**CHILD AND FAMILY SERVICE OF SAGINAW COUNTY**

CONTINUING QUALITY IMPROVEMENT PLAN

**Purpose of the Continuing Quality Improvement Plan:**

Continuing Quality Improvement is an ongoing plan for assisting Child and Family Service of Saginaw County in continually improving the quality of client service and the efficient utilization of agency facilities and personnel. It is a planned, systematic, and integrated approach to monitoring and evaluating the quality of agency operations and client services. The Continuing Quality Improvement Plan should help the organization meet its mission of enhancing the quality of life in our community by fostering personal growth, emotional development, recovery from trauma, self-reliance, and healthy relationships. Its purposes are to promote quality, expose problems needing resolution, and assure expected outcomes. The President/CEO of Child and Family Service assumes ultimate responsibility for the assessment of the quality of client services as well as the clinical work performance of all individuals including therapists, consultants, and technicians.

The plan shall be carried out by the Continuing Quality Improvement Committee. This committee will specifically carry out its plan by analyzing quality records review, client satisfaction, client emotional recovery quality indices, biannual review of clients served, and clinician practice profiles. Additionally, the committee will receive information related to the operations and management of the building including inspections, client grievances, incidences and accidents and barriers. On an annual or bi-annual basis the committee will also review various reports including the agency stakeholder survey, employee feedback and agency annual report.

**Responsibility of the Continuing Quality Improvement Committee is to:**

1. Oversee the work of each of the established subcommittees in the performance of their specific functions.
2. Establish indicators and criteria for the assessment of identified service delivery issues.
3. Set guidelines for addressing issues that need assessment.
4. Review and analyze the data and evaluate the effectiveness of the corrective action taken by various subcommittees and recommend further action.
5. Supervise the implementation of corrective action as a result of continuing quality improvement findings, recommend actions to be taken relative to problems by responsible staff, and assign responsibility for corrective action steps.
6. Conduct an annual evaluation of the Continuing Quality Improvement program which will include the outcome of the achievement of plan goals, achievement of accepted professional standards of practice, resolution of identified problems, assessment of the efficiency and efficacy of Continuing Quality Improvement activities including adequacy of corrective action taken and improvement of the service delivery system.

**Scope of Authority:**

The Continuing Quality Improvement Program, through the Continuing Quality Improvement Committee, is charged with reviewing services to clients in all programs of the agency that provide assessment and clinical intervention or services to clients in the office setting and any alternate office locations. The Continuing Quality Improvement Committee shall be responsible for the review of the quality and utilization of direct services offered by the agency, its operations and facility. When the Continuing Quality Improvement Committee determines that more intense study is indicated, the committee will assign an individual member or a team of members to conduct the study. In instances where the results of data collection and comparison of data with criteria jndicate that the expected levels of performance have not been met, the Continuing Quality Improvement Committee will evaluate the possible reasons for the variations and recommend a plan of action to correct or satisfactorily reduce the problem.

The Continuing Quality Improvement Committee shall meet and review reports from each subcommittee bi­ annually. Written report/minutes of the findings of the committee and any recommendations thereof shall be provided to the committee members. Members of the committee will adhere to agency guidelines regarding confidentiality with respect to client information and the work of their colleagues. A summary of the findings of the Continuing Quality Improvement Committee will be reported to the full Board of Directors of Child and Family Service of Saginaw by the chair of the CQI Board Representative.

Page 2 of 5

# Composition and Components of the Continuing Quality Improvement Committee:

The Continuing Quality Improvement committee will be chaired by the President/CEO and comprised of the President/CEO, Program Director(s), consulting Psychologist (URC), and a board member serving on the Continuing Quality Improvement Committee of the Board of Directors. The committee may request additional staff members to assist in reviews when special issues are under study. The President/CEO is responsible for the training and orientation of new committee members and staff orientation regarding the continuing Quality Improvement Program.

The Biannual CQI meetings review the following quality measures.

# Quality Records Review

* 1. Counseling Center (Utilization Review committee)
  2. Sexual Assault Center
  3. SART/SANE Charts
  4. Medication Use and Utilization Audit (Annually)

# Satisfaction Surveys

* 1. Counseling Center
  2. Sexual Assault Center
  3. Employee Wellness Center

1. **Emotional Recovery Indices**
2. **Screening, Referral and Client Demographics Report**
3. **Practice Profiles**
4. **Client Suggestions/Feedback**
5. **Operations & Management Reports**
   1. Facility Inspections
   2. Client Grievances
   3. Incident & Accident Reports
   4. Barriers or Restrictions Reports

# Annual/Biennial Reports

* 1. Agency Stakeholder Survey (Biannual)
  2. Employee Satisfaction Survey (Biannual)
  3. Annual Report (Annual)
  4. Client Feedback Survey (Annual)

# Quality Records Review

Quality record reviews are conducted according to the Center's specific needs or requirements. The Counseling Center utilizes a Utilization Review committee to review the quality of clinical charts. This is a systematic review of the records of persons served. The committee reviews each chart for quality which is identified in the *Utilization Review Committee Chart Audit Form.* The URC Committee reviews indicators such as complete orientations provided, participation of the person served, comprehensive assessment, comprehensive and reflective treatment plan. *The performance target for each center/record being assessed is established is based on the agency history.* The Sexual Assault Center conducts a Clinical Record Review. The Center Director randomly selects a sample number of charts on a quarterly basis and audits them for quality record keeping and services provided. The indicators are identified on the Sexual Assault Center *Clinical Record Review Form.* The audit reviews indicators

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Page 3 of s

such as complete and comprehensive assessment, complete and reflective treatment plan, signatures, and reviews completed timely.

