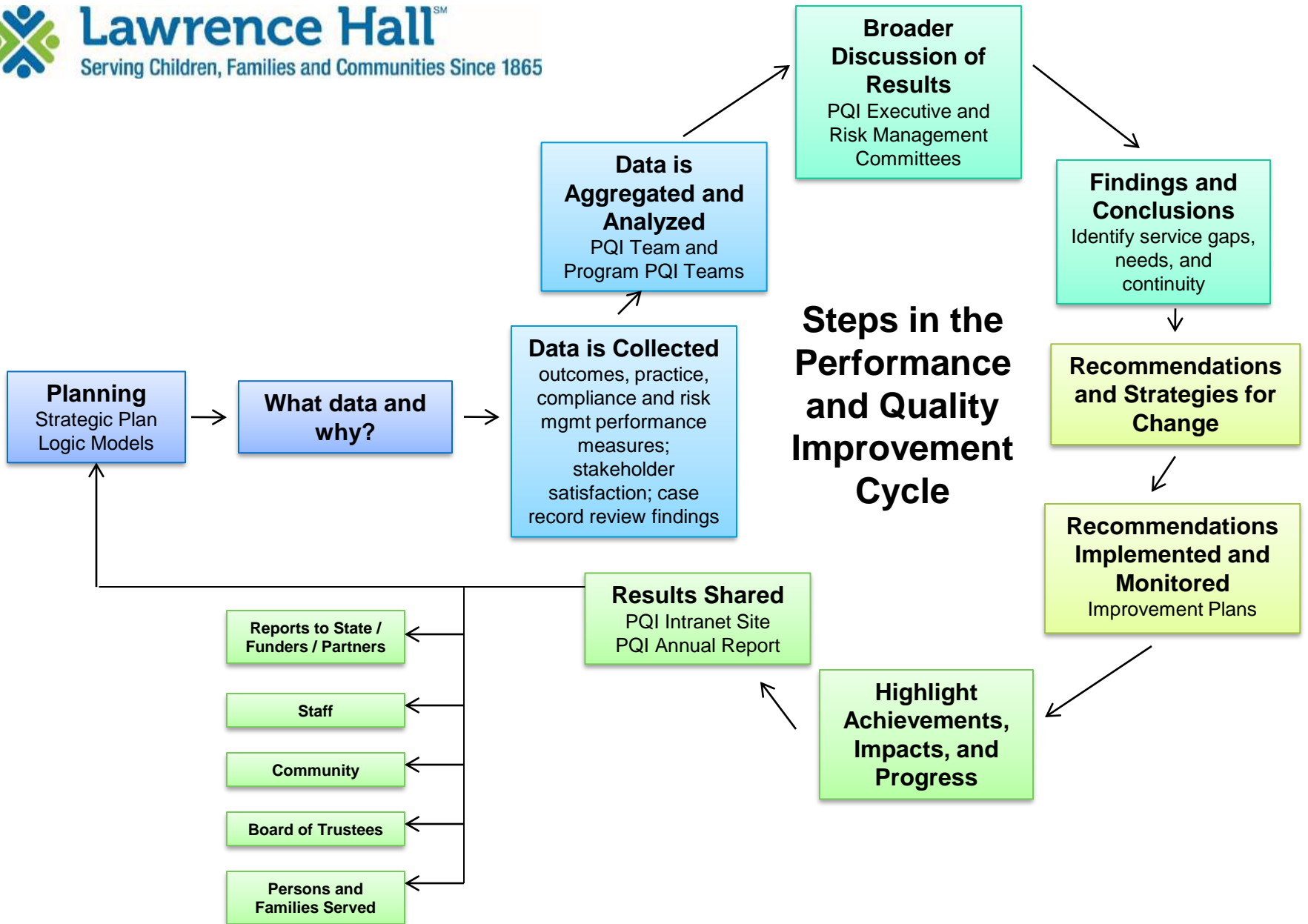
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PQI Organizational Structure

Communities

Risk Management Committee

Committee Members

Chief Executive Officer
Chief Financial Officer
Chief Program Officer
Manager of PQI
VP of Human Resources
VP of Development
VP of Health and Residential Services
VP of Facilities and Information Technology
VP of Staff Development and Training
Director of Administrative Affairs
Director of Strategic Initiatives
Program VP's

Board of Trustees
Program Committee
Behavior and Human Rights Committees

Senior Leadership

PQI TEAM
Manager of PQI
PQI Associate

Committee Members

Chief Executive Officer
Chief Program Officer
Manager of PQI
PQI Associate
VP of Foster Care
VP of Health and Residential Services
VP of Educational Services
VP of Youth and Community Development
Director of Administrative Affairs
Director of Strategic Initiatives
Program Directors and Managers

PQI Executive Committee

Departmental PQI Teams

VP of Program or Department; Program Manager or Supervisor; Site Directors; TTC's; Therapists, Caseworkers; Support Staff; YTS or LSE; Administrative Staff; PQI Staff.

