



QUALITY IMPROVEMENT PLAN 2019-2020

**FAMILY CARE NETWORK
CITRUS HEALTH NETWORK, INC.
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I. ABOUT CITRUS FAMILY CARE NETWORK

Citrus Health Network, Inc. (CHN) first started operations in 1979 as a federally funded community mental health center under the name of Northwest Dade C.M.H.C. In 2004, CHN became a Federally Qualified Health Center (FQHC) expanding its services to primary care services that currently include general, family and internal medicine; pediatrics; and obstetrics/gynecology. In 2019, CHN, as Family Care Network, was awarded the Lead Agency for Community Based Care in Miami-Dade and Monroe Counties by Florida's Department of Children and Families.

Throughout the years, CHN has achieved and maintained various accreditations:

- The Joint Commission (TJC) as an Ambulatory Care (2005), Primary Care Medical Home (2011), Behavioral Health (1987) and Behavioral Health Home Organization (2014) – Re-accreditation expected in 2020
- National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (2012) – Re-recognition achieved in 2019
- Accreditation Council for Graduate Medical Education (ACGME) as a Psychiatry Residency Program (2015) and Child & Adolescent Fellow Program (2018) – Re-accreditation expected in 2028 and 2020, respectively.
- American Psychological Association as a Doctoral Psychology Internship Program (1988) and Post-Doctoral Psychology Residency Program (2004) - Re-accreditation expected in 2020 and 2021, respectively.

Mission

The business of helping people.

Values and Principles

Guiding the practices implemented at CHN, are the values and principles that provide guidance and vision in meeting the agency's Mission Statement. These values and principles support CHN's commitment to operating as a Total Quality Management organization.

1. The organization has clearly defined, well understood, and mutually agreed upon purpose and task.
2. Services revolve around the needs of the children and families in the System of Care needs.
3. Processes cross departmental boundaries-territories are eliminated.
4. Improvements are made by people who have the best interest of the organization at heart.

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5. Interdisciplinary teams solve system problems
6. Employees participate in performance improvement activities(Empowerment).
7. Managers lead and coach.
8. Self initiative is encouraged; it is the price of success.
9. Fear of taking responsibility is eliminated.
10. The management information system must be designed to collect statistical data rather than monitor behavior for punitive purposes.
11. Top management teams manage conflict constructively and avoid politics based on personal agenda.

Subcontracted Full Case Management Agencies

Citrus FCN has subcontracted with the following Full Case Management Agencies (FCMAs) to provide the necessary case management services to meet the needs of the children and families in the child welfare system:

1. Center for Family and Child Enrichment, Miami-Dade County
2. Children's Home Society, Miami-Dade County
3. Family Resource Center, Miami-Dade County
4. Wesley House, Monroe County

Each FCMA must submit their Quality Assurance Plan to Citrus FCN on an annual basis to FCN's Chief Quality Officer as per contract requirements. The FCMAs must demonstrate application and adherence to quality assurance best practices in their service delivery. Compliance will be assessed during annual monitoring activities.

II. QUALITY IMPROVEMENT PLAN

FCN's Quality Improvement (QI) Plan is part of CHN's Performance Improvement (P.I.) Program that has been instituted at CHN since 1986 in order to ensure a consistent process through which the level of desired quality could be defined, pursued, achieved and maintained. Inherent in this concept is the creation of formal mechanisms for detecting and correcting factors which prevent the achievement of desired quality and/or outcomes. At the very foundation of these formalized mechanisms is the ongoing monitoring and evaluation of systems critical to the safety and the quality of care and services provided to the children in the child welfare system.

To ensure that the above principles have been adhered to, and to provide for the monitoring and evaluation of the quality and appropriateness of care and services, committees have been established as part of the overall P.I. Program to provide oversight, problem resolution and evaluation.

