

The Magic of CQI: Insights from the People Behind the Curtain

**Friday, April 1, 2022
10:00 AM – 11:30 AM CST**

Meet Your CQI Wizards!

Valerie Bundy

Director of Quality, Spero Family Services

Contact Information: valerie.bundy@sperofs.org

Valerie Bundy is the PQI Director at Spero Family Services, a social service agency that helps over 1,100 Southern Illinois families find hope, help, and healing via Spero's Clinical, Community, Child Welfare, and Residential programs. Valerie has over 20 years experience in Illinois social services, 7 years from direct care and supervision at an emergency shelter and many more years supporting agency teams in PQI efforts. While Valerie doesn't shy away from overseeing the agency PQI system or leading the agency through an EAGLE or COA accreditation her true passion in the PQI world is to help the teams she supports demystify the quality improvement process and make data less intimidating for everyone from board members to stakeholders.

Tina Ruiz, MSW, LCSW

Vice President of Quality, Impact and Analysis, UCAN

Contact Information: tina.ruiz@ucanchicago.org

Tina Ruiz is a highly skilled leader, strategic thinker, problem solver and gets people thinking differently about data. She champions finding better, more refined ways of working, and innovating processes so they reach their full efficiency. She believes in engaging all levels of an organization in quality improvement. Tina has worked in the social services industry for 25+ years with over 15 years of experience serving in the Quality Improvement and Risk Management space and has considerable expertise in supporting child welfare and outpatient mental health programs. Tina received her Bachelors of Arts degree from Marshall University in Huntington, West Virginia, and her Masters in Social Work from Loyola University of Chicago.

Sabrina Townsend

**Assistant Vice President of Evaluation and Quality Improvement,
Jewish United Fund of Chicago**

Contact Information: sabrinatownsend@juf.org

Sabrina Townsend is the Assistant Vice President of Evaluation and Quality Improvement for the Jewish United Fund of Chicago (JUF). She provides leadership for internal evaluation and data collection efforts as well as the collective social impact measurement of dollars allocated to meet community needs. To support agency partners, Sabrina provides evaluation capacity building assistance, including training, coaching, and hands-on evaluation support. She is currently leading the implementation of a new customer relationship management (CRM) system for JUF and the ongoing analysis of a large-scale community study. Prior to coming to JUF, Sabrina spent over 15 years working on research and evaluation in social service, mental health, child welfare, and juvenile justice settings. She received her master's in social service administration from the University of Chicago where she specialized in policy analysis and family support services.

Moderator: Melissa Curtis received her Bachelor of Fine Arts in painting from the University of Illinois at Urbana-Champaign. She worked for over three years at Alden Town Manor, a nursing and rehabilitation center where she was introduced to the concept of quality assurance. In 1999, Melissa joined Lawrence Hall to assist in launching a new team-based approach to implementing a continuous quality improvement (CQI) model. She has been leading the CQI process at Lawrence Hall since 2004. Melissa supports and meets with all of the organization's QI teams; systematically collects, aggregates, analyzes, and communicates data; develops data collection tools, databases, dashboards, and reports; provides training and capacity building in CQI concepts with organization staff; is the lead coordinator for the COA Accreditation process; and has created visual PQI reports for Lawrence Hall.

Building a Culture of Evaluation

30 Ideas to Apply to Your Organization



INVOLVE STAFF TO INCREASE ENGAGEMENT AND OWNERSHIP



Look for small successes.

Start with simple, informal evaluations to demonstrate benefits and worth



POSITION EVALUATION AS A WAY OF **GIVING STAFF A VOICE**

POSITION EVALUATION AS A WAY OF SHOWING THAT **MANAGEMENT IS LISTENING**



→ Emphasize evaluation is something *they* can direct

→ Evaluate the important outcomes only

→ Emphasize intrinsic motivations, like validation of their effort and transferable skills