Outputs
Program Results

Outcomes
Client and Program

Practice
Operational Performance and Service Delivery

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Steps in the Performance and Quality Improvement Cycle

Planning
Strategic Plan
Logic Models

→

What data and why?

→

Data is Collected
outcomes, practice, compliance and risk mgmt performance measures; stakeholder satisfaction; case record review findings

Data is Aggregated and Analyzed
PQI Team and Program PQI Teams

Broader Discussion of Results
PQI Executive and Risk Management Committees

Findings and Conclusions
Identify service gaps, needs, and continuity

Recommendations and Strategies for Change

Recommendations Implemented and Monitored
Improvement Plans

Highlight Achievements, Impacts, and Progress

Results Shared
PQI Intranet Site
PQI Annual Report

Reports to State / Funders / Partners

Staff

Community

Board of Trustees

Persons and Families Served

Performance and Quality Improvement (PQI) Program

Performance and Quality Improvement

- The agency's **Performance and Quality Improvement (PQI) Program** uses an agency-wide, team-based approach that measures, evaluates and analyzes data on program operations and outcomes to ensure that we are providing high quality and appropriate services to the children, youth, and families in our care.

- A **Continuous Quality Improvement (CQI) model** is used to evaluate and analyze data on processes, outputs and outcomes to advance effective service delivery and the achievement of strategic and program goals.

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Steps in the Performance and Quality Improvement Cycle

Planning
Strategic Plan
Logic Models

What data and why?

Data is Collected
outcomes, practice, compliance and risk mgmt performance measures; stakeholder satisfaction; case record review findings

Data is Aggregated and Analyzed
PQI Team and Program PQI Teams

Broader Discussion of Results
PQI Executive and Risk Management Committees

Findings and Conclusions
Identify service gaps, needs, and continuity

Recommendations and Strategies for Change

Recommendations Implemented and Monitored
Improvement Plans

Highlight Achievements, Impacts, and Progress

Results Shared
PQI Intranet Site
PQI Annual Report

Reports to State / Funders / Partners

Staff

Community

Board of Trustees

Persons and Families Served

PQI Activities

- Tracking Agency Performance Data including Client Outcomes and Outputs, and Best Practice Indicators

- Risk Management

- Satisfaction Surveys

- Case Record Reviews

- Improvement Planning

- Data Reports and Dashboards

- Compliance with External Bodies (COA, Medicaid, DCFS)

What is the PQI structure at LH?

- We use task-oriented teams made up of staff from all levels.

- All programs and departments are involved in the PQI process.

- PQI committees meet regularly to review, plan and discuss agency performance activities and to plan for further PQI activities.

![Lawrence Hall — Serving Children, Families and Communities Since 1865]

PQI Organizational Structure

Communities

Board of Trustees

Senior Leadership

Risk Management Committee

Committee Members

Chief Executive Officer
Chief Financial Officer
Chief Program Officer
Manager of PQI
VP of Human Resources
VP of Development
VP of Health and Residential Services
VP of Facilities and Information Technology
VP of Staff Development and Training
Director of Administrative Affairs
Director of Strategic Initiatives
Program VP's

PQI TEAM
Manager of PQI
PQI Associate

Committee Members

Chief Executive Officer
Chief Program Officer
Manager of PQI
PQI Associate
VP of Foster Care
VP of Health and Residential Services
VP of Educational Services
VP of Youth and Community Development
VP of Older Adolescent Program
Director of Administrative Affairs
Director of Strategic Initiatives
Program Directors and Managers

PQI Executive Committee

Departmental PQI Teams

VP of Program or Department; Program Manager or Supervisor; Site Directors; TTC's; Therapists, Caseworkers; Support Staff; YTS or LSE; Administrative Staff; PQI Staff.

Outputs
Program Results

Outcomes
Client and Program

Practice
Operational Performance and Service Delivery

The Departmental PQI Teams

- The teams develop, measure, analyze and review the results of PQI indicators, plan for additional PQI activities, discuss feedback from the PQI Executive Committee, and discuss other issues that impact program performance and quality.

- PQI Teams include the following programs: Foster Care, Older Adolescent Program, Residential Services, Therapeutic Day School, Specialized Services and Youth and Community Development

PQI Executive Committee

- Meets every quarter to review, plan and discuss agency performance activities as related to youth and family outcomes: Safety, Stability, Physical Well-Being, Social and Emotional Well-Being, Education, Life Skills, Workforce Development, Family Engagement.

- Promotes a culture that promotes excellence and continual improvement.

- Serving on the committee: PQI Team, Chief Program Officer, Program VP's and Program Supervisors and Managers.

Risk Management Committee

- Meets quarterly to review, plan, and discuss agency risk and safety issues.

- Supervises the management and coordination of risk mgmt activities throughout the agency.

- Serving on the committee: CFO, CPO, Manager of PQI, VP of HR, VP of Training and Staff Development, VP of Information Systems, VP of Development, Dir. of Strategic Initiatives, Program VP's and the CEO.

Executive Leadership Team

- Promotes a culture of quality.

