

## **Performance and Quality Improvement Structure and Process**

### **Update 2009-2010**

#### **YWCA West Central Michigan Mission:**

Eliminating racism  
Empowering women and girls  
Promoting peace, justice, freedom, and dignity for all

#### **Introduction:**

The YWCA West Central Michigan is committed to fulfilling our mission through providing quality services that are both effective and efficient while achieving high client satisfaction in the process. To provide such services, YWCA West Central Michigan utilizes a process of Performance and Quality Improvement (PQI). This process enables us to determine desired outcomes and to systematically gather and analyze data from a variety of sources. All PQI efforts are completed continually to assess and improve services, overall performance and to meet standards that promote quality outcomes. The PQI process involves input from clients/survivors, employees, volunteers, members of the board of directors, internal board and staff committees, funders, and other community stakeholders. The YWCA is actively involved in community collaborations and values the input of other community service providers in determining the depth and breath of services required to meet our joint objectives.

#### **Authority:**

The YWCA's Board of Directors is responsible for setting policy in all areas of the association's work. Through its committee structure and regular meetings, the board provides oversight of the YWCA. The board delegates to the Chief Executive Officer the responsibility of monitoring programmatic and financial quality improvement activities. The board has determined the structure of the quality improvement process. This process includes board and staff driven strategic planning as well as staff driven development and monitoring of consumer oriented performance and quality improvement outcomes. The board through the Board/CEO Accountability Monitoring Calendar regularly reviews the short-term and long-term strategic plans as well as performance and quality improvement objectives and outcomes. The Board of Directors authorizes the PQI process and charges the Chief Executive Officer with responsibility for its execution. The Quality Improvement Coordinators and Leadership Team monitor the implementation of the PQI plan.

#### **Chief Executive Officer**

The Chief Executive Officer has responsibility for initiating and maintaining a structure and procedural framework that will support performance and quality improvement. The Chief Executive Officer is also responsible for ensuring that all YWCA staff adheres to the organizations mission and values, and that management remains committed to the philosophy, principles and processes described in the Performance Quality Improvement Structure and Process Plan.

## **STRUCTURE AND PROCESS**

### **Scope:**

The YWCA West Central Michigan PQI process includes all aspects of internal quality monitoring. It encompasses input from staff at all levels of the organization, and feedback from consumers/clients, stakeholders and other community members. These collaborative efforts and gathering of data contribute significantly to the short-term and long-term planning process.

### **Objectives:**

The YWCA's PQI process gathers existing data on program services, generates data through case record reviews, satisfaction surveys, productivity reviews, financial reviews, demographic reports, incident and grievance reviews/reports, and outcome measures on a short term (quarterly) and/or long-term (annually and every four years) basis.

The PQI process ensures that program services are of a high quality, effective and efficient, and are responsive to internal and external feedback. It also ensures that programs and services are meeting established goals, adhering to local, state, national and pertinent professional standards of service. Best practice models are employed when possible and applicable in full compliance with National Association of Social Work (N.A.S.W) Ethical Standards for delivery of services.

## **Procedures**

### **Stakeholders:**

Stakeholders are involved in the PQI process at various levels, since the feedback received is invaluable to implementation of programs. Stakeholders include clients and families served, employees, volunteers, those who have donated time and financial support, members of the Board of Directors, Sexual Assault Response Team, the Kent County Domestic Violence Community Coordinated Response Team, and other community collaborative bodies and funding sources.

Verbal feedback from clients/survivors has been a fruitful mechanism to elicit ideas and recommendations, but other methods which include anonymity have been successful in gathering feedback that may not have otherwise been obtained. To ensure stakeholders have a voice while their identity remains confidential, satisfaction surveys are distributed throughout the fiscal year. Clients are surveyed based on specific program specifications while personnel and volunteers are surveyed annually. Donors are surveyed at the conclusion of events.

### **Strategic Planning and Annual Strategic and Performance and Quality improvement plans:**

The YWCA strategic plan uses annual goals and objectives processes to ensure programs and operations are continually monitored and further developed and defined.

### **Strategic Planning:**

Long term planning is reflected by YWCA's strategic plan, which incorporates goals, and objectives for the YWCA to strive towards over a four-year period. A formal review that clarifies the mission, vision/values, and mandates of the agency is conducted. This

process assesses human resource needs, and overall strengths and weaknesses of the plan as it relates to each program and the operations of the YWCA.

Long term planning includes an assessment of community needs that examines services offered by other providers in the community, gaps in the array of services needed by the organizations defined service population, accessibility to services and the need to redirect, and/or expand service in response to changing demographics and the needs and desires of the community.

#### **Gathering Data:**

Another component of the agency's long term planning is the completion of a community and client profile generated by completing an annual client demographic report and obtaining community consensus data. The YWCA gathers data available on community residents, including income, gender, race, age and primary language. Programs also generate and monitor data regarding demographics of clients who are served. In addition to basic demographics such as client age, race, and gender, programs also track and submit data regarding primary language, socioeconomic status, and city/community of residence. The YWCA does not collect data regarding religion.

