



Continuous Quality Improvement Basics

Created by
Michigan's Campaign to End Homelessness
Statewide Training Workgroup
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Module Overview

- CQI and its goals
- It's an agency culture!
- Setting up a CQI committee
- Measures and methods
- Processes



What is Continuous Quality Improvement?

- An analytical process
 - Routine measurement - components of care
 - More than HMIS
 - Evidence-based practices for decision-making
 - Critical thinking about outcomes
- Committee includes representation – all levels of organization



What Quality Improvement is NOT

- People! It's processes
- A replacement for management job
- About simply measuring outcomes



Why Would an Organization Want to do CQI?

- Demonstrate program success for accreditation or funding requests
- Minimize risk
- Support program management
- Improve efficiency / save money
- Ensure baseline staff performance
- Improve staff morale



Core Assumption about CQI

If an organization focuses on improving and stabilizing the critical components of care, the outcomes will improve for customers.



The Culture of Quality Improvement

- All staff identify opportunities to improve care.
- Focuses on problem-solving.
- Has support of top management & Board.
- Findings from measurement are “talking points” regarding areas targeted for improvement.
- CQI findings are shared within the organization.



Role of Agency Staff

- All staff to be involved in a formal process:
 - Identify opportunities to improve services & problems.
 - Staff submit ideas or concerns.
 - Staff use rules of communication.
 - Staff engage in measurement of processes or outcomes.
 - There is no retribution for staff input.



CQI Committee

- The culture of the committee is professional, open, and engaged in specific problem-solving.
- It is a round table:
 - It provides line staff, managers, and leadership the opportunity to express their concerns and constraints.
- All work and written products are confidential.



CQI Committee Organization

- Monthly meetings; scheduled on a routine date.
- Attendance is sacred!
- Includes leadership, middle managers, and line staff.
- Each major discipline of organization is represented.
- Facilitated by an individual who is neutral.
- Should not be led by the executive director.



CQI Committee Leadership

- A staff member is assigned the task of running the CQI process.
- That person:
 - Organizes the effort and keeps records.
 - Convenes meetings.
 - Collects the outcomes.
 - Collects documentation.
 - Ensures that minutes are detailed and distributed.
 - This person may or may not facilitate the meeting.



CQI Committee Recordkeeping

- Committee has a fixed agenda including goals, each process redesign, findings from routine measures, processes being worked on, and new ideas.
- Uses a structured minutes process. This helps to:
 - Support the organization to problem solve.
 - Ensures continuity of identified issues until complete.
 - Supports the continuity of the process and records.
 - Keep the focus of the committee.



CQI Committee Process

Step 1. Identify a limited number of core competencies that are constantly reported on.

- Consumer-based outcome measures:
 - Length of stay
 - Income supports (employment and/or entitlements)
 - Discharge into housing
- Organizational-based outcome measures:
 - Staff retention
 - Frequency of case management sessions
 - Caseloads



CQI Committee Process

(continued)

Step 2. Designs process for routine input from stakeholders to improve care.

- Core measures/existing reports
- Staff suggestion form; Staff survey
- Client survey or focus group
- File/record review
- Training summaries for the year
- Minutes from various meetings
- Policies and procedures



Staff Involvement in the Process

- With a new process, staff are provided clear instruction on expectations.
- Supervision provided around the redesign of processes.
- Staff formally recognized for their ideas/input.
- Staff are provided feedback.



CQI Committee Process

(continued)

Step 3. Prioritizes what will be tracked/improved.

For Example:

- Staff turnover
- Client retention
- Comparison of certain housing program compared to another
- Contract compliance
- Efficiency of documentation processes
- Referral processes
- Screening for eligibility/in-take processes
- Staff selection and orientation/training
- Staff communication