- Oversee agency performance improvement activities.

- Evaluates the overall effectiveness of the quality improvement program.

- Made up of the CEO, CFO, and Vice Presidents.

The Role of the PQI Team

- Works closely with all quality improvement committees to provide leadership, technical assistance, facilitation, highly responsible support for quality improvement activities, and to plan for further PQI activities.

- Ensure that the PQI activities and documentation are completed accurately, in a timely manner, and are of the highest quality.

- Ensure that the PQI program and each department conform to standards and regulations set by licensing and accrediting bodies.

- Research current practices in the field to ensure the agency is up to date.

- Implement new PQI programs or procedures and ensure that staff are trained properly on them.

YOUTH SERVED BY PROGRAM FY 2016

Program	Value
FC	196
MY TIME	123
TDS	119
TLP/ILO	104
ASM	77
OSC+	66
CFTC	65
Right Turn	41
RISE	28

Youth Served

Year	Value
FY 2016	707
FY 2015	615
FY 2014	570
FY 2013	567
FY 2012	545
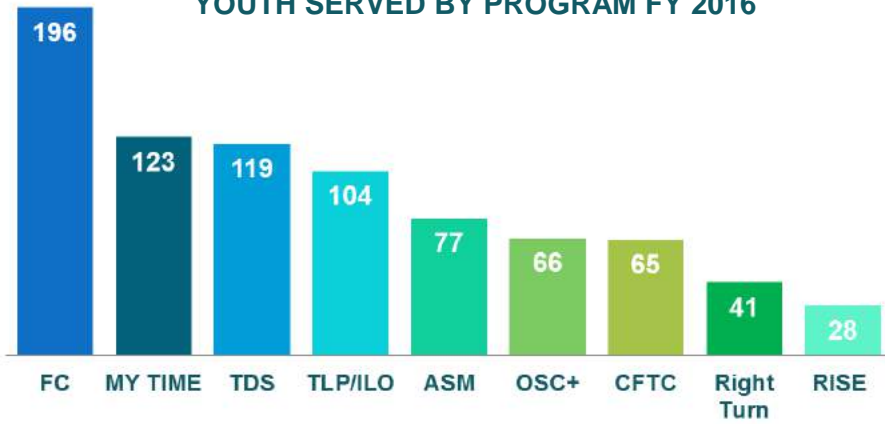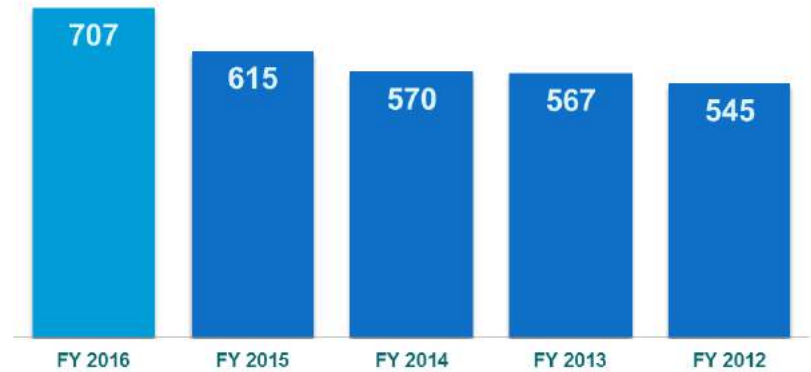
YOUTH PERCEPTION OF WELL-BEING

78% of our youth believe that as a result of being at Lawrence Hall, they are improving and becoming healthier and **77%** of our youth believe that their ability to care for themselves has improved. (n=45)

	FY 16	FY 15	FY 14	FY 13	FY 12
Improving and becoming healthier	78%	80%	82%	78%	78%
Ability to care for self has improved	77%	75%	82%	83%	82%
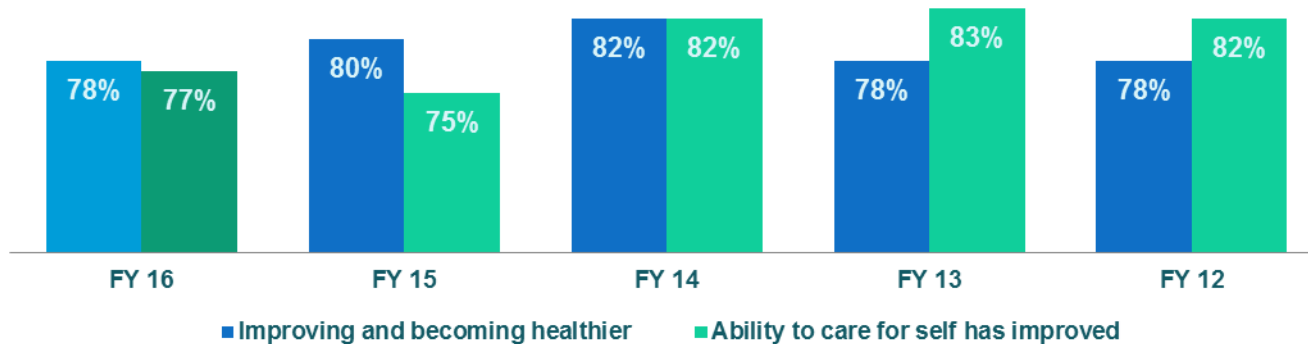
What is your role in Performance and Quality Improvement?