#### **Annual Planning:**

Short term planning is reflected by the YWCA Strategic/PQI annual plan. The annual plan defines yearly goals based on and in support of specifications in the strategic plan. The annual plan also incorporates PQI activities and permits a flexible response to changing needs and conditions. The short-term goals and objectives defined in the annual plan include tactics and strategies to operationalize the four strategic focus areas of the strategic plan: Employer of Choice, Provider of Choice, Partner of Choice and Financial Stewart of Choice. The plans identify methods of assessing progress toward goals and objectives and specific tasks to be carried out in support of the goals and objectives. Timelines are assigned to each goal and personnel and board committees/individuals assigned to the tasks are listed in the plan.

### **Implementation**

Oversight of the performance and quality improvement is the joint responsibility of the YWCA Board of Directors and CEO. In 2007, the redesign of the YWCA management structure provided the opportunity for integrating services, but was also intended to simplify the quality improvement process. We reduced redundancies by eliminating several committees and empowering staff to create an alternative structure that reflected more efficient practices. Performance and quality improvement is deliberately a "bottom's up" process. The intent is that staff, consumers and stakeholders at every level impact the development of the YWCA's quality improvement structure and plan. In this document, the formal presentation of the process is identified by level of staff responsibility starting with the quality improvement coordinators.

By outline, the coordination process is as follows:

- I. Quality Improvement Coordinators
  - A. Leadership Team
  
- II. Vice-President of Counseling Services
  - A. Counseling Center Management Team

1. Residential Services Committee
  2. Non- Residential Services Committee
  3. Clinical Consultation Groups
- B. Nurse Examiner Program Grand Rounds

III. Vice-President of Operations

- A. Health and Safety Team
- B. Human Resources Committee
- C. Finance Committee

IV. CEO

- A. Girls Inc
- B. Development/Marketing Committee
- C. Board Development and Governance Committee
- D. Committee to Understand Racial Equality

V. Implementation Commitment

VI. Schedule for reviews

- A. 2009-2010 PQI Schedule of Activities
- B. 2009-2010 Board Monitoring Calendar

VII. Summary

VIII. Attachments

**Quality Improvement Coordinators**

The CEO of the YWCA has ultimate responsibility for all levels of quality assurance. She has, as her obligation, the duty to ensure that quality assurance and improvement activities are well monitored, timely, responsive and comprehensive. To that end, the CEO delegates to the two Vice-Presidents oversight responsibility for activities that naturally falls within their purview. The three serve as the Quality Improvement Coordinators for the organization. To assist in the development of quality assurance skills, the CEO is a Team Leader for COA. The CEO and VP of Counseling Services are peer reviewers for the Michigan Department of Human Services, Domestic Violence Prevention and Treatment Board. The CEO is also the chair of the peer review committee for the Great Lakes Alliance of YWCAs.

The CEO and the Vice-Presidents of Operating and Counseling Services meet in formal or informal sessions a minimum of once per week. In addition to the CEO, the Vice-Presidents attend all board meetings and are active members on board committees. The CEO and the Vice-Presidents are co-facilitators of the Leadership Team meetings of the organization. The Leadership Team provides the facilitators of all internal committees the opportunity to share information, coordinate services and respond to opportunities or challenges presented through the quality improvement activities of the Quality Improvement Coordinators and committees.

## **Leadership Team**

Purpose: This team provides a regular venue for the Quality Improvement Coordinators and the directors of all departments and services to communicate and coordinate with one another. This team is intentional in its efforts to provide information that better ensures an internal continuum of care through integration of residential and nonresidential counseling, prevention services for girls, nurse examiner and supervised parenting programming.

Members: This team is comprised of the CEO, Vice-President of Operations, Vice-President of Counseling, the Practice Manager, the Director of Residential Domestic Violence Services, the Clinical Director, the Girls Inc. Program Director, the IT and Facility Manager and the Development/Marketing Director, with additional staff members as needed.

Meeting: The Leadership Team will meet approximately bi-weekly, but not less than monthly.

Coordination: The members of the Leadership Team will meet with their respective staff and committees as indicated below under "Quality Improvement Objectives".

Quality Improvement Objectives: The Leadership Team fills the roles or completes the Quality Improvement activities noted below:

1. Act as liaisons between the departments and the staff-directed quality assurance activities.
2. Act as liaisons with their staff committees, board committees and the board of directors.
3. Reviews and takes action on all requests for research using clients and or case information.
4. Review of performance and quality improvement activities,
5. Expedite issues that require immediate resolution and correction.
6. Review organization-wide training needs. Particular focus will be on orientation and health and safety needs.
7. Identifies, along with the board, and implements strategic priorities of the Strategic Plan/Long-Term
8. Review, at least quarterly, grievances brought by staff and/or clients
8. Annually participate in the identification and implementation of outcomes and tactics for the strategic and performance and quality improvement annual plan.
9. Share information about community collaborations and work committee activities. All Leadership Team members are expected to participate in and sit on a community coordinating body or work group.

## **RESIDENTIAL AND NON-RESIDENTIAL COUNSELING SERVICES**

### **VICE-PRESIDENT OF COUNSELING SERVICES**

The Vice-President of Counseling Services is responsible for client services and program operations of the residential, nonresidential and clinical supervision

components of the organization. The primary identifying issues are child sexual abuse, sexual assault and domestic violence. The intervention strategies include: crisis 15 base-day shelter and related services, transitional housing and related services, crisis counseling, support groups, therapy, advocacy and collaboration with other service providers. Men Choosing Alternatives to Violence (MCAV) and Safe Connections (supervised parenting and exchange) are also under the direction of the Vice-President of Counseling Services.