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A. AUTHORITY AND GOVERNING SUPPORT

1. The ultimate responsibility for the quality of care and service provided lies with the Governing Body.
2. The Governing Body has the final authority and responsibility for the development and maintenance of a flexible, comprehensive and integrated P.I. Program which strives to ensure that consistently, acceptable services will be provided by the facility.
3. The Governing Body has delegated the authority and accountability for the operation of the P.I. Program to Family Care Network's Administration.
4. The Governing Body has established Family Care Network's Committee of the Board of Directors.
5. The Governing Body has made the commitment to provide the financial support necessary so that the Administration can provide the specific material resources, equipment, and personnel required.
6. The facility's Governing Body and Administration authorize all FCN Department Directors and staff to participate in the PI Program.
7. Revisions to the PI Program are made as substantive changes take place and are reviewed by FCN's Committee of the Board of Directors, as needed.
8. FCN's Committee of the Board of Directors, FCN Director, and FCN Performance Improvement Council (PIC) members receive and review PI reports.

B. OBJECTIVES OF THE PI AND QI PLAN

1. To evaluate and maintain quality care and oversight and reduce general liability by incorporating all child welfare monitoring activities, risk management, cost containment and standards compliance activities, into one, coordinated and integrated PI Program.
2. To assure coordination of all PI activities by establishing a Performance Improvement Council (PIC).

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3. To assure identification and resolution of child welfare community wide problems.
4. To provide ongoing monitoring and evaluation of the child welfare system of care in Miami-Dade and Monroe Counties.
5. To provide oversight and accountability for monitoring of the Family Case Management Agencies (FCMAs) and other contracted agencies to ensure corrective action plans are implemented, as needed.
6. To facilitate communication and reporting among the PIC, PI committees, Administration, Departments, and FCN's Committee of the Board of Directors.
7. To distribute results of P.I. activities to the various System of Care stakeholders.
8. To ensure that all relevant Department of Children and Families (DCF) requirements are complied with, including DCF operating procedures.
9. To identify FCN, FCMA and other contracted provider staff educational needs on an ongoing basis.
10. To evaluate the PI program for effectiveness and suggest improvements in methodology or structure which may further the overall purpose or fulfill the objectives of this Program.

III. SCOPE OF QI PROGRAM

The QI Program provides oversight responsibility of all systems critical to the safety and the quality of services provided to the children and families in the child welfare system of Miami-Dade and Monroe Counties. Given the comprehensiveness of this responsibility, priority considerations have been established and they are as follows:

1. Children in child welfare with high utilization of services;
2. Children in child welfare identified as high risk;
3. Those issues/activities that have major impact on children and families;
4. Activities where failures can place the children in child welfare at the greatest risk;
5. Activities requiring the greatest skill or attention to applicable policies and procedures;
6. Issues that have given rise to chronic problems, unresolved by previous efforts;
7. Activities which have been cited by external or internal monitoring activities as

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- opportunities for improvement;
8. Unanticipated events that demonstrate people or system failure; and
 9. Indicator development based on Department of Children and Families Performance Measures.

In an attempt to carry out this responsibility, activities have been structured to address three areas: monitoring and evaluation, corrective action and outcome.

In addressing the targeted systems critical to the safety and the quality of care provided to the children and families in child welfare, the QI Program will utilize a monitoring system involving the collection of specific data, the interpretation and analysis of the data, the recommendation(s) for action and the follow-up documentation of actions taken. These will be carried out for both individual situations/concerns and on an aggregate basis (trend/pattern) by the Child Welfare Systems as a whole, and by FCMA, and evaluated by the QI Program.