- Demonstrating a commitment to performance and quality improvement in all aspects of your position

- Participating in the development and implementation of performance and quality improvement activities (as assigned)

Main Points to Remember About the PQI Program

- That Lawrence Hall has an active Performance and Quality Improvement program (not just in theory, but in practice).

- That staff from all levels, programs and departments are involved in the process.

- That the agency is committed to making sure our youth and families continuously receive the best possible services we can provide them with.

PQI SharePoint Site

Questions

Contact the PQI Team

Melissa Curtis

Manager of Performance and Quality Improvement

Email: mcurtis@lawrencehall.org

Ariel Brenits

PQI Associate

Email: abrenits@lawrencehall.org

THANK YOU!

Promoting A Quality Improvement Culture

Organization leadership:

- Set forth quality expectations and broad goals that merit ongoing monitoring

- Promote a culture of quality using short-term/annual plans that support long-term strategic goals

- Set expectations for use of quality and performance improvement results to change policy and practice

- Encourage service delivery processes that have been shown to contribute to good outcomes

- Focus on consumer satisfaction and outcomes

- Recognize staff contributions to performance and quality improvement

- Regularly review and discuss QI reports to identify areas of needed improvement, set improvement activity priorities, and manage their operations and programs

- Set forth performance and outcome expectations in a supportive manner and allay concerns about possible repercussions of identifying areas needing improvement

- Regularly communicate with staff and stakeholders about achievements related to desired outcomes, indicators, and targets

- Support the testing and implementation of recommended improvements throughout the organization

- Include QI in their work plans and keep QI on the agenda of staff meetings

GENERAL QI TERMINOLOGY

Quality Improvement - Process through which the level of quality desired is pursued or achieved; the institution of formal mechanisms for detecting and correcting factors hindering optimal services; includes developing and implementing actions with periodic reassessment of actions' impact on the problems identified.

Types of Process Indicators:

- **High risk** - Aspects of service that place clients or the agency at risk of serious consequences if not provided correctly or not provided when indicated.

- **High volume** - Aspects of service that affect large numbers of clients or occur frequently.

- **Problem-Prone** - Aspects of service that consistently produce problems for clients or staff.

Outcome - Elements for evaluating end results in terms of improvement and satisfaction. They provide the evidence of whether services have been good, bad or indifferent.

Process - Elements for evaluating the activities of professional staff in the management of clients.

Evaluation - Assessment/determination of the worth of or to appraise based on some objective criteria or a rationale.

Follow-up - Deliberate action taken to ensure the continuing resolution of a problem.

Responsibility - The condition assumed by a person or group to accomplish a given obligation, task, duty, mandate.

Performance Measure - A standard of care or indicator used to assess the performance of a function or process of an organization.

Indicator - A defined, measurable dimension of the quality or appropriateness of an important aspect of care or service. Indicators specify the client service activities, events, occurrences, or outcomes that are to be monitored or evaluated in order to determine whether those aspects of service conform to current standards.

Monitoring and Evaluation of the Quality and Appropriateness of Client Services (Peer Review):

- Routine evaluation of client services based on documentation for the purpose of detecting strengths and weaknesses in client services and developing and implementing methods of improving noted weaknesses.

- Examination of a client (his/her chart, environment, condition and care) to measure the quality of his/her services and the degree and kind of change in his/her status.

Outcome Measurement – The regular, systematic measuring of progress toward intended outcomes in order to increase the effectiveness of programs and services, and communicate the value of those programs and services.

Input – A resource dedicated to or consumed by the program.

Activity – Type of service the program provides to fulfill its mission. What the program does with the inputs and how it is transforming them into products.

Output – The direct product of a program operation.

Outcome – Benefit to participants during or after participating in program. Outcomes relate to knowledge, skills, attitudes, values, behavior, condition, or status.

Initial Outcomes – The first benefits or changes participants experience, the ones most closely related to and influenced by the program's outputs.

Intermediate Outcomes –Changes in behaviors that result from participants' new knowledge, attitudes, or skills.

Long-term outcomes – The ultimate outcomes a program desires to achieve for its participants. They represent meaningful changes for participants, often in condition or status.

Outcome Indicator – Identifies what is being measured to track the program's success on an outcome. An indicator is observable and measurable.

Outcome Target – The desired level of achievement of a program on its outcome indicators.

Program Logic Model – A description of how the program theoretically works to achieve benefits for participants.

Data Source – Where data comes from for outcome indicators.

Data Collection Method – How data is gathered for each outcome indicator.

