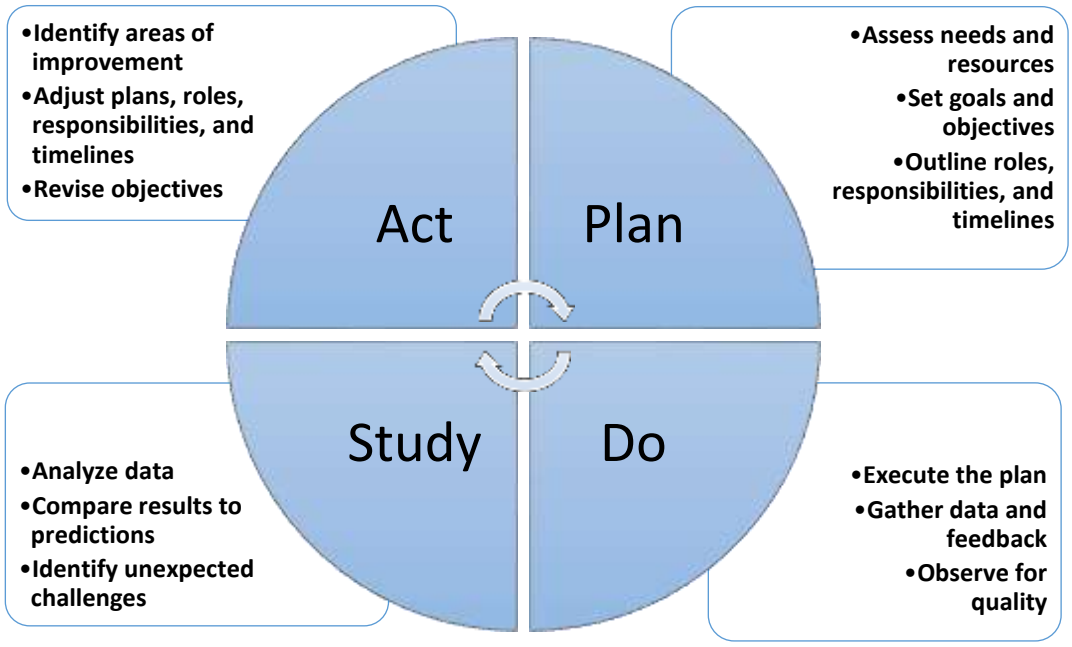
CONTINUOUS QUALITY IMPROVEMENT

BACKGROUND

Continuous Quality Improvement (CQI) is a system that is implemented to ensure ongoing quality and innovation. The process allows an organization to plan effectively, execute seamlessly, evaluate progress toward goals, and implement corrective action when needed. Figure 1 provides an illustration of the process in general terms.

Figure 1: Theoretical Approach



When applied at every level of the organization, the CQI approach allows for constant, sustainable innovation and growth. It requires planning and commitment, as well as the ability to gather and analyze data from a variety of sources.

CONTINUOUS QUALITY IMPROVEMENT PLAN FOR 2019

The remainder of this document is specific to the Continuous Quality Improvement Plan for 2019.

PLAN

GOALS AND OBJECTIVES

In order to establish a comprehensive CQI system, the organization must first have clear goals in mind, and a set of objectives that support them. These are outlined in the Strategic Plan, which is revised each year by the Board of Directors as part of overall organizational improvement. The Logic Model in Figure 2 illustrates how organizational and community resources, activities, and short- and long-term objectives all lead to the goals that have been established.

Figure 2. Logic Model

Inputs	Activities	Short-Term Objectives
• Grant funding • Donors • Volunteers • Staff • Board • Partners • Forensic Interview Model • Advocacy Model • Medical Exams and Consultations • Mandatory Reporters	• Maintain a child-friendly environment • Provide training for other Advocacy Centers • Design and implement relevant, engaging Prevention Programs • Provide parenting classes for clients and their families • Provide full mental health services to our clients • Increase services to underserved areas	• Improve perceived quality of care and interactions for clients by 10% • Improve adherence to Forensic Interview model and quality of delivery by 10% • Expand services/service delivery area by 25% **Long-term Objectives** • 25% more community members are aware of child abuse • 25% more organizations participate in child abuse prevention efforts • 95% of partners indicate the Center is an important part of the investigatory team
Goals: • *Every child has the safety they need to tell their story.* • *Our clients receive the services they need to heal.* • *Abusers are held accountable.*		

MANAGEMENT TEAM ROLES AND RESPONSIBILITIES

Executive Director, Marie Fordney, M.A.: Responsible for overall direction for the organization, including oversight and evaluation. Duties include engaging new partners, raising awareness in the community, and extending the reach of the Center's work to prevent and address child abuse, neglect, pornography, and trafficking.