The Vice-President of Counseling is responsible for monitoring compliance with accreditation, licensing and funding body requirements. He provides assurance that when a systemic problem in client services or program operations has been identified within the counseling programs, a plan for improvement will be devised, implemented, and monitored. It is his obligation to develop the Logic Models for the Counseling Programs and to update them annually to ensure that they reflect the needs of the consumer populations served.

To facilitate quality improvement monitoring and a reduction of client record redundancies, the Vice-President of Counseling Services as well as the Vice-President of Operations were responsible for the development and implementation of BizStream, our web-based client file management system.

The Vice-President of Counseling Services ensures that consumers are included in the quality assurance process through customer satisfaction surveys, person-centered planning processes, individual and aggregate outcome measurements and oversight over consumer incident or grievance reports. Client file audits are initiated or reported to the Vice-President of Counseling.

Staff are actively engaged in the quality improvement process through residential and non residential program and clinical supervision groups as well as engagement in YWCA committees and strategic planning initiatives. The Vice-President of Counseling also initiates community engagement in the consumers of the YWCA through participation in, or assignment of staff to, community collaboratives or initiatives.

The Vice-President of Counseling provides individual oversight of Counseling Services program administrators and coordinates activities through the use of the Counseling Center Management Team.

## **RESIDENTIAL AND NON-RESIDENTIAL SERVICES COMMITTEES**

### **Counseling Center Management Team**

Purpose: This team provides the facilitators of the nonresidential, domestic violence residential and clinical supervision groups the opportunity to coordinate with each other and the Vice-President of Counseling Services. This team also reviews quality improvement activities, offers input into Logic Model development and other measurement tools, and identifies the training needs of Counseling Center staff.

Members: This team is comprised of the Vice-President of Counseling Services, the Director of Clinical Services, the Practice Manager and the Director of Domestic Violence Residential Services, with additional staff members as needed.

Meeting: The Counseling Center Management Team will meet approximately bi-weekly, but not less than monthly.

Coordination: Counseling Center staff members will meet with their respective domestic violence residential, counseling nonresidential and clinical supervision groups as indicated below. The Counseling Center Management Team will meet approximately bi-weekly with other members of the Leadership Team to assure optimal coordination of resources and services. The Counseling Center Team will report to the board of directors as members of the Leadership Team on a schedule identified in the Board/CEO Accountability Monitoring Calendar.

Quality Improvement Objectives: Quality assurance standards are monitored to ensure the following:

1. Direct staff supervision (individual and group) meets performance and quality improvement needs.
2. Compliance with hiring and training policies include:
  - Personnel meet all hiring qualifications, including certification, licensing or credentialing.
  - Personnel receive orientation to the organization and to the service area where they have been assigned.
  - All appropriate new staff has received, or within ninety (90) days of employment receive, training on abuse and neglect reporting, crisis intervention, and behavior management as a part of New Service Provider Training.
  - All new staff members participate in Healing Racism training within one year of employment.
3. Training needs of all staff are met. Documented, ongoing training of staff will occur through required and optional in-service sessions, readings and seminars that will include a focus on gaining expertise in:
  - Cultural competency
  - Intervention, assessment and treatment of sexual assault, domestic violence, and child sexual abuse
  - Community resources
4. Each program has a defined target population(s).
5. Consumers meet eligibility criteria for service delivery.
6. Consumer service denial is reviewed for potential expansion of services to respond to client needs.
7. Consumer services are available in accordance with established program guidelines.
8. Consumer surveys and quality assurance audits inform the process for service planning, build on identified strengths, and identify needed referrals to other internally- and externally-provided services.
9. Consumer services focus on person-centered or family-centered intervention, as appropriate.
10. Consumers' satisfaction with services is high, with established procedures in place to remedy concerns.
11. Research occurs only after the Leadership Team Research sub-committee has given approval.
12. Assigned aftercare plans, if needed, include exploration of both internal and external resources.
13. Data is obtained, analyzed, and includes:

- Demographics of present consumers. (United Way demographic reports)
  - Data on potential consumers or community service gaps. (United Way demographic and other community collaboration reports)
14. Community Collaboratives and Initiatives provide staff with opportunities for leadership, exchange of information, and continuum of care opportunities for consumers.

### **Non- Residential Services Committee**

Purpose: This committee is responsible for the nonresidential services that respond to presenting problems identified as domestic violence, dating violence, child sexual abuse, sexual assault or stalking. Best practice and coordination of program elements are the primary focus areas of the nonresidential committee.

Members: The Non-Residential Program Committee is led by the Practice Manager and the Clinical Director and is comprised of the staff who provide non-residential interventions to survivors of interpersonal violence and support staff.

Meetings: The Non-Residential Program Committee will meet a minimum of once per month.

Coordination: The directors of the Non-Residential Services Committee will participate as members of the Counseling Center Management Team and the YWCA Leadership Team as identified above.