Lawrence Hall
Serving Children, Families and Communities Since 1865

Mission: WHAT WE BELIEVE

PROBLEM/ISSUE STATEMENT (include population served)	RESOURCES	PROGRAM ACTIVITIES	OUTPUTS	OUTCOME	IMPACT
What is the problem or issue this program is intending to solve? Who is being served by the program?	In order to accomplish our set of activities, we need the following:	In order to address our problem or asset, we will accomplish the following:	We expect that once accomplished these activities will produce the following evidence of service delivery:	We expect this change in the client due to these activities:	We expect that if accomplished these program activities will lead to the following changes in 7-10 years.
WHAT WE BELIEVE	**WHAT WE DO**	**WHAT WE DO**	**WHAT WE DO**	**WHAT PARTICIPANTS ACHIEVE**	**WHAT PARTICIPANTS ACHIEVE**

OUTCOMES	OUTCOME INDICATOR(S)	DATA REQUIRED	DATA SOURCE	DEFINITIONS/ELIGIBILITY
We expect this change in the client due to program activities. *This column should match the outcome column on the page 1.*	*How will you measure the outcome?*	*Define the Numerator/Denominator*	*Where are you getting the data?*	*Who is eligible for this outcome? What does it mean?*
WHAT PARTICIPANTS ACHIEVE	**WHAT PARTICIPANTS ACHIEVE**		**BE SPECIFIC**	

What happened to the clients the Wizard of Oz provided services to?

Scarecrow	Tin Man
The Scarecrow had some trouble with his grades (he was behind from having no brain at all), but once he was referred to Special Education, he caught up with the other scarecrows and graduated with honors. He quit scaring crows and is now working in the Quality Improvement Department at ECYS where he uses his brain all the time to come up with new ideas to improve services!	**The Tin Man** had trouble warming up to others when he was placed in a new forest, but was provided with counseling and therapy where he learned how to form healthy relationships. He is working on his MSW at Emerald City University so he can give back to the community and keep his heart warm all year round!

Lion	Dorothy
The Lion went back to the forest with his new found courage and took over the role of King. If he experiences any fear (which he sometimes does), he just calls his mentor at ECYS. He helps the other animals with fear issues and has also eased the tensions between species. He truly is the King of the Enchanted Forest!	When Dorothy went home to Kansas, it was more difficult to follow up on her progress. But the staff at Emerald City Youth Services didn't give up so easily…They sent a letter to Kansas Family Services the next time a tornado came and found out Dorothy started volunteering at a runaway hotline when she got home as part of her service plan. Her therapy dog, Toto, also helped her with her trauma. She eventually opened up a foster care agency called "The Ruby Slipper" and serves as CEO!

8:45 am	**Arrive at Airport.** You are entering the world of aviation where you will pass through security and obtain travel information. Don't forget to grab some coffee, water, or juice plus some breakfast before boarding!
9:00 am	**Boarding.** Welcome to Operational Excellence Airline's Passport to Excellence jetliner. Don't forget to silence all electronic devices.
9:15 am	**Take-Off!** To ensure a successful take-off, you will be utilizing teamwork, brainstorming and strategic planning.
10:45 am	**Beverage Cart.** We will be serving a light snack with coffee, juice, and water this morning.
11:00 am	**Plane Social.** Get out of your seats, stretch your legs, and get to know the other passengers by telling them how your flight has been so far.
12:00 pm	**Included Meal.** Everyone will return to their seats for an enjoyable lunch of pizza and pop.
1:00 pm	**In-Flight Movie.** As you journey through the sky, learn tools that can be used to increase creativity and assist in the problem solving process.
2:30 pm	**Refueling.** We pause for much needed fuel during our long journey. Grab a drink and a snack to get you through the rest of the flight.
2:45 pm	**Turbulence.** Hold on tight and find your original travel companions so you can set short-term goals to get you through the bumps!
3:15 pm	**Travel Stories.** Share your travel experiences with the other passengers.
3:45 pm	**Landing.** Thank you for flying Operational Excellence Airlines. Find out the next steps for making your flight experience last.

Training Theme Ideas from the QI Gambit Presentation
2021 CQI Conference
Melissa Curtis, Lawrence Hall

Thank you for sharing all of your creative ideas!!