Community Based Care Scorecards

Minimally, on a quarterly basis, reports will be generated on DCF's CBC Scorecard Measures which include:

- Rate of abuse or neglect per 100,000 days of services
- % of children not abused while receiving in-home services
- % of children with no verified maltreatment within 6 months of termination of supervision
- % of children under supervision seen every 30 days
- % of children exiting out of home care to a permanent home within 12 months of entering care
- % of children exiting out of home care to a permanent home in 12 months for children in out of home care 12-23 months
- % of children who do not re-enter out of home care within 12 months of moving to a permanent home
- Placement moves per 1,000 days in out of home care
- % of children in out of home care who received medical services within the last 12 months
- % of children over the age of 3 in out of home care who received dental services within the last 7 months
- % of young adults exiting out of home care at age 18 who completed/are enrolled in secondary education, vocational education or adult education
- % of sibling groups where all siblings are placed together

Data will be generated and presented for the CBC as a whole, as well as per FCMA for identification of measures that fall at or above the identified goals, and those identified below the thresholds that require improvement.

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IV. STRUCTURE/COMMITTEES

FCN's QI/PI Program is under the directive and oversight of FCN's Committee of the Board of Directors and Director of FCN. CHN's Chief Quality Officer reports directly to the CEO and FCN Director and is responsible for ensuring the implementation and practice of QI/PI principles throughout the day to day activities of FCN. QI activities are designed to be integrated within the operations of the organization in order to maintain a culture of Total Quality Management.

A. PERFORMANCE IMPROVEMENT COUNCIL (PIC)

The Performance Improvement Council (PIC) at FCN was established by FCN's Committee of the Board of Directors and FCN's Administration to take up the delegated authority and responsibility for the development, coordination and evaluation of a comprehensive QI/PI Program. The PIC oversees the monitoring and evaluation of the quality and appropriateness of systems critical to the safety and the quality of care and services provided to the children and families; identifies and resolves problems; reviews and approves the work of the Performance Improvement Teams (PIT); and studies outcomes and provides follow-up. The coordination and integration of all the Performance Improvement (PI) committees is the responsibility of the PIC. This includes quality improvement and risk management activities, as well as the responsibility for the quality and appropriateness of care provided to the children and families within the Child Welfare System of Care. This is accomplished through ongoing monitoring of activities and functions performed by FCN.

1. Membership:

The PIC is composed of an inter-disciplinary team of key staff including: CHN's Chief Executive Officer, CHN's Chief Operating Officer, FCN's Director, CHN's Chief Information Officer, CHN's Chief Quality Officer, CHN's Communications Director, FCN's In-House Counsel, FCN's Intake Director, FCN's Director of Placement and Licensing, FCN's Director of Programs and Services, FCN's Chief Financial Officer, and FCN's Director of Adoptions and Youth Services. Additional supervisory staff will participate in PIC meetings, as applicable. The Director of FCN serves as the Committee Chairperson. The Chief Quality Officer directs and coordinates all PIC activities, summarizes and reports all findings from QI/PI monitoring activities to the PIC, Administration, and FCN Committee of the Board of Directors.

2. Meetings:

The PIC meets at least monthly and as often as deemed necessary by

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the chairperson.

3. Activities:

- a. Frame, supervise, and integrate all QI/PI matters, and communicate necessary corrective action(s) to FCN Department Directors, PIC, Administration, and/or FCN Committee of the Board of Director.
- b. Mandate corrective action implementation, when necessary.
- c. Integrate data by reviewing problem-related information from all sources and by directing the use of such data.
- d. Monitor corrective actions through to resolution and follow-up outcome.
- e. Develop policies and procedures which ensure the provision of quality care with on-going improvement and interdepartmental resolutions.
- f. Provide clinical and administrative leadership with timely useful information to enhance problem solving and systemic planning.
- g. Provide feedback to reporting individuals, committees and/or groups.
- h. Establish Performance Improvement Teams to work in specific areas as needed to continuously improve the quality of care provided.
- i. Work within the FOCUS PDCA model (refer to section VI.)
- j. Review reports of monitoring activities and develop corresponding recommendations, corrective actions or plans for maintenance.
- k. Monitor the effectiveness of corrective action plans which have been implemented.
- l. Incorporate relevant findings of all regulatory agencies and accrediting bodies into the QI Program corrective action procedures.
- m. Conduct special studies of identified problems with systems critical to the safety and the quality of care and services provided
- n. Recommend procedures for service record maintenance and ensure that details are recorded in the proper manner and that sufficient data is present to evaluate the quality of care and service provided to the clients and their families.
- o. Review, develop, and implement procedures for corrective action when deficiencies or deviations from acceptable standards are recognized for a particular FCMA or other contracted provider or a process involving many providers.
- p. Information is disseminated through PIC Committee minutes and

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memorandum to FCN Directors, FCN staff, Administration and
FCN's Committee of the Board of Directors.