Quality Improvement Objectives: This Committee is not assigned the task of monitoring quality assurance standards per se, but through their case evaluations and review of clinical issues, they alert the directors to training/orientation needs of staff, the effectiveness of interventions, change in community (stakeholder) agendas, expectations and opportunities, and bring to light new intervention technology and successes. This group identifies issues of concern that require monitoring by the Counseling Center Management Team. The following quality assurance standards are discussed:

1. Level of service delivered and/or service utilization.
2. Timely and accurate analysis of services provided to all who request them (outside referral implemented, if necessary).
3. Service capacity and ability of clients to access services (funding)
4. Optimal coordination of services, internally and externally.
5. Active participation in quality audits.
6. Creation of timely and effective responses to the results of quality audits. This is done by hearing the results and by being involved in developing solutions and trainings to address any concerns (the structure, development and ongoing refinement of the e-filing system is a result of this process).
7. Timely and effective response to demographic issues that impact service provision. (e.g. increasing need for Spanish translation, more moms' working mornings leads to restructuring of service schedules).
8. Services needed but not available.
9. Organizational ability to identify and respond to situations when services are needed but not available for a client.
10. Ability to develop and implement ongoing staff training.

11. Active participation by the Non Residential Committees' staff in:
  - a. The Kent County Domestic Violence Coordinated Community Response Team (DV CCRT)
  - b. The Sexual Assault Action Team
  - c. The Council for Understanding Racial Equality (CURE) (internal)
  - d. The Sexual Assault Advisory Committee (internal)
  - e. Batterers Intervention State Council of Michigan (BISCOMI)
  - f. Executive Coordinating Committee—sub group (foster care and child welfare systems)

### **Residential Domestic Violence Services Committee**

Purpose: This group is responsible for the residential programs that respond to the presenting problem identified as domestic violence. Its primary focus is coordinate program elements. Through the use of PQI feedback, and their own observations, this committee develops and assesses specific program interventions

Members: The Residential Domestic Violence Services committee is led by the Director of Residential Domestic Violence Services and is comprised of the staff from the Domestic Crisis Center and the transitional and permanent housing services offered through Project HEAL (Housing, Employment, Advocacy and Legal Services), with additional staff members as needed.

Meetings: The Residential Domestic Violence Services Committee will meet a minimum of once per month.

Coordination: The directors of the residential and clinical services will participate as members of the Counseling Center Management Team and the YWCA Leadership Teams as identified above.

Quality Improvement Objectives: :This Committee is not assigned the task of monitoring quality assurance standards per se, but through their case evaluations and review of clinical issues, they alert the directors to training/orientation needs of staff, the effectiveness of interventions, change in community (stakeholder) agendas, expectations and opportunities, and bring to light new intervention technology and successes. This Committee discusses the following quality assurance standards: (Monitoring takes place within the CC Management Team)

1. Service challenges represented by residential living environment
2. Level of service delivered and/or service utilization.
3. Shelter denials
4. Number and type of services provided to those who request them (outside referral implemented, if necessary).
5. Service capacity and ability of clients to access services (funding).
6. Timely availability of residential services, with emergency placement available 24 hours per day.
7. Community systems' response to family needs. (This includes an active outreach component, i.e., law enforcement, health care, legal assistance, etc.)
8. Timely availability of crisis intervention telephone services.

9. Optimal coordination of services, internally and externally. This also includes ensuring that residential services are available for physically disabled individuals.
10. Timely review of after-care plans and follow-up of any referrals made. (Follow-up occurs within the first 30-60 days of discharge.)
11. Creation of timely and effective responses to the results of quality audits. This is done by hearing the results and by being involved in developing solutions and trainings to address any concerns.
12. Timely and effective responses to demographic issues that impact service provision. Examples include: The need for language interpretation, interaction of differing cultural groups, change in family makeup in request for services
13. Organizational ability to identify and respond to situations when services needed but not available for clients.
14. Ability to develop and implement ongoing staff training.
15. Active participation of the Residential Domestic Violence Service Committee staff in:
  - a. The Kent County Domestic Violence Coordinated Community Response Team
  - b. The Michigan Coalition Against Domestic and Sexual Violence
  - c. The Council for Understanding Racial Equality (CURE) (internal)
  - d. The Nurse Examiner Domestic Violence Advisory Committee (internal, 2005)
  - e. The Kent County Coalition to End Homelessness (and various work groups)
  - f. Vision to End Homelessness Steering Committee (Violence and the Impact on Homelessness –CEO)

### **Clinical Consultation Group**

Purpose: The Clinical Consultation group is exclusively clinically focused. The group focuses on individual case review and generic clinical issues such as Vicarious Trauma, Compassion Fatigue, inter-agency Coordination, and intervention techniques. Through the use of PQI feedback, and their own observations, this group develops and assesses specific interventions and training needs.

Members: The Clinical Consultation groups are led by the Director of Clinical Services and are comprised of all direct-service staff in the nonresidential programs.

Meetings: Clinical groups will meet a minimum of once per month, but generally twice per month.

Coordination: The directors of the non-residential and residential programs and clinical services will participate as members of the Counseling Center Management Team and the YWCA Leadership Team as identified above.

Quality assurance: This Committee is not assigned the task of monitoring quality assurance standards per se, but through their case evaluations and review of clinical issues, they alert the directors to training/orientation needs of staff, the effectiveness of interventions, change in community (stakeholder) agendas, expectations and opportunities, and bring to light new intervention technology and successes.

### **Nurse Examiner Program Grand Rounds**

Purpose: Grand Rounds are focused on identifying any concerns with the forensic nursing practice and procedures. This group focuses on individual case review and generic program issues such as scheduling, changes in procedures, inter-agency

coordination, and intervention techniques. Through the use of PQI feedback, and their own observations, this group develops and assesses specific interventions and training needs.