- A baking theme for a data analysis meeting. (using data as the "ingredients"...having sweet treats to share...chef's hats...). Heather Quartuccio
- My idea: The movie Inside Out - with the "emotion" characters - for client satisfaction surveys. There are the "memories", which would equate to the client experiences and the attached emotions. Could be fun. Charity Bower
- I have passed out bundles of candy to demonstrate outputs vs outcomes. Some people got big bundles, some got little bundles. We talked about how we can count who got what or we could survey to see if people liked the candy. Valerie Bundy
- Gardening Theme- what needs planted, watered, and pruned. Stephanie Beleal
- Relating Caseworker goals to levels in a video game- completion of the goals can be equal to completing a level. Miranda Weick
- A "Reading Rainbow" theme for data literacy. Michael Crofford
- An Olympics theme for creating improvement plans. Training, separate events, medals, interview winners. Jeanie Kleiber
- DATA EQUITY "A BEAUTIFUL DAY IN THE NEIGHBORHOOD" Explore disaggregated data by zip code/neighborhood in each county. Explore each neighborhood virtually. Naquanda Jordan
- We did a "Take Flight" which was similar to the Aviator one that you talked about. Our current CQI training has a gardening theme. Catie Costello
- Mr. Potato Head activity for applying the Plan, Do, Study, Act. Haley Bestudik
- I use Potato Head to demonstrate Plan Do Study Act. Stolen from Yolanda's team! Valerie Bundy
- QI Bingo or Family Feud! Scott Slomka
- Toy Story for client satisfaction results. Chelsea Everett
- I immediately think of sports but that seems too direct. Gabrielle Musacchio
- Use a childhood board game theme...Chutes & Ladders, Life, Sorry, Trouble. Carla Chandler
- The movie "Memento" where the CQI person loses her/his memory and its up to the staff members to describe the various tasks that the CQI person does. Later, roles can be switched and then selected other staff members have amnesia that people have to describe. Hopefully increases knowledge of other peoples job and increase the probability of collaboration and adoption of CQI initiatives. Alec Boros

Performance and Quality Improvement (PQI) Survey

The Performance and Quality Improvement (PQI) department wants to better understand how effectively it serves Lawrence Hall and the children, youth and families it serves. Please help by answering the following questions:

PQI
1. Please tell me how you are connected to the Performance and Quality Improvement (PQI) process at Lawrence Hall. 3 answer choices: PQI Leader, have served on a PQI team, or have never served in PQI.

Knowledge
Scale: High, Average, Low
2. How would you rate your knowledge of the Performance and Quality Improvement process?
3. How would you rate your understanding about how the PQI department supports the lager goals of the agency?

Effectiveness
Scale: Yes, No, I Don't Know
4. To your knowledge does PQI support the larger goals of your program or department?
5. To your knowledge, is PQI effective in improving best practice?
6. To your knowledge, does PQI influence positive change throughout the agency?
7. Does PQI help LH achieve positive outcomes for the children, youth, and families it serves?
8. Please list some of the benefits you have seen (to clients, staff, or the agency) as a result of using the PQI process at LH. Open-ended

Communication
Scale: High, Average, Low
8. How would you rate the PQI Annual Outcomes Report (attached to email) (i.e. the information included, ease of understanding the data, the report design)?
9. How would you rate that your supervisor reviewed the FY 2015 PQI Annual Outcomes report with you and your team?
10. How would you rate that your supervisor informs you of PQI updates, outcome data and improvement plans on a monthly basis?
11. How would you rate that you regularly utilize the PQI Intranet Site to find PQI forms, reports and action plans?
12. Please include suggestions on how to improve the PQI Annual Outcomes Report, the intranet site, and other communications from the PQI department. Open-ended
13. Please let the PQI department know what kind of reports you would like to see from them in the future and how you would like to receive them (email, hard copy, intranet). Open-ended

Training
12. How would you rate PQI training (orientation, group or 1:1, formal or informal) that you have received during your time at LH? High, Average, Low
13. Please check the trainings that you would you like to see the PQI Department offer in the future: Options: Continuous Quality Improvement 101: Definition and Components of a CQI System, Theory of Change/Logic Models, Building Effective PQI Teams, Establishing Key Performance Indicators, Data Collection and Management, Aggregating and Analyzing Data, Data Driven Decision Making, Data Visualization and Communication. Choose all that apply.

14. Please include suggestions for how we can improve orientation and training in PQI. Open-ended

Satisfaction

16. Overall, how satisfied are you with PQI process at LH? 3 point scale: High Satisfaction, Average Satisfaction, Low Satisfaction

17. What is the one area where you would like to see the PQI process improved? Open-ended

18. What is the one area where you believe the PQI process is most successful? Open-ended

19. If you would like a more active role in the PQI process at LH, please add your name and department here. (OPTIONAL) Open-ended

AGENDA
PQI Team
[date]
[time]

I. Data Review

   Action Plan/Follow Up

II. Satisfaction Survey Results/Follow Up

III. Critical Programmatic Issues

IV. Strategic/Program Planning

V. PQI Department Updates

VI. Next Sub-Committee Meeting Topics

PQI Executive Committee Meeting

Wednesday, February 23, 2021
9:30 a.m. – 11:30 a.m.
Microsoft Teams Meeting

Meeting called by **Melissa Curtis**

Attendees:

9:30 a.m.-9:45 a.m.	**FY 2020 PQI Annual Outcome Report-Update** *Melissa Curtis*
9:45 a.m.-10:45 a.m.	**FY 2021 Q2 Program PQI Reports** *All programs have **10 minutes** to present their PQI data activities for FY 2021.* Due to time constraints, please report: • **One** performance measure going well in your program • **One** performance measure your program is struggling with to get feedback from the team **Order of reports:** Residential Services, Foster Care, Therapeutic Day School, Youth and Community Development Programs; Specialized Services, Older Adolescent Program
10:45 a.m.-11:15 a.m.	**PQI Updates** *Melissa Curtis* • FY21 Satisfaction Surveys • Homework: Read "More Than Numbers: A guide Towards Diversity, Equity and Inclusion (DEI) in Data Collection" • FY22 Logic Models • 2021 PQI Goals-Individual and Organization-Wide
Next Meeting	**February 2020: TBD** • 3rd Quarter Data for FY 2021 due April 23, 2021 • Invites will be sent for all 2021 meetings

Data Literacy, Data Use and Data Culture

Use these definitions, quotes and questions at QI meetings to build capacity in data terminology and contribute to meaningful data discussions. Always take any opportunity to teach!