Program Director, Sonia Pesqueira: Reporting to the Executive Director, Sonia is responsible for oversight of staff and continuous quality improvement in the Advocacy and Interview programs. Responsibilities include reporting of outputs, reviewing data and initiating corrective action as needed, staff development, maintaining relationships with partners, and coordination of services.

Medical Director, Dale Woolridge, M.D.: Reporting to the Executive Director, Dr. Woolridge is responsible for direction of the medical program, including recruitment, training, and ongoing professional development for forensic examiners. He provides training for investigators in Child Abuse Recognition and Processing, and advises on Statewide EMS Performance Improvement.

DO

Putting the plan into action requires a clear timeline and task assignment, as well as tools to measure progress and outcomes. The Center will incorporate an evaluation mindset into all work and seek opportunities to gather data on all activities, outputs, and outcomes. Each measure is carefully selected to inform the organization about aspects of the work that can be improved, as well as external factors outside of its control that impact the work and the community. The key questions the evaluation seeks to answer are:

1. Is The Center providing high quality services that meet client and partner expectations?
2. Is The Center following evidence informed practice to ensure the best outcomes?
3. Is The Center having an impact on the community?

MEASURES

Both quantitative and qualitative measures will be utilized to answer these three key questions, as outlined below.

Figure 3. CQI Measures

Evaluation Question	Indicator	Data Source	Collector	Analyzed
Is The Center providing high quality services that meet client and partner expectations?	*Quantitative Output:*			
	# MDT partners	MDT List	ED	Monthly
	# new satellites	Satellite List	ED	Quarterly
	# clients served	Service Report	PD	Monthly
	Qualitative Outcome:			
	Client Satisfaction	OMS Survey	PD	Quarterly
	Partner Satisfaction	OMS Survey	ED	Semiannual
Is The Center following evidence informed practice to ensure the best outcomes?	*Quantitative Output:*			
	# interview observations	Observation Log	PD	Quarterly
	# advocacy observations	Observation Log	PD	Quarterly
	# exam observations	Observation Log	MD	Quarterly
	# MDT meetings	MDT Agendas	ED	Quarterly
	Qualitative Outcome:			
	Observation Quality Rating	Quality Reports	PD; MD	Quarterly
	Fidelity Self-Assessment	Reflection Log	Adv; Int; Ex	Monthly
	Partner Satisfaction	OMS Survey	ED	Semiannual
Is The Center having an impact on the community?	*Quantitative Output:*			
	# online engagements	Analytics	DC	Monthly
	# new satellites	Satellite List	ED	Quarterly
	# clients served	Service Report	PD	Monthly
	Qualitative Outcome:			
	Community Awareness	OMS Survey	ED	Quarterly
	Child Welfare	DCS Quarterly	ED	Annual
Evaluation roles: Executive Director (ED); Program Director (PD); Medical Director (MD); Community Development Coordinator (DC); Advocates (Adv); Interviewers (Int); Medical team/examiners (Ex).				

The data collection tools (see Appendix A) will be revised as needed to ensure they are easily incorporated for everyday use. Any adjustments to these tools will be focused on simplifying the process and minimizing loss of data, as this is always an issue in an evaluation project. Staff will be held accountable for their quality of work through data collected from observations and self-reflection, but also through their timely, complete, and consistent submission of self-reflection logs and client/case data.

Tasks and timelines are guided by the Implementation Plan, attached as Appendix B. This plan clearly outlines what needs to be done, by whom, and when. It will be reviewed on a quarterly basis by the Management Team, to address challenges and modify timeframes as needed.

STUDY

METHODOLOGY

Using a participatory approach, The Center's Executive Director will engage project stakeholders to collect and analyze the data, reach consensus about findings, make recommendations for ongoing improvement, and disseminate results at the local and national level (Zukoski & Luluquiesen, 2002). For example, all stakeholders will assist with administration of surveys, and for completing their own self-reflection or survey. In addition, reports will be shared with stakeholders, either via email or, when further discussion is warranted, during a staff, Board, or MDT meeting.

A simple analysis method will be used to assess outputs and outcomes. Data will be summarized and presented visually, whenever possible. Averages will be calculated, as well as standard deviation (see Appendix C for the method to be used). In addition, outliers will be identified and investigated, to determine if they were the effect of external factors or if corrective action is required.

