Chapter:	Institutional Effectiveness		
Title:	Performance Monitoring and Improvement		
Policy: ☒ Procedure: ☐	**Review Cycle:** Triennial **Author:** Prog. Evaluation	**Adopted Date:** 8.2020 **Review Date:** 1.2024	**Related Policies:** Strategic Planning Risk Assessment & Management Assessment of Community Need Legal and Regulatory Compliance

Purpose:

Hopeful Horizons (HH) has adopted institutional effectiveness (IE) strategies consistent with industry best practices designed to monitor and improve the access, outcomes, efficiency, and appropriateness of the service/treatment provided and the administrative functions supporting that care.

Scope:

This policy applies to:

☒ All HH Staff   ☐ Selected HH Staff, as specified:

☒ HH Board Members   ☐ HH Volunteers

☐ Other:

Policy:

HH shall administer an IE program that uses data and problem solving strategies to promote efficient, effective service/treatment delivery and achievement of the organization's mission and strategic goals. The IE program evaluates all important organizational functions and service/treatment practices/outcomes across all programs and sites. The IE program and its related performance monitoring processes are designed to identify organization-wide and program-specific issues/opportunities for improvement and to assure ongoing compliance with legal and regulatory requirements. HH uses a structured process for identifying, prioritizing and planning performance improvement activities.

A. <u>Authority and Accountability:</u> HHs' IE program and related plan are under the authority and direction of the Chief Executive Officer (CEO)/designee. The CEO/designee is responsible for providing routine reports of performance outcomes and identified opportunities for improvement to HHs' Board of Directors.

B. <u>Quality Monitoring and Performance Improvement Plan (QMPIP):</u> This policy and its related procedures constitute HHs' QMPIP. The plan also includes or is used to inform HHs':
   1. Strategic Plan
   2. Risk Assessment and Risk Management Plan
   3. Community Needs Assessment

C. <u>Roles and Responsibility:</u> HH has established dedicated resources for the administration and monitoring of the IE program through its program evaluation staff/contractor(s). HHs' leadership team serves as the managing body for all IE activities. All staff are responsible for participating in performance and program monitoring as defined by key performance measures. Staff shall also participate in problem solving initiatives as defined by the organization's strategic or risk management plans or as defined by the leadership team.

D. <u>Key Performance and Outcome Measures:</u> HH has established a systematic process for determining and defining measures of key processes and priority outcomes. Measures are defined for administrative functions and service/treatment programs. HH uses a structured data definition procedure that includes the data/information source, analytics used for assessment, monitoring frequency and reporting requirements.

HH key measures include indicators that assess:
1. Client access to services
2. The impact and quality of services
3. Management and operations performance:
   a. Progress toward achieving its mission and strategic and annual goals
   b. Evaluation of operational functions that influence HHs' capacity to deliver services and meet the needs of the community and persons served
   c. Identification and mitigation of risk
4. Findings and recommendations from external review processes

E. <u>Service/Treatment Monitoring and Case Record Review:</u> HH routinely conducts service/treatment monitoring and case record reviews as part of its institutional effectiveness strategy and supervision practices. Record reviews are conducted at least quarterly and are used to:
1. Minimize the risks associated with poorly maintained case records
2. Document the quality and quantity of the services being delivered
3. Identify barriers and opportunities for improving services

F. <u>Stakeholder Input and Engagement:</u> HH has established and maintains a summary of key stakeholders and community partners. The document details key point(s) of contact, contact information, frequency and type of contact and the general purpose for contacting or seeking input. The organization uses a variety of tools/methods to gain stakeholder feedback including, but not limited to:
1. Client surveys and pre/post service assessments
2. Community partner surveys
3. Community forums and focus groups
4. Participation in community and community partner meetings
5. Employee climate surveys
6. Internal and external stakeholder input in strategic planning
7. Complaint and grievance processes and monitoring
8. Sharing IE and strategic plan results

HHs' procedures for collection, aggregation and review of data include:
1. Practices to ensure data integrity and accuracy including completeness, timeliness, and outliers
2. Protecting client confidentiality and personal identifiable information (PII)
3. Tracking and monitoring measures over time to identify patterns and trends

G. <u>Findings and Results:</u> When indicated, performance results are used to inform process improvement activities. HHs' approach to performance assessment improvement shall generally include:
1. Engagement of key staff and other stakeholders as necessary
2. Assessment of current state
3. Review of best practices
4. Defining the ideal state or performance improvement objective

5. Defined process changes (including policy and procedure updates)
6. Staff training
7. Post improvement monitoring

H. <u>Communication of Results:</u> HHs' Board, staff and identified stakeholders shall receive routine reports of IE program activities and performance data. Reports shall include a summary of significant findings, a summary of planned performance improvement activities, and/or results of performance improvement activities.

Communication and Training:
The Board shall receive a copy of the policy at the time of periodic review and will have an opportunity to ask clarifying questions during the approval process. Employees and volunteers shall receive notice of the Board's policy review and approval including notice of any substantive changes. The notice will provide a link to the policy located on the HH website.

As necessary, staff receive training and support in using automated data systems (including the electronic client record), compile and analyze data, interpreting results from information and data and using data/information to monitor performance and improve practices.

Definitions:
1. Institutional Effectiveness: A strategic and structure approach designed to monitor functions and activities that must be accomplished to maintain a desired level of excellence. This practice includes the determination of a quality policy, creating and implementing quality planning and assurance, and quality control and quality improvement.

2. Key Measures: Measurable values that determine how effectively an individual, team or organization is achieving its objectives and include both process and outcome indicators.

Other Related Materials:
Service Treatment Monitoring and Case Record Review Procedure
HHs' Strategic Plan
HHs' Risk Management Plan
Community Needs Assessment
Stakeholder Engagement Assessment
Keay Measure Assessment
Key Measure Data Definitions

References/Legal Authority:
Performance and Quality Improvement (PQI), Council on Accreditation, 2023.

Change Log:

Date of Change	Description of Change	Responsible Party
1.2024	This is a new policy.	N. Miller, Prog. Eval. Consultant