Data Literacy Definition:

"Data literacy is the ability to read, work with, analyze and communicate with data. ... It's a skill that empowers all levels of workers to ask the right questions of data, build knowledge, make decisions, and communicate meaning to others."

Questions:
- How do you feel about reading and interpreting graphs?
- What best describes your relationship to data?
- Do you feel empowered by data?
- How often do you feel overwhelmed by data?
- Who is responsible for ensuring you have the skills needed to effectively work with data?
- Has the awareness of "fake news" led you to change the way you look at data?

Using Data

"The emphasis on collecting the data needs to be complemented by a commitment to using it." Urban Institute

- The question must precede the analysis.
- Data that influences action is more important than data that simply informs.
- Do you think our organization is data-driven?
- What can you do within your sphere of influence to promote use of data?
- How can we improve our data use?

Data Culture

Data culture is building an organizational culture of data-driven decision making. As McKinsey says, "data culture is decision culture." Organizations build a data culture because they want to make better decisions. But to be able to look at the data for answers, the data must be readily available, trustworthy, and interpretable.

- Leadership prioritizes and invests in data collection, management and analysis/knowledge.
- Leadership prioritizes creative data literacy for the whole organization not just IT and PQI.
- Staff are encouraged and supported to access, combine and derive insight from the organization's data.
- Staff recognize data when they see it. They offer creative ways to use the organization's data to solve problems, make decisions and tell stories.

Ultimately, **building a data culture** requires an organization to enable three capabilities:

- Data search & discovery – Employees need to be able to find relevant data just-in-time as they try to make decisions.
- Data literacy – Employees need to be able to correctly interpret and analyze data to draw logical conclusions.
- Data governance – The organization must be able to ensure that data is appropriately managed, so employees use the right data in the right ways.

LAWRENCE HALL
PQI Improvement Plan
FY 2022

Department:
Lead Coordinators:
Date Initiated:

| Identified Issue	Action Plan (Goals, Measures Objectives)	Persons Responsible	Target Date	Result

HOPE, HEALING, RESILIENCE

Lawrence Hall's mission and vision is to promote hope, healing and resiliency for children. In FY 2020, with the help of the PQI Executive Committee and the Think Trauma Training Team, we developed mission and vision driven questions to add to our youth satisfaction surveys. Unfortunately, COVID-19 became a reality shortly after we developed the questions and we were unable to get surveys out to all youth in programs in the 4th quarter. But, we were able to roll out these questions for the CFTC, OAP and TDS*.

HOPE

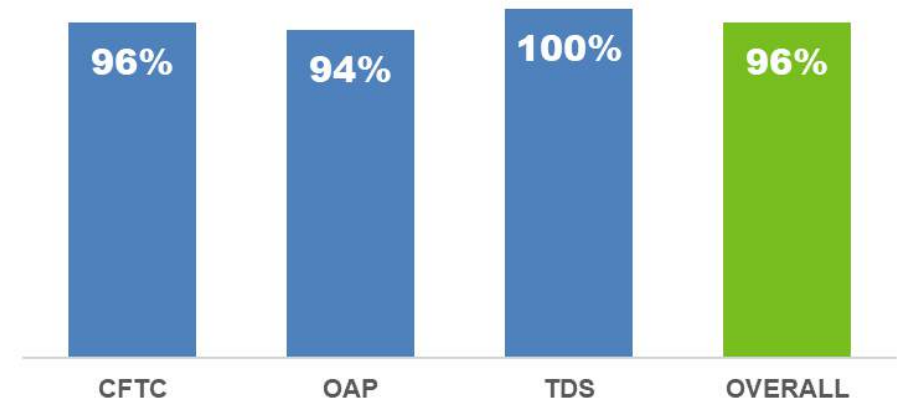**As a result of being at Lawrence Hall, I believe I will have a successful future.**