B. QUALITY IMPROVEMENT DEPARTMENT

The QI Department consists of the Chief Quality Officer, QI Manager and four QI Specialists. The QI Specialists have specialties that define their day to day activities and they include:

1. Missing Children specialty
2. OTI/ICPC specialty
3. QI Lead Case Reviewer
4. Data Analytics and Performance Measures specialty

The QI Program was established at FCN:

- To report ongoing QI activities to the PIC and FCN Committee of the Board of Directors.
- To review data and report pertinent findings of QI monitoring activities including quarterly analysis of DCF Outcome and Performance Data.
- To report findings and recommendations resulting from on-going case reviews and monitoring activities.
- To oversee compliance monitoring activities of FCMA's.
- To report findings and progress made in compliance with DCF's Federal Review Performance Improvement Plan

Reporting on monitoring activities:

1. The PIC is concerned with:
 - ensuring that monitoring activities are ongoing and in accordance with the defined standards of care for carrying out the activity.
 - being available to interpret and evaluate pertinent findings that are beyond the authority or expertise of the department/committee.
 - considering recommendations as a result of standing committee activities and process improvement teams that are beyond the authority or expertise of the department/committee/team to implement.
2. The QI Department staff will:
 - a. Collect data minimally on:
 - DCF Performance Measures,
 - Case review findings and identified trends,
 - stakeholders' satisfaction survey results,
 - incident reports,

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- complaints,
 - psychotropic medication use,
 - other performance measures as required by contractual agreements.
- b. Review the data on a monthly and/or quarterly basis to:
- identify problematic cases;
 - develop improvement plans based on results;
 - develop action plans and ensure they are implemented;
 - identify trends in the data collected or processes being reviewed; and
 - present findings to pertinent committees, Leadership, FCMA's and DCF, as applicable.
- The quarterly monitoring reports will be presented to PIC. Any significant findings and recommended plan of actions will be reviewed and approved by the PIC.
- c. Direct and coordinate the PIC meetings, present reports for review and recommendations and submit the minutes for those meetings.
- d. Conduct stakeholder satisfaction surveys on an on-going basis, at least one time per year per program.
3. The Chief Quality Officer or designee will report all findings to the PIC and FCN Committee of the Board of Directors, minimally on a quarterly basis.

C. QUALITY ASSURANCE (QA) REVIEWS

QA Reviews encompass one method by which provision of care and services provided by the FCMA's is monitored and measured. The purpose of the QA case reviews at FCN is to assure that children and families in the System of Care receive accurate intakes, assessments, effective treatments, appropriate utilization of resources and appropriate, timely reunifications, as applicable. The QI/PI program accomplishes this purpose by ensuring that providers of services receive appropriate input for the maximization of the quality of care they provide.

FCN's QI Department staff will follow and comply with the Continuous Quality Improvement (CQI) processes described in Florida's Department of Children and Families Windows into Practice. CQI consist of ongoing quality reviews of child welfare practice related to safety, permanency and

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child well-being.

1. Quality Assurance Reviews are completed by trained FCN QI Specialists.
2. Review samples are generated using recognized sampling methodologies and/or in accordance with Department of Children and Families (DCF) requirements.
3. Requests for Action (RFAs) are generated to address administrative and safety concerns as described in the *Child Welfare Quality Management Plan*.