Members: Ground Rounds are led the Manager and Medical Director of the Nurse Examiner Program. The Nurse Examiner Coordinator and the nurses are required to attend.

Meetings: Meetings are held monthly with the exception of April and July. Nurse examiners are required to attend 6 /10 meeting per year.

Coordination: The Manager of the Nurse Examiner program is supervised directly by the Vice-President of Counseling Services for on-going services and the CEO for new program development. Both act as a liaison with the Leadership Team and the board of directors. The Director of Clinical Services provides supervision for clinical concerns. The YWCA Sexual Assault Response Team meets quarterly. This is a stakeholder group that responds to the needs of sexual assault survivors. The group monitors and coordinates community activities in response to sexual assault medical care, forensic assessment and case investigation.

Quality assurance: Grand Rounds is not assigned the task of monitoring quality improvement standards per se, but through their case evaluations and review of clinical issues, they alert the directors to training/orientation needs of staff. The group reviews the effectiveness of nurse/volunteer interventions. The group reviews and change in community (stakeholder) agendas (police, hospitals, prosecutors, defense bar, forensic lab) expectations and opportunities, and bring to light new intervention technology and successes. In summary Grand Rounds provides the opportunity for:

1. Courtroom Preparation
2. Education: depending on identified need, changes in forensic science or new research in the literature:
  - a. HIV
  - b. Sexually transmitted infections
  - c. Special populations: pediatrics, elderly, learning disabled etc.
  - d. Equipment demonstrations
  - e. Invited guest speakers
3. Case Review
4. Consultation with the medical director
5. Active participation of the Nurse Examiner Program staff is required in:
  - a. The Great Lakes Chapter of the International Forensic Nursing Association
  - b. Making A Difference
  - c. The Sexual Assault Response Team (SART)

## **OPERATIONS AND ADMINISTRATION**

### **VICE-PRESIDENT OF OPERATIONS**

The Vice-President of Operations is responsible for the building, financial, human resources and management information operations of the organization. The staff under

her direct charge includes Information Technology and Facility Manager, the human resources specialist, and accounting.

The Vice-President of Operations is responsible for monitoring compliance with accreditation, licensing and funding body requirements. She provides assurance that when a systemic problem in facility, financial, human resources or management information operations of the YWCA has been identified, a plan for improvement will be devised, implemented, and monitored. It is her obligation to develop or monitor the operating policies and procedures that fall under the purview of her departments and to update them periodically to ensure that they reflect the needs of the YWCA.

To ensure access to service information and intranet communication opportunities for the board and staff, the Vice-President of Operations and her staff were responsible for the development and implementation of our website.

Operations staff is actively engaged in the quality improvement process through input on a one-to-one basis and involvement in YWCA committees and strategic planning initiatives.

The Vice-President of Operations provides oversight of Administrative and Building Services through staff supervision and facilitation of the Health and Safety Team. In addition, the Vice-President of Operations staffs the standing Finance and Human Resources committees of the board along with the CEO.

## **OPERATIONS COMMITTEES**

### **Health and Safety Team**

Purpose: This team holds limited responsibility for monitoring licensing, accreditation and OSHA requirements of the organization. Through the use of client and staff feedback, trainings and their own observations, this group develops and assesses specific health and safety interventions.

Members: This team is led by the Vice-President of Operations and is comprised of staff of the Facility Department. Nurse Practitioners in the NEP will consult with the Vice-President to response to procedures for reducing exposure to contagious or infectious disease.

Meetings: This team holds formal meetings twice per year. Daily responsibility for the implementation of health and safety standards fall under the job description of several staff and are monitored by the Vice-President of Operations. Meetings will be called as needed for issues that arise and are without predetermined guidelines (e.g. 2009 H1N1)

Coordination: The safety team will review completed and outstanding work orders as they related to safety, as well as inspection reports. The Vice-President of Operations will meet as needed and at budget preparation bi-annually with the YWCA CEO to review quality assurance issues that require remediation. The Vice-President of Operations will meet approximately bi-weekly with other members of the Leadership Team to assure optimal coordination of resources and services. The Health and Safety

Team will present to the YWCA staff on progress and/or unresolved concerns related to health and safety.

Quality Improvement Objectives: Quality Improvement Objectives will be regularly integrated into the organization-wide Strategic Plan and annual plans as needed. The performance and quality improvement tasks that are the responsibility of this Committee include:

1. Review incident reports--Quarterly
2. Review corrective action taken.
3. Review of and compliance with preventative maintenance plans (under contract Hurst).
4. Review Monthly Facility Inspection reports.
5. Monitor fire drill practices.
6. Review MSDS to keep current.
7. Nurse Practitioners will monitor CDC for updates on contagious disease.
8. Provide and Review OSHA trainings that are a part of the staff orientation process.
9. Compliance with OSHA requirements.
10. Ensure compliance with licensing requirements, such as those for the elevator and boiler operations

In addition, the Health and Safety Team will:

1. Ensure OSHA posters remain posted.
2. Serve as lead staff persons during building evacuations (head/count, report to safety personnel)
3. Ensure that appropriate staff are receiving Hepatitis B vaccinations or have signed waivers.
4. Ensure that appropriate staff has received TB tests.