96%	88%	88%	90%
CFTC	OAP	TDS	OVERALL
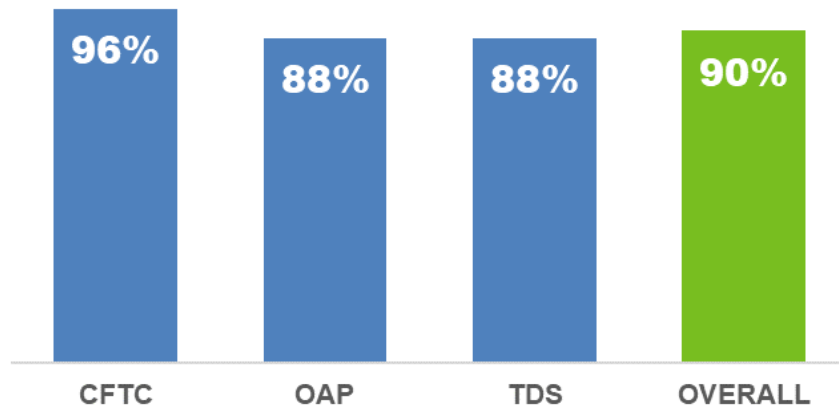
"Lawrence Hall has helped me with the confidence in order to progress in life."
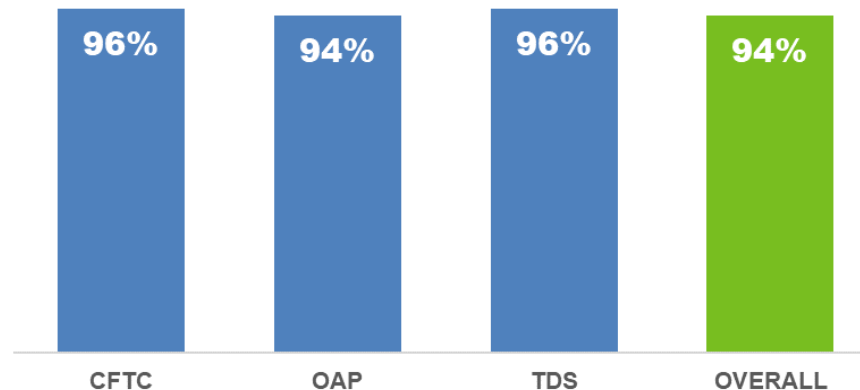
Young Adult in the Older Adolescent Program

HEALING

As a result of being at Lawrence Hall, I feel stronger and better able to tackle challenges.

96%	94%	100%	96%
CFTC	OAP	TDS	OVERALL

RESILIENCE

As a result of being at Lawrence Hall, I have a better understanding how to manage the effects of challenges I experienced prior to being here.

96%	94%	96%	94%
CFTC	OAP	TDS	OVERALL

"Lawrence Hall has made a positive impact in my life by me learning how to use coping skills and to advocate for myself."

Youth in the Child and Family Treatment Center

"Lawrence Hall school helped me by changing my negative thoughts."

Student in the Therapeutic Day School

*85 youth/young adults filled out these questions in FY2020.

Creating a Visual Annual Report in Excel and Publisher

1. Create an Excel Spreadsheet
2. Add in the data you want to visualize (I make a tab for each program)
3. Create all the charts in the Excel spreadsheet (I use column, line and very rarely pie charts)
4. I only use 3 years of comparison data.
5. Make the charts clean and readable (remove lines, add data labels, add descriptor, change colors, change font style and size)
6. Make a style guide!! (example below)
7. Try to match the colors and font of your organization (ask marketing and communications staff for this)
8. Create the reports in Publisher (I do a separate page for each program and merge the pages later)
9. Consider page size (I use legal size for this report…who says everything needs to be 8 ½ by 11??)
10. Create text boxes for titles, text or quotes (Publisher has guiding lines for centering, margins, etc, which are super helpful)
11. Copy and paste charts into the Publisher reports as a .jpg or png. Files
12. Use Icons from Microsoft Word to create visuals for data not represented in charts. Icons can be found on the Insert ribbon under Illustrations. (don't go too crazy with Icons even if they are cute!
13. For FY2020, I added more text to the report: a note on COVID-19 and its effect on tracking program outcomes and 3 extra pages of success stories.
14. Remember: you do not need to include everything in the report. Keep it simple. If someone asks for more information, you can provide it (or you can add a larger appendix).
15. Finally: Be creative and have fun!

Example of a Style Guide:

- Page titles: Arial Black Size 48
- Chart Titles: Arial Black Size 16
- Legends: Arial-Bold- Size 12
- Descriptor Sentences: Arial Size 12
- Data Labels: Arial Black Size 12
- Gap Width (Column Chart): 70%
- Gap Width (Line Chart): 70%
- Line chart marker: Size 7
- Colors:
  - Blue: R 0, G 112, B 192
  - Green: R 120, G 190, B 32

Note: the first time you build this, it will take time. But each year, it gets easier to update. For the most part, you are only adding in new charts with updated data and making minor updates and changes.

This report is presented to our full Board annually. It is emailed to all staff and the full report plus each individual page is uploaded to our PQI SharePoint site. This year, I did 2 virtual meetings to present the report: one for supervisors and leaders, and one for all staff. The goal of doing these virtual presentations was to increase staff data literacy, promote a data culture and to celebrate our successes as an agency for FY20.

Melissa Curtis, Manager of Performance and Quality Improvement, Lawrence Hall, mcurtis@lawrencehall.org