TYPES OF CHILD WELFARE QA REVIEWS

1. Windows into Practice Reviews

a. Routine On-going Quality Reviews:

i. Rapid Safety Feedback Reviews (RSFR):

The RSF reviews' target population is children 0-4 years old receiving in-home services. The state approved Rapid Safety Feedback Case Review Instrument In-Home Service Cases Tool and Interpretive Guidelines are used to conduct targeted case reviews. A minimum of 10 cases per quarter will be reviewed.

ii. Federal Child & Family Services Reviews (CFSR):

These CFSR case record reviews require stakeholder interviews. A random selection of cases is received from the Office of Child Welfare at the start of the quarter. The review period goes back a year prior to the present review date. This review is conducted to ensure conformity with the Federal child welfare requirements and to gauge the experiences of children, youth, and families receiving child welfare services. This review focuses on three main sections: safety, permanency, and well-being. A minimum of 4 cases per quarter are reviewed. This review requires an interview with the child (if age appropriate), biological parents, case manager, and any other parties to the case.

iii. Florida CQI Child and Family Service Reviews (FL CQI CFSR):

FL CQI CFSR case record reviews do not require stakeholder interviews. A random selection of cases is picked by the Citrus QI Manager. The review period goes

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back a year prior to the present review date. This review is conducted to ensure conformity with the Federal child welfare requirements and to gauge the experiences of children, youth, and families receiving our child welfare services. This review focuses on three main sections: safety, permanency, and well-being. A minimum of 8 cases per quarter are reviewed.

iv. Department Special/Discretionary Reviews: completed as requested by DCF.

b. Samples Selections:

Sample size and parameters for Rapid Safety Feedback, Florida CQI/CFSR and Federal CFSR are determined annually by DCF and delineated in *Windows into Practice*.

c. Review Tools:

The web-based review tools for Rapid Safety Feedback, Florida CQI/CFSR and Federal CFSR Reviews are determined by DCF and delineated in *Windows into Practice*. Review results are entered into corresponding data base systems.

d. Feedback:

Feedback is provided to partner agencies as defined in *Windows into Practice* (via consultation with case managers and supervisors, provision and review of case-specific and aggregated results, exit meetings, etc.)

e. Results and Continuous Quality Improvement –

Results of *Windows into Practice* reviews are child welfare systemic in nature and are thus used to inform the Citrus FCN/Southern Region/Florida *CFSR Performance Improvement Plan*. This plan and its activities are implemented throughout the state at the region, agency and partner agency levels.

2. Agency Special/Discretionary Reviews.

a. **Special Reviews.** Special Reviews are completed as requested by Citrus FCN Director and/or Leadership Team. Citrus FCN special reviews are completed as needs are identified due to practice-related complaints or concerns and in any transition of services from one contracted provider to another.

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- b. Discretionary Reviews.** Discretionary Reviews are scheduled based upon OFIs identified by the agency's ongoing CQI activities. Discretionary reviews are subject to change due to new or changes in agency priorities.

D. QI Committees/Meetings

Various meetings are held and attended by FCN's QI staff throughout the year:

- Quarterly DCF Regional Director CQI meeting – includes DCF, FCN QI Department and FCMA QA Department staff. Held to review DCF's Performance Improvement Plan and other pertinent matters.
- Monthly CQI FCN and FCMA meetings – include minimally FCN QI Department and FCMA QA Department staff – held to review upcoming policies, review scorecards and progress made in PIP items.
- DCF QA Manager's Meeting – hosted by DCF Office of Child Welfare quarterly meeting and includes DCF Regional, FCN and other staff. These meetings are held to address and collaborate on Federal and State QI initiatives and processes.
- CEO Roundtable Meetings – hosted by FCN's Director and attended by FCN Director, CHN CEO and other identified leadership.
- FCN/CLS Meetings – hosted by Children's Legal Services and includes monthly meetings between both parties to develop action plans for identified items.