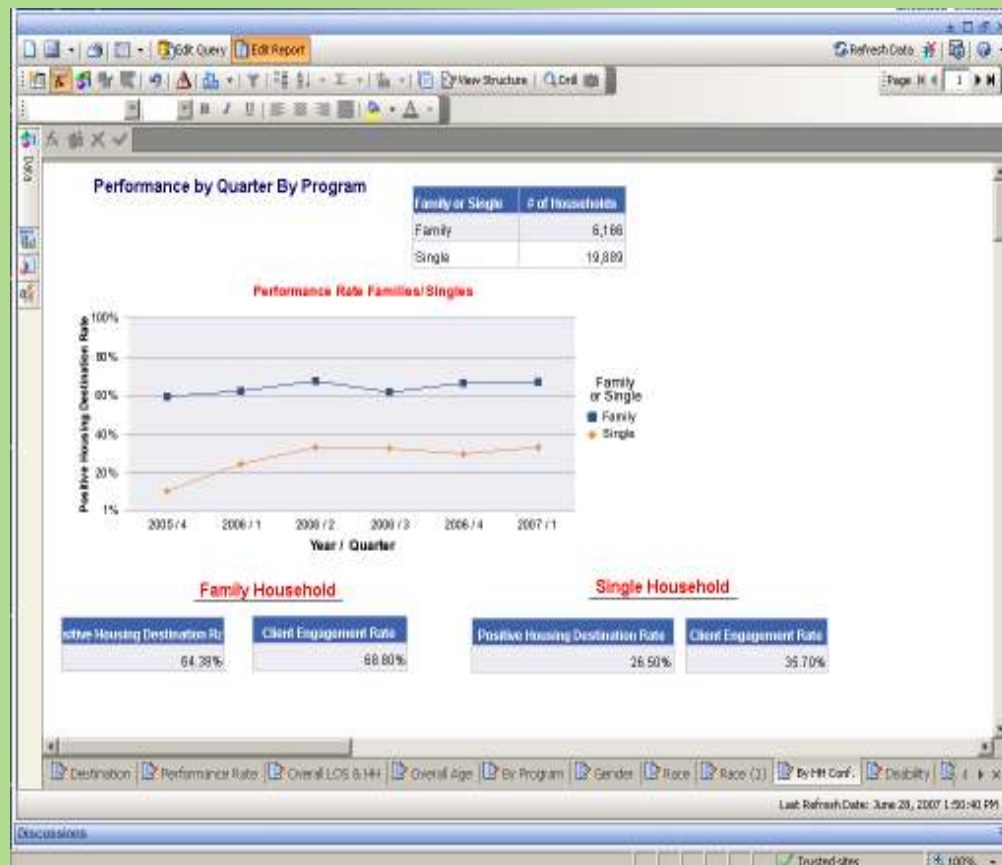
CQI Committee Process

(continued)

Step 4. Collects, reviews, graphs data/measures.

- Assess change in ratings:
 - Is change explained?
- When a variation is identified:
 - Is the variation a measurement problem?
 - Is the variation a positive trend?
 - Is the variation a negative trend?
 - Test your beliefs. Does performance continue at a higher level?

HMIS Control Chart Example



CQI is monitoring exits into stable housing by “household type.”

The Committee is working on improving outcomes for “singles.”

CQI Committee Process

(continued)



Step 5. Make recommendations for improvement.

- The Committee can refer to an open issue to HR, task group, Department, Board, etc.
 - HR is directed to evaluate possible training related to gender differences.
 - The agency's system administrator is asked to create a report identifying "extent of homeless" and outcome as a function of how many times the client has been homeless.
 - Each case manager is asked to detail two cases where a single was able to exit into stable housing and two cases where the exit was not successful.