The Sexual Assault Center also audits the Sexual Assault Response Team (SART) Forensic Examination Record. The Crisis Services Coordinator through the guidance of the SART Medical Director uses the *Utilization Review of SANE Charts Form* to audit Forensic Records. The audit reviews indicators such as client consent, signatures present, medical history complete and chain of evidence maintained.

The Medication Use and Utilization Audit is conducted annually by a Pharmacist who consults with the organization and reviews a sample number of charts that have been seen by the Psychiatrist. This audit reviews a variety of variables to assure CARF standards are being met as well as no medication contradictions are being observed by the Pharmacist. Additionally, the Pharmacist may observe generic drugs or have recommendations that could better serve clients served by medication management.

# Satisfaction Surveys

Satisfaction surveys are submitted to all recipients of serves at Child & Family Services. The Counseling Center and Sexual Assault Center's clients are randomly surveyed on a quarterly basis at the time of their appointments. A survey is distributed by either the Front Office Staff or the assigned therapist as well as through the patient portal for clients with portal capability. The data is collected by the Administrative Assistant and presented to the CQI committee. Satisfaction surveys inquire about client satisfaction with services, length of time to schedule their first appointment, effectiveness of services they are receiving and confidentiality of staff.

*The performance target for each center/record being assessed is established is based on the agency history.* The Employee Wellness Center administers a survey for recipients of employee assistance services (EAP). The Center Director survey's clients who utilize EAP services through a mailing following the use of EAP sessions.

Surveys are mailed back to the Director and data collected and presented to the CQI Committee. Satisfaction surveys inquire about client satisfaction with the scheduling of their appointment, satisfaction with their counselor's recommendation and satisfaction with the assigned counselor. *The performance target for each center/record being assessed is established is based on the agency history.*

# c. Emotional Recovery Indices

The Emotional Recovery Indices is a collection of the statistical information of clients completing counseling services at the agency. The Counseling Center and Sexual Assault Center's data is collected in the EMR from closed charts and analyzed by the President/CEO. The Emotional Recovery Indices report identify number of cases closed and average number of counseling sessions. The report also gathers Session Outcome Feedback data that clinicians ask at time of a treatment plan review and closing that indicate a client's level of satisfaction with the counseling process as well if clients feel they have been working on the things they feel are important to them.

*The performance target for each center/record being assessed is established is based on the agency history.*

The Employee Wellness Center measures quality indices based on access to services. Specifically, the EWC strives to schedule contract clients within 72 hours of their first contact with the agency. The assessment information is collected by the Center Director and presented to the CQI Committee quarterly. The Wellness Center assesses indicators such as number of assessments, appointments offered within 72 hours, assessments seen after 72 hours. *The performance target for each center/record being assessed is established is based on the agency history.*

# Screening, Referral and Client Demographic Report

The Screening, Referral and Client Demographic Report is a is collection of clients who called in to seek services as well, the number of session occurring over the time period, the demographics of clients and referral information of the clients served. This report provides data on how busy the agency has been, the types of clients it has been serving and the general category of referrals that were made to the agency. Data from the report is collected in the EMR.

Page 4 of 5

# Practice Profiles

The Practice Profile Report is a collection of the statistical information of the clients completing counseling services, by clinician. The Counseling Center and Sexual Assault Center's data is collected in the EMR from closed charts and analyzed by the President/CEO. Practice Profiles identify by clinician the total number of cases closed percentage of clients who entered treatment, average length of stay and client progress. This report is completed annually.

# Client Suggestion/Facility Review/ Incidence/Grievances

Client Suggestion is an avenue created by the agency to get feedback or recommendations from the clients served. This is conducted on a quarterly basis through both the satisfaction surveys (listed above) and through an unsolicited survey box placed in the agency waiting room. The Administrative Assistant collects responses that are analyzed by the CQI Committee.

# Operations & Management Reports

The Facility Inspection Review includes monthly inspection of the agency to determine safety and comfort for agency clients and services. Unannounced facility checks are conducted by a Front Office Receptionist and a Facility Inspection Form is completed. The Form identifies the adequacy of agency facilities to serve clients, reviews safety factors with respect to agency facilities, handicapped accessibility of agency facilities and to recommend changes in facilities to improve the effectiveness of service delivery, facilitate safety, and comfort for staff and clients.

The Client Grievance Form is a document where a client who wants to grieve any service issue to persons other than those individuals who may be directly involved in, or who may have had input into, any decision which, from the client's viewpoint was not acceptable. A client grievance is to be presented to the President/CEO in writing within 15 days of the acknowledged grievance. All grievances are acted on by the President/CEO and reported to the CQI Committee

At any time, a critical incident occurs, a Critical Incident Form is completed by the staff person or client involved and submitted to the President/CEO or designee within 24 hours. Any other witness reports should be submitted in writing also. This report allows the agency to remain proactive to any injury, medical crisis, aggressive behavior, or accident that occurs at the agency. All incidents are acted on by the President/CEO and reported to the CQI Committee.

Barriers or Restrictions are reported verbally on a quarterly basis and discussed. This report is a request for an accommodation that will make the provision of treatment better. Clients or clinicians compete a reasonable accommodation form to request a modification or support service be used to make treatment more effective (i.e., interpreter, mobility issues, etc.)

# Biennial and Annual Reports

On every other year basis reports are produced to help improve the quality of services at Child & Family Services. Reports include but are not limited to Stakeholder Survey and the Employee Satisfaction Survey. Annual reports required are the agency annual summary report and the Client Feedback Survey which is e-mailed monthly and tallied at the end of the year.

Revised: August 2024, April 2023, January 2018, January 2016, June 2014, January 2013, February2008, January2005, July 2003, May 2002,

September 200, June, 1997