V. PROBLEM IDENTIFICATION

The process of problem identification is carried out by all FCN staff, with regular monitoring of those areas which have the greatest impact on the quality of care. By regularly monitoring and evaluating systems critical to the safety and the quality of care and services provided, problems effecting the maintenance of acceptable quality will be identified. The type of data to be evaluated will be determined by the information needed and should accurately reflect the systems of care that the committees or departments are concerned with. Emphasis will be placed on utilization of existing data sources to complement actual record reviews.

Examples of data sources for identification of problems or opportunities are:

- FSFN case records
- Results of the ongoing monitoring of the systems critical to the safety and the quality of care and services provided at the FCMA or PIT level
- Mortality/morbidity reviews
- Findings of PIC activities
- Incident reports
- Trending analysis

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- Stakeholder comments, complaints and grievances
- Results of stakeholder satisfaction surveys
- Staff development activities
- Data obtained from staff interviews and observation of FCMA activities
- Results of FCMA and contracted agencies monitoring activities

A. PRIORITIZATION OF PROBLEMS OR OPPORTUNITIES TO IMPROVE CARE

While several areas of concern may be identified, it is agreed that efforts in problem analysis and resolution must be prioritized. In-depth assessment will be continued for those identified problems which have the greatest degree of adverse impact on the services provided to the children and families in child welfare and that can be expected to upgrade care should the problem be resolved. Committees and/or individuals responsible for P.I. activities will prioritize identified problems according to the following criteria:

- accessibility of care
- appropriateness of care
- continuity of care
- timeliness of care
- safety of the environment of care
- effectiveness of care
- efficacy of care
- stakeholder perspective issues

B. ASSESSMENT METHODS

Many different methods may be used to assess problems by staff and committees. The use of pre-established criteria in an audit format is utilized, as well as simple number counts, ongoing monitoring and/or group consensus. The goal of the problem assessment process is to uncover the problem's source and magnitude in order to facilitate the development of an effective and efficient action plan in a timely manner.

Problem assessments may be done on a prospective, concurrent or retrospective basis; the method chosen is dependent upon the type of analysis desired and the timeliness of the information sought or needed.

Causes can often be grouped under one of the following four categories:

1. *Knowledge/skill problems:* Staff involved may have insufficient training, orientation, or experience to provide the required service according to standards of care. Policies and procedures and/or standards and expectations may be poorly articulated or communicated.

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2. *Performance problems:* Assuming an adequate level of knowledge and preparation, problems may be the result of poor motivation, neglect of responsibilities, low staff morale due to management practices, poor time management, etc.
3. *Resources problems:* Failure to provide good quality care may be indicative of insufficient staff, equipment, or space resources.
4. *Process problems:* A problem is identified in a process that involves a variety of providers and interdisciplinary teams may be needed to resolve the issue.

Corrective actions need to be tailored to the analysis of the factors contributing to the problem, which may often be a combination of the several of the above. Corrective action often involves one or more of the following:

1. Implementation or modification of oversight and/or monitoring
2. Adjustment of responsibilities and/or practices
3. Staff education and training
4. Policy and procedure changes at service and administrative levels
5. Re-allocation of staff, equipment, and/or space resources
6. Staff disciplinary action
7. Development of a Process Improvement Team

As noted earlier, it is the intent of the organization that problems be addressed at the level of the organization at which they are found and in a timely manner. When problems cannot be adequately addressed at those levels, they are to be reported successively to the PIC for recommendation and/or resolution.

C. PROBLEM SOLVING ACTIVITIES (required whenever necessary)

Problems or "variations from acceptable practice" may be grouped in two ways: those identified during ongoing monitoring activities or those identified during the routine functioning of the Departments. Both may be analyzed and resolved using the problem-solving activity.

The first step in the problem-solving activity is to validate the existence of a variation from acceptable practices. A one-time occurrence, not expected to re-occur, may not warrant further study or problem solving. A well-documented variation from acceptable practice or established departmental standards policy or procedure will require problem resolution.