### **Human Resources Committee**

Purpose: This committee reviews the personnel policies and procedures of the YWCA. This committee monitors quality assurance standards required for effective management of human resources, compliance with accreditation, licensing and funding bodies. This committee reviews the work product of YWCA staff assigned to monitor the human resource requirements of the organization. The committee provides a broad perspective of viewpoints to the process of managing human resources

Members: This Committee is led by the Human Resources Committee Chairperson, the Vice-President of Operations, and the CEO and is comprised of the Human Resource Specialist, staff members representing various positions and departments and board and community stakeholders. Board and community members on this committee are employed in a variety of business capacities including, attorneys, human resource managers, financial managers and others. Policies approved by this committee are reviewed by outside counsel and approved by the YWCA Board of Directors.

Meeting Frequency: Varies depending on the scope of reviews required during a fiscal year.

Coordination: The Vice-President of Operations and the CEO meet, as needed, with the YWCA Human Resources Committee, but at a minimum of once per year. The

committee meets more frequently when reviewing the policies of the organization. The Vice-President of Operations meets with the CEO weekly and approximately bi-weekly with all other directors, through Leadership Team meetings to assure optimal coordination of resources and services.

Quality Improvement Objectives: Quality Improvement objectives will be regularly integrated into the organization-wide Strategic Plan/Annual Plan as needed. The quality improvement tasks that are the responsibility of this Committee include: (2009/2010 focus highlighted with asterisks)

1. Compliance with the Fair Labor Standards Act, COBRA, Family Medical Leave, and any other statutory or regulatory guidelines
2. Comprehensive review and updating of employee personnel policies (every three to
3. four years)
4. Completeness and accuracy of all relevant policies and procedures contained in the Employee Manual.
5. Review, updating and approving of job descriptions\*
6. Review and updating of salary comparison and ranges\*
7. Monitoring of aggregate use of sick and FMLA time\*
8. Monitoring staff turnover patterns\*
9. Monitoring recruitment strategies to ensure optimal diversity in staff\*
10. Monitoring of personnel procedures—hiring practices, orientation process, timely implementation of the staff evaluation process
11. Other monitoring and review expectations that come to its attention from time to time.

### **Finance Committee**

Purpose: This committee is responsible for monitoring the policies, practices and procedures required for effective organizational financial and risk management. This committee is responsible for monitoring compliance with standards of accounting, financial reporting, accreditation requirements, licensing requirements, and other regulations. This committee reviews the work product of YWCA staff assigned to monitor the financial management requirements of the organization.

Members: The YWCA Vice-President of Operations and the YWCA Board Treasurer lead this committee. The committee is comprised of the CEO and elected members representing the board and community members. The committee is deliberate in including professionals with accounting, banking and legal expertise.

Meetings: The Vice-President of Operations, with the CEO usually in attendance, will meet no less than six (6), generally eight (8) times per year with the YWCA Finance Committee to review all documentation relating to the financial condition of the YWCA.

Coordination: The Treasurer of the Board, who is also the chair of the Finance Committee, will report at each session of the Board of Directors meetings. The Vice-President of Operations will meet no less than monthly with the YWCA CEO to review financial statements and ascertain if there are financial issues that require remediation. The Vice-President of Operations will meet no less than bi-monthly with all other department directors, in Leadership Team, meetings and present relevant information

regarding the financial condition of the organization. Presentation on the financial condition of the organization will be presented no less than annually at all staff meetings.

Performance and Quality Improvement Objectives will be regularly integrated into the organization-wide Strategic Plan/PQI Annual Plan as needed. The quality assurance tasks that are the responsibility of this Committee include:

1. Review and recommended action on the annual and revised (as needed) operating budget of the YWCA.
2. Review of monthly financial statements and balance sheet.
3. Annually, review the preliminary audit with the auditors and make recommendations
4. Risk assessment review with the insurance vendor.
5. Development and review of all financial management policies.
6. Monitoring of investment through policy and annual meeting with the investment firm
7. Sources and allocation of funds.
8. Achievement of budgetary objectives.

#### Audit Committee

Purpose: This committee is responsible for reviewing and approving the audit.

Members: The YWCA Board Treasurer leads this committee. The committee is comprised of board members who sit on the Finance Committee. The committee is deliberate in including professionals with accounting, banking and legal expertise.

Meetings: The Vice-President of Operations, with the CEO usually in attendance, meets two (2) times per year with the YWCA Audit Committee to review all documentation relating to the audit process. Staff will be excused from a meeting with the auditors to ensure an opportunity for auditor and committee exchange.

Coordination: The Treasurer of the Board, who is also the chair of the Finance Committee, will report at the board meeting

Quality Improvement Objectives will be regularly integrated into the organization-wide Strategic Plan/PQI Annual Plan as needed. The PQI tasks that are the responsibility of this Committee include:

1. Annually, review the preliminary audit with the auditors and make recommendations
2. Facilitate presentation of the audit to the Finance Committee and the full board by the auditor
3. Review and accept any requisite response to audit issues (if needed)
4. Accepting and reviewing bids for new auditing firms periodically

#### **Chief Executive Officer**

In addition to the Vice-Presidents, the CEO provides direct supervision to program and departments as identified below.

#### **Girls Inc. at the YWCA services meetings**

These meetings focus on Girls Inc. at the YWCA West Central MI services. These meetings focus on responsibility for monitoring compliance to health and safety standards, accreditation requirements, other regulations through peer and supervisory review of staff, review of customer satisfaction survey information, setting of best practices, and review of staff educational needs. Girls Incorporated services have standards set by the national association as well as summer camp certification standards.