Be clear about who the evaluation is for, i.e. YOU and not just the funder



RESOURCE IT APPROPRIATELY



GET COMMUNICATIONS STAFF ON-SIDE

It provides them with positive material to promote the organization

Offer evaluation training to build capacity

Engage expertise in the area of organizational culture change

Identify and recruit evaluation "champions" at the senior levels

Orient new partners to your new focus on evaluation

SCHEDULE TIME UP FRONT

IN THE PROGRAM PLANNING PHASE TO DISCUSS EVALUATION



Inject the term **LEARNING ORGANIZATION** into your persuasion efforts



Decrease the use of jargon

talk about "evaluation questions we want to answer" vs. "outcomes we have to measure"



Demystify "measurement"

Use terms such as "tracking" or "following"



Focus more on **QUALITATIVE DATA**, to acknowledge staff's fears that not everything can be reduced to quantitative



Acknowledge the **INFORMAL EVALUATION** that staff already does

CONSCIOUSLY RECRUIT AND HIRE "EVALUATIVE MINDS"

BRING IN A HIGH PROFILE EVALUATION "EXPERT" TO WORK WITH YOUR ORGANIZATION

EMPHASIZE THE BOARD'S ROLE TO REQUEST/DIRECT MORE EVALUATION

Appeal to management's notions of accountability and informed decision-making

Invite senior executives to early evaluation planning meetings to get their perspectives

Incorporate evaluation into **NEW STAFF ORIENTATIONS**



Incorporate evaluation into **STAFF PERFORMANCE APPRAISALS AND PERSONAL DEVELOPMENT PLANS**



BE SUBVERSIVE AND INFORMALLY COLLECT DATA OF INTEREST TO DEMONSTRATE AREAS NEEDING IMPROVEMENT

MODEL EVALUATION AT EVERY OPPORTUNITY



NEW EMPLOYEE ORIENTATION- VOCABULARY QUIZ

- ___ 1. Informed Consent A. Professionals and any other person required by law to report suspected abuse or neglect
- ___ 2. Ethics B. All levels of staff at the agency meet at least quarterly to discuss ways to improve outcomes and service delivery to clients and families.
- ___ 3. Confidentiality C. Signed at intake. Describes right to privacy, benefits, and risks related to services and right to appeal and/or grieve decisions made by agency.
- ___ 4. Mandated Reporter D. The largest independent accrediting body for organizations that provide high-quality social and behavioral healthcare services to children, youth, seniors, and families in the US and Canada.
- ___ 5. Duty to Warn E. Written report concerning a DCFS ward, a non- ward that has been involved in a situation that could be a risk to themselves, others or to the agency.
- ___ 6. Incident Reporting F. Information should only be used only for professional purposes and shared only with authorized parties.
- ___ 7. Performance Quality Improvement G. Client is given full decision making capacity after given complete and accurate information regarding the nature of the intervention and the possible consequences have been fully discussed.
- ___ 8. Council On Accreditation H. Quarterly case record review
- ___ 9. Utilization Review I. Values and principles that form the foundation of the child welfare field and guides practice decisions.
- ___ 10. Participant Rights & Privacy Notice J. Under current Illinois law, mental health practitioners must break confidentiality and warn third parties if the harm is reasonably foreseeable.

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UCAN--MOST IMPROVED PROGRAM MATRIX