Problem resolution must be specific to the problem identified and must include

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a plan for re-analysis of the issue to ensure elimination of the problem. Documentation of problem solving activities and resolutions shall be maintained by the QI Program.

D. FOLLOW-UP EVALUATIONS (required for problem solving activities)

1. Whenever a problem-solving activity is completed, a plan for follow-up should be documented. Follow-up evaluations should be done at the time specified during the original problem-solving activity. The evaluation process is part of the "CHECK" in the FOCUS PDCA model.
2. Follow-up evaluations include:
 - a. continued review of related performance measures and/or quality indicators to identify positive changes
 - b. formal studies
 - c. observations, interviews and questionnaires
 - d. if the follow-up evaluation does not show positive impact, problem-solving activities must be repeated. Unless otherwise established, such repeated activity is the responsibility of the individuals, programs, or departments who identified the problem/issue initially.
 - e. documentation and reporting of follow-up evaluations to PIC in the required format and in accordance with the reporting schedule outlined during the initial problem-solving activity.

E. REPORTING SYSTEM

The results of all QI information will be reported by the Chief Quality Officer to:

1. FCN Committee of the Governing Body
2. FCN Director
3. Chief Executive Officer
4. Performance Improvement Council members

F. RESULTS OF MONITORING AND PROBLEM IDENTIFICATION

The PIC, Administration, QI Department and/or any other specific committee carrying out monitoring activities will use the monitoring results and problems identified to continually enhance and improve the quality of the system of care by:

1. identifying practices that should be changed and monitoring revisions
2. identifying standards that need review and revisions to ensure validity and agreement
3. identifying staff skills to be upgraded through appropriate supervision and in-service training, and ensuring that improvement has occurred
4. identifying preventive actions to reduce environmental safety hazards,

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- risk of negligent acts while making less the potential liability for FCMA's and FCN
5. identifying processes that need revisions to result in improved quality of services

VI. MONITORING AND EVALUATION OF THE SYSTEMS CRITICAL TO THE SAFETY AND THE QUALITY OF CARE, TREATMENT AND SERVICES PROVIDED

A. OVERVIEW

Monitoring is a systematic and routine process of information collection over a period of time. It involves the gathering and review of important and relevant data. This includes those systems critical to the safety and the quality of care, treatment and services provided which are high in volume, high risk, or areas which are problem prone. The systems that are chosen to be monitored need to reflect and be representative of the actual care being delivered.

Monitoring encompasses the area of quality and appropriateness of care. It looks at ongoing issues and processes, not simply the documentation of the daily administrative tasks or problems. Monitoring is a process that must be integrated facility-wide through an ongoing system. It is distinguished from other systems of measurement not so much by what is measured as when it measures it. That is, monitoring evaluates the present and not the past, and is continuous. The monitoring of staff competencies is conducted through regular supervision.

As stated previously, constant monitoring and evaluation of components of the entire System of Care is necessary to ensure that it is effective and in compliance with all applicable DCF standards, policies, procedures and other external requirements. In implementing the monitoring and evaluation system, emphasis will be placed on:

- Identifying and minimizing service related problems that may influence a negative outcome.
- Identifying and maximizing opportunities to improve services provided.
- Identifying and minimizing the frequency of unexpected adverse events that may occur.
- Identifying and minimizing faulty processes that impact service outcomes.

Methods:

- Identify indicators and set thresholds of evaluation/performance.
- Compare results of monitoring to indicators and thresholds.

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- Compare results of monitoring to other Lead Agencies to measure FCN with DCF standards and practices.

The monitoring and evaluation process incorporates the FOCUS PDCA Model as a means to evaluate Important Aspects of Care and the action plans as developed by PITs.