Members: This committee is led by the Girls Inc. Program Director and is comprised of Girls Inc. staff with additional staff members as needed.

Meeting: Minimum of once per month

Coordination: The Girls Inc. Program Director will meet no less than quarterly with the CEO to review quality improvement issues including program implementation strengths and challenges. The CEO will develop and monitor the Logic Model for this service area. The Girls Inc. Program Director will meet no less than bi-monthly with all other department directors through participation in the Leadership Team to assure optimal coordination of resources and services. The Girls Inc. Program Director will report to the board of directors on an annual basis.

Quality Improvement Objectives for this committee will be regularly integrated into the organization-wide Strategic Plan/PQI annual plan. Standards that are the responsibility of this staff include:

1. The number of parents and children in the Girls Inc. Program who report service satisfaction.
2. The percentage of girls in the relevant Girls Inc. curriculum who receive increased safety options.
3. The community need for expanded service provision.
4. Review of customer concerns.
5. Review of incident reports.
6. Attainment of annual program goals and objectives.
7. Review documentation of safety, health, and nutrition.
8. Optimized coordination of services, both internally and externally
9. Active participation by the Girls Inc. service staff in:
  - a. Expanded Learning Opportunities (ELO)
  - b. Youth Development Network
  - c. Kent School Service Network (Outreach agencies providing groups/learning opportunities for students within the schools)
  - d. CURE (internal)
  - e. Urban Latino Youth Conference (GRCC)

### **The Council for Understanding Racial Equality (CURE)**

Purpose: This team is responsible for monitoring the training needs of staff around issues of diversity. CURE meetings are also opportunities for staff to identify operational issues that are or are not responsive to the changing demographics in our community.

Members: This team is led by a staff chairperson and is comprised of the CEO, as well as representatives from various departments who represent a variety of job classifications.

Coordination: The CEO, a team member, is responsible for coordinating with the Leadership Team and reporting to the Board of Directors. CURE recommendations are reflected in the Strategic Plan/ PQI annual plan.

**The Council for Understanding Racial Equality (CURE)** will perform the following functions:

1. Members will act as a liaison between agency staff, and the YWCA Leadership Team.
2. The CURE will develop and implement in-service training for issues related to racial justice and diversity.
3. The CURE will provide target areas for focus for the YWCA. Target areas of focus for 2009-2010 include:
  - a. monitoring organizational compliance with Partners for a Racism Free Community Standards
  - b. providing all staff with toolkits and mentoring on the mission of the YWCA
  - c. providing cultural lens training as a part of the YWCA new staff training
  - d. providing internal opportunities (trainings, in-service, information through newsletter, monthly posting of information) for staff.
  - e. providing staff with training on service provision to immigrants(2009-2010)
  - f. providing support staff and other direct service staff with Spanish language tutoring opportunities (2009-2010)
  - g. ensuring that facilities and communication tools of the YWCA are responsive to those for who English is a second language (with programs)
  - h. enhancing our coordination with the Hispanic/Latino and refugee service providers in our community. (CEO)
  - i. Facilitate the YWCA Stand Against Racism

### **Development/Marketing Committee**

Purpose: This committee is responsible for monitoring compliance for accreditation standards, licensing and donor regulations. This committee reviews the work product of YWCA staff assigned to facilitate fundraising and marketing needs of the organization.

Members: This committee is led by the Director of Development and Marketing and is comprised of development staff, community volunteers and board members.

Meetings: The Development Director will meet no less than six (6) times per year with the Development Committee to review development goals and outcomes.

Coordination: The Development Director will report to the Leadership Team, Board and staff on progress in meeting development and marketing goals.

Quality Improvement Objectives will be regularly integrated into the Development meeting agenda.

Quality assurance and improvement standards are monitored to ensure the following:

1. Fund-raising activities do not conflict with the mission statement of the association.
2. Fund-raising activities do not conflict with the Socially Responsible Solicitation Policy of the organization (Board approved)
3. Ratio of fund-raising costs to revenue meets fundraising best practice standards.
4. Development and fund-raising materials are accurate and do not contain identifying information of Counseling Center clients.
5. Timeliness of revised or new print and video materials for programs and events.
6. Relevance, cost-effectiveness of, and demand for each special event.
7. Fund-raising objectives mesh with the annual budget.
8. Fund-raising activity is understood as a responsibility of all board members.

### **Board Development and Governance Committee**

Purpose: This committee is responsible for monitoring compliance for accreditation standards and mission identify of the YWCA. This committee is to ensure compliance with the agency by-laws and other governance requirements.

Members: This committee is led by a chairperson(s) who will sit on the Executive Committee of the Board or directors and is comprised of the CEO, board members and additional members as needed.

Meetings: The committee will meet no less than six (6) times per year.

Coordination: The chair will report to the Board. The CEO will report to the Leadership Team and to respective board committees.

Performance Quality Improvement Objectives will be regularly integrated into governance/nominating meeting agenda.

Performance and Quality improvement standards are monitored to ensure the following:

1. The board of directors is diverse and reflects the community served
2. The board of directors is highly skilled and provides the organization it needs for governance and fund development excellence
3. Potential board members receive YWCA experience through placement on YWCA committees, as possible
4. Potential Board members receive comprehensive information regarding board roles, responsibilities and the financial condition of the organization prior to commitment as a board member
5. Board members receive orientation and ongoing mentoring

### **IMPLEMENTATION COMMITMENT**

To implement an effective performance improvement plan, key elements must be in place. These elements are necessary not only to the implementation of PQI, but also for its ongoing operation and evaluation. These include:

#### ***Board of Directors' Commitment***

The YWCA Board of Directors is responsible for policy development regarding performance quality improvement, which includes but is not limited to:

- Receiving reports from staff-facilitated quality improvement committees
- Participating in quality improvement activities as members of the Finance, Development and Executive Committees
- Participating in the development of long-term and short-term strategic plans that reflect the recommendations of quality assurance teams/committees.
- Being fully engaged in all board meetings through reading material presented to the board prior to the meetings as well as actively participating in the processes of the board.

### ***Leadership Commitment***

It is the responsibility of the Leadership Team to ensure that a performance improvement plan supports the following beliefs:

- Quality improvement focuses on the customer.
- Stakeholders, including staff, board, customers, and community members, are active participants in the process
- Quality improvement is not stagnant. Goals and objectives need to be evaluated, revised, and developed on no less than an annual basis.
- Quality improvement is a philosophy that guides the development, implementation, and evaluation of ongoing improvement of the services provided by the organization.
- A common framework will benefit the entire organization, enabling all entities to work better together.
- Utilizing a quality assurance approach helps to prepare for a future that continuously scans the environment and anticipates the need for innovation, new products, or new services.
- Communicating regularly and effectively with staff, board, consumers and other stakeholders is essential for an effective strategic and quality assurance plan to be fully implemented.

### ***Staff Commitment***

It is the responsibility of all staff to participate in work to improve the delivery of service to customers.

- Staff will be encouraged to identify and communicate quality improvement needs.
- Counseling staff are expected to participate in quality audits.
- Staff needs to be actively engaged in feedback tools such as staff satisfaction surveys.
- Staff members are expected to participate in staff committees or staff/board committees that focus on quality improvement including: Human Resources, CURE, Mission, Governance
- Staff members represent the YWCA on community committees or task forces that focus on the client populations that we serve. Staff not only represent the organization, but are expected to use what they have learned to instruct their YWCA colleagues as we engage in the annual-term planning processes

- Staff is expected to attend team and organizational meetings to ensure a full understanding of the PQI process and implementation.
- Staff is expected to read all documents relating to quality assurance including the monthly YWCA Communicator and documents housed on Case Stream.
- Staff is encouraged to think of themselves first as YWCA employees and colleagues, not as departments or issue areas.

**Individual Consumers Involvement**

Individual consumers have the opportunity to participate in quality assurance through:

- Active engagement in person-centered planning
- Completion of consumer satisfaction surveys
- Participation in exit interviews/ program questionnaires
- Participation in other evaluative tools designed to improve quality of the service environment

**Community Stakeholders**

In moving away from a community-based quarterly review process, the YWCA actively focuses on feedback from participants in community task forces and committees that respond to our service populations. The Kent County Domestic Violence Community Coordinated Response Team, the Sexual Assault Action Committee, the Vision to End Homelessness, Partners for a Racism Free Community Summit, Early Learning Opportunities are just a few examples of resources for quality improvement or continuum of care that the YWCA accesses as a result of our staff’s active leadership and engagement.

**2009-2010 PQI SCHEDULES OF ACTIVITIES**

<b>PQI REVIEWS</b>	<b>LT and Board Review Date*</b>
Facility (including tour)	11/2009
Human Resources Committee	11/2009
Board Development	11/2009
Development Marketing	12/2009
Facility (including incident and grievance)	12/2009
Mission	1/2010
Domestic Violence Residential (including HEAL) (tour)	2/2010
Non Residential Counseling Services	3/2010
CURE	3/2010
Girls Inc. (including tour)	4/2010
Nurse Examiner	4/2010
Governance Committee	5/2010

\*Presentations to staff through the *Communicator*, staff meetings

<b>CASE RECORD REVIEWS</b>	<b>Period Covered</b>
	October - December
	January - March
	April - June
	July - September

**HEALTH AND SAFETY**

Incident/ Accident/Grievance

**Period Covered**October - December  
January - March  
April - June  
July – September**SATISFACTION SURVEYS**Board Members  
Donors  
Volunteers  
Personnel**Survey Monkey**October  
March/November  
ongoing  
October**SATISFACTION SURVEYS (CLIENTS)**Domestic Crisis Center shelter  
Project HEAL  
Nonresidential  
Girls Incorporated  
Nurse Examiner  
Support groupsongoing, annual summary  
ongoing, annual summary  
fall  
ongoing, annual summary  
ongoing, annual summary  
quarterly, annual summary**SUMMARY**

This Performance and Quality Improvement Plan exemplifies the commitment of the YWCA West Central Michigan to improve the quality of its service delivery. The plan allows for quality issues to be addressed in ways that serve both the YWCA's internal and external customers. The plan, developed with input from various levels of the organization, reflects the practical merger of customer, program and organization objectives. Mechanisms are in place to receive and disseminate data from stakeholders that will allow for both evaluation and planning. Quality indicators that are both ongoing and planned annually will provide continuity and flexibility as we respond to the changing needs of our customers.

The YWCA West Central Michigan recognizes that performance and quality improvement is a dynamic and ongoing process, and will regularly audit this plan and revise it as necessary.

**ATTACHMENTS**

[2009 – 2010 Logic Model Updates](#)