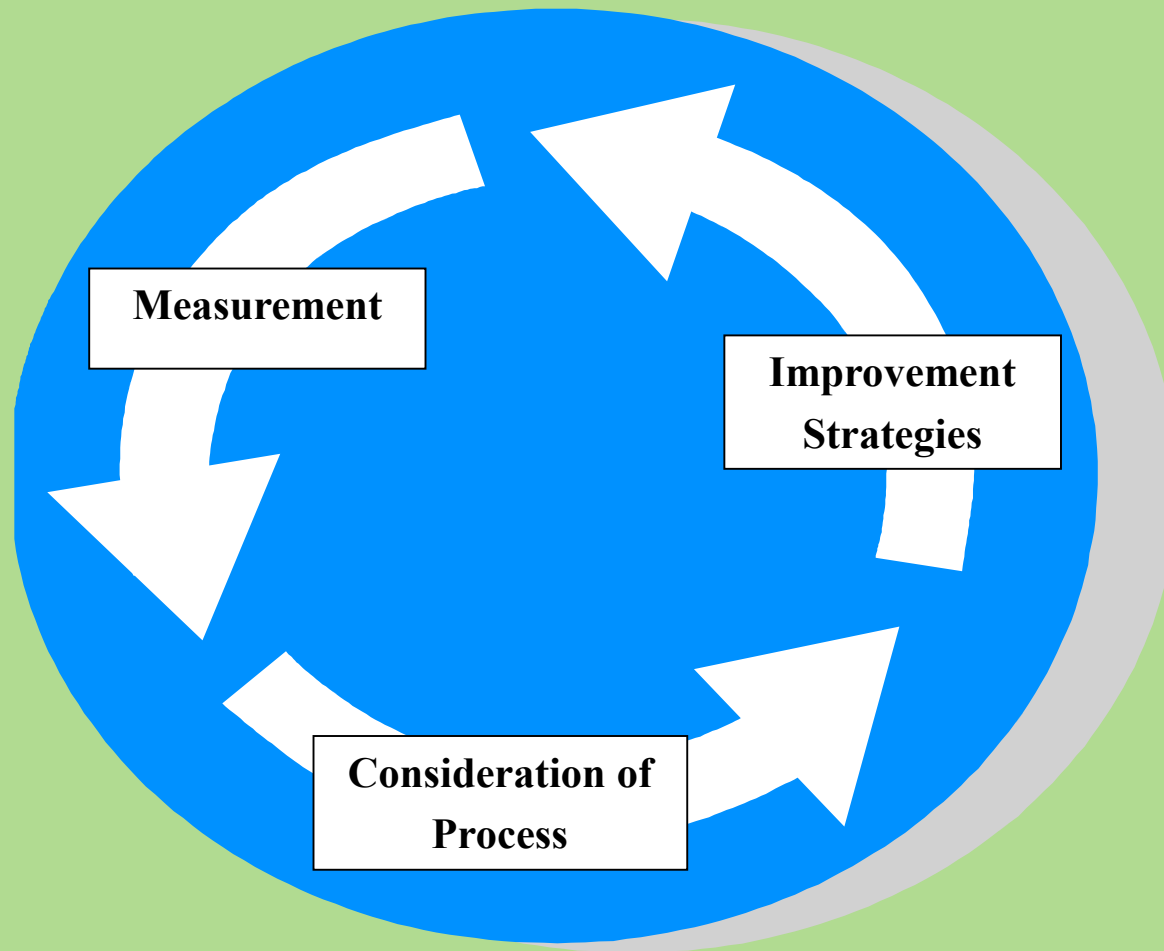
CQI Committee Process

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Step 6. Evaluates process improvements.

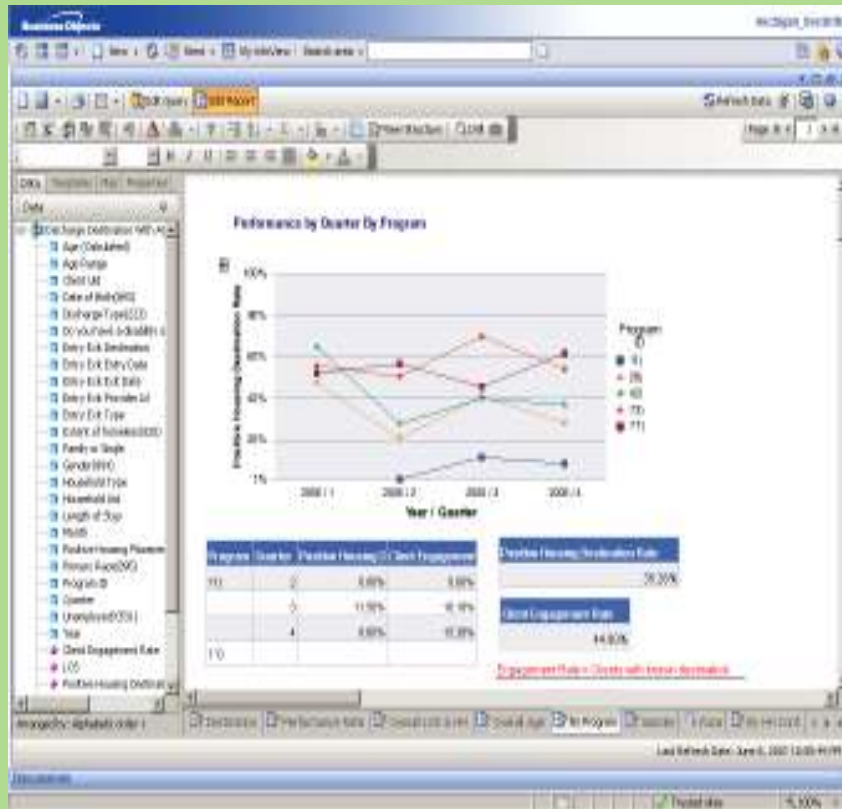
- The first questions are always:
 - 1. Did we implement the improvement idea?
 - 2. Did it make things better?
- Measure the success with:
 - Existing measurement systems
 - New data
 - Staff input

Cycle of Improvement





Benchmarking: Is your performance better, worse, or about the same as other like programs?



- The Statewide HMIS offers a tool to compare and learn from other providers.
- Standardized outcome data is available by program type locally, regionally, and statewide.
- Programs may also join Benchmarking groups hosted by MCAH to allow you to:
 - Compare performance
 - Share solutions
 - Explore best-practices



Conclusion

- Quality is not about “this is the best we can do.”
- Quality is about doing what you do everyday in a systematic and disciplined way.
- Quality is about providing consistent services that are optimized for both staff and clients.
- *Quality is not a destination...It is a journey.*