The monitoring and evaluation process is designed to help the organization's QI Program use their resources by focusing on high-priority quality of care issues. To accomplish this, the process involves the following:

1. Identification of the most important systems critical to the safety and quality of care, treatment and services provided.
2. The use of measurable indicators to systematically monitor these systems critical to the safety and quality of care, treatment and services provided in an ongoing way;
3. Evaluation of the care when thresholds are reached in the monitoring process to identify opportunities for improvement or for correction of problems in the quality of care;
4. Taking actions to improve care or correct problems and evaluating the effectiveness of these actions.

Restated at the FCMA level, FCN's activities will include to:

- Find a process to improve
- Organize to improve the process
- Clarify current knowledge of the process
- Understand the sources of process variation
- Select the process improvement
- Plan the improvement
- Do the improvement process
- Check the results
- Act to hold the gain and continue working on the process.

B. FOCUS PDCA MODEL

FCN's QI/PI Program will conduct ongoing QI monitoring and evaluation activities utilizing the FOCUS PDCA Model to:

- ensure high-quality care to the children and families of the System of Care
- pursue opportunities to improve care provided to the children and families of the System of Care
- promote ethical responsibility within the System of Care

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- contribute to cost-effectiveness within the System of Care
- enhance compliance with Federal and State regulatory and accreditation requirements.

The results of these efforts will result in the development of important systems critical to the safety and quality of care and services provided, as well as indicators and thresholds of evaluation/ performance levels for:

- System of Care performance improvement activities, and
- FCMA's and other contracted agencies performance improvement activities.

On an ongoing basis, committees and FCMA staff will monitor and evaluate the quality and appropriateness in accordance with established performance measures and criteria. In any case where problems/opportunities to improve care can be implemented at the FCMA, this is accomplished. Data is aggregated on a monthly and quarterly basis utilizing systems that have been developed for this purpose. This aggregate data is presented to Administration and/or Committees, and when problems are identified, is reviewed by the PIC. Any questions or discrepancies or unclear data are resolved with the FCMA involved and reported back to the PIC. The PIC reviews the data submitted to ascertain what monitoring and evaluation has been completed and if it is in an acceptable range; if not, that corrective action has been taken for aggregated data or individual problems.

When data presented to the PIC uncovers a problem or an issue that should be reviewed further, the PIC may request the formation of a PIT of involved individuals that meet to resolve the problem and report to the PIC findings and follow-up.

As part of FCN's overall evaluation, the PIC conducts evaluations and reappraisals of the QI/PI program via FCMA reports, standing committee reports, and PIT reports that are presented to the PIC and FCN Committee of the Board of Directors for their review and any further recommendations.

C. ANNUAL APPRAISAL OF QUALITY IMPROVEMENT PROGRAM

The QI/PI program and the quality and appropriateness monitoring process will be evaluated on an annual basis by the FCN Committee of the Board of Directors. Reports provided to the PIC and Governing Body assist in the development of new goals and objectives for the upcoming year. The following areas will be addressed in the Annual QI/PI Reappraisal:

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Program Effectiveness

The QI/PI Program is integrated with FCN's goals and objectives.

1. Summary of revisions, changes or additions to policies and procedures based on functions.
2. Evaluation of FCN's goals and objectives based on evaluation criteria.
3. Identification of problems that were identified through QI/PI activities.
4. What corrective plans occurred throughout the year to address the problems.
5. What areas will be addressed in the upcoming year regarding QI/PI problem identification.

Program Processes

1. Have changes in care and services provided occurred over the last year, or are changes to the care and services provided anticipated over the coming year? If yes, please describe.
2. Are any changes warranted in the delineation of systems critical to the safety and quality of care and services provided?
3. Are changes needed in data collection processes in order to improve QI/PI data accuracy, timeliness or completeness? If yes, what changes are proposed?
4. Are changes warranted in the established review and QI/PI communication processes? If yes, what changes are suggested?
5. Are changes to the QI/PI activities needed to assure consistency between the written description and the actual program activities? If so, have these recommended changes been submitted?
6. What major changes or accomplishments have been achieved this past year?