Program	QUALITY						COMPLIANCE						Known AAA outcomes met	AAA action plans achieved	Total points	winner			
	% Document Checklist Overall	% Quality Indicators Overall	Trauma Informed Care	Clinical Approach	D&I	PYD	Files Req'd for Review	Files Rev'd	% Req'd Files Rev'd	Follow-up Forms Req'd	Follow-up Forms Returned	% Follow Up Forms Returned							
	84%	99%	100%	100%	100%	89%	27	25	93%	4	NA	NA	13%	35%	35				
	88%	100%	100%	100%	100%	100%	20	16	80%	5	3	60%	50%	56%	37	2nd		1	59-1
	50%	92%	91%	83%	100%	87%	40	38	95%	38	35	92%	50%	56%	36		2	69-60	
	86%	76%	NA	NA	NA	NA	23	33	143%	33	33	100%	42%	0%	18		3	79-70	
	54%	85%	92%	50%	100%	50%	12	16	133%	16	8	50%	0%	0%	25		4	89-80	
	83%	85%	100%	100%	100%	80%	5	5	100%	5	NA	100%	60%	67%	41	1st	5	100-90	
	61%	76%	87%	75%	82%	58%	12	11	92%	12	12	100%	0%	23%	30				
	73%	NA	NA	NA	NA	NA	12	12	100%	12	0	0%	NA	NA	9				
	67%	78%	100%	100%	62%	62%	13	13	100%	13	9	69%	0%	25%	27				
	77%	84%	81%	100%	100%	88%	6	9	150%	9	7	100%	33%	NA	36				
	64%	60%	42%	50%	100%	75%	6	5	83%	5	5	100%	33%	NA	24				
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	NA	NA	NA	NA				
	70%	81%	100%	29%	100%	86%	6	7	117%	7	7	100%	NA	NA	32				
	85%	66%	77%	69%	87%	69%	38	33	87%	8	NA	NA	50%	20%	23				
	95%	NA	NA	NA	NA	NA	38	38	100%	15	15	100%	72%	67%	20				
ALL UCAN:	74%	82%	88%	78%	94%	77%	220	223	101%	167	119	71%							

UCAN Service Philosophy Area	Quality Indicator
Trauma-Informed Care	<ul style="list-style-type: none"> Is monitoring and addressing the [youth's] safety? If safety issues are identified, does the provider document follow up Evidence that the [staff] is familiar with the [youth's] relationships with identified supports/caring adults and includes these supports to enhance the [youth's] personal support network.
Clinical Philosophy	Is there evidence that [staff] is having reflective discussions with the [participant] about progress in services?
Diversity, Equity, and Inclusion	Does assessment, service planning and service delivery consider the [youth/family's] cultural, historical, and/or gender issues/needs?
Positive Youth Development	Is there evidence that the [youth] participated in the development of their [service/treatment/development plan]

Awards and Recognitions

Most Improved Program Award (Quarterly)

	Winner	When winning programs and QI was asked, "what contributed to the program's success and improvement"? Staff said...
Quarter 1	UCAN Survive	<ul style="list-style-type: none"> • Don't be afraid to utilize each other • Be transparent with each other • Be receptive to constructive criticism from your peers • Don't lose sight of the vision- because the numbers have a story
Quarter 2	PIP	<ul style="list-style-type: none"> • Treat your files like a report card of your job • This is a hard-working team, and they rise to the occasion • We work well together, and it shows • TPSN Nichelle Simmons stated "This team really is an example to other teams of how committed they are to their work" • Seasoned workers L Cruz and A Merriweather are amazing, great leaders for this team • Sue is an awesome supervisor and leader for this team

Q1 Winner: UCAN Survive



Q2 Winner: PIP



QI Change Project

Department		Report Date:		Project Start	
Project Title				Project End	

Aim: What are you going to improve, by how much will it improve and by when?
What will look different if the change is an improvement? How will we know it worked?
What changes we could make that would lead to the improvement? (Brainstorm all possible changes that may work)

PDSA Cycle #	Cycle Begin	Cycle End
Plan		
Which change from above have you selected to test in this cycle?		
What do you think is going to happen during this change? What barriers may you encounter?		
What are the task(s) that need to be done for the change to be completed? (Who, what, when, where)		
What data will you collect? What is your prediction about the data?		
Do		
Carry out the change, collect data and begin analysis. Report your results of the test below. Include observations and barriers encountered.		
Analyze the data. Compare results to predictions and pre-change data. What did you learn?		
Will you adopt, adapt or abandon the change? Why? Are there additional changes you want to test? If so move on to next cycle by copying/paste.		



Performance Improvement Plan

Department		Report Date:	
Participants			

What areas are being targeted for improvement?

Area	Aim	Start Date
Indicators		
What is causing or contributing to the issue?	Action steps to be taken to reach the aim. (Include person responsible and target dates)	Action Step Updates
	1.	
Current Performance		

Completed efforts

Area/Aim	Barriers	Start Date	End Date	Successful actions	Area Outcome	Notes