PROFESSIONAL DEVELOPMENT PROCESS

Staff at The Center are well-trained professionals, and the CQI Plan is not intended to be used as a disciplinary tool. Rather, an effective CQI Plan can inform the organization's Professional Development Process by identifying strengths and weaknesses at the organizational and environmental level. It also provides a wealth of data that can be used to inform individual needs for development. The Center's Approach to professional development, as outlined in general terms in Figure 4, allows for each staff member to be placed within a matrix of skills and competency levels. This ensures each employee receives the quantity and type of training needed, and avoids a "one size fits all" approach.

Figure 4. Professional Development Matrix

Domain/Level	Novice	Beginner	Intermediate	Advanced	Master
Knowledge	Knows the job description and expectations	Completed training; demonstrates competence	Works independently; meets expectations	Is able to advise and troubleshoot	Provides training for others
Consistency	Learning procedures; requires support	Generally knows and follows procedures	Knows and follows procedures well	Reliably follows procedure; can explain reasoning	Provides training; able to write up protocols
Quantity	Unable to serve a standard number of clients	Serves a minimum number of clients	Works efficiently; serves standard client #s	Highly effective; serves higher than average #s	Serves others' clients in addition to their own
Quality	Applies techniques imperfectly or inconsistently	Applies proper technique consistent with training	Able to choose appropriate approach for each situation	Utilizes creative approaches to maximize results	Provides training for others

Staff may be at different levels of mastery for each domain and at different times. Individual development plans will be tailored to meet individual needs and outlined as part of their annual Employee Evaluation. The Management Team is responsible for assisting the team with identifying appropriate training opportunities. If there are no resources for travel, free and online trainings will be utilized. Despite this leadership obligation, it is ultimately the responsibility of the employee to seek the training they need to excel at their job.

REPORTING

It is critical to the process that data and analyses be disseminated at three levels: internally, to partners, and for public consumption. Within each level, a variety of reporting mechanisms will be utilized to ensure all stakeholders are appropriately informed and have critical information for decision-making and planning.

INTERNAL REPORTS

Reflection Log – Comparable to a self-reflection journal, the reflection log is completed by staff after each interview, initial advocacy session, or donor/volunteer engagement. The log is specific to the task, and encourages each staff member to follow best practices by allowing them to provide an assessment of their own performance. Reflection logs are submitted online and supervisors can review data by staff member or in aggregate by task.

Quality Reports – A report of observed quality for interviews, advocacy sessions, or donor/volunteer engagement. The report includes objective information regarding the use of best practices, as well as subjective assessment of the nature of interactions. Supervisors review this information with each staff member on a monthly basis, so they are always aware of their strengths and areas of growth.

Observation Log – A simple list of observations conducted and average quality and fidelity scores. Allows the Executive Director to assess whether an appropriate number of observations are conducted equitably for all staff. Also provides data for discussions within the management team and one-on-one with staff who are struggling whenever corrective action is needed.

Analytics – Numbers of online engagements. This information is a way to assess the level of community engagement with an event or cause. Analytics will be used by the Executive Director as part of the assessment of the Community Development Coordinator's performance.

Employee Evaluations – Utilizing all the above data as well as the Professional Development Matrix and a comprehensive evaluation tool, staff will formally review their job performance on an annual basis with their supervisor. This meeting is an opportunity to identify challenges and solutions (i.e., training), as well as to celebrate strengths and contributions to the organization.

PARTNER REPORTS

Service Report – Monthly statistics provided to the Board of Directors and staff on number of cases, interviews, exams, consultations, prevention participants, etc. This is a simple record of outputs that can alert the management team to deeper issues impacting service provision, such as limitations with partner agency access to services.

MDT Meeting Data – Sign-in sheets and agendas for MDT meetings allow the Executive Director to ensure meetings are engaging and meaningful. This data will be reviewed with the Pima County Attorney on a quarterly basis to make any necessary adjustments to training topics, case review format, and supervisory discussions.

Satellite List – Updated quarterly and presented to the Board of Directors and MDT Supervisors, this list allows the organization to measure its reach throughout Southern Arizona. It is expected that satellites will be established slowly over time, so the satellite list allows for descriptions of the nature and depth of partnerships prior to the point where they would be considered "a satellite of" The Center.

Funders' Reports – Each funder has their own required output and outcome reports, as well as financial reporting. These are generally required on a monthly basis, but may be required only a few times per year by some funders. These reports or excerpts from them may be shared with staff and the Board when relevant.

OMS Survey – Client and Partner Satisfaction Surveys are conducted via an online system called OMS that allows for anonymous data collection and reporting. MDT surveys are conducted twice per year, while client surveys are conducted at baseline, 1-, and 6-months after the initial visit to The Center. Data is reported to funders, and will also be shared with staff to identify opportunities for improvement. MDT survey data is shared with MDT partners.

PUBLIC REPORTS

DCS Quarterly – Publicly available report on child welfare outcomes, including number of cases assigned for investigation. This allows the organization to anticipate and respond to trends in child maltreatment.

Whitepaper – A summary of data and insights that can be shared widely with stakeholders and public. The Whitepaper will be built from all the above information to ensure the Board of Directors, Executive Director, Community Development Coordinator, and any staff member or partner engaging with the public can do so with accurate, data-driven responses to the needs of the community. The Whitepaper is a powerful tool for advocacy.

ACT

Action steps towards improvement will be driven by objective analysis of quality and fidelity of implementation during service delivery. In addition, the organization will seek opportunities for innovation through reflection on the program models themselves. The goal of this thought process is to catalyze efforts to expand, find new revenue streams, and maintain competitive advantage. The process will also allow for improvement on the existing models and also new approaches to increase the value of services provided by The Center.

Diffusion of Innovation (DOI) Theory (E.M. Rogers, 1962) explains how an idea gains momentum over time and spreads through an organization, collaborative group, or community. Utilizing this theory as the basis, the Executive Director will ensure the approach to innovation allows time for individuals to step towards adoption of the new idea in their own time. This means that the person behaves differently because they believe their new behavior will benefit the community, their clients, and even themselves.

Researchers have found that people who adopt an innovation early have different characteristics than people who adopt an innovation later, and rushing the latter group will hinder innovation. There are five established adopter categories, and while the majority of the general population tends to fall in the middle categories, people who work in systems of trauma tend to adopt innovation more slowly, as they have an inherent, learned distrust of change and authority.

- Innovators - These are people who want to be the first to try the innovation. They are very willing to take risks, and may even be the ones to develop new ideas.
- Early Adopters - These are people who represent opinion leaders. They enjoy leadership roles, and are already aware of the need to change and so are very comfortable adopting new ideas.
- Early Majority - These people adopt new ideas before the average person, but typically need to see evidence that the innovation works before they are willing to adopt it.
- Late Majority - These people are skeptical of change, and will only adopt an innovation after it has been tried by someone they trust.
- Laggards - These people are bound by tradition and very conservative. They are very skeptical of change and are the hardest group to bring on board.

In order to assist individuals in their journey to adopting a new approach or program, the Management Team will provide statistics, examples, and clear implementation guidance. Innovators and Early Adopters will be engaged as leaders to help build success and buy-in, and will be recognized for their efforts to improve the organization for the benefit of the community. In addition, the following multi-step process will be used for innovations and improvements:

Figure 5. Innovation and Improvement Process

Steps	*Questions to Answer*	*Resulting Innovation/Improvement*
Analyze the current program models	Who are we serving? What unique value to we bring? How do we generate revenue?	Identify target audience Articulate unique, marketable value Ensure current revenue sources are maximized
Confront the current program models	How accurate are our assumptions about the needs of our target population? What are the unmet needs of our target population? How can we better address those unmet needs?	Identify needs and resources for the target population Identify gaps in services, resources, or geographically Brainstorm new service models or new approaches to delivering current services
Ensure quality and consistency in program implementation	How consistent is our service delivery? What level of quality do clients perceive we deliver? Do our partners feel meaningfully engaged in the work?	Identify need for additional training Develop processes to ensure consistently high quality of service Plan and execute partner engagement and relationship building activities
Build and test a pilot	What new approach is most likely to succeed in improving our quality or expanding our reach? How will we know if it's better than what we're already doing? At what scale should the new program be implemented for testing?	Create a new program or make iterations of current programs Clearly define desired outcomes and the methods that will be used to measure them Establish a clear timeframe and number of participants for testing

Any action taken toward innovations and improvements will be presented to staff, partners, and the community, and in reports to funders and the Board. This will aid in diffusing the innovation throughout the organization and in the community, as it allows time and context to build momentum. At that point, the innovation or improvement begins the CQI process again, as the organization makes plans for its wide